Chapter five

The Dutch Jewish Community: Betwixt and between politics, medicine, and religion

Should we then be so foolish as to believe that the abolition of a little sucking is dependent upon place or time?¹

In the above citation, Berisch Berenstein, son of the late Chief Rabbi Samuel Löwenstamm, challenges the new medical knowledge that sucking the infant’s blood with the mouth after the circumcision (mezizah) posed a health threat. In the nineteenth century, Jewish circumcision became a contested site between the maskilim, who wanted to reform Jewish religion and society, and the traditional rabbinate. The maskilim urged the professionalization of the Jewish circumciser and simultaneously criticized what they regarded as dangerous and uncivilized aspects of the Jewish ritual. Rituals concerning the Jewish body were under scrutiny and were condemned for their barbaric appearance as well as their possible health threat. The Jewish ritual was not only redefined in medical terms but also condemned for its indecorous appearance.

This chapter analyses how discourses on ‘elevating the Jews’ became entangled with discourses on medicine and reforming Jewish rituals as well as the meaning this entanglement produced. Jewish rituals were no longer confined to the realm of the rabbinate but became a matter of national health, subjected to government control. Various Jewish responses can be identified in this process, ranging from lip-service to essentializing contested rituals to subordinating religious authority to secular knowledge. Two reforms in particular stand out, namely the reforms of Jewish burial and circumcision. Both rituals show how government policy and maskilic endeavor contributed to the redefinition of Jewish rituals. Underlying this religious change was the entanglement of discourses on morality and medicine that portrayed the Jewry as internally and externally sick. This in turn laid the foundations for the late-nineteenth-century representation of the Jew as a biological threat.

¹ Kooij-Bas, “Nothing but Heretics,” 412–413.
1. The Jewish burial controversy

The burial controversy is a good example of the entanglement of religion with political and medical discourses, and it became a locus of power struggles on the authority of religion. The burial controversy attracted all of the leading Jewish intellectuals of that time. It started in 1772, when Duke Friedrich von Mecklenburg-Schwerin issued a decree delaying the burial of the dead for three days. He was influenced by the orientalist Olaf Gerhard Tychsen, who argued that the Jewish custom of early burial was not grounded in the Jewish classical sources but based on “non-authoritative kabalistic works.” The edict prohibited the Jewish custom of burying the dead preferably on the day of death.

The burial controversy was a cultural campaign between proponents and opponents of the Enlightenment. It became a maskilic showpiece, and almost every known maskil contributed to this debate in writing. The burial controversy constructed the classic binary between the maskilim and the orthodox, where rabbis held on to old traditions, proving their argument with Talmudic reasoning, and the maskilim placed their faith in science and reason. According to John Efron, “the crucial issue at heart of maskilic medical texts was the battle to wrest control of the Jews’ bodies from traditional Judaism and its representatives, and to place control in the hands of the scientifically trained, and socially superior.” A vivid correspondence between the Jewish scholars Moses Mendelssohn and Jacob Emden (1697–1776), who were asked by Schwerin’s Jewish community to intervene, shows this classic opposition clearly, as both discredited each other for either ignorance or apostasy. According to Moses Mendelssohn, “no absolute criterion of certain death” existed, and therefore he recommended waiting until the signs of decomposition appeared. Because the early burial was conditional in his view, it could be postponed, for instance for the purpose of acquiring burial essentials such as a coffin or a shroud. Mendelssohn supported his argument with a Mishnah tractate, which stated that the deceased were placed in caves and catacombs before interment and watched for three days in a row for any possible signs of life.

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4 Schacter, Rabbi Jacob Emden, 670–671.
Jacob Emden, however, accused Mendelssohn of atheism, since for Mendelssohn contemporary medical knowledge outweighed religious authority. Moreover, Mendelssohn’s compliance created a precedent for abrogation of Jewish customs if they conflicted with scientific knowledge. Emden feared this reasoning so much that even the possibility of saving a life (piquah nefesh), a rule of thumb in Jewish law, was set aside. This is not to say that Emden did not endorse science; in fact he gleefully proclaims, “Verily, natural sciences are different. They certainly constitute a permitted and commendable body of knowledge, necessary to observe the plan of the Lord and His great deeds which are wondrous.” However, when medical knowledge differed from rabbinical opinion, the latter should prevail. In this respect, the discussion between Emden and Mendelssohn reveals the power struggles over the new discursive entanglement between religious and medical discourses.

When kabbalistic ideas entered the debate, this juxtaposition between the traditionalists and the maskilim became even more pronounced. According to Rabbi Ezekiel Landau of Prague, prolongation of burial caused the soul to linger, extending torment and suffering. He referred to the midrashic statement that “the first three days the soul hovers over the body, ready to return; when the face has undergone decomposition, the soul departs.” This kabbalistic view of the hovering soul appalled the maskilim because it was based on a mystical tradition and not on reason. The delayed burial served as a test case for the tenability of traditional and kabbalistic Judaism; according to the proponents, rabbis could either comply with science and modernity or remain insular with their perverted customs. The maskilim employed fear to motivate the change of the burial ritual, which was surprising because they accused the rabbinate of frightening Jews into believing. The use of fear in promoting delayed burial counters the claim of the secularization thesis, where scientific explanations diminished the role of religion as fear no longer substantiated belief.

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5 Ibid., 681.
7 Cited in Schacter, Rabbi Jacob Emden, 685–686.
8 Ibid., 688.
10 Feiner, The Jewish Enlightenment, 331–335.
11 Ibid., 96.
it was the other way around; scientific discourses produced, fostered, and cultivated fear.

**Reform of Jewish burial in the Netherlands**

The fear of being buried alive was widespread and motivated Moses Mendelssohn to note his desire for delayed burial in his testimony. Although the burial controversy appeared to be a cultural campaign between the *maskilim* and the rabbinical elite, in the Netherlands it was not the burial itself that created the problem, but rather the entanglement with discourses on the ‘elevation of the Jews’ that made it a contested ideology. For instance, the *Sever Minhagee Amsterdam*, a compilation of Jewish religious practices in Amsterdam from 1716 to 1901, already mentions the custom of delayed burial in 1788. It says that when the deceased wrote in his/her will that he/she is not to be touched for 48 hours after his/her passing way, his/her wish should be observed and honored, thus leaving an opening to personal interpretation of how the burial ritual should be executed.  

