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Throughout the centuries, the hardships of the poor have always been apparent but those who are ill as well as down-and-out have even less chance of survival unless individuals or groups voluntarily decide to help these unfortunates. An example of such philanthropic aid occurred on 16 February 1812 when seven Jewish gentlemen met in London to establish a hospital for Jewish Ashkenazi indigent patients, known as *Bais Cholim Le-Ashkenazim*. However, this hospital was short-lived; within ten years, it had closed its doors. In this paper, I shall tell the story of this institution, with emphasis on its place within the wider context of medical care of poor Jewish patients in the early nineteenth century and the role of the Ashkenazi Jewish community in London in taking care of its indigent sick.

The Bible continually exhorts the Jew to be charitable since it is considered a sacred duty (or *mitzvah*) to take care of the poor (Deuteronomy 15:7, 11), the widow (Exodus 22:22–4), the orphan (Deuteronomy 10:18), and to show hospitality to the stranger (Leviticus 23:22, Deuteronomy 26:6–9). The Torah formulated rules on how this was to be accomplished in the mainly agricultural society of ancient Israel. As Jewish society in the post-biblical period changed to a more commercial urban environment, these rules were adjusted by the rabbis of the Mishnaic and Talmudic periods to reflect this transformation. After the destruction of the Temple, the Jewish communities in the Land of Israel and the Diaspora became synagogue-centred, but philanthropy remained an integral aspect of both private and public Jewish life. One of the communal charitable organizations developed to provide relief for the poor and needy was the *Beth Hekdesh Laaniyim* (*Hekdesh* for short), which means “the house of consecrated property for the poor”.¹ In post-Talmudic times,

1 *The Universal Jewish Encyclopedia, Inc.* (New York: 1941), vol. 5, s.v. “*Hekdesh*”; Jacob R. Marcus, *Communal Sick-care in the German Ghetto* (Cincinnati: Hebrew Union College Press, 1947); Mark R. Cohen, *Poverty and Charity in the Jewish Community of Medieval Egypt* (Princeton: Princeton University Press, 2005).

the term came to mean property set aside for charitable goals² and during the medieval period, the Hekdesh was usually a room or a hall in the synagogue or a communally owned building that was set aside to provide lodging and food for travellers and the itinerant poor. Hekdesh institutions have been documented in medieval communities in Egypt, Spain, Germany, and France and were quite similar to Christian hospices. Starting with the Crusades, Jews were subject to frequent persecutions and expulsions from many countries in Christian Europe. This resulted in a tremendous increase in the number of poor Jewish wanderers, whether sick or not, for whom the Hekdesh provided some relief. By the sixteenth century, the local poor, widows, and orphans, as well as the sick, became the primary focus of the Hekdesh, as this charitable institution functioned as both a poorhouse and a place that cared for the sick and aged, and had become a “social necessity”.³ In general, the Hekdesh was not associated with the local synagogue but was supported by the Jewish community. However, the Hekdesh was but one charitable organization in a Jewish community and had to share the philanthropic funds with other charities such as the Talmud Torah, which provided instruction in Hebrew and religion, a benevolent association that arranged for dowries for poor girls, a ransom fund needed to redeem captured Jews, and a burial society to provide last rites for the dead, and others. The Hekdesh was utilized by some communities to tend to the sick whereas others tended the sick via the Bikur Cholim (society for visiting the sick) and Bais Cholim (house for the sick, the traditional name for a Jewish hospital) charities. However, by the end of the eighteenth century, the focus of the Hekdesh/Bais Cholim became the local indigent sick. Since the care of the indigent, the elderly, and the sick was the focus of both the Hekdesh and the non-Jewish hospitals in the Middle Ages, the Hekdesh also became known as a hospital. In contrast to current use, the term hospital did not necessarily imply a place for care of the sick but might imply providing vocational training for orphans or care of the elderly. For example, the Jews’ hospital in London, established by the Goldsmid brothers in 1806, was established to support a small boarding school to teach children from poor families and orphans a trade, and a small section of the house was used as an old-age home.⁴ It is clear from its history as well as its Hebrew name of Neve

2 *Encyclopedia Judaica*, 2nd edn. (Detroit: Keter Publishing, 2007), s.v. “Hekdesh”.

3 Marcus, *Communal Sick-care*, 173.

4 Siegfried Stein, “Some Ashkenazi Charities in London at the End of the Eighteenth and the Beginning of the Nineteenth Centuries”, *Jewish Historical Studies: Transactions of the*

Tzedek (Abode of Justice), rather than Bais Cholim, that despite its English designation, the Jews' hospital did not provide any care for the indigent sick.

Some aspects of London Jewish communal life from the seventeenth through the early part of nineteenth century

When representatives of the Sephardi community petitioned Oliver Cromwell in 1655 to re-admit Jews to England (after an absence of about four hundred years), it is not surprising that the petition was granted, probably to improve the commercial influence of England. The Sephardi community in London prospered and established various communal institutions such as a synagogue, a school for teaching Hebrew and religion, and charities for the care of the sick and burying the dead.⁵ In fact, the Sephardi community founded its hospital, Bet Holim, in 1747 to provide medical care for both the sick and pregnant women.⁶ As the Sephardi London community grew and flourished, it attracted Ashkenazi Jews from Germany, Poland, and other Eastern European countries. Initially, the Ashkenazim worshipped in the Sephardi synagogue and supported other Sephardi institutions, but eventually a rift developed between the two groups and by the end of the seventeenth century, the Ashkenazi group had separated and established its own synagogues and charities.⁷

At the start of the nineteenth century, it was estimated that the Jewish population in London was about fifteen thousand, ninety per cent of whom were Ashkenazim. Many of these Jews were unskilled immigrants who made their living as pedlars, hawkers, and old-clothes men, but it appears that the great majority of these Ashkenazim were extremely poor and at times needed charitable assistance that was usually provided by various Jewish Ashkenazi communal aid organizations.⁸ Although Roth and

Jewish Historical Society of England 20 (1959–61): 63–81; www.norwood.org.uk/who-we-are/history-archives/history (accessed 24 Sept. 2015).

5 Lionel D. Barnett, ed., *Bevis Marks Records: Records of the Spanish and Portuguese Jews' Congregation of London* (Oxford: Oxford University Press, 1940), pt 1.

