

The Rabbi Who Ate on Yom Kippur: Israel Salanter and the Cholera Epidemic of 1848

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Abstract

Rabbi Israel Lipkin (1810–1883), better known as Rav Yisrael Salanter, an outstanding religious and ethical leader of nineteenth-century Lithuanian Jewry, made a celebrated and deeply controversial decision in the fall of 1848. As a devastating cholera epidemic reached its peak just as the solemn fast of Yom Kippur was approaching, Salanter publicly advocated eating on Yom Kippur, so that his community would not be made more vulnerable by a day of fasting. While Salanter was an innovator in many areas of Jewish thought, his attitude toward Halacha, the canon of Jewish law, was based upon traditional sources and authorities. In order to analyze this controversial episode in Eastern European Jewish history, it is important to consider the impact and contemporary understanding of cholera in the context of how infectious disease and life-saving interventions are treated in Halacha.

YOM KIPPUR, 1848

The second of eight cholera pandemics lasted from 1829 to 1852, spreading through all of Europe, and leaving a trail of devastation across much of Russia and the surrounding regions.^{1, 2} In contrast to the waxing and waning character of the contagion in Western Europe, the infection spread continuously in Eastern Europe and

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Russia throughout the mid-nineteenth century, killing millions in the process.^{2, 3, 4}

Rabbi Israel Lipkin (1810–1883), better known as Rav Yisrael Salanter, was an outstanding religious and ethical leader of the Lithuanian Jewish community at the time.⁵ Vilnius, or Vilna as it was known to Jews, the city where he lived and taught, had been hit hard by cholera in the summer of 1848. In the early fall, as the fast-day of Yom Kippur approached, he was concerned that fasting would make the community more vulnerable to the disease.^{5, 6}

Rabbi Lipkin's reported decision was to publicly advocate the suspension of the fast that year, an ad hoc public health measure that left a long trail of controversy. The following account of the incident is excerpted from "Three Who Ate," a short story published nearly eighty years later in which the episode is dramatized:

It is Atonement Day in the afternoon. The Rabbi stands on the platform in the centre of the Synagogue, tall and venerable . . . [The] people are waiting to hear what the Rabbi will say, and one is afraid to draw one's breath. And the Rabbi begins to speak.

His weak voice grows stronger and higher every minute, and at last it is quite loud. He speaks of the sanctity of the Day of Atonement and of the holy Torah; of repentance and of prayer, of the living and of the dead, and of the pestilence that has broken out and that destroys without pity, without rest, without a pause—for how long? for how much longer?

. . . and I hear him say: "And when trouble comes to a man, he must look to his deeds, and not only to those which concern him and the Almighty, but to those which concern himself, to his body, to his flesh, to his own health . . . There are times when one must turn aside from the Law, if by so doing a whole community may be saved. With the consent of the All-Present and with the consent of this congregation, we give leave to eat and drink on the Day of Atonement."⁵

According to this account, Salanter openly flouted a community norm by eating on a solemn fast-day; no doubt, his reputation for exceptional piety was instrumental in giving him the credibility to do so. From a legal standpoint, the episode set a precedent for abrogation of the fast as a precautionary measure against illness. As such, it also attracted the attention of legal antagonists, who polemicalized against it in the years that followed. Among them was Rabbi Betzalel HaKohen, a senior rabbi and jurist, who wrote, some twenty years after the event:

It is my obligation to make it known for all generations this great matter—that for three successive years greater than 12,000 men and women who fasted [on Yom Kippur during the cholera epidemic] throughout our lands and no ill befell any of them—and this was known to virtually the entire world at the time.^{7, 8}

The somewhat dramatic account cited above was a response to then alleged timidity and hesitancy on the part of the other rabbis in Vilna to take the necessary steps. While there is an inherent bias in the Talmudic sources in favor of violating the fast for even a suspected danger to life, such an action on a mass scale is not discussed directly;⁹ and few were willing to endorse such an unusual move. In fact, Salanter's decision was regarded as so radical in some circles that further embellishments of the story cast him as a virtual crusader against the rabbinic establishment, sanctioning the violation of the Sabbath during the epidemic and even threatening to overturn legal rulings of the rabbinic courts.^{6, 10}