In comparison to the German *maskilim*, leniency toward the burial ritual soothed the Dutch *maskilim* on this issue. Moreover, the Ashkenazi community commonly practiced delayed burial, since the more affluent cemetery at Muiderberg (1642) was a one-day journey from Amsterdam, and despite the fact that Jews who passed away on holidays or on Fridays could be buried at the nearby cemetery at Zeeburg (1714), designated for guests, children, and the poor. At Zeeburg there was a special row for affluent and important Jews, so that even in death they could maintain their status amongst the poor. Despite this alternative, many Jews bought their graves at Muiderberg. Already in 1758, relatives of the deceased could suspend the funeral if the deceased mentioned a preference for Muiderberg in their will. Sometimes the *parnasim* even used delayed burial to settle the deceased’s debt to the community. By refusing to allow the funeral to take place, they tried to force the defaulter to pay or the sinner to repent. A dramatic example of this is the *parnasim’s* refusal in 1740 to bury the deceased child of Tsadok

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13 Brilleman, *Sefer Minhagee Amsterdam*, 246.  
14 ACA, Protocolbuch I-IV, passim.  
15 Brilleman, *Sefer Minhagee Amsterdam*, 246.
Abraham as long as Abraham refused to pay his debts to the community. As such, postponed interment was commonly practiced in the Dutch Ashkenazi community, albeit not only for medical or scientific reasons; prestige, distinction, and occasionally force also motivated the delay.

Because of this familiarity with delayed burial, the naye kille challenged the unequal burial practices of the Ashkenazi community instead of invoking the horrors of delayed burial. In its Diskursn, for instance, it displays the classical binary by praising its own sophistication in opposition to the alte kille’s chaotic and cruel burial rituals. Thus, in one of the Diskursn’s fictional polemical plays, the maskil Anshel explains to his ignorant friend Gumpel that in the naye kille a doctor confirms every death before burial.

Yes, brother. That is a rule in the naye kille. Not as it is with you. In the past a child died in the Kayzer family on a Friday or on the eve of a holiday, I believe, at three o’clock and at six it had already been wrapped [in shrouds]. Away with it! If a poor man had done that, [they would say he was] only [trying] to save on the shive and shloushim. And I know for certain that people often die [needlessly] because someone says that they’re dead and they’re then taken away. Where else does the name “Lipkhe the dead” come from?

According to Anshel, the alte kille officials not only buried people alive, but also got away with shortening the mourning period because their actions were positively valued, in contrast to the poor man, whose actions were judged as selfish. Moreover, Anshel accused the alte kille of oppressing the poor with their faulty and malicious customs.

Familiarity with delayed interment was probably one of the reasons why the parnasim and the rabbinical elite complied with the implementation of a Dutch law from 1815 requiring the dead to be buried only after 24 hours; indifference characterized their response. The law ordered that “no corpse could be interred before 24 hours have elapsed, [and then only] after the official confirmation of death by a medical doctor. Relatives of the deceased are permitted to delay the burial but never to advance it.”

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17 Michman and Aptroot, Storm in the Community, 50, 58–60, 102, 354.
18 Ibid., 142.
19 NA, SCIA, inv. 1, art. 19.
This dispositive continued the policy of King Louis Napoleon, who based his decree on Carel Asser’s plan to reform the Dutch Jewry. Carel Asser’s plan and its proposed laws reflected the *naye kille*’s earlier demands, including reorganization of the slaughterhouse, ritual baths, early burial, etc. Because Asser presented the plan as a political program, the historian Joseph Michman deduced that it was “typical for the way in which the Enlightenment was pursued in The Netherlands, where the pressing nature of social problems permitted reformers only the most vicarious discussion of religious and philosophical issues.” Not surprisingly, King Louis Napoleon made a similar argument when he stated that he did not want to alter the essentials of the Jewish religion, as “this would be entirely opposed to our sentiments, which are inclined toward doing nothing that might offend the fullest freedom of conscience.” The discursive entanglement of discourses on citizenship, Jewishness, and ‘the Jewish question’ blended and produced a new a meaning of what it entailed to be a Jew and an inhabitant of the Netherlands. In this new attribution of meaning, the essentials of Jewish religion clearly excluded the visible and ceremonial aspects of religion.

Jewish physicians, such as Immanuel Capadoce (1751–1826) and Stein (1778–1851), like their German colleagues, initiated the promotion of delayed burial. As members of the High Consistory, they enforced the implementation of the new burial legislation diligently. However, they met fierce resistance from within the Jewish community. In 1818, Capadoce bitterly reports:

> ...in some Jewish communities all of the deceased, whether from age, illness, or sudden deaths, who could be apparent deaths, received the same treatment of immediately closing the mouth with a bandage and placing heavy weights on the belly to prevent it from inflating. This is done before or shortly after 24 hours, and the corpses are put in coffins which are nailed shut, depriving the apparent dead of their last breath by killing them, as it was so unfortunately done in earlier days.

Despite Capadoce’s efforts to reform this ‘faulty’ custom, Jews were buried before sunset. Although financial incentives and haste rather than religious objection

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20 Michman, *Dutch Jewry during the Emancipation Period 1787–1815*, 120.
21 Ibid.
22 Cited in ibid., 122.
23 Efron, ”Images of the Jewish Body,” 351.
24 SCIA, inv. 359, 10 and 11 November 1818.
compelled some Jews to disobey the delayed burial regulation, the focus here will be on theological rejection. Especially in The Hague, which in 1824 with the settlement of the Lehren family there became the bulwark of orthodoxy, Chief Rabbi Lehman challenged the regulation to wait 24 hours before commencing the funeral rituals, such as the closure of the mouth with a bandage and the placing of a sand sack on the corpse’s belly to prevent it from inflating. Lehman regarded the latter funeral rituals as religious regulations, which were therefore required. Moreover, the rituals did not hamper or hinder the potential awakening of an apparent death. Lehman’s response shows the refusal to abandon what he regarded as essential aspects of the Jewish religion.