6 Its function as a hospital seems to have ceased some time in the latter half of the nineteenth century. For further details, see *ibid*; Albert M. Hyamson, *The Sephardim of England* (London: Methuen, 1951), 302, 326.

7 Barnett, *Bevis Marks Records*, 29–32.

8 Todd M. Endelman, *The Jews of Georgian England, 1714–1830* (Philadelphia: Jewish Publication Society of America, 1979) 172, 232.

Stein have described a number of Ashkenazi London charities which were active at the end of the eighteenth and the beginning of the nineteenth centuries,⁹ the Society for Visiting the Sick (Bikur Holim, started as early as 1722) was the only one that was concerned with the sick. However, despite its name, this society did not provide any medical treatment. How then did the indigent Ashkenazi sick get medical care during this period?

Medical care in London in the early years of the nineteenth century

Although a system of Poor Laws had been established during the seventeenth and eighteenth centuries to care for the poor and destitute (including the sick), the legal framework for the collection and distribution of funds for the poor was limited to members of Christian parishes.¹⁰ What this meant was that these Poor Laws were of little relevance to indigent Jews.

In general, sick individuals who could afford the services of a physician would request him to come to their house for consultation and treatment. Medical treatment and care for the sick poor in London from the seventeenth through the early nineteenth centuries was provided primarily by voluntary hospitals¹¹ and dispensaries. Both these institutions were founded by wealthy philanthropists and supported by voluntary contributions from Christians, members of other faiths, and non-believers, so that “by 1809, London could boast seven general hospitals, four lying-in hospitals, two for infectious diseases, the Lock Hospital for venereal disease and an eye hospital”.¹² Sick paupers whose medical conditions did not require hospital admission received outpatient care from dispensaries. With the exception of the London Hospital, little is known of the extent to which Jews were able to benefit from these institutions at this time.

9 Cecil Roth, “Early Ashkenazic Charities in London”, in *Essays in Jewish History*, ed. Cecil Roth (London: Jewish Historical Society of England, 1934), ch. 5; Stein, “Some Ashkenazi Charities”.

10 Peter Higginbotham, www.workhouses.org.uk (accessed 24 Sept. 2015).

11 By the end of the eighteenth century, most infirmaries had changed their name to hospital. For example, the London Infirmary was renamed the London Hospital; see A. E. Clark-Kennedy, *The London: A Study in the Voluntary Hospital System* (London: Pitman Medical Publishing, 1962); Sheila M. Collins, *The Royal London Hospital: A Brief History* (London: Royal London Hospital Archives and Museum, 1990).

12 Geoffrey Rivett, *The Development of the London Hospital System 1823–1982* (London: Oxford University Press, 1986), 25.

During this period, it seems that medical care for sick Ashkenazi Jews who were too poor to afford a physician was primarily regulated through synagogues, but these sick individuals had to be members of the synagogue in order to qualify for help. Several London Ashkenazi synagogues such as the Great Synagogue and the New Synagogue (Leaden Hall Street) had officially appointed physicians, surgeons, and apothecaries to tend the Ashkenazi Jewish poor. For example, in the 1824 edition of the Laws of the New Synagogue at Leaden Hall Street, the following obligations for the physician (who had to be a member of the College of Physicians) were listed: “give advice to the afflicted and indigent Poor of this Congregation . . . [either] at their own houses, or at such places where the afflicted Poor of this Congregation may be . . . provided that the distance of the residence or place of such Poor do not exceed two miles from the Synagogue” and “He shall attend upon any other poor or person and give advice whenever he shall receive an order for that purpose from a Warden or the Overseer of the Poor”. Similar duties were required of the Surgeon Apothecary, who was required to be a member of the Royal College of Surgeons. His duties included the giving of “advice and medicine all things appertaining thereto to all the afflicted poor of this Congregation.” The 1827 edition of the Laws of the Great Synagogue at Duke’s Place listed Dr. Barnard Van Oven as Physician, Mr. Joshua Van Oven as Surgeon, and Mr. B. Kisch as Apothecary, who provided comparable services for the benefit of the poor of this congregation. In contrast, no mention of medical officers was made in the 1832 edition of the Laws of the Western Congregation at St. Alban’s Place. This suggests either that this congregation presumed that medical care for the indigent was adequately provided by other medical officers or institutions, or that there were insufficient indigent in the area served by this congregation.¹³

However, what resources were available for the indigent sick Jews who were unaffiliated with a synagogue? One possibility would be to go to a voluntary hospital but, to be admitted, the patient had to obtain a letter of recommendation from a supporter of the hospital (though urgent cases were always admitted). There were three categories of supporters, the Annual Subscriber, the Life Subscriber, and the Life Governor. Each group gave different amounts of money, and the donation (or subscription) amount determined how many patients (both in- and out-patients) the

13 London Metropolitan Archives, ACC/2712/NWS/835; *Laws of the Congregation of the Great Synagogue* (London: J. Wertheimer and Co., 5587 [1827]).

donor was entitled to have admitted to the hospital. In addition, each donor category had different voting privileges at the meetings of the hospital charity.¹⁴

Until the middle of the nineteenth century, it appears that only sick individuals who “were deemed socially worthy of charity and suffered from a condition considered proper for treatment” could be admitted to a voluntary hospital. However, before potential patients, whether Jewish or not, could be admitted to a voluntary hospital, they had to find a current subscriber who was willing to provide them with a valid letter of recommendation.¹⁵ This was definitely not an easy proposition, especially for a Jewish pauper. Nevertheless, even if unaffiliated indigent Jews were successful in obtaining such a letter, there were three aspects that could have influenced the willingness of Jews to enter a hospital. First, as most voluntary hospitals were supported by Christian benefactors, daily prayers by the patients were standard protocol and mandatory.¹⁶ Second, the appearance of a new movement, the London Society for Promoting Christianity amongst the Jews, at the end of the eighteenth century, pressured Jews to convert.¹⁷ As most lower-class Jews, including paupers, were usually ritually observant, they did not want to deal either with Christian or with proselytizing propaganda, even in a charitable hospital setting. Third, to obtain the necessary kosher food in a non-Jewish hospital was not always easy.

