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“My son the Yorkshire doctor”: why were there so many Jewish health professionals in Yorkshire?

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It is part of the folklore that the medical and legal professions are favoured by aspiring Jewish parents for their offspring. But the number of doctors and other health professionals who are Jewish does seem disproportionately large, particularly in Yorkshire. Here I measure and examine the historic prevalence of Jewish health professionals working in Yorkshire, and explore the reasons why so many were attracted to these professions.

Method

The numerator: identifying Jewish professionals

This article and the data collection behind it came into being as the result of an initiative begun by Helen Fraiss, who drew together a group of volunteers from the Leeds Jewish community to explore the history of Jews in the health care professions in Leeds. Some provided the names and stories of individual professionals they remembered, some pursued details about individuals, and some conducted interviews with older professionals to consolidate information. I am grateful to all of them, but especially Helen Fraiss, Bryan Bloom, Dr. Anne Cohen, the late Dr. Michael B. Cohen, Dr. George Dublon, Prof. Derek Fraser, Dr. Jennifer Green, the late Prof. Michael Green, Nigel Grizzard, Bernice Pearlman, Dr. Michael Rose, Marlene Sender, Dr. Malcolm Sender, and Janet Stowe, who all contributed substantially to data collection, or gave advice about how it should be presented and recorded for posterity. The databases of names and personal details were constructed by me, and any inaccuracies or omissions in them or this article, and all opinions expressed here are entirely mine.

I constructed five Excel databases (one each for doctors, dentists, pharmacists, optometrists, and others) with year of qualification from the eighteenth century to 2022. They contain the names, details of

qualifications, years of birth and death, and details of career loci, as well as the sources for each name with corroboration where possible. I intend to update and correct these whenever further information comes to light, and to deposit the databases with an appropriate library or archive, to make it available to future researchers.

The objective was to identify Jewish doctors, dentists, pharmacists, optometrists, and other health professionals who have practised in Yorkshire at any time over the last 200 years. This was done by brainstorming the memory of our ad hoc research group, all of whom have lived most of their lives in Yorkshire. They in turn talked to others. Senior individuals in each profession were interviewed. Synagogues and Jewish publications were consulted. Histories of Jewish Leeds were explored. Names who identified as “doctor” on their gravestones at Jewish cemeteries were collected (though not all would have been medical doctors). Lists of donors to Leeds Jewish Welfare Board published in its annual reports were scanned.

Only those who identify/ied as Jewish or who are connected in some way with the community were listed. Defining Jews is fraught with difficulty. Even Cynthia Baker, who explores the question in depth specifically to aid historical research, perhaps bizarrely includes a disclaimer in her introduction: “Neither do I directly engage with the ‘who is a Jew?’ question”.¹ The inclusive view, that formal synagogue membership is not necessary, was taken, so anyone who is Jewish by religion, has a Jewish parent or spouse, or indicated that they should be included was counted. There are those who choose not to belong to a synagogue and who have no obvious connection with the community, but even among these, burial in a Jewish cemetery, membership of the (now defunct) Leeds Jewish Medical Society or Dental Society, donation to a Jewish charity, or attending communal events were taken as valid indicators of Jewish identity. Family announcements or features in the Jewish press (such as the *Jewish Chronicle* and *Jewish Telegraph*) were another source. Sometimes I just had to take the word of my source that a particular person was Jewish. It is possible that some of the collected data is inaccurate, but it is unlikely that many non-Jews will have slipped into the database. If anything, the numbers might understate the number of Jews, but are not likely to overstate it.

1 Cynthia M. Baker, *Jew* (*Key Words in Jewish Studies*) (New Brunswick, NJ: Rutgers University Press, 2017), n.p. (downloaded edn).

If someone were in the *Contractors List* (see below) for their profession and someone of the same name were buried in a Jewish cemetery, it seemed that they should be on the list. Queries arose when people had common and not particularly Jewish names. If for example a Raymond Brown were on a *Contractors List* and a Raymond Brown were buried in the cemetery, they might or might not have been the same person. The date of birth or death on the gravestone might eliminate some as being too old or too young. However, an unusual middle name in both places would lend credence to their being the same person. Obituary notices in professional journals or local newspapers can provide confirmatory evidence as well as adding detail of the professional life of the person.

Anyone who had served in their profession in the area, even in a training grade, was included. People who qualified in Yorkshire, but never worked as a graduate were not included. Yorkshire was defined as including all the current and past parts of the county (or counties). So historic Yorkshire and its three Ridings are included; current North, South, West, and East Yorkshire are included.

In six cases there was a juxtaposition in the *Medical Register* or the *Medical Directory* of a doctor who had the same surname and lived at the same address as another doctor whom we knew to be Jewish. In these cases it seemed likely that the other person was a sibling (or in one case the wife) of the first.

Validation for each individual was sought by examining several sources of information:

The Medical Register and *The Medical Directory*, both online and earlier paper editions²

*The Dental Register*³

Official registers of students at Leeds Medical School (1835–1964) and Leeds Dental School, held by University of Leeds Library

Official registers of other professions

2 For currently registered doctors and recent doctors from 1960 I used <https://www.gmc-uk.org/registration-and-licensing/the-medical-register#searchTheRegister>. For registrations 1850–1959, <https://www.ancestrylibraryedition.co.uk/search/collections/33538/>, which contains searchable facsimiles of each page of *The Medical Register*. Only one year in every four is included, but almost all doctors remain on the Register for more than 5 years, so very few will not be included. The search mechanism is somewhat crude, however: a search for “Dr. Aber” turned up many doctors who lived in Aberdeen.

