

## THE ODDEST THING ABOUT THE JEWS

By

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**T**HE essential difference between Jew and non-Jew has been often sensed, less often clearly discerned. Physically, there has been enough distinction in the Semitic physiognomy to prompt that common remark, "He looks Jewish," even though the object of that expression was an Italian or a Syrian. Yet neither the beard, nor a hooked nose, nor curly hair are exclusively Jewish adornments. Psychologically, a curious obsequiousness of behavior and clannishness of relationship have been thought to be distinguishing features of the Jew. Yet all these are relatively inaccurate impressions by comparison with a truly irrefutable distinction in *vital* makeup which exists and which really characterizes him. Rarely has the contrary nature of the Jew in a basic and organic sense been suspected, let alone proved, until the comparatively modern science of vital statistics forced the truth of this disparity upon us.



Moses

Even the modern Jewish youth in college would be most reluctant to admit the existence of any such gross physical dissimilarity between himself and his Gentile schoolmate. He might, indeed, resent such implication with the echo of Shylock's protest:

"Hath not a Jew eyes? hath not a Jew hands, organs, dimensions, affections, passions? fed with the same food; *subject to the same diseases, healed by the same means . . . as a Christian is?*"

**N**EVERTHELESS, medical science does not regard Shylock's question as being merely rhetorical. That the Jew is not "subject to the same diseases as a Christian is" becomes increasingly apparent with every contribution to racial demography; in fact, the vital statistics show the Jew to be so peculiar in expectation of life, and in both the diseases to which he is susceptible and the immunities which he enjoys, that he presents a unique risk, and might almost be entitled to a separate schedule of premium rates.

The distinctive health record of the Jew of today is largely but a fragment of his biologic record. Like the story of the evolution of an animal species, which is revealed by the imprint on rock or by the growth of an embryo, the history of a race is often disclosed by characteristics embodied in its members; and, in the case of the Jew, these



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traits reflect the unmistakable traces of an age-long persecution. The small stature, the slight physique, and the proverbial excitability of the Jewish race eloquently tell the tale of the past 2000 years. Certain health hazards which are incident to being a Jew are likewise the results of that peculiar racial experience, and though these are less obvious than his bodily characteristics, they are nevertheless more definite than the alleged curl of his nose.

Diabetes, for example, is notoriously a Jewish disease, approximately one fourth of the members of the facetiously termed "Diabetic Club of America" being Jews. Accurate records gathered the world over, from Leningrad to New York, thrust upon the Jews the unenviable distinction of having two to six times as many diabetics as any other race on the face of the earth. Obese individuals are the usual candidates for this affection, and obesity is far from rare among Jews.

**N**ERVOUS ailments have also been found to rank high among the afflictions of the Jews, and these, to some extent, account for many of the aberrations of behavior which non-Jews so quickly perceive about them. That the Jews are the most nervous of all civilized peoples has been established as almost axiomatic in the medical profession. It has been observed, for example, that the condition known as hysteria, which is but an unbalanced emotional state, presents its protean form more frequently in the Jewish element than anywhere else in the population, while a host of related functional derangements of the nervous system are met with two to three times as often among Jews as among any other group. In this light it is not surprising to note, as did a leading insurance company, that the suicide rate among the Jews of Prussia (even before the Hitler régime) was equal to the combined rate for the other two religious confessions in that region.

Not only in nervous diseases, but wherever nerve influence is a factor in disease, the Jew bears the brunt of the attack. Physicians know, for example, that Buerger's disease, which causes cramps of the legs, and angina pectoris, which causes excruciating pains over the heart, are both diseases which are more frequent among Jews than non-Jews. They know, too, that near-sightedness is more common in Jewish children, as is hardening of the eyeball (glaucoma) among Jewish adults; and that a certain form of idiocy with blindness is exclusive to Jewish infants. Recently they have found that a certain facially coarsening and disfiguring glandular disease known as acromegaly affects Jews inordinately, as does a certain enlargement of the spleen known as Gaucher's disease.

**J**UST why the Jews are most susceptible to these diseases will become apparent further on. Suffice it to say here that their diabetic and nervous heritage dates back almost to the exile of the Hebrews from their ancient Homeland (70 A.D.).

