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The founding of the London Bet Holim hospital in 1748 and the secularization of *sedaca* in the Spanish and Portuguese Jewish community in the eighteenth century*

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On the second day of the Hebrew month of Elul in 5508 (26 August 1748), London's Spanish and Portuguese Jewish community inaugurated the Bet Holim hospital in a rented house on Leman Street, near Whitechapel Road.¹ Its first patient was a woman, Sara da Costa, who was approaching

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1 See Ms. 73, Bet Holim-1, directors meeting, minutes of 6 Adar Seny 5508 (1748), where the address of the hospital is given for the first time, "Osr Mos Gomes Serra fez reporte de hua caza em Lemon Street enfronte de Aylift Street". As Leman and Ayliffe Streets intersected, I assume that this is why the records add that the house was across from Ayliffe Street.

her delivery date when the inauguration was announced a few days before.² Leman Street was about equidistant between the two most vital congregational institutions, the synagogue in Bevis Marks Street and the cemetery on Mile End Road. Its choice as a location for the hospital indicates above all that the congregation was growing in numbers and needed to look for affordable sites beyond the synagogue neighbourhood to accommodate this growth (the growth was both in the number of paying members and in the poor who were dependent on Bevis Marks congregation's *sedaca*, or charity. In 1763 the congregation also moved the orphanage to a house on Magpy Ailey, in what was becoming a low working-class area).³ Plans for the hospital had started the previous year, when the elders, or lay leaders, called for the formation of a Committee of Management to explore the feasibility of a hospital that would serve "the poor professing the Portuguese Jewish religion" without burdening the *sedaca* fund.⁴ The committee put together a "scheme" or proposal, which was voted on and approved by thirty elders. A subscription was opened and, in a matter of months, the substantial amount of £787 4s 10d was raised from members of the Bevis Marks congregation.

The history of the London Bet Holim hospital has never been told, and its well-kept records have attracted little scholarly attention.⁵ Its existence as a Jewish hospital lasted from its founding in 1748 to 1793, when it was moved to new facilities in Mile End Road, next to the congregational burial grounds. From then on, it continued as a different type of institution – a home for the aged, with some beds for women giving birth. As this article will demonstrate, Bet Holim as a hospital signalled a turning point in

2 Ibid., minutes of 20 Menahem [Av] 5508 (1748), "Se resolveo que 2a fa 2 Elul 5508 se abra a caza para receber enfermos . . . Se resolveo que sendo que Sara da Costa esta para parir cada hora que seja admitida a huma cama na caza".

3 For an overview of how the congregation distributed *sedaca* as well as other charities founded during the eighteenth century, see Julia R. Lieberman, "New Practices of Sedaca: Charity in London's Spanish and Portuguese Jewish Community during the Eighteenth Century", in *Charity in Jewish, Christian, and Islamic Traditions*, ed. Julia R. Lieberman and Michal Jan Rozbicki (Lanham, MD: Lexington Books, 2017), 105–29.

4 HM2/997, Elders' Minute Book 1, annual meeting of elders, "30 Tisry 5508 (4 Oct. 1747), Se propos q se aponte hum comite pa reportar a junta a os sres velhos . . . se he practicavel estabelecer hum ospital neste Kaal Kados q seja de utilidade a o publico . . . se balotou q este comite seja todos os sres velhos da Nação".

5 Except for Richard Barnett, "Dr. Jacob de Castro Sarmento and Sephardim in Medical Practice in Eighteenth Century London", *Transactions of the Jewish Historical Society of England* (hereafter, *Transactions*), 27 (1982): 84–114, who discusses the founding of the hospital in relation to Dr. Sarmento, one of its early physicians.

how London's Sephardim understood the Jewish tradition of the practice of *sedaca*. On one hand, the founding of Bet Holim reflects the collective desire of the congregation to continue its Jewish tradition of practicing *sedaca* but, on the other, it demonstrates its wish to do so no longer in the privacy of its synagogue but more in the public arena, similar to the way in which the majority Protestant society was practising charity at the time. Previous studies of eighteenth-century London Sephardi Jewry have focused on those individuals who "radically" broke away from the community and abandoned Judaism. In contrast, this article, which relies on Jewish communal records, argues that the community was actively involved in reforming its Jewish charitable institutions in order to make them compatible with the secularization practices of the majority society.

The founding of a Jewish hospital in mid-eighteenth-century London was unprecedented from the perspective of the Jewish tradition, which values giving to the poor in anonymity. The hospital was also a sign of how integrated the Spanish and Portuguese Jews were into the larger society. London Protestant society was, at that time, going through what contemporaries referred to as the "age of benevolence", when a flurry of hospitals and other charities funded by public subscriptions were springing up. Recent scholarship has referred to this age of benevolence as an age of secularization as well. The power of the Anglican Church of England was in steep decline and the Anglican Revival, which "invested citizenship with a mandate for social activism",⁶ had replaced its influence. I myself interpret the founding of Bet Holim as a reflection of the impact that secularization in the majority Protestant society was having on the Sephardi Jewish community and its institutions.

*Jewish secularization and modernity
in the eighteenth and nineteenth centuries*

London Jewry and its assimilation into English society in the eighteenth and nineteenth centuries have received much scholarly attention.⁷ As Jews came in contact with contemporary English secular society, they adopted the habits and customs of their Christian contemporaries, which

6 Brent S. Sirota, *The Christian Monitors: The Church of England and the Age of Benevolence, 1680–1730* (New Haven and London: Yale University Press, 2014).

7 See Todd Endelman, *Radical Assimilation in English Jewish History, 1656–1954* (Bloomington: Indiana University Press, 1990); David B. Ruderman, *Jewish Enlightenment in an English Key: Anglo Jewry's Construction of Modern Jewish Thought* (Princeton: Princeton University Press, 2000).

often resulted in their abandonment of Judaism. Todd M. Endelman's pioneering study, *Radical Assimilation* (1990), is one of the most influential books on the ways London Jewry assimilated into English society. Endelman argues that the London Jews who abandoned the fold did so more in response to toleration on the part of English society, as opposed to hostility, which was the case elsewhere. For my focus on London Sephardi Jewry, his chapter on "Sephardim, 1656–1838",⁸ is of interest as it is a study of the public lives of the most prominent Sephardi families in the eighteenth century, who cut off their ties with the Jewish community and, in most cases, converted to Christianity. "Radical assimilation" among Sephardi Jews, according to Endelman, had its roots in the Iberian, New Christian origins of the founders of the community in the mid-seventeenth century. Since they brought with them to London the experience of their contacts with Christian society, "their entry into English society proceeded relatively smoothly".⁹ By the eighteenth century, their descendants, most of them wealthy international traders and financiers, imitated their contemporary English people and started to move to country homes, where they were separated from their congregations and therefore likely to abandon Judaism.

The eighteenth to nineteenth centuries was indeed a period when a large number of Sephardi Jews either turned secular or converted to Christianity. Tony Kushner questioned Endelman's suggestion in *Radical Assimilation* that there is no quantitative source material to measure conversion, and Panikos Panayi also questioned the lack of sources for the study of the Jewish poor. I concur with David Cesarani's review of Endelman, that it is unfortunate that "a book based on painstaking research . . . should have been devoted to documenting the relatively few who got away, left or were never really there, rather than to the solid mass who stayed within the community". (For my focus on London's Sephardi community, in fact there is a wealth of archival material that Endelman could have consulted.)¹⁰ However, Sephardi Jewry continued to exist, and the wealth of communal, eighteenth-century records that the Bevis Marks congregation left for posterity is still waiting to be explored to tell the story of those who remained Jews. Bevis Marks's records are for the most part in Portuguese

8 Endelman, *Radical Assimilation*, 9–33.

9 *Ibid.*, 11.

10 Tony Kushner, "Review of *Radical Assimilation*", *Association for Jewish Studies*, 17, no. 2 (1992): 324–7; Panikos Panayi, review, *Ethnic and Racial Studies*, 14, no. 2 (1991): 114–15; David Cesarani, review, *English Historical Review*, 109 (1994): 476.

and this might have contributed to the lack of research on them. When scholars cite primary Sephardi sources, Endelman among them, they often rely on James Picciotto's *Sketches of Anglo-Jewish History* (1875), which includes translations of letters and other documents, but most other records have yet to be studied.¹¹ As this article will show, those who remained affiliated to Bevis Marks responded differently to the encounter with the Protestant majority society and faced different challenges from those who converted. Endelman's argument that the encounter with modernity ultimately led to a decline in religious beliefs and practices is based on what sociologists and other scholars refer to as the secularization thesis. Although this thesis is still defended by some, it has been revised in recent decades by scholars of Christian and Muslim modern societies. In reference to Christianity, José Casanova in *Public Religion in the Modern World* (1994) dissected the secularization thesis into three different processes: secularization as a differentiation of the secular spheres from religious institutions and norms; secularization as a decline of religious beliefs and practices; and secularization as a marginalization of religion to a privatized sphere. Only the first process, social differentiation, is the inevitable byproduct of modernization, while the other two, according to Casanova, are both contingent processes that could be avoided.¹²

Parallel to the work of scholars of Christianity, recent studies of European Jewry have revisited the relationship between the secularization and modernization of European Jewry that is implied in the secularization thesis. David B. Ruderman's *Jewish Enlightenment in an English Key* (2000) is dedicated to the writings of a group of eighteenth-century English Jewish thinkers, both Sephardi and Ashkenazi, and their intellectual dialogue with contemporary Protestant neighbours during the Enlightenment. Ruderman's book addresses two major points in which he both agrees with but also revises previous academic assumptions about the Haskalah (Enlightenment) movement in general and in England in particular. On the first point he contends with the longstanding view that the Haskalah originated exclusively in the circles of the German philosopher Moses Mendelssohn and then inspired Jews elsewhere to modernize their traditional Judaism. Instead, Ruderman argues that Anglo-Jewry encountered modernity independently of the German Haskalah and did so as a response to their specific English situation. In this point, he

11 James Picciotto, *Sketches of Anglo-Jewish History* (London: Trubner & Co., 1875).

12 José Casanova, *Public Religion in the Modern World* (Chicago: University of Chicago Press, 1994). For Islam see Talal Asad, *Formations of the Secular: Christianity, Islam, Modernity* (Stanford, CA: Stanford University Press, 2003).

partly agrees with Endelman's argument that toleration on the part of the English Protestants, not hostility, is what characterizes the situation of Anglo-Jewry during the period of Enlightenment. On the second point, in contrast, Ruderman argues with Endelman's claim that English Jewry of the Enlightenment period was devoid of a meaningful intellectual life. In Ruderman's view, there were not only engaged intellectuals among the English Jews but also, in their dialogue with the Protestant majority, they adopted Protestant ways of coping with the threats that secularization posed to established religious life, Christian and Jewish. What is relevant here about Ruderman's interpretation is his view that the writings of these English Jewish intellectuals are the historical testimony as to how Judaism was evolving during this time.¹³

Following this new approach to the study of early modern Anglo-Jewry, I interpret the founding of the Bet Holim hospital, as well as other charitable institutions that were founded shortly after, as part of the London Spanish and Portuguese Jewish community's response to modernity. While the community members did not make public statements reconciling their traditional practices of Judaism with the secularization that was going on around them, the decision to abandon their practice of anonymous *sedaca* and to make their institutions more like voluntary benevolent English ones was a subtle way to find common ground with contemporary English society and yet remain Jewish.¹⁴ In what follows, I first give a brief account of how the community took care of its ailing poor before the founding of the hospital, and then discuss the founding of Bet Holim and the changes that took place as a result of the establishment of this new institution.