It should be noted that there are serious questions regarding the historicity of these stories.^{5, 6} Most published accounts, including the short story excerpted above, were based upon second- and third-hand sources, almost never with input from those who were alive at the time.¹¹ Some are from individuals at ideological odds with Salanter's traditional beliefs, who undoubtedly altered the account

to serve their own agenda. For example, it has been argued that the story is actually based upon a prank, during which secularists posted a forged letter from Vilna's leading rabbis that gave wholesale permission to eat on Yom Kippur.¹¹

In an alternative version of the story, Salanter acted in cooperation with the other rabbinic authorities to encourage a shortened service that would allow worshipers to spend time outdoors in the fresh air.^{6,11} Cake was available in a side room, and individuals who felt weak were encouraged to taste a small amount. In this account, Salanter took the somewhat less radical step of encouraging a minor modification of the fast, and only for the infirm. What is noteworthy here is the public and widespread encouragement of that step, which went somewhat beyond what the other authorities were willing to permit. It is easy to see how this could be the kernel of truth within the other, somewhat embellished, accounts.¹¹

Whatever actually transpired, much of what was written both in support of Salanter and against him reflects differing ideas about the extent to which the fast could be compromised for uncertain public health goals. A limited number of primary sources produce a vast spectrum of opinions about violating the fast as a preventative measure. The reputation of the protagonist is clearly emblematic of the importance of this issue.⁵ In fact, the episode is widely quoted in popular works on Jewish law as a prime example of how well-intentioned religious objections must be suppressed in the face of pressing medical need to violate a prohibition.^{12,13}

RABBI ISRAEL SALANTER

Israel Salanter was a unique personality within the world of Lithuanian Orthodoxy because of his achievements in traditional scholarship and, more famously, his development of an innovative psychology of ethical and religious development. The social and religious milieu in which he lived and taught was a culture under siege, both from the relentless anti-Semitism and hostility of the Russian government and the surrounding populace and from the

Haskala (Enlightenment), a modernizing movement that took on a stridently anti-religious tone among many young Russian *maskilim*, as its adherents were called.^{5,6}

Salanter's innovation was a drive to integrate his community's traditional modes of study and worship with a new and passionate focus on *mussar*, or personal religious and ethical development. He emphasized the commitment of significant blocks of time to intense personal reflection, with a fixation on the study of penitential texts, sometimes at the expense of such traditional priorities as Talmud study. The *Mussar* movement began to attract followers in the late 1840s over the opposition of many traditionalist rabbis, who viewed it as an idiosyncratic and possibly schismatic philosophy. Ironically, Salanter also came under frequent attack in the secularist press, which viewed him as a charismatic apologist for the traditionalist camp.^{5,6}

Salanter, then, was a figure who, while respected for his personal piety and integrity, was controversial even before the events of 1848. Still, in spite of his innovative tendencies, his behavior was firmly based upon traditional sources and authorities, and his thinking on the need to eat on Yom Kippur indisputably drew from sources within Halacha. In order to analyze how Salanter's response to the epidemic fit within those primary sources, it is therefore important to consider the impact and contemporary understanding of cholera; the efficacy of eating as a counter-measure against the illness, as perceived by Salanter's medical contemporaries; and finally, broader factors that affected how cholera was viewed from the perspective of Jewish thought and Jewish law.

EATING ON YOM KIPPUR: AN ANALYSIS

On Yom Kippur, a day considered the most sacred in the Jewish calendar, eating and drinking are among the activities against which adult Jews are adjured, and violation of the fast is regarded as a particularly severe offense.^{14, 15} Even pregnant and nursing women, although absolved from most other fasts, are included in the prohibi-

tion.¹⁶ The holiday was widely observed and familiar, even within rapidly secularizing segments of the Lithuanian Jewish population.

The requirement to fast is waived when it is deemed to endanger the life of an individual, as preserving life is an over-riding concern that trumps nearly every other consideration in Jewish law.^{17, 18, 19} The Talmud cites the verse in Leviticus 18:5, “You shall therefore keep My statutes and My laws, which if a man do, he shall live by them; I am the Lord,” and reads it as follows: “ ‘he shall live by them’—but he should not die because of them.”²⁰

While the concept is stated in a somewhat pithy form, the Talmud applies it to a number of detailed scenarios, including that of an individual deemed to be severely ill on Yom Kippur:

A pregnant woman who smelled food and became ravenously hungry—we feed her until she is satisfied. A person who is ill—we feed him according to the opinion of medical experts; if there are no such experts present, we rely on his own opinion until he is satisfied.²¹

Several important points are implicit in this passage. First, both the pregnant woman and the ill person referred to are assumed to be in mortal danger due to their hunger. As Rashi, the seminal eleventh-century commentator, notes, the former case is actually a two-fold danger threatening both the life of the mother and the potential life of the fetus.²² Second, timely delivery of food to the patient is viewed as being curative, as both the pregnancy and the illness cited in the latter case are viewed as insufficient to cause the patient’s demise without the added impact of hunger.