Just as there are conditions to which the Jew is definitely predisposed, there are many against which he is as definitely protected. In former years the infectious diseases were the prime causes of death, and it was in relation to these



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that the Jew enjoyed his greatest immunity. Today the cardinal causes of death are: heart disease, Bright's disease (nephritis), pneumonia, cancer, and tuberculosis; and these, to various degrees, are the chief causes of death in all civilized communities. In localities where comparative statistics for religious faiths are collected, the data indicate that the Jews apparently have a somewhat lower mortality from the dread heart and kidney diseases than the general population in the same localities. In Budapest, for example, the Jewish mortality rate from the degenerative heart and kidney affections has been reported as two thirds and four fifths, respectively, that of the rest of the population. Somewhat similar figures obtain in Russia and other European localities, where such records are available, although such data are as yet too scant to be entirely reliable.

But it is in the realm of the infectious diseases that the Jewish mortality experience is really outstanding. Measles, smallpox, diphtheria, cholera, and the like claim only half the toll of lives from among the Jews as from an equal number in the general population affected. In the history of the world there have occurred repeatedly widespread epidemics, which seem to have swept through the land with the severity of the memorable plague of the Egyptians, and which likewise "slew very many of the first-born in the Kingdom of Pharaoh, yet spared the children of Israel." Typical was the cholera epidemic of Russia, in the late war, when the relative death rates from this disease were 29 for non-Jews; 6 for Jews. Recent European statistics accredit the Jews with only one tenth of the smallpox mortality, one fourth of the scarlet fever and diphtheria mortality, and less than half of the measles mortality observed among the other peoples in the same communities. Noteworthy in this connection, too, is the fact that venereal infection is said to occur in the Jew one fourth as often as in Gentile.

**PNEUMONIA** is the most dreaded and fatal of all acute infectious diseases, ranking third among the chief causes of death in the American experience, being outranked only by heart disease and cancer. Yet pneumonia, often regarded as "captain of the men of death," orders Jews to the grave only half as often as it does their neighbors. Perhaps it is in the deliverance from the dreaded toll of the infectious diseases that the Jews still merit some claim to their ancient title, "The Chosen People."

While the infectious diseases are becoming less prominent among the causes of death, cancer is becoming more and more conspicuous. Cancerous conditions rank today as the second leading cause of death among women of middle age in this country. Most frequently the site of such growths in women is in the pelvic organs, such tumors constituting 15 percent of all cancers in this sex. When comparative racial experiences with cancer were recently compared the amazing discovery was made that fatal cancer of the uterus is less than one fourth as frequent among Jewish females as among the general population. The lessened susceptibility of the Jewish women to these relatively common malignant growths makes quite a fa-



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Painting by Betty Byrne, courtesy of *Asia*

**A Chinese Jew.** Contrary to common belief, Jews mix with all races

avorable showing in the general mortality experience of the race.

Among the "Big Five" of the fatal powers which stalk among the American people, tuberculosis is still present and potent. Public health measures have done much to lessen the ravages of the white plague in this country; still, this malady is of great importance, and takes off a disproportionate number of the population. Yet, in this country, as in the world over, the ranks of the Jews are decimated less often by the ravages of tuberculosis than those of their neighbors. It is curious that from the earliest times the Jews were never too gravely affected by this malady. There are no ancient Hebrew words for "cough" or for "tuberculosis." Today the consumptive death rate among the Jews throughout the world is about half that among their neighbors, while in the city of New York the Jewish population has only about one fourth the tuberculous mortality observed among the Italians and Irish. The fact that the Jews less frequently die from these most formidable and fatal diseases, notably the dread infectious diseases, makes the usually cited freedom of the Jew from the pork-tapeworm infestation pale into puny insignificance.