In a response to Lehman’s refusal, Capadoce went to great lengths to prove Lehman’s theological misinterpretation. According to Capadoce’s reading of the Talmud, the Bible, and the Shulchan Arukh, the Supreme Committee’s regulation was in accordance with Jewish law and refuted Lehman’s religious objection. Capadoce challenged Lehman’s religious authority by showing his lack of knowledge of Jewish law. Capadoce’s response resembles the maskilic critique of the ignorance of the rabbinate and the wish to work within the boundaries of Jewish tradition. Lehman, in return, challenged Capadoce’s medical authority by denying that the old burial rituals were life-threatening. Both men obviously disrespected each other’s expertise. With their refusal to compromise, the Supreme Committee sided with Capadoce and dismissed Lehman’s demand.

Many Jews apparently neglected the new burial regulations, causing the creation of additional procedures. There are, for instance, signs that The Hague ignored the new burial regulations, as the published burial regulations of Sefer Haim Lanefesh in 1876 mention the prohibition of closing the mouth and placing a sand sack on the belly on the belly on the

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25 Haste and laziness rather than a clear theological point of view sometimes inspired disobedience, as a letter written by Abraham Sanders and M.P. Heesten exemplifies. Both of them were confronted with the corpse of Lazarie de Jong, who was brought to the city early in the morning and left on the street. This compelled them to act quickly, which resulted in the burial of de Jong before dark without the consultation and confirmation of death by a physician. As becomes clear, the reasons for the premature burial were due to the unwillingness to provide the necessary, often costly, burial rituals, such as the hiring of undertakers’ clothing and a medical doctor to ascertain the (time of) death. NA, SCIA, inv. 27, N86.
27 Shulchan Arukh, legal compilation by Yosef Caro, 1563
28 Wallet, Nieuwe Nederlanders, 163.
Sabbath, implying that on other days it was a common procedure. To supervise the precise implementation of the new burial regulations, only the parnas president was entrusted with a key to the cemetery. Moreover, a state representative supervised the proper execution of the ritual. In 1837, a civil servant needed to approve all death certificates before the funeral or burial rituals, and the certificates had to include the confirmation of time of death by a physician.

Closely following the current ideas in the Netherlands with regard to elevating the masses, the call for decorum, and the creation of a moral citizen, the maskilic criticism also concentrated on the visible features of Jewish burial. They associated clean and decent clothing with moral behavior, and they pointed their criticism in particular at conspicuous rituals that attracted waves of spectators, such as the funeral procession. With the split between the naye and the alte kille, the new community was already boasting of their sophisticated funerals. Thus, in one of their Diskursn they proudly describe the orderly and tasteful burial ceremony of a child from the Vezep family.

Everything went in an orderly way. The shrouds were [sewn], the ritual cleansing of the body was done in time and on Monday morning at eleven o’clock...the funeral took place. The gaboim of the kabronim read the names of all the members of the khevre of the kabronim: six people in order to carry, three in front and three behind, all in black coats and three-cornered hats. Then they went slowly with the corpse from the Prinsengracht to the Portuguese synagogue. There the carriage stood. The shames of the kabronim went ahead and after him the gaboim with the manhig-hakhoudesh. What shall I say? They walked so sedately that it was a pleasure to watch. All along the way, it was swarming with people.

This funeral was in all ways exemplary of the maskilim’s point of view on death, with the burial taking place on their newly acquired cemetery in Overveen (which was also for children), the delayed burial, the determination of death by a physician, and above all the elevated manner.

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30 Ibid.
31 Wallet, Nieuwe Nederlandsers, 163.
33 Michman and Aptroot, Storm in the Community, 142.
The implicit critique of the *alte kille’s* burial ceremony was part of a larger negative evaluation of the power of the *khevre kedishe* (the burial society). Those societies, mostly made up of prominent Jews, arranged all the funerals in the community, provided the poor with shrouds, took care of the cemetery, and ritually cleaned the corpses. According to the *maskilim*, the *khevre kedishe* usurped their power. The chaotic ceremonies characterized their mismanagement. In fact, the *khevre kedishe* and the *parnasim* symbolized usurpation and oppression; they contradicted the enlightened ideals of morality and refinement. Or as a High Consistory member bitterly declared in 1813: “burial among the Israelites is not only humiliating and against proper order, but is also very costly; the privileges and the arrangements of the burial society are absurd and abhorrent to the current manners.”34

The *maskilim* felt ashamed of the Jewish funeral rituals in comparison to the Christian funeral rituals, and they tried to reconcile the Jewish routine to ‘current manners’. High Consistory member Stein hoped that reforming Jewish burial ceremonies would contribute to a more positive appreciation of Judaism and would make Jews worthy citizens. His response shows the discursive entanglements between citizenship and Jewishness. Moreover, reform of Jewish burial provided him with an opportunity to subordinate religious authority to secular knowledge. “It is true that the defects of our education and the chaos during the burial ceremonies are probably the two main causes of the contempt our fellow-believers receive in the eyes of the Christian inhabitants of this nation.”35 With the French occupation, the *maskilic* ideas of appropriate undertakers’ clothing finally got a foothold. The royal decree of 1814 not only prohibited burial within 24 hours, it also ordered that burials should take place with “dignity and order.”36 Accordingly, the new burial regulations of the Amsterdam *khevre kedishe* in 1816 ordered that “all carriers of the bier and escorts wear a nice black cloak, a white jabot, a three-pointed cocked hat, and black socks and shoes.”37

The shifting constellations blurred the boundaries between the state and religion. As a result of this shift, the burial of the dead was not only dictated by the norms of religion but had become a state concern. Discursive strands such as protection

34 HC, inv. 36.
35 HC, inv. 35, 19 October 1813.
36 SCIA, inv. 1., art.19.
37 Brilleman, *Sefer Minhagee Amsterdam*, 56.
transferred from the religious realm to the state, legitimizing the dispositive of the law on delayed burial. Now the state protected the Jews against the horror of being buried alive. As a result of this encroachment on religious authority, the state came to determine the prerequisites of the Jewish funeral. Moreover, the dispositive of the delayed burial also established and produced the discourse of the Jew as backward, uncivil, cruel, and in dire need of reform. As such, this issue of delayed burial reveals how the boundaries between the secular and the religious are not fixed but are constantly renegotiated.

