

Kashrut in hospital (1817-1919)

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Abstract. How guaranteed is the adherence to *kashrut* for the provision of meals to Jewish patients in our hospitals? In the city of Milan an experiment was conducted in 2000 at the San Carlo Borromeo Hospital and an agreement between the Lombardy Region and the Milan Jewish Community was drawn up in 2009. Was this problem addressed in the past? If so, what were the characteristics of the service? We can try to delimit the field of our analysis and define a time frame between two major war events: the Napoleonic wars and the First World War. We propose some experiences in the cities of Venice and Trieste. The current situation does not differ much from that of the 19th century. For the 19th century, the solutions adopted intervened in a context in which the respect for rights in generalist institutions was anything, but a given. The cited cases of Trieste and Venice represented models of reference and proposed themselves as advanced solutions for the protection of rights in the hospital and healthcare sector. However, their closure was influenced by economic sustainability, which even today affects health (and hospital) organisation and management. On the other hand, from the point of view of medical museology, the Venetian case reminds us that places can be integrated into routes for the enjoyment of medical historical cultural heritage. In fact, the area of the *Israelitic Ward* can be identified and could be reconverted to complete a Jewish Medicine Route within the Venetian hospital.

Key words: Kashrut, Istituto Generale dei Poveri di Trieste, Ospedale Civile di Venezia

Introduction

How guaranteed is the adherence to *kashrut* for the provision of meals to Jewish patients in our hospitals? Was this problem addressed in the past? If so, what were the characteristics of the service?

We can try to delimit the field of our analysis and define a time frame between two major war events: the Napoleonic wars and the First World War. We remember the problem of unification or the maintenance of particularities after the establishment of the Kingdom of Italy (1861) (1). This time frame occupies a large part of the 19th century: let us also recall the relevance of *kashrut* and hygiene regulations in a

general sense (2) and in the management of the 19th century cholera pandemic outbreaks (3- 6).

This topic has also an historical interest because the historiography mainstream always gives us a picture of rich Jewish Communities. In this case we focus on sick and poor Jews in hospitals and public health institutions.

Lombardy 2022

Law no. 101, 8 March 1989 about the regulation of relations between the State and the Union of Italian Jewish Communities (UCEI) is very clear in this regard when it defines the right to Jewish food prescriptions

(note 1). The condition prior to the drafting of the *Agreement* with the Italian Republic, crystallised since 1930, expressly contemplated only the protection of religious assistance (note 2). Nevertheless, the subject of our interest existed.

In the city of Milan an experiment was conducted in 2000 at the San Carlo Borromeo Hospital: at that time an agreement was signed between the hospital and the Jewish Community which took responsibility to afford of the economic burden of the meals.

The existence of a health structure of the Jewish Community certified by the accreditation system of Lombardy Region made the project possible.

The Project was fostered by the Medical Jewish Association.

Since the experiment had positive outcome, an agreement between the Lombardy Region and the Milan Jewish Community was drawn up in 2009 (7). Each hospital should subscribe a specific agreement, so that suitable preparation and administration of meals could be guaranteed. It was in the context that humanisation in hospitals was promoted.

Currently, in a generally outsourced meal supply regime, the supplying companies should also take over the administration of meals prepared according to *kasbrut* guidelines. The conditional has been used because it is not a matter of administering dietetically individualised meals, but of a much more complex adherence to practices determined by binding legislation. (note 3) However, since the matter is not precisely regulated, the reality may differ even considerably from the conventional and

contractual hypothesis, due to the obvious difficulties of checking on the actual compliance of the administration (note 4). Of course, we must also consider the different individual sensitivities to this problem, also related to the phenomenon of secularisation, and in any case, there do not seem to be any particular medical-legal disputes. In a city like Milan, the existence of Jewish welfare facilities (one thinks about residential homes for elderly people) capable of producing certified meals may reduce the extent of the problem.

During the COVID-19 the possibility to bring inside meals was not generally allowed for safety measures.

The current situation in Lombardy can be summarized in table 1.



Figure 1. Lombardy

Table 1. Meals supplying (august 2022).

