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Virtuous and Wise: Apprehending Female Medical Practice from Hebrew Texts on Women's Health Care

Abstract: In this article, I analyse the attribution of remedies and therapeutic procedures to women, anonymous in the main, embedded in a number of texts belonging to the medieval Hebrew corpus of literature on women's health care. By suggesting a classification of the ways in which both women and their healing activities are referred to, I intend to offer a framework that helps to identify Jewish (and non-Jewish) women's health agency from medical texts. In addition to textual analysis, I compare some of the mentions with evidences found in a variety of historical and literary sources for the sake of helping to contextualise them.

Key words: Jewish women, medical texts, health care, health agency, occupational categories.

Jewish historiography took an early interest in the history of medicine. During the last quarter of the nineteenth and early twentieth century, the effort and interest of most scholars seems to have focused on making stock lists and inventories of preserved texts and, above all, of names of (mainly) learned

Jewish medical authors and doctors, who were rescued from oblivion.¹ Their interest extended to female medical practice, and some scholars included the names of women in their inventories of practitioners, even making of them the protagonist of some publications.² The lists of names –male and female alike–, and the narratives weaved around them, were intended to contribute to the reconstruction of Jewish history by recovering genealogies that legitimised and conferred authority upon the processes of enlightenment at that time. The latter informed the process of construction of a Jewish ethnic and/or national identity that was contemporary with the rise of nationalisms and social movements in

¹ Eliakim Carmoly, *Histoire des medecins juifs anciens et modernes* (Bruxelles: Société Encyclographique des Sciences Médicales, 1844); Isak Münz, *Über die jüdischen Ärzte im Mittelalter* (Berlin: Verlag von R. Driesner, 1887); Idem, *Die jüdischen Ärzte im Mittelalter* (Frankfurt a. M.: J. Kauffman Verlag, 1922); and Samuel Krauss, *Geschichte der jüdischen Ärzte vom frühesten Mittelalter bis zur Gleichberechtigung* (Wien: Verlag d. A. S. Bettelheim-Stiftg, 1930). Although not exclusively devoted to medical writers, other books provided information about numerous Jewish physicians. For example, Ernest Renan, *Les écrivains juifs français du XIVe siècle* (Paris: Imprimerie nationale, 1893); and Henri Gross, *Gallia judaica. Dictionnaire géographique de la France d'après les sources rabbiniques* (Paris: Librairie Léopold Cerf, 1897). Regarding inventories of preserved medical texts, it is imperative to mention the outstanding figure of Moritz Steinschneider, prominently his *Die Hebräischen Übersetzungen des Mittelalters y die Juden als Dolmetscher* (Berlin: Kommissionsverlag des Bibliographischen Bureaus 1893), albeit his endeavor exceeded the limits of medicine.

² Harry Friedenwald, 'Jewish Doctoresses in the Middle Ages', *Medical Pickwick*, 1920, 6, 283–84 (reprinted in H. Friedenwald, *The Jewish in Medicine*, 2 vols (Baltimore: John Hopkins University Press, 1944), I, 217–20.)

Europe. Thus, the interest in female medical practice was not connected to an interest in the history of women *per se*, but served to support Jewish aspirations for emancipation and to legitimate their access to universities and medical schools, and even to exalt a supposed Jewish national identity, through the use of mainly decontextualised data.³ The bias of some publications, together with the disparity of results derived from research in archives, helped to create and support certain myths, such as the widespread belief in the numerical and qualitative superiority of female Jewish practitioners over their non-Jewish peers, especially in Christian Europe.⁴ Since Friedenwald's inceptive publication, other scholars identified and published the names of a number of Jewish medieval female healers from various regions, based on references found mainly in non-Jewish archival sources, such as documents that record the granting of licenses, notarial registers, court proceedings, tax records, etc.⁵

³ Remarkably, the medical practice of medieval Jewish women also drew the attention of one of the foremothers of the historiography on women in medicine, Mélanie Lipinska, who, in her early attempt to acknowledge women's historical contribution to health practices, mentioned several Jewish female physicians from France, Italy and Germany in the chapter on the Middle Ages of her foundational work. Lipinska, *Histoire des femmes médecins depuis l'antiquité jusqu'à nos jours* (Paris: Librairie G. Jacques & C., 1900), 16–18, 99, and 123–24.

⁴ I have briefly discussed this supposed disproportion in Author 2008.

⁵ Ladislao Münster 'Notizie di alcune medichesse veneziane nella prima metà del trecento', in *Scritti in onore di Adalberto Pazzini* (Saluzzo: Edizioni Minerva Medica, 1954), 180–87; Idem, 'Medichesse italiane dal XIII al XV secolo', *Lo smeraldo*, 1954, 6, 1–11; Marcello Segre, 'Dottorresse ebree nel medioevo', *Pagina di storia della*

In contrast to the attention given to the writings of well-known Jewish authors, as well as to the translations into Hebrew of books by prominent Jewish and non-Jewish authorities, scholars neglected the study of medical texts written by anonymous or unknown authors, and showed no serious interest in what was considered as minor genres until well into the twentieth century.⁶ In like manner, the transfer of knowledge through oral contact and practice was disregarded. These attitudes obscured women's contribution to the production and circulation

medicina, 1970, 14, 98–106; Antonio Cardoner i Planas 'Seis mujeres hebreas practicando la medicina en el Reino de Aragón', *Sefarad*, 1949, 9, 441–45; Amada López de Meneses, 'Cinco Catalanas licenciadas en medicina por Pedro el Ceremonioso (1374-1382)', *Correo Erudito*, 1957, 5/37, 252–54; Shlomo Ashkenazi, 'Famous Jewish women doctors', *Maḥanayim*, 1969-1970, 123, 146–57 (Hebrew); Joseph Shatzmiller, 'Femmes médecins au Moyen Age. Témoignages sur leurs pratiques. (1250-1359)', in *Histoire et société. Mélanges offerts à Georges Duby, 4 vols* (Aix-in-Provence: Publications de l'Université de Provence, 1992), I, 167–75; and, *Jews, medicine and medieval society* (Berkeley-Los Angeles-London: University of California Press, 1994), 108–12. Some sporadic references also appear in other scholarly works: Luis García Ballester, Michael McVaugh and Agustín Rubio Vela, 'Medical Licensing and Learning in Fourteenth-Century Valencia', *Transactions of the American Philosophical Society*, 1989, 79/6, 27, 32 and 54; and Encarnación Marín Padilla, 'Relación judeoconversa durante la segunda mitad del siglo XV en Aragón: enfermedades y muertes', *Sefarad*, 1983, 43, 251–344, 257, 274, 281 y 283–84.

⁶ In a recent contribution, Leigh Chipman has referred to the tendency to favour the study of prominent medical authors as 'the "Great Men" school of historiography'. See her 'The Jewish Presence in Arabic Writings on Medicine and Pharmacology during the Medieval Period', *Religion Compass*, 2013, 7/9, 394–401.

of knowledge, which mainly took place through oral contact and practice, and whose textual crystallization was anonymous in the main.⁷ In the same vein, scholars did generally not show appreciation for texts on women's conditions, unless they were part of medical encyclopaedias or major medical books. It was not until the early 90s that, stemming from the social history of medicine and initiated by Ron Barkai's pioneering work,⁸ a new specialty dedicated to the Hebrew textual production on women's healthcare emerged.

The late twentieth and early twenty-first century bear witness to the development of a number of novel research lines and approaches to the history of medicine among medieval Jews. These trends were supported by a renovated attention to philology and the application of methodologies proposed from the social history of medicine, women and gender studies, and cultural studies. They led to better a understanding of the processes of cross-cultural translation as well as the appropriation and accommodation of science by Jewish cultures, the contexts and conditions in which practice occurred, the relationships established with patients (men and women, Jews and non-Jews), and the ways in which medical training was acquired. Nevertheless, there are

⁷ Author 2008. For a discussion on the impact of the distinction of 'popular' and 'high culture' medical knowledge in silencing women's voices, see Charlotte Elisheva Fonrobert, *Menstrual Purity. Rabbinic and Christian Reconstruction of Biblical Gender* (Stanford: Stanford University Press, 2009), 152–153, and footnote 55.

⁸ Ron Barkai, *Les infortunes de Dinah, ou la gynécologie juive au Moyen Âge* (Paris: Cerf, 1991, translation into French of the Hebrew text by Michel Garel); and *A History of Jewish Gynaecological Texts in the Middle Ages*, (Leiden-New York-Paris: Brill), 1998.

still huge gaps in the chronicle of what we know about medieval Jewish women's agency in healthcare-giving.

