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Physical Characteristics of the Jews

In Europe, Jews formed a distinct community within a Gentile environment for a long time. This was to change as the importance of religion within society declined. Jews gained—at least formally—the opportunity to integrate into society at large. However, this did not mean that they lost their purported otherness. Instead of religion, somatic features came to serve as criteria of Jewish difference.

It is a widely held belief that the shift from religion to physical signs as marks of Jewish distinctiveness took place in the last third of the nineteenth century and found its most explicit expression in the substitution of the hostility called anti-Judaism by anti-Semitism. According to anti-Semitic teachings, the essence of Jewishness can be found in the body. It does not matter if a person maintains ties to the Jewish community, if one observes the Jewish religious laws, or if one converts to Christianity. The moment one is born, or even earlier, from the moment of conception, one is genetically determined to be Jewish.

There is abundant evidence, however, that physical features played an important role in determining Jews well before the closing decades of the nineteenth century. The nose, for example, had served as a Jewish characteristic as early as the thirteenth century.¹ The same holds true with respect to the so-called ‘Jewish foot’. For a long time there was an intimate associative connection between the devil and the Jew. The former was portrayed as limping, having a cloven-foot and thus, as (being) diseased.² Through analogy, the same traits were ascribed to Jews.

The purpose of this article is to show that Jews were defined by physical characteristics well before the appearance of anti-Semitism. The onset lies with the beginning of physical anthropology in the eighteenth century. In contrast to—occasional—references to somatic features of the Jews in preceding periods, the eighteenth century did not only put forth a steady stream of literature on their alleged morphological peculiarities, but also tried to “prove” them “scientifically”. Thus, anti-Semitic stereotypes do not necessarily stem from anti-Jewish attitudes. They can also be construed by—purportedly—“objective” science.

The rise of anthropology

The founding father of physical anthropology was Charles von Linné (1707–1778), a Swedish naturalist.³ His obsession with the idea of order, probably his greatest gift, made him a renowned scientist.⁴ At a time when a new period of colonization brought unknown plants and animals to the attention of European scientists, making their knowledge about extant living and inorganic phenomena obsolete and shattering the prevailing system of their division, Linné set out to design a scheme, by which a systematic categorization of the familiar phenomena as well as of the new findings was possible. In pursuing his task he also divided mankind and lumped them into four different groups, distinguished by the color of

¹ J. Carmichael, *The Satanizing of the Jews. Origin and Development of Mystical Anti-Semitism* (New York, 1992).

² S. L. Gilman, *The Jew's Body* (New York, 1991), p. 39.

³ G. Weber, ‘Science and Society in Nineteenth-Century Anthropology’, *History of Science* XII (1974), p. 264; H. L. Shapiro, ‘The History and Development of Physical Anthropology’, *American Anthropologist* 3 (1959), p. 372.

⁴ W. Lepehies, *Autoren und Wissenschaftler im 18. Jahrhundert. Linné–Buffon–Winckelmann–Georg Forster–Erasmus Darwin* (Munich, 1988), p. 34.

their skin.⁵

The mode of separating people according to physical characteristics received a new impetus through the studies of another eminent anthropologist, Johann Friedrich Blumenbach (1752–1840), a few decades later. He revised the categorization designed by Linné by putting people into five different classes.⁶ They were separated according to the shape of their heads. He also claimed that Jews could be recognized by a peculiar form of the skull.⁷ From Blumenbach's investigations onwards, a specific shape of the head was considered a characteristic of the Jews.

In the nineteenth century, especially towards the end, measurements of Jewish heads increased in number. In the early 1880s, Władysław Dybowski did research on 67 male Jews of the *gouvernement Minsk* and concluded that the majority had a brachycephalic head.⁸ (Brachycephaly was regarded as a characteristic common to inferior races.) The same was stated by M. Kretzmer in 1901.⁹ In 1891, an article in the journal *Das Ausland* reported on a study that was conducted in Galicia and measured the shape of the skull of 316 Jews.¹⁰ There were many other investigations which told the same story: Jews could be distinguished from non-Jews by the shape of their heads.