Hospital	City	By Hospital (also by supplying company)	By Jewish Community
Fondazione IRCCS Carlo Besta	MILAN		X
Fondazione IRCCS Ca' Granda OMP	MILAN		X
ASST Valtellina ed Alto Lario	SONDRIO	X	
ASST Santi Paolo e Carlo	MILAN	X	X
ASST Papa Giovanni XXIII	BERGAMO	X	
ASST FBF e Sacco	MILAN		X
IRCCS Centro Cardiologico Monzino	MILAN		BY FAMILY MEMBERS
IRCC San Giuseppe	MILAN	X	
IRCCS Multimedica Sesto	SESTO SAN GIOVANNI	X	

Jewish institutions and non-Jewish generalist institutions

An initial differentiation must lead us to reflect on certain institutional characteristics. Where a *Jewish Hospital* existed, because of a significant Jewish community presence (note 5), the problem did not arise. Similar reflections were, of course, also valid in the presence of welfare institutions managed directly by specific institutions or structures of the Communities organised on a fraternal basis such as the Companies or the Fraternities: one thinks above all the residential homes for elderly people (note 6).

For the purposes of our analysis we are interested, however, in general care facilities and hospitals: was adherence to *kashrut* guaranteed for the serving of meals to Jewish patients? In the period of our interest, we propose some experiences in the cities of Venice and Trieste. In these cities there were both institutions run by the Communities (e.g., the Hospital in Trieste and the residential Home for elderly people in Venice) and generalist institutions (e.g., the General Institute for the Poor in Trieste and the Civil Hospital in Venice).

The main health and welfare structures in Trieste e Venice are reported in the table 2.

The differences refer to the assistance for the Jewish part of the population

Trieste 1817-1901

In 1817 a city welfare institution was set up in Trieste, which in 1818 would be structured under the name of Istituto Generale dei Poveri (8, 9). It was not any other year. We were coming out of the disastrous Napoleonic era with years of famine and pandemic (to use a modern term). Following Corradi (note 7), the year 1817 is characterised throughout the Italian peninsula by an upsurge of *typhus*.

The first initiative implemented was the provision of food, with the free distribution of the so-called *Rumford soup* (note 8). The following year, a building was allocated by the Civic Magistrate of Trieste, where not only food distribution could take place, but also where the needy could be accommodated and a pedagogical trade training could begin (note 9). In the

Table 2. Main hospitals and welfare institutions in Trieste and Venice (1817-1919).

Trieste	Venice
Ospedale Civile	Ospedale Civile
Ospedale Psichiatrico	Ospedale Psichiatrico
Ospedale Militare	Ospedale Militare
Lazzaretto	Lazzaretto
Ospedale per Contagiosi	Ospedale per Contagiosi
Ospedale Infantile	Ospedale Infantile
Brefotrofio	Brefotrofio
Ospizio Marino	Ospizio Marino
	Ospedale per Tubercolosi
Poliambulanza e Guardia Medica	
Ospedale Israelitico	
	Reparto Israelitico nell'ospedale Civile
Casa Di Riposo Israelitica*	Casa di Riposo Israelitica
Istituto Generale dei Poveri	Ospedaletto (Casa di Riposo)
Sezione Israelitica dell'istituto Generale dei Poveri	

*from 1920



Figure 2. Trieste

same year, the concentration of assistance in a single institution was achieved, and from 1819 it was given a financial endowment (11).

However, the characteristic that we are interested in emphasising is that the management of the *Istituto*

Generale dei Poveri reflected the co-presence of the city's various communities, being members by right

[...] *The Lords Parish Priests, and Heads of Communities of the different Religions in the City* [...] ((12) p. 247)

In this context, it was natural that those of Jewish affiliation should be guaranteed not only worship, but also meals prepared according to *kasbrut*. The simplest solution to the problem was to establish an *Israelite Section*, a specific place of residence within the Institute, equipped with its own kitchen.

The residence in the *Section* (with the associated meal intake) was accompanied by total integration for other daily activities. One thinks of the relevance of this fact, the work training of the young and very young people hosted by the *Institute*.

