

area with non-Jews – rather than a complete separation or ‘ghetto’. The overlapping nature of the area meant that hostilities certainly did occur, and Raymond Levine recalled slurs of ‘you killed Christ’ being hurled by non-Jews, particularly around the landmark of Saint Chad’s Church, which still sits amidst the bygone Jewish Quarter to this day.⁸⁸

Many Jewish welfare organisations of the time had committed themselves to supporting non-Jewish neighbours, again demonstrating the potential for encounters in the shared area. In some instances, serving the local non-Jewish population was intended to elevate the status of the Jewish minority and aid its integration into society, as was the case for the Jewish hospital in Manchester (Chapter Two). Archival records also expose how the Jewish settlement supported non-Jews in broader areas of life, such as the aforementioned Jewish soup kitchen but also maternity and infant care provisions.⁸⁹ However, the inclination for mutual support on the part of the Jewish settlement now seems confined to the archives, as some Haredi-led support groups in present-day Manchester are explicit in not making their services available to non-Jews (Chapter Three).⁹⁰

The contemporary relations with, and regard for, the non-Jewish population is further indicative of the Haredi preference for self-insulation and protection, but also attests to how the settlement cannot be completely self-contained and cut-off from the external world. Haredi Jews in Israel have been described as living voluntarily in ‘ghettos’ (Aran, Stadler and Ben-Ari 2008: 32), which is a conceptual and topographic reference that should be viewed with caution if not avoided outright, in the case of Jewish Manchester at least. The term ‘ghetto’ is bound up with historically-situated tactics of isolation imposed *upon* Jews, yet conceals the porous, fluid and relational character of Jewish Manchester vis-à-vis non-Jews and non-Jewish cosmologies.⁹¹

The local non-Jewish population are typically regarded under the collective term ‘*goyim*’, which I often found was used pejoratively and itself glosses over immense social and ethnic diversity formed of ‘born and bred’ Mancunians, Eastern European émigrés, as well as religious minorities of South Asian and Middle Eastern origin. Mancunian and especially Eastern European women often service the needs of *balabotish* (middle class)⁹² *frum* families in the form of domestic work,⁹³ demonstrating how some regular Jewish and non-Jewish encounters do occur. Muslims, as I go on to discuss, are generally viewed with suspicion and avoided.⁹⁴ The preference for

frum Jews to be ‘self-contained’ (as Sara put it) amidst the area’s non-Jewish diversity reflects the Haredi lifeworld in ethnically diverse boroughs of London. The absence of encounters and lack of public participation on the part of Haredim in Hackney is perceived as ‘not *wanting* to mix’ by other locals, which can, in turn, give rise to limited understandings and subsequently ‘enhance prejudice’ (Wessendorf 2013: 410 [emphasis in original]).

Antisemitism is widely seen to be on the rise in the UK, and residents of Jewish Manchester had complained that ‘you do feel it is more acceptable to be antisemitic than it used to be’ (Mrs Gellner). Such concerns can be understood when cast against the backdrop of targeted and murderous attacks against Jews in Europe and the United States that occurred consistently during my time in Jewish Manchester and afterwards, as mentioned in the Introduction. The rise in antisemitism experienced over the summer of 2014 (following the Israel–Gaza conflict) and proceeding years was threatening for many *frum* Jews I met, not least because Haredim are visibly identifiable as a Jewish minority. Many anxieties related to Muslims due to a fear of being ‘outnumbered’. In the words of one *frum* woman, ‘the Muslims are everywhere. They’re very strong and I don’t think we’re immune at all’ (Mrs Dreer). What is striking is how she deploys the language and imagery of *immunity* when discussing protection of the social body against the perceived threats of neighbouring minority populations, assimilating contemporary media stirs of demographic anxiety. Jewish–Muslim relations at the local level should, however, be viewed in a deeper context of how minority groups are constructed and (re)presented as threats to the body of the nation in historical, social, and political debates in the UK (Egorova and Ahmed 2016).