The Bikur Holim and Gemilut Hasadim society: Bet Holim's forerunner

The London Spanish and Portuguese Sephardi community had a tradition of providing free medical care as well as burial to the poor who were on the *sedaca* roll, a practice with origins as far back as at least 1665, when the

13 For other studies of European Jewry during the Enlightenment, see Ari Joskowitz and Ethan Katz, eds., *Secularism in Question: Jews and Judaism in Modern Times* (Philadelphia: Pennsylvania University Press, 2015). For Amsterdam Sephardi Jewry, see Yosef Kaplan, "Secularizing the Portuguese Jews: Integration and Orthodoxy in Early Modern Judaism", *Simon Dubnow Institute Yearbook*, 6 (2007): 99–100; the power and influence of Amsterdam rabbis described by Kaplan do not seem to match the situation in London at the time of the founding of Bet Holim.

14 For the difference between the parish system of poor relief funded by taxation and by voluntary institutions, see Lieberman, "New Practices of Sedaca", 115.

Hebra de Bikur Holim e Gemilut Hasadim (Visiting the Sick and Acts of Loving Kindness) society was founded.¹⁵ This institution was similar to confraternities in other Sephardi communities in Western Europe, such as Amsterdam's Kahal Kadosh Talmud Torah Congregation.¹⁶ With Hebrew names (such as Bikur Holim), these Sephardic confraternities upheld traditional Jewish values, since, in the Jewish tradition, visiting the sick, preparing the body, and providing burial to the dead are considered the ultimate acts of kindness and represent a positive commandment. At the same time, these institutions were also similar to the Catholic confraternities that the founders of Western Sephardi communities had known in their previous lives as Iberian New Christians.¹⁷ The London Hebra, as the society was referred to, went through several reforms in the eighteenth century. In 1709, David Nieto, the Haham (or Sephardi rabbi), founded the Hebra de Bikur Holim for the care of the sick as a separate entity from the Gemilut Hasadim, but it is unclear how long the two institutions remained separated. By mid-century, the records that I have encountered are solely of the Hebra Gemilut Hasadim. A doctor and a surgeon provided medical services to the ailing poor, paid for with *sedaca* funding until 1721, when a tide of refugees fleeing the Portuguese and Spanish inquisitions swelled the numbers. At that time the number of poor receiving *sedaca* increased and a second doctor was added; for a short time, in 1739, a third doctor was added.¹⁸ The doctors made house calls to the ailing poor, prescribed what was then considered an adequate diet, and maintained set times to dispense medical prescriptions. Because the

15 Barnett, "Dr. de Castro Sarmiento", 90 and n. 79. See also David Nieto, *Los triunfos de la pobreza, panegirico predicado en la solemnidad de la fundacion de la pia y santa Hebra de Bikur Holim* (London, 5469 [1709]).

16 For a review of these institutions in the medieval period and their indebtedness to the rabbinic concepts of *bikur holim* and *gemilut hasadim*, see David B. Ruderman, "The Founding of a Gemilut Hasadim Society in Ferrara in 1515", *AJS Review*, 1 (1976): 233–67, esp. 242–3. For Amsterdam in the seventeenth century, see Daniel M. Swetchinski, *Reluctant Cosmopolitans: The Portuguese Jews of Seventeenth-Century Amsterdam* (London: Littman Library, 2000), 200–01; see also Tirtsah Levie Bernfeld, *Poverty and Welfare among the Portuguese Jews in Early Modern Amsterdam* (Oxford: Littman Library, 2012), 108–9.

17 For the similarities between Iberian Catholic confraternities and those founded in seventeenth-century Amsterdam, see Julia R. Lieberman, "Adolescence and the Period of Apprenticeship among the Western Sephardim in the Seventeenth Century", in *El Presente: Studies in Sephardic Culture* 4, ed. Tamar Alexander, Yaakov Bentolila, and Eliezer Papo (Beersheba: Ben-Gurion University of the Negev, 2010), 18.

18 See Barnett, "Dr. Jacob de Castro Sarmiento", 90. According to Barnett, in 1731 there were about 250 families (a thousand persons) on the *sedaca* roll.

number of poor kept growing during the early decades of the eighteenth century, the Hebra was a great financial burden on the community.

When the planning of the hospital began in the early autumn of 1747, the *sedaca* fund allocated an annual contribution of £500 to the Hebra.¹⁹ In addition to the ailing poor being a financial burden on the community, the records also frequently mention the need to improve the “bad system” of prescribing medicines to the poor. The problems were not limited to financial concerns; the records also give evidence that rude behaviour on the part of the poor requesting medical prescriptions, not all of them on the *sedaca* roll, posed a physical threat to the doctor and surgeon dispensing the prescriptions.²⁰ The community proposed the founding of Bet Holim as a way to solve some of the challenges faced by the Hebra. In their view, the hospital would relieve the Hebra of some of its burden, both literally, by taking over some of the services the Hebra had previously provided, and financially, as the hospital would be financed mostly by voluntary subscriptions. Some of the specific reasons given for the founding of Bet Holim were similar to those offered by the founders of contemporary associated hospitals: to provide the ailing poor with a comfortable setting in which to heal so that they could return to their work as labourers, as well as to help them become independent of the *sedaca*. Regarding the advantages that the establishment of a hospital would bring, the Committee of Management states in its report to the elders, the members of the committee:

the bad method in which our poor are at present attended was first considered, and it was remarked that the poor at present often want the common necessaries of life, such as covering, bedding, lodging, a nurse and proper food for their disorders . . . They then considered [that] the order & regularity will be greatly beneficial to the poor to their recovery, that it will be as cheap or cheaper . . . [and that] families of middling circumstances will be helped.²¹

19 Ms. 73, Bet Holim-1, minutes of the meeting of the Committee of Management, 4 Nov. 1747: “it was generally agreed that the present expense of the Hebra is a full £500”.

20 Ms. 259, Revised Ascamoto, fol. 3, minutes of the meeting of members of the Gemilut Hasadin Hebra, on 8 Tebet 5512 (1752), *haskamah* 5, “Porque importa muito a o bom governo desta irmandade que o medico e surjao que attendem os pobres sejam tratados com decencia, se pede a osres do Mahamad sejam servidos castigar os que nao o fizerem e publicar suas ordems neste particular para que venha a noticia de todos.” That is, the Mahamad was charged with penalizing those poor who did not treat the doctor and surgeon decently (“com decencia”).

21 Ms. 73, Bet Holim-1, minutes of 18 Oct. 1747, recorded in English.

In addition, the same committee assured the elders that the cost of running the hospital would not become an additional burden on the *sedaca* fund.²²

Bet Holim hospital's governing body: governors and subscribers

Bet Holim was intended both to be governed and to provide services to the poor in a different way from the Gemilut Hasadim Hebra, as Bet Holim's models were the contemporary, so-called "joint stock" or associated charities that had sprung up in London in the 1740s.²³ Instead of having only two doctors and one surgeon in charge of making house calls, Bet Holim was staffed as a modern hospital, with a volunteer medical staff: two doctors, one surgeon, and two midwives. Other, paid staff members (referred to as officers) consisted of an apothecary, a matron, a nurse, a *wach* (a woman "watch"), a cook, a housemaid, a headman, a watchman, a beadle, a steward, and a secretary,²⁴ all heavily supervised under one roof by members of committees comprised of volunteers from both congregational members and paid subscribers. London voluntary associated charities used similar governing bodies run by successful merchants and financiers, who were also highly critical of the parish system of poor relief, which was funded by taxpayers' money. Included among the institutions founded by these individuals were the Foundling Hospital for abandoned children (1739), the Marine Society (1756), and the Magdalen Hospital for the Reception of Penitent Prostitutes (1758). Voluntary subscribers funded these institutions, presenting them to the public as a way simultaneously to provide relief for the poor and to benefit the nation. It will become clear that non-Jewish charity associations influenced the change in patterns of how Sephardi Jews cared for the poor.

Some of the most influential members of Bevis Marks Synagogue were, at the time of the planning of the hospital, major donors and board members of these non-Jewish associational charities. Sampson Gideon, Benjamin Mendes da Costa, and Joseph Salvador (known in synagogue records as Joseph Jessurun Rodrigues), for instance, served as governors

22 HM2/997, Elders' Minutes I, 22 Adar Rison 5508, "propomos a Vms sejao servidos pasar as ordems seguintes . . . Que a sedaca nao sera obrigada a gasto algum desta caza, mais do que a soma q concedem, ou em futuro concederem ossres Velhos".

23 Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton: Princeton University Press, 1989), 49.

24 See Ms. 73, Bet Holim-I, minutes of 21 Oct. 1747, for the list of paid staff. *Wach* in German means "watchman" or "waker".

of such hospitals as Bath General Hospital (founded in 1739) and the aforementioned Foundling Hospital, which were both funded by private subscriptions. (Gideon developed a close relationship with Thomas Coram, who is credited with establishing the Foundling Hospital. When Coram, in “the winter of his age”, became impoverished, “his friend, Mr. Gideon . . . interposed, and obtained a subscription for his comfortable support”.)²⁵ Among the donors, the name of Gideon is absent in the records of Bet Holim, a clear indication that he was not involved in its planning. Several years later, in 1754, he resigned from the congregation altogether and, shortly after, abandoned his practice of Judaism.²⁶ Both Mendes da Costa and Jessurun Rodrigues (Salvador) remained loyal to Bevis Marks, as well as to its charities and other institutions. At the time of the planning and founding of the Bet Holim, Mendes da Costa was involved in the purchase of the lease of the ground of Bevis Marks Synagogue, which was taking place almost concurrently with the planning of the hospital. He became a Bet Holim paid subscriber only three years later, after the founding of Bet Holim on 26 August 1751, when he contributed £25.²⁷ Jessurun, in particular, became fully committed to the cause of Bet Holim and for decades afterward continued to support it.

The founding of Bet Holim hospital may indeed have originated as the idea of Jessurun, who was the president of Bevis Marks congregation a year before the planning of the hospital started. Barnett considers Salvador and Castro Sarmiento “the two men principally concerned over the worsening plight of the sick and poor” at the time of the founding of the Bet Holim.

25 See Barnett, “Dr. Jacob de Castro Sarmiento”, 91; Andrew, *Philanthropy and Police*, 203ff, “Appendix of major donors to associational charities”, who documents that Gideon, Mendes da Costa, and Salvador were considered major donors, since they donated to at least three charities. See also *Private Virtue and Publick Spirit Display’d: In a Succinct Essay of the Character of Capt. [sic] Thomas Coram, who deceased the 29th of March, and was interr’d in the chapel of the Foundling Hospital, (a Charity established by his Solicitation) April 3d, 1751* (London: J. Roberts, 1751), 20–21.

26 Much has been written on Sampson Gideon and his end-of-life request to be buried in the Sephardi cemetery on Mile End. Among the most important studies, see Picciotto, *Sketches of Anglo-Jewish History*, 61ff, although Picciotto does not give the archival sources he relies on. See also Lucy Stuart Sutherland, “Samson Gideon: Eighteenth Century Financier”, *Transactions*, 17 (1951–52): 79–90. On his resignation from the Bevis Marks congregation, see Ms. 997, Elders’ Minutes I, 3 Hesvan 5514 (1754). For his legacy of £100 to Bet Holim, see Ms. 74, Bet Holim-2, “Em 9 de Elul 5523 (17 agosto) 1763 Em junta geral”; considering that the highest subscription of those referred to as founders was £105, Gideon’s legacy was not a large sum.

