



The Shared Pain of the Golden Vein: The Discursive Proximity of Jewish and Scholarly Diseases in the Late Eighteenth Century

Author(s): Susan Kassouf

Source: *Eighteenth-Century Studies*, Fall, 1998, Vol. 32, No. 1, Nationalism (Fall, 1998), pp. 101-110

Published by: The Johns Hopkins University Press. Sponsor: American Society for Eighteenth-Century Studies (ASECS).

Stable URL: <https://www.jstor.org/stable/30054272>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



The Johns Hopkins University Press and are collaborating with JSTOR to digitize, preserve and extend access to *Eighteenth-Century Studies*

JSTOR

SUSAN KASSOUF

The Shared Pain of the Golden Vein: The Discursive Proximity of Jewish and Scholarly Diseases in the Late Eighteenth Century

Learnedness and study have long played a central role both in the Jewish tradition and in perceptions of it. The scholarly habitus continues to be a formative part of male Jewish identity as well as a source of pride and prejudice in pro- and anti-Jewish rhetoric.¹ In this essay, I examine the ways in which the studious lifestyles of Jews and scholars became associated with disease in late eighteenth-century Western and Central European discourse. Suffering from an array of shared symptoms that ranged from gout to the golden vein, male Jews and intellectuals became pathologized similarly. As readings of their ailing bodies will show, contemplative lifestyles proved to be high-risk ones that blurred the boundaries of the male subject and posed a threat to dominant ideals of masculinity, specifically manliness.² Numerous ills will call into question any stable sense of the sufferers' gender, sexuality, and morality. The burgeoning discussion of hemorrhoids offers one example of this medicalization of social concerns and its importance in contextualizing the pains shared by Jews and scholars alike. A careful reading of the discourse reveals the afflicted to be morally and physically weak, sexually deviant, and feminized, and thus unable to participate fully as productive members in the newly emerging (and hotly contested) public intellectual community; late eighteenth-century concerns about men's bodily contours merge with anxieties about the form and composition of the nascent body politic of the bourgeoisie.

In attempting to delimit this intellectual community,³ or public sphere, as healthy and manly, intellectuals and Enlightened (or converted) Jews often defined themselves against the presumably sickly and feminized (traditional) male Jew, and thereby tried to disavow any discursive similarities between them. The discursive proximity (and simultaneous disavowal) of those diseases speaks for a modified understanding of male Jews within late eighteenth-century culture. Rather than radically Other, scholarly male Jews appear all too uncomfortably similar to their non-Jewish counterparts. While many thoughtful studies have stressed the apparent ineradicable difference of the Jewish body,⁴ I want to suggest that singular attention to Otherness here may both accept too readily the dominant intellectual classes' disavowals of similarity, as well as unwittingly perpetuate the Othering of male Jews. Indeed, shifting the emphasis to the discursive connections between Jews and scholars promises to clarify the complex dynamics of an emerging bourgeois body politic. By refusing certain groups entry, such as Jews (or women, or particular men), while denying the concomitant (self-) pathologization of its own members, the intelligentsia is able to preserve a dangerous, yet effective fiction of its healthy and manly exclusivity.

While the constitution of an intellectual public sphere was a decidedly eighteenth-century phenomenon, notions of Jewish and scholarly disease were not. Discussions on Jewish disease had been extant at least since the fourteenth century;⁵ similarly, specifically scholarly ills were noted already by the ancient Greeks. During the eighteenth century, the strong correlation between illness and lifestyle that medical discourse asserted seemed especially applicable to marginalized groups such as Jews as well as to a newly forming class of professional and intellectual men who appeared riveted to their desks, bound by duty or by books. For the present argument, it is not the number of works on Jewish disease per se that is important, but rather their placement within the sudden proliferation of texts on scholarly disease around 1800. At this time, scholars became preoccupied with a nosology that was symptomatically synonymous with Jewish disease.⁶ One of the earliest and most influential occupational (or group specific) medicine texts was the *Untersuchungen von denen Krankheiten der Künstler und Handwerker (Studies on the Diseases of Artists and Craftsmen, 1700)*, by the Paduan professor and doctor Bernardi Ramazzini.⁷ Although Ramazzini did not emphasize the scholarly tradition of Judaism, he did see Jewish and scholarly disease arising from a sedentary lifestyle; his proscribed cure of more movement applied to both groups.⁸ Ramazzini's study helped lay the discursive foundation for the sufferings of scholars and Jews at the end of the eighteenth century. The shared symptoms of 1700, such as melancholy or constipation, become by 1800 shared etiologies.