Just why is the Jew so peculiarly predisposed to certain diseases? Why for instance does he bear the brunt of diabetic and nervous affliction? The answer lies chiefly in his racial history, and partly in his mode of living. That the Jew is the most nervous of civilized races is probably a legacy from his days of persecution. For centuries he had known the lot of inquisitions, pogroms, and discriminations. For generations, too, his people had been forced to herd together, to live and work within the confines of the crowded Jewish quarter—the "ghetto"—and in this herding process family ties were not merely preserved, but intimately welded. Marriage was virtually limited to members within the small group, both by the restrictions of Hebrew law and by the compulsion of the anti-Jewish oppression. In the space of a few generations quite a large number of the Jews in any given community became related to each other through more or less consanguineous marriage.

It is this close mating, technically "inbreeding," that developed the biological type known as the "pure-bred Jew." That this racial type is occasion-



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ally a high grade product is a fact frequently cited in favor of inbreeding. But there are terrible compensations for such superiority—for close blood marriages, while they intensify the desirable qualities, likewise exaggerate the defects in the offspring. The factors of inheritance add up both ways to increase the power of whatever traits exist in a family. Should a superior intelligence exist, that would tend to be transmitted to the child of such consanguineous marriage. On the other hand, if there were a tendency to nervousness or to insanity, that tendency might bloom too often as a glaring certainty in such offspring. Whether the “ace” or the “joker” will be dealt out of such family shuffles is a circumstance beyond certain prediction. The effect of this uncertainty is apparent in the Jewish race, into which many great characters have been born among a goodly sprinkling of unstable and neurotic individuals.

**T**HERE are other effects of this herding process. Jews have developed in the course of centuries a defensive group-consciousness and a keen sense of family devotion. To this day the unique family relationships of the Jew shape his mind, his way of thinking, and even his mental aberrations. Dr. Brill, the psychiatrist, has pointed out the effect of an excessive “familialism” in the Jew. He observed that the tendency of the Jew to be overattached to his own particular group is a force which often contributes to his mental maladjustment. Because of such deep-rooted family loyalties the adolescent Jew often fails to make a proper social adjustment when he takes his place in the larger adult world. Failing to find the accustomed profusion of solicitude in his new environment, he retreats into himself and becomes an introvert. Thus he becomes a candidate for a neurosis or a frank psychosis. Apparently these factors have not been properly appreciated by those who perceived only the obvious clannishness exhibited by Jews as a race.

Often the tendency to nervous affliction which exists in the Jews is activated by the occupations which they follow. They have not, in the main, engaged in agricultural or other manual pursuits. Their choice of occupations in the past was conditioned both by their slight physical endowments and by the insecurity of life in a hostile community. The constant danger of expulsion precluded the possibility of any great attachment to the soil. For these reasons they have since earliest times engaged in pursuits demanding somewhat more of brain than brawn. They have always pursued business with a characteristic zeal, and this fact has probably played some part in weighting their mental burdens. The likelihood of mental breakdown under competitive economic stress is rendered all the more probable among offspring of a long line of consanguineous ancestors who were for the most part endowed with delicate mental mechanisms. Krafft-Ebing noted long ago that the nervous vitality of the Jewish race has therefore apparently diminished and that they may, therefore, expect an increasing share of the mental diseases, which run side by side with the advance of civilization.

**I**N explanation of the Jewish predisposition to diabetes, several factors con-



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tribute. The chief factors in the production of the diabetic state are obesity and sedentary occupations. The Jews are committed to both. Because worry and anxiety play predisposing rôles in this disease, it is readily understood why a train of diabetes has in the past followed in the wake of every business depression. This fact has been aptly expressed by the Jewish adage: "On Broadway, when business takes a fall, diabetes takes a rise."

The immunities to disease, like the predispositions exhibited by the Jewish people, are likewise not mere chance phenomena but have been developed through a most ruthless process of natural selection in past centuries. The armor against infection which the Jew has acquired has been strengthened by the hygienic mode of life which is his ancient heritage and, paradoxically, by life in crowded cities.

The infectious diseases, particularly tuberculosis, take their greatest toll among rural inhabitants who are exposed for the first time to urban conditions. This fact was well demonstrated during the World War, when almost as many deaths resulted in American training camps, where the boys from the country were brought together with those from the city, as upon the European battlefields where they met the enemy. Epidemics of influenza, measles, mumps, scarlet fever, meningitis, and the like swept the camps like wildfire, and those affected with greatest severity were those who had not been exposed to these diseases during childhood.