Looking back from the perspective of a present-day observer, the preoccupation with the head might seem odd. However, craniometry, that is, the science of measurement of heads, was all but a strange undertaking at the turn of the twentieth century. On the basis of craniometric examinations, Jewish heads were thought to have a peculiar shape. This belief was not the by-product of an anti-Jewish thinking in the population at large, but the conclusion scientists reached after doing—allegedly objective—research. It was a concept put forward by science.

The aforementioned nose was another bodily sign that was believed to have a specific form among Jews. As it has been pointed out before, the first reports on the “Jewish nose” date from the thirteenth century. They became more numerous in the eighteenth century. J. F. Blumenbach mentioned it as well and ascribed it a conspicuous appearance.¹¹ In 1808, a few years after Blumenbach's “observation”, the Dutch physician Wachter reported on examinations of a Jewish skull. He “discovered” several peculiarities. Above all, he was struck by the very unnatural shape of the nose. He described it as having a strange, unnatural form, and he concluded that it accounted for the lack of ability of the Jews to talk properly.¹² This line of argument, namely that a peculiar shape and size of the nose leads to an odd way of speaking, can be found in many publications of the nineteenth century. A medical dissertation by Bernhard Blechmann, dating from 1882, provides a concrete example.¹³ The author claimed that Jews had very big nose bones resulting from specific muscles, which in turn influenced their talking and laughing.

⁵ L. Poliakov, *Der arische Mythos. Zu den Quellen von Rassismus und Nationalismus* (Hamburg, 1993), p. 185.

⁶ J. S. Haller, ‘Concepts of Race Inferiority in Nineteenth-Century Anthropology’, *Journal of the History of Medicine and Allied Sciences* XXV (1970), p. 42.

⁷ M. Cowling, *The Artist as Anthropologist. The Representation of Type and Character in Victorian Art* (Cambridge, Ma., 1989), p. 55.

⁸ M. Alsberg, *Rassenmischung im Judentum* (Hamburg, 1891), p. 24.

⁹ M. Kretzmer, ‘Über anthropologische, physiologische und pathologische Eigenheiten der Juden’, *Die Welt* 27 (1901), p. 10.

¹⁰ J. Babad, ‘Die Rassenmischung im Judentum’, *Ausland* 42 (1891), p. 850.

¹¹ A. Kiefer, ‘Das Problem einer “jüdischen Rasse” . . . Eine Diskussion zwischen Wissenschaft und Ideologie (1870–1930)’, *Marburger Schriften zur Medizingeschichte* 29 (Frankfurt/M., 1991), p. 4.

¹² Wachter, ‘Bemerkung über den Kopf der Juden’, *Magazin der Gesellschaft naturforschender Freunde für die neuesten Entdeckungen in der gesamten Naturkunde* (1812), pp. 64f.

¹³ B. Blechmann, *Ein Beitrag zur Anthropologie der Juden* (gedr. med. Diss. Dorpat, 1882), p. 11.

The “effeminacy” of the Jews

The topic of the Jewish mode of speaking is a very interesting instance of the intimate link between somatic features and mental traits. On the one hand, the Jewish way of talking was thought to be determined by the nose, and therefore to depend on an anatomical peculiarity. On the other hand, it was deemed to be dictated by one’s thinking, thus being an audible expression of one’s distinct interior being. In 1902, an article appeared in the journal *Die Welt* saying that “the real Jewish type lies in the language and the mode of thinking”. So, it was the way of talking, which again was intimately related to the mode of reasoning, by which “the Jew” seemed to reveal himself and display his “otherness”. But how did Jews speak? What was so unfamiliar about their way of talking?

Nathan Birnbaum, a Viennese Zionist, argued that it could not be denied that even when Jews speak the “purest and most fluent German”, Jewish spirit and Jewish mood [*Gemüt*] still dictate the *pronunciation of the vowels*.¹⁴ According to Birnbaum, it was the Jewish way of reasoning and feeling that accounted for their specific way of talking.