27 See Ms. 74, Bet Holim-2, minutes of meeting, 26 Aug. 1751.

Nevertheless, when the doctors were thanked for their work in the planning of the hospital, Sarmento was not singled out.²⁸ Jessurun and three other influential congregants, Abraham da Fonseca, Joseph Dias Fernandes, and Jacob Baruch Louzada, signed the original plan of the hospital that was presented for approval to the elders. In addition to his being present at most meetings of those planning the hospital, Jessurun was involved in approaching congregants to persuade them to become subscribers. He also facilitated connections with the London Infirmary and took on himself the search for a house to serve as the hospital, signed the lease, and insured the building against fire.²⁹ Jessurun was active mainly on the Grand Committee, first as one of the directors of the hospital and then in his roles as *parnas* (synagogue leader) and a governor. In 1764, while serving both as the president of Bevis Marks and as Bet Holim's treasurer-director, he represented the interest of the hospital to the elders in making them aware of the financial crisis the hospital was facing.³⁰

By the 1770s, however, Jessurun's name ceases to appear as often in the hospital records, although he was still one of the four congregants under whose name Bet Holim's investments were kept. The last recorded instance of his name is in the minutes of 11 June 1783, shortly after his departure for the New World.³¹ By then, he was no longer one of the wealthiest members of the congregation, nor was Bet Holim the successful institution that Jessurun and a handful of other dedicated governors had intended to make it.

I return now to the discussion of how associated charities influenced Bet Holim. Further evidence of the particular influence of non-Jewish institutions comes from Bet Holim's regulations, which were similar

28 Barnett, "Dr. Jacob de Castro Sarmento", 90; Ms. 73, Bet Holim-1, minutes of 8 Heshvan 5509, "Se resolveu q se deem os agradecimentos desta junta a os sres medicos e cirurgiao de Beth Holim por sua boa assistencia a ditta sociedade". On the life of Salvador, see also Maurice Woolf, "Joseph Salvador 1716-1786", *Transactions*, 21 (1962-67): 104-37.

29 Ms. 73, Bet Holim-1, minutes of the directors' meeting, 24 de Nisan 5508, "Osr Jos Jesurun Rodrigues reportou q tem tomado a caza q se tem apontado . . . q lhe da de dar £105 para passar [sic, perhaps "pagar" was meant] sua lessa . . . Se resolveu q os sr Jos Jesurun Rodrigues fasa seguro pelo valor da caza . . . pelo termo de sette annos".

30 Ms. 74, Bet Holim-2, minutes of the Grand Committee meeting, 16 Tebet 5525 (9 Jan. 1765): "Que sendo que o Sr thezro he nesta ocaziao Presidente da Naçao, se pede . . . que represente a os sres Velhos que esta irmandade dezeja que dittos ssre tenha a bondade de apontar hum committee p examinar a conta desta caridade p que se rectifique . . . e que se convenca a Naçao das mtas injustas & faltas que se lhe tem feito".

31 Ms. 76, Bet Holim-3, minutes of meeting, 11 Sivan 5543 (11 June 1783), when Isaac Sasportas replaced him.

to the Foundling's bye-laws, one of which ran: "[N]o officer or servant of this corporation shall take any gratuity, fee or reward for anything relating to this Corporation, from any persons whatsoever . . . and any officer or servant, offending therein, shall be immediately discharged"; Beth Holim's wording is almost identical, although avoiding terms such as "corporation".³² But the Foundling Hospital, which was to take in illegitimate children, could not serve as a model for Beth Holim, as it would have compromised core Jewish values of the time, such as the negative views of *mamzerut*, or illegitimate children. Neither could Bath General Hospital, as this institution provided treatment of paralysis to both curable and incurable patients whereas Beth Holim was to serve only the "curable" ill (discussed further in the section "Beth Holim's Patients").

A third and important influence was the London Infirmary, which later became the Royal London Hospital, a general hospital with humble beginnings, founded in 1740 by a team of seven men for the sick and injured poor, that is, curable patients. The founders first rented a modest house on Featherstone Street and five months later moved to another one on Prescott Street, Goodmans Fields.³³

Given that the house that served as the Beth Holim hospital on Leman Street was near the London Infirmary's house on Prescott Street, it is perhaps unsurprising that a relationship developed between the governors of both institutions, which were serving similar populations of patients. In their meeting on 18 October 1747, the members of the Committee of Management at Beth Holim decided that "some gentlemen should go on Wednesday to the London Infirmary to view what may be wanted".³⁴ Reporting back to the committee during its next meeting on 21 October, the visitors noted that, "[h]aving been to visit the London Infirmary they were satisfied with most points of the management thereof and proposed to form a hospital" based on their observations.³⁵ Interestingly enough, the

32 Beth Holim's regulations were published in *Regulaçoems para o bom governo da sociedade de Beth-Holim* (London, 1749), 12–13, 17–18: "O dispenseiro . . . Nao recebera mimo, presente, ou gratificacao alguma, dos enfermos nem de seus parentes ou conhecidos, no tempo que estiverem a o cuidado da enfermeria, ou a o sahir della, ou de qualquer que vender alguma cosa para casa"; similar statements for other staff: "As enfermeiras e veladoras", "Os Samas". For the Foundling Hospital, see *An Account of the Hospital for the Maintenance and Education of Exposed and Deserted Young Children* (London, 1749), 26.

33 E. W. Morris, *A History of the London Hospital*, 2nd ed. (London: Edward Arnold, 1910).

34 Ms. 73, Beth Holim-1, minutes of the Committee of Management, 18 Oct. 1747, recorded in English.

35 *Ibid.*, 24 Oct. 1747, recorded in English.

same information was recorded in the minutes of meetings of the London Infirmary, where Castro Sarmiento was listed among the visitors from Bet Holim. Following the visit, Salvador, the director of Bet Holim, sent a note of thanks and appreciation to the London Infirmary.³⁶ To help set up Bet Holim, the steward of the London Infirmary (identified only as Mr. Gefford with no first name given) attended the meeting of the Committee of Management of Bet Holim on 24 October, during which the “scheme” for the patients’ diet and the household budget was put together.³⁷ The London Infirmary is also mentioned in the notes when the Committee of Management was deciding on hiring the staff to run the hospital.³⁸ The relationship between the two institutions seems to have continued: years later, in 1769, when Bet Holim was going through a financial crisis, two Bet Holim governors, Phineas Serra and Moses Franco, initiated a series of visits to what was by then the Royal London Hospital in Mile End Road in order to compare expenses and work out how to save on the cost of bread and meat.³⁹

The influence of contemporary associational hospitals on Bet Holim is also evident in the kind of medical care, often referred to as “physic”, provided to patients. Although Bet Holim records barely mention details of the medical treatment of either in-patients or out-patients, when Castro Sarmiento and Dr. Phelipe de la Cour became involved in the planning of Bet Holim they presented a set of their own fourteen regulations, in which they explicitly said they were following “the regulations and method customarily followed by public hospitals of [London]”.⁴⁰ A probable

36 Morris, *History of the London Hospital*, 127.

37 Ms. 73, Bet Holim-1. The laws of *kashrut* were observed at the hospital, as some details make clear, e.g. minutes of 24 Oct. 1747, list “Kitchen furniture calculated upon the foot of our religion . . . a roster before the fire for the Sabbath Day . . . Passover things”, etc.

38 Ibid., minutes of 3 Iyar 5508, “Que as seguranças pa os postos de matrona, secretario & boticario se façao pelo methodo dos que se derao p os mesmos cargos no London Infirmary.”

39 Ms. 74, Bet Holim-2, minutes of 25 Tebeth 5529 (4 Jan. 1769), “Os sres Phineas Serra e Mos Franco nos fiserao o favor de ir a enfermeria de Londres em Mile End, de onde tiverao originalmmente os ssres fundadores todas as instrucçoems pa levar em execucao a ditta sociedade.” To this end a committee was formed: “Se propoem . . . hum committee . . . a o qual podem pertencer qualquer fundador ou irmao para . . . ir a o hospital pa inspectar no manejo da caza”.

40 Ms. 73, Bet Holim-1, minutes of 28 Oct. 1747, “debaixo das mesmas regulaçoems e methodo q se costuma nos hospitais publicos desta corte”. As I shall mention, these regulations were, in part, ignored by the elders and were never incorporated as part of Bet Holim’s regulations.

ideological influence was John Bellers's *An essay towards the improvement of physic, in twelve proposals, by which the lives of thousands may be saved yearly* (1714). Bellers, a Quaker philanthropist, advocated the founding of associational hospitals to help the poor get back to work. He is never mentioned in Bet Holim's records but his pamphlet may have been part of the books kept at the library.⁴¹

Governors of the hospital: directors

Bet Holim's governance structure also reflected the influence of non-Jewish institutions in that it was planned as an associated voluntary society. The hospital was to be governed by the Bet Holim Society, which was established by the elders of the congregation on 14 February 1748.⁴² This society, while seemingly comparable to earlier congregational charities that helped the poor on the *sedaca* roll, was in fact far more structured and closer in organization to voluntary hospitals. It consisted of the following committees: the Grand Committee, the Quarterly Committee, the Medical Committee, and the House Committee. At the head of the society was the board of directors, made up of seven individuals elected from the various committees for a three-year term. A treasurer-president from among the seven directors was elected on Rosh Hashanah to serve for one year. There were also two *parnassim* elected annually (one on Rosh Hashanah and another on Shabbat HaGadol, or "Great Shabbat", which occurs in the spring) from among the subscribers. Elections for the positions of treasurer and two *parnassim* took place at meetings of the so-called Election Committee, and those elected needed the approval of the Mahamad of the congregation. As a sign of how integrated Sephardi Jews were into the surrounding English society, the Election Committee met in well-known coffee houses, such as the Wills, Rainbow, Janeways, and Garraways in

41 John Bellers, *An essay towards the improvement of physic, in twelve proposals, by which the lives of thousands may be saved yearly* (London: J. Sowle, 1714). See Andrew, *Philanthropy and Police*, 23ff. On the list of books kept at the infirmary, see Ms. 73, Bet Holim-1, minutes of 14 Tamus 5508.

42 The regulations were copied in various places, mostly in Portuguese and once in English. The English version, which seems to have been a work in progress, was copied later in Ms. 73, Bet Holim-1, dated 4 Nov. 1747. The most complete final version in Portuguese is in HM2/997, Elders' Minutes I, meeting of the elders, 16 Adar Rison 5508. In order to preserve the original wording, I occasionally quote directly from the English version, and so indicate.

Cornhill.⁴³ Refusal to serve in any of the three positions carried a penalty: £10 for treasurer and £5 for *parnas*, from which the profits were used to benefit the hospital.