3 <https://www.gdc-uk.org/about-us/what-we-do/the-registers>.

Contractors Lists, of those contracted to the NHS in the community, but not those working in hospitals or private practice⁴

Kelly's Directory, a private directory published for many local areas c. 1800–c. 2000

Census data (which include occupation), including the 1939 registration exercise

JCR-UK website, with links to data about Jewish communities, cemeteries, and individuals⁵

Obituaries and other personal stories in the press, professional journals, and Royal College of Physicians website

Minutes of the Management Committee of the Herzl-Moser Jewish Hospital, Leeds⁶

Individuals' memories

The sources for each individual are recorded in the Master Index, a series of databases (see above) held by me and intended for an appropriate repository to enable future research.

The denominator: total professional numbers

NHS Contractors Lists contained full lists of NHS GPs, dentists, pharmacists, and opticians practising in the community. For these groups in Leeds, therefore, it is possible to match a numerator reliably with its correct denominator. Pharmacies and opticians were generally listed by the name of the practitioner, but non-personal shop names (such as “Pudsey

4 Contractors Lists were published locally by the NHS Executive Council (and successors) for each area from the NHS's inception in 1948 until c. 1993. They listed all GPs, dentists, pharmacists, and opticians contracted to offer NHS services in the area. Principals in practices were included, but not locums and employed professionals/assistants. The lists were duplicated for internal use and reissued every few years, with changes recorded by hand. Unfortunately, few copies have survived, though Leeds Public Libraries have a complete set for Leeds. I have not been able to trace those for Bradford, Harrogate, Sheffield, or Hull.

5 Jewish Communities and Records – United Kingdom, <https://www.jewishgen.org/jcr-uk/> (accessed 6 Dec. 2021).

6 Minutes (1922–49), Management Committee, Herzl-Moser Jewish Hospital, West Yorkshire Archive, Leeds. Herzl-Moser Jewish Hospital, Leopold Street, founded 1905 as a voluntary community hospital, funded initially by Alderman Jacob Moser on the proposal of Dr. Moses Umanski, maintained by charitable donations and subscriptions; joined the NHS in 1948; closed 1970; see Stephen T. Anning, *The History of Medicine in Leeds* (Leeds: W. S. Maney, 1980).

Pharmacy”), or a shop named after a long-deceased former owner, could cause confusion. Large pharmacy groups (such as Boots or Timothy White’s) might employ Jewish pharmacists, but their names would not be listed. There was no way of finding such names.

Professionals working solely in hospitals or in private practice did not appear in *Contractors Lists*. Some hospitals’ annual reports list consultants, but none lists junior doctors. In the West Yorkshire Archive there is a cache of photographs of named junior doctors working at Leeds General infirmary (LGI) from 1900 to 1960. *Kelly’s Directory* listed professionals with qualifications and addresses, and these did include private doctors and dentists, though not necessarily a complete list.

Measuring a population denominator for our data was difficult, because populations are not static and health professionals have long career spans, but the intention was as follows: Jewish health professionals were counted for each profession, as was the total of practitioners in each profession in the same area. These could then be calculated as a proportion of the total Jewish population and the total general population of the area respectively. Thus it was possible to derive exact figures at particular dates of the Jewish and total professionals practising in Leeds – a snapshot of the numbers at that date. The *Contractors Lists* were not produced at a regular frequency, which is why the dates of each snapshot seem to be random.

For those working in hospital practice or private practice, however, there is no measurable denominator, since there is no repository of numbers or identity of all the health professionals (either individual professions or combined) in these services.

The number of hospital consultants who are Jewish is important, however. This is because of the reputation (of LGI especially) for anti-semitism in consultant appointments in the first 60 or so years of the twentieth century. Folk history for this period abounds with tales of young doctors who were Leeds graduates but moved away because of this apparent barrier to appointments.⁷ These accounts are anecdotal and not easily substantiated, and it would not be fair to the institutions concerned to retell them without objective supporting evidence. But there are enough accounts to consider whether they might be true.

7 I have heard over the last 50 years many accounts of named Jewish individuals who inexplicably failed to secure consultant posts in the period up to c. 1970.

Results

The earliest Jewish health professional traced was Moses Levi, in Briggate, Leeds, who advertised his spectacles in the *Leeds Intelligencer* in 1758, though his range of wares was much broader and not all in the health field. Next came Gabriel Davis who in 1842 manufactured and sold spectacles and optical instruments in Boar Lane, Leeds.⁸ Formal optometrist qualifications did not exist at that time, but it is valid to regard both of these as opticians.