2. Criticism of Jewish circumcision

Another custom wherein fear and concern for national health legitimized the state’s interference with the Jewish religion was Jewish circumcision. For centuries, circumcision had been criticized as a barbaric and therefore a forbidden ritual. Although critiqued and outlawed, the ritual remained important in Judaism and survived the ages as a sign of the covenant between God and Abraham’s offspring. During the Enlightenment period, circumcision was once again under attack, in particular the last two steps of circumcision established by the rabbis, namely the periah (opening), which separated the foreskin from the glans more rigorously, and the mezizah or the sucking up of the infant’s blood.\(^{38}\) The physical and bloody aspects of the ritual appalled ‘rational society’ and became entangled with notions of hygiene and contamination. Adding to the criticism was the new scientific discourse on circumcision, which regarded it as unauthentic and an adopted custom of the Egyptians. These new insights quickly spread from the English Deists to Voltaire, questioning the Jewish basis and tenability of the ritual.\(^{39}\) If circumcision was ‘essentially’ not Jewish, it could be abandoned, and this physical but hidden barrier between Jews and other citizens of the nation could finally be abolished. In this view, circumcision was not a divinely ordained law, but a meaningless adoption of a local custom.

The underlying problem of circumcision was that it stressed Jewish particularity and therefore conflicted with the all-inclusive aim of Enlightenment ideas and its


discourses on the universal concept of humanity. Consequently, many maskilic Jews, especially in Germany, tried to reconcile Judaism with modern times by removing any references that might show a double loyalty. As a result, the maskilim eliminated allusions to the Temple and the coming of the messiah in Jewish prayer books. Various Reform communities likewise removed customs that, in some eyes, contradicted the Enlightenment ideal of rationality.\(^{40}\) However, most of the intellectuals of the Wissenschaft des Judentums hesitated to publicly object to circumcision. Moreover, reformers like Zunz and Geiger regarded circumcision as an inextricable part of Judaism. For instance, Geiger only privately describes the ritual as “ein barbarisch blutiger Akt” in a letter to his friend Zunz.\(^{41}\) This was contrary to Holdheim, who openly objected to circumcision because he regarded it as an “expression of an outlived idea” and emphasized personal consciousness instead, thus opposing circumcision “on principle.”\(^{42}\) In this changing climate of reconciling Judaism to modern times, some German maskilim refrained from circumcising their infants, while still expecting them to be members of the Jewish congregation.\(^{43}\) As such, the power struggles over religious authority resulted in a plethora of responses regarding the tenability of such a conspicuous identity marker as Jewish circumcision.

**Dutch reform of Jewish circumcision**

Reform of circumcision followed a different path in the Netherlands. There was no intellectual opposition, such as that from German maskilim, to circumcision. An exception was Spinoza, who acknowledged the value of circumcision as a preserver of Jewish identity, but nevertheless rejected the Jewish claim to be the only people chosen by God and thus refuted the idea of Jewish particularism.\(^{44}\) Moreover, there are no known cases of Jewish parents refusing to allow their children to be circumcised while still trying to get them admitted as congregants.

The reform of circumcision was partly due to Dutch governmental involvement. The occurrence of accidents during circumcision compelled and legitimiz...
circumcision legislation. For instance, in 1819 a complaint about a mohel (circumciser) came from the city of Delfzijl in the northeast of the Netherlands. This mohel, named Noortje, was very young and apparently lacked the skills to perform the circumcision. Mohel Noortje circumcised an infant crudely and consequently the second step of the circumcision, the periah, failed, causing the infant great agony and pain. Eventually another, more experienced circumciser redid the periah.45 Another report about a wrongly executed circumcision came from the city of Leek, which is also in the north of the Netherlands. This mohel, named Engers, circumcised an infant poorly and severely injured him; his recovery took 14 days, and it remained uncertain whether the child would overcome this faulty surgery at all. Apparently, Mohel Engers' circumcision skills were extremely poor, and instead of only cutting the foreskin, he removed a piece of the penis as well.46 Lack of experience caused by the relatively small Jewish communities probably contributed to the overrepresentation of circumcision accidents in the countryside.

These reports from the countryside compelled the government to establish a circumcision commission. However, this government control was not one-sidedly imposed; in fact, Jewish physicians, such as Bromet, Stein, and Capadoce, fostered and suggested it. Regulation of circumcision was a joint effort between the government, which wanted to protect its Jewish citizens, and the physicians, who because of their background and their medical knowledge considered circumcision to be a medical procedure. The physicians, not the mohelim, had the authority on matters concerning the body. By exposing the mohelim's ignorance and incapacity, as the accidents clearly proved the danger of traditional techniques, the physician's superiority was established. With the many circumcision accidents, the physicians convinced the government to side with them in their quest. Because one of the state's objectives was health care and thus the well-being of its citizens, the maskilic objectives as well as the new government concern complemented each other well. In the transformation of the state from caretaker to caregiver, the government and the Jewish physicians became hand-in-glove in the matter of reforming circumcision.

Unfortunately, there are no records of the number of incidents. Therefore, it is extremely difficult to judge the urgency of this preventative measure. Were the accidents

45 HC, inv. 17, N158.
46 Ibid.
incidents or were they structural? Nevertheless, the faulty circumcisions were the accepted reasoning behind measures introduced not only in the Netherlands but also in the German lands. A Frankfurter law from 1843, for instance, dictated that circumcisions could only take place under medical supervision.\textsuperscript{47} In the Netherlands, the perceived danger compelled King Willem I in 1820 to install a circumcision commission, supervising, controlling, and examining all mohelim in order to prevent any accidents happening out of ignorance and/or inexperience.\textsuperscript{48} These new regulations were widely endorsed by the maskilim and met with indifference from the rabbinate. The commission included five persons: the president of the commission, three mohelim, and one physician, who was also a member of the provincial medical committee. The physician was the only non-Jew in the commission, and therefore it appeared to be an entirely Jewish matter, albeit under government control. A further distinction was made between the Ashkenazim and the Sephardim, because their differences in culture and liturgy and their reluctance to cooperate with each other meant that each had their own circumcision commission. The same circumcision regulations, however, applied to both.

