

Jews who helped make the health service

The Royal College of General Practitioners recently staged an exhibition on 'Migrants Who Made the NHS' for the health service's 70th anniversary, but it was only by chance when I passed the premises of the royal college that I stopped, went in, and saw it; and was immediately struck by the parallels between the experience of the South Asian doctors and the Jews who had entered the medical profession earlier in the last century. A study published in the 1990s in the *BMJ* showed that candidates with Asian names were much less likely to be called for interviews than candidates with equivalent qualifications but with English surnames.¹ Similarly, during the 1920s and 1930s, many newly qualified Jewish doctors Anglicised their surnames, and sometimes their first names, in order to conceal their Jewish origin and to help their career advancement. Hence in Leeds, for example, Israel Liberman changed his name to John Morrison Lever and Jacob Rosencwige became Jack Rose.²

BARRED FROM PRACTICE

On 21 June 1930 an advertisement appeared in the *BMJ* in the following terms:

*'Wanted, Midlands, Assistant [doctor] ... male. Panel 1,950. Receipts £2,700. Good House and garden available. No Jews or men of colour'*²

Similar advertisements appeared in 1937 and 1938. To circumvent these difficulties, Jewish doctors purchased their practices, usually beginning their career in working-class neighbourhoods. In London, at this time, there were agencies that for a commission found practices for doctors to purchase; and one was run by a Jew, Dr Eustace Chessier, later famous as a therapist dealing with sexual problems (p70).²

Similarly, South Asian doctors from India, Pakistan, Bangladesh, and Sri Lanka encountered so many negative answers when they applied to join a general practice that they opened new practices in inner cities and industrial areas, where no other doctors would venture.

RESTRUCTURING THE HEALTH SERVICE AFTER THE WAR

The exhibition highlighted that South Asian doctors played a crucial role in the

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establishment of the NHS from the 1940s to the 1980s when general practice was being restructured, and that without their assistance the health service would not have been able to function in working-class neighbourhoods. So, too, it could be argued that the influx of Jews into the medical schools in Britain from the First World War onwards helped staff surgeries in working-class neighbourhoods between the wars and in the early years of the NHS, and was also an important factor that contributed to their success. Between the two world wars, the number of Jewish doctors in London grew significantly from 100 to 800, a rate of increase matched in Leeds, Liverpool, and Manchester (p398).²

Moreover, because so many British doctors were serving in the Royal Army Medical Corps during the Second World War, the government reluctantly agreed to utilise the services of refugee doctors from Germany, Austria, Eastern Europe, and Italy, many of whom were Jewish; and they were willingly placed on a temporary register for the duration of the war.

'ALIEN' DOCTORS

But after 1945 everything changed. The local medical war committee in Salford in 1946 tried to prevent Dr Fritz Rothenburg from working as an assistant to Dr J Libman, protesting that:

'... we have far too many alien doctors in Salford who have established themselves whilst British doctors have been in the Forces. Why can't these alien doctors

*return to their own countries to alleviate the sufferings of their fellow countrymen?'*²

Female South Asian doctors encountered even more formidable obstacles, if they wished to practise, than their male colleagues. In addition to racial prejudice, they were met with the rejoinder that they would not be staying permanently in the practice but going off to have babies. A refugee from Poland, Danuta Waydenfeld, reported that her applications to medical schools were rejected, which she could not understand until one professor enlightened her. *'Our boys are coming back from the war; you are a woman, a foreigner, you have a zero chance of gaining a place.'* (pp252–253).²

BALINT AND FRY

As a means of enhancing their status, GPs in England decided to organise and become a specialty. *'We were not second class hospital doctors, we were first class family practitioners'*, declared Dr Stuart Carne (p282).² To reach the goal of becoming a specialty, the College of General Practitioners was set up in 1952, but a new theoretical framework for general practice was required, to which a number of Jewish doctors made significant contributions. For example, Dr Michael Balint (1896–1970) was born in Budapest and, after graduating as a doctor, trained as a psychoanalyst. In his Tavistock Clinic seminar he showed that:

'... the most frequently used drug in general practice was the doctor himself, i.e. it was

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not only the bottle or the box of pills that mattered, but the way the doctor gave them to his patient — in fact, the whole atmosphere in which the drug was given and taken.'