*The establishment of the Bais Cholim Le-Ashkenazim Hospital
in London: the early years 1812–13*

In view of these problems, several Jewish Londoners decided in 1812 to establish a Jewish Hospital for Ashkenazi paupers (the Sephardi Bet Holim hospital generally did not admit Ashkenazi patients and Ashkenazi women were not accepted into its maternity section as late as 1856).¹⁸ As I am not aware of any previous study concerning this Ashkenazi London

14 Harold W. Hart, “Some Notes on the Sponsoring of Patients for Hospital Treatment under the Voluntary System”, *Medical History*, 24 (1980): 447–60.

15 Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), ch. 5. According to Clark-Kennedy, hospitals did admit accidents and acute cases at all times without any letter of recommendation; Clark-Kennedy, *The London*, 32.

16 Collins, *Royal London Hospital*, 7.

17 Endelman, *Jews of Georgian England*, 242.

18 Hyamson, *Sephardim of England*, 302–3.

hospital, this paper will explore the foundation and the demise of this institution and its role within the wider context of medical care for poor Jewish patients in London in the early nineteenth century. My primary source is the “Minute Book” of the meetings of the Bais Cholim Le-Ashkenazim (which was also described as the Jewish Hospital for German, that is, Ashkenazi, Jews) for the period of its existence, 1812–21. To my knowledge, this “Minute Book” has not yet been the subject of a detailed examination. Unfortunately, the Rules and Regulations governing the Bais Cholim Le-Ashkenazim have been lost, although some of these rules are referred to in the “Minute Book” and will be discussed below. Although the “Minute Book” is written mostly in English, it contains several names and expressions written in Hebrew and opens with an introduction in German Yiddish. It is possible that this was a standard approach when rules and regulations and/or minutes were published by various Ashkenazi synagogues or charities in England.¹⁹ The “Minute Book” opens with an introduction that details yet another predicament for the Jewish Ashkenazi poor, asserting that there seemed to be no one, neither family nor friends, to care for such people when they were sick. Two heartrending incidents are presented concerning indigent Jews who became ill and died without anyone noticing until it was too late to save them. Consequently, the community was urged to establish a charity fund to support the destitute sick and avoid such tragedies in the future. In fact, all these problems for the indigent Ashkenazi sick sufficiently roused the pity of a group of well-to-do Jewish Londoners to establish a Jewish Hospital. In this respect, it seems that the start of the Bais Cholim Le-Ashkenazim was similar to the beginnings of other voluntary hospitals in London. All were founded as charities by a group of “like-minded individuals” who “wished . . . to alleviate distress.”²⁰

On 16 February 1812, seven English Jewish gentlemen, led by Moses Solomons (President),²¹ Aaron Worms and Joel Benjamin (Vice Presidents), and Israel Jonas (Treasurer), came together to start a charity that would provide “a house . . . for the sick.” A week later, the group had increased

19 London Metropolitan Archives, Jews’ Hospital Minutes, 1812–1821, ACC/27/12/jsh/1 (hereafter, “Minute Book”). I would like to thank Rabbi Benzion Geisinsky for help in translating parts of the “Minute Book” and Professors Rachel Myerowitz, Molly Levine, and Stanley Reiser for valuable discussions. For other Ashkenazi synagogues or charities see Stein, “Some Ashkenazi Charities”.

20 Rivett, *Development of the London Hospital System*, 25.

21 In some of the minutes in the “Minute Book”, Solomons appears as “Solomon”.

to fifteen who convened and agreed that the first item of business was to raise funds so that a house in “some airy and pleasant situation for the reception of sick people” could be leased. One was quickly found at 13 Queens Row, Bethnal Green, and nineteen gentlemen agreed to donate funds; an individual subscriber who gave at least ten guineas became a “governor for life” of the institution. In this way, £97 4s 6d was quickly raised and other necessities such as “blankets, sheets, chamber lyes [a laundry product], night caps, night shirts, flannel jackets, table spoons, teaspoons, knives and forks” were donated by Messrs. Angel Myers, Henry Myers, Jacob Moses, Wolf, and Worms. By 19 April 1812, a lease for the house including the fixtures was signed for £22 a year and the minutes noted that Mr. Goodman Levy “presented the charity with a writing desk” and “Mr. Rees gave £10 towards the purchase of iron bedsteads”. With fewer than a hundred persons cited in the “Minute Book” as supporters of the Bais Cholim, this number represented less than one per cent of the Ashkenazi Jews in London and indicates a lack of strong communal support. However, some of the main benefactors were men of importance in the London Jewish community and, in Appendix 1, I have listed their involvement with other London Jewish organizations. Nevertheless, for any charity to succeed, it either needs the support of a large number of donors/subscribers, the backing of a few wealthy patrons, or the potential financial help of another charity or organization (such as a synagogue) in case of a fiscal crisis. It is clear from the history of the Bais Cholim Le-Ashkenazim that the founders of this organization decided on the first choice, perhaps because they were unable to secure either of the other two options.

On 19 April 1812, it was also decided to appoint a temporary committee of thirteen gentlemen, including President Solomons, the two vice-presidents, and the treasurer, to manage the charity and to frame a set of laws and regulations to run the hospital. Nine months later, on 17 January 1813, a permanent House Committee, consisting of Messrs. J. Benjamin (Chairman), I. Jonas (treasurer), Henry Myers, A. Worms, and A. Benjamin, was formed to oversee the hospital. The minutes of the organization indicate that laws for this hospital were indeed considered, amended, and passed.²² It is interesting to note that according to the minutes of 18 August 1812, Joshua Van Oven was involved in correcting and finishing the “book of laws” of the organization. Van Oven (1766–1838) was an

22 See “Minute Book” entries for 26 April, 2 May, 18 August, and 25 October 1812.

important figure in London Jewish communal life and was the surgeon to the Great Synagogue.²³ As he was deeply concerned about the fate of the Jewish poor, having written *Letters on the Present State of the Jewish Poor in the Metropolis* in 1802, it is not surprising that he became interested in the Bais Cholim Le-Ashkenazim. However, since his name does not reappear in the “Minute Book” until 26 January 1817, it seems that he was not much involved with the charity. I have not been able to find a copy of these rules and regulations. It is reasonable to assume that such laws would not be too different from the laws approved by a sister organization, the Bet Holim hospital of the Spanish and Portuguese congregation in London established in 1747, so I have briefly summarized in Appendix 2 the major laws and regulations of this hospital as they pertain to the medical staff and their duties, as well as the criteria for admitting patients.²⁴ In brief, the Bet Holim hospital admitted invalids, in- and out-patients, as well as lying-in women; the main officers in charge of the hospital were the Treasurer and Secretary. This should give the reader a picture of the administrative side of the institution. However, this hospital was closely associated with its parent organization, the Spanish and Portuguese Jews’ congregation of London (now known as the Bevis Marks Synagogue). In contrast, the Bais Cholim Le-Ashkenazim hospital had no association with any of the Ashkenazi synagogues in London and admitted only in- and out-patients.