The Dutch circumcision regulations made circumcision a state-approved and controlled procedure. The first article prohibited circumcisers under the age of 20, in order to prevent the entrance of incompetent youngsters into the profession. Inexperience was probably the reason why the circumcision by Mohel Engers turned out to be so disastrous for the reproductive organs of the infant. It also became mandatory to observe at least eight circumcisions.\textsuperscript{49} In this way, the new mohel would familiarize himself with the execution of a proper circumcision, instead of cutting away what appeared to be a foreskin. The circumcision law connected age with experience, as it assumed that an older person had observed more circumcisions. In this line of thinking, coupling age and experience enhanced the craft of surgery; circumcision was not fulfillment of a religious obligation but a skill acquired during medical training.\textsuperscript{50}

The laws professionalized the craft of circumcision. Circumcision was only permitted to be performed by mohelim in possession of a diploma, which could be obtained after successfully completing a theoretical and practical examination. The

\textsuperscript{47} Katz, “The Struggle Over Preserving the Rite of Circumcision in the First Part of the Nineteenth Century,” 321.
\textsuperscript{48} HC, inv. 27.
\textsuperscript{49} Ibid.
\textsuperscript{50} Ibid.
theoretical part tested the anatomical, medical, and religious knowledge of an aspiring mohel.\textsuperscript{51} During the practicum, the aspiring mohel performed a circumcision under scrutiny of the commission, showing them his ability by executing an accident-free procedure. This indicates how religious knowledge was no longer sufficient and authoritative enough on its own; it needed to be complemented with secular knowledge. Although religious knowledge was still part of the examination, the medical elements outweighed it, as the central position of the practicum shows.

However, this last measure, the compulsory exam, was only applicable to newcomers. Experienced mohelim appointed by the Jewish community received a diploma without having to pass an exam.\textsuperscript{52} This article in particular, which did not require an examination for circumcisers already working in the community, does raise the question of how often the whole procedure actually went wrong. Moreover, the non-compulsory exam for working mohelim countered the claim that the exam was intended to stop further circumcision accidents from happening out of ignorance and inexperience. If this was the only motivation, it would be even more reason to examine the current working mohelim as well. Moreover, there were complaints against both young and old mohelim. The new circumcision law was probably intended as more of a preventive health measure than to stop an abundance of clumsy mohelim from mutilating young infants. It was the idea of a possible botched circumcision, supported by various stories about incompetent mohelim and injured infants, that was already powerful enough to reform the profession.

The physician’s prominent role further emphasized the diminishing authority of the mohelim. It was exemplary of the maskilic wish to subordinate religious authority to secular knowledge. Before commencing a circumcision, an official physician checked the infant’s health and ascertained whether the surgery could endanger its life. Only after his approval was circumcision permitted. Because of the prominence of the medical authority, the circumcision ritual was secularized. It was placed under government control and subjected to state law, which criminalized and punished circumcision without a permit. Moreover, the bureaucratization of circumcision provided it with the appearance of acceptance and made it a state-approved ritual, while the emphasis on the formal aspects of circumcision, such as certificates and examinations, further diminished

\textsuperscript{51} HC, inv. 27, Art. 5.
\textsuperscript{52} Ibid.
its religious meaning. Laws, regulations, and protocols all necessarily incorporated the Jewish ritual and made it into a national affair.

**Critique of meizah**

In addition to the professionality of the circumciser, the method of the act was also criticized, especially condemning the last two steps, the *periah* and the *meizah*. The last step, the sucking of the infant’s genitals, attracted a wave of criticism. *Meizah* was barbaric, unhygienic, and lethal. The whole controversy surrounding *meizah* centered on two points of critique. Firstly, the image of a *mohel* sucking the blood from the infant’s genitals invoked horror, repulsion, and disgust. The idea of an elderly *mohel* with a blood-spotted beard conflicted with the image of a rational and civilized religion. Secondly, the fear of contamination through the *mohel’s* infectious saliva was reason for concern. According to current medical discourse on contagious diseases, *meizah* could be lethal. Numerous cases were known, especially in the German lands, of infants being infected with contagious diseases such as syphilis, herpes, and tuberculosis. In 1811, the physician Johan Nepomuk Rust in his work *Helkologie oder über Natur, Erkentniss und Heilung der Geschwüre* links the deaths of recently circumcised infants with the *meizah* as a transmitter of syphilis.\(^5^3\) Infections caused festering abscesses, great agony, and eventually the infant’s death, making the procedure not only barbaric in its appearance but also in its outcome.

The *meizah* controversy followed different paths in each European country. Around the year 1844, both France and the German countries abolished the ritual. Criticism of the *meizah* came from many sides: from within the Jewish communities, from the *maskilim*, from physicians, from the government, and even one orthodox rabbi considered it an unnecessary procedure. The great scholar Haham Sofer, *the* authority of orthodox Jewish scholarship, ruled that the *meizah* could be replaced with a sponge if the expert physicians “will testify faithfully that the sponge performs the same action as *meizah* by mouth; nothing else needs to be considered, in my opinion.” According to Sofer’s reading of the Talmud, the *meizah* was not “a necessary condition for the validity of circumcision,” and “it is not necessary to be stringent if the physicians have invented other remedies in its place.” Only kabbalists, he writes, clung to the practice

because they ascribed a special mysterious meaning to it, but “we do not deal with hidden things when there is any reason to suspect danger.”\textsuperscript{54} For Sofer the \textit{mezizah} was clearly not an essential part of the circumcision, nor was it a Talmudic law, as other treatments such as placing bandages and cumin were also proposed; it was intended as a health measure. Therefore, he permitted replacement by equally beneficial remedies. For Sofer there was no hidden secret or intention in the \textit{mezizah}; it was practical and straightforward, to the benefit of the child, and if those benefits disappeared, so did the obligation to perform it. Because \textit{mezizah} was a medical remedy and not a religious one, the decision to either allow or abrogate it was left to the physicians.