Jews were not only believed to pronounce their sentences differently, but they were also thought to talk much faster. J. C. Lavater, the founder of ‘physiognomy’, the science of the interpretation of facial features, wrote as early as 1775 that Jews spoke very swiftly.¹⁵ Thereby Jews allegedly resembled women, who were also believed to talk more and faster than men. Their way of speaking was deemed to be aimed at deception.¹⁶ And the same prejudice was held against Jews, who deliberately seemed to take advantage of their fast way of talking when they did business and tried to strike a bargain. Karl Kraus, a Viennese journalist, and himself Jewish, can be taken as an example of the wide dissemination of the stereotype of the differently speaking Jew. He claimed that there was a specific language of commerce which could be described as “typically Jewish”.¹⁷

There was another link between Jews and women with respect to their way of speaking. Fast talking was considered to be a symptom of hysteria, a so-called “typical woman’s disease”.¹⁸ Men, who were stricken by this “female disease”, were considered to be “effeminate”. According to contemporary statistics, hysteria, the “female ailment”, took a great toll among male Jews. Valentin Holst, superintendent of the municipal hospital in Riga, claimed in 1903 that Jews had a “national proneness to hysteria”.¹⁹ Max Sichel, a psychiatrist at the university hospital in Frankfurt am Main, wrote that in some Russian cities, the ratio of hysteric people among Jewish men was almost as high as among Jewish women.²⁰ Alexander Pilcz, a physician in Vienna, also stated that hysteria could frequently be encountered among Jews.²¹

There are many more references to the male Jew’s disposition to hysteria.²²

¹⁴ J. Doron, ‘Rassenbewußtsein und naturwissenschaftliches Denken im Deutschen Zionismus während der Wilhelminischen Ära’, in *Tel Aviver Jahrbuch des Instituts für deutsche Geschichte* 9 (1980), pp. 389ff.

¹⁵ H. Schaaffhausen, ‘Die Physiognomik’, *Archiv für Anthropologie* 17 (1888), p. 336.

¹⁶ Ch. von Braun, “‘Der Jude’ und ‘Das Weib’”. Zwei Stereotypen des “Anderen” in der Moderne’, in *Deutsch-jüdische Geschichte im 19. und 20. Jahrhundert (= Studien zur Geistesgeschichte* 15), ed. L. Heid et al. (Sachsenheim, n.d.), p. 293.

¹⁷ S. L. Gilman, ‘Karl Kraus’s Oscar Wilde: Race, Sex, and Difference’, in *Vienna 1900 from Altenberg to Wittgenstein (= Austrian Studies* I), ed. E. Timms and R. Robertson (Edinburgh, 1990), p. 23.

¹⁸ M. Schuller, “‘Weibliche Neurose’ und Identität. Zur Diskussion der Hysterie um die Jahrhundertwende’, in *Die Wiederkehr des Körpers*, ed. D. Kamper and Ch. Wulf (Frankfurt/M., 1982), p. 183.

¹⁹ E. Shorter, *From the Mind into the Body. The Cultural Origins of Psychosomatic Symptoms* (New York, 1994), p. 98.

²⁰ M. Sichel, ‘Über die Geistesstörungen bei den Juden’, *Neurologisches Centralblatt* 8 (1908), p. 357.

²¹ A. Pilcz, ‘Beitrag zur vergleichenden Rassenpsychiatrie’, *Psychiatrisch-Neurologische Wochenschrift* 23/24 (1919/20), p. 182.

²² See for example J. J. Lindenthal, ‘Abi Gezunt: Health and the Eastern European Jewish Immigrant’, *American*

However, it is not worth mentioning any additional examples, since the central conclusion they promote remains the same: they all claimed that Jews suffered heavily from a disease which was thought to be a female ailment. The male Jew was thereby regarded as “effeminate”. His constitution, especially his “nerve force”, was seen to be weak, like that of a woman’s. Male Jews as well as women, were considered to be nervous and suffer from neurasthenia, another so-called “typical female disease”. Martin Engländer, as one example among many others, said in a paper that he delivered before a Zionist society in Vienna shortly after the turn of the century, that neurasthenia, just as hysteria, was very common among Jews.²³ His medical colleague Hugo Hoppe described hysteria and neurasthenia as the “modern ailments” for which Jews, always on the forefront of the social development, displayed a strong proclivity.²⁴

According to these statements, Jews and women had a proclivity to hysteria and neurasthenia, which were both regarded as female diseases. Jews were considered to represent a specific “type” not only on the grounds of the shape of their heads or the conspicuous size of their noses, but also because they allegedly talked differently and had a different disease rate than non-Jews. These characteristics seemed to be abundant proof that (especially male) Jews represented “the other”, a different “type” from the non-Jews. They deviated from the (non-Jewish, bourgeois) male ideal. They were effeminate human beings with a distorted gender identity, which was a consequence of their body. The basis of judgement on the male Jew for his effeminate peculiarities was the “female body in the male Jew”.