The entries in the “Minute Book” from 1812 to 1814 detail the identities and duties of the medical and house staff of the hospital. At that time, it was fairly common for physicians to provide their services gratis to charity hospitals and when Dr. Leo Constable offered his skills for a twelve-month period starting in May 1812, the hospital readily accepted. From the minutes of 14 March 1813, Dr. Constable “offered his services for a year longer, received thanks and [was] ordered to be [an] honorary” member of the hospital and “to be summoned to all meetings”, a practice unusual for a hospital’s physician. On 28 March, the hospital surgeon was noted as Emmanuel and the apothecary as Benjamin Gomes de Costa. The other medical caregiver was a nurse, Elizabeth Gilmore, who was appointed on 21 June 1812 and earned 14 shillings a week (but had to find her own lodging). Mrs. Gilmore was charged with treating the patients with “Tenderness, Kindness and Humanity and if a patient does amiss

23 *Encyclopedia Judaica*, s.v. “Van Oven”.

24 London Metropolitan Archives, Laws of Beth Holim, 1827, LMA/4521/B/03/01/004; *Laws and Regulations of Bet Holim Spanish and Portuguese Jews’ Hospital, London. Revised and Amended* (London: L. Thompson, 5597 [1837]).

to report the same to Mr. Levy" (the first Housekeeper). In addition, she was to keep the "wards, committee rooms, staircases and entry in nice order, attend the fires on Sabbath days and not leave (the) wards to go on errands whatever and in every manner be civil." The housekeeper was charged with admitting patients according to the hospital regulations, was supposed to be "in the wards three times each day . . . notice every particular occurrence . . . write down [his] observations and remarks . . . respecting the sick, the physician, nurse, diet and every other thing." He was also expected to be married, for his wife had her own responsibilities: to keep "the ward etc. clean and airy and give the nurse the foul linens to wash . . . and see [that] the coals, soap and candles [were] fairly used for their purposes." Furthermore, the housekeeper "could follow no trade profession or occupation whatever his office", and his wife could not have "children or any family encumbrances". In carrying out these duties, the housekeeper and his wife were to earn £30 a year with an additional £3 for "small necessities and keeping the house clean". An extra £10 a week was allowed for every patient in the house.

The other essential person in the hospital was the Shammash or collector, as he was to collect the payments from the subscribers. On 11 February 1813, President Solomons informed the House Committee that Shammash Levy (who had also been the housekeeper) had died. Furthermore, an entry for 28 February states that "it was agreed that the office of collector and housekeeper to be two different officers and for which two vacancies be declared to be occupied by two different persons." Apparently, having one person carry out both positions must have created financial difficulties for the Committee, for which there are two pieces of evidence: first, the minutes of 25 October 1812 indicate that the Shammash had not delivered the subscription proceeds in a timely manner since he was told to "pay his arrears to Mr. Josephs" and, second, the minutes of 30 May 1813 state that "the late collector's books" (namely, those of Mr. Levy) were inaccurate. In the minutes of 7 March 1813, it was agreed that an announcement was to be made in all synagogues indicating that the housekeeper position of the hospital was vacant and letters of application were invited. Six applications were received, three of which were disqualified. On 9 May 1813, Mr. Meir Hirsh was elected as Housekeeper over Mr. Nathan ben Moshe by a vote of 51 to 21. The committee "ordered that the sum of £3 be given to Mr. Ben Moshe for his loss of time." From the seventy-two votes cast in this election, it can be concluded that the number of paying subscribers had in one year substantially increased from

the original nineteen donors.²⁵ This increase was probably accomplished by either personal or written appeals, as the donors were persuaded that the hospital was a worthy charity to support. It certainly seems that at this time the hospital was in reasonable financial shape and thus could afford this payment for “loss of time”. As for the position of Shammash, the minutes of 30 May 1813 indicate that an announcement was to be made in all synagogues stating that it was available and letters of application were requested. Pay would be £10 a year and two per cent of all collected subscription fees. Two of the four applicants were rejected (one of these, Abraham Levy, was the son of the late collector who had circulated a letter “derogatory to the Hospital’s president and insulting to the Committee”). On 25 July 1813, the election for Shammash was held. The two remaining candidates each received the same number of votes and this tie was broken by lottery, Michael Davis being elected. The losing candidate, Moses Daniels, was also reimbursed for “his loss of time”.

Yet, financial irregularities or accusations thereof continued to plague the institution. As noted earlier, the books of Mr. Levy were inaccurate, suggesting possible fraud. On 20 June 1813, the secretary was accused (but acquitted) of forging receipts of bills from other institutions. Many times, the “Minute Book” mentions audits of the income and expenditures of the institution (for example, 1 April, 7 November 1813; 26 June 1814; and on 18 August 1816 the charity was in debt by £150). On 23 August 1815, the Secretary was ordered to check the book of the Collector “every month”. Intimations of such possible embezzlement might also have undermined the ability to raise funds for the hospital. According to the minutes of 11 February 1813, the financial state of the charity was not good: the House Committee declared that for financial reasons, “only two persons be taken into the house and that three only be received in the hospital excepting in cases of emergency.”

It seems that in the early years, the hospital managed to attract a reasonable number of subscribers and donors from the Ashkenazi Jewish community (see Appendix 1). However, reports of financial wrongdoing posed a serious threat to the viability of the institution.

The middle years, 1814–16

A new slate of officers was elected on 16 October 1814 – Myer Joseph as

²⁵ Since different categories of subscribers had different voting privileges, it is not possible to determine exactly how many subscribers participated in this election.

president, Isaac Isaacs as vice-president, and Isaac Jonas who continued as treasurer. On 4 December, it was reported that the board had obtained information that the House Committee from the London Hospital was eager to provide “additional relief to the Jewish sick in their hospital”. Before continuing with that story, let me briefly describe the London Hospital.