One of the most demanding voluntary positions was that of the treasurer. He was to keep “the accounts, pay and receive all belonging to the hospital . . . examine all the books of the hospital and put all in order to be passed by the Quarterly Committee”.⁴⁴ He was also a member of the House, the Quarterly, and the Grand committees.⁴⁵ The two *parnasim* were responsible for walking through the wards of the hospital once a week and inquiring after the behaviour of the officers, servants, and patients. They were also required to attend funerals.⁴⁶

The Grand Committee

The Grand Committee (*Junta Geral* in Portuguese) interfaced with the Quarterly Committee and the elders of the congregation. The elders elected the members of this committee, who were to have “full power to do whatever to them seems meet in the government of the hospital”.⁴⁷ They were to “enter into all business presented by the Quarterly Committee, discharge officers, elect the apothecary & servants . . . and they were to . . . pass the yearly accounts . . . and lay them before the Elders, for repealing or enacting any new law relative to the Hospital”.⁴⁸ Shortly after the founding of the hospital, on 4 September 1748, the Grand Committee met for the first time. Among those attending were Jacob Mendez da Costa, Abraham da Fonseca, Jessurun Rodrigues (Salvador), Moses Gomes Serra, Castro Sarmiento, Jacob de Castre (no known relation to Dr. de Castro Sarmiento), and Isaac Dias Fernandes.⁴⁹

The Quarterly Committee

The Quarterly Committee, which met quarterly and reported to the Grand Committee, consisted of all former treasurers, physicians, and surgeons receiving no pay from the hospital, and the treasurer and *parnasim*

43 Ms. 73, Bet Holim-1. The first meeting in a coffee house that I have seen recorded occurred on 10 March 1752, when the committee met at Wills in Cornhill to elect a *parnas*; the two mentioned most frequently are the Rainbow and Garraways.

44 Ibid., minutes of 4 Nov. 1747, “Office of the Treasurer”.

45 HM2/997, Elders’ Minutes I, 8, 13, 15, 19, 23.

46 Ms. 73, Bet Holim-1, minutes of 4 Nov. 1747, “Of the Parnassim”.

47 Ibid., “Of the Grand Committee”, in English.

48 Ibid.

49 Barnett, “Dr. de Castro Sarmiento”, 16; Ms. 73, Bet Holim-1, minutes of 11 Elul 5508.

currently serving, as well as those who had served the previous year.⁵⁰ The charges of this committee were to audit the treasurer's account, to decide on the annual budget, to hire and fire all salaried staff, and to accept or "exclude any person they think proper from the benefit of the Hospital upon their being guilty of misbehaviour in the Hospital".⁵¹

The House Committee

The House Committee (*Junta Domestica* in Portuguese) consisted of the treasurer, the two *parnassim*, and one of the two doctors. This committee's responsibility was to regulate "all domestic affairs, dismiss patients, punish their misbehaviour . . . suspend servants, provide others in case of sickness, see that the regulation of the House and due order and decorum be kept". The committee would also "present 'memorials' for what they may think necessary to the Quarterly Committee".⁵² This committee had no obvious parallels with previous positions in the distribution of *sedaca*. As the role of the two *parnassim* was to ensure that patients and servants were well-behaved, it seems far more closely related to the term "police" as understood in eighteenth-century usage – that is, related to the word "polished" and referring to "the maintenance of a civil order, a civilized society, and a refining process".⁵³

The Medical Committee

The medical committee consisted of the two physicians and a surgeon who provided their services free of charge, as well as subscribers. The first medical personnel to be named to serve the hospital were three members of the congregation: the physicians Castro Sarmiento and de la Cour (Abraham Gomes Ergas), and the surgeon Jacob de Castre.⁵⁴ The three were closely involved in all aspects of the planning of the hospital, and, in appreciation of their generosity, they were named founders (or subscribers) of the hospital, without payment of the subscription fee, which gave them the right to attend the meetings of the hospital directors. Nevertheless, the physicians' decision-making was limited to medical matters only, as

50 Ms. 73, Bet Holim-I, 4 Nov. 1747, "Quarterly Committee", in English.

51 HM2/997, Elders Minutes I, 16 Adar Rison 5508, *Regulaçoems para o governo do corpo da sociedade*, 13, 23.

52 Ms. 73, Bet Holim-I, minutes of 4 Nov. 1747, "Of the House Committee".

53 See Andrew, *Philanthropy and Police*, 6.

54 De Castre was hired as the apothecary but he provided his service to the hospital as a surgeon free of charge.

stated in their charges: “to regulate all affairs concerning their practice only”.⁵⁵ As mentioned before, during the planning stage of the hospital, Sarmiento and de la Cour requested that they be allowed to insert their own set of regulations into the Bet Holim regulations. There were fourteen regulations preceded by an introduction that reveals the doctors’ attempt to underscore the worth of the medical knowledge they were providing free of charge to Bet Holim (“revelar materias propias e reservadas a sua faculdade”); some of the regulations specifying the procedures to accept or reject the ailing poor reveal the doctors’ interest in having a say in the governing of the hospital, instead of taking orders from the governors and subscribers, such as regulation 3, where the act of opening the letters of recommendation to accept a patient would be done by the attending doctor.⁵⁶ However, their regulations were never incorporated. After the founding of the hospital, the elders further discussed the doctors’ regulations and then referred them to the directors on 22 Hesvan 5509 (1749),⁵⁷ but nothing seems to have come of this and, when the hospital’s regulations were published, theirs were not included. Tensions between the doctors and other governors are evident in the records, as the hospital governors and the synagogue elders wanted to make decisions on their own, without consulting the doctors. Finally, in 1758, Castro Sarmiento publicly renounced his membership at the congregation, allegedly as a result of his disagreement with the Mahamad. Although I have found no records explaining his rationale, he had a long history of disagreements with other congregants, as well as with the lay leaders of the congregation. Barnett, who wrote a sympathetic study of Castro Sarmiento, called him “a divided self and a man of confused alliances”,⁵⁸ which is an appropriate way to describe an individual who appears to have related well to some in the congregation but who never felt totally at home in it.

Subscribers: founders, governors, and brothers

Finally, not least in terms of importance, paid subscribers were at the heart of sustaining the hospital both financially (with their permanent subscription) and functionally with their service on committees. At the

55 Ms. 73, Bet Holim-I, minutes of 4 Nov. 1747, “Of the Phisical Committee”.

56 Ibid., minutes of 28 Oct. 1747; see also n. 42 above: regulation 3, “Que cada medico no seu dia abra as cartas de recomendação . . . para admitir ou refuzar os enfermos”.

57 HM2/997, Elders’ Minutes I, Resolution 5 (2nd).

58 Barnett, “Dr. de Castro Sarmiento”, 95.

highest level were the founders (men or women) who made a onetime donation of £105. All the directors of the hospital were founders. Although there were some parallels between founder-governors and other lay-leader positions in the congregation, becoming a Bet Holim founder was entirely voluntary and, indeed, a number of highly influential *yehidim* (taxpayers in the congregation) did not become Bet Holim founders. Founders and their heirs were entitled to be governors for ever. Female founders, however, were not involved in committee work. I have never seen the recorded name of any woman attending meetings, but in cases of vacancies for women's positions, such as that of matron, they could vote by proxy.⁵⁹ A donation of £31 10s qualified the donor as a governor for life. A more affordable subscription qualified the donor as a brother if a man, or a sister if a woman, with various ways to upgrade a subscription. Brothers contributed £1 per year and, for an additional £10 10s, they could extend their subscription for life. Sisters' subscriptions were 12s per year and could be upgraded to lifetime subscriptions for an extra donation of £7 7s. Sra Raquel Luzena, a well-known congregant, was made a sister without paying a subscription, in appreciation of her voluntary service to the hospital in hand-sewing bed linen.⁶⁰ Brothers and sisters could become founders during their active membership for an additional £3 3s annually, and with a further contribution of £21 10s they could become founders for life.⁶¹

Subscribers, in turn, had privileges: each founder was entitled to recommend the admission of one in-patient (although they could not have more than one in-patient in the hospital at the same time) and as many out-patients as they wanted; brothers and sisters were entitled to recommend

59 Ms. 74, Bet Holim-2, minutes of "26 Yiar 5513, 30 mayo 1753, em junta geral . . . Se resolveu que qualquer sra fundadora possa dar sua procura para ballotar na elleicção de matrona a qualquer does senhores que tem voto nesta elleicção com que nenhum senhor possa trazer mais que hua procura"; 4 Sivan 5513 (6 June 1753), Rachel de Daniel Jesurun Rodrigues, Ester de Moseh Lamego, and Rachel de Joseph Jesurun Rodrigues voted for the position of matron.

60 Ms. 73, Bet Holim-1, minutes of the directors' meeting, 20 Menahem (Av) 5508, "Se resolveo admitir a Sra Raquel Luzena p Irma desta sociedade sem paga, pello serviço que tem feito a esta enfermeria em cozer a lenceria." This reference and other bits of information on women suggest that although they appear to be invisible in the records, they were probably providing services to the hospital behind the scenes.

61 *Ibid.*, where this information appears in English dated 4 Nov. 1747. See also HM2/997, Elders' Minutes I, minutes of 20 Adar Rison 5508, in Portuguese, with small variations, "[Regulaçoems] Para levantar hum fundo p^a o estabelecimento e manutenção desta sociedade". There were 15 regulations.

out-patients.⁶² Male founders could attend directors' meetings, although they had no vote on decisions. Some founders, including the two physicians Castro Sarmiento and de la Cour, did not pay a subscription but were, rather, given the title in appreciation of their unpaid services to the hospital.

Changes in the pattern of giving

In addition to changing the governance structure associated with Jewish charity, the hospital embarked on a new pattern of giving that reflected the influence of non-Jewish attitudes to charitable giving: instead of the more traditional form of donating posthumously by bequests, Londoners in the mid-eighteenth century found that the answer to alleviating poverty was in the so-called associational charities.⁶³ This new form of giving took place during the life of donors and was carried on in groups much like joint-stock companies. That pattern was reflected in the Spanish and Portuguese congregational records in general and in the Bet Holim records in particular. Although leaving legacies was still a form of giving, it was becoming obsolete. Bet Holim governors set up three types of subscriptions: one for expenses related to the establishment of the hospital, another referred to as a founder's subscription, and a third referred to as a brothers-sisters subscription for life.⁶⁴ As in the case of other associational charities, donors wanted to see their donations put to use during their lives, while their legacies, bequeathed in their wills as donors were approaching death, would go into investments.⁶⁵ But bequeathed legacies – which reflected the Iberian, Catholic background of Sephardi communities during the seventeenth century – were becoming far less common than in the past. This change in forms of donations, from leaving legacies in wills to the British Protestant associational

62 Ms. 73, Bet Holim-I, minutes of 25 Adar Rison [5508], “qualquer fundador ou fundadora possa recomendar hum enfermo para dentro da caza eos que lhe pareser de fora, e qualquer irmao ou irmam possa recomendar enfermos de fora”; “Que nehum fundador tenha maes de hum paciente por vez.”

63 Andrew, *Philanthropy and Police*, 46ff.

64 See HM2/997, Elders' Minutes I, 2 Adar Rison 5508, “[Regulaçoems] para levantar hum fundo”. There were 15 regulations and the formula for allocating each subscription was complex: e.g., the founders' subscription was divided into three, one for the initial expense of setting up the hospital, one for “extraordinary” expenses, and one for the annual budget.

65 HM2/997, Elders' Minutes I, minutes of 22 Adar Rison 5508, “13. Que a subscripção de Irmão ou Irmã por vida, seja empregado em effeitos cujo rendimento sera para ajuda do gasto annual, durante a vidas . . . edespois de seu falecimento se emcorpore no fondo de fundadores”.

form of charity, had important consequences for running the hospital, as well as for other congregational charities. When subscribers became discontented and withdrew their support, income to run the hospital diminished. In any case, the change in mentality supports my argument that the London Spanish and Portuguese Sephardi community was bringing secular practices into its traditional Jewish ones. Furthermore, the Bet Holim's founders were aware of how vital the recruitment of new subscribers was to the success of the hospital.