Later nineteenth-century orthodox scholars opposed Sofer’s leniency and instrumental approach toward the \textit{mezizah}. They regarded any alteration or slight reform of Jewish rituals to be a threat to Judaism. For instance, Rabbi Ettlinger (1798–1871) passionately warned, “Examine how far things will go if you decide in favor of the scientists’ view over what we have received from the sages of the Talmud.”\textsuperscript{55} Moreover, instead of stressing Sofer’s pragmatism, his saying that “everything new is forbidden by the Torah,” was used to reject any adjustment of Jewish law or custom to modern society out of hand. They responded by essentializing contested Jewish rituals. Some orthodox scholars went out of their way to excuse his previous leniency or to prove the \textit{responsum}'s fraud. Sofer’s students and family members, Rabbi Ettlinger, \textit{Maharam} Schick (1807–1879), and other orthodox scholars regarded Sofer’s former leniency as a result of the pressure of previous authorities and the fear of a total abolition of circumcision. However, as the opposition between the orthodox and Reform communities increased during the nineteenth century, the controversy had become a battleground between innovators and traditionalists, and \textit{mezizah}'s abolition came to be seen as the harbinger of other religious reforms. Therefore, orthodox scholars regarded his ruling as invalid, since Sofer would prohibit in hindsight any alteration of the circumcision ritual. Moreover, he would have ferociously defended the \textit{mezizah} out of fear that its abolition would ultimately lead to the destruction of Judaism.\textsuperscript{56}

\textsuperscript{55} Cited in Katz, “The Controversy Over the MEHizah,” 381.
\textsuperscript{56} Ibid, 374.
The reinterpretation of mezizah as a biblical commandment further enhanced its necessity. Complicated pilpul (casuistic reasoning) now replaced Maimonides’ medical arguments in order to expose its biblical origin. For instance, Rabbi Judah Asaad from Hungary, which had become the cradle of the ultra-orthodox movement at the end of the nineteenth century, considered mezizah to be an essential and indispensable part of the commandment to circumcise. “Moses certainly received the law at Sinai in this form, aside from the reason of the danger mentioned in the Talmud... and so according to the secret meaning, mezizah by the mouth is certainly a commandment and is required.”

In addition to Sofer’s reconciliation of Jewish practices with new insights, Jews exploited the available technical knowledge to circumvent the mezizah ritual. From pumping devices to simple glass tubes, various invented tools prevented direct physical contact between the mohel and the infant. For instance, Rabbi Michael Cahn from Fulda found the solution in a simple pipe, and Alexander Tertis of London, who tried to be in line with the requirements of Maimonides “to extract the blood from remote parts,” invented a rubber pump as a substitute for sucking with the mouth. Various German orthodox rabbis approved both devices. This was in contrast to the Eastern European rabbinate, which held a rigid and kabbalistic view of the matter that prevented them from agreeing with any modifications to the circumcision ritual. Although the technical inventions appeared to be examples of the supremacy of medical authority, the new devices actually stressed an orthodox point of view because they substituted for the mouth and thus preserved the ritual of mezizah. Moreover, the devices stressed the so-called medical benefits and confirmed mezizah's religious foundation. Their mode of response was the exploitation of secular knowledge in order to maintain the traditional structures. The technique served here as orthodoxy’s handmaiden.

Others emphasized the medical benefits of mezizah and futilely attempted to battle the scientists on their own territory as they employed medical discourse to support their religious claims. They tried to prove the validity of Maimonides’ ruling that mezizah should be performed “in order to prevent danger.” Retrospectively ascribing health benefits to religious commandments also characterized other contested

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59 Ibid., 383. Even today various rabbis try to prove the medical benefits of mezizah. For a detailed discussion, see Sprecher, “Mezizah be-Peh: Therapeutic Touch or Hippocratic Vestige.”
60 Maimonides (Code, Hilkhot Milah, 2:2)
rituals, such as ritual slaughter and the Jewish dietary laws.\textsuperscript{61} As such, \textit{mezîzah} was only one of the many Jewish rituals stretching the boundaries between the medical and religious realms.

\textbf{The \textit{mezîzah} controversy in the Netherlands}

In the Netherlands, the \textit{mezîzah} controversy had a relatively late reception. Contrary to the German countries and France, where the state abolished \textit{mezîzah} in the 1840s, the discussion in the Netherlands started in 1864. The Supreme Committee for Israelite Affairs requested from all of the Dutch chief rabbis a theological justification for \textit{mezîzah} and asked whether the procedure could be replaced, for instance by rinsing off the blood with lukewarm water. Their request was a result of the recommendations of the North and South Holland provincial committees of health research to find a substitute for sucking with the mouth. Although the health commission initiated the request, the government only played a minor part in it, as the separation of church and state in 1848 restricted their authority in religious affairs.\textsuperscript{62} However, the perceived health threats of \textit{mezîzah} legitimized the government’s summoning of the rabbinate. In the case of circumcision, the separation between church and state was not so clear cut. Minister of Justice Olivier supported and financially facilitated the initiative but refrained from intervention, as the “government tried to hold on to the principle of refraining from interference in church affairs.”\textsuperscript{63}

The immediate cause for the concern of the provincial health committee and the Supreme Committee for Israelite Affairs was a complaint from 1856, where several infants died after being circumcised. A certain \textit{mohel} from Den Bosch was accused of having a contagious disease, which he passed on to the infants with his saliva during \textit{mezîzah}. According to the accusations, this \textit{mohel}, named Lewyt, caused several deaths in the community. A father writes dramatically of how his son suffered severely from his circumcision. In 1849 \textit{Mohel} Lewyt circumcised his son, but his son’s wounds did not heal. His son’s slow recovery compelled him to visit two doctors. They both blamed his son’s poor medical condition on an infection caused by \textit{mezîzah}. In a desperate attempt to stop the infection, the doctors cauterized the stricken parts of his son’s genitals. After