Physical characteristics of the Jews

Besides the odd way of talking and the proneness to diseases of the nervous system, there were several physical traits considered to be typical of Jews and simultaneously to indicate the effeminacy of the male Jewish body. The first criterion was the alleged shortness of the Jews. According to a study on the physical characteristics of the population in Galicia published in 1876, Jews were much shorter than Poles and Ukrainians.²⁵ In 1881, Johannes Ranke examined recruits in Bavaria and stated that almost one half of the Jews were below the average height.²⁶ Another author, Arkadius Elkind, reported in an article in 1906 that the average Polish Jew was as short as 1,610 mm, which was far below the average height of the Poles.²⁷

Another indication of the effeminate Jewish body was the short arm length. A standard scientific procedure among anthropologists was to compare the distance between the outstretched arms to the overall body height. Normally, the length of the outstretched arms exceeds the body height. With Jews, this was not the case. Heinrich Singer, for example, stated in his 1904 publication on the diseases of the Jews that with outstretched arms, the distance between the tip of the middle fingers of their left and right hands was 4,3 cm below their height.²⁸ This was considered to be further proof of the distinct body of the Jews. They were much shorter than non-Jews and had shorter arms (just like women who

Jewish History 4 (1981), p. 426.

²³ M. Engländer, *Die auffallend häufigen Krankheitserscheinungen der jüdischen Rasse* (Vienna, 1902).

²⁴ H. Hoppe, ‘Sterblichkeit und Krankheit bei den Juden’, *Ost und West* 3 (1903), p. 634.

²⁵ A. Kiefer, ‘Das Problem einer “jüdischen Rasse”’, pp. 13f.

²⁶ J. Jacobs, *Studies in Jewish Statistics. Social, Vital, and Anthropometric* (London, 1891), pp. XI f.

²⁷ A. Elkind, ‘Anthropologische Untersuchungen über die russisch-polnischen Juden und der Wert dieser Untersuchungen für die Anthropologie der Juden im allgemeinen’, *Zeitschrift für Demographie der Juden* 1 (1906), pp. 13f.

²⁸ H. Singer, *Allgemeine und spezielle Krankheitslehre der Juden* (Leipzig, 1904), p. 11.

were believed to have a similar body). So it does not come as too much of a surprise that scientists, such as the aforementioned physician H. Singer, stated that the body of the male Jew came to resemble that of a woman.²⁹

The ascription of female traits to the Jewish body was not simply based on a comparison of its characteristics to that of a woman's. Effeminacy was also attributed to the male Jew because his body allegedly functioned differently, its whole social performance was believed to differ from the male non-Jewish body. In the non-Jewish, bourgeois society, manliness was thought to articulate itself in the military.³⁰ Women were believed to be physically incapable to become soldiers, therefore they could not be manly. And the same was held to be true with respect to Jews. Again, it was their body that accounted for their deficient fitness for the army.

The concept that Jews were incapable to serve as soldiers was not new. In Eastern Europe, Jews had been attempting to dodge the military draft for a long time. Their evasiveness, however, was not grounded in their purported cowardliness. Rather, it was the blunt anti-Semitism encountered in the army and the impossibility to observe the ritual laws, such as *kashrut*, which required Jews to shun the military system.³¹ Therefore, it was no surprise that Jews frequently tried to escape their recruitment by hiding in the forest, where they banded together in gangs.³² Some Jews even went as far as to mutilate themselves in order to be declared unfit for the army.³³

In contrast to the Eastern European Jews' reluctance to being drafted, their brethren in Western Europe were very eager to join the army. For them, serving as a soldier was a duty that had to be performed in order to become a (real) citizen; it was an expression of their patriotism, of their allegiance to the country they lived in, and proof against the stereotype that Jews were cowardly and did not know how to fight. Being a soldier was a means for becoming integrated into society at large.