The records show how the Bet Holim founders were actively involved in efforts to appeal to all congregants to subscribe.⁶⁶ Here, as with the governance structure, an attempt was made to meld the new pattern of giving to existing ritual life. First of all, the Committee of Management ruled that annually, on Sabbath Micamoha (the Sabbath before Purim, in the spring), a *daras* or sermon would be delivered to congregants at the synagogue, in which the number of patients being served by the hospital would be disclosed. To this end, they invited Haham Isaac Nieto to become an honorary subscriber (without paying the subscriber's fee) and to deliver the *daras*, during which he would recommend to congregants "the good work" performed by the Bet Holim Society. Haham Nieto was also named a *rosh* (head) of a once-a-year *yeshiva* or study day, when he would say a blessing to honour entering subscribers as well as blessings for the dead for all deceased brothers and sisters.⁶⁷

In addition, the members of the Committee of Management made an effort to recruit subscribers personally by appealing to connections between Bevis Marks and its affiliates in the colonies and those with kinship ties. It appears, however, that only London's Bevis Marks congregants responded to this appeal, as it was recorded that an invitation to subscribe was even sent to the "Islands" (presumably, congregations in the New World), but by mid-September 1748 (the hospital was inaugurated on 26 August) no response to the appeal had been received.⁶⁸ As no register

66 See Ms. 73, Bet Holim-1, minutes of 26 Tebet 5508 (1747) when the Committee of Management unanimously voted to print 60 copies of the proposal to found the hospital and distribute them, accompanied by a letter, to all the elders living in England.

67 Ibid., minutes of 25 Adar Rison (1748), "Osr Abm da Fonseca fez reporte q . . . havia hido a osr HH elhe congratulou sobre haver sido eleito por ros & irmao desta sociedade, e a o mesmo tempo lhe pedio que fizese hum daras em Sabbath Micamoha onde recommendasse esta obra no que do Sr voluntariamente conveyo". To my knowledge, this *daras* has not survived. It is also unclear how long Nieto's subscription lasted.

68 Ms. 74, Bet Holim-2, 18 Elul 5508 (probably 11 Sept.) 1748, "Como das islas inda nao temos repostas"; they extended the subscription deadline to Rosh Hodesh Nisan, five months later.

with a list of subscribers has survived, it is unclear how many congregants became subscribers initially. There are occasional records of those who eventually became subscribers; even small contributions, which would not qualify the donor to become a brother, were acknowledged and appreciated.⁶⁹ Often, multiple members of the same family would become subscribers at the same time. For instance, on 24 Iyar 5508 (1748), the Committee of Management read a letter from Rephael Mendas da Costa, who sent a contribution on behalf of himself and several members of his family to become subscribers.⁷⁰ Some dedicated congregational members took a while to become founders or subscribers. Benjamin Mendes da Costa did not become a founder until three years after the founding of the hospital, on 26 August 1751. Moseh de Joseph Mendes Sereno became a founder-governor on 12 February 1752 and Isaac Mendes da Costa became a founder-governor in August of the same year.⁷¹ This seems to be an indication that from the beginning not many congregants became Bet Holim subscribers. In any case, the income from permanent subscribers (referred to as *tamid*) was never enough to sustain the hospital, even during the first five years of its existence, when *tamid* from subscribers reached its highest (£99 11s on Elul 5509, 23 September 1749). After eight years, on 20 Elul 5516 (15 September 1756), the governors began to look for other ways of raising funds, which will be discussed further on. After sixteen years, at the end of 5524, income from subscriptions reached a low point (£44 10s).

The major source of income to run the hospital from its beginning was the annual contribution from the *sedaca* fund of £270 that the elders of the congregation agreed with the Committee of Management.⁷² Furthermore, all voluntary donations (referred to as offerings) made by congregants on behalf of the Hebra would instead go to benefit the hospital. Voluntary

69 Ms. 73, Bet Holim-1, minutes of 2 Adar Seny [5508], “se resolveo que qualquer peçoa que queira contribuir com sua caridade por limitada que seja se lhe agradecera o seu zelo, ese entrara a sua caridade e o seu nomem em livro propio”. And in *ibid.*, meeting of 24 Iyar 5508, it was discussed that Jacob Suaso keep a book of all congregants who have verbally agreed to become subscribers: “e hiremos continuando as deligencias para colher os mais que pudermos . . . [e] o amigo Jacob Suaso teve destes livros a muito tempo colheo a palavra de muitos a quem fallamos para esse effeito”.

70 *Ibid.* and two individuals, Mos Ailyon and Jos Ailyon, also became subscribers.

71 Ms. 74, Bet Holim-2, minutes of 16 Elul 5511 (26 Aug. 1751), “Se resolveu . . . admitir a osr Benjm Mendes da Costa p fundador p vida, n.c.”.

72 Ms. 997, Elders' Minutes I, minutes of 16 Adar Rison 5508, “Reçoluçoems . . . 6. Que asedaca nao sera obrigada o gasto algum desta caza, mais do q a soma q conceden, ou em futuro concederem ossres velhos, saio 23 contra 7”. Ms. 73, Bet holim-1, 30 Nisan 5511 (1751), the sum was reduced to £250.

offerings going to the hospital were also a good source of income, comparable to *tamid* or permanent subscriptions, and higher during some years. For example, in the year that ended on 20 Elul 5512 (19 August 1752), income from subscriptions was £94 11s, and income from offerings was £114 19s; the following year, income from subscriptions was £91, with an equal sum coming from offerings. Several years later, when the income from subscriptions was at its lowest, the same was true for offerings. Be that as it may, the initial understanding between the elders and the directors – that the hospital was not to become a burden to the fund – never really held good. The burden of running the hospital remained under the *sedaca* fund. At first, one of the points needing clarification was the question of who was to be responsible for covering bills in case of overspending. This, too, was put to a vote and passed. The *sedaca* fund was not to be responsible and, instead, if there was such an overspend, it would be covered by the so called *cabedal* (or principal funds) of the society.⁷³ That is, although the synagogue and the hospital were connected, the hospital was ultimately responsible for raising its own funds and, in that sense, was independent of the synagogue structure.

Bet Holim's patients: exclusions and privileges

The hospital also reflected a marked change in the traditional way in which the synagogue cared for the ill, and these changes were not universally popular among the poor. Many of the changes in patient care reflected changes in the understanding of “illness” and the influence of the British notion of dividing the poor into those deserving and undeserving of charity. In spite of all the detailed records that we have on the management of Bet Holim, the information on patients is rather scarce, and it is always from the perspective of the hospital's governors. During the planning stages of the hospital, the report presented by the Committee of Management to the elders stated that the founding of Bet Holim was to benefit the poor in the congregation as well as to reduce the cost of caring for them to the congregation.⁷⁴ But there is also clear evidence that some of the poor, as well as some of the congregants, did not welcome

73 HM2/997, Elders' Minutes I, minutes of 22 Hesvan 5509, “3. Se resolveo aprovar a offerta da segurança do cabedal da sociedade de Beth Holim para o excesso que possa haver no gasto de dicha sociedad em conformidade da carta que foy representada a esta junta por osres da junta geral de ditta sociedade.”

74 See Ms. 73, Bet Holim-1, minutes of Oct. 1747, recorded in English. See also HM2/997, Elders' Minutes I, 22 Adar Rison 5508.

the founding of the hospital. The rejection of the hospital by some of the poor is significant, because it suggests that impoverished members of the community did not like the shift from the way the congregation had distributed *sedaca* to the new concept of a “deserving poor”.

The first complaints were expressed in an anonymous, threatening letter to Castro Sarmiento and later discussed by the Committee of Management at their meeting on 9 Adar Seni 5508 (March 1748). The letter was written as if the author knew what the poor of the congregation were planning to do and he was writing to warn the directors. Given that some of the congregants were not in favour of the founding of the hospital, it could have been written by any one of the discontented members of the congregation. “It is with a trembling hand and heart”, the writer began, going on to explain that he was writing to advise the directors of the hospital to stop their plans or “they” (supposedly, the poor) would set the directors’ houses on fire if the plans continued.⁷⁵ There are no records indicating that the directors ever found out who wrote the letter. Planning for the hospital continued and, as the date of its inauguration approached, more threatening letters were discussed. The poor, it appears, had tried to stop the opening of the hospital by sending threatening letters addressed to the overseers of the parish. In response to those threats, the overseers had asked the directors of Bet Holim to put a guard in front of the hospital and the directors complied.⁷⁶ Concern about the poor causing damage to the building was expressed in various versions of the regulations, and the final printed regulations of 1749 included the warning that “any person trying to get in the house by force or who, once inside the house causes disorder or damage, would be excluded from receiving the *sedaca* allowance for a period of six months”.⁷⁷ There is no clear explanation as to why the poor were against the founding of the hospital, but there are indications that they feared that many of them who had been receiving some forms of medical attention by the *sedaca*, particularly prescriptions, would be excluded. In spite of specific comments by the directors on 21

75 See Barnett, “Dr. Jacob de Castro Sarmiento”, 91.

76 Ms. 73, Bet Holim-I, minutes of the meeting of the directors of Bet Holim, 14 Tamus 5558 (1748), “Se reportou que em consequencia de diferentes cartas ameazantes quo forao mandadas aos principaes da Paroquia foy necessario p sua satisfacao se puzese hum guarda & que estava bem posto.” The name of the threatened parish is not given.

77 *Regulaçoens para o bom governo da sociedade de Beth-Holim*, 14, “Os Ssres Velhos da Nação forao servidos ordenar o seguinte. Qualquer pessoa que tentar por força de entrar na casa, ou de maldade damnificar qualquer cousa que toca a ditta casa, sera excluido de todo o beneficio da Zedaka por seis meses.”

Tamus 5508 (1748) “that they were not considering excluding any one”,⁷⁸ the fact was that the highly organized and complex system of admission to the hospital was going to alter greatly the way the ailing poor had been cared for until then.

First of all, the hospital changed the ways in which childbirth was treated, as childbirth in the hospital, instead of the home, reduced the high rate of mortality for both mother and new-born.⁷⁹ Bet Holim would accept only a small number of “curable” in-patients, among them, several lying-in women. Only in cases of emergencies due to accidents would doctors see patients at the hospital. By accepting only the curable ailing poor, Bet Holim was following the model of general hospitals for the care of the sick and injured, such as the London Infirmary, as mentioned earlier. Donna T. Andrew, who has extensively studied associational charities, has concluded that general hospitals, by addressing the needs of only the curable ailing poor for a short period, were basically addressing subscribers’ demands for the efficient use of funds while at the same time contributing to the advancement of “the reformation and amelioration of manners, while increasing the nation’s productive resources”.⁸⁰

As for Bet Holim, the number of poor excluded from the right to be admitted to the hospital was much higher than those the hospital was set to serve. Bet Holim was set to have available about twelve to fourteen in-patient beds at a time. (During the early planning stages of the hospital, the Committee of Management had intended to have up to twenty beds for in-patients but, by the time the budget was put together, the number was reduced to sixteen. Nevertheless, for the first five years the total number of in-patients was intentionally kept at or below eleven at any given time. The average length of time each patient remained at the hospital, including women who were there to deliver their new-borns, was six weeks.) Those excluded from admission to the hospital were children under five years old, the mentally ill, those afflicted with contagious diseases such as syphilis,

78 Ms. 73, Bet holim-1, “que em quanto a excluir povres alguns do beneficio desta caridade, por agora nao excluem a pessoa alguma”.