The decision to establish an *Israelite Section* was neither taken for granted nor unconditional: it also depended on the presence of guests who were to use it. In 1862, at the inauguration of a new, larger and more modern building (a building that still exists today), one of the Directors, doctor Shaul (Saul, Saule) Formiggini (1807-1873 (13- 15) retraced its history, observed from the particular point of view of the Jewish Community. He is a figure who left not ephemeral traces in medical historiography (16) and in the history of Trieste's care (11).

Formiggini was also an important figure in the history of the local Jewish Community, which he directed for a long time (let us remember that he was also Director of the Jewish Hospital of Trieste, founded in 1816 (17- 20), as well as in the history of Jewish culture in general. Indeed, he can also be remembered for having translated Dante's *Divine Comedy* into Hebrew; as Formiggini was alive, only the translation of the first *Cantica* was printed (21, 22).

Formiggini was among the promoters of an *Israelite Section* within the *Istituto Generale dei Poveri*, which is described as follows:

[...] *A special section had existed from the beginning for the poor Israelites, and this was enlarged in the new building, in consideration of the growing need and the reflexive sums that the Israelites bring in,*

who even in the exercise of charity are second to none. They enjoy a separate kitchen to fulfil the duties of their own rite[...] ((11), p. 67)

The life of the Jewish Section of the General Institute for the Poor was not easy, not least because the number of young people being cared for dwindled over time: the problem of the institution's attractiveness emerged.

In 1874 there were vacancies of places, and the existence of the *Section* began to be questioned. Twenty years later, in 1894, the residence of the young Jews in a physically separate place was evaluated negatively, and it was decreed to be closed, but the specific provision of food prepared according to the dictates of *kasbrut* was maintained.

In 1901 the 1894 resolution was put into practice, and the acceptance of young Jews was stopped

[...] *unless their parents were content to let them share with other Catholic boys. Thus, the antiquated section would die out by itself, without dismissals, without expulsions, without any harshness[...]* ((11), pp. 194-195)

An experience, that Formiggini had defined in 1862, came to an end

[...] *the first example, not of religious tolerance [...] but of the brotherhood of citizens [...] to assist each other, without distinction of religion [...]* ((11), p. 69)

Let us remember that Formiggini's words were spoken before 1867, the year of emancipation.

Beyond the relevance for the protection of rights (in our case, the respect for the right to a diet in accordance with tradition and legislation), it is precisely the theme of emancipation, integration, assimilation that stands out for our observation.

In this context, the *crisis* of Jewish welfare institutions could also be an expression of the desire not to differentiate themselves from other citizens, so as not to jeopardise the rights of civil equality (23).

Even though relations between the *Istituto Generale dei Poveri* and the city's Jewish Community had



Figure 3. Venice

not always been idyllic, precisely because of the preparation of food according to *kashrut* guidelines for the *Jewish Section*, this had nevertheless been achieved, mainly thanks to the contribution of the Jewish Community (23).

Tullia Catalan reminds us that in 1894, faced with the prospect of the closure of the *Jewish Section*, the leadership of Trieste's Jewish Community asked for information from co-religionists in Venice (23).

The situation could be described as specular, and we can analyse it.

Venice 1832-1919

The reply that the leadership of the Venetian Jewish Community addressed to Trieste pointed out that there was no equivalent of the *Israelite section* of the *Istituto Generale dei Poveri*, but an Israelite ward was activated at the Civil Hospital (23).

In fact, in 1832 a separate special ward for the sick poor Israelites had been set up within the Venetian Civil Hospital (24). The jurisdiction of the *Fraterna di Misericordia e Pietà* was exercised over the spaces, and its statute foresaw among the functions of the Custodian

[...] to cook and prepare food for the sick Israelites in the hospice with the respect of religion [...] (24).

The activity was guaranteed by specific agreements, which charged the *Fraterna* with the preparation of meals (24).

As already mentioned, the Venetian situation could be defined as mirroring that of Trieste.

The Venetian Civil Hospital, by its very nature, was intended for acute patients; in the case of chronic or chronic illness, how could the right to meals prepared according to *kashrut* principles be guaranteed?