On another occasion I met Mrs Glassberg, who described herself as an Orthodox Jewish woman, for coffee in an area that was once in the heart of the former Jewish Quarter, but is now largely populated by South Asian émigré and Muslim families. She walked towards me and announced, ‘it’s like Gaza City in here’, before sitting down to our interview. Mrs Glassberg made this reference to the Muslim (but not Middle Eastern) social body that surrounded us rather than the physical structure of the non-kosher café or the environment, and in relation to political tensions occurring in Israel and Gaza at the time. However, my interpretation is that the ethno-religious separation and disdain that is marked through her comment – as well as the spatial distance between Jewish Manchester and the predominantly Muslim neighbourhoods (in what was the former

Jewish Quarter) – evokes Mrs Glassberg’s comparison with Gaza. The prominent shopping area in question, with a large Tesco supermarket, sits a short walk away from Jewish neighbourhoods, but I was told by Mrs Gellner that a lot of *frum* and Haredi people ‘would not visit full stop, even to Tesco’ despite its array of competitively priced kosher produce.

Rather than an issue of cultural-distinctiveness between Jewish and non-Jewish groups in Manchester, ethnicity becomes a marker of difference when there is a point of contact between the two; ‘differences are made relevant through interaction’ (Eriksen 2010 [1993]: 263).⁹⁵ Mrs Glassberg likened the café as ‘Gaza City’ by pointing out the Muslim regulars and thus making the ethnic difference relevant. By doing this, her comment demonstrates how ‘the *context* of interaction is constituted prior to the interaction itself and must therefore form part of the explanation of interpersonal processes’ (Eriksen 1991: 129 [emphasis added]). Barth has argued that it is ‘the ethnic boundary that defines the group, not the cultural stuff it encloses’ (1969: 15). However, rather than being demarcated by a boundary, there has evidently been a *zona franca* in the Jewish Quarters of Manchester where encounters – and thus the possibility for either inter-group and also intra-group interactions (however dangerous they might be) – can take place.

Discussion

The development of organised services and a system of mutual support has been a historical feature of Jewish Manchester, which has enabled the former émigré and now Haredi Jewish settlements to establish varying degrees of self-sufficiency, dissimulation and, increasingly, protection. However, this does not mean that the Jews of Manchester constitute a homogenous ‘community’ – an *imagined* category that bears little relation to the lived realities of internal marginality experienced by some émigré and Haredi Jews.⁹⁶ Recurring constructions of internal fragmentation, social gradations, and relational positioning have historically been at play, demonstrating how protection is a graded strategy that is sought *within* the Jewish settlement – and also between it and the outside world.

The aspiration for self-sufficiency and self-protection from the external world illustrates how minority groups can negotiate citizenship or ‘subject status’⁹⁷ as well challenge the ways in which they are incorporated within the body of the nation. McCargo (2011)

has argued how gradations or ‘graduated’ positionalities in relation to the state occur where citizenship is conveyed by degrees of (in) formal belonging along a socio-politically constructed continuum, rather than as a given or equally-bestowed category. The Malay Muslim minority in Thailand are exemplary of this, as holding Thai nationality is only one grade, but subscribing to ideals of ‘Thai-ness’ (as expressed by loyalties to the social order) is another (McCargo 2011). A paradox of marginality then exists, especially for some minorities, who ‘can neither escape the nation-state nor be full-status participants in its programme’ (Tsing 1994: 289).

Viewing citizenship as a graded – but also relational status – reflects how the Jewish elite positioned themselves as ‘natives’ and their co-religionists as ‘foreign’ during the nineteenth and early twentieth centuries. However, attempts to narrow this gap and convert the ‘alien’ Jews into English Jews (and thus relationally closer to the body of the nation) provoked resistance to assimilation on the part of Haredim, indicating how graduated statuses were intentionally sought as a form of protection. The historical relation between anglicised and émigré Jews is recurrent with present day dynamics in Jewish Manchester, and reflects the anxieties felt by the broader and mainstream Jewish social body towards the Haredim and the extents to which they do or do not integrate into UK society (cf. Staetsky and Boyd 2015). Services that are instituted by the broader Jewish population in Manchester can bring exposure to ‘stuff’ that is viewed as dangerous and threatening to authoritative interpretations of the Judaic cosmology.