With a few exemptions,⁹ most medieval Jewish women healers in western milieus have been identified from non-Jewish documents that keep record of their intersections with the ruling societies' legal systems. This fact limits the information obtained in at least three ways. Two of them have been sufficiently highlighted by recent scholarship since they concern all women living in Christian milieus. Firstly, legal documents generally fail to register the wide range of health care practices not regulated by the legitimate medical system, frequently provided in social spaces not acknowledged as medical or curative. Secondly, occupational labels relate to male categories of medical practice and very seldom identify women's healing activities.¹⁰ The third limitation affects exclusively women of the minorities, since most sources of information do not include events or transactions that do not involve or concern the interplay with the majority society. Consequently, an enquiry on Jewish women's medical practice based solely on these grounds ensues an incomplete account.

Taking into consideration all three angles, I attempt to show how medieval Hebrew literature on women's health care can contribute to the understanding

⁹ See, for example, Elisheva Baumgarten's study on 13th century Ashkenazi midwives based on the book of a circumciser, "'Thus Sayeth the Wise Midwives': Midwives and Midwifery in Thirteenth Century Ashkenaz', *Zion*, 2000, 65/1, 45–74 (Hebrew).

¹⁰ See Montserrat Cabré i Pairet, 'Women or healers? Household practices and the categories of healthcare in late medieval Iberia', *Bulletin of the History of Medicine*, 82, 2008, 18-51.

of women's health agency, both as part of their domestic tasks and as an occupational activity.

For the last two decades, my research has focused mainly on the study of Hebrew texts devoted to women's health care produced in Southern Europe during the Middle Ages. During all these years, I have kept Ron Barkai's words in mind, 'Il me semble cependant que les traités médicaux eux-mêmes, qui fournissent une quantité non négligable d'informations, n'ont pas encore été suffisamment fouillés';¹¹ as well as Montserrat Cabré's early claim stating that medical texts that credit anonymous women with a type of knowledge and/or practice can be used as sources to reconstruct women's practices and authoritative knowledge.¹² On the basis of these premises, I have previously explored strategies and research methodologies to shed light on women's cross-cultural exchange of health practices, and to identify instances of original knowledge ascribed to anonymous women preserved in written texts.¹³ In what follows, I suggest a taxonomy that attempts to classify the ways in which recipes and healing practices are attributed to women in medieval Hebrew texts on women's conditions. Within this framework, I have examined the attributions whilst assessing, to the extent possible, how female agency in health care was perceived by the agents who wrote the texts, and how their views mediated the sources. I do not attempt to be exhaustive –as the bulk of texts is considerable

¹¹ Barkai, *Les infortunes de Dinah*, 85.

¹² Montserrat Cabré i Pairet, 'Autoras sin nombre, autoridad femenina (s. XIII)', M.M. Graña, ed, *Las sabias mujeres II (siglos III–XVI). Homenaje a Lola Luna* (Madrid: Laya, 1995), 59–73.

¹³ Author 2008 and 2014.

and many of them have not been edited or published yet–, but to propose a theoretical framework that can help apprehend from texts practices that range from care provided within domestic spaces to gender-specific categories of health care. In addition to textual analysis, some of the mentions have been assessed in relation to evidences found in a variety of historical and literary (Jewish) sources that help contextualise them.

In Search of Jewish Women's Health Agency

Since Monica Green demonstrated in a ground breaking study that, during the process of institutionalization of the new medical system, women were largely left outside the newly established professional categories,¹⁴ scholars have put forward new interpretative strategies and methods to re-negotiate and widen the scope of previous established meanings of medical practice. That, and the creative use of sources, has led not only to an increase in the number of known female medieval healers, but also to the identification and documentation of activities, techniques and technologies of medical care developed or implemented by women. It also helped to identify healing spaces not recognised

¹⁴ Monica Green, 'Women's medical practice and health care in medieval Europe', *Signs*, 14, 1989, 434-73. This was followed by "Documenting medieval women's medical practice', L. García-Ballester, R. French, J. Arrizabalaga, and A. Cunningham, eds, *Practical medicine from Salerno to the Black Death* (Cambridge: Cambridge University Press, 1994), 322–352. Both have been reprinted in Monica Green, *Women's healthcare in the medieval west: texts and contexts* (Aldershot: Ashgate, 2000) as essays I and II.

until now, and the ways in which women participated in the production, acquisition and transmission of medical and scientific knowledge.¹⁵

In a more recent, pioneering study, Montserrat Cabré identifies four different contexts in which expert healing activities of Iberian women are documented as a consequence of their interaction with the legal system: (a) occupational practice sanctioned by a license granted by a competent authority; (b) accusations derived from the use of diagnostic and therapeutic methods that are troubling for the Church; (c) contracts with people or institutions to offer specific medical attention; and (d) requirements to act as expert witness in judicial cases.¹⁶

This very useful classification is applicable almost indistinctly to the praxis of Christian and Jewish women, except for some nuances derived from the cultural and religious specificity of the Jewish minority, as demonstrated by the fact that some of the examples provided are related to the practice of the

¹⁵ For a comprehensive and updated overview of the state of the field, see Monica H. Green, 'Bibliography on Medieval Women, Gender, and Medicine (1985–2010)', *Digital Library of Sciència.cat*, February 2010, Universitat de Barcelona (last accessed 28/03/2018) <http://www.sciencia.cat/biblioteca/documents/Green_CumulativeBib_Feb2010.pdf>.

¹⁶ See Montserrat Cabré, 'Como una madre, como una hija': las mujeres y los cuidados de salud en la Baja Edad Media', L. Morant and E. Cantarino, eds, *Historia de las mujeres en España y América Latina: De la prehistoria a la Edad Media* (Madrid: Cátedra, 2005), 637–57, 641–642. See also Cabré 'Women or healers?', 24.

latter.¹⁷ The reported examples underscore two demonstrated features of medieval Jewish women's medical practice: (a) They were not limited exclusively to the care of women's health, and (b) they were often carried out across religious lines. In fact, medical practice together with money lending are probably the areas in which documentary evidence from the host society renders some of the richest results regarding Jewish women's occupations in comparison with other areas of social activities.¹⁸ Nevertheless, one should not forget that evidence is mostly limited to episodes that involve cross-religious interaction.

Moreover, Cabré rightly points out that this kind of sources very rarely document the bulk of health care activities and practices that were largely provided within the domestic sphere during the medieval period, which was not defined as a 'healing space', but in which women were expected to look after the healthcare needs and treat the illnesses of their families.¹⁹ The commonplace and gendered character of these tasks generally prevented the

¹⁷ I have discussed Jewish female medical practice within this framework in Author 2010.

¹⁸ See Monica H. Green, ed, 'Conversing with the Minority: Relations among Christian, Jewish and Muslim Women in the High Middle Ages', especial issue of *Journal of Medieval History*, 34, 2008, and all the bibliography cited by the authors of the contributions.

¹⁹ Cabré, 'Women or healers?', 18–51. In their search for evidences of medieval women's cross-religious interaction, contributors to the especial issue 'Conversing with the Minority', suggest conceptual frameworks to identify women's spaces and activities.

written crystallization of these activities and thus, rendered women nearly invisible and hardly recordable within these contexts.

On another note, medical texts include at times mentions to the medical knowledge and practice of women. Although sexually marked through the feminine grammatical gender that becomes explicit when written in a gender-specific language such as Romance languages or Hebrew, the allusions are in the main anonymous. This has contributed further to obscure women's agency in health care as well as the categories that describe women's provision of health care. Nevertheless, these mentions clearly record female medical practice and thus, entail the explicit acknowledgment of some women's healing expertise.²⁰

On Women's Medical Practice in Medical Texts on Women

The emergence and development of a research line devoted to the medieval Hebrew literature on women's health care within the field of Jewish studies has led to the identification, edition and translation of various texts, generally written

²⁰ Author 2008. Instances of attribution of authorship to anonymous women in medical texts have been documented by Monserrat Cabré i Pairet, 'Autoras sin nombre, autoridad femenina (s. XIII)', M.M. Graña, ed, *Las sabias mujeres II (siglos III–XVI). Homenaje a Lola Luna* (Madrid: Laya, 1995), 59–73; Eadem, 'Women or healers?'; Monica H. Green, *The Trotula. A medieval compendium of women's medicine* (Philadelphia, 2001), 48–51; Author 2004; Baumgarten, 'Thus sayeth the wise midwives', and Aline Rousselle, 'Observation féminine et idéologiemasculine: le corps de la femme d'après les médecins grecs' *Annales. Économies, Sociétés, Civilisations*, 35/5, 1980, 1089–1115.

in Hebrew and, to a lesser extent, in Judeo-Arabic. It has also allowed to expand our current understanding of medieval Jewish interest in women's health and disease, the medical and philosophical trends in this domain that attracted Jewish intellectual circles, the models of acquisition and transmission of medical knowledge, the potential audiences of this type of literature, and the way in which Jewish authors, translators and copyists integrated knowledge that circulated orally, and negotiated the limits of what was acceptable or not from the point of view of Jewish customs and tradition.²¹

As in other contemporary scientific traditions, the texts belonging to the Hebrew corpus were written by and generally addressed to men. Thus, although in the main associated with women's health and disease, they are almost completely absent. While this is hardly surprising, it is definitely intriguing that women are missing from the written accounts of a sphere of knowledge and practice in which they were deeply involved, even if only very seldom was this recognised through occupational labels.²² A gendered reading of this absence points to several factors such as the uncommon access of women to written production,

²¹ Barkai's 1991 book *Les infortunes de Dinah* inaugurated a fruitful if minority area of research. This essay cites extensively scholarly works in the field.