The solution adopted was to accommodate the chronic patients in the *Ward* as well, since the spaces could permit this. This was a *de facto* situation, but everyone was aware that necessity could overcome strict adherence to regulations.

The *Ward* functioned regularly for eighty years: only between 1911 and 1913 was it decommissioned for contingency reasons.

However, the end was in sight also for the Venetian experience: at first, two rooms (one female and one male) were allocated to care for the sick with medical forms in two separate wards, while those with surgical forms were cared for in the common wards.

Then came the war, with the bombing of the hospital on 14 August 1917 and the events that followed the retreat of Caporetto. The food preparation officer had also moved from Venice.

Thus, to make space for the Physio kinesitherapy department, the *Ward* was abolished in 1919, but the right to meals prepared according to *kashrut* principles was retained.

Venice 2022: a Jewish Medicine Route

From the point of view of medical museology, the Venetian case reminds us that places can be integrated into routes for the enjoyment of medical historical cultural heritage. In fact, the area of the *Israelitic Ward* can be identified and could be, at least in part, reconverted to complete a Jewish Medicine Route within the Venetian hospital, which has already been partly realised (25).

It could be described in this way

In Hospital entrance hall (number 1 in the map) some plaques are devoted to Jewish patrons. After 1938 fascist authority erased their names and only in

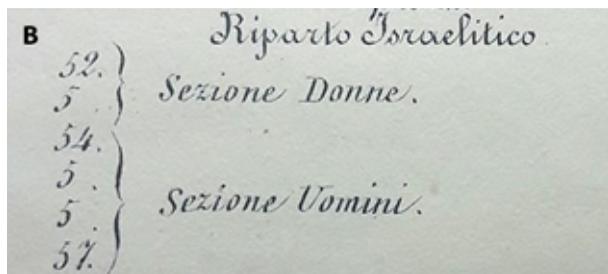
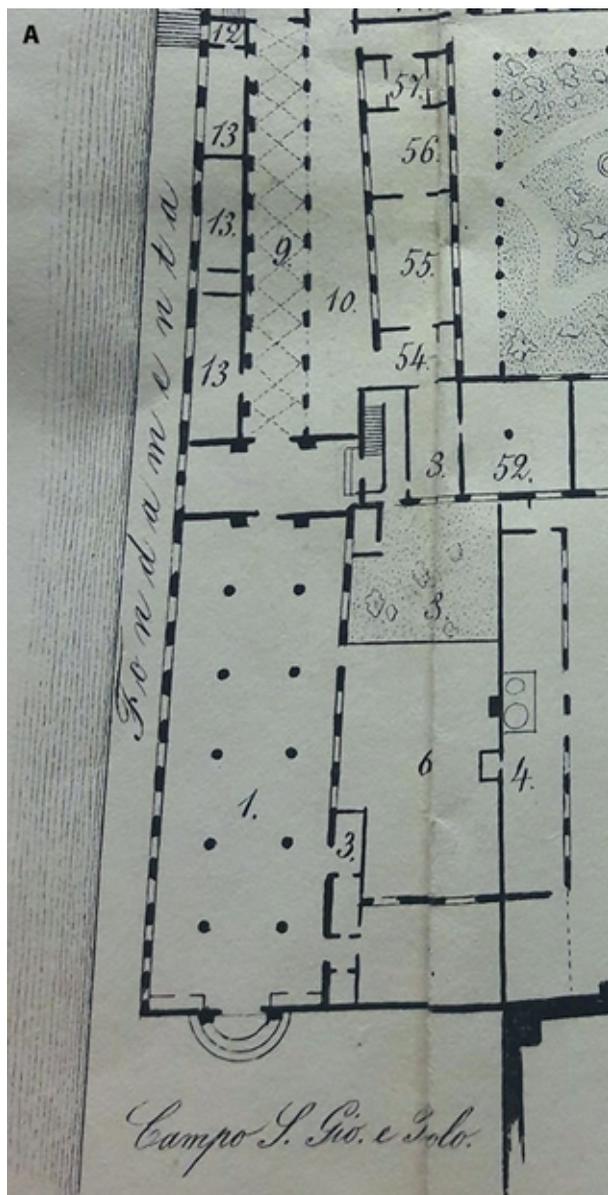


Figure 4 a-b. Map of Israelitic Ward (Civil Hospital, Venice) (from number 52 to number 57 in the map).