Haredi Judaism should be understood as sitting ‘relationally and positionally’⁹⁸ to the outside world, and continuously responding to political and socio-religious shifts in the state and national culture. Maintaining a graded relation to both the broader Jewish social body and the state enables Haredi Jews to maintain autonomy over their lifeworld. Exposure to external influences can then be avoided, or, at best negotiated, which demonstrates the complex ways in which social *immunity* is pursued against worldviews or pressures that are perceived as contaminating. The relationship between dissimulation, graded protection and *immunity* in the Haredi context serves as the point of departure for Chapter Two, where I critique the ‘hard to reach’ label that routinely appears in public health discourse when portraying the so-called ‘ultra-Orthodox Jewish community’.

The ‘hard to reach’ margins are not only about territories, but also ‘an analytic placement that makes evident both the constraining, oppressive quality of cultural exclusion and the creative potential of

rearticulating, enlivening, and rearranging the very social categories that peripheralize a group's existence' (Tsing 1994: 279). Health is subject to the 'constraint and creativity'⁹⁹ associated with the lived reality of marginality (and life at the margins), and I go on to argue how this is particularly acute in the Haredi context as it is one of the few points in which the state and minority encounter each other. Not only does this mean that healthcare and how it is used demonstrates that Haredi Jews evade a 'subject status' rather than the state (and its institutions) per se, but more specifically the way in which a relationship with the state is carefully mediated and managed. The next chapter addresses how responses to healthcare services can be most appropriately framed.

Notes

1. According to Dobkin (1994) the slum areas of Red Bank and Strangeways (parts of which are now known as Cheetham Hill) had been the 'centre of Jewish life' in Manchester before the periods of mass Jewish immigration.
2. Hebrew, meaning 'house and garden'.
3. Also *hashkafot*, pl. *Hashkofah* (also *hashkafah*), sing.
4. Term introduced by a local (who described herself as Orthodox) in reference to Jews who have become more *halachically* observant than they were raised (*Ba'al teshuvah*, literally master of repentance).
5. *Giyur* is taken from the root *l'ger*, meaning 'to sojourn' ('conversion' in English).
6. See MANJM J162. Mrs Levy was born in 1893 and interviewed in 1977 (making her eighty-four at the time of her oral history recording), which would indicate that internal divisions were already occurring by the later decades of the twentieth century.
7. A (relative) term that is used to describe and position Jews along a gradient of observance rather than fixed categories of 'Orthodox' or 'Haredi'. See also Valins (2000) who makes reference to the 'religious "right"' or 'the right of the religious spectrum'.
8. Staetsky and Boyd (2015: 2) describe 'denominational switching' as moving from one Jewish denomination to another, by way of moving to a more or less *halachically* observant form of Judaism.
9. Whilst the context of Scott's (2009) argument is the physical relation between a mountainous refuge and plains of economic activity, I apply it to the protective strategies taken by Haredi Jews (and also authoritative interpretations of the Judaic cosmology) vis-à-vis the encroachment of the external world.

10. Benjamin (2002) critiques the concept of community in relation to the immensely diverse but amalgamated 'Malay world'.
11. MANJM J144. Phina Emily (Sissie) Laski was the daughter of Rabbi Dr Moses Gaster (former *Haham* or Head of the Spanish and Portuguese Head of the Spanish and Portuguese Jews), and wife of Judge Neville Laski, who was among Jewish Manchester's social elite.
12. MANJM J273. Dr Rich was born in 1910 and interviewed in 1980 (making him seventy at the time of his oral history recording). I emphasise 'we' to signpost the broader prejudices held by some Jews towards Muslims in Manchester, an issue that I return to later in this chapter.
13. Reuter (2016) offers an excellent discussion of medical racialism and anti-'alien' politics in relation to Tay-Sachs disease, which was historically considered exclusive to Ashkenazi Jews despite the fact that it is not and never has been. Tay-Sachs Disease is an autosomal recessive disorder that is always fatal in affected infants. As Reuter (2016: 15) argues, Tay-Sachs is 'exemplary of a disease idea that has long served to delimit a notion of racial difference'.
14. William Moses Feldman was a leading Jewish physician of Russian Jewish origin (See Rubinstein, Jolles and Rubinstein 2011: 271).
15. Attempts to reduce maternal and infant mortality in England over the course of the twentieth century were accompanied by the less positive side-effect that women and their bodies have become intensely vulnerable to control and technological supervision and management. The early twentieth century brought a previously unseen focus on motherhood as a strategy to improve infant survival and child health, bound up in ideas of a healthy and numerous population being a 'national resource' (Davin 1978). The combination of high infant mortality rates and a falling birth rate was viewed as an issue of national security and was central to British imperial ambitions because 'population was power' (Davin 1978: 10). Infant mortality, for example, accounted for twenty-five per cent of all deaths recorded in 1901 (Griffiths and Brock 2003). Calls were made at this time to provide poor birthing women with skilled maternity care free-of-charge as a public health priority (Donnison 1988: 161), exemplifying how individual women and motherhood became entangled in the concerns of the nation's welfare. Maternal mortality rates in England began to rise by the First World War, inflaming national anxieties around population quality (Loudon 2001 [1992]). Maternal mortality rates remained elevated until 1935, with one in every two hundred women dying in childbirth (Drife 2002).
16. Midwifery in the UK was subject to increasing regulation from the turn of the twentieth century. The 1902 Midwives Act marked the beginning of a series of political interventions to regulate, professionalise and supervise midwifery practice in England, see Donnison (1988)