²² Cabré, 'Como una madre, como una hija'; Cabré, 'Women or Healers?'; Author 2008; and Monica Green, *Making Women's Medicine Masculine. The Rise of Male Authority in Pre-Modern Gynecology* (Oxford: Oxford University Press, 2008), 118–62; Monica H. Green, 'Gendering the History of Women's Healthcare', *Gender & History*, 2008, 20/3, 487–518.

which in the case of Jewish women is virtually nonexistent;²³ the limited social value and recognition of health care provided by women within the domestic sphere or other spaces not identified as curative;²⁴ the little interest of male authors to write down oral knowledge concomitant to empirical practice;²⁵ the masculinised crystallization of medical and scientific texts that tends to eliminate the feminine grammatical gender rendering women almost invisible;²⁶ and the reflection of a social conflict, perceptible from the thirteenth century on, derived

²³ No medical text written by, or attributed to, a Jewish woman prior to the eighteenth century has been identified to date. This does not necessarily mean, however, that texts written by a Jewish woman did not exist. They may have been lost or lie obliterated and ignored among the hundreds of anonymous manuscripts that treasure the archives. Regarding the Latin medical tradition, Monica Green has asserted that all known authors of medieval text on women's medicine, with the exception of Trotta, are male. Green, 'Gendering the History of Women's Healthcare', 495–96.

²⁴ Women's 'ordinary' attendance to childbirth was included amongst the routine health-care activities that passed generally unnoticed. See Cabré, 'Como una madre, como una hija', 640; Green, 'Gendering the History of Women's Healthcare', 495, and Author 2014.

²⁵ See footnote 7 above, about how historiography of medicine has also neglected knowledge produced and transmitted orally.

²⁶ On the use of the supposedly generic masculine in a medieval Hebrew compilation, see Author 2004.

from the progressive establishment of a legitimate system of healthcare provision and the conditions to control it, which gradually excluded women.²⁷

On top of this, and in contrast to documentary sources, medical texts rarely provide testimony of the actual interaction of individuals in the process of giving or receiving health care, or of the social and economic transactions that emanated from it. They hardly ever supply the names of women to whom they sometimes attribute remedies and procedures anonymously. Hence, they are not the most reliable sources for undertaking a prosopographic study.²⁸

Notwithstanding the foregoing, I endorse the view that medical literature may help to answer some of the questions about female participation in the processes of creation and transmission of knowledge that occurred in the

²⁷ Green, *Making Women's Medicine Masculine*; and Montserrat Cabré and Teresa Ortiz, *Sanadoras, matronas y médicas en Europa, siglos XII–XX* (Barcelona: Icaria, 2001), 12–24.

²⁸ I have discussed this issue in Author 2008.

Middle Ages,²⁹ and that it is possible to perceive in them forms of recognition of women's expertise and agency in the provision of health care.³⁰

In fact, Hebrew medical texts devoted to women's health care often attribute recipes and procedures to women whose names are very seldom recorded but whose sex is frequently provided; in many instances, connected to an epithet or label, and occasionally to their religious or cultural adscription. My ongoing research on a corpus of texts, devoted totally or partially to the care of women's health, written but mostly translated into Hebrew in the western Mediterranean area between 1197 and the end of 15th century, has allowed me to collect and examine an substantial group of such attributions. For this study, I have examined all Hebrew treatises on women's health care that have been edited and/or translated into a modern language so far, as well as some that remain

²⁹ Although not specifically regarding medical literature, Silvia Planas rightly points out, while addressing the issue of Jewish female literacy and education, that not all knowledge is linked to writing. The creation and transmission of knowledge does not require a written record in all cases. See Silvia Planas, "Only that which I Have Lost is Now Mine Forever": The Memory of Names and the History of Jewish and Converso Women in Medieval Girona', C. Caballero-Navas and E. Alfonso, eds, *Late Medieval Jewish Identities* (New York: Palgrave Macmillan, 2011), 107–19.

³⁰ Regarding the Graeco-Roman world, see Rebecca Fleming, 'Women, Writing and Medicine in the Classical World', *Classical Quarterly*, 2007, 57/1, 257–79. For the medieval period, see Baumgarten, 'Thus Sayeth the Wise Midwives', and *Mothers and children. Jewish family life in medieval Europe* (Princeton y Oxford, Princeton University Press, 2004); and Cabré, 'Autoras sin nombre', 59–73.

still unpublished, together with other medical texts, either edited or not, not exclusively devoted to gynaecology.

The analysis of the collected manuscripts has revealed that the ways in which texts identify female health-related practices and knowledge can be grouped in, at least, five different categories, the two first of them being considerably less common: (a) Allusions to women by their names; (b) Mentions to collective practices developed locally or by certain groups; (c) Attributions to individual anonymous women; (d) Generic mentions to women's health agency and gender-specific occupational categories; and (e) Attributions to paradigmatic (Jewish) female characters.

a. Allusions to women by their names

As noted, Hebrew medical texts are not very prodigal in recording the names of women to whom they sometimes attribute remedies and procedures. Only in very rare occasions, a female name has been handed down to us in this context. To my knowledge, not more than two references have been identified so far. One of them is not exactly a woman's name but a book's title. The unusual quotation 'we-Dinah katab (sic) ba-sefer ha-niqra' *Trotila*' (And Dinah wrote in the book called *Trotula*), which attributes the book to the Biblical character Dinah, to whom I shall return later on, is found in a fifteenth-century Provençal manuscript.³¹ It purportedly alludes to the title under which the first version of the famous Latin compilation on women's medicine attributed to Trota

³¹ Oxford University, Bodleian Library, Ms 2133, fol. 184r; quoted by Barkai, *Les infortunes de Dinah*, 128; and *A History*, 63. See also Steinschneider, *Die Hebräischen Übersetzungen*, 719

of Salerno began to circulate around the end of the twelfth century. In fact, the wording of the phrase mirrors some of the titles found in early forms of the compendium, such as *Liber qui dicitur Trotula* (Book which is called the Trotula).³² This is not to say, however, that the alleged title does necessarily point to a textual connection with the Latin compendium, since by the late Middle Ages other medieval texts had adopted the label *Trotula* on account of its widely acknowledged authority on women's medicine, such as the fourteenth Catalan treatise *Tròtula* by master Joan.³³ Remarkably, two of the three books that compounded the compilation attributed to Trota of Salerno, *Liber de sinthomatibus mulierum* and *De ornatu mulierum*, had been translated into Hebrew by the end of the twelfth century, although neither of the two fragmentary manuscripts so far identified preserve the names Trota or *Trotula*.³⁴

³² Monica H. Green, *The Trotula. A Medieval Compendium of Women's Medicine* (Philadelphia: University of Pennsylvania Press, 2001), 55.

³³ See, Montserrat Cabré, 'From a Master to a Laywoman: a Feminine Manual of Self-Help', *Dynamis*, 20, 2000, 371–393 and the bibliography quoted therein.

³⁴ The first-ever translation from Latin into a different language of both treatises was accomplished by Do'eg ha-Edomi at the end of the twelfth century in Provence, apparently under the title *Sefer ha-seter* (Book of the secret). A fragmentary copy of *Liber de sinthomatibus mulierum* (Book on the conditions of women), was identified, edited and translated into English by Ron Barkai in *A History*, 61–64 (study) and 181–191 (edition and translation). Part of this text, together with a few other new passages, and the only surviving excerpt identified to date from *De ornatu mulierum* (On women's cosmetics), have been preserved in a thirteenth century re-elaboration from the early translation that circulated as *She'ar yashuv*. See Author 2006.

The other very intriguing allusion to a woman's name, which reads '*me-ʿaḥoti GNNDLYYN (or GNNDLMN) she-halkah le-ʿolamah ba-ʿir ha-qadosh*' (from my sister GNNDLYYN (or GNNDLMN) who passed away in the Holy City), appears in a section devoted to eye diseases from *Sefer ha-yosher* (The Book of rectitude).³⁵ *Sefer ha-yosher* is a lengthy medical encyclopaedia written in Provence in the last decades of the thirteenth century by an hitherto unidentified learned author, who quotes profusely his 'brother Jacob' throughout the book, along with many other authors and works.³⁶ However, this seems to be the only occasion in which a sister is brought up in the book. Furthermore, I suspect that the quotation might not have been part of the original version as I have not been able to find it yet except in one of the four manuscripts inspected.³⁷ Indeed, further investigation is still needed in order to decipher this riddle.

³⁵ *Sefer ha-yosher*. Unpublished. Oxford University, Bodleian Library, MS Oppenheim 180 (Cat. 2134), f. 12r.