However, there were some physical characteristics which kept people out of the army and were thought to be "typical" of the Jews. One of them was a "narrow chest". Jews were deemed to have a chest size that was below its average circumference in the population at large.³⁴ In 1876, two anthropologists undertook a study on the physical characteristics of the population in Galicia. Among other things they measured the chest size of Poles, Ukrainians and Jews, and reported that—on average—it amounted to 843 mm among the Ukrainians, 831 mm among the Poles, and only 794 mm among the Jews.³⁵ Other examinations leading to similar results can be found in publications by Bernhard Blechmann³⁶ or Heinrich Stratz.³⁷ Jews, as it seemed to be clear, did not have the body that was required to serve in the army.

Another—and probably more important—characteristic that appeared to render Jews unfit for military service was the foot and the gait. In Germany, a Jewish First World War invalid applied for shoe insoles for his flat feet. The institution which had to deal with this application denied the request on the basis that his flat feet were not caused by extraordinary

²⁹ H. Singer, *Allgemeine und spezielle Krankheitslehre*, p. 9.

³⁰ K. Theweleit, *Männerphantasien II* (Frankfurt/M., 1986), p. 76.

³¹ M. Henisch, 'Galician Jews in Vienna', in *The Jews of Austria. Essays on their Life, History, and Destruction* (London, 1967), pp. 361f.

³² J. Schoenfeld, *Jewish Life in Galicia under the Austrian-Hungarian Empire and in the Reborn Poland 1898–1939* (Hoboken, 1985), p. 69.

³³ *Memorial Book of Tlumacz. The Life and Destruction of a Jewish Community*, II (Israel, 1976).

³⁴ M. Kretzmer, 'Über anthropologische, physiologische und pathologische Eigenheiten der Juden', *Welt* 27 (1901), p. 11.

³⁵ L. Stieda, 'Ein Beitrag zur Anthropologie der Juden', *Archiv für Anthropologie* 14 (1882), p. 71.

³⁶ B. Blechmann, *Ein Beitrag zur Anthropologie*, p. 51.

³⁷ C. H. Stratz, *Was sind Juden? Eine ethnographisch-anthropologische Studie* (Vienna, 1903), p. 19.

war efforts. Instead, the flat feet were determined to be a racial peculiarity.³⁸ With this argument, the stereotype of Jews having flat feet was “officially acknowledged”. Due to their flat feet, Jews were not believed to be able to walk long distances. At a time when military advantage was thought to lie in the walking performance of the soldiers, flat feet were all but an asset.³⁹

Flat feet were not the only indication of Jewish walking problems. They also seemed to be limping. Their gait appeared to be different from non-Jews. In contrast to their flat feet, this Jewish characteristic was deemed a disease, called *claudicatio intermittente*. It was thought to be connected with their nerve disorders.⁴⁰ Another explanation for their limping was believed to lie in the narrowness of their blood arteries⁴¹ caused by their endogamous marriage customs, which did not allow marriages outside the Jewish community. Lastly, diabetes, a “Jewish disease”, was also held to account for the limping.⁴²

The shift from race to culture

Many of the putatively Jewish physical peculiarities were considered to be unchangeable, the characteristics of a specific—namely the Jewish—“type”. Yet, as time went by, the permanency of these physical idiosyncrasies was questioned. Instead of being regarded as inheritable traits, they came to be considered as dependent on the social environment, on the mode of living. This did not mean, however, that these characteristics lost their meaning as signs of Jewish distinctiveness. Rather, the explanation of the difference of the Jews, as it was thought to be revealed by their physical peculiarities, changed. The explanatory focus shifted from the concept of the hereditary constitution or race to culture.

This modification of arguments was precipitated by Jews themselves, especially by some Jewish anthropologists and physicians. On the one hand, this is not so surprising. It goes without saying that Jews had a strong interest in the substitution of the concept of race by culture, in not being regarded as distinct on account of some assumed inborn peculiarities. On the other hand, it sounds strange that there were Jews who actually corroborated the notion of the “physically different Jew” instead of bluntly refuting it. However, this is not all that absurd if one looks at it from a sociological angle: those Jewish anthropologists or physicians who were able to take part in the discourse on Jewish peculiarities were largely members of a “scientific community”. A “scientific community” is characterized by what the Polish sociologist Ludwick Fleck called a specific *Denkstil*, meaning a “specific mode of reasoning”. Thus, the Jews who belonged to a “scientific community” did not differ from their non-Jewish colleagues in their theoretical approach to solving a problem. Consequently, they did not question the (“scientific”) findings on Jewish peculiarities, and did not regard them as prejudices. Instead, they considered them to be “objective”, “real”, the outcome of painstaking research.