One particular occupational hazard illustrates the implicit links between Jews and scholars: namely, hemorrhoids. Often referred to as the golden vein because they made blood-letting costs irrelevant,⁹ hemorrhoids were considered a classic Jewish disease, stemming from male Jews' scholarly lifestyle and the requisite hard benches, but it quickly became a disease they shared with all those bookishly inclined.¹⁰ As early as 1305, the *Lilium Medicinae* had reported that Jews suffer from hemorrhoids "because they are generally sedentary and therefore the excessive melancholy humors collect."¹¹ The author of the *Lilium Medicinae*, Bernard de Gordon, further attributes the supposedly Jewish predisposition toward hemorrhoids to the constant fear and anxiety in which the persecuted people lived, a state that led to the collection of melancholy juices, and to a psalmic bit of divine revenge in which Jews were whacked on their collective posterior.¹² The explicit connection with scholarship reemerges in the eighteenth century among writers such as Johann Adolf Behrends who continue to propagate a connection between too much Talmud study and hemorrhoids: "the consequence of their lifestyle is that nowhere are more inhabitants plagued with hemorrhoids than in the *Judengasse*."¹³ In *Von den Krankheiten der Juden* (*On the Diseases of the Jews*, 1777), the Mannheimer Jewish physician Elcan Isaac Wolf constructs a similar relation between the stationary life of the Jewish scholar and his posterior afflictions.¹⁴

Discussions about a Jewish predisposition to hemorrhoids were part of a larger medical discourse that understood the golden vein to be peculiarly endemic to late eighteenth-century culture in general. Franz Anton May begins his study entitled *Die Hämorrhoiden* (*The Hemorrhoids*, 1780) with the question: "Why is the flow of the golden vein so common in our time?" He and his medical colleagues posit a dramatic increase during the last twenty years.¹⁵ Among the reasons May offers are: frequent bloodletting, too little physical activity, indulgence in warm drinks, over-refined meals, wine, and the sedentary scholarly life.¹⁶ To construct a patient from this etiology, it seems the sufferer is sickly, slothful, gluttonous, and intellectual; not surprisingly, hemorrhoids were seen by many doctors as a deserved moral punishment for culinary and physical excess and decadence.¹⁷ Hemorrhoids were also understood to stem from a deviant sexuality, alternately denoting "pederasty"¹⁸ or simply lasciviousness.¹⁹ The golden vein could apparently result from anal intercourse and/or an increase of blood to the lower part of the body.

Together with the hemorrhoid sufferers' questionable sexuality, health, and work ethic, the typical hemorrhoid victim's gender was hotly debated, the uncertainty suggesting that the relation between hemorrhoids and gender was crucial if not coherent. While the topos of the menstruating and/or hemorrhoidal Jewish man appears to reach back to the thirteenth century in Europe, in which his condition was related to both melancholia and sexual excess,²⁰ the feminization connected with bleeding continued to shape the eighteenth-century discourse on hemorrhoids. Some doctors believed there to be no difference in the rate that men and women succumbed, although women's supposedly less hardy vascular system, pregnancy, and their sedentary lifestyles seemed to predispose them.²¹ Others, despite their assertion of equivalency between men's and women's affliction rate, thought women tended to get it less.²² However, most of the experts, regardless of whether they argued for a male or female predisposition, saw a periodicity in the golden vein that implicitly connected it to women and menstruation. Writing on the diagnosis and cure of hemorrhoids, J. H. Jördens saw the bleeding coming and going on a lunar cycle, and believed that men would get blue rings under their eyes if no blood flowed, "just like the female sex at the time of her cleansing [Reinigung]."²³ Others believed one should treat the patient as gently as a woman during her period, a further feminization of the sufferer.²⁴

The etiology of hemorrhoids, with its marked emphasis on lifestyle, suggests a medicalization of social concerns, specifically a discomfort with an emerging modern society and the role of Jews and scholarly or professional men in it. As Mary Douglas reminds us,²⁵ concern with bodily boundaries indicates a concern with social boundaries: late eighteenth-century medical discourse shows physicians' worries about their own bodily contours merging with their anxieties about an emerging bourgeois body politic peopled by non-noble, educated and elite men. In discussions of the hemorrhoid sufferer and his digestion, sexuality, and gender, the anus

becomes a dangerous aperture that disturbs any fantastical sense of wholeness so central to the emerging classical and manly ideal. A site of entry and exit, the anus reveals the impossibility behind the impenetrable body; by recalling menstruation, uncontrollable hemorrhoidal bleeding only adds insult to the sufferer's injury. If the shared pain of the golden vein appears to question any stable sense of the sufferers' morality, sexuality, and gender, the concomitant discourse of manliness might be understood as a metaphoric attempt to protect this all too vulnerable and unpredictable area.