\textsuperscript{62} SCIA, inv. 427, 5 July 1864.
\textsuperscript{63} Ibid.
this second extremely painful operation, his son was ill for the following ten months, while the parents expected that the boy would succumb to his illness at any moment. However, to their great surprise, he recovered from his injuries. This case was not incidental; Mohel Lewyt was accused of many other disastrous circumcisions. Consequently, Chief Rabbi of Den Bosch Lehmans suspended him.64

However, Mohel Lewyt blamed the parents for the infants’ sudden deaths, and he regarded the accusations as slanderous and malicious. He maintained that he had many contented customers and that the parents had neglected and ignored their infants. Lewyt recalls a case where the mother of twin boys left with one child to sell goods door-to-door in Belgium only two weeks after giving birth, while she gave the other child into the care of a “strange women of low descent.” Apparently, this baby got ill and died.65 Because of the high infant mortality rate during the nineteenth century, it is extremely difficult to pinpoint who was responsible for the death of these infants. Almost a quarter of the babies born did not reach the age of one year.66 Therefore, the cause-effect relationship is uncertain.

The Dutch Rabbinical Committee of 1864, however, regarded meziẓah as beneficial to the child’s health. In a series of assemblies, nine chief rabbis from the Netherlands discussed the halakhic status of meziẓah and their willingness to reform it. What followed was a philological discussion, resembling the discussion in the German countries and Eastern Europe, wherein they addressed the question of whether meziẓah could be replaced by any other ‘medical’ remedy, but not the question of whether meziẓah was an inextricable part of circumcision. Although two of the rabbis, Rabbinical Assistor Hirsch of Amsterdam and Chief Rabbi Landsberg of Maastricht, forthrightly questioned its necessity, their effort died a quick death because none of the other rabbis even considered it to be open to discussion.67 Meziẓah was apparently unanimously regarded as a fundamental aspect of circumcision.

64 SCIA, inv. 427.
65 Ibid.
67 After the death of Samuel Berenstein in 1848, the Jewish community in Amsterdam quarreled over the appointment of a chief rabbi, as the modernists prevented Berenstein’s son from fulfilling the office of chief rabbi. The duties were temporarily fulfilled by a rabbinical assistor. In 1874, the Jewish community finally agreed on appointing Dünner as chief rabbi.
The rabbinical committee was initially divided into two camps: the moderate and the strict orthodox. Soon the balance tilted in favor of the latter, outnumbering the moderates. Only Chief Rabbi Hillesum of Meppel, Chief Rabbi Landsberg of Maastricht, and Chief Rabbi Lehman of Nijmegen proposed a reform of the ritual. However, they sustained their arguments differently. According to Hillesum, the root of the word meziḥah (מציצה), moz (מוץ), not only meant sucking with the mouth but also squeezing with the hand, as can be found in different places in the Bible and the Talmud. Furthermore, Chief Rabbi Hurwitz of Vienna and Haham Sofer both allowed the use of a sponge as a replacement of meziḥah. Landsberg, on the other hand, emphasized the ritual’s purpose instead of the method. He denied the Talmudic basis for sucking with the mouth and claimed that it could be replaced with lukewarm water. Lehmans also agreed with the preservation of meziḥah and stressed that “with even the slightest doubt of danger he strongly advises substitution.” However, he falsely claimed that he had never personally experienced any danger in meziḥah. Lehmans was clearly short of memory, since he could not recall his dismissal of the mohel Lewyt in 1856.

The chief rabbi of The Hague, son of the late Samuel Berenstein, opposed their instrumental view of meziḥah. Berisch Berenstein strictly adhered to a literal reading of Maimonides’ passage, while stressing that “the church was separated from the state” and therefore “it could not force him to act against his will.” Moreover, “as long as the physicians disagree, the state could not take health measures.” Berisch Berenstein feared most of all that leniency endangered the existence of circumcision and emotionally declared, “If we give in, than the periah will be next.” Unlike his father’s lip-service strategies, Berenstein rejected any change to the Jewish rituals.

Berisch Berenstein mentions four arguments for the preservation of meziḥah. First, the slippery slope of change as the end of Judaism. If a single thing was changed, it set a precedent; other reforms would follow, and would therefore herald the end of Judaism. This argument was often heard in orthodox circles, and it justified a strict adherence to tradition, or what was thought to be traditional. According to Moshe Samet, it was strict observance “[w]ith respect to the mitzvot [pious deeds], including

68 SCIA, inv. 427.
69 Ibid.
70 Ibid.
71 Ibid.
72 Ibid.
insignificant customs, stringent measures, and preventative measures whose underlying justifications are at best unclear” that characterized this “new historic innovation.”

The second argument was the inclusion of *mezīzah* in the *Shulkhan Arukh*. Orthodox scholars denied the historical development of halakhic reasoning, and in an attempt to freeze “the traditional way of life” they boosted the *Shulkhan Arukh* as the new legal codex. Instead of constantly reinterpreting customs and legal references, one collection of customs became authoritative. Because the *Shulkhan Arukh* mentioned *mezīzah*, it was an essential part of circumcision.

A third argument referred to the authority of Maimonides’ saying “until the blood is sucked from the remote parts.” According to Berenstein, 1,000 years of *mezīzah* tradition proved its value. “What else could it be than with the mouth?” asked Berisch Berenstein rhetorically, as he dismissed out of hand other options and ways of extracting blood. Later on, he further elaborates on the connection between history and Maimonides’ statement to prevent danger: “This is נתי [known], and if we propose another procedure than *mezīzah*, we would not have the certainty of the prevention of סכנה [danger], and this will remain a שנא [unknown fact].” Berenstein refrained from asking why the “drawing of the blood from remote parts” prevented danger. Nor did he accept the physicians’ reports about the outbreak of contagious diseases among recently circumcised infants as proof of *mezīzah*’s health threat. Even if Berenstein had known that Maimonides’ saying most likely referred to the Hippocratic system of the four humors, wherein infections were explained by stagnated and decayed blood, he still would have adhered to his point of view, because the words themselves had become simultaneously purpose and proof.