The earliest Jewish doctors traced in Yorkshire were David “Fred” Harris of Francis Street, Chapeltown, Leeds, who qualified in 1880; Asher Gross of Merrion Street, Leeds, who qualified in 1881; and Henry Solomon. Harris and Gross are recorded in the *Medical Register* as being resident and therefore presumably practising in Leeds after qualification (Dr. Solomon’s address is given as London in the year after qualifying, so he probably did not practise in Leeds). Although they had been medical students in Leeds (Leeds Medical School opened in 1831), their qualifications were from the Royal College of Surgeons of England, since Leeds University and its capacity to award degrees did not exist until 1903. The Secretary of the Leeds Jewish Representative Council, Louis Saïpe, identified them as medical students, though he did not cite his source.⁹ He reported that they did not practise in Leeds, but the fact that they had Leeds addresses in the *Medical Register* a year after qualification strongly suggests that they were working in the locality. Long-distance commuting for doctors at that time was not feasible because they had to be available out-of-hours for their patients. The fourth doctor, Julius Friend, qualified in 1894 at the Society of Apothecaries of London, and practised in Chapeltown, Leeds.

The total number of Jewish professionals identified working in Yorkshire at some time in each category is shown in Table 1.

Doctors

Tables 2 and 3 show a breakdown of Jewish doctors by place and decade of qualification respectively. Table 4 shows where doctors (substantially) practised in Yorkshire. Some doctors practised in Yorkshire only briefly and then moved away. Some moved from place to place in Yorkshire.

8 See facsimile of original advertising poster, Thackray Museum of Medicine, Leeds.

9 Louis Saïpe, *History of the Jews of Leeds* (Leeds: Leeds Jewish Representative Council, 1985), n.p.

Table 1 Jewish health professionals in Yorkshire identified since 1758

	Male	Female	Sex unknown	Total
Doctors	415 (89%)	50 (11%)		465
Dentists	162 (93%)	9 (5%)	4 (2%)	175
Pharmacists	147 (88%)	20 (11%)	1 (1%)	168
Opticians/optometrists	43 (92%)	4 (8%)		47
Nurses (inc. health visitors, midwives)	1 (4%)	20 (87%)	2 (9%)	23
Occupational therapists	1 (15%)	6 (85%)		7
Physiotherapists	1 (50%)	1 (50%)		2
Chiropodists/Podiatrists	2 (67%)	1 (33%)		3
Other professions allied to medicine	5 (63%)	3 (37%)		8
TOTAL	777 (87%)	114 (13%)	7 (<1%)	898

Table 2 Jewish doctors in Yorkshire by place of qualification, 1880–2022; N = 465. Perhaps half the Conjoint Diploma group will have trained at Leeds Medical School, so the total of Leeds-trained doctors is over 50%

Leeds University	213 (46%)
London University	43 (9%)
Other British/Irish university	101 (22%)
Conjoint Diploma Group	74 (16%)
Europe	21 (4%)
Rest of the world	8 (2%)
Unknown	5 (1%)

Table 3 Jewish doctors working in Yorkshire by sex and decade of qualification, 1870–2021

	Male	Female		Male	Female
1870–79	1		1960–69	34	6
1880–89	2		1970–79	43	5
1890–99	6		1980–89	23	6
1900–09	4	1	1990–99	11	4
1910–19	19	1	2000–09	5	7
1920–29	60	7	2010–19	0	1
1930–39	74	4	2020–	3	0
1940–49	81	3			
1950–59	45	3	unknown	4	2

Table 4 Jewish doctors in Yorkshire by place of practice, 1870–1921

Leeds	322 (69%)
Bradford	33 (7%)
Hull	16 (3%)
Sheffield	15 (3%)
Halifax	8 (2%)
Wakefield	8 (2%)
Huddersfield	7 (2%)
Harrogate	5 (1%)
York	4 (1%)
Other urban	16 (3%)
Rural	9 (2%)
Unknown	22 (5%)

Most spent most of their career in one place, and wherever possible this is the place used. The great majority (322 out of 465, 69%) practised in Leeds, always the major Jewish population centre in Yorkshire. The other centres with significant Jewish populations figure in the order that might be expected from their size, though there are no reliable statistics for the Jewish populations of the other urban centres. Estimates of the maximum Jewish population of Sheffield, Hull, and Bradford are 2462, 2000, and 1000 respectively, but it is not clear how these figures were derived.¹⁰ All three communities are now much smaller, that of Bradford now being around 300.¹¹ It is notable that there were very few doctors (9 out of 465, 2%) working in rural areas. Among that 465 there are many for whom the fact of their qualification, from their humble family origins with poverty and no academic tradition, was remarkable. Paying fees for education would have been problematic.

Some in the prewar years were immigrants from Europe, whose medical qualifications were not recognized in Britain. These doctors, including Sally Rummelsburg, Moritz Roll, and Joseph Dublon, had to join medical schools in Britain and requalify at the Royal Colleges in London or Scotland before they could practise. Most Jewish doctors

¹⁰ Sheffield: *The Jewish Year Book 1935* (London: Valentine Mitchell, 1935); Hull: *History of Jews in Kingston upon Hull*, https://en.wikipedia.org/wiki/History_of_Jews_in_Kingston_upon_Hull (accessed 26 Aug. 2022); JCR-UK, *Bradford Jewish Community*, <https://www.jewishgen.org/jcr-uk/Community/bradford.htm> (accessed 26 Aug. 2022).

¹¹ Nigel Grizzard, personal communication, 2022.

became GPs, but many acquired postgraduate qualifications, some of whom became hospital specialists and some researchers of note. A few became innovators or leaders in their field.