Figure 5. (Civil Hospital, Venice). Plaque devoted to Jewish patrons (Civil Hospital, Venice).



Figure 6. The seat of the Jewish ward (Civil Hospital, Venice).

2013 they were engraved again, but maintaining the traces of previous erasure.

In the following hallway on the right it is possible to recognize the area devoted to the Jewish ward (from number 52 to number 57 in the map).

On the left it is possible to see the Umberto Savaral 's memorial plaque (1893.1957) chief of the dental ward who was able to avoid the Shoah (5)

A Stumbling block was placed in 2018 to recall the Jewish patients which were deported from hospital to nazi extermination camps.

Other plaques were devoted to the Jewish medical doctors which were removed by the fascist authorities

were replaced in the monumental part of the St Domenico's hallwall,

Finally in the pavillon which was newly renovated and devoted to Giuseppe Jona (1866.1943) [26] who preferred suicide instead to give to nazi soldiers the lists of Venice Jewish, a plaque remember this heroic figure.

The historical pathway devoted to the Jewish presence in the Venice Civil Hospital is defined in its general lines and it could be completed by a preparation of a permanent exhibition devoted to history of the Jewish Venice medicine.

Special places for this exhibition would be just the rooms of the historic Jewish ward.

Conclusion

The historiographical mainstream has given valuable volumes devoted to the illustration of the cultural real and intangible heritage of the Jewish Italian communities (27).

If the health assistance topic is taken into account, it is expressed as the history of each institution.

The figure of *Shoet* and its role in the life of the community was discussed in depth (28) but seldom it was underlined the organization of the meals' delivery according to the rules of *kashrut*.

In the period we considered the example of the Civil Venice Hospital seems to be essential also for the documentary traces in recent time posted (24).

Then, as now, we seem to be witnessing a singular form of protection of a right, which could be defined with the concept of a *right yes, but at one's own expense*. The indispensability of the existence of a city institution that could prepare and administer certified meals must also be emphasised.

For the 19th century, the solutions adopted intervened in a context in which the respect for rights in generalist institutions was anything, but a given. The cited cases of Trieste and Venice represented models of reference and proposed themselves as advanced solutions for the protection of rights in the hospital and healthcare sector.

However, their closure was influenced by economic sustainability, which even today affects health (and hospital) organisation and management.

Finally we can consider the situation of who dines those meals; the poor, the sick who needed the social, health, and hospital assistance.

At the end from the point of view of the medical museology, the Venice case seems to be unique: we have the possibility to follow a Jewish itinerary in a place that actually is the hospital of Venice and it is modern and in use.

The history, the culture and the memory fit in the exercise of the 21th century's medicine: all of them help health and welfare.

Notes

1. Article 7. 1. *Membership of the armed forces, the police or other assimilated services, confinement in hospitals, nursing homes or public care homes, and stay in prevention and punishment establishments may not give rise to any impediment in the exercise of religious freedom and in the performance of religious practices. It is recognised that Jews in the conditions referred to in paragraph 1 have the right to observe, at their request and with the assistance of the competent Community, Jewish dietary prescriptions without charge to the institutions in which they find themselves.*
2. Royal Decree 28 February 1930, no. 289. Norms for the implementation of Law n° 1159, 24 June 1929 on cults admitted in the State and for the coordination of it with other State laws. Art. 5. *Ministers of cults admitted in the Kingdom may be authorised to attend places of care and retreat to provide religious assistance to in-patients who request it. The authorisation is given by the person who oversees the administrative management of the place of care or retreat and must indicate the methods and precautions with which the assistance is to be provided.* Let's note the designation of the concepts of *modalities and precautions*.
3. This may also apply to members of other communities: one thinks of the provision of *halal* or vegan meals.
4. One of the risks is that the concepts of a vegan meal and a meal prepared according to *kashrut* guidelines de facto overlap and eliminate the latter.
5. We conventionally use the modern term of *Jewish Community*, taking for granted the period name of *university* or the attribute *Israelite*.
6. At the time of the promulgation of the Law No. 101, 8 March 1989, some institutions retained legal personality: Art. 21. 1. Other Jewish institutions located in Italy may be recognised as legal persons for civil effects, insofar as they