The London Infirmary was a voluntary hospital founded in 1740 and in 1745 became known as the London Hospital.²⁶ It was located in the East End where the majority of London Jews lived and it is not surprising that some Jewish paupers turned to this institution for treatment. In his *History of the Great Synagogue*, Roth pointed out several relationships between the London Hospital and the Jewish community.²⁷ As early as 1756, the by-laws of the London Hospital ensured special dietary arrangements for Jewish patients²⁸ and in 1760, Moses Hart, one of the wealthy founders of the Great Synagogue, bequeathed a £1000 legacy to the London Infirmary (General State of London Hospital) where his son-in-law, Elias Levy, was a governor. The inclusion of these special arrangements was obviously timed to propitiate Mr. Hart. Furthermore, in 1814, the Westminster Synagogue recorded that charitable collections were made for this hospital (recorded by Roth). As is discussed later, the London Hospital often had a number of Jewish board members in the early nineteenth century who were able to sponsor the admission of sick Jewish paupers to this hospital. However, as suggested in the Introduction of the “Minute Book”, it seems that not all sick Jewish paupers were admitted to either the London Hospital or other hospitals.

If the report from the London Hospital were true, the prospect that this more established and larger hospital was specifically willing to provide “additional” medical care for Jewish sick paupers would obviously affect donations to the Bais Cholim Le-Ashkenazim. Since the London was already providing kosher food, the nature of this “additional” care was obvious: it meant the establishment of a separate ward for Jews. Consequently, such a Jewish ward would eliminate the need for the Bais Cholim Le-Ashkenazim hospital. The Bais Cholim Committee

26 Clark-Kennedy, *The London*, 26; Collins, *Royal London Hospital*, 4.

27 Cecil Roth, *History of the Great Synagogue, London, 1690–1940* (London: E. Goldston, 1950).

28 The London Hospital and the Sephardi Bet Holim were the only hospitals in London to provide kosher food for their patients from the middle of the eighteenth century; Hyamson, *Sephardim of London*, 226.

was lax in determining the truth behind this rumour: they waited three months before sending an initial inquiry to Samuel Joseph of the House Committee of the London Hospital. Nonetheless, just half a year later, the minutes of the 30 July 1815 meeting indicate that “many subscribers withdrew their subscriptions” upon hearing “the prevalent report that the London Hospital would open a separate ward for the reception of the sick Jews.”

The Bais Cholim Committee tried to counteract this development in three ways: first, by sending out letters requesting additional donations; second, by having committee members go house-to-house to solicit donations and subscriptions; and third, by stopping “different abuses which had been practised in the different departments” of the hospital, a situation which also might have dissuaded donors from making contributions to the Bais Cholim hospital. Since no response concerning the opening of a Jewish ward had been received from the London Hospital House Committee by 20 November 1815, a second letter was sent to that committee requesting information regarding their intention to establish a separate ward for Jewish patients. Still no answer and another letter was sent on 22 May 1816, but this letter went to Hyman Cohen, a different member of the London’s committee. Mr. Cohen replied that Mr. Samuel Joseph had been ill but Mr. Joseph was the person who could respond to their enquiries. Another letter sent to Samuel Joseph on 29 May 1816 went unanswered and then the Bais Cholim Secretary (Mr. Lazarus) was delegated to visit Mr. Joseph in person to obtain his response. On 15 June, Samuel Joseph gave the following non-response: “that he understood that Mr. Myer Joseph, the president [of the Bais Cholim] was not in England ... and that he did not consider it necessary to communicate anything to them, not considering the present a body to communicate to.” At first glance, the tardiness of response as well as the answer from Samuel Joseph seems incomprehensible, but a closer look at the minutes might provide an explanation. Although Mr. Myer Joseph had been elected President at the 16 October 1814 meeting, the office of the president was declared vacant at the 22 May 1816 general meeting because Myer Joseph “having left England without giving notice of such to the [Board] Committee, [nine Committee members present] were of the opinion that the office of the President was vacant and agreed that it was necessary an election for one should take place immediately”. As a result, Moses Solomon was elected President. If we assume that Samuel Joseph and Myer Joseph were relatives (perhaps father and son, brothers, or cousins), it seems likely

that the former did not want to do anything to undermine the position of Myer as President since he probably thought the replacement election of Moses Solomon as President was not only unfair but improper.²⁹ In any event, nowhere in the subsequent minutes of the “Minute Book” was there any mention of an answer from Samuel Joseph (or any other official from the London Hospital) regarding the possibility of establishing a separate ward for Jewish patients.

Although the rumour was first reported in 1814, it turned out not to be true. Sheila Collins in her *Royal London Hospital* confirms that in 1816 a formal request for a Jewish ward by a committee of London Jews was made but this appeal was turned down by the London Hospital. Twenty years later, in 1837, another request for a separate Jewish ward was made by an influential delegation representing “the Committee for the more effectual relief of the sick poor of the Jewish Community requiring medical aid in and about London”, and this committee even “offered to make an annual payment . . . if this request was allowed”. The request was again denied by the London Hospital. However, when the London’s east wing was extended in 1842 to produce six additional wards, two were allocated for Jewish patients, who would be among their co-religionists and less susceptible to Christian proselytizing efforts. The need for beds eventually made this situation untenable and the wards were used more generally from the 1850s onwards.³⁰ It is possible that spreading the earlier rumour was designed to undercut the Bais Cholim hospital. Although the board of the London might have thought that their larger institution could provide much better medical care (in 1757, the London could accommodate 160 patients and 270 by 1830),³¹ it seems more likely that they were afraid that the Bais Cholim hospital might divert sufficient philanthropic contributions from Jews to negatively impact its operations. It is more difficult to explain why the Bais Cholim board was so slow to counteract the rumour and quickly move to reconfirm the benefits of their hospital for both indigent sick Jews and the charity’s supporters. Perhaps they thought it self-evident that the Jewish sick poor would prefer to be treated in a Jewish institution. However, this did not necessarily mean that Jewish donors would have similar views. These contributors might have

29 The minutes of 20 October 1816 indicate that Myer Joseph and the board exchanged letters explaining their actions and apparently resolved the problem, as Myer Joseph had rejoined the board by 9 December 1816.