³⁶ See Author 2018, forthcoming.

³⁷ Apart for the Oxford manuscript that bears the quotation, I have inspected Wien, Österreichische Nationalbibliothek, Cod hebr 64; Wien, Österreichische Nationalbibliothek, Cod hebr 62/4; and Hamburg, Staats- und Universitätsbibliothek, Cod Hebr 72. The last three manuscripts, together with two other not yet inspected are fragmentary copies. I have been able to document the female name "Gandellara" among the Jews of Late medieval Aragon. See, María Cinta Mañé and Gemma Escribá, *The Jews in the Crown of Aragon. Regesta of «Cartas Reales» in the Archivo de la Corona de Aragón. Part II: 1328-1493*. Jerusalem, 1995. However, this finding should be regarded with caution since, according to the *Online Catalogue of Microfilmed Hebrew Manuscript* (IMHM) at the National Library of Israel, Jerusalem,

Apart from these, I shall not refer here to two other presumed allusions to women's names in connection with a recipe or a procedure that have reached me indirectly, through early scholarly works, but whose veracity I have been so far unable to substantiate.

b. Mentions to collective practices developed locally or by certain groups

Literature on women's healthcare is highly practical in the main with text layouts that are prescriptive to a large extent. This means that many texts are mainly collections of recipes that are generally organised *a capite ad calcem*. On numerous occasions, the sources of the recipes are not mentioned, although at times authorship is attributed in an anonymous, collective form, generally associated to a toponym or a cultural adscription, such as the 'sages of Greece', or 'the Ishmaelites'.³⁸ The *Sefer ahavat nashim* (Book of women's love), a thirteenth-century anonymous compilation, written in Catalonia or Provence, which encompasses a wide range of issues associated with women's health care and well-being, attributes a recipe for permanent removal of bodily hair collectively to 'the women of the Ishmaelites'.³⁹ This group is identified by cultural origin and sex, thus gendering a type of knowledge that scholarly literature generally refers to under the imprecise category of 'local customs' or 'local

MS Oxford 2134 was copied in the 14th century by an Ashkenazi scribe (<http://web.nli.org.il/sites/NLI/English/collections/manuscripts/Pages/default.aspx>).

³⁸ *Sefer ahavat nashim* quotes the 'sages of Greece' on fourteen occasions, with a total of twenty-four remedies ascribed to them, while several other recipes and treatments are attributed to 'the Ishmaelites'. xxx, 32-34.

³⁹ xxx, 118-120 (English), 119 (Hebrew).

traditions'.⁴⁰ As Montserrat Cabré has pointed out, individual or collective references to anonymous women such as the 'women of Salerno' or the 'Saracen women' are an explicit acknowledgement that women are in the origin of a certain type of knowledge.⁴¹

In my view, compilers brings us closer to living practice, which is as diverse as medieval society itself, when they assign variants of a therapeutic or cosmetic procedure to feminine groups that share religious, cultural or geographic affiliation. Interestingly, Goitein has substantiated the trade of *ḥaffāfa*, or woman whose work is to remove body hair from other women, among the female health-related occupations recorded in the collection of documents preserved in the Cairo Genizah.⁴²

c. Attributions to individual anonymous women

Texts sometimes attribute remedies and procedures anonymously to actual individual women. These references usually lack a name that identifies them, but mark their sex through the use of grammatical gender, and single them out by attributing them a specific piece of knowledge, treatment or case history. At

⁴⁰ I have discussed this and other recipes from the *Sefer ahavat nashim* in relation to cross cultural exchange of women's knowledge and practice regarding the attention to and care of the female body in Author 2008.

⁴¹ See Cabré, 'Autoras sin nombre', 65–69.

⁴² Shelomo Dov Goitein, *A Mediterranean society: the Jewish communities of the Arab world as portrayed in the documents of the Cairo Geniza*, 6 vols (Berkeley: University of California Press, 1967–93), I, 128 and 430 (footnote 8).

times, they are also assigned a cultural adscription or an epithet, which often functions as a category of health care.⁴³

This form of recognition can be found in *Terufot le-herayon ha-niqra' Magen ha-rosh* (Medicaments for Pregnancy, called 'The head's shield'), a treatise originally written in Arabic by a Jewish author in the late twelfth or early thirteenth century, apparently in Catalonia, and translated into Hebrew by Judah al-Ḥarizi (1165-1225).⁴⁴ The original Arabic text has not been preserved. The manuscript alludes to an 'Ishmaelite woman' from whom the author (or translator, or copyist) learned a fumigation to facilitate arrested labour.⁴⁵ The supposed efficacy of the remedy attributed to this unknown woman, of whom only her religious adscription is disclosed, is sanctioned by two words that open and close the recipe respectively, *baḥun* (tested) and *menuseh* (tried). Whether it was due to its allegedly proven effectiveness, or to a strategy to confer credibility to a procedure of empirical origin, the author thought it worth to acknowledge explicitly the expertise of the woman from whom he learned the treatment. Remarkably, the text does not refer to her through the label 'midwife', or through other words that medieval Hebrew texts typically ascribe to the women who attend in childbirth, but just as 'a Ishmaelite woman'. This vagueness regarding her healing activity is very telling of the ways in which

⁴³ Although in the main in a very generic form, medical texts also mention individual anonymous male practitioners, generally referred to as *rofe'* (a physician), and occasionally as *ḥakam* "a wise (man)". See below the section on generic mentions.

⁴⁴ Barkai, *A History*, 192-211.

⁴⁵ *Ibid.*, 195 (Hebrew) and 204 (English).

medieval texts in general designate women's health agency, as will be discussed below.

Even vaguer and cryptic is the attribution of a remedy to stop the excess of menstrual flow included in *Sefer ahavat nashim*.⁴⁶ In this case, the compiler does not even use a noun to refer to his source, but only a pronoun in the third person singular feminine suffixed to a preposition (*mefiha*), ' Another [remedy] according to her '. The brief reference to the woman behind the remedy, which follows another with the same aim attributed generically to 'the Ishmaelites', could be explained in account of the vicissitudes of textual transmission. In the same vein, this piece might have been part of an earlier source in which the name of a female practitioner and/or author appeared and of which only a small part was copied or used, so that this information was left out. Without any evidence, or even the slightest indication regarding the person hidden behind this allusion, it is impossible for me to make an attempt to identify her.

Other medical texts also mention specific anonymous women from whom they report a cure aimed at treating gynaecological ailments or other health related issues. A fifteenth-century copy of *Şedat ha-deraḳim*, Ibn Tibbon's 1259 Hebrew translation from Arabic of Ibn al-Jazzār's *Zād al-musāfir waqūt al-ḥādir*, includes one of those instances.⁴⁷ It passes on a therapeutic procedure to extract a

⁴⁶ xxx, 168 (English) and 169 (Hebrew).

⁴⁷ Oxford, Bodleian Library, Ms Poc. 353, fol. 14b. I thank Prof. Gerrit Bos for his enormous generosity sharing this piece of information from his on-going research with the whole MEDMED community (an electronic forum for communication among scholars studying medicine in the medieval period) on 19/04/2017. Regarding the

stone from a boy's ear, whose efficacy is attested by two eye-witnesses. This cure is attributed to an unknown woman, who is unequivocally identified as the skilled healing agent who performed it.

Also the unknown author of the so far unpublished sixteenth century *Sefer refu'ot* (Book of Medicines), written in Italian script, records a recipe for toothache that he or she attributes to an unknown but wise woman, 'For toothache, according to a wise woman'.⁴⁸ The recipe is part of an excerpt of the book devoted entirely to ear and teeth pain. Unfortunately, there is no other information about its source. Nevertheless, the feminine gender epithet 'wise' deserves some comment. In rabbinic literature, *ḥakamah* (wise [woman]) appears in contexts related to childbirth and designates the midwife.⁴⁹ During the Middle Ages, the term expanded to *'ishah ḥakamah* (wise woman) and alternated with *meyaledet* (she who delivers [to babies]), whose use became

Hebrew translation and copy, see Steinschneider, *Die Hebräischen Übersetzungen*, 704–5.

⁴⁸ *Le-ke'eb ha-shem mefi 'ishah ḥakamah*. London, British Library, MS Add. 27023 (1041), fol. 15r.