For his fourth argument, Berisch Berenstein used four testimonies from professors of the faculty of medicine at the University of Würzburg, published in the orthodox journal *The True Guardian of Zion*, who all testified to *mezīzah*’s medical benefits. By explicitly referring to those testimonies, he employed modern medical knowledge to sustain his orthodox point of view. Apparently, the physician’s medical claim about the *mohel’s* contagious saliva needed to be dismissed on scientific grounds.

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74 SCIA, inv. 427.
75 Ibid.
Their mode of response was to exploit secular knowledge to legitimize traditional rituals. It showed the ambivalence of the orthodox, that their dream to cast out everything new was an idealistic construction that even they could not uphold; it was the paradox of orthodoxy.

Chief Rabbis Hirsch, Vaz Diaz, Dusnus, Isaacsen, and Ferrares followed Berenstein’s argumentation closely, as they declared more or less that the whole point of mezizah was to prevent danger. It was a health measure, written in the Talmud and explained by Maimonides, who was after all a physician. Mezizah was always meant to be done with the mouth, as the roots of מוץ, מצה, מצצ all have the same connotation, namely sucking with the mouth. Failure to perform mezizah threatened the life of the child, as according to Vaz Diaz, “ulcers, sores, and vesicles occurred without the practice.” Mezizah became indispensable in fulfilling the commandment of circumcision. Even though it was initially installed as a health measure, it was given the status of minhag because of its long usage. Without this third step, the circumcision was not kosher and thus unsafe for the child.

Consequently, the rabbinical committee decided that mezizah was not dangerous and could not be abolished or replaced by a sponge. However, they made a small concession by adding that whenever there is a suspicion of danger, the mohel and the father should first consult a chief rabbi, who in his turn would consult a physician. With this last amendment, the committee of rabbis preserved the ritual and their strong alliance to orthodox thought without having to succumb to reform. If there was any danger, then they could always revoke their decision while still upholding their orthodoxy. This pragmatic approach to religious observance within an orthodox frame of thinking was typical for Dutch Jewry. It was the striving for accommodation, or what Bart Wallet has called “the Dutch inclination towards the middle (‘de Hollandse middelmaat’).”

However, to view the discussion of the mezizah controversy within this framework only disregards the innovative elements of it. Mezizah not only stopped the bleeding, it had become a crucial part of the commandment to circumcise, elevated from a medical remedy to a minhag and even considered by some to be a biblical

\footnote{77 SCIA, inv. 427.}  \footnote{78 Ibid.}  \footnote{79 Wallet, \textit{Nieuwe Nederlanders}, 173–176.}
commandment handed down on Mount Sinai. Moreover, even though the Talmud never explicitly stated that *meziẓah* was done with the mouth, it was assumed to be a valid and necessary way to do it, if not the sole way: the health benefit of *meziẓah* was now theologically interpreted. Hence, not only did medical knowledge encroach on the religious ritual, but a former medical requirement was also transformed into a religious rule. Jews responded to the pressure on *meziẓah* by condemning it as unhealthy, by employing medical knowledge to defend it, or by exploiting the technical aspects to maintain it. Clearly the interchange between theology and medicine was more complex than it appears at first sight, partly due to shifting boundaries and the renegotiation of authority, which far surpassed a simple dichotomy between the religious and the secular. Eventually the custom did die out, but only gradually and not because of state interference. A short revival of the controversy at the end of the nineteenth century in the journal *Nieuw Israelitisch Weekblad* (New Israelite Journal) undoubtedly contributed to its rejection by the Jewish majority.  

3. Conclusion

As a consequence of the advances in medicine and national health care, the medical and religious spheres were renegotiated. The entanglement of discourses on medicine, religion, and ‘the Jewish question’ produced the idea of the Jews as a health threat. This in turn legitimized state interference when Jewish practices could threaten public health with their gloom of incivility and dirtiness. Thus the clothing of the pallbearer was formalized, circumcision was professionalized, and early burial was banned. These dispositives redefined the Jewish religion in medical terms. Medical discourse, however, extended beyond the boundaries of hygiene and blended with discourses on etiquette and morality. These entanglements attributed a new meaning to the Jew as both internally (morally and religiously) as well as externally (dressed in rags) unhygienic. The reforms targeted a mixture of religious practices in an attempt to halt the spread of disease. The Jew needed to be educated and reformed, not only for his own sake, but

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80 But not among the ultra-orthodoxy in New York, as reports of infants who had undergone the ritual of *meziẓah* and died of infections compelled the local authorities to warn the Jewish communities about the damaging and dangerous effects of this ritual. See http://www.nyc.gov/html/doh/downloads/pdf/bris-statement.pdf (accessed 23 December 2013).
also for the sake of public health. The medical concept of hygiene legitimized state control and the criminalization of certain religious practices.

Reform of religious rituals became a locus for power struggles and generated several modes of response within the Jewish community. It was not the proposed reform but rather the attack on their authority that aroused the rabbinate’s opposition; religious leniency was therefore only pronounced when it did not challenge the orthodox rabbinate. In a response to the pressure, orthodox opposition essentialized the contested rituals, such as early burial and mezizah, and presented them as the traditional identity markers. Moreover, they explicitly employed scientific knowledge to sustain, legitimize, and maintain traditional religious structures. The maskilim, on the other hand, seized the opportunity of religious reform to gain power to the detriment of the rabbinate by subordinating religious authority to secular knowledge. However, these are the extreme angles of the modes of Jewish response. Betwixt and between, paying lip-service to reform, maintaining the traditional structures, and simple indifference to religious change had the upper hand. Both the orthodox and the maskilim employed secular and religious discourses to sustain their own take on Judaism. Their employment of the same strategic moves is yet another example of how the boundaries between secular and religious discourse are an ideological construct.