Among these were Professor Max Hamilton (1912–1988), who worked to devise objective diagnoses of mental illness. He devised the Hamilton Anxiety Scale (1959) and the Hamilton Depression Rating Scale (1960), which are still in general use. Dr. Hugo Droller (1919–1995) instigated reforms in practice that transformed geriatric medicine at St. James’s University Hospital. Dr. Bertram Mann (1914–2004) was a respiratory physician in Halifax who conducted early research on occupational asbestosis at the notorious Acre Mill in Hebden Bridge. Professor Monty Losowsky (1931–2020) was a hepatologist who became Dean of Leeds University Medical School. He was instrumental in St. James’s becoming a teaching hospital, and was a founder of the Thackray Medical Museum in Leeds. Dr. John Sinson (1925–2016) was the first Regional Adviser in General Practice for Yorkshire, and later became the first Medical Director of St. Gemma’s Hospice, Leeds. Dr. Moses Umanski (1862–1936) first proposed the Herzl-Moser Jewish Hospital. His daughter Dr. Augusta Landman (1893–1966) was an early woman graduate of Leeds Medical School in 1915. Dr. Jeffrey Sherwin (1927–2019) was a GP who became a Leeds City councillor and promoted the development of swimming and leisure centres around the city. Dr. Michael Ognall (b. 1938) initiated the first GP out-of-hours service in England in the 1960s. Conrad Harris (1933–2022) was the first professor of general practice at Leeds University, whose work on prescribing led to his becoming the director of the NHS Prescribing Research Unit. Michael Masser (1948–1990), the son of Dr. Alfred Masser, a Penistone GP, was a promising young consultant plastic surgeon at LGI whose career was cut short when he was murdered by a patient at Stanley Royd Psychiatric Hospital in Wakefield. Professor Sir Norman Williams (b. 1947) conducted research on bowel surgery and became President of the Royal College of Surgeons of England, while Dr. Tony Zigmond (b. 1953) was President of the Royal College of Psychiatrists and has written extensively on the Mental Health Act.

Table 3 also shows the proportion of Jewish women doctors qualifying in each decade. There were none before 1905. In subsequent decades the numbers are smaller than might have been expected (norms at British medical schools hovered between 15 and 20% female up to the 1980s), but nonetheless do increase slowly with the years. In the decade 2000–09 the number of women graduates exceeded the number of male graduates for

the first time. By then the overall numbers (male and female) were quite small, and further interpretation would not be valid.

Pharmacists

Most pharmacists in Yorkshire were single-handed community chemists. A few developed their businesses into multiple shops. Most notable among these were Allan Marks and the Bloom family. The Bloom family also branched into manufacturing, and continue to produce liquid drug preparations, especially in the field of psychiatric drugs. Daniel Lee, a pharmacist in Leeds, was the innovator of the successful early national online pharmacy, Pharmacy2U. As a doctor (b. 1947) I conducted research reviewing patients on long-term medication, leading ultimately to the nationwide development of clinical pharmacists' extended role into medicines management in general practice.

Other disciplines

As regards professionals in other disciplines, they too are substantially Leeds-based. For this reason, and because there were no traceable copies of Contractors Lists for other towns, the statistics that follow have been calculated for those working in Leeds.

Population data

The total Jewish population of Leeds is difficult to measure. Several serious researchers have estimated its size over the last 60 years using different methods, some little more than guesswork, but others using accepted demographic tools, including extrapolation from records of Jewish burials and marriage. More recently, census data has become available, but this relies on people declaring that they are Jewish. Nigel Grizzard has summarized and discussed the available data mainly from the figures in the *Jewish Year Book*, which goes back to 1896/97.¹² I have used his figures for Table 5 for Leeds, which was always the largest Jewish concentration in the county.

These data record rapid growth of the Jewish population mainly by immigration from the Russian Empire, including Poland, Ukraine, and the Baltics, in the 1890s and 1900s, followed by growth related to birth rate in the next decade. By 1919 the Jewish population had risen to 25,000, and

¹² Nigel Grizzard, "Demographic: The Jewish Population of Leeds – how many Jews?", in *Leeds and its Jewish Community: A History*, ed. Derek Fraser (Manchester: Manchester University Press, 2019), 34–46.

was stated to be static in the interwar years. After the Second World War there was a steady decline in their numbers, which has continued ever since. This is probably partly the result of assimilation and intermarriage leading to loss of identification, and partly net migration either to other Jewish centres in the U.K., especially London and Manchester, or abroad, mainly to Israel.

The current Jewish population of Leeds is likely to be less than 8,000, in spite of being consolidated by people moving to Leeds from shrinking smaller communities in Hull, Newcastle, and other towns and cities. Indeed Murray Freedman, in his meticulous 2007 study of the demography of Jewish Leeds, estimated the Jewish population of Leeds in 2006 to be only 6,100.¹³ This implies that the Jewish population constitutes 0.8% of the total Leeds population. His criteria were fairly rigid, however, and were based on evidence of religious rather than cultural identification. The 2011 Census recorded 6,847 Jews in the city. This figure seems consistent with Freedman’s figure, but the census question also related to religion rather than heritage, and it is probable that Jews who do not practise the religion would not identify as such in the census even if they were active in the community. There are, sadly, reasons why some Jews may be reluctant to identify as Jewish in official data collection. In spite of the hundred-year anonymity of the census, the history of worldwide official Jewish persecution (alas not ceasing with the Holocaust) has probably led some Jews to fear doing so. It is unlikely that those not Jewish would claim to be Jewish, so the census figure must be regarded as being on the low side, especially in thinking of cultural or inherited identification.