⁴⁹ *Mishnah Shabbat* 18:3; *Mishnah Rosh Hashana* 2:5; *Jerusalem Talmud, Shabbat* 65b; *Sifre Zuta* 19:11. A second noun used in Rabbinic literature to signify midwife was *ḥayah*, that derives from the root Ḥ.Y.H and belongs to the semantic field of 'life' (*Genesis Rabbah* 80:9, *Mekilta de Rabbi Ishmael, mishpatim* 8). According to Jewish sources produced in Islamic territories, this seems to have been the term more frequently used in communities established in those regions. See Tal Ilan, *Mine and Yours Are Hers: Retrieving Women's History from Rabbinic Literature* (Leiden-New York-Köln: Brill, 1997), 231; and Author 2014.

widely accepted in Hebrew medical texts produced in the west. According to the sources, the midwife, regardless of which of the two terms was used to designate her, not only attended childbirth but also provided therapeutic attention to gynaecological conditions in a broad sense. Along with that, we find now and again *nashim ḥakamot* (plural of *'ishah ḥakamah*) covering a wider sphere of care and treating the sick regardless of the sex of the healer and the patient. Whatever the case, these words, if used in a healing context such as in the recipe for toothache, convey a meaning associated to women's health practices that a Jewish audience could recognise and perceive as occupational. The fourteenth-fifteenth century Sephardic manuscript entitled *Pinqas shel rofe'* (A physician's notebook),⁵⁰ provides a glimpse of the range of healing activities

⁵⁰ Berlin, Staatsbibliothek, Ms Or. fol. 3088. The manuscript was brought to my attention by Joseph Shatzmiller, with whom I had the invaluable opportunity to discuss some of its contents in the framework of the Research Group 'Jewish Physicians in Medieval Christian Europe: Professional Knowledge as a Cultural Change', coordinated by Gad Freudenthal and Reimund Leich, and hosted by the Institute for Advanced Studies at the Hebrew University of Jerusalem (Israel) in 2012. For all of this, I am deeply indebted to him and to the Research Group. Recently, Gerrit Bos shared information about this very important manuscript, and about his identification of two accounts of recipes to promote fertility and strengthen the uterus that are attributed, respectively, to a wise and to a pious woman. The latter might partially correspond to the attributions I have identified and described here. I thank Prof. Bos for his generosity in shearing his on-going work and applaud the good news that he has undertaken the edition of this texts (MEDMED, an electronic forum for communication among scholars studying medicine in the medieval period, on 01/05/2017)

that a 'woman' or a 'wise woman' was ascribed in Hebrew medical texts. The thus far unedited, very extensive book is a rich compendium of recipes and procedures for all kind of health conditions, including women's ailments, that were drawn from numerous ancient and medieval written sources, from actual practice, and from the author's own clinical experience.⁵¹ As a notebook, its contents are not organised following the logic of other contemporary medical books. Nevertheless, even a non-systematic search has produced an array of examples where individual anonymous women are credited with recipes and procedures. A 'woman' ('*ishah*') is ascribed a remedy by means of which she healed an abscess in her right breast. Another 'woman' treated her own son of an affection in the bladder by feeding him valerian root with wine.⁵² At least in two occasions, the author refers to two apparently different 'wise women' from whom he 'heard' two accounts; one refers to the treatment applied to a woman who suffered from a deep ulcer in the thigh, and the other is a long recipe to treat the womb and facilitate pregnancy.⁵³ While the remedy of the latter is connected to the customary activity of midwives in healing contexts, the former deals with a condition which is not gender specific. Apart for the fact that one of the women treats her own child, the author or compiler does not make any distinction between the labels '*ishah*' and '*ishah ḥakamah*', attributing to all of

⁵¹ It consists of 175 folios, although from folio 160r on it was copied by a different later hand. A description can be found in the *Online Catalogue of Microfilmed Hebrew Manuscript* (IMHM) at the National Library of Israel, Jerusalem (<http://web.nli.org.il/sites/NLI/English/collections/manuscripts/Pages/default.aspx>).

⁵² Berlin, Staatsbibliothek, Ms Or. fol. 3088, fols 95v and 98v, respectively.

⁵³ *Ibid.*, fols 88v-89r and 104r, respectively.

them both healing knowledge and health agency. These examples fall in with Montserrat Cabré's contention regarding Iberian mother tongues that words belonging to 'the semantic domain of "woman" or "mother", as well as other categories that designate women at certain life stages', describe female practices.⁵⁴

Remarkably, all these accounts begin with the phrase 'I heard from a woman' (*shama'ti me-'ishah*), in a clear reference to orality. As noted above, women's health-related knowledge was in the main orally transmitted, and only occasionally reached written crystallisation. This fact was at times explicitly acknowledged by authors and copyist by resorting to expressions that pointed to an oral source, as in this case. In other instances, similar expressions and the use of language close to oral stage –which in this kind of medieval Hebrew literature is evinced, among others, by the impact of the local vernacular language on its grammar, lexicon and spelling– reflect the provenance of a certain episode, recipe or cure.⁵⁵

A last remedy, the first of a section with the heading *Lequtot mi-debarim ha-tobim le-herayon* (Collections of things that are good for pregnancy) is attributed to a *gebirah ḥasidah* or 'pious lady'.⁵⁶ While the very noun *gebirah* denotes significant social recognition, the analysis conducted so far does not allow to

⁵⁴ Cabré, 'Women or healers?', 23 and 36.

⁵⁵ Author 2004.

⁵⁶ Berlin, Staatsbibliothek, Ms Or. fol. 3088, fol 100r.

assert that this is due to her medical knowledge and skills.⁵⁷ Albeit neither unequivocally associated with the provision of health care, *ḥasidah* parallels other epithets of praise that texts ascribe on occasion to female practitioners, such as *ṣidqaniot* (virtuous). We shall come back to that later. The first recipe of this cluster is followed by others that deal with the same issue, but it is not clear whether all or part of them are ascribed to the same lady.

Most of the provided examples capture instances of actual practice that are allegedly genuine case histories where the healthcare provider is an anonymous woman. Nonetheless, the significance of these attributions does not lie in numbers but in the fact that they explicitly acknowledge and credit individual women with a type of knowledge and/or practice and supply evidence of their activities and customs. This is one of the cornerstones for mapping women's medical practice in a context in which references to whom administers the remedies are frequently omitted or presented in a generic and often masculinised way.

Finally, it should be highlighted that the instances also show that women's health agency was not limited to childbirth and gynaecological conditions. Their activities ranged from caring about health and well-being within the 'domestic' sphere to the practice of medicine as an occupational activity. However, the words that identify female medical practice, whether in the domestic realm or as

⁵⁷ Yet, it evokes the formal title *Doña* (lady), or its dialectical form *Na*, with which Iberian Christian sources often refer to Jewish midwives and other female practitioners. Author 2014.

an occupation, appear to be the same except for the case of *meyaledet* (midwife).

d. *Generic mentions to women's health agency and gender-specific occupational categories*

Undoubtedly, this is the richest scenario in which women's healthcare activities are referred to, albeit in a generic fashion. In contrast to the individual women whose authoritative voices were cited in relation to a healing advice or treatment or from whom an actual case history was recorded, these mentions do not refer to specific women but to what women do. That is, they convey contemporary perceptions of the role of women regarding the provision of health care and its significance,⁵⁸ which enhances our possibilities of apprehending women's health agency.

The most prevalent gender-specific category to describe female practice in medical texts is the term *meyaledet* (midwife) that alternates now and then with *'ishah ḥakamah* (wise woman). As noted, the midwife attended childbirth, but also provided therapeutic attention to gynaecological conditions, as the examples in this section will show.⁵⁹

All three earliest Hebrew gynaecological texts, translated from Latin by a translator known as Do'eg ha-'Edomi between 1197-99 in Provence – *Sefer ha-'em 'el galinus hu' ha-niqra' gyneas* (Galen's book on the womb, which is called

⁵⁸ Cabré, 'Women or healers?', 23.

⁵⁹ Please note that all texts used for this section are devoted to women's health care that determines the domain to which the reported practices and recipes belong.

gynaecia),⁶⁰ *Sefer ha-toledet* (The book on generation),⁶¹ and *Sefer ha-seter* (Book of the secret)—⁶², include abundant mentions to the category 'midwife'. In fact, not only these but a good number of texts belonging to the examined corpus include references to midwives. And albeit most of them originate from the translation of books that contain references to existing female health occupations in the respective milieus, they still can shed light on medieval Jewish understanding of female medical practice. It must be taken into consideration that translators sometimes modified and adapted texts eliminating what they deemed superfluous, did not share, or was contrary to their beliefs.⁶³ They also added fragments based on their own experience or their backgrounds. Taking this into account, those labels rendered faithfully into

⁶⁰ Hebrew translation of the Latin gynaecological treatise *De passionibus mulierum B*. For an edition and English translation, see Barkai, *A History*, 145–80.

⁶¹ Hebrew translation from Muscio's fifth-sixth century Latin adaptation of Soranus's *Gynaikeia*. For an edition and translation into French see, Barkai, *Les Infortunes*, 129–284. Barkai revised both the dating and authorship in *A History*, 30–31.

⁶² See footnote 34 above.