According to the medical and broader socio-political discourse, male Jews and scholars ran risks not only because of what they sat on, but where they sat on it: any willing confinement to the domestic space of the home became interpreted as a lack of manly activity. Jewish men studying the Torah usually remained at home, indoors, while their wives interacted with the world at large in order to support the family financially. In addition to what seemed an intellectual desire not to participate in the larger public sphere, the isolation imposed on Jews by an anti-Jewish society was considered to contribute to a passive and less robust demeanor. Emancipatory thinkers such as the Calais physician LeJau believed "[the Jews'] separation from other citizens contributes unfailingly to the gloom and melancholy that is seen among most of them."²⁶ Joseph Rohrer, author of *Versuch über die jüdischen Bewohner der österreichischen Monarchie* (*Study on the Jewish Inhabitants of the Austrian Monarchy*, 1804), traced back many so-called Jewish diseases to the fact that the Talmud scholar rarely leaves his room, unless he goes to the school; he was therefore considered useless in the public sphere.²⁷ In an era that attempted to codify the public and private spheres as masculine and feminine, respectively, any willing confinement to their own four walls seemed to feminize, and thus disenfranchise, Jews in the medical and popular imagination.²⁸

Scholars, too, contended with the anxieties that arose at the attempted creation of and strict separation between public and private spheres. Repeatedly, physicians emphasized how unhealthy it was to be alone all day in a stuffy, poorly lit room. Writing about the health of scholars, Tissot as well as the German physician Johann Christian Ackermann spoke often of the dangers of being alone all the time; they viewed the necessary scholarly abstinence from social contact as a central cause of intellectual ills.²⁹ In his address about the unnatural position of the learned body to "scholars, and women, who never feel as well as when they're in their chamber,"³⁰ Ackermann links scholarly disease both with the domestic space and with women. Moreover, in his *Ueber die Krankheiten der Gelehrten und die leichteste und sicherste Art sie abzuhalten und zu heilen* (*On the Diseases of Scholars and the Easiest and Safest Way to Stop them and Heal them*) he devotes an entire chapter to this space within the home, "On the study," and advocates Vivin's advice, namely that such people trade their studies for the battlefield, as if to contrast manly warriors with weakened scholars.³¹ Isolated intellectual men and Jews shared a socially and politically debilitating lifestyle in a period where physical and mental health presumably could be measured by the frequency of one's interaction with others, that is, by the circumference of one's "sphere of influence" [*Wirkungskreis*].³²

While Christian scholars could overcome their spatial isolation more easily than Jews, the bodies of both groups were inscribed by their surroundings; both succumbed to the imbalance created between the overactive mind and the stationary body. Those physicians concerned with the health of scholars noted the way stationary men lost their physical strength, or in humoral terms their bodily warmth, becoming cold, slack, tender, and fatty—anatomical attributes usually associated with women during this time.³³ Likewise, both supporters and detractors of Jewish emancipation during this period believed that Jews had spent so many centuries in "non-productive" occupations that their bodies, from sheer lack of use, had become smaller, weaker and less muscular than their Christian counterparts and thus less manly. The renowned Göttinger Orientalist of the period, J. D. Michaelis, comments: "so it is clear that there are few full-grown men among Jews."³⁴ While Michaelis's anti-Jewish rhetoric understood Jewish weakness and nervousness as inherent, emancipatory thinkers such as Christian Wilhelm Dohm argues in his tract *Über die bürgerliche Verbesserung der Juden* (*On the Civic Improvement of the Jews*, 1781) that

although Jews were “obviously” marked from fifteen hundred years in the ghetto, the damage was not irreversible.³⁵ Joseph Rohrer devotes an entire chapter of his essay on the Jewish inhabitants of the Austrian monarchy to the physical disposition of the Jews. Using a popular argument, he blames their allegedly sickly, non-manly and eventually sterile bodies not only on their occupational and spatial ghettoization, but additionally on the contemporary Jewish practice of early marriage and thus sexual activity; the hypersexuality related to hemorrhoids is recalled by such an argument as well.³⁶

More specific diagnoses show that scholars and Jews were particularly prone to melancholia and hypochondria, their bodies and demeanors exhibiting an explosion of symptoms to be interpreted.