Feeding a patient on Yom Kippur requires the careful balance of psychological versus organic factors. On one hand, the Talmud later states that bystanders are required to quietly remind the pregnant woman that it is Yom Kippur. Rashi notes that this knowledge alone may be a sufficient motivation to carry the patient through the immediate crisis and complete the fast.²³ On the other hand, the Talmud cites a verse that “the heart knows its own suffering”²⁴—that is, the

patient's own subjective certainty of the gravity of his illness trumps any doubts that other may harbor regarding the necessity of eating, including even doubts expressed by medical experts.²⁵

Where some credible evidence exists that fasting *may* pose a danger to the patient, the burden of proof is on the physician to prove that fasting does *not* pose a danger. All that is required is the potential for the exacerbation of a dangerous illness; the physician need not state directly that the patient may die.¹⁸ Even an action with a statistically narrow chance of effecting a cure is permitted in such a case.⁹

The passage in the Talmud continues with a description of the method of feeding forbidden items to a ravenously hungry pregnant woman, wherein she is fed small amounts in a stepwise fashion:

A pregnant woman who smells sacrificial meat or pork [both categories of forbidden food]—we dip a small spindle into the gravy of the [forbidden] food and place it in her mouth. If that is sufficient to satisfy her—it is well; if not, we feed her the gravy itself. If that is sufficient to satisfy her—it is well; if not, we feed her the fat [of the forbidden food] itself.²¹

The animating principal behind this course of action is, as later noted by the Talmud, to feed the patient a quantity or type of food that represents the least severe infraction, thus minimizing the violation. Similarly, the Talmud later constructs a hierarchy of infractions that are deemed less severe, and hence preferable in this case.²⁵ As Maimonides implies in his work, the forbidden food can be regarded as a temporizing measure to hold the patient over until the food can be consumed under permissible circumstances.²⁶ When the crisis passes, the full obligation to fast returns immediately.²⁷

This principle, when applied to eating on Yom Kippur, requires that, when possible, a patient be fed small amounts of food at long intervals, to minimize the prohibition by avoiding an overt act of eating, a practice described as *pachot pachot m'kshiur* (eating by half-measures).²⁸ Later authorities codified a method for feeding the

dangerously ill patient on Yom Kippur while skirting a strict violation of Biblical law, relying on generally accepted definitions of the minimal volume of solid food that constitutes eating.²⁹

A direct parallel to the decision faced by Salanter can be found in an 1836 responsum from the prominent authority R. Moses Sofer. He argued that, when faced with the danger posed by cholera, the prohibition against eating on Yom Kippur could be suspended even for a healthy person, and even where the mere possibility exists that such an action could be life-saving. However, he prefers that less extreme measures be taken where possible, even to the point of avoiding any public prayer on Yom Kippur, rather than suspending the fast. When the fast itself is judged by physicians to be injurious, R. Sofer prefers eating by half-measures, as mentioned above.³⁰ This dispensation is limited to life-threatening situations, and the fast is not suspended as a precautionary measure for less severe health concerns.³¹

In summary, there is strong precedent within the corpus of Jewish law for feeding a dangerously ill patient on Yom Kippur. What distinguishes the classical scenarios from the incident in Vilna are three major factors: first, the Talmud and later codifiers regarding eating as a response to an existing illness, rather than a prophylactic measure against the possibility of illness; second, care is taken to ensure that there is a real and credible threat to the patient's life that can be ameliorated by eating; and third, the generally accepted opinion that, if possible, the food be consumed in a manner that minimizes the prohibitions involved. With this background, the immediacy of the danger posed by the cholera epidemic can be examined.