As regards the population of the city of Leeds, census data from the website City Population (www.citypopulation.de) for the period 1981–2020 was used to construct Table 5. Defining Leeds in this context is problematic, because of changes in civic boundaries. Although not all the figures in the table or website are reliable, it is clear from the trends that the maximum Jewish population of Leeds was never more than 4.5% of the population.

Data analysis is concentrated on Leeds partly because the large majority of Jewish professionals work(ed) in Leeds (see Table 3), but also because of the availability of contextual numbers of contractors for the city, which I have been unable to trace for Bradford, Harrogate, Hull, or Sheffield.

13 Murray Freedman, *Vital Statistics and Demographic Trends in the Leeds Jewish Community for 2006* (Leeds: privately published, 2007).

Table 5 Estimated Jewish and total populations of Leeds Metropolitan Borough (or predecessor), 1931–2011¹⁴

	Jewish population	Total population	Per cent Jewish
1931	25,000	649,143	3.9%
1941	30,000	[671,932]	[4.5%] ¹⁵
1951	25,000	694,720	3.6%
1961	20,000	711,250	2.8%
1971	16,500 ¹⁶	717,700 ¹⁷	2.3%
1981	15,000	680,824	2.2%
1991	12,000	673,283	1.8%
2001	8,000	715,419	1.1%
2011	8,000	751,485	1.1%

Table 6 Jewish doctors in Yorkshire by main career discipline

	GPs	Consultants	Other	Not Known	Total
Male	262	91	50	12	415 (89%)
Female	31	8	9	2	50 (11%)
TOTAL	293 (63%)	99 (21%)	59 (13%)	14 (3%)	465 (100%)

Table 7 Leeds NHS general medical practitioners in each year specified

	Jewish NHS GPs	Total NHS GPs	Actual % Jewish	Predicted % Jewish ¹⁸	Ratio Actual/Predicted	P value (chi-square test) ¹⁹
1948	43	246	17.5%	3.6%	4.9	<0.00001
1957	59	297	19.9%	2.8%	7.1	<0.00001
1967	67	274	24.5%	2.3%	10.6	<0.00001
1978	73	538	13.6%	2.3%	5.9	<0.00001
1984	78	521	15.0%	2.2%	6.8	<0.00001
1993	44	406	10.8%	1.8%	6.0	<0.00001
AVERAGE	51	380	13.4%	2.5%	6.9	<0.00001

14 GB Historical GIS/ University of Portsmouth, Leeds District Through Time Population Statistics/ Total Population, Vision of Britain Through Time, http://www.visionofBritain.org.uk/unit/10057140/cube/TOT_POP.

15 No census during the war; figures are an average of preceding and following decade.

16 Here I have averaged the Jewish Year Book figures for 1966 and 1982.

17 The figure in the census data for 1971 is obviously aberrant at 1,481,049. I have not been able to discover why this is, but I have substituted a more sensible figure that is consistent with the demographic trends before and after.

18 The predicted percentage for each profession in Tables 7, 8, and 9 was calculated by taking the percentage of the Leeds City population that was Jewish for each year and applying it to the total number of each profession

19 The P value is a statistical measure of the likelihood that the differences between the per cent Jewish and the predicted per cent Jewish arose purely by chance. Any figure below 0.5 is generally accepted as significant. In each case here the P value suggests a very high probability that the differences were not accidental.

Table 8 Leeds NHS general dental surgeons in each year specified

	Jewish NHS Dentists	Total NHS Dentists	Actual % Jewish	Predicted % Jewish	Ratio Actual/ Predicted	P value (chi- square test)
1948	18	126	14.3%	4.5%	3.2	<0.00001
1957	44	160	27.5%	4.5%	6.1	<0.00001
1967	35	129	27.1%	3.0%	9.0	<0.00001
1978	60	231	26.0%	5.1%	5.1	<0.00001
1984	43	267	16.1%	5.9%	2.7	<0.00067
AVERAGE	40	183	22.2%	4.6%	4.8	<0.00001

Table 9 Leeds NHS community pharmacists in each year specified

	Jewish NHS Pharmacists	Total NHS Pharmacists	Actual % Jewish	Predicted % Jewish	Ratio Actual/ Predicted	P value (chi- square test)
1948	23	125	18.4%	4.5%	4.1	<0.00001
1957	34	141	24.1%	4.0%	6.0	<0.00001
1967	35	116	30.2%	2.7%	11.1	<0.00001
1978	49	127	38.5%	2.8%	13.8	<0.00001
1984	48	115	41.7%	2.5%	16.8	<0.00001
AVERAGE	38	125	30.6%	3.3%	9.3	<0.00001