The pale complexion of the Jew, his crooked posture, his never-ending expressions of anxiety, his constant worry about every appearance of offense that crosses his path; his behavior at home that is seldom accompanied by laughter; all this and much more should lead us to assume that a majority of Jews has no small tendency toward melancholy. Regardless of this the Jew still longs very early for a woman; this revelry of this sort is quite compatible sometimes with this temperament of feeling that we tend to call the melancholic.³⁷

While an unsurprising statement coming from Rohrer, such understandings of the Jewish body that link pallor, posture, anxiety, and sexuality could be found among Jews and non-Jews alike. A proponent of the Jewish Enlightenment, the maskilic physician Moses Marcuse also emphasized the disadvantages of too much study for the Jewish child in his *Book of Remedies*, a book heavily indebted to Tissot:

I believe, dear people, that you also drive your children to work a little too early. You do know that to work with the head is a little more difficult than chopping wood with the hands. You make your children pale, yellow, green. They cannot sleep well. Hence, they do not grow, and many common men are afterwards mistaken about their children: they think they are already scholars because they have pale faces . . . would it not be better for a father to let his child sleep longer and become a scholar later? At least, even if he did not become a great scholar, I guarantee them that these boys would be strong men and more honest; they would be able to support wife and child rather than be ignorant and weak, sickly and unable to learn or work.³⁸

In constructing the physical difference of the Jew as a direct consequence of too much study, Marcuse's description of the typical, sickly, male Jew differs hardly at all from competing ones of the scholar. As texts on scholarly ailments, such as those by Ackermann and Tissot, show, the scholar, too, offered a plethora of symptoms to be read: he, too, was recognizable by his pale skin, his misshapen form, his sexual and economic impotence, and his physical weakness. Like the dominant discourse of the period, Marcuse sees “scholar” and “man”—in this particular context, Jew and man—as mutually exclusive terms, in which the latter is more moral, more heterosexual and more potent. In contrast to the Jew and scholar, the manly man's body promises self-control and an unmarked authenticity: his gender, sexuality, and his power remain stable. However, an important distinction remains. Whereas Christian scholarly bodies (generally) became marked only over the course of a lifetime, the decrepitude of male Jewish bodies became an acquired characteristic that branded an entire people as opposed to a professional class; here, traditions of anti-Jewishness would appear stronger than those of anti-intellectualism.

Enlightened Jews and scholars offered several responses to this discourse of (self-) pathologization in which they participated and even perpetuated. Not unexpectedly, anti-Jewish (and even emancipatory) intellectuals were unwilling to let any hint of sameness taint their

conceptions of scholars and Jews. For example, Joseph Rohrer responds to the dangerous commonalities between Jews and scholars by emphasizing and/or constructing differences between them: “The Christian scholar works and intervenes [*eingreifen*] in the steering of the state and its citizens; not so among the Jews’ so-called scholar. An eternal back-and-forth, purposeless argument about the Talmud within [*innerhalb*] the school, from which outside [*außerhalb*] the school no sensible use can be made, is the result of his busy idleness. Such a Jewish scholar is for the state and its members a true burden.”³⁹ Rohrer’s rhetoric discloses the anxiety-provoking similarities between Jewish and Christian scholars and the simultaneous disavowals these similarities provoke. Using a metaphor of a ship to be steered, Rohrer attributes to Christian scholars a productive activity in the public sphere: they *work* and *intervene* for the betterment of the state and its inhabitants. By contrast, and here Rohrer no longer relies on verbs, but on prepositions that emphasize their detached position, Jewish scholars remain *within* the school; he further emphasizes the irrelevancy of their arguments *outside* the school. The Jewish scholar embodies the imbalanced, unproductive, and oddly static energy of modernity, whereas the Christian scholar proves to be an exemplary and active leader. Rohrer’s response reveals the ways in which intellectual culture and the public sphere come to be gendered as manly, precisely because the threat of effeminacy and illness is perceived to be immanent.

Emancipators and physicians concerned with the supposed infirmity of the Jews and scholars prescribed similar cures: more productive physical, usually agricultural, activity, and less mental exertion, again indicating the discomfort with a less physically, more mentally active life and a nostalgic longing for a more pervasively agricultural era.⁴⁰ For Christian intellectuals such remedies merely required a change in lifestyle; for Jews, it required a drastic change in Jewish and Christian laws that could modify both tradition and hate, and thereby allow access to different occupations. Common Jewish responses to the pathologizing discourse typically advocated becoming less Jewish: one could become a manual laborer, convert to Christianity, or, if one belonged to the Haskalah (the Jewish Enlightenment in Germany), one could become more enlightened and scientific. Many conversion narratives see the process of becoming Christian in terms of a transition from sickness to health, and from a scriptural, written religion to one of the heart; paralleling the discourse on scholars, an unproductive textual culture was to blame for many common ills.⁴¹ Gottfried Selig’s conversion narrative, *Geschichte des Lebens und der Bekehrung Gottfried Selig (History of the Life and Conversion of Gottfried Selig, 1775)*, speaks to a desire to go beyond the alleged sterility of academic and Jewish culture: “Dear father, in theology one must just simply be guided by the word of God, one doesn’t need for this either great scholarliness or human wit and intelligence . . . Everything that they [great scholars] cannot understand by their reason, they dismiss, and they trust their intelligence—something that is for all men far too limited—much too much. They do not consider that the teachings of the Messiah extend far beyond all of our reason.”⁴² Using a Pietist vocabulary of the “heart,” Selig admires Christianity as beyond scholarship and reason; and hence, he criticizes the rabbis for fighting a losing battle.⁴³ J. Selig, who apparently learned much from his eponymous lector, constructs a very similar conversion narrative in which the rationality of Judaism appears much less preferable to Christianity and the “simple, yet honest Christian with his artless joy in his belief.”⁴⁴