NINETEENTH-CENTURY CHOLERA PANDEMICS

Vibrio cholerae, a gram-negative bacterium native to coastal salt waters in South Asia, was, for most of human history, a sporadic pediatric illness confined to that area.^{1, 2, 32} Its primary method of transmission is either through direct contact or via contaminated food or drinking water. Once ingested, the organism secretes a toxin which

paralyzes active transport of sodium and chlorine, resulting in accumulation of fluid in the intestinal lumen.³³ Progress from the first onset of symptoms can be rapid and relentless; voluminous stools ensue, leading to hypovolemic shock that, if not reversed, can cause death in a matter of hours.^{32, 33} An early description vividly captures the morbidity and terror of an attack:

Diarrhoea, at first feculent, with slight cramps in the legs, nausea, pain or heat about the pit of the stomach, malaise, give the longest warning. . . . When violent vertigo, sick stomach, nervous agitation, intermittent, slow or small pulse [and] cramps . . . give the first warning, then there is scarcely an interval. . . . Vomiting or purging . . . come on; the features become sharp and contracted, the eye sinks, the looks is [*sic*] expressive of terror, wildness and . . . a consciousness on the part of the sufferer that the hand of death is upon him.²

The first cholera outbreak to spread widely beyond India began in 1817, and spread by both ship and overland route to Syria and the Crimean region; within ten years, it was rampant in both Persia and southeastern Russia, and it had spread throughout Western Europe by 1831.^{1, 34} It was endemic in Russia for near fifteen years thereafter, and the year 1848 marked the most destructive year ever for the epidemic, with nearly 1 million reported deaths in that one year alone.³⁵

The spread of the disease was precipitated by religious pilgrimages and troop movements, but increased exponentially as a result of steamship and railroad travel.^{1, 2, 36} Quarantine and port closure, the usual methods of containment, failed; as the British soon learned, attempts to limit sea trade had a devastating economic impact that produced little more than improvements in evasion of the regulations.^{34, 37} Only seasonal factors could hamper its spread; the disease spread most virulently in the late summer (the time of year when Yom Kippur fell out), and tended to dissipate during the coldest part of winter.^{1, 35}

Cholera's spread did not spare the Jewish communities of Europe, particularly the densely populated villages in the Pale of Settlement and the ghettoized urban neighborhoods in which Jews were often concentrated. While it was widely agreed that the disease impacted Jews less than their neighbors (with some series showing Jewish mortality 50 percent lower than that of other communities), one season of cholera could still cause deaths in the thousands.³⁸ Cholera inspired fear in the Jewish communities in its path; its approach alone was sufficient to inspire the creation of new liturgical and homiletical texts.^{39, 40} Even its name, which when transliterated into Hebrew can be read as "evil sickness," reflects the place it held in the Jewish popular imagination.^{8, 39}

Before 1850, contemporary scientific and medical knowledge about the cholera epidemic was garnered from first-hand observation of the effects of the illness, and its epidemiology and etiology were still largely the subject of speculation.^{32, 41} The first widely published observations were made by British military and naval physicians, and, naturally, the most remarkable aspect of the illness was the rapidity of its spread within confined areas. Early medical accounts favored the dramatic, such as an early account of an "invasion . . . so sudden and violent that horsemen were stricken from their steeds," so that fear and panic were the inevitable prodrome to the actual appearance of the disease.² The backdrop of war, revolution, and social upheaval that characterized the era magnified this panic, with rioting, government repression, and intense political acrimony also accompanying its spread.^{3, 42} Jews, ever conscious of the flares of anti-Semitism that often accompanied such events, had many reasons to be nervous (Jews, particularly immigrants, were in fact often scapegoated for cholera outbreaks).^{34, 37}

Views of the etiology of the disease coalesced around two familiar schools of thought, the miasma theory and the germ theory of disease.³⁴ The former attributed the disease to invisible, easily transmissible, but fundamentally noncontiguous "vapors or miasma arising from filth or decay."⁴¹ This could take the form of contaminated air, "the exudations of . . . bodies in a state of decomposition,"

or a substance in the soil spread via earth floors.^{36, 43} The strength of this theory was its ability to explain how the disease spread through crowded urban areas and killed rapidly, as if it were a poison, and proponents of the theory often advocated fresh, open air as a preventative measure against the illness.^{32, 41, 43} The belief that the disease was caused by an infectious biological agent was not taken seriously by many prior to 1850.^{2, 3, 43} Even John Snow's famous 1855 "water pump" experiment, in which he elegantly proved the contagious nature of the illness, failed to convince most of his contemporaries, and Koch's description of the bacteria was still nearly forty years away.⁴⁴