30 Clark-Kennedy, *The London*, 250; Collins, *Royal London Hospital*, 7.

31 Clark-Kennedy, *The London*, 135, 230.

thought it sufficient if a Jewish ward (rather than a separate institution) be available for Jewish patients where they could freely observe their religious customs and intermingle with their co-religionists. In any event, many subscribers and donors must have concluded that it would be more practical and efficient (and prestigious?) to support the larger hospital that had treated poor sick Jews for more than fifty years and in which the possibility of a separate ward for Jews was an attractive development. This led to the drastic decrease in charitable donations to the Bais Cholim Le-Ashkenazim.

The financial situation continued to deteriorate. In August 1816, Mr. Daniel, the Shammash, was told that the charity “could not afford him” and he resigned. In addition, a circular was to be prepared and distributed to the public requesting contributions. On 3 November, it was decided that several board members were to “go about in the East End of the London City on November 10 to obtain donations and collect [subscription] arrears”. Several committee members notably increased their subscription contributions.

The final years, 1817–21

As of 9 December 1816, the annual expenditures of the Bais Cholim included £185 for four patients, £60 for salaries of the housekeeper, collector, and secretary, and £55 for rent, taxes, and supplies, whereas the income was only £150, creating a shortfall of £150. After the resignations of Secretary Lazarus and Collector Daniel, these positions were declared vacant and it was decided to combine them into one, probably another attempt to save money. On 12 January 1817, three candidates stood for election as Secretary and Collector and Mr. Lyon Solomons received 42 of the 65 votes cast and was duly elected. In addition, the gratis professional services of Surgeon M. A. La Mert were accepted. Finally, it was decided to decrease the annual salary of the Housekeeper Meir Hirsch to £20, though this decision was rescinded upon appeal. In view of the dire financial situation, it was decided that out-patients were no longer to be provided with any food. By the end of 1816, a new group of officers had been elected – Joel Benjamin as president, Raphael Raphael and Jacob Moses as vice-presidents, and Isaac Jonas again as treasurer. It is interesting that after an absence of five years, Joshua Van Oven, the well-known advocate for the Jewish poor, rejoined the charity and was present at this meeting. Whether he rejoined voluntarily or was asked to because he was influential and the

organization was struggling is not known. In fact, he was appointed a member of the Permanent Board committee during the 4 February 1817 meeting. However, even Van Oven's participation could not improve the dire state of affairs of this charity hospital. At the same meeting, another subcommittee was appointed to "go round to the Public in order to receive donations and have subscriptions to assist the future support of the charity". This appeal, as others before it, also was not particularly successful.

The financial situation grew more desperate and forced the Hospital to limit severely the number of sick Jews that could be admitted. Hence a last-ditch approach for obtaining financial support for the charity was agreed upon as described in the minutes of 5 October 1817. At this time, the honorary officers and board committee members agreed to submit a formal appeal (a copy is shown in Appendix 3) for charitable donations to the different synagogues and their rabbinical leaders. This request is noteworthy because the hospital leadership realized that they would probably have to compete with other charitable organizations with more established ties to synagogues and their leaders. However, the Bais Cholim Le-Ashkenazim leadership obviously felt that it did not have much choice and in fact was willing to accept any condition imposed by a synagogue if this meant achieving financial backing. This last desperate plea also seems to have been unsuccessful as no positive response was noted in any subsequent report. The minutes of 29 March 1818 show that the financial state of the hospital was abysmal in that the income of £148 was totally inadequate to meet annual expenditures of £105 excluding the cost of providing for any patients. The question arises as to why the Bais Cholim failed to obtain sufficient financial backing, especially since many of its supporters were important members of the Jewish community (see Appendix 1). The most likely cause was that in order to sustain a hospital, a larger number of benefactors was required than were actually persuaded to support this charity. Another possibility was the fact that the subscribers and donors were members of different synagogues – the Sephardi Bet Holim hospital was one of several charities that were part of its parent organization, the Spanish and Portuguese Congregation. A financial problem in any of these charities would ultimately be handled by the parent body. No such safety net (either with a synagogue or another charity) was ever arranged for the Bais Cholim Le-Ashkenazim hospital, as their supporters must have been confident that it would not be needed. This, obviously, turned out to have been wrong. In view of the lack of

sufficient funds, it was decided to change radically the approach for providing for poor Ashkenazi sick Jews.

A subcommittee including Messrs. Joel Benjamin, Michael Joseph, Isaac Jonas, Dr. Constable, and Van Oven deliberated and came up with a plan to change the nature of the charity. In essence, the subcommittee decided on a “minimal budget” approach and the termination of the costly hospital option, that is, not to provide medical care to the indigent Jewish sick, but to provide temporary lodging for these individuals until they could be admitted to a voluntary hospital.

Consequently, at the general meeting of 10 May 1818, it was decided to propose the following changes: to alter the name of the charity to Chevras Bikur Cholim Le-Ashkenazim (Society for Visiting Sick Ashkenazi Patients); to establish a visiting committee of twelve people to receive applications from sick persons who needed temporary shelter until they could be placed in a hospital; to hire a person to maintain the temporary shelter at Bethnal Green for sick patients (who was entitled to live rent-free in this residence); and to provide kosher food to any needy sick person whether s/he was housed in a hospital or in her/his own house. In other words, the charity would no longer maintain a hospital but only a temporary residence for the sick until they could be placed in a hospital. The organization would shift its focus primarily to supplying kosher food for the needy sick. Mr. Meir Hirsch, the housekeeper, agreed to maintain the temporary lodging. At the general meeting of 14 June 1818, these changes were approved and adopted. Furthermore, Van Oven agreed to inform the public that the Bais Cholim Le-Ashkenazim had become too expensive to maintain and would be converted into the charitable visiting society as detailed earlier. On 6 September 1818, a group of twenty-five gentlemen volunteered to become members of the Chevras Bikur Cholim Le-Ashkenazim and eight of them agreed to solicit funds and subscriptions from the public to support this charity.³² Nearly two years later, on 15 June 1820, it was reported that the annual income was £78, of which £35 was spent for the relief of the sick in hospitals and several houses and £35 was used to pay taxes, rent, and miscellaneous expenses. The last minutes of the Chevras Bikur Cholim Le-Ashkenazim were recorded on 29 January 1821. Mr. Jonas, the treasurer, reported that the

32 The minutes of 20 December 1818 indicated that Isaac Jonas, R. Raphael, Michael Joseph, and Aron Worms were appointed to form a visiting committee to receive and immediately consider applications from poor sick Ashkenazi Jews to obtain assistance from the organization.