Enlightened Jews of the Haskalah also attempt to remake Jews and remove them from the influences of a harmful Jewish culture. In his work on the Jewish body, John Efron makes the important point that, in their efforts to free themselves from what they perceived to be oppressive Jewish institutions, maskilic physicians were quick to determine the Jewish lifestyle, with its intellectual emphases, as one cause of their distress.⁴⁵ He argues convincingly that Jewish doctors such as Marcus Herz tried to wrest control from traditional Judaism and scholars and place it in the hands of scientifically trained, enlightened, and thus intellectually manly men.⁴⁶ Whereas Efron examines perspectives on the Jewish body within the Jewish Enlightenment, my suggestion to place these maskilic discussions within the dominant discourse that pathologizes not only Jews but also scholars indicates the broader social discomfort with the intellectual nature of Judaism and scholarly life. Noting the similarities between Jews and scholars may allow us a

more refined understanding of the intellectual public sphere around 1800, a sphere whose reliance on and propagation of an ideology of manliness are enmeshed in the disavowal of a self-pathologizing discourse.

I end this essay with Moses Mendelssohn, not to hold him up yet again as the model Enlightenment Jew, but rather to show the alternatives he explored for the proximate discourses on scholars and Jews. Himself both a secular scholar and a practicing Jew, he answers to concerns of productivity and health, but advocates neither that Jews become less Jewish nor that they become more productive. Rather he offers a counterintuitive modification of the situation itself, a modification that reinvests, but does not refuse, the terms of the debate. Mendelssohn realizes that if the dichotomy of productivity [*Hervorbringen*] and consumption [*Verzehren*] were to be employed rigorously, and their descriptive accuracy interrogated, then most of the late eighteenth-century population would be consumers perforce. In dismantling the assumed importance of the warrior, he disarmingly rhymes together the scholarly and military professions [*Lehr- und Wehrstand*] as examples of two important yet “non-productive” groups. This comparison leads him to proclaim that, in contrast to soldiers, at least scholars create something, namely books.⁴⁷ Drawing a distinction between “making” [*Machen*] and “doing” [*Thun*], Mendelssohn argues that a (stereotypically Jewish) business man, who sits planning in his chair, produces [*tut*] more than any worker or artisan. Likewise: “The scholar produces; true it is rarely something that is obvious to the senses, but still they are goods that are at least as valuable; good advice, teaching, diversion and amusement.”⁴⁸ In contrast to the *Muskeljuden* who would attempt to embody dominant notions of manliness a century later, and whose contours can be distinguished already in the eighteenth century, Mendelssohn pleads for the value of intellectual culture and for the power inherent in a sedentary position. His argument for the potential productivity of the physically passive challenges the notion of Jews and scholars as parasitic; reinvesting anti-Jewish stereotypes, Mendelssohn asserts that the lowliest Jewish salesman is both a useful citizen for the state and a true producer [*ein wirklicher Hervorbringer*].⁴⁹

Mendelssohn’s writings⁵⁰ offer an alternative to the discourse that constructs Jews and Christian intellectuals as textualized, effeminate, and non-productive Others: his intervention attempts to deconstruct and show the instabilities of the simplistic dichotomies between the scholarly and non-scholarly, sedentary and active, sick and healthy, Jewish and Christian. By examining the discursive proximity, rather than distance, between Jewish and intellectual ills, I want to suggest that we, too, might benefit by questioning the ideological binaries that often dominate our own understanding of late eighteenth-century culture. Whereas such divisions—of insider/outsider, normality/abnormality, manliness/effeminacy—functioned (and function) in very real and political ways, often excluding Jews, women, and particular men from the emerging intellectual community, there is much to be gained from examining the ways in which such ideologies faltered. The shared pain of the golden vein raised uncomfortable fears for the emerging bourgeois body politic, fears (and unexamined responses) that continue to underlie intellectual culture until today.

SUSAN KASSOUF is an assistant professor in German Studies at Vassar College and is currently working on a book entitled *Writing Masculinities: The Gendered Culture of German Literature 1770–1810*.

NOTES

All translations are my own.