Whatever their beliefs may have been about the origin of the illness, contemporary physicians had a wide arsenal of treatments to deploy against cholera. Bleeding, purgatives, and caustic substances had a prominent place in contemporary therapy, as did heavy metals and arsenic.^{32, 41, 43} Flannel belts were in wide use at the time, as it was believed that keeping the abdominal viscera warm could benefit patients greatly.^{1, 32, 34} Occasionally, alcohol and opium found their way into the treatment protocols of the time.^{36, 41} Interestingly, intravenous rehydration, the therapy that ultimately proved to be curative, had been demonstrated and published in Scotland in 1832. Unfortunately, such therapy not only failed to reach Eastern Europe and Russia, but it failed to attract any significant attention even within the English medical establishment.^{32 45 46} Salanter's medical contemporaries were thus faced with a relatively new and terrifying illness whose mysterious etiology precluded any rational approach to prevention or therapy.

RELIGIOUS ATTITUDES AND RESPONSES

Historically, the best-preserved clerical responses to the cholera outbreak were those expressed in the Protestant churches of Western Europe, which echoed the socially conservative view that the disease was particularly harsh on "drunkards and filthy wicked people."¹ Divine intervention and divine punishment were often held respon-

sible for the toll taken by the disease. Such views were widespread even in nations like England, where in March 1832 a fast-day proclaimed by Parliament at the urging of evangelical members and traditional churchmen enjoyed wide popular support. During this ad hoc day of atonement for the purported sins of an increasing dissolute and secular society, churches were filled with worshipers from all social strata.⁴⁷

Despite the conservative conclusions reached by Protestant churchmen, concerns for amelioration of spiritual and public health problems were not necessarily mutually exclusive, as illustrated by a series of pamphlets written at Oxford. Although the spiritual failings that led to the scourge held a prominent place, careful record-keeping and epidemiological methodology also led to a number of surprisingly forward-looking conclusions about improving ventilation, drainage of sewage, and other public health concerns.⁴⁸ The traditionalist authors were not bound to a fatalistic acceptance of illness, notwithstanding their belief that the epidemic was the will of God.

Among faiths with a highly eschatological bent, cholera was viewed as a portent of the end of days. Many of the features of the disease fit in with received wisdom about the pestilence that was to sweep the world in the era before the final redemption. Indeed, the Talmudic notion that “once the destroyer is set loose on the world, it does not distinguish between good and evil” resonated with what was transpiring.⁴⁹ Among Mormons, there was an initial belief that God had designed the plague to sweep away evildoers whilst protecting His righteous from any harm, a theology that was to prove untenable following epidemics that struck Zion’s camp and other groups of the migrating faithful in North America.⁵⁰ While these ideas were largely borrowed from Old Testament imagery and theology, they did not resonate with Jews at the time.

Eastern European rabbis had little to say from a theological or theodical standpoint, aside from traditional and somewhat pro forma calls to prayer and supplication.^{30,39} A contemporary prayer composed at the height of the epidemic has, from the standpoint of style

and content, little to distinguish it from a liturgical response to any other event.⁴⁰ Against the backdrop of the repeated persecutions and suffering that these communities experienced, cholera presented few new themes for reflection or religious thought.

In contrast, rabbinic attitudes in the more Westernized Jewish communities of England and the United States were reflective of both a belief in the ultimately benign nature of divine providence and the opportunity to use the feelings of fear and helplessness as a springboard to both improvements in social justice and a return to traditional religion.⁵¹ One finds few real calls to action in the sermons; as one American rabbi wrote, “all human foresight is in vain to ward off the instruments of vengeance which the Lord holds in his hands.”⁵² Ironically, Rabbi Salanter, the originator of a system regarded by moderns as morbidly preoccupied with otherworldly notions of sin and punishment, stands out among his contemporaries as *the* paramount crusader for preserving life in this world.

Pragmatic responses to the outbreak received far more emphasis in the Jewish community, as there was extensive precedent in Jewish law for the basic practice of preventative medicine during epidemics. Contemporary rabbinic authorities were aware of their morbidity and mortality,⁵³ and were in agreement with the establishment of a fairly broad program of sanitary and hygienic measures, including suspending normal mourning and burial practices.⁵⁴ Existing practices, such as inspection of meat by the ritual slaughterer, were harnessed and augmented as a potential barrier to infection.⁵⁵ Obligations to visit the sick were suspended where an illness was attributed to infectious etiology, and permission was granted even for wholesale abandonment of communities.^{56, 57} Even physicians could be barred from the synagogue if suspected of contact with infectious matter.⁵⁸ Jewish law appreciated that epidemics were the quintessential “act of God,” and prior obligations under monetary or family law could consequently be suspended.^{59, 60}