Yet, there was a difference between these Jewish scientists and their non-Jewish colleagues when it came to interpreting the data on Jewish difference. Whereas non-Jews employed the term “Jewish type” when they referred to the Jews, and consequently used to

³⁸ Muskat, ‘Ist der Plattfuß eine “Rasseneigentümlichkeit”?’ , *C.V.-Zeitung* 5 (1926), p. 682.

³⁹ Muskat, ‘Die Verhütung des Plattfußes mit besonderer Berücksichtigung der Wehrfähigkeit’, *Deutsche Militärärztliche Zeitschrift* 16 (1907), p. 674.

⁴⁰ H. Higier, ‘Zur Klinik der angiosklerotischen paroxysmalen Myasthenie (“Claudication intermittente” Charcot’s) und der sog. spontanen Gangrän’, *Deutsche Zeitschrift für Nervenheilkunde* 19 (1901), pp. 447ff.

⁴¹ K. Mendel, ‘Intermittierendes Hinken’, *Zentralblatt für die gesamte Neurologie und Psychiatrie* 2/3 (1922), p. 65.

⁴² Buschan-Stettin, ‘Einfluss der Rasse auf die Häufigkeit und die Form der Geistes- und Nervenkrankheiten’, *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin* 51 (1895), p. 841.

describe all Jews as displaying physical peculiarities, or as being more prone to certain diseases than their non-Jewish fellow citizens, Jewish scientists pointed out that these idiosyncrasies existed only in a certain section of the Jewry, not among all of them. The distinction between “healthy” and “diseased”, or between the physically distinct, “effeminate” and the “normal” Jew, was seen as running along the separation between the Jews of Eastern Europe, known as *Ostjuden*, and their brethren in Western Europe, the so-called Western Jews.

Roughly speaking, the Western Jews (the Jews in Paris, London, Berlin and Vienna) represented the liberal part of European Jewry. They were very eager to integrate and assimilate into the middle class of society, and finally adopted to a very large extent the secular values of the bourgeoisie.⁴³ In contrast to the “Western Jews”, the “Eastern Jews” still adhered to religious Orthodoxy, which was not confined to religious matters, but exerted a strong influence on their way of living as well. Jewish religious Orthodoxy, and even more so its more radical offshoot, Hasidism, did not separate the secular and the religious world. Instead, religion was all-encompassing and ruled everyday life outside the synagogue as well.

Against this background, there is no denying that a cultural gulf existed between Western Jews and their brethren in Eastern Europe. The division of European Jewry into Eastern and Western Jews was not so much a geographical as a cultural categorization. This cultural borderline was also held to account for the separation between a physically “defective” and a “normal” Jewish type.

In advocating a cultural instead of a racial perspective for interpreting the anthropological or medical data on Jews, and thus showing that specific modes of life contributed to somatic traits, Jewish scientists wanted to render the apprehension of “the physically distinct Jew”, which encompassed all Jews, and the concept of race obsolete. Since the *Westjuden* had assumed the cultural norms of the bourgeois societies, they hoped that they would no longer be regarded as representing a “physically distinct Jewish type”. It was only the *Ostjuden*, who, by adhering to a different culture, were to be described as physically different and diseased.

The culture of the *Ostjuden*

Culture is a term composed of many aspects. Criticism of Eastern European Jewry’s religious culture was not directed at the whole of it and was thus very vague. Instead, it concentrated on specific characteristics deemed deleterious. Against this background it remains to be asked which cultural manifestations were believed to have contributed to the physical idiosyncrasies and consequently to the diseases among the Jews in Eastern Europe?