Charity's income was just under £26 and the expected expenses were £28. Nevertheless, Michael Joseph volunteered to serve the organization as the president and Alexander Daniels agreed to become the new treasurer.

After this, it is not known what happened to the organization. Certainly, the number of meetings declined steeply. For example, there were six meetings from 6 January to 5 October 1817, whereas only four meetings were recorded in the two years from 28 February 1819 until 29 January 1821. This could suggest a marked decline of members' interest in or lack of money for the organization. In the absence of a specific synagogue sponsor, the revamped organization may have died a "natural death" or died for lack of interest.

From the mid-nineteenth century onwards, care for the Ashkenazi poor in London improved significantly. This was primarily due to the establishment of the Jewish Board of Guardians (JBG) in 1859, which consolidated various relief agencies run by synagogues and other associations into one charitable organization.³³ In addition to providing a wide range of charitable support, the JBG initially provided its own dispensary and medical officer. However, this medical support was discontinued after only twenty years as it was decided that adequate medical assistance was available for poor Jewish patients under the New Poor Law Amendment Act of 1834 and the Metropolitan Poor Act of 1867.³⁴ Towards the end of the century, the JBG re-instituted some medical care after it discovered that infant mortality among pauper Jews was very high. Consequently, the JBG established the Sick Room Helps Society in 1895, which provided maternity services for poor Jewish mothers and which resulted in a marked decrease in infant mortality.³⁵

It is interesting that, nearly a century after the demise of the Bais Cholim LeAshkenazim, another attempt to establish a Jewish hospital in London was made. In 1907, a group of Jewish workers led by Isaac Berliner, a barber, decided that such a hospital was needed not only to counteract the medical relief provided by a number of Christian medical missionary organizations but also to provide a hospital with a Jewish medical staff and where Jewish patients, including those who could only speak Yiddish, would be in a Jewish environment in which they would feel comfortable

33 Vivian David Lipman, *A Century of Social Service, 1859–1959: The Jewish Board of Guardians* (London: Routledge and Paul, 1959).

34 Higginbotham, www.workhouses.org.uk (accessed 24 Sept. 2015).

35 Lara Marks, "'Dear Old Mother's Levy': The Jewish Maternity Home and Sick Room Helps Society 1895–1939", *Social History of Medicine* (1990): 61–88.

to practise their religious rituals. Despite the opposition of many wealthy Jews, led by Lord Rothschild, and the chairman of the London Hospital, this group of ordinary working Jews succeeded in their quest and the London Jewish Hospital opened its doors in 1919 and survived until the late 1970s.³⁶

To sum up, it appears that in 1812, there was a short, unsuccessful attempt by a small number of Ashkenazi Jewish Londoners to start a separate hospital, *Bais Cholim Le-Ashkenazim*, for their destitute sick co-religionists. After less than ten years, this group of generous individuals was forced to give up its dream of a community hospital for indigent sick Jews. I propose four main reasons for this short-lived attempt: first, too few benefactors and insufficient financial support from the London Ashkenazi community, especially after, second, a rumour was circulated that the long-established London Hospital would open a Jewish ward, coupled with the inability of the *Bais Cholim* hospital to counteract this potential development; third, accusations (and high probability) of financial fraud; and finally, fourth, the lack of specific sponsors such as an Ashkenazi synagogue (similar to the association of the Sephardi *Bet Holim* hospital and the Spanish and Portuguese Congregation), or another London charity that might have helped avert financial problems. I suggest that these mistakes made by the supporters of the *Bais Cholim* as well as the lukewarm support of the Ashkenazi Jewish community (which supported many other charities) led to the demise of the hospital. This left the unfortunate Ashkenazi indigent sick no alternative but to try to gain admittance to a Christian hospital, where they would indeed be treated for their illness, but where they had to recite Christian prayers and probably were not allowed to practise their religion, where they might have difficulty obtaining kosher food, and where they might be exposed to proselytizing pressures. If these sick Jewish paupers were unsuccessful in being admitted and treated, death was usually the outcome.

³⁶ Gerry Black, *Lord Rothschild and the Barber: The Struggle to establish the London Jewish Hospital* (London: Tynsder Publishing, 2000).

Appendix 1. Members of the Bais Cholim Le-Ashkenazim associated with other London Jewish organizations³⁷

Name	Synagogue	Synagogue Office
Cohen, Joseph	Great Synagogue	Parnas*
Cohen, Sol	Great Synagogue	Parnas
Durlacher, Leo	Western Synagogue	Director
Friedeberg, B.	Great Synagogue	Treasurer
Isaacs, Isaac	Western Synagogue	Parnas
Isaacs, Lazarus	Western Synagogue	Parnas
Josephs,** Joseph	New Synagogue	Director
Levy, Abraham	New Synagogue	Director
Moses, Abraham Lyon	Great Synagogue	Parnas
Moses, Jacob	New Synagogue	Parnas
Nathan, Nathaniel	Great Synagogue	Parnas
Phillips, Johan	New Synagogue	Director
Raphael, Raphael	New Synagogue	Director
Rees, Abraham	Western Synagogue	Parnas
Samuel, Lyon	Great Synagogue	Parnas
Samuel, Samuel	Great Synagogue	Parnas
Solomons,** Moses	Western Synagogue	Director
Van Oven, Joshua	Great Synagogue	Physician, Surgeon

*President or member of the administrative board of a synagogue. These were usually chosen from the wealthy members of the synagogue.

** The accuracy and reproducibility of most of the names of the individuals mentioned in the minutes in the “Minute Book” transcribed by the various secretaries of the organization show no variability. However, with some names, the presence or absence of a final “s” introduces a certain ambiguity though the name still seems to refer to the same individual. Thus, Moses Solomons appears without final “s” in 20% of mentions and Joseph Josephs in 58%; while Michael Joseph appears with final “s” in 20% of mentions. Furthermore, the 1828 will of Moses Solomons registered with the Prerogative Court of Canterbury (City of London) indicates that his family name was also known both as Solomon and Salomon.