Table 7 shows the number of Jewish NHS GPs as a proportion of all the NHS GPs in Leeds over the decades between 1948 and 1993. The years are unevenly spaced because these are the years that a printed medical list happened to be published. In every year the number of Jewish GPs outnumbers the predicted number by a factor of between 4.9 and 10.6 (average 6.9). This is consistent and far greater than could have arisen by chance (as can be seen from the statistical calculation). There were about twelve European doctors who fled the Nazis before the Second World War, and who requalified and settled in Leeds, but this number is far too small to explain the number of Jewish GPs, most of whom were Leeds graduates (or licenciates²⁰). The low number of local graduates who became con-

20 Before universities conferred degrees to license doctors to practise, the Royal Colleges in London, Edinburgh, and Glasgow and the Society of Apothecaries in London licensed doctors. After university degrees were accepted, the Colleges still offered examinations to qualify, so students who failed university examinations (about 10% of the students) often continued at their university but on the so-called "conjoint" diploma. Some students followed both, thereby getting several more letters after their names. None of the Colleges now offer the conjoint diploma, though they oversee and offer diplomas for postgraduates such as MRCP and FRCS.

sultants might also have propelled more doctors into general practice. But the sheer number of Jewish GPs may reflect the academic ethos of Jews who were virtually all children (or grandchildren) of refugees from the poverty and pogroms of Eastern Europe, and who craved a profession with high status and whose skills were transportable.

The commonest career path for Jewish doctors was into general practice (293 out of 465, 63%), and most of these practised in Leeds (210 out of 293, 72%). Plotting the working address of the Leeds GPs shows that 69% (144 out of 210) practised in North and East Leeds (postcodes LS6: 7, LS7: 55, LS8: 25, LS9: 34, LS14: 12, LS17: 11). This was particularly true of those who qualified in the first 50 years of the twentieth century. These Leeds areas were closest to the densest Jewish population and the location of synagogues. GPs needed to live near their patients because of their on-call commitments, often including midwifery, and, for those who were religiously observant, within or near the Jewish community for kosher shops and synagogues. General practice was usually a single-handed “cottage industry” at the beginning of the century, but the trend towards partnerships gradually increased, especially after the advent of the NHS in 1948. All-Jewish partnerships became common, including those of Rummelsberg, Schindler, Roll, and Addlestone; Freeman, Novis, Black, and Black; Irving, Sinson, Levin, Miller, Meynell (not Jewish), Green, and Wright; and Walden, Silman, Walden, and Shenderay. In the late 1960s a commercial out-of-hours cover service for GPs (Leeds Doctors’ Deputising Service) was founded, which enabled GPs to live in the Jewish community while practising further away in South and West Leeds suburbs.

Many factors probably played into the predominance of general practice as a career choice for Jewish doctors in the first half of the twentieth century. The cost of further training at a time when junior hospital doctors were paid a pittance will have been a major factor, especially in the early years of the century. Jewish families were poor and had already borne the burden of a student on a five-year undergraduate course. Up to the late 1960s doctors could move straight into general practice after primary qualification without further training or qualification. Those wanting to be hospital specialists had to take a succession of expensive exams (as now) and work as junior doctors on low salaries for several years. They generally had to be resident in spartan hospital accommodation with no provision for wives or families, and had to endure punishing out-of-hours rotas. From the late 1970s postgraduate training in general practice

became obligatory, and by then junior doctors' salaries were sufficient in both hospital and general practice, making hospital careers more accessible. Another factor, as we shall see, was antisemitism. The low number of local graduates who became consultants (perhaps because of antisemitism limiting appointments) might also have propelled more doctors into general practice.

Other health professionals were not limited by the need to be on call, so could start practices virtually anywhere within commuting distance from home. This is probably why dentists, optometrists, and pharmacists tended to be more spread out in their working addresses, though there were still many in North and East Leeds.

At Leeds General Infirmary there was no Jewish medical or surgical consultant before 1970. Earlier consultants in Leeds such as Dr. Hugo Droller (geriatric physician at St. James's) and Professor Max Hamilton (psychiatrist) were in less prestigious (at the time) hospitals and/or in university appointments. There are no statistics recorded of the ethnicity of consultants appointed in this period, but the single statistic of zero Jewish medical or surgical consultants at LGI speaks for itself. There was no shortage of potential hospital specialists among the Jewish community, as witness the large number of Jewish Leeds graduates in medicine during these years, and the huge number of Jewish doctors working in general practice. Although there are now several Jewish consultants employed by Leeds Teaching Hospital NHS Trust, the issue of the ethnicity gap in NHS employment has not gone away. For instance, in October 2021 the *British Medical Journal* reported a wide gap between white and non-white appointments to medical posts in London NHS hospitals.²¹

Antisemitism

It is part of local folklore that there was a limiting quota for admission of Jewish students to Leeds Medical School. Indeed, John Cooper (a historian, lawyer, and author) describes a period immediately after the Second World War when Jews seem to have been discriminated against by the prior selection of students returning from military service.²² While this may have been the policy, to regard it as inherently antisemitic rather than a valid recognition of the service given to the nation by those in the forces

21 S. Linton, “Ethnicity Gap seen in London Recruitment”, *British Medical Journal* (Oct. 2021), 375, n. 2640.

22 John Cooper, *Pride versus Prejudice: Jewish Doctors and Lawyers in England 1890 to 1990* (Oxford: Littman Library of Jewish Civilization, 2003), 252.