1. Writing on the positive aspects of this habitus, Daniel Boyarin calls the study of Torah “the quintessential performance of rabbinic Jewish maleness.” See Daniel Boyarin, *Unheroic Conduct: The Rise of Heterosexuality and the Invention of the Jewish Man* (Berkeley: Univ. of California Press, 1997), 143. For more on the history of this tradition, see Rachel Herweg, *Die Jüdische Mutter: Das verborgene Matriarchat* (Darmstadt: Wissenschaftliche Buchgesellschaft, 1994) and David Sorkin, *The Transformation of Ger-*

man Jewry, 1780–1840 (NY: Oxford Univ. Press, 1987). The Holocaust memorial currently planned for Vienna—namely a giant tome-like sculpture for the “people of the book”—indicates the (aesthetically unfortunate) lengths such traditions may be taken.

2. During the late eighteenth century, discourses of masculinity competed with each other, only to become more codified in the course of the nineteenth century. Manliness describes what developed into bourgeois normative ideals of behavior. Seen as physically and mentally more powerful than women, manly men exhibited a readiness for battle, controlled aggression and a unity of spirit with a hard body. For more on the manly ideal, see George Mosse, *The Image of Man: The Creation of Modern Masculinity* (NY: Oxford Univ. Press, 1996).

3. In defining the intellectual community, I rely on the medical texts themselves which make no sustained distinction between government officials, doctors, philosophers, or even kings. All are professional men who perform intellectual work for a living.

4. For examples of work that emphasizes the Jew as Other in medical and cultural discussions, see Joshua Trachtenberg, *The Devil and the Jews, The Medieval Conception of the Jew and Its Relationship to Modern Anti-Semitism* (New Haven: Yale Univ. Press, 1943); Lionel Rothkrug, “Peasant and Jew: Fears of Pollution and German Collective Perceptions,” *Historical Reflections* 10 (1983): 59–78; Sander Gilman, “Jews and Mental Illness: Medical Metaphors, Anti-Semitism and the Jewish Response,” *Journal of the History of Behavioral Sciences* 20 (1984), 150–59; Harvey Mitchell and Samuel S. Kottek, “An 18th-Century Medical View of the Diseases of Jews in Northeastern France. Medical Anthropology and the Politics of Jewish Emancipation,” *Bulletin of the History of Medicine* 67 (1993): 248–81; and Boyarin (1997).

5. From 1305 to 1800 there were only ten discussions of Jewish illness; by 1850 the figure increased to thirty, after which the numbers grew rapidly, reaching their apex in the annals of nineteenth and twentieth-century racial science. See Michael Tschoetschel, *Diskussion über die Häufigkeit von Krankheiten bei den Juden bis 1920* (Ph.D. Thesis, Mainz, 1990).

6. On the discursive spread of scholarly disease during this era, see Esther Fischer-Homberger, *Hypochondrie. Melancholie bis Neurose: Krankheiten und Zustandsbilder* (Stuttgart: Huber, 1970).

7. J. C. Ackermann, author of *Von der Gesundheit der Gelehrten* (Nürnberg: Bauerische Buchhandlung, 1777) made Ramazzini’s work more widely available in his popular German translation of 1780. Leopold Lafontaine, Privy Councilor and doctor of the King of Poland, as well as author of the 1792 essay “Über die polnischen Juden, ihre Lebensart und gewöhnlichen Krankheiten,” also published a Polish translation in 1801–2.

8. Ramazzini too sees scholarly illnesses affecting all those who hold public office, live in cities, and lead stationary lives; he concedes that listening to Rathaus speeches alone is enough to make one sick. See *Untersuchungen von denen Krankheiten der Künstler und Handwerker, worinnen die Krankheiten, womit fast alle Künstler und Handwerker gemeinlich befallen werden genau beschreiben, wie durch die Kunst oder Handwerk solche zugezogen werden, und wie man solche hernachmals aufs beste und leichteste curiren kann* (Leipzig: Weidmann, 1718), 410–12.

9. Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore: Johns Hopkins Univ. Press, 1996), 456.

10. See for example Samuel Tissot, *Von der Gesundheit der Gelehrten*. Trans. J.R. Füeßlin (Zürich: Füeßlin and Compagnie, 1768), 87, Ackermann, 215, and Marcus Herz, *Versuch über den Schwindel* (Berlin: Voss, 1791), 340.

11. Cited in Henry Friedenwald, *The Jews and Medicine*, vol. 1–3 (Baltimore: Johns Hopkins Univ. Press, 1944), 1:527.

12. Tschoetschel, 112.

13. Tschoetschel cites Behrends book, *Der Einwohner in Frankfurt am Main in Absicht auf seine Fruchtbarkeit, Mortalität und Gesundheit geschildert* (Frankfurt, 1771), 114. Although Tschoetschel found no statistics, he refers to the frequent experiential evidence that links hemorrhoids with Jews. Georg Ernst Stahl in his *Abhandlung von der goldenen Ader*, (Leipzig: Eyssel, 1729) posited that the Jews’ culinary reliance on garlic contributed to their increased tendency to hemorrhoids.