have religious or cult purposes, according to Article 26, paragraph 2, letter a), and are approved by the Community competent for the territory and by the Union. Their recognition shall take place by decree of the President of the Republic, after hearing the opinion of the Council of State.

2. The following institutions with religious purposes, which also carry out activities other than those referred to in Article 26, paragraph 2, letter a), retain their legal status: a) Jewish Children's Homes - Rome; b) Jewish Hospital - Rome; c) Home for poor and invalid Israelites - Rome; d) Italian Jewish Orphanage "G. e V. Pitigliani" - Rome; e) Jewish welfare and social service deputation - Rome; f) "Settimio Saadun" Jewish hospice and hospital - Florence; g) "Società israelitica di misericordia" - Siena.

3. The Jewish institutions and entity that acquire or maintain legal personality, in accordance with this law, take on the status of civilly recognised Jewish institutions. Some of these institutions fall within the characteristics considered in our analysis. Several other institutions were deactivated on the same occasion: Art. 23. 1. With the entry into force of this law, the following institutions shall be abolished: a) Pio istituto Trabotti - Mantova; b) Opere pie israelitiche - Torino; c) Compagnia della misericordia israelitica - Vercelli; d) Asilo infantile "Levi" - Vercelli; e) Opera pia "Foa" - Vercelli; f) Pia opera di misericordia israelitica - Verona; g) Opera pia Moisé Vita Jacur - Verona; h) Opera pia Carolina Calabi - Verona; i) Pia scuola israelitica di lavori femminili - Verona; l) Opera pia beneficenza israelitica - Livorno; m) Opera pia Moar Abetulo - Livorno; n) Opera del tempio israelitico - Bologna; o) Opere pie israelitiche unificate - Alessandria; p) Istituto Infantile ed elementare israelitico "Clava" - Asti; q) Congregazione israelitica di carità e beneficenza - Asti; r) Opera di beneficenza israelitica - Casale Monferrato (Alessandria); s) Ospizio marino israelitico italiano "Lazzaro Levi" - Ferrara; t) Ospizio marino israelitico - Firenze; u) Opere pie israelitiche - Padova; v) Fondazione Lelio professor Della Torre - Padova; z) Istituto per l'assistenza agli israeliti poveri - Merano.

2. The suppression of other civilly recognised Jewish organisations may be ordered by resolution of their respective administrative entities to be adopted within twelve months from the date of entry into force of this law.

3. The patrimony of the institutions suppressed in accordance with paragraphs 1 and 2 shall be transferred to the Communities to which they belong.

4. The transfers and all the acts and fulfilments required by law shall be exempt from any tax and charge if carried out within eighteen months from the date of entry into force of this law. Even in this list of suppressed institutions, some could fall within the characteristics considered in our analysis.

7. Alfonso Corradi (1833-1892), a distinguished member of the Universities of Bologna and Pavia (he would also be their Rector), a physician, historian, and professor of medicine (pharmacology) at those universities, was the author of still topical historiographical contributions, both of a general and special nature; both national and local. His library collection (Fondo Corradi) represents one of the main

endowments of medical-surgical texts in the Biblioteca Nazionale Universitaria in Pavia. He was the author of a fundamental and monumental work on the history of the epidemics that afflicted the Italian peninsula from the earliest times until 1850 (10).

8. The soup was based on barley, peas, potatoes, white bread croutons, vinegar, and salt quantum satis. Such a food composition could pose few problems as far as our analysis is concerned.
9. This is the model of the *Pie Case di Lavoro ed Industria*, also widespread throughout Lombardy and Veneto (or the Lombard-Venetian Kingdom, at the time of its establishment).

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