- and Loudon (2001) for an in depth discussion. Beier (2004: 379) notes how ‘the management of birth shifted from informal, working-class, female, neighbourhood authorities to formally trained and licensed midwives, health visitors, nurses, and physicians’. See Oakley (1984) for an in depth historical discussion of the medicalisation of pregnancy, women’s bodies and infant care.
17. GB127.M443: 1921. Reflecting on the early 1930s, Sidney Taylor (MANJM J294) regarded Saint Mary’s as the ‘best’ local hospital and ‘being under their care from the beginning to the birth’ was highly desirable.
 18. GB127.M443: 1921.
 19. MANJM J273.
 20. GB127.M443. A *brit milah* (also *bris milah*) can only be delayed for medical reasons, such as neonatal jaundice.
 21. GB127.M443.
 22. A quorum of ten Jewish men, who perform the recitation of certain prayers required at a *brit milah*. It was explained to hospital authorities that it was not ‘absolutely necessary’ to have a celebration at a *brit milah*, if this was the primary concern of the hospital authorities (GB127.M443). This position presents historical discontinuities with the contemporary conducts of Haredi Jews that are presented as normative by rabbinical authorities. At the time of my research, information distributed by *rabbonim* to *frum* women in Manchester and London notes that if a *brit milah* occurs while a woman is still under hospital care, then ‘arrangements should be made with the Hospital Administration to perform this short ceremony in a room away from the ward, in order not to disturb general routine, as this entails having a “*minyán*” present’. The agency in which Haredi religious authorities attempt to negotiate the performance of the *brit milah* on maternity wards (when relevant) is then discontinuous with the historical need of a minority to submit to the demands of the medical establishment.
 23. MANJM J273. Rich’s oral history indicates that the conditions in which obstetric procedures were practiced, such as the reduced ability to deal with blood loss, may have been an important factor in making emergency obstetric care less safe.
 24. MANJM J294.
 25. Crumpsall Hospital (North Manchester) is approximately six miles in distance from Saint Mary’s Hospital.
 26. MANJM J273.
 27. MANJM J273.
 28. MANJM J273.
 29. Articles had featured in prominent medical journals before political events in the 1930s, which, by contemporary standards, would be construed as circulating, manipulating, or perpetuating (or being written in response to) stereotypical and racialised representations of Jews