In 1910, a short book was published in Lemberg, a city in Eastern Galicia. It contained an acrimonious critique of several articles that had been printed in the liberal Jewish newspaper *Allgemeine Zeitung des Judentums*. Their author, Theodor Lessing, had reported on his impressions of the *Ostjuden* which he had gained on a journey through Eastern Europe. He had portrayed them as filthy, poor, physically distinct, and diseased.⁴⁴ They were, in his own words, “*verhungerte, versehnte, krumme und schiefe Gestalten mit bleichen Wangen und schiefen Rücken*”, hovering on the verge of degeneration.⁴⁵ The four terms Lessing had used to describe the *Ostjuden* were mutually related and dependent on each other. The dire living conditions led to their physical peculiarities and to unhygienic circumstances which, in turn, provided a breeding ground for disease; sickness, then,

⁴³ M. Marcuse, ‘Die christlich-jüdische Mischehe’, *Sexual-Probleme* 8 (1912), p. 748.

⁴⁴ B. Segel, *Die Entdeckungsreise des Herrn Dr. Theodor Lessing zu den Ostjuden* (Lemberg, 1910), p. 33.

⁴⁵ B. Segel, *Die Entdeckungsreise des Herrn*, p. 33.

prevented people from working and thereby from earning the money that would have enabled them to escape the unhygienic conditions and to improve their physical constitution.

Lessing had drawn a portrayal of the Eastern European Jewish community that was widely known among his brethren in Western Europe. The Jewish physician Martin Engländer, for example, delivered a paper on the most frequently occurring diseases among Jews before a Zionist society in Vienna, in which he pointed out that *Volkshygiene* [peoples' hygiene] represented the backbone of a nation's health. According to him, "peoples' hygiene" was dependent on the customs of living and eating. Due to the abysmal poverty, the *Ostjuden* could not pay any attention to this kind of hygiene. Consequently, a high disease rate could be found among the Eastern Jews.

Similarly to Lessing, Engländer described the *Ostjuden* as poor, filthy, physically distinct and diseased. Along with other illnesses, tuberculosis was anything but a rare ailment among them.⁴⁶ The proximate cause of tuberculosis could be found in a restricted chest circumference. His reference to the narrow chest as the cause of sickness, especially tuberculosis, among the Jews did not sound very original: Around the turn of the twentieth century a small chest size was generally considered a Jewish characteristic⁴⁷ (see above) and was believed to be a favorable factor for tuberculosis as well. Engländer, however, revised this assertion by stating that it was exclusively a characteristic of the *Ostjuden*. Thus, the narrow chest could not be a racially determined Jewish peculiarity, but had to be considered an outcome of cultural circumstances. The most important factor causing the "narrow chest" was located in the religious educational system, the *kheder*.

Criticism of this institution pointed to the early age of three or four years at which boys were sent to school, to the long hours of studying from dawn to evening, to the congested and unhygienic facilities where the instruction took place, etc. Insofar as Jewish boys were overly preoccupied with intellectual activities, they lacked any kind of physical exercise.⁴⁸ As a result, their physical growth was impeded and they could not develop a normal chest size. Consequently, they suffered heavily from tuberculosis. At the outset of all their misery lay the religious Orthodoxy that characterized the *Ostjuden*, but had been largely abandoned by their "brethren" in Central and Western Europe.

Besides the religious educational system, Eastern European sexual practices, especially early marriage patterns, were also questioned by the Western Jews. Criticism of early marriage had a long tradition within the Jewish community and had already been put forward by representatives of the Jewish Enlightenment, the *Haskalah*,⁴⁹ before the middle of the nineteenth century. The arguments had focused especially on two issues. The first was the birth of physically weak children, which had been attributed to the young age of the parents. The other contentious point referred to the custom that the parents of the wife supported the married couple, so that the son-in-law was able to pursue his religious studies instead of being obliged to look for a job. The *Haskalah* had regarded this custom as an inducement to material dependency and thus, as a contribution to the poverty of the Jews—which, in turn, was to be related to their physical characteristics and diseases. Engländer himself did not discuss early marriage at length, but merely mentioned that it was harmful to the health of Jewish women.⁵⁰ Moritz Benedikt, another Jewish physician in Vienna, claimed that it led to an "overly intense family life", and caused an "excessive marital sexual life" that led to severe nerve disorders among Jewish women.⁵¹

⁴⁶ M. Engländer, *Die auffallend häufigen Krankheitserscheinungen*, pp. 12–14.