⁶³ On the of translators' strategies to deal with ideas and practices irrelevant to or incompatible with the Jewish religion, see Joseph Ziegler, 'Steinschneider (1816–1907) revised: on the translation of medical writing from Latin into Hebrew,' *Medieval Encounters*, 3/1 (1997), 94–102, and "Religion and Medicine: On the Adaptation of Latin and Vernacular Texts to Hebrew Readership," *Würzburger medizinhistorische Mitteilungen*, 18 (1999), 149-58 (152-153); and Naama Cohen-Hanegbi, 'Transmitting Medicine Across Religions: Jean of Avignon's Hebrew Translation of *Lilium medicine*', in *Latin into Hebrew*, ed. Gad Freudenthal and Resianne Fontaine (Leiden, Brill, 2013), pp. 121–145.

Hebrew (from Latin or Arabic) might plausibly be considered to correspond to what the intended or actual audiences recognised and were acquainted with. In a procedure aimed at treating the swollen womb from *Sefer ha-'em el-Galinus*, for example, the translator renders as *meyaledet* the Latin term *obstetrix* which in this case identifies the woman who must help to evacuate the accumulated blood without causing harm. However, he adds 'or the wise woman' ('o *ha-'ishah ha-ḥakamah*), leaving no space for doubt in the minds of the treatise's Jewish readership.⁶⁴

Sefer ha-'em el-Galinus does not mention any medical author or authority by name, but on occasion alludes generically to the 'ancient physicians' or to the 'physician' (*ha-rofe*). The *meyaledet*, entrusted with exploring and touching the most intimate parts of female patients' bodies, features oftener perhaps because, according to the text, women are shy to disclose certain diseases to a male physician.⁶⁵ Two different traditions conflate here and in other contemporary Latin-into-Hebrew translations: the rabbinic notion of 'modesty', which excludes the possibility of men examining women's bodies;⁶⁶ and the rhetoric of shame and concealment present in some early Latin texts that, according to Monica Green, has a twofold aim: to restrict male access to female bodies and to ensure that knowledge and treatment of women's conditions

⁶⁴ See Barkai, *A History*, 151 (Hebrew) and 168 (English).

⁶⁵ Barkai, *A History*, 146 (Hebrew) and 163 (English). *Sefer ha-toledet* and *Sefer ha-seter* include similar claims. See Barkai, *Les Infortunes*, 130–31 (French) and 227 (Hebrew), and Author 2006.

⁶⁶ See Fonrobert, *Menstrual Purity*, 150–51.

remained 'within a community of women'.⁶⁷ In my view, it also served a third twofold purpose for some Jewish translators, authors and copyist, i.e. (a) to draw the boundaries of legitimate practice and (b) to establish a gendered division of labour regarding the provision of health care. This interest of (male) medical authors and practitioners conveniently fitted traditional rabbinic interest in establishing themselves as experts on women's bodies.⁶⁸

Although no explicit mention to shame is found in the treatise *Zikron ha-ḥolayim ha-howim be-klei ha-herayon* (An account of the diseases in the organs of pregnancy), written in Castile at the turn of the thirteenth century,⁶⁹ the author presents several instances in which women labelled *meyaledet* are responsible for touching and handling the body of other women regarding three gynaecological and obstetrical episodes: arrested labour, uterine suffocation and the formation of a 'mola' in the uterus. According to the treatise, the midwife must, at the request of the physician, help the woman to do the movements that

⁶⁷ Monica H. Green, 'From 'Diseases of Women' to 'Secrets of Women': The Transformation of Gynecological Literature in the Latter Middle Ages', *Journal of Medieval and Early Modern Studies*, 30/1 (2000), pp. 5–39), pp. 8–11.

⁶⁸ Fonrobert, *Menstrual Purity*, 150. On the impact of rabbinic discourse on the early stages of the Hebrew corpus of gynaecology, see Author 2018.

⁶⁹ For an edition and English translation, see Barkai, *A History*, 109–44. Considered by Barkai as the first genuine Hebrew gynaecological treatise, my on-going analysis of the text has revealed that, although further research is still needed, it may represent the earliest adaptation of part of Ibn Sīnā's *Canon* in Hebrew, specifically of *funun* 20 and 21 of Book III. See Author 2018.

facilitate the expulsion of the foetus that comes with difficulty.⁷⁰ She is also responsible for massaging the genitalia with oils and other medicinal substances to alleviate uterine suffocation caused by different aetiological factors. One of the two procedures proposed for this aim recommends to induce the expulsion of the retained sperm that caused the disease by rubbing the affected area:

If the cause is the sperm The midwife must place her hand in her womb after anointing her fingers with laurel oil and ebony oil, and rub the place for a long time, hoping that the woman will, as a result, emit cold sperm and immediately feel better, or make a complete recovery.⁷¹

This therapy and the aetiology that deemed it necessary were well known and circulated widely during the Middle Ages. Although often without attribution, it derived from Galen's *On Affected Parts* where it featured as a case history pertaining to a widow.⁷² Among the Jewish medical authors who included this ailment and its therapy in their works, assigning the label *meyaledet* to the

⁷⁰ Barkai, *A History*, 117 (Hebrew) and 136 (English). See also Author 2014.

⁷¹ Barkai, *A History*, 118 (Hebrew) and 139 (English), with some modifications of my own.

⁷² Karl Gottlob Kühn, *Claudii Galeni opera omnia*, 20 vols (Leipzig: C. Knobloch 1821-1833; reprint. Hildesheim: G. Olms, 1967), VIII, 417, 6.5; English translation by Siegel, *Galen on the affected parts. Translation from the Greek Text with Explanatory Notes* (Basel: Karger, 1976), 184.

woman who must apply it, are Maimonides,⁷³ Natan ben Yo'el Falagerah,⁷⁴ and the anonymous author of *Sefer ha-yosher*.⁷⁵

Although there are some dissimilarities in the narratives woven by different authors, the praxis of these women is clearly presented as auxiliary or subsidiary. The rhetoric of the text, connected to language usage, is consistent with a gendered medical discourse that aims to make clear a division in which the (licensed) male physician has the monopoly of legitimate medical knowledge and the right to legitimised practice, as I shall discuss below regarding other less kind attitudes to women's health agency.

In this context, language usage assists the rhetoric of the discourse by means of the stereotyped use of the second masculine person of the imperative, together with a choice of verbs that belong to the semantic domain of 'command' (ŠWH), and the masculinisation of texts. As feminist scholarship has long pointed out, historical texts written in gender-specific languages show a tendency to use the grammatical masculine gender to designate the female sex. This assumption is especially relevant for the corpus of Hebrew texts analysed

⁷³ Aphorism 29 of chapter 16 from his *Medical Aphorisms*. See Author 2013. For an edition of the original Arabic and English translation of the episode, see Mosheh ben Maimon, *Medical Aphorism, Treatises 16-21. A Parallel Arabic-English Text*, ed, trans, and annot, Gerrit Bos (Provo: Brigham Young University Press, 2015), 9–10.

⁷⁴ *Sefer Šori ha-guf* (Book of 'Balm of the body'), mid-thirteenth century. Oxford, Bodleian Library, Ms heb. f. 206v. Quoted by Barkai, *Les infortunes*, 88 (footnote 13).

⁷⁵ Oxford University, Bodleian Library, MS Oppenheim 180 (Cat. 2134), 44v; and Wien, Österreichische Nationalbibliothek, Cod hebr 64, fol 69r.

here,⁷⁶ as is the ambiguity produced by the confusion between the masculine second person singular and the feminine third person singular of the imperfect of verbs, which in Hebrew share the same pattern. This confusion contributes to obscuring not only the grammatical gender but also the grammatical person, i.e. the subject of the sentences, and thus, adds to the difficulty of determining who administers a therapeutic remedy or performs a procedure. This is particularly problematic when the subject is not identified by words explicitly marked by gender or by a gendered occupational marker such as *meyaledet*. This is often the case in textual genres that are eminently prescriptive and have little theoretical input. The following two examples from the *Sefer ha-seter* are witness to the confusion, which in this case is solved thanks to contextual inference, 'When the hour of birth approaches, she should wash (*teraḥeṣ*) her regularly and anoint (*temasheḥ*) her body with olive oil',⁷⁷ and 'The treatment for birth giving should be as follows she should anoint (*temasheḥ*) her face, her sides, her feet and her pubes with olive oil'.⁷⁸ Other, more prescriptive texts

⁷⁶ Notwithstanding, the sometimes apparent inconsistency or even misuse of grammatical gender can also be attributed to several factors such as the level of Hebrew usage at different stages of the Middle Ages, the author's or compiler's imperfect knowledge of Hebrew grammar, and to the influence of the (Romance) languages upon them. See Author 2004.

⁷⁷ ובהתקרב זמן לידתה תרחץ תמיד ותמשח גופה בשמן זית. See Barkai, *A History*, 182 (Hebrew) and 187 (English), respectively, with some modifications of my own.

⁷⁸ העזר להמלט יהיה כן... ותמשח פניה וצדדיה וירכותיה וערותה בשמן זית. *Ibid.*, 183 (Hebrew) and 188 (English), respectively, with some modifications of my own. In both examples,

pose more difficulties and oblige modern translators to be very attentive in order to avoid the confusion and identify clearly the sex of the health agent.