Balint 'taught a whole generation of doctors that it was very important to listen to what patients were saying, and to listen without interpreting what they were saying ...'³

Another Jewish doctor, John Fry (1922–1994), pioneered the description of common diseases in his own practice, charting their progression and outcome, and published over 50 books, the most successful being *The Catarrhal Child*⁴ and *Common Diseases: Their Nature, Incidence and Care*.⁵

THE OLD SCHOOL TIE

Dr SM Kausar, an Asian doctor and a GP in Glasgow, came to Britain to train as a cardiologist, but could never obtain the requisite position to do so, as other candidates, who had attended the same schools and universities as the interviewers were given preference. Jews also suffered from this form of discrimination. Until the advent of the NHS in 1948, the appointment boards of hospitals 'were', according to one consultant, 'relatively private affairs with an interviewing committee more or less limited to the individual hospital ... the new Advisory Appointments Committees were essentially effective from the start in view of the much wider field the members were drawn from and the resultant more democratic process',² but old diehards still formed part of these committees for a time.

THE PRESENT DAY

Clearly, in the late 1940s and throughout the 1950s, it was almost impossible for Jews to secure senior surgical posts in any field in the Central London teaching hospitals, and in Manchester and Leeds. Pre-war prejudices were slow to thaw, the restructuring of the appointment boards by the NHS took time to implement, and the profession was overcrowded with able registrars jostling for promotion; all these factors delayed the selection of Jews to fill the top positions. During the 1960s and 1970s, however, the pace of change

quickened and more Jews, including many from Eastern European immigrant backgrounds, were appointed. It was in the last decades of the twentieth century, when Jews were well established in one London teaching hospital, that the two stories became intertwined and that some Asian doctors complained that Jewish candidates were being given preference in the appointment to vacant positions. Today, Jewish and South Asian doctors can be proud of the contributions they have made to the improvement in the nation's health.

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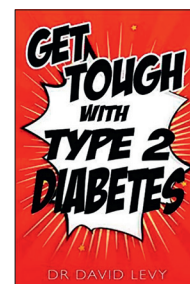
DOI: <https://doi.org/10.3399/bjgp19X700553>

REFERENCES

1. Esmail A, Everington S. Racial discrimination against doctors from ethnic minorities. *BMJ* 1993; **306**(6879): 691–692.
2. Cooper J. *Pride versus prejudice: Jewish doctors and lawyers in England, 1890–1990*. Liverpool: Littman Library of Jewish Civilization, 2003.
3. Dunbar I. *A life in general practice. More than a puff of smoke*. Morrisville, NC: Lulu.com, 2009.
4. Fry J. *The catarrhal child*. London: Butterworths, 1961.
5. Fry J. *Common diseases: their nature, incidence and care*. Lancaster: MTP Medical & Technical Publishing Co. Ltd, 1974.

Get Tough with Type 2 Diabetes David Levy

Hammersmith Health Books, 2018, PB, 256pp, £12.99, 978-1781611081



This book is an easy read — which converts complex scientific concepts such as pre-diabetes, metabolic syndrome, substrate handling, and insulin action into language that the lay person and clinician can understand with ease. The historical context of type 2 diabetes treatment is important and this is well expounded.

We must not forget the responsibility that must be borne by the food industry over many decades and this is exposed, in relation to the obesogenic nature of many foods and what needs to be done in the future. Space is given to the evidence base for diabetes prevention, such as the Diabetes Prevention Programme, the Look AHEAD study, and the work of the Newcastle group with guidance as to what people can do to manage their type 2 diabetes more successfully once diagnosed. Section summaries at the start of each chapter are really helpful. Burning up calories was never easy and I finally understood METS thanks to this book!

The cardiovascular benefits of good blood pressure control and keeping blood lipids on target are explained with emphasis on clarity of clinical trial design and sometimes being very patient in research — such as in the case of the Steno-2 trial in Denmark, which lasted 8 years. Finally, the topics of diabetes in older people, frailty, mental illness, and diabetes distress are sensitively addressed. For anyone interested in type 2 diabetes, this is essential reading.

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DOI: <https://doi.org/10.3399/bjgp19X700685>