⁴⁷ K. Hödl, *Die Pathologisierung des jüdischen Körpers. Juden, Geschlecht und Medizin im Fin de Siècle* (Vienna, 1997), pp. 168f.

⁴⁸ S. Chaikis, 'Entartung und Regeneration', *Die Welt* 12 (1901), pp. 3f.

⁴⁹ M. Baker, 'The Voice of the Deserted Jewish Woman, 1867–1870', *Jewish Social Studies* 2/1 (1995), p. 111.

⁵⁰ M. Engländer, *Die auffallend häufigen Krankheitserscheinungen*, p. 12.

⁵¹ M. Benedikt, 'Der geisteskranke Jude', *Nord und Süd* 43:167:531 (1918), p. 269.

Another alleged Jewish physical characteristic that was changed into an Eastern Jewish peculiarity by the *Westjuden* was their limping. As was the case with the restricted chest size, the strange gait was also thought to be caused by the religious culture of the Eastern Jews, especially by the religious prohibition of exogamous marriages. The cause of many diseases deemed characteristic of the Jews were attributed to this mode of marriage. Diabetes represents an illuminating example. In his book entitled *Über den Diabetes*, published in 1884, Theodor Friedrich von Frerichs reported on 400 patients under his treatment. A full quarter of these were “Semites”. The predominance of Jews, in proportion to their share in the population at large, was held to be accounted for by their consanguine marriages.⁵² And diabetes, as pointed out before, was deemed to be one of the explanations of limping. This view can also be found in the concept of the German physician Carl von Noorden, who maintained that the well-known frequency of diabetes among the Jews might be related to the insufficient influx of “foreign blood”.⁵³

In claiming that Jewish Orthodoxy was the cause of physical defects and diseases among the Eastern Jews, the Western Jews wanted to invalidate the assertion that all Jews were different. With hindsight, one sees that this line of arguing was not very successful. First of all, the publications on the peculiarities of the Eastern Jews were used by the Nazis as proof of the “otherness” of the Jews in general and not only of the Eastern Jews. Secondly, the cultural approach in explaining the Jewish idiosyncrasies was undermined by the teachings of “race hygiene”.

A few years ago, a book that primarily deals with the issue of the genetic make-up of Jews was published. Its author claims that some of the genes of the Jews differ from those of non-Jews. Even very segregated Jewish communities, whose members had not been marrying Jews from other regions for centuries, reveal more genetic similarities with the members of distant Jewish communities than with their local non-Jewish environment.⁵⁴

This book represents one of the increasing numbers of works on sociobiology, which deviate from the cultural approach to explaining group characteristics. Instead, they resort to nature, especially biology and physiology, as the cause for (Jewish) peculiarities. The new way of interpreting group characteristics has been greatly facilitated by the wide and very uncritical reception of genetics in general. Through the backdoor of sociobiology and genetics, old Jewish stereotypes gain a new lease of life. For example, the aforementioned book claims that there were a number of—genetically determined—diseases which were characteristic of Jews. This assertion, which has been widely dissipated by a number of publications on genetics,⁵⁵ is in full congruence with the concept of a specific Jewish proneness to diseases as it existed at the turn of the twentieth century. Against this background it cannot be denied that the notion of the sick Jew still exists.

Basically, the assertion that somebody is sick should be a neutral statement. Yet, it always conveys a sense of being different. Being sick means a deviation from health, which was/is considered the norm. Being afflicted with an ailment means being tainted with something that sets one apart. Concerning Jews, their assumed inordinate disposition to specific diseases establishes a new form of distinction between them and their non-Jewish environment.

⁵² T. F. von Frerichs, *Ueber den Diabetes* (Berlin, 1884), p. 185.

⁵³ Tschoetschel, *Diskussion* 129.

⁵⁴ K. MacDonald, *A People that Shall Dwell Alone. Judaism as a Group Evolutionary Strategy* (Westport, Ct., 1994), p. 23.

⁵⁵ See for example R. M. Goodman, *Genetic Disorders among the Jewish People* (Baltimore, 1979).