As if to emphasise the midwives' role in handling and touching other women's bodies, they are repeatedly mentioned in association with the words *yad* (hand), '*ešba*' (finger), and to a lesser degree *šipporen* (nail). The physicality of these actions not only reveals their intimate proximity to their patients, but also their knowledge and skills in treating the female body. *Liqquṭei Rabenu Mosheh be-'inyanei wešet we-herayon* (Maimonides's compilation on menstruation and pregnancy), i.e. chapter 16 of Maimonides's *Medical Aphorisms*, which became detached from the rest of the book and circulated independently after its translation into Hebrew at the end of thirteenth century, explains that during childbirth midwives (*meyaledot*) are in charge of exploring manually the woman and deciding when she is conveniently dilated to sit in the birthing stool.⁷⁹ This acknowledgment to the expertise of midwives is also present in several other texts in which their experience and competence are recognised by the authors who 'instruct' them to perform a given treatment according to their 'wisdom' (*ḥokmah*). Interestingly, medieval Jewish authors generally resort to the term *ḥokmah* to refer to 'science' and to the 'art of medicine' (*ḥokmat refu'ah*). The author of *Zikron ha-ḥolayim* explains that the midwife must help the woman whose foetus is retained due to mal presentation 'according to her wisdom'.⁸⁰ Also *Sefer ha-seter* alludes to the midwife's *ḥokmah* in relation to how a woman

I have translated the verbs in the third person in order to acknowledge the feminine gender that the context suggests.

⁷⁹ Author 2014 and the bibliography cited there.

⁸⁰ Barkai, *A History*, 117 (Hebrew) and 136 (English).

has to be treated on the day of her delivery;⁸¹ whereas *Sefer ha-toledet* mentions the same capability to act in connection to several situations related to difficult birth.⁸² Remarkably, both words, *hokmah* and *hakamah* (wise woman), belong to the same semantic domain and thus, establish a connection between the occupational label and the idea of knowledge and expertise.

The comparison with the information provided by other Jewish sources unrelated to medicine, such as *responsa* and halakhik literature or Biblical commentaries, may help to substantiate the claimed correspondence of terminological use and actual practice. As the cited examples will show, they also offer an additional glimpse of the scope of women's activities in the healthcare domain. Due to the limits of the essay, I will only cite and explain a few cases.

The well-known Catalan exegete, talmudist, kabbalist, and practising physician Nahmanides (1194–ca. 1270), states in the context of a legal discussion about who must be relied upon to decide what actions are permitted to attend a woman in labour during *Shabbat*, 'For a professional woman's opinion is definitely relied upon to permit desecrating *Shabbat*' (*De-'ishah beqi'ah wadai meḥalelin shabbat 'al piha*).⁸³ These words derive from his interpretation of a

⁸¹ *Ibid.*, 184 (Hebrew) and 190 (English).

⁸² Barkai, *The infortunes*, 259-261.

⁸³ Haim Chavel, *Torat ha-Adam. Kitbei Ramban*, 2 Vols. (Jerusalem: Mossad Ha-Rav Kook, 1959), I, 11–311, 3. For the translation, see Michael Weingarten, *Inyan haSakanah (On Danger) by Nahmanides RAMBAN* (Bar Ilan: Lulu.com, 2017), 5–6. In my view, the rendition of *beqi/beqi'ah* as 'professional' is somewhat anachronistic, and

passage of the Talmud 'We call a midwife (*ḥakamah*) for a woman in labour to come from afar' (TB *Shabbat* 128b), and are pronounced in opposition to the opinion of the renowned eleventh century exegete Rashi that 'we do nothing until we seek a Jewish professional (*beqi*) opinion'. In his commentary, Nahmanides confronts Rashi's and other previous sages' view that women's (and Samaritans') recommendations in this regard should not be trusted, by correlating the expertise of the midwife (*beqi'ah*, 'expert') to that of the physician (*baqi*, 'expert'). This argument, even though used in a non-medical context, clearly highlights the occupational character of the midwife.

Also in relation to the halakhik approach to medicine, Nahmanides' disciple R. Shelomoh ben Abraham ben 'Adret of Barcelona (1235-1310) discussed the role of midwives regarding attention to childbirth across religious lines. It has become well-known that he ruled in a *responsum* that a Jewish midwife (*meyaledet*) could treat a gentile woman for a fee,⁸⁴ which points again to the occupational aspects of the role of a midwife.

On another note, we gain some insight into the tools that the occupational performance of a midwife required through non-medical Jewish sources. Jacob

should be understood as 'expert' or 'knowledgeable'. The chapter '*Inyan ha-sakanah*' from *Torat ha-Adam* is the first compendium in Jewish legal aspects of medicine.

⁸⁴ Author 2014. See *Teshuvot ha-Rashba*, I:120, *The Responsa Project* of Bar-Ilan University; and Notice n° 252456, projet RELMIN, «Le statut legal des minorites religieuses dans l'espace euro-mediterraneen (Ve- XVesiecle)» Edition electronique Telma, IRHT, Institut de Recherche et d'Histoire des Textes - Orleans [accessed March 28, 2018} Available from: <http://www.cn-telma.fr/relmin/extrait252456/>.

ben Asher of Toledo (1270-1340), who also produced halakhik work on medical issues, elaborates on midwives in his *Biblical Commentary on Exodus* (1,15), where he informs us that midwives typically carried a *shepoperet*, or small tube, used to clear the airways of babies born unconscious. Maimonides not only reports on midwives and their use of a birthing stool in his medical work, as noted above, he also mentions this instrument in the, *Mishneh Torah, Kelim* (Utensils) 25:2.⁸⁵

In his discussion on the aptitude of midwives to decide about the attention provided on Shabbat, Nahmanides and his sources also refer to 'women' as an 'unlabelled' category. As it has been noted above regarding mentions to individual women, medical texts often describe remedies and actions that are performed by agents who are referred to simply as 'women', or assigned epithets that do not identify their practice as expert healing, although this may be easily inferred from the context.

Concerning the first situation, 'women' are mentioned in *Sefer ha-yosher* giving opinion about the foetus in the context of childbirth, but also as the source of (medical) advice regarding the condition known as 'mola', an affection that creates the false impression of pregnancy, and regarding a stomach disease.⁸⁶ Similarly, *Sefer ha-toledet* refers to a group of women present at the childbirth

⁸⁵ Jacob ben Asher, *Perush al ha-Torah*; On Maimonides, see footnote 79 above.

⁸⁶ Wien, Österreichische Nationalbibliothek, Cod hebr 64, fols 71r, 74v and 89v, respectively.

scene, surrounding the mother, using the synonym *gebirot* (ladies), discussed above in relation to the compilation *Pinqas ha-rofe*'.⁸⁷

With regard to the second situation, *Zikron ha-holayim* mentions, some *nashim šidqaniot* (virtuous women) in whose authoritative voices and testimony the author relies regarding monstrous births consequence of a 'mola'.⁸⁸ Together with these trustworthy eye-witnesses, honest and truthful midwives ('without any lies and falsehoods') provide their testimony too, in a narrative that recalls in some way the issue of the examination of the female body described in rabbinic literature.⁸⁹ Pertaining to this prevalent concern of rabbinic thinking, a *responsum* by fourteenth-century Catalan Rabbi Nissim ben Reuben Gerondi also points to a category of women whose knowledge about the female body and its functioning can be relied upon. In the frame of a discussion about whether the blood that dyes the urine of a woman is due to menstruation or to a disease, the rabbi explains that *nashim beqi'ot* (expert women) are to check the origin of the emission (a wound, the bladder or the womb) in order to allow the (male) religious authority to decide if the woman is or is not ritually impure.⁹⁰

⁸⁷ See above footnote 57. Barkai, *Les infortunes*, 234.

⁸⁸ Barkai, *A History*, 109–144, and 116 (Hebrew) and 134 (English)

⁸⁹ See Fonrobert, *Menstrual Purity*, 137–153. The story also recalls, even if obliquely, the role of the medical expert witnesses required by the (Christian) courts to testify in judicial cases. This is one of the four situations proposed by Cabré to document expert healing activities of Iberian women, See Cabré, 'Como una madre, como una hija', 641–642.

⁹⁰ Nissim ben Reuben Girondi (Ran), *Sefer sheelot u-teshubot* (Königsberg: 1840), 42a–b. I have discussed this source in Author 2009.