seems to be over-judgmental. Indeed, some of the returning soldiers admitted to the Medical School were themselves Jewish. The high figures of Jewish medical graduates of Leeds University in each year, especially in the immediate post-war years, seems to refute this claim of racism, though antisemitic comments by individual teachers and officials as reported by Gerald Wootliffe, a dental student at Leeds, cannot have been pleasant for Jewish students.²³

Throughout most of the twentieth century the total number of student admissions to Leeds Medical School per annum stood at about 80, which with a few dropouts each year left a total of about 78 who qualified as doctors. Yet for the years 1913 (when degrees were first awarded by Leeds University) to 1980, I identified 213 Jewish MBChB (Bachelor of Medicine, Bachelor of Surgery) graduates of the university. The number each year varied between 0 and 11, out of the annual student intake in the 1930s to 1980s of 78 (see Table 3). There was no consistent number that might have indicated a quota limit. In addition, the handful of students in each year who failed the Second MB examination would have continued at Leeds Medical School, but followed the Conjoint Diploma (MRCS, LRCP – Member of the Royal College of Surgeons, Licenciate of the Royal College of Physicians) or Society of Apothecaries qualifications. A limiting quota that allowed so great a proportion of Jewish students seems improbable.

In contrast, the suggestion that LGI (and its related hospitals forming the United Leeds Hospitals group) actively rejected Jewish applicants for consultant posts has strong circumstantial evidence to support it. There were no Jewish consultants at LGI until 1971, though quite a number of Jews held training posts at LGI, in most specialities.²⁴ Cooper describes the first Jewish consultant at LGI as being an “unwitting” appointment because the candidate “had an Anglicised name and did not look Jewish”.²⁵ It is impossible to verify this account, but it was certainly a commonly repeated story among local Jewish doctors who were in practice at that time. Across the city, St. James’s Hospital (under separate management

23 Gerald Wootliffe, “Report to Board of Deputies of British Jews Defence Committee”, 1945, cited in *ibid.*, 252.

24 I have been unable to find lists of junior hospital doctors employed at LGI, but there is an annual annotated photograph of junior medical staff going back to c. 1920, and a number of those photographed are Jewish, some who became consultants at St. James’s or outside Leeds, and some who emigrated; for original photographs see West Yorkshire Archive, Leeds.

25 Cooper, *Pride versus Prejudice*, 272.

by Leeds A Group Hospital Management Committee) appointed a total of twelve consultants who were Jewish between 1948 and 1970.²⁶ These covered many specialities, including medicine, orthopaedic surgery, psychiatry, pathology, geriatric medicine, and radiology. And the minutes of the management board of the Herzl-Moser Jewish Hospital dated 26 February 1942 record a decision to appoint Dr. L. Glick from Halifax as a visiting specialist because he is Jewish, noting that there were “no other Jewish consultants in or near Leeds”.²⁷

I have been unable to find any direct evidence of overt antisemitic pronouncements or policies of the United Leeds Hospitals during this period. This is hardly surprising, because such a policy would have been impossible to defend in either the NHS or in a city that prides itself on its multiculturalism. Nonetheless, the circumstantial evidence is too strong to dismiss, and it seems inconceivable that the relative numbers of Jewish consultants (none at LGI compared with 12 at St. James’s) at the two major hospitals over the 22 years from 1948 to 1970 arose purely by accident, especially as at least 30 Jewish junior doctors had worked at LGI over this period. This is strong evidence that there was an insurmountable block to the employment of Jewish consultants by United Leeds Hospitals over this period. LGI was historically the only official teaching hospital until 1970, when St. James’s (whose background had been a less prestigious workhouse hospital) was formally renamed Leeds St. James’s University Hospital.

It might be thought that in these enlightened times among the intelligentsia of our civilized nation such prejudices might have vanished. Not so. Unfortunately, racism in medicine and especially in the NHS has not gone away. The British Medical Association in 2022 published a survey of 2,030 doctors. It makes disappointing reading, reporting barriers to progression in careers due to racism.²⁸ Seventy-six per cent of respondents had experienced racism in the workplace in the last two years. The prime targets of racism may no longer be Jews, but the lessons of history still need to be acknowledged and learned.

²⁶ Report of Leeds A Group Hospital Management Committee (NHS) 1948–1970 (Leeds: A Group Hospital Management Committee, 1970).

²⁷ Minutes of Management Committee, 26 Feb. 1942, Herzl-Moser Jewish Hospital, West Yorkshire Archive.

²⁸ British Medical Association, *Racism in Medicine* (London: BMA, 2022), <https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf>.