It should be noted, however, that rabbis and scholars often took a direct and proactive role in caring for those afflicted by epidemics, despite the danger involved and even the lack of a normative

obligation to do so. In Lithuania, the city's rabbis took the lead in establishing committees to minister to the sick, and, in fact, Salanter headed the relief committee in Vilna and encouraged his students to participate.^{5,6} Similarly, the German sage R. Akiba Eger was reportedly honored posthumously by King Frederick William III of Prussia for his role in caring for the sick during a cholera epidemic.⁶¹ Thus, the rabbinic response was often informed by a direct familiarity with the illness.

JEWISH LAW AND INFECTIOUS DISEASE

Cholera illness itself posed a threat to life that easily passed the Talmudic threshold of a dangerous illness; however, the *threat* of cholera posed a more thorny question. On one hand, the individual in question is completely healthy, and, if not infected, can tolerate the fast easily. On the other hand, he stands in the path of a dangerous epidemic that could reduce a patient from perfect health to death in hours. For a violation as severe as eating on Yom Kippur, does the mere threat of a serious infection trump the sanctity of the day?

In earlier rabbinic sources, the threat of a dangerous infectious illness was sufficient ground to suspend a number of important observances. Traditional stringencies, such as the practice of not eating prior to the completion of shofar blowing on Rosh Hashana, were removed during epidemics for individuals who felt weak.⁶² Relatively remote health concerns could trigger the suspension of minor observances or fasts as a precautionary measure, with even the psychological comfort of a susceptible population viewed as sufficient grounds for leniency.⁶³ More serious violations of Jewish law must reflect a clear and present danger to an existing patient, a concept referred to a *choleh lafaneinu*.⁶⁴ Otherwise, one could construct a number of absurd scenarios under which serious violations would be condoned, such as continuous violation of the Sabbath "just in case" a patient were to appear at one's door.

Salanter consulted with doctors prior to his ruling, and in fact instructed his followers that the physicians' advice carried the force

of a Biblical obligation.⁶ Medical expertise is valued in Jewish law as one source of empirical evidence that influences a rabbi's decision, such as the necessity of eating on Yom Kippur. However, such advice is rarely elevated to the level of an independent religious obligation. In fact, later authorities expressed deep skepticism about the advice of physicians who were hostile to traditional Judaism, particularly with regard to such issues as eating on Yom Kippur.⁶⁵ Moreover, Russian physicians were widely distrusted even from a professional standpoint, and the cholera epidemic did little to enhance their reputation.^{66,67} Salanter thus showed an unusual level of deference to medical opinion, no doubt motivated by an overwhelming concern for the well-being of his community.

The importance that Salanter ascribed to the opinions of Vilna's doctors must be tempered by an appreciation of how little contemporary medicine actually knew. Although Russian medicine at the time was less sophisticated than its Western European counterpart,⁶⁷ some of the current beliefs seem to have circulated in Lithuania. For example, Salanter's congregants were reportedly advised to walk around in fresh air,⁵ advice possibly derived from the soon-to-be debunked miasma theory, although the consequence of the advice, in relieving crowding and close proximity, may have delayed the spread of infection. Certainly, it was more useful advice than what transpired in many Russian provinces, where local priests organized large penitential gatherings that served only to spread the epidemic further.⁶⁷

What is clear is that a logical, unified medical approach to the illness was absent, and even a basic preventative program was decades away. Any use of Salanter's actions as halachic precedent must therefore also take into account the enormous lacuna in medical knowledge that existed at the time.

The claim that Salanter moderated the observance of the fast, sanctioning a modified form of eating under particular circumstances, is more consistent with his legal temperament.⁶ His concern for the welfare and health of the congregants was in keeping with his ethical leanings, but in this scenario, his loyalty to Halacha remains

uncompromised. In this case, his adoption of an accepted, albeit lenient view places him well within the mainstream of his contemporaries.¹¹ It can be broadly stated that Rabbi Israel Salanter, like most nineteenth-century rabbinic decisors, combined a sort of scientific agnosticism about the causes of disease with a pragmatic deference to doctors when the community's needs warranted it. At the same time, they were careful not to allow an epidemic to serve as a spur to the lowering of a community's religious standards, but framed their responses under the banner of a higher religious commitment to preserving life.

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