- (see, for example, *The Lancet* 1884; Pearson and Moul 1926; Feldman 1926; James 1928).
30. The Poor Law Amendment Act (1834) was introduced with the intention of making care for the poor more cost-effective, which was an expenditure that had, until then, been met by taxing the middle and upper classes, who claimed that the poor could afford to avoid work and 'be lazy'. Through the institution of the Poor Law, relief to the unemployed, sick and old was typically granted by entering the punitive environment of a 'workhouse', where basic accommodation was available in exchange for manual mundane labour (National Archives n.d.). Each parish was responsible for the poor in its bounds, and groups of parishes were managed by a 'Board of Guardians', each with a designated medical officer (Davey Smith, Dorling and Shaw 2001).
 31. Modelled on London's Jewish Board of Guardians (established 1859).
 32. This is not to say that the Jewish poor did not enter the workhouse at all. Cases considered by the Board to be 'underserving' after thorough investigations were referred to local workhouses. The Board also negotiated the terms through which Jews entered workhouses, such as not working on *Shabbat* and, in some instances, Jewish orphans and 'deserted children' could instead attend a Jewish residential school (Williams 1976: 288–289). Marks (1994) notes how London's Jewish Board of Guardians was among England's most progressive philanthropic bodies at the time, but also deployed disciplinary practices and went as far as repatriating émigré Jews to Eastern Europe who were unable to maintain themselves, and also used the workhouse system as a form of coercion (particularly in the case of 'deserted wives' to force husbands into acting on marital responsibilities).
 33. As was the case in London (see Reuter 2016: 74). Prior to the establishment of the Board and allied services, synagogues were responsible for the poor of their congregations (Dobkin 1994), as well as other Jewish social welfare organisations.
 34. The German philosopher Friedrich Engels reflected on his experience and observations of Victorian Manchester's insalubrious living and working conditions when writing 'The Condition of the Working Class in England in 1844'.
 35. See GB127.M182/3/1: 1873–1874, 1874–1875.
 36. GB127.M182/3/1:1869–1870.
 37. GB127.M182/3/3: 1890–1891.
 38. Small room used for prayer. These were usually comprised of ethnic sub-groups, such as Polish or Russian Jews.
 39. Society, *chevra* (sing.), *chevrot* (pl.).
 40. These émigré Jews preferred to avoid what they viewed as the 'English *shul*' (synagogue), which was primarily used by the anglicised and integrated Jewish classes. Resistance to the anglicised Jews did not only manifest because of religious oppositions but also gradations in

- socioeconomic status between the émigré (as well as upwardly mobile) with the elite Jews (see Heggie 2011).
41. GB127.M151/4/12: 1895.
 42. GB127.M182/3/1: 1871–1872.
 43. GB127.M294/2. See also Williams (1985: 156), who notes that the Society for the Relief of Really Deserving Distressed Foreigners was instituted by non-Jewish German merchants but had a considerable Jewish membership providing financial donations. Whereas the charitable body could select who was ‘deserving’ of financial and material help, synagogues would tend not to refuse ‘the kind of temporary financial assistance which the Society “avoided [giving] as much as possible”’ (Williams 1985: 157).
 44. See Lock and Farquhar (2007: 307) who note that colonised bodies were portrayed as the ‘symbolic inversions’ of Europeans, which needed saving through colonial endeavours that were often portrayed as ‘humanistic’.
 45. MANJM J143. Margaret Langdon was a prominent philanthropist in Jewish Manchester, born in 1891 and interviewed in 1978 (making her eighty-seven at the time of her oral history recording).
 46. MANJM J279. Dina McCormick (née Glantz) was born in 1907 and interviewed in 1980 (making her seventy-three at the time of her oral history recording).
 47. See, for example, GB127.M182/3/4: 1904–1905; GB127.M151/4/2.
 48. See GB127.M182/3/4: 1904–1905. In contrast, non-communicable diseases such as diabetes were noted, at the same time, to be more prevalent ‘among the better classes’ of Jews who lived in the more affluent districts (GB127.M182/3/4: 1905–1906).
 49. Burman’s (1982) notes that Jewish women in Manchester would tend to give up employment immediately before marriage, whereas non-Jewish women would continue working. Her fascinating study compares Jewish women’s increased working patterns in the *shtetls* of Eastern and Central Europe where men earned social status through religious study and knowledge, and in Manchester, where social status was earned through men’s employment to emulate as much as possible the Jewish and English middle classes. In both cases, Burman argues that Jewish women were typically excluded from the processes through which ‘social recognition was acquired’ (1982: 37).
 50. See MANJM J279.
 51. MANJM J279; GB127.G25/3/6/8: 1909.
 52. MANJM J279.
 53. GB127.M151/4/2: circa 1910.
 54. MANJM J279.
 55. MANJM J279. Similarly, some émigré and Manchester-raised Jewish women claimed how they would rather starve than be compelled to take employment against local norms (Burman 1982: 31–32).