Discussion

You can only count the things you know. The numbers of Jewish health professionals identified may be on the low side, especially as there are few sources of data for corroboration of their Jewish status. A 2015 study of the Leeds Jewish community up to 1920 has no information about health professionals, except to say (without reference) that there were only two Jewish doctors in Leeds in the first decade of the twentieth century.²⁹ I have demonstrated that (at least for those for whom it is possible to measure both a numerator and a denominator for the same population, namely the contractors of the three professions working in the NHS in Leeds) the number of Jewish health professionals was and is larger than predicted from their relative populations by a factor of up to 10 times for doctors, 9 times for dentists, and nearly 20 times for pharmacists. (Opticians' shops had too many unknown numbers of opticians to make valid calculations.) The statistical analyses demonstrate that the likelihood of these figures arising by chance is almost nil. Jews really did gravitate to the caring professions in numbers that are vastly greater than might be predicted from their relative populations during the first 40 years of the NHS. The reasons may include personal aspiration, parental aspiration, the desire for a reliable income, innate ability, the wish to contribute to society. Anecdotally, many parents pushed their children into caring professions in order to gain a transportable skill and high status in society. There is a tradition of encouraging caring and treatment for ill health in Judaism, going back at least to Maimonides (Rabbi Moses ben Maimon, 1138–1204, philosopher and physician). Emphasizing the importance of saving or preserving life, the Talmud debates and advises on medical treatment.³⁰

The Jewish population of Yorkshire mainly originated from the poor shtetls of the Pale of Settlement of Eastern Europe, especially Poland, Ukraine, Lithuania, and Latvia (at the time of mass emigration this was part of the Russian Empire).³¹ Their reasons for emigrating were partly to avoid discrimination and brutal pogroms, and partly to escape poverty. If they came with saleable skills they were generally in clothing and tailoring, which brought them to Leeds and the West Riding of

29 Aaron M. Kent, *Identity, Migration and Belonging: The Jewish Community of Leeds 1890–1920* (Cambridge: Cambridge Scholars Publishing, 2015).

30 “Whoever saves one life . . . saves an entire world”; Mishnah Sanhedrin 4:5, Babylonian Talmud Sanhedrin 37a.

31 Derek Fraser, “Local: Leeds in the Age of Great Cities”, in Fraser, *Leeds and its Jewish Community*, 23–34.

Yorkshire. Their education was limited and had often been in religious schools. They arrived in Britain mainly between 1890 and 1910. At first, they lived in poverty here too, occupying the slums of the Leylands in Leeds, working long hours for low pay in the sweatshop factories in the area. Their aspirations for a better life were often realized by encouraging their offspring to seek a professional career. The nearest medical and dental schools were in Leeds. The nearest pharmacy training centre was Bradford. And it made sense for these relatively poor students to stay local. The availability of Jewish facilities can also be an important factor for religious Jews in choosing where to settle or study, since they require proximity to a synagogue (within walking distance from home) and to kosher food shops.

In contrast, a sizable proportion of the refugees fleeing Nazism before and during the Second World War were professionals from wealthy and cultured families, though often unable to bring their resources with them. Many were also assimilated Jews with little interest in formal Orthodox Judaism. Some came to Leeds but many settled in Bradford, where they could join a Reform Congregation.

As notable as the large number of Jewish health professionals working in Yorkshire in the twentieth century is their diminishing number in the last decade or so. Anecdotally, there are currently few Jewish students at Leeds Medical and Dental Schools now,³² or at Bradford University School of Pharmacy. The number of Jewish doctors working in Leeds, for example, has fallen, both in general practice and in hospital/academic medicine. This may be due in part to the decreasing size of the community in the North of England, and in part to young people going further afield to university and not coming back. Medical and dental graduates, having spent five or even six years qualifying and several further years in postgraduate training, are often settled in their city of qualification, so less likely to move back than graduates of other disciplines. Of course, Leeds and Yorkshire as a whole may not be unique in its high proportion of Jewish health professionals. There are and were many Jewish health professionals in other large centres of Jewish population including London, Manchester, Liverpool, and Glasgow. It would be valuable to collect similar data for these cities.

Nursing and other professions allied to medicine (PAMs) have not had the Jewish following of the medical, dental, and pharmaceutical professions. The small numbers of Jews joining these professions locally

32 Ronald D. Levine, personal communication, 2022.

may well relate to traditional Jewish attitudes to the roles of women. Historically, nursing and PAMs were overwhelmingly female domains and predominantly of single women (which is no longer the case). As late as the 1950s, nurses were generally forbidden from marrying and would be dismissed if they did.³³ Jewish aspirations for women were domestic for many traditional families. More enlightened families would push girls towards teaching or the more academic disciplines, rather than a service that actively forbade nurses to marry. Nursing had no academic qualifications until the 1980s, when degrees in nursing began to be offered. Perhaps nursing was seen by Jewish families as not sufficiently academic or sufficiently family-friendly as a career.

Antisemitism, a particularly pernicious form of racism, has afflicted Jews for centuries. The data in this paper provide strong statistical evidence that antisemitism affected the appointment of consultants at Leeds General Infirmary in the first seventy years of the twentieth century. Nevertheless, the sheer numbers of Jewish students and graduates of Leeds Medical and Dental Schools in the same period challenge the suggestion that student entry into these institutions was limited by antisemitism. Sadly, racism has not gone away in the NHS even if Jews are less likely to be the object of it, and conducting statistical evaluations such as this can reveal or identify subtle (including perhaps involuntary) discrimination.

Jews are proud of the huge contribution that the community has made and continues to make to health care in Yorkshire. Perhaps religious and cultural traditions and attitudes are part of the reason for the prominence of Jews in the caring professions. “You are not obliged to complete the work [of healing a fractured world], but neither are you free to desist from it” (Rabbi Tarfon, 1st century CE, in *Ethics of the Fathers* 2:16).

33 Adrian O’Dowd, “NHS Nursing in the 1950’s”, *Nursing Times* 104, no. 1 (2008), 20–22.