14. Elcan Isaac Wolf, *Von den Krankheiten der Juden* (Mannheim: bei C.F. Schwan, 1777), 84. Wolf often mentions his heavy debt to the Swiss doctor Samuel A. Tissot's *Von der Gesundheit der Gelehrten* (1768).

15. See the advisor and physician to the Emperor, Johann Kaspar Stunzer, *Ueber die goldene Ader für Unerfabrene in der Arzneiwissenschaft. Vermehret und mit einem Anhang von der Entstehungsart; von den unmittelbaren Ursachen der goldenen Ader; von den einfachen, und zuverlässigen Mitteln derselben vorzubeugen, und sie nebst einigen Zufällen gründlich zu heilen*, by Joseph Johann Mastalir. (Wien: Hörling, 1788), 5. See also Stunzer's editor, the physician Joseph Mastalir, 13, 146 and 155.

16. Franz May, *Die Hämorrhoiden. Den Freunden dauerhaften Gesundheit gewidmet*. 3d edition. (Mannheim: Schwan, 1780), 5 and 17.

17. Mastalir, 135 and 144; May 5 and 44; Stahl 110; Stunzer 24 and 92. Stunzer saw the disease resulting from a full-bloodedness caused by the limited movement between the vanity, the desk, the sofa, and the gaming-table, neatly linking the vain woman, the scholar, the slothful, and gambling noble (19).

18. G. W. Becker, *Die Hämorrhoiden. Ein guter Rath für alle, die daran leiden oder sie fürchten*, (Weißenfels: in der Böseschen Buchhandlung, 1804), 9; and J. W. H. Conradi, *Von den Hämorrhoiden*, (Marburg: In der neuen akademischen Buchhandlung, 1804), 57.

19. Becker; May 5 and 26–7; and Stunzer, 36. Thus, the stigma of deviant sexuality, be it hyper-, hypo-, or homosexuality, came to inform conceptions of the scholar and the Jew as early as the late eighteenth century.

20. Boyarin, 210–11. Thomas Laqueur notes that both Aristotle and Arateus the Cappadocian associated men's hemorrhoids with women's menstruation. See *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard Univ. Press, 1990), 37. In his study on Jews in the Middle Ages, Trachtenberg notes the ways that supposedly Jewish afflictions such as male menstruation, hemorrhoids, and sallowness all involved the loss of blood, a loss they allegedly replaced with Christian blood (50, 149).

21. Professor of Medicine and Chemistry at Erlangen, Georg Friedrich Hildebrandt, *Über die blinden Hämorrhoiden* (Erlangen: in der Waltherschen Buchhandlung, 1795), 78. Wolf agreed with this interpretation (52) as did May (5).

22. Mastalir, 139 and 144; Conradi, 57.

23. J. H. Jördens, "Etwas zur Diagnose und Heilart der Hämorrhoiden," *Journal der practischen Arzneikunde und Wundarzneikunde* IV (1797): 230–31.

24. Stunzer, 48 and 95.

25. She notes: "Interest in apertures and entrances, escape routes and invasions depends on the preoccupation with social exits. If there is no concern to preserve social boundaries, I would not expect to find concern with bodily boundaries . . . bodily control is an expression of social control." (Quoted in Rothkrug, 69).

26. LeJau quoted in Mitchell (251).

27. Joseph Rohrer, *Versuch über die Jüdischen Bewohner der österreichischen Monarchie* (Vienna: 1804), 129–30.

28. Whereas Central European Jewish culture tended to idealize the domestic, the public (and Christian) sphere became understood within the Jewish tradition as gentile. Daniel Boyarin notes the attractiveness of the Jewish man within Jewish culture: "The very qualifications that would render a young man fit to be a monk within European Christian culture—scholarliness, quietism, modesty and a spiritual attitude—are those that qualify him to be a husband in this Jewish culture" (63). Boyarin, like myself, refers in the main to East European/Ashkenazic upper-class Jewish culture. While Boyarin emphasizes that Jewish men's positions indoors made them seem feminized in the eyes of the dominant Christian culture, I want to emphasize the ways in which their effeminacy was linked to sickness, and thus implicitly rendered them similar to the new leaders of the public intellectual sphere.

29. Tissot, 61 and 101.

30. Ackermann, 61.

31. Ackermann, 174. See also D. Christoph Wilhelm Hufeland, *Die Kunst das menschliche Leben zu verlängern*, 2 vols. (Vienna: 1797), 2:22.

32. For example, the importance of one's sphere of influence permeates Knigge's classic *Über den Umgang mit Menschen*, a veritable how-to book for the up-and-coming bourgeois man.