56. See MANJM J162.
57. Emphasis in original. Ecks and Sax (2006: 208) argue that that marginality is a construction of society and social hierarchy, and a practice that 'people do to each other'.
58. MANJM J279.
59. See MANJM J279; MANJM J229; Golding 1932.
60. MANJM J279.
61. Whilst Valins (2003) notes that the imagination of a 'community' remains from an emic perspective, I argue in this chapter that the term 'community' obscures the internal divisions and fragmentations in Jewish Manchester.
62. Gifts of food that are given to friends and family on *Purim*, *mishloach manos* was the vernacular among Ashkenazi Haredim.
63. See Kahn-Harris and Gidley 2010: 7, who make a distinction between 'Anglo Jewry' (the collective population of Jews in the UK) and the 'Jewish community', 'in order to emphasise how not all British Jews are involved in institutional life or even see themselves as Jewish and as having anything in common with other Jews in the UK'.
64. Mr Emet's distinction between Haredi and Orthodox Jews reflects the historical process in which the term 'Haredi' initially began to circulate as a conceptual separation of Jews who held different standards of religious observance to mainstream Orthodoxy (also instituting separate lines of religious authority), see Introduction.
65. MANJM J279.
66. MANJM J273.
67. Central to Passover (*Pessah*) is the *Seder* meal, which recounts the journey of exodus taken by the ancient Hebrews out of Egypt, which concludes by reciting the phrase 'next year in Jerusalem'.
68. MANJM J144.
69. I borrow and adapt the concept of privileged marginality from Faubion (1993: 191), who describes 'distinguished women, distinguished "homosexuals", distinguished "provincials" who belong to the Greek intelligentsia' as 'privileged marginal'. I describe the Sephardim in the UK during this period as 'privileged marginals', as they formed their own Jewish minority yet had relatively more social capital and resources than émigré Ashkenazi Jews in Manchester.
70. MANJM J153. Rachel Black (pseudonym) was interviewed in 1977. No record of her date of birth available.
71. MANJM J144.
72. Inter-marriage between Ashkenazi and Sephardi Jews in Manchester did occur. It is customary for a woman to follow the *minhagim* of the man she marries, so a Sephardi woman marrying an Ashkenazi man would take on his *minhagim*. That being said, it was not uncommon for Haredi Sephardi men to instead attend Ashkenazi synagogues. One boy with mixed Ashkenazi and Sephardi parents told me how his

- (Ashkenazi) mother preferred him to attend an Ashkenazi synagogue so that he 'would have Ashkenazi friends'.
73. A stamp or certificate to reassure consumers that a product has been subjected to rabbinical supervision under the auspice of a particular *Bet Din* and can be consumed.
 74. *Kedassiah*, managed by the Union of Orthodox Hebrew Congregations (UOHC), was viewed as the most stringent *hechsher*.
 75. Although commonly translated into English as 'charity', the root meaning of *tzedakah* or *tzedokoh* is justice or righteousness. It is an aspect of *halachic* law that requires all Jews to donate a tenth of their earnings to charitable causes.
 76. Hebrew; an abbreviation of *gemilut chassadim*, acts of kindness.
 77. See also Chapter Three, where I discuss how a Haredi culture of maternity care attempts to meet the limitations of NHS maternity services rather than replace them altogether.
 78. 'Frummies' (also frummers) is a pejorative play on the word '*frum*' (pious), and was used by non-Haredi Jews to describe Haredim.
 79. Hebrew, the name. Used by pious Jews in place of 'God' or more formal references such as '*Adonai*'.
 80. 'Black' was commonly used in the field-site as being Haredi, religiously right-wing, or '*shtark*' (strict).
 81. According to some estimates, *Satmar* are one of the largest Hassidish groups. *Satmar* religious leaders are known to hold 'anti-Zionist' views, but generally not to the extent that *Neturei Karta* take a publically 'anti-Zionist' position.
 82. Hakak (2009) has described how, in the context of *yeshiva* students in Israel, the Haredi body is an artefact in which any slight change in appearance or conduct is scrutinised as being indicative of (or at risk of) religious transgressions. Institutional resistance to exercise, a 'gentile custom' (Hakak 2009), positions the body as a margin that must be fortified. It must be noted that Haredi men in Israel are cast against a large (non-Haredi) Jewish population and a social expectation to join the Israeli Defense Forces, an institution which cultivates a specific corporeal ideal of the 'chosen body' (Weiss 2002).
 83. One notable testimony to Jewish and non-Jewish relations during the early twentieth century is the literary masterpiece 'Magnolia Street', written by Louis Golding (1932) and inspired by his formative years in Jewish Manchester.
 84. MANJM J76. Louise was born in 1892. No available record of interview date.
 85. MANJM J279. Dina married Jack McCormick, a non-Jewish man who did not practice a religion yet and was positioned as a Christian by Jewish neighbours, probably by virtue of belonging to the dominant majority population.
 86. MANJM J279.