The Jews, however, who are the children and grandchildren of town dwellers, have already built up an effective immunity to these infections. For 200 years they lived almost exclusively in cities, often packed into ghettos, under which conditions those who were predisposed to tuberculosis, and the like, succumbed; the many who survived left a progeny likewise refractory to the disease. "The American Jew's advantage in respect to the contagious diseases lies in the fact that his ancestors have already been exposed to infections, not only in past centuries but even in comparatively recent-day Europe; for the Jewish immigrant," as Dr. Fishberg observed, "does not make any material change in his milieu by changing his abode from eastern Europe to America. He lived there in a city, and settles here again in a city. He worked there at an indoor occupation and does the same here. He lived there in overcrowded quarters, and moves here into a 'double-decker' tenement."

**T**HE relation of city life to active immunity against the infectious diseases was strikingly demonstrated in Palestine after the late war, when for the first time the city-bred Jews of Europe began commingling with their hitherto rural brethren, the Jews of Yemen. Tuberculosis at once ran rampant among the previously unexposed Yemenites, at the same time sparing the European group. A more diabolical experiment could hardly be contrived to prove that not race, but city life confers the peculiar kind of immunity which the Jews enjoy in relation to tuberculosis.

Undoubtedly there are other factors which play a part in this immunity, such as the mode of living and the habits of



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eating and drinking. As a rule the Jew has subsisted on inspected "Kosher" foods, has been always temperate in regard to drink, has avoided outdoor occupations in rigorous climates, and has always sped to the doctor with every slight (and even imaginary) ill—with the consequence that he has altogether avoided many struggles with serious acute illness. That the Jewish resistance is not entirely inherent becomes evident when one notes the effect of social conditions upon the so-called "racial" immunity. Intermarriage, for example, does not seem to increase the Jewish susceptibility to the "white plague."

After observing the conditions which add to or detract from the chances of life afforded to the Jew, it is natural to inquire: "In whose favor does the balance lie?" "How does the expectation of life among the Jews differ from that among the other people?" In so far as vital statistics can give an answer, the advantage is distinctly on the side of the Jew. The chief causes of death molest the children of Israel but little as they cross the bridge of life. The mortality rates of the Jews, *at all ages*, are relatively and absolutely lower than those of the people among whom they live. Owing chiefly to their immunity from the infectious diseases, the Jews lose relatively fewer children and bring more to maturity than their neighbors. Dr. Billings, one time Surgeon General of the United States, pointed out that "The average annual death rate (7.1 per thousand) among Jews is little more than *half* of the annual death rate among other persons of the same social class and conditions of living in this country," and that "*the Jewish expectation of life at each age is markedly greater than that of the class of people who insure their lives; the average excess being a little over 20 percent.*"

**I**t is only because of this remarkable tenacity of life that the Jew has survived the 2000 years of persecution which he has encountered. He has, in fact, emerged from his buffets and his wanderings, a first class insurance risk!

Whether the balance of life will remain in favor of the Jew is problematical. To the extent that his immunities are inherent in the race, they will be handed down into his children's children. Intermarriage alone can diminish the extent of purely *racial* protection, and intermarriage is already far from a rarity. Perhaps it is a wise plan of Nature that the Jew, as his life becomes easier and free from oppression and as he therefore needs no additional biological defenses to survive, should turn to assimilation, and so lose this type of protective armor. As we follow the gradation from the purebred or "inbred" Jew of Russia to such "interbred" varieties as are found in Germany, England, and the United States, we perceive that the tenacity of life of the Jew and his resistance to certain diseases gradually diminish as we proceed from east to west. To the extent also that the Jew adopts the mode of life of his Gentile neighbors, follows similar occupations, eats and drinks to the same quality and extent, and even develops the same psychology—to that extent does he likewise approach their vital capacities. Wherever the Jew is thus commingling with the people among



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whom he lives, he gradually loses his hygienic "racial characteristics" and his comparative demography presents no peculiarities. He is then hardly a "preferred risk."

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