This kind of discussion abounds in rabbinic literature which, as Elisheva Fonrobert has argued, attempts to place control in the hands of the legislator by defining the kind of women who can be entrusted with the examinations.⁹¹ However, the manifest interest of rabbinic discourse to control both theoretical knowledge about the female body and women's agency in this sphere does not dispossess women who perform 'forensic' examinations of their expertise. Along with moral qualifiers, women are described as 'experts' who have knowledge of the body and, in the case at hand, can appreciate its (mal)functioning in a therapeutic context. Interestingly, this *responsum* places this activity in the space of the *miqweh* or ritual bath, which turns temporarily into a therapeutic space, and prompts questions about the presence of these 'experts' in the *miqweh* and whether they are related to the general attendance of women in this space. Not many details about the activities of women who tended the *miqweh* in Sefarad have reached us. As for Ashkenaz, Elisheva Baumgarten has documented a recommendation that *miqweh* attendants should be midwives.⁹² Whether the *miqweh* was tended or not, temporarily or in a regular basis, by midwives, remains to be determined. However, bringing Nahmanides back into the discussion, I will argue that the epithet *beqi'ot* (expert) applied to those women does not only refer to their skills, but functions as an occupational category of women's health care.

⁹¹ Fonrobert, *Menstrual Purity*, 145.

⁹² Elisheva Baumbarten, *Mothers and children. Jewish family life in medieval Europe* (Princeton and Oxford: Princeton University Press, 2004), 31.

But as I have argued elsewhere, information about women's healing agency has often reached us through the criticism of contemporary medical authors who strained themselves to demonstrate that female practitioners were unqualified and could put their patients' health at risk.⁹³ The author of *Sefer ha-yosher* seems to have taken very seriously the threat that these female practitioners posed to his own practice since he insistently prevented women from seeking help for their gynaecological ailments among other women. An early inspection of one of the manuscripts identified to date, provided me with three instances of such unrelenting critique to the lack of learning and skills of these women regarding uterine suffocation, itching in the genitalia and swelling of the breasts.⁹⁴ In spite of the hard words addressed to the women, the manuscript consistently reads the epithet 'ṬPYLWT' which, enunciated as *ṭepilot* (*nashim ṭepilot*), was understood by me as deriving from the root *TPL*, that in the form Piel of the verb means 'take care' and 'care for', thus meaning something in the proximity of 'women carers'. The wise suggestion of a colleague, who proposed a reading closer to the root *ŠPL*,⁹⁵ which in a figurative sense has different meanings related to 'vulgar' or 'mediocre', followed by further inspection of other manuscripts, has put into question the early understanding of the qualifier in favour of an epithet in the vicinity of 'foolish' that

⁹³ Author 2008 and 2014.

⁹⁴ Oxford, Bodleian Library, MS Oppenheim 180 (Cat. 2134).ff. 43r, 48v y 51v.

⁹⁵ I owe this suggestion to Hagar Kahana-Smilansky, who advised it to me generously in the frame of a seminar organised by the Research Group 'Jewish Physicians in Medieval Christian Europe: Professional Knowledge as a Cultural Change' in the summer 2012 in Jerusalem. To her, my deepest gratitude.

is clearly more in tune with the author's declared negative opinion.⁹⁶ Although further reading and inspection of the manuscripts is still needed, it is worth to note that the examination so far conducted has shed the result that the prevalent reading of the epithet is that connected to the domain of 'care' (*ṭepilot*), which might point to the copyists' understanding or perception of women's medical practice in their respective milieus. All in all, whether the epithet was intended to undermine the credibility and discredit the skills of women healers or not, the author points clearly to several areas of health care where they acted and were sought for, including the treatment of diseases of the brain and nose bleeding.⁹⁷ At the same time, the vehemence of his opposition testifies to the extension and recognition of women's health practice, regardless of labels male writers conferred them.

e. Attributions to paradigmatic (Jewish) female characters

A last form of attribution of health-related activities to women that surfaces in the examined textual corpus consists of the adscription of a given remedy or procedure to a paradigmatic feminine figure of Judaism, with whom it was traditionally associated in different ways and at varying degrees. These archetypical figures are obviously fictional characters and, thus, their alleged action or knowledge is fictional as well. However, the frequency with which

⁹⁶ New instances have been identified in Oxford, Bodleian Library, MS Oppenheim 180 (Cat. 2134).f. 3r; and Wien, Österreichische Nationalbibliothek, Cod hebr 64, fols 31v, 67r, 74v, and 114v.

⁹⁷ Oxford, Bodleian Library, MS Oppenheim 180 (Cat. 2134).f. 3r; and Wien, Österreichische Nationalbibliothek, Cod hebr 64, fol. 31v, respectively.

these attributions appear in texts suggest that they must have had a function. Or more than one. At times, their occurrence seems to be connected to the bearing that women's lore regarding health care had in written texts. In other cases, they function as an instrument aimed at enacting convincingly the gendered division of labour in medical provision, or even to uphold male appropriation of women's gynaecological knowledge. In all cases, these archetypes point to women's health agency, whether if this is acknowledged or contested.

Dinah is perhaps the first and certainly the most frequently quoted Jewish heroine in this context. The translator of *Sefer ha-toledet*, one of the earliest treatises to make up the Hebrew corpus, adapted the original Latin book to present it in the form of a dialogue between Dinah and her father, the patriarch Jacob, to whom she addressed many questions regarding women's ailments.⁹⁸ Jacob's expertise on women's conditions staged male appropriation of female agency in health care, whereas Dinah, who embodied all women's afflictions, served the purpose of legitimising the gendered division of medical attention. Jacob held the theoretical knowledge. Dinah administered the cures according to her father teachings. This Dinah is a product of both rabbinic and medical male-centred discourses, a literary fiction that personifies rabbis' and physicians' expectations with regards the role of women in this sphere of knowledge and practice.⁹⁹ Nonetheless, Dinah was acknowledged competence and authority in this domain. At any rate, this is what apparently some medieval

⁹⁸ Barkai, *Les infortunes*. See above footnote 61.

⁹⁹ Author 2018.

translators and copyists thought, who transformed her into an 'author' by attributing to her, at least symbolically, a text or a remedy. For instance, the anonymous author of a short Judeo-Arabic treatise translated from an Arabic version of Muscio's *Pessaria*, who entitled it *Sefer Dinah le-kol inyan ha-rehem ve-holayeha* (Dinah's book on all that concerns the womb and its diseases);¹⁰⁰ and also the person who noted down in a fifteenth century manuscript the sentence, 'Dinah wrote in a book called *Trotula*'.¹⁰¹

Shifra and Puah (Ex. 1:15-21) are the archetype of midwives in Jewish tradition, who subverted the Pharaoh's decree to kill at birth all Hebrew males.¹⁰² Their names are invoked when skills and expertise are needed. *Sefer ha-toledet* resorts to them to specify how a good midwife must administer delivery, '(like) Shifra' with her hand, and Pu'ah with her fingers'.¹⁰³ In his above-mentioned *Commentary on Exodus*, Jacob ben Asher of Toledo explains the etymology of *shepoperet* (the little tube used by midwives) in relation to the name of Shifra'.¹⁰⁴

The *Sefer ahavat nashim* attributes a love filter to the matriarch Rachel, an sphere in which she is recognised competence due to the uncontested love that she doted upon her husband Jacob.¹⁰⁵ This way of authorising a remedy is not

¹⁰⁰ See Barkai, *A History*, 50–53 and 97–108 (edition and English translation).

¹⁰¹ See above footnote 31.

¹⁰² Cheryl Exum, 'Second Thoughts about Secondary Characters: Women in Exodus 1:8–2:10', Athalya Brenner, ed, *A Feminist Companion to Exodus to Deuteronomy* (Sheffield: Sheffield Academic Press, 1994), 75–87.

¹⁰³ Barkai, *Les infortunes*, 234.

¹⁰⁴ See footnote 85 above.

¹⁰⁵ Author 2004.

so much to demonstrate the real origin of a knowledge as to guarantee its authenticity or its effectiveness through an archetype, whose faculties or aptitudes are recognizable to those who listen or read the recipe.

Rachel is also well known in connection with fertility, due to her problems to become pregnant and on account of the Biblical story that narrates her interest in obtaining the mandrake that her nephew had found in the fields (Gen. 30: 15). Rachel, together with the other three matriarchs (Sara, Rebecca and Lea), all of them known for having suffered from infertility, feature in a remedy to get pregnant preserved in a one of fragments of medical texts found in the binding of a book (*Llibre d'Àpoques*) dating from 1380 from the Municipal Archives of Girona.¹⁰⁶

Conclusion

The main aim of this essay is to contribute to the understanding of medieval Jewish women's healing practice through the analysis of Hebrew literature on women's health care. While I have strained to uncover instances of actual practice performed by concrete, albeit anonymous female practitioners, as well as to identify different types of women's health-related agency, my primary purpose has consisted in proposing a theoretical framework that helps apprehend from texts practices that range from care provided within domestic spaces to gender-specific categories of health care. I hope that the categories I have put forward, in which I have grouped the examples found in the corpus

¹⁰⁶ Christa Casals, 'Fragmentos manuscritos del Arxiu Municipal de Girona sobre enfermedades genitales y sus remedios: edición, traducción y glosario', *Sefarad*, 74:1, 2014, 33–74, 42–3.

studied, may contribute to the efforts made by other feminist scholars from different fields to bring to light medieval women's agency from elusive sources.