79 For childbirth in the seventeenth century in other Western Sephardi communities, see Julia R. Lieberman, “Childhood and Family among the Western Sephardim in the Seventeenth Century”, in *Sephardi Family Life in the Early Modern Diaspora*, ed. Julia R. Lieberman (Waltham, MA: Brandeis University Press, 2011), 129–76, esp. “Childbirth”, 140ff.

80 Andrew, *Philanthropy and Police*, 53–4. Another possible influence on Bet Holim was Bellers, *Essay towards the Improvement of Physick*, which emphasized that getting the labouring poor back to work was also a benefit to the wealthy.

measles, and skin diseases, the elderly, and those referred to as *invalidos* (disabled). The first woman rejected was Luna Perez, who was admitted shortly before the opening of the hospital: when she was found to be suffering from a contagious skin disease, scabies, she was sent home.⁸¹ The term “disabled” referred to those unable to work because of physical or mental disabilities, but frequently those disabled were also the elderly. The disabled poor are often mentioned in the records and they were clearly not only the majority of those who were ill in terms of numbers, but also a challenge to the congregation, since they were constantly in need of medical attention.

Although those excluded by the hospital were going to be served by the *Gemilut Hasadim Hebra*, the services provided by this institution were to be limited after the founding of the hospital and, furthermore, the ailing poor receiving *sedaca* were to be classified in order of priority. First were those found to be incurable by the *Bet Holim* doctors; second in priority were ill children under five; then came those with bladder problems and measles; and last the disabled, who were to be provided with services from the limited resources left over.⁸²

The decision as to who deserved treatment was highly regulated by the governance board, rather than simply a result of self-reporting to the hospital. Indeed, the poor were alarmed by the founding of the hospital, because now even those who qualified to be admitted as in-patients could not just show up when they were ill, but instead had to have a letter of recommendation written by one of the subscriber-founders or one of the *parnassim*, who were entitled to have just one in-patient per month or a woman in labour. As soon as the hospital was founded, two new restrictions were added to control the number of patients to be admitted. First, the *Hebra* doctor was prevented from sending patients; only those on the list put together and supervised by the *Mahamad* could be considered for admission. As recorded in the documents, if the *Hebra* doctor

81 Ms. 73, *Bet Holim*-I, minutes of the meeting, 27 *Menahem* (Av) 5508 (1748): “sendo que Luna Perez esta para parir . . . Porem achandose ... tinha sarna foy despedida”. The list of patients excluded is given in various places, e.g. *ibid.*, 16 *Adar* Rison 5508, [Regulaçoems] *Domesticas da Caza* “[que nenhua c]rianças de menos de 5 annos, pessoa douda, com sarna, beshigas, sarampos, galicada [possa ser admitida]”.

82 HM2/997, *Elders’ Minutes* I, 8 *Hesvan* 5509, “Que sejao assistidos os pobres enfermos & invalidos a saber . . . primeiro os doentes incuraveis . . . as criaturas de 5 annos para abaixo que estiverem doentes . . . os enfermos de bexigas ou sarampos. Que o q sobrar se reparta entre os pobres invalidos. Que se nao possa assister com mas de 1/6 p semana a nenhua pessoa enfermo [sic] fora de *Betholim*”.

encountered “a deserving object of charity”, he could refer that individual to one of the founders, but he was prevented from admitting patients.⁸³ Second, women approaching labour could be admitted to the hospital only if they had resided in London for more than a year,⁸⁴ in addition to other prerequisites, such as being on the *sedaca* roll and being free of contagious illnesses. And third, those who were admitted to the hospital were to follow many rules emphasizing a great deal of order and good behaviour. Among them, games, alcohol, and tobacco were not permitted, and limited visiting hours were enforced. Those considered able-bodied were to help other patients and, in cases of misbehaviour, the two *parnassim*, elected among subscribers to serve as members of the House Committee, were empowered to “punish” them if they misbehaved.⁸⁵

In contrast to the many conditions for being accepted as Bet Holim in-patients, those lucky enough to be admitted enjoyed a number of privileges, which may have reinforced perceptions of the deserving and undeserving poor. Pregnant women, it seems, were those who received many benefits. They were admitted to the hospital for a total of about six weeks, from their eighth month of pregnancy to thirty days after giving birth (only in 1778, thirty years later, when the hospital was going through a financial crisis, was the length of stay reduced to ten days before delivery).⁸⁶ While at the hospital, they were attended by two English midwives, Mrs. Cooper, who had been recommended by de la Cour, and Mrs. Atkinson (their first

83 Ms. 74, Bet Holim-2, minutes of the meeting of the Grand Committee, 18 Elul 5508, “Temos restringido o poder do medico da sedaca de que possa p sua autoridade mandar outros a esta casa que os que ossres do Mahamad forao servidos mandarmos por lista . . . e sy [o medico da sedaca] achar algum outro objecto desta caridade o recomende a algum os ssres fundadores”.

84 Ibid., Minutes of Elul 18, 5508, “que se nao admitta . . . a casa mulher alguma que nao haja feito demora nesta por maeo de hum anno”.

85 HM2/997, minutes of Adar Rison 5508, “Que seja a obrigaçao da junta domestica . . . castigar conforme as ordems feitas para esse effeito”. As the House Committee consisted of the doctors, the treasurer, and the two *parnassim* (who were subscribers), I assume that punishing patients was the role of the *parnassim*.

86 HM2/997, Elders’ Minutes I, minutes of 16 Adar Rison 5508, Regulaçoems domesticas da caza, “12. Que nenhua mulher prenhada seja admitida antes do outavo mez, excepto sobre sinais imediatos de parto, e trinta dias despois de parida seja despedida”; Ms. 74, Bet Holim-2, minutes of meeting of the Grand Committee, 14 Sept. 1778, “tocante as prenhas que de ordinario se admitem de 8 mezes, no que se experimenta grandes abuzos he a opiniao deste comittee que ninhua por diante se admita somente 10 dias antes de parir acompenhada de hua recommendaçao de parteira da caza que lhe parece ser preciso ser admitida e pasando 25 dias e nao parir sera excluida do beneficio da caza por aquella vez”.

names are not given), who had been recommended by de Castro.⁸⁷ Also, on leaving the hospital, they were provided with a set of clothes for their babies. All in-patients were afforded what was at the time considered an adequate diet. The records show that patients were offered either a “low diet” or a “house diet”.⁸⁸ The “low diet” is not clearly defined in the records, but seems to have been the one prescribed by the doctors for health-related needs, while the latter included meat four days a week and even beer. One of the responsibilities of the pharmacist was to keep records of the diet prescribed by the doctors for each patient. In addition, the facilities at the hospital (*casa*, as it was familiarly referred to) included conveniences such as running water and a wash-house. Annual rental of the house was initially £50, but the purchase of the lease was a hefty £105. Another large expense, of £100, was the initial upgrading of the house. In contrast, the first house rented by the London Infirmary in 1740 on Featherstone Street was £16, and five months later the Infirmary was moved to Featherstone Street where the rental was £25. I am under the impression that the facilities at Bet Holim were superior to the London Infirmary’s and probably to other associational hospitals at first. But the London Infirmary soon rose from its humble beginning to become the Royal London Hospital, while Bet Holim was limited by the small size of the Bevis Marks congregation.⁸⁹

Sustainability and independence

Despite the desire to separate the finances of the hospital from those of the synagogue, signs that Bet Holim was going to present a financial challenge to the congregation emerged quite soon after its founding. The records are not always clear, but several areas of friction can be detected. First of all, the cost of running the hospital was high, and yet

87 Ms. 73, Bet Holim-1, minutes of 6 Adar Seny [1748], “Osr Dr. P. de la Cour reportou que Mrs Cooper se offreeceu a servir a esta sociedade em qualidade de parteira de balde, ese ordenou que do lho agradecece”, and the same for Jacob de Castro, who recommended Mrs Atkinson.

88 Ibid., minutes of 24 Oct. 1747, when the diet for patients and staff was budgeted with the help of Mr. Gefford, steward of the London Infirmary.

89 Ms. 74, Bet Holim-2, minutes of 21 Tamus 5508 (1748), when repairs to the house that was to serve as hospital were discussed. “O sr Mos Gomes Serra reportou que havendo estado com os sres medicos & osr Cooper o surveyor, examinando a caza se achou preciso acrescentar as obras intentadas, fazer huma secreta nova no patio & fabricar de novo o wash house.” For Bet Holim’s book-keeping, see *ibid.*, yearly reports. For the London Infirmary, see Morris, *History of the London Hospital*, 44ff.

it accommodated only a small number of the poor who were in need of medical attention, while all those excluded were still a burden to the synagogue. Secondly, running the hospital required a high degree of involvement and commitment on the part of its governors. Thirdly, the hospital also required much collaboration, not only among members of each committee but also among the committees. These three factors were also a challenge to other associational, non-Jewish charities. But in the case of Bet Holim the challenge was particularly acute, taking into consideration the relatively small size of the congregation, the many other congregational charities for which the governors of the hospital were responsible, and ultimately, the absolute powers in the hands of the Mahamad as well as the elders, who often imposed their own opinions on how disputes should be resolved. Each of these factors was interconnected and hence difficult to reconcile.

Involvement required of Bet Holim's governors and those resistant to it

The high level of commitment required of the governors to serve on committees and the resistance to this on the part of some congregants emerged early in the planning of the hospital. In the minutes of the meeting of 24 October 1747, members of the Committee of Management wrote that “they then considered the feasibility of the scheme and all agreed it possible, but foresaw great difficulties, particularly in settling the government, forming the fund, but chiefly in finding persons to take care of it”.⁹⁰ Several months later, in the spring of 1748, when the same committee took a vote to formalize the founding of the Bet Holim Society, the results were seventeen in favour and thirteen against,⁹¹ a clear indication that not all members of the committee favoured the founding of the hospital.

Two other signs of disapproval of the founding of Bet Holim were expressed behind the scenes in the form of satirical criticism. An anonymous “spoof” of a play, dated 1749 and entitled “The Jerusalem Infirmary Alias a Journey to the Valley of Jehosaphat”, and an engraving, with the same title as the play, depicted a meeting of the Bet Holim Grand Committee, probably that of 6 May 1749. Those individuals most involved in the planning and the founding of the hospital were satirized in both the

⁹⁰ Ms. 73, Bet Holim-1, minutes of 24 Oct. 1747, recorded in English.

⁹¹ HM2/997, Elders' Minutes I, meeting on 22 Adar Rison 5508 (1748), when the vote was taken: “Se balotou q se estabeessa hua sociedade pa o alivio dos pobres doentes q mantenha hua casa de recolhimento pa elles, e salio confirmado 16 contra 13.”

play and the engraving: members of the Grand Committee, the physicians, and some of the paid staff have been identified by Alfred Rubens, who studied the engraving, and by Richard Barnett, who briefly analysed both play and print and published the play as an appendix to his article.⁹² At the meeting satirized in the print, the Grand Committee discuss the case of the apothecary Mordehai de la Penha, who had been accused of “indecent” (today it would be referred to as a sexual harassment) towards a young English girl who went to the hospital pharmacy to pick up a medicine. The incident resulted in his being fired temporarily by the committee.⁹³ More importantly, both the play and the engraving show that the men in the congregation who were vehemently against establishing the hospital and those equally determined to support it may have underestimated how damaging to the future of the hospital the dissenting voices could be.