33. See for example, Tissot, 64. For more generally on scholarly disease, see my dissertation, *Writing Masculinities Around 1800*. Diss. Cornell U, 1996. (Ann Arbor: Univ. of Michigan, 1997).

34. Quoted in Christian Konrad Wilhelm von Dohm, *Über die bürgerliche Verbesserung der Juden*, 1781, 2 vols. (NY: Georg Olms Verlag, 1973), 2:51.

35. Dohm 1:119, see also 1:143 and 2:259.

36. Rohrer, 30 and 129–30.

37. Rohrer, 164. See also Le Jau, quoted in Mitchell, 270.

38. Quoted in Israel Zinberg, "Moses Marcuse," *A History of Jewish Literature*, vol. 8 (Cleveland: Press of Case Western Univ., 1976), 165. Wolf also notes the dangers of too much study (29, 31, 33, 36, 38) and a lack of exercise (31). He often mentions the jaundiced complexion of Jews (12, 22, 31), as does Ramazzini note the pale color of scholars (399, 401). See also Leopold de LaFontaine, "Über die polnischen Juden, ihre Lebensart und gewöhnlichen Krankheiten." *Chirurgische medicinische Abhandlungen verschiedenen Inhalts Polen betreffend* (Breslau: Korn, 1792), 151.

39. Rohrer, 65.

40. Saul Ascher would also advocate less thought and more action for Jews, *Bemerkungen über die bürgerliche Verbesserung der Juden. Veranlasst bei der Frage: Soll der Jude Soldat werden?* Pamphlet, 1788: 79.

41. For a positively charged discussion of the meanings of the text and the letter in the Jewish tradition, see Aleida Assmann, "Prädisposition und Vorgeschichte. Schriftspekulation und Sprachutopien in Antike und früher Neuzeit," *Kabbala und Romantik* (Tübingen: Niemeyer, 1994), 23–41. She argues that while God was of flesh and spirit in the Christian tradition, he was of language and writing in the Jewish. Letters were not dead but living energies, and signs possessed magical materialities.

42. Selig was not alone in his discomfort with what appeared to be an overly intellectual religion. Rohrer comments: "As a Jew he knows much, as a person little . . . his knowledge in relation to the great physical and moral totality above and below the moon reveals a very limited mind that blindly follows the translators' demands of rabbinical sayings"—"Er weiß als Jude viel, als Mensch wenig . . . seine Erkenntnisse in Beziehung auf das große physische und sittliche Ganze über und unter dem Monde verrathen einen sehr eingeschränkten Kopf, welcher blindlings den Ansprüchen der Dolmetscher talmudischer Rabbinismen folgt" (127, see also 119 and 208). See also Wolf: "This sensitivity of the nerves is sustained by our own religious ceremony"—"Diese Empfindlichkeit der Nerven wird durch unsern Gottesdienst selbst unterhalten" (13).

43. G. Selig, *Geschichte des Lebens und der Bekehrung Gottfried Seligs, lect. publ. seiner drey Schwestern und einiger nahen Anverwandten, welche sämmtliche das Judenthum verlassen, und treue Bekenner Jesu geworden sind* (Leipzig: Hertel, 1775), 301–2.

44. Johann Friedrich Heinrich Selig, *Johann Friedrich Heinrich Selig, eines Bekehrten aus dem Judenthume, eigene Lebensbeschreibung* (Leipzig: Sommer, 1783), 88 and 107.

45. John Efron, "Images of the Jewish Body: Three Medical Views from the Enlightenment" *Bulletin of the History of Medicine* 69 (1995): 351.

46. Efron, 365.

47. This would also seem an implicit address to the raging debates on whether or not Jews could make good soldiers. See for example both Ascher and Dohm.

48. Moses Mendelssohn, "Vorrede. Als ein Anhang an des Hrn. Kriegraths Dohm Abhandlung: Ueber die bürgerliche Verbesserung der Juden," *Rettung der Juden*. Israel Ben Manasseh (Berlin: Nicolai, 1782), xxv.

49. Mendelssohn, xxxi. Rohrer's response, of course, is to ask what exactly Jews produce: "Now, however, the question arises, if the "doing" [Thun] of the Jews might be called promotion, instigation, facilitation, or is it merely just so much restriction [Beschneidung], exacerbation, aggravation?"—"Nun fragt sich aber, ob das Thun des Juden so viel, als Befördern, Veranlassen, Erleichtern, heißen dürfe, oder ob es vielmehr lediglich so viel, als Beschneiden, Verschlimmern, Erschweren sagen wolle?" (64).

50. Apparently, these ideas can be found as early as 1755 in his *Preacher of Morals*. David Sorkin, *Moses Mendelssohn and the Religious Enlightenment* (London: Peter Halban, 1996), 114.