87. MANJM J74. Leslie Davies (Jewish) was born in 1912. No available record of interview date.
88. MANJM J160. Raymond was born in 1919 and interviewed in 1975 (making him 56 at the time of his oral history recording).
89. M151/4/2; M790/2/6(2): 6 January 1904; 1 February 1904; 31 October 1904; 22 November 1905. Annual report for the Jewish Soup Kitchen notes 'resolved that assistance be given to Christian parents, if considered deserving'. Coupons designated for 'Christian' neighbours (a broad category essentially meaning non-Jewish) were handed to the superintendent of police for distribution, and donations made to the Jewish Soup Kitchen often came with a prerequisite that a certain number of coupons be allocated for non-Jews.
90. The current preference to provide maternity care only to Jewish women, as I discuss in Chapter Three, is arguably part of a broader strategy of self-protection and dissimilation that breaks with the historical course of integration taken by the Jewish establishment in England, and is a point I return to in the discussion of this chapter.
91. The notion of a Jewish 'ghetto' draws upon a historical tactic of separation imposed upon Jews by the external Venetian social order as a 'spatial solution to deal with its impure but necessary Jewish bodies' (Sennett 1994: 227).
92. Yiddish: middle-class, respectable, good-standing.
93. Women domestic workers were referred to in the Yiddish-derivative of *goytah* amongst Hassidish circles.
94. It is important to note that there is a prominent group for Jewish and Muslim interreligious dialogue in Manchester formed mainly of non-Haredim, so the concerns of these locals may not reflect those of the broader Jewish population.
95. Eriksen's claim also underlies my argument (see introduction) against referring to Haredi Jews as 'ultra-Orthodox', a label that is only made relevant through interaction or discourse with non-Haredi Jewish modalities.
96. See Anderson (2006).
97. Scott (2009).
98. Cf. Scott (2009: 32) who, in the context of the Zomia region of Southeast Asia, has argued that 'hill peoples cannot be understood in isolation ... but only relationally and positionally vis-à-vis valley kingdoms'.
99. See Tsing 1993: 18, who describes marginality as both a 'source of both constraint and creativity'.

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List of Archival Material and Oral Histories

Oral Histories, Manchester Jewish Museum (MANJM)

- J74: Leslie Davies. Date of interview not recorded, by B. Williams.
- J76: Louise Dawson. Date of interview not recorded, by B. Williams.
- J143: Margaret Langdon. Date of interview: 1978, by R. Livshin, R. Burman and P. Roberts.
- J144: Phina Emily (Sissie) Laski. Interview date not recorded, by B. Williams.
- J153: Rachel Black (pseudonym). Date of interview: 9 March 1977, by R. Livshin.
- J160: Raymond Levine. Date of interview: 6 February 1975, by P. Games.
- J162: Esther Levy. Interview date: 26 January 1977, by P. Games.
- J229: Marjorie Smith. Date of interview: 22 December 1976, by R. Livshin.
- J273: Louis Rich. Interview date: 7 November 1979 and 17 July 1980, by R. Burman and J. Emanuel.
- J279: Dina McCormick. Date of interview: 2 January 1980, by R. Burman.
- J294: Sidney Taylor. Date of interview: 14 July 1980 by J. Emanuel.

Archives & Local History, Manchester (GB127)

- M151/4/2: Manchester Jewish Soup Kitchen
- M790/2/6(2): Manchester Jewish Soup Kitchen
- M182/3/1–4: Manchester Jewish Board of Guardians for the Relief of the Jewish Poor
- M294/2: Society for the Relief of Really Deserving Distressed Foreigners
- M443: Manchester Hebrew Visitation Board for Religious Ministration in the Manchester Regional Hospital Area.
- G25/3/6/1–8: Manchester Medical Mission and Dispensary (Red Bank Working Men’s Christian Institute).