37 London Metropolitan Archives, Laws of the New Synagogue, ACC/2712/NWS/835); Laws of the Congregation of the Great Synagogue; Laws of the Western Congregation, St. Alban’s Place, London (London: Davies, 5593 [1832]).

*Appendix 2. Main laws and regulations of the Bet Holim hospital (Spanish and Portuguese)*³⁸

The *Treasurer* of the Bet Holim to convene and preside at all meetings ... that he keep a regular account of all monies received and expended and (provide) a balance sheet at the Annual meeting.

The *Secretary* of the Bet Holim hospital to attend all meetings, keep correct minutes of the resolutions of the said meetings, receive all bills, keep an account of the daily expenses, subscriptions and offerings, receive all monies due to the institution, keep an inventory of the household furniture and produce receipts for all monies paid by him.

The *Physician and Surgeon* who may be appointed ... to attend their poor be considered the medical attendants of the Establishment. That they attend the Hospital at least once a week and whenever they have patients under their immediate care ... insert their prescriptions in a book provided for that purpose ... Visit the apothecary shop occasionally, inspect the drugs ... sign all orders for drugs required for the dispensing ... in all dangerous cases ... be required to call in one of the consulting physicians. That the *Surgeon* of the establishment do not perform any operations of consequence without calling in one of the consulting surgeons except in cases of immediate necessity.

The *Apothecary* must have complete knowledge of medicine [and] surgery. Be a single man and constantly reside in the hospital ... do regularly enter in a book the names of the physicians surgeons, patients ... accompany the physicians and surgeons at the time they visit their respective patients ... visit all patients ... every morning and evening and oftener if it should be requisite ... shall bleed, cup and apply leeches at the hospital to such in- and outpatients who may require the same. He shall be precluded from ... private practice ... keep a book wherein all orders for chemicals and Galenicals be required for the use of the Hospital shall be entered the same to be signed by one of the medical gentlemen.

The *Steward* shall have under his care and be responsible for all goods, provisions and other property of the house belonging to the institution and shall keep and inventory thereof ... Shall receive and distribute provisions. ... Shall keep and be responsible for all the keys belonging to the institution. He shall not admit any ... patient without their first providing

³⁸ London Metropolitan Archives, Laws of Beth Holim; *Laws and Regulations of Bet Holim Spanish and Portuguese Jews' Hospital*, London.

an order signed by the treasurer, warden or as otherwise provided for in the laws of the institution except in cases of accident. He shall take special care to preserve good order throughout the establishment.

Patients. The poor objects admitted as in-patients are at no expense on their admission or afterwards being gratuitously supplied with advice, medicine, washing and lodging together with diet and other comfortable support. Out-patients have advice and medicine administered gratuitously daily. All cases of accident which require immediate chirurgical aid are admitted at any hour of the day or night without recommendation. No patients under mental derangement or having measles, scarlet fever, small pox, itching or venereal distemper in any state of incurable disease can be admitted as in-patients on any account. No patient is permitted to remain in the house longer than six weeks in ordinary or two months in extraordinary cases unless by express permission of the committee.

General Laws. On the vacancy of any office on this establishment, the treasurer shall convene a meeting of the committee within one week thereof who shall declare the place vacantly and fix a period for receiving applications from candidates and appoint a time at which a meeting of the governors and subscribers generally, especially convened shall be held for the purpose of filling up such vacancy. No person shall be eligible for election to the office of Apothecary, steward or matron who shall be under the age of twenty five years or above that of forty five. The consulting medical gentlemen and the physicians and surgeons of the establishment are permitted to send in patients . . . being of the Spanish and Portuguese Jewish congregation who on producing an order to the steward or matron signed by either of the above gentlemen shall be immediately received into the establishment.

Appendix 3. Copy of Appeal sent by the Ashkenazi Bais Cholim to the different London synagogues as reported in the minutes of 5 October 1817

We the undersigned president, vice president, treasurer & committee of the Hekdesh known by the name of Bais Cholim Ashkenazim situated in Bethnal Green beg leave to address you on the subject of this establishment humbly concerning that it loudly calls for the interference of the Kehillot [Congregations].

You are doubtless aware gentlemen that this institute was founded by a few benevolent persons who had witnessed scenes of wretchedness &

misery amongst our poor sick brethren which the great Hospital could not alleviate as the poor applicant could not from their adherence to our Holy religion, partake of the food allowed there. This establishment met in its infancy with general support & the managers had the satisfactions of affording relief in the House as well as providing for great numbers kosher food in the different hospitals – the particulars of which we are ready to lay before your Honorable Board when required. We regret however to state that from causes not known to us, the means for the support of this house within lately so much declined that they are under the unfortunate necessity of declining admittance to the wretched sick poor and in spite of our repeated appeals to a generous public for support, are unable to proceed any further in our benevolent undertaking. This has emboldened us gentlemen to lay the state of this society before you and the other Kehillot praying for the sake of charity & pleading for the cause of humanity before your Honorable Board. We do not presume to point out any particular mode of relief but trust entirely to that sacred spirit of true charity which is natural to *Rachaminim bnei Rachaminim* [the merciful children of the merciful] that you in your wisdom may think fit to adopt for the benefit of our poor sick brethren.

We are well aware Gentlemen that many difficulties will be raised to this application, we are prepared to hear that congregations cannot assist private institutions which in this great Kehilla are numerous and whose claims for relief might with equal propriety be made to you. But we humbly conceive that the object of a *Hekdesh* which in all Kehillot in Europe is under the immediate control & management of the *Kehal* had an exclusive claim, our object gentlemen is the relief of such poor who would rather perish than transgress in their religious rites & who would die content if departing life would yield its last breath [by reciting in Hebrew]: *The Shema* [prayer] when their soul is departing [the body].

We are not attached gentlemen to our own rules & regulations & would willingly bow to a mode you might be pleased to adopt if the grand object of relief is but in any degree allowed. Proud & happy should we be if you would honour us with your commands to attend you in this sacred business to lay before you the state of the establishment & the objects who have been relieved. You would then see the propriety of this application & grant a speedy & effectual relief.

We are gentlemen

Your most obedient humble servants