Concerns for filling three of the most vital of the governors’ positions – those of the treasurer-director and the two *parnassim* – had already been expressed during the early stages of planning the hospital, when a group of those most involved signed a form indicating that in case of vacancies for these positions for whatever reason, they committed themselves under “word of honour” (*palavra de honor*) that they would only serve once.⁹⁴ The treasurer-director’s position, in particular, was difficult to fill because, according to the hospital’s regulations, it had to be filled by someone who was both a congregational elder and a governor and founder by subscription. The two *parnassim* were to be selected from among the governors and brothers (subscribers). Five years after the founding of the hospital, the first refusal to serve took place: in September 1753, just before Rosh Hashanah, Moses Lamego was elected president-treasurer but as he was heavily involved in another charity, the Orphans Society

92 Alfred Rubens, *Anglo-Jewish Portraits: A Biographical Catalogue of Engraved Anglo-Jewish and Colonial Portraits from the Earliest Times to the Accession of Queen Victoria* (London: Jewish Museum, 1936), 119–23; Barnett, “Dr. de Castro Sarmiento”, 92ff, and App. IV, 104ff.

93 Barnett, “Dr. de Castro Sarmiento”, 92. Barnett does not mention it, perhaps because it is not on the register that he consulted for his research, but Mordehai de la Penha was later re-hired as the hospital’s apothecary and his name shows up from at least 1750; see e.g. Ms. 74, Bet Holim-2, minutes of 13 Elul 5510 (4 Sept. 1750).

94 See Ms. 73, Bet Holim-1. The two forms with signatures are glued at the beginning of this register and are signed by six men for the position of treasurer: Abraham da Fonseca, Joseph Jessurun Rodrigues, Moses Mendes da Costa, Moses Gomes Serra, Joseph Dias Fernandes, and Jacob B. Lousada; and by nine for the positions of *parnassim*: Abraham da Fonseca, Joseph Jessurun Rodrigues, Moses Mendes da Costa, Joseph Dias Fernandes, Jacob B. Lousada, Isaac Netto [sic], Pinhas Gomes Serra, Moseh de Jacob Franco, and Abraham de Paiba.

and its *yeshiva*, he refused to serve his term.⁹⁵ From then on, refusal to serve on committees became a frequent occurrence, as did the number of those willing to serve as substitutes. In 1755, when Isaac de Eliahu Lindo refused to serve his term as *parnas*, only two governors, Joseph Jessurun Rodrigues and Jacob Nunes Gonsales, attended the meeting necessary to approve the substitute.⁹⁶ In October 1756, when Benjamin Mendes da Costa, elected to be president-treasurer, and Aaron Haim Lousada, elected to be *parnas*, refused to serve, the list of those who qualified to serve as president-treasurer consisted of only three governors, and those who qualified as *parnas* amounted to seven, but three of them – Abraham da Fonseca, Joseph Jessurun Rodrigues, and Moses Gomes Serra – were on both lists. As Jessurun Rodrigues was elected president-treasurer, he was disqualified to serve as *parnas*.⁹⁷ Although each time there was a refusal someone else would agree to be a substitute, the situation deteriorated, and in September 1765, it reached a climax, when Eliau Lindo refused to serve as president-treasurer and Joseph Hisquau Chaves, the possible substitute, also declined (the records do not give any explanation for the refusals).

In order to cope with the shortages thus occasioned, the elders of the congregation had to intervene. They made an unusual decision on 19 Heshvan 5528 (November 1767) and resolved to expand the pool of those qualified to serve. Any brother, that is, any subscriber, to the Bet Holim Society, would qualify to serve as president-treasurer. Even the fine to

95 Ibid., minutes of the meetings of 26 Sept. and 3 Oct. 1753. Lamego was absent at both meetings. For his replacement, Joseph Dias Fernandes, see Ms. 74, Bet Holim-2, minutes of 7 Tisry 5514 (5 Oct. 1753).

96 See Ms. 74, Bet Holim-2, meeting on 7 Tisry 5516 (12 Sept. 1755); Isaac Nieto replaced Lindo.

97 Ibid., meeting 8 Tisry 5517 (2 Oct. 1756), after Sabbath, when attendance and the necessary quorum of seven was also discussed. Other refusals are recorded in *ibid.* on the following: September 1758, Rosh Hashanah 5519, David Abarbanel, refused to serve as treasurer. Four years later, in 1762, Abarbanel resigned as governor altogether and wanted his name to be removed from the list of governors. As the committee did not have the power to remove his name, he was a governor for life, and the matter was referred to the elders on 13 Oct. 1762; September 1764, Rosh Hashanah 5524, Abraham Namias de Crasto, refused to be *parnas*; March 1765, 9 Nisan 5525, Jacob Espinosa refused to be *parnas*; at this point, the list of possible substitutes consisted of only two, Joseph Jessurun Rodrigues and Phineas Serra. In September 1765, Rosh Hashanah 5526, Eliau Lindo (who had refused his turn in 1755 to serve as *parnas*) refused to serve as treasurer. But his substitute, Joseph Hisquau de Chaves, also refused. A newly recruited governor, Aron Haim Louzada, was elected to be both founder and president-treasurer. In March 1766, Emanuel Fernandes Marques refused to serve as *parnas*.

be paid in case of refusal to serve was lowered to £5 5s for the treasurer position and £3 3s for the position of *parnas*.⁹⁸ The records are silent about why so many of the governors were no longer willing to serve their turn in committees but, evidently, the hospital was no longer a first priority for all subscribers.

Tug-of-war between committees

A second source of instability for the hospital was the relentless tug-of-war that occurred among the committees. Of the four committees running Bet Holim, the so-called Grand Committee was clearly the most powerful, but on occasions the Quarterly Committee challenged its resolutions, particularly in cases when the former proposed changes that were not in the original resolutions. Two examples of such changes were the attempts to give a small weekly allowance to all families of in-patients, and the decision to admit “disabled” patients to the hospital. In both cases, the Grand and Quarterly committees were in disagreement, and each tried to influence the directors of the hospital (who were, in turn, members of other committees as well), the elders of the congregation, and the Mahamad to take their respective sides.

The first time we hear about the weekly allowance is at two consecutive meetings of the directors on 22 and 23 January 1750 to discuss whether a resolution passed by the Quarterly Committee at its last meeting was valid and conformed to what was prescribed by the elders; it was put to vote and passed, four to three. The directors then voted and passed, five to two, their own resolution to ask the Grand Committee to propose that the elders offer a weekly allowance to the families of in-patients.⁹⁹ The next day, 24 January 1750, the Grand Committee met in an extraordinary meeting to discuss the directors’ proposal. Apparently, the directors’ plan

98 Ms. 73, Bet Holim-1, minutes of 19 Heshvan 5528, “Que no adiante qualquer irmao de Beth Holim possa ser elleito p thezoureiro. Que qualquer peçoa que refuzar o cargo de thezo pagara de condenaço £5.5 & p parnas £3.3.”

99 Ms. 73, Bet Holim-1, meetings of the “Junta de Directores”, 26 de Sebat 5510, 22 de Janeiro 1749/50, 27 de Sebat 5510, 23 de Janeiro 1749/50, “Se propoem se a ressolução passada na ultima Junta de Quarteis, se he regular ou nao, conforme as ordems prescriptas pellos sres Velhos & he a opiniao desta junta & sahiu 4 contra 3 de que se achao irregular. Se resolveu . . . que [se] ponha diante da Junta Geral esta ressolução . . . Que se pessa a os sres da Junta Geral que se proponha a os sres Velhos da Nação que fassao provisao para que se assistao as familias que ficarem sem pay ou may a soma de hum athe sinco shellings p semana da forma praticada na Junta de Quarteis, o q se ballotou & sahiu 5 contra 2 de que se pussese.”

was the same as had been proposed by the Quarterly Committee – to ask the elders to approve giving a weekly allowance to the families of patients. Therefore it is difficult to ascertain the basis of the controversy, other than as a power struggle between the Grand and the Quarterly committees. The two committees were disputing not just the matter of giving a weekly allowance to the families of Beth Holim’s in-patients, but which of the two committees would present the proposals to the elders.¹⁰⁰ Finally, the members of the Grand Committee voted and passed, twelve to two, to propose to the elders of the synagogue to give a weekly allowance to the families of patients. But even though the Grand Committee asserted its power over the Quarterly Committee, the last word over the matter was in fact that of the elders, and the results were probably a disappointment to all involved. The document, called a “memorial”, was then discussed at a meeting of the elders and Mahamad on 3 Adar rison 5510. The elders decided to discuss the “memorial” at a later meeting but resolved that the Mahamad and four elders (Jacob Fernandes Nunes, Abraham Capadoce, Abraham Aboab Ozorio, and Abraham da Fonseca) were to work with the two committees to help “smooth out the difficulties” that were interfering with the governing of Beth Holim, for the well-being of all involved.¹⁰¹ I have found no further evidence that the proposal to offer a weekly allowance to the families of patients was ever discussed again, nor is it mentioned as an expense in the yearly budget report that was carefully recorded by the Grand Committee. The matter seems to have remained unresolved. Nevertheless, the bickering between the two committees continued, as will be seen, in relation to the question of admitting disabled poor to the hospital.

100 Ms. 74, Beth Holim-2, minutes of the Grand Committee, “Em 28 de Sebah 5510 & 24 de Jano 1749/50 em Junta Geral extraordinaria . . . O motivo de Vms serem chamados a esta junta Geral extraordinaria he por diante de Vms hua propositão que lhe pareceu conveniente a Junta domestica em beneficio de nossos pobres doentes . . . a qual propositão se por diante de Junta de Quarteis os quaes Nemine Contradicente a aprovasao . . . directao a pussesemos diante de Vms para que . . . fazao o mesmo”. “Que tenha poder a Junta Domestica de dar cada semana de hum athe sinco shillins para o governo de familia que seu pay ou May se achar enfermo”.

101 HM2/997, Elders’ Minutes I, minutes of 3 Adar Rison 5510, “vejao de alhanar as difficultades q subsistem sobre a forma do governo de Beth Holim pa q esta obra pia continue tanto como for possivel a o beneplacito de todos”.

Disabled admitted to Bet Holim in order to raise income

A third source of instability was the debate over the treatment of the “disabled”. The first discussion of admitting disabled poor people as residents of the hospital took place just one year after the founding of the hospital at the governors’ annual meeting on 23 August 1749. It is unclear who among the governors proposed the idea, but it was presented as a result of how well the hospital was doing and how it could potentially benefit additional poor people: “Given that, thanks to God, this society [of Bet Holim] is in the process of growing and wishes to extend this charity to its most expanded limits, it was resolved that any person of our Nation who is disabled and wants to enter this house pay 10 pounds per year.”¹⁰² Soon after, however, the records indicate that one of the reasons for admitting the disabled, perhaps the most important one, was that there was a need for bringing in cash to cover expenses, and admitting disabled residents to the hospital would generate needed income. The disabled would be lodged separately from the inpatients, thereby creating a need for major additions to the building. Although the Grand Committee approved the plan initially, nothing seems to have come of it, as no disabled person was admitted to the hospital for seven years. During that time, discussions were probably taking place behind the scenes, as the topic surfaced again at a meeting of the Mahamad, dated 5 Sivan 5512 (1752), when another resolution reached them, but this time the Bet Holim Quarterly Committee stated that, in the members’ opinion, “it was improper at that time to follow up on the project to accept invalides” at the hospital, as this was not part of the original plan – that is, only “curable” patients were to be accepted to the hospital.¹⁰³ More than two years later, again at the annual meeting of the Grand Committee on 4 September 1754, the treasurer was asked to suggest to the elders that they admit up

102 Ms. 74, Bet Holim-2, minutes of the annual meeting of the Grand Committee, 20 Elul 5509 (23 Aug. 1749), “Sendo que louvores a Do esta sociedade se acha em estado crecente & desejando estender esta charidade a mais dilatados limites, se resolveu que qualquer pessoa de Nossa Nação que for invalida & quizer entrar em esta caza . . . pagando a dita libras dez por anno . . . que por horas nao se admittirao mais que seis pessoas”.

103 HM2/993, Minutes of the Mahamad, meeting of 5 Sivan 5512 (1752), “reheberao ossres do Maamad a seguinte representacao dos sres de Beth Holim. Em 5 Yiar 5512 os sres da Junta de Quarteis de Beth Holim resolverao o seguinte . . . Que he opiniao desta junta, q no presente estado desta sociedade, he improprio seguir com o projecto pa estabelecer invalidos nella . . . [et que] esta sociedade . . . [e]stara sempre pronta a contribuir em tudo oq tiver relação a o primitivo estabelecimento della”.

to ten old and disabled people and provide some funding for it.¹⁰⁴ The matter dragged on several months longer, until finally, on 29 January 1755, the elders resolved that in order to benefit the nation (*Naçao*), they recommended admitting no fewer than six disabled individuals to the hospital.¹⁰⁵ Since the rented house that was to serve as the hospital was not large enough and there were health-related concerns about keeping the disabled separated from the in-patients and from women giving birth, two houses next to the hospital were rented and repaired to house the disabled.¹⁰⁶ By 15 September 1756, a total of six disabled people had been admitted, bringing in £36 of much needed income to the hospital. The number of disabled people residing at the hospital oscillated between six and seven until 1772, when the average number increased to ten. But numbers and income reveal little information about the challenges they were also bringing to the management of the hospital. It gradually became obvious that the income generated by the voluntary subscriptions was not enough to run the hospital. Moreover, wealthy congregants were getting tired of the challenges of taking care of the hospital.

These three factors led to a financial crisis for the hospital. Concurrently with the decision in 1755 to accept the disabled poor, concerns had also been expressed that hospital expenses had to be decreased, as they were high in relation to its income. To that end, the House Committee, which dealt with daily expenses, was charged with finding out what had caused the increases, so that they could be curtailed. The Committee concluded, however, that none of the expenses were extravagant and that, in order to lower them, the only options left would be to eliminate the position of the full-time steward, and to reduce the meagre pay of the pharmacist for delivering medicines to the homes of the ailing poor and the surgeon for storing the medications in his home. As the total annual savings of £35 5s would not be enough, the House Committee concluded, the damage

104 Ms. 74, Beth Holim-2, minutes of 17 Elul 5514 (4 Sept. 1754), “Se recomendou a osr thezo que represente de parte desta sociedade . . . [a os] sres velhos que sejao servidos dar sua aprovaçao para que se possa tomar dentro da casa, athe o numero de dez pessoas velhas & invalidas, concedendo para este effeito a soma que lhes parecer necessaria”.

105 Ibid., minutes of the meeting on 29 Jan. 1755, “Que esta sociedade tem presente conforme sua primeira instituicao de contribuir em tudo o possivel pa o beneficio da naçao sem reparar em sua utilidade particular.”

106 Ibid., minutes of 12 Yiar 5515 (23 April 1755), “Se resolveu autorizar a o srs thezoureiro & parnessim de alquilar de John Hill as duas cazas junto da nossa para admitir invalidos, nao excedendo a soma de 7 por cada hua, p termo de nossa lessa, se ballotou & sahiu na affirmativa.”

caused by the reductions to the running of the hospital would far outweigh the benefits.¹⁰⁷

By the mid-1760s, the financial crisis of the hospital had worsened. The annual report of 20 Elul 5524 (17 September 1764) was particularly dramatic. Total expenses were £699 17s 11d and the total income £537 3s 2d, but, in addition to the shortage, what was really shocking was that the income from subscriptions had gone down to £44 10s (it had been as high as £99 11s in 1749). Although no further information was recorded, it appears that there were not enough new subscribers and/or that subscribers were not keeping up with their fees. The Quarterly Committee made its own evaluation of the crisis and strongly recommended informing the elders that the funding shortage had resulted in a “dearth of food” (*carestia de toda sorte de comestibles*) but, nevertheless, they also recommended that all committees find efficient ways for saving on expenses.¹⁰⁸ As a result, the portion of meat given to disabled residents was reduced to three quarters of a pound. Lard (*manteiga*) was also reduced, tea as a beverage was substituted by sage, and even the daily portion of bread was decreased. Other necessities were also in short supply, so in-patients, who were considered somewhat more deserving than the disabled residents by the governors, had to sleep close together in order to save on the cost of charcoal. As for the disabled residents (and to the dismay of the governors), they begged for money in areas near the hospital and often tried to sneak out with food, perhaps to share it with their relatives. And, finally, the shrinking members of the staff, the “officials”, were also affected by the insufficient budget. They felt overburdened by the addition of the “disabled”.

As the number of the Sephardi poor requesting medical assistance kept growing with the passage of time and Bet Holim’s governors attempted to

107 Ibid., minutes of the meeting of the Grand Committee, 9 Tamuz 5516 (7 July 1756), “Havendose na ditta junta domestica examinado . . . nas couzas que augmentao os gastos de Beth Holim e nao havendo naquelle piqueno escrutinio [unintelligible word] ver algua extravagancia sensivel, nem nos gastos de boca nem nos demas diarios e forniturea pareceu que para diminuir esses era preciso suprimir algum officio . . . E nao obstante que no parece essa somma sufficiente . . . a reflexcao que se deve fazer . . . he . . . [que] se debe atender mais a o danno que procede a hum o mais particulares de esta reforma, ou a o beneficio que della se segue a caza”.

108 Ibid., minutes of the meeting of 20 Elul 5524 (17 Sept. 1764), “Depois de haver a junta de quarteis revisto os gastos do quartel e o estado da casa do anno foy a opiniao de ditta junta de que se deve representar largamente a ossres Velhos cauza do atrazo della qual provem do moto uzo que faz a pobreza desta pia obra e da carestia . . . que recomendem a todas as mais juntas de buscar todas as [unintelligible] e o mais eficazes p economizar o gasto della”.

keep the number of in-patients under control, the number of out-patients seen at the hospital kept increasing. This is evident from the number of medical prescriptions given out. Even though this was alluded to only occasionally in the records, the traffic of poor people coming in and out of the hospital must have been alarming.

Conclusion

In 1748, a group of Sephardi international merchants and financiers of means founded Bet Holim, what has been described as the first modern Jewish hospital in the Western world. The London Ashkenazi Jews' hospital, also called Neveh Zedek, opened in 1807, on Mile End Road, but this was not a hospital in the modern sense but, rather, a sort of workhouse for the aged poor and for the education of orphan children. In 1812 the Bais Cholim Le-Ashkenazim was established but it existed for only nine years. The Amsterdam Sephardi community did not have a hospital until 1834. (In the New World, the Jewish Hospital of Cincinnati, established in 1850, was the first.)¹⁰⁹ The Sephardi leaders in London dedicated themselves to the service of their Bevis Marks congregation and its poor. It may be tempting to compare them to their Ashkenazi neighbours who, by the mid-eighteenth century, already outnumbered them and yet had not even started to address the needs of their far more numerous poor. It seems that London's Sephardi Jewry was thoroughly engaged in the care of the poor in their congregation.¹¹⁰ But, as this essay has demonstrated, their eighteenth-century approach to helping the ailing poor was distinct from the way the congregation had previously addressed those needs. Bet Holim hospital was designed more as a joint-stock enterprise than as an institutionalized form of *sedaca* – in fact, the term *sedaca* never appears in the Bet Holim records. This new approach to taking care of the poor was modelled on contemporary associational hospitals founded by secular benevolent individuals who were often more concerned with attracting

109 See Barnett, "Dr. de Castro Sarmiento", 95. On Neveh Zedek, see Joseph Jacobs, "London: Ashkenazic Institutions", in *The Jewish Encyclopedia: The Unedited Full-Text of the 1906 Jewish Encyclopedia*, www.jewishencyclopedia.com/articles/10098-london, accessed 21 Sept. 2017. See also Jack Y. Vanderhoek, "The Quick Demise of a Nineteenth-Century Jewish Hospital in London", *Transactions*, 47 (2015): 156–78; Bernfeld, *Poverty and Welfare*, 110, 362 n. 330.

110 See Mordechai Rozin, *The Rich and the Poor: Jewish Philanthropy and Social Control in Nineteenth-Century London* (Portland, OR: Sussex Academic Press, 1999) for a study of how the London Ashkenazi community dealt with the large influx of poor people at that time.

and retaining donors than with the needs of the poor. Bet Holim's founders in all probability anticipated a positive response from the majority of congregants. Instead, not only was it a challenge to persuade some to become paid-subscribers, but those who initially were supportive of the hospital were deterred by its bureaucracy, which demanded much more than financial support from them. The small size of the community at a time of many new, poor arrivals made the associational model ultimately doomed to failure.

The Sephardi Jewish community was also increasingly facing other challenges that deserve further study and can only be alluded to here. Sephardis' attempts to remain collectively as a Jewish community apart from their Ashkenazi neighbours was starting to divide them at a time when they were also grappling with how to incorporate themselves into the larger English non-Jewish community. By the 1780s, letters of resignation from paid members of the congregation of Bevis Marks became a frequent part of the records. Some expressed their intention to abandon Judaism, while others noted their desire to remain Jewish, even as they rejected their affiliation to the congregation. Nevertheless, one common theme that runs through these letters is that congregants were tired of providing money and services to Bet Holim and other congregational charities. As some of them explained, they wanted to be charitable donors but not necessarily to donate to the congregational institutions.¹¹¹ These letters show that internal friction was intense and became an additional challenge to those who remained Jewish and loyal to the congregation.

Bet Holim records from the 1790s refer mostly to moving the institution to new facilities. At a general meeting on 17 December 1791, one of the attending governors, Jacob Samuda, announced that the lease for rental of the three houses serving as the hospital was ending and a new location had to be found. In addition, a subscription was opened "towards the great expence [sic] of removing & establishing this charity elsewhere".¹¹² The process of finding new facilities and raising funds ended two years

111 See e.g. Ms. 76, Bet Holim-3, Isaac Mendes Furtado, letter of resignation to the elders, 24 March 1783, harshly criticizing Bet Holim for accepting only six patients at a time and then neglecting them; quoted in Picciotto, *Sketches of Anglo-Jewish History*, 206, and Barnett, "Dr. de Castro Sarmiento", 95. Although Mendes Furtado's name does not figure often in Bet Holim's records, some of his criticisms demonstrate familiarity with how the hospital and other charities were run.

112 Ms. 76, Bet Holim-3, "Minutes of the General Meeting held the 22 kislew 5552, being the 17 Dec. 1791".

later, on 25 December 1793, Rosh Hodesh Tebet, the first day of Hanukah, with the final move of “patients and invalides” to the new facilities at Mile End Road. Although it continued to be referred to as Bet Holim hospital, this institution was no longer the same as the one that has been the topic of this article and therefore deserves a study of its own.