

# Greco-Latin Gynecology in Jewish Robes

## The Hebrew Translation of Muscio's *Gynaecia*

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**ABSTRACT:** This contribution intends to help broaden our current understanding of the early stages of the formation of the Hebrew corpus of gynecology by contributing new insights derived from the study of one of the first treatises that composed it. To that end, it begins by contextualizing what is considered to be the first systematic translation of gynecological texts into Hebrew from Latin carried out in Provence during the closing years of the twelfth century. Thereafter, it focuses on the analysis of the major gynecological treatise of the translator's program, *Sēfer hatôledet* (The Book of Generation), rendered from Muscio's late antique Latin adaptation of Soranus of Ephesus's Gynecology.

*Sēfer hatôledet* (*The Book of Generation*) is a Hebrew gynecological treatise produced at an undetermined date at the end of the twelfth century, albeit certainly not later than 1199.<sup>1</sup> It was part of the first systematic translation of medical texts from Latin into Hebrew, completed in Provence between 1197 and 1199 by an alleged convert, frequently referred to in scholarly literature of the last three decades by his pseudonym, Do'eg the Edomite, who translated twenty-four medical works.<sup>2</sup> This intriguing translator also succeeded in conveying to a learned Jewish audience the synthesis of the main gynecological traditions of antiquity as well as contemporary Latin trends on women's conditions by rendering in Hebrew three gynecological texts, as well as several encyclopedias and general works that included important sections on women's medicine.<sup>3</sup>

<sup>1</sup> The title paraphrases part of Ron Barkai's assertion that the translator of *Sēfer hatôledet* "had dressed Muscio's *Gynaecia* with Jewish garments" (Barkai 1998, 31; see also 56, where his uses "clothes"). The research for this contribution has been carried out under the auspices of the research project Language and Literature of Rabbinic and Medieval Judaism (FFI2013-43813-P and FFI2016-78171-P), funded by the Spanish Ministry of Science, Innovation, and Universities and the European Regional Development Fund (ERDF). I wish to thank Monica Green for her constant generosity in providing me with wise advice and helpful observations.

<sup>2</sup> Steinschneider 1893, 711–714. For the list of Hebrew translations, see Paris, Bibliothèque Nationale, Ms héb. 1190, 44r–46r, and its edition by Steinschneider 1888. For a recent edition, see Freudenthal 2018, 37–39. For the English translation, see Barkai 1998, 20–34 and Freudenthal 2013, 118–120. Recently, a further edition and translation has been contributed by Freudenthal, McVaugh and Mesler 2020, 277–278 and 280–282.

<sup>3</sup> Barkai 1998, 30–34 and 44–49; Caballero Navas 2021, 351–355.

It is important to bear in mind that, in contrast to their coreligionists who lived in Islamicate societies and some regions of the Iberian Peninsula where Arabic continued to be a means for the transmission of medical knowledge among Jews as late as the fifteenth century, the Jewish communities of the Christian West were unaware of Greco-Arabic science and philosophy until the inauguration of the Hebrew scientific library around the mid-twelfth century. This unprecedented endeavor was based on an immense labor of translation from Arabic and Latin into Hebrew that, growing over two centuries, provided European Jewish audiences with a wealth of Greco-Arabic knowledge.<sup>4</sup> By the end of the twelfth century, Do'eg the Edomite had contributed significantly to the Hebrew scientific corpus by launching the Hebrew corpus of medicine.

I shall not elaborate on the rationale behind Do'eg the Edomite's translation project as a whole, as it is beyond the scope of this contribution. I would, however, like to draw attention to his pioneering role in providing the Hebrew corpus with purportedly the first Hebrew treatises on women's conditions.<sup>5</sup> To this end, and with the aim of helping to explain his decision to include gynecology in his translation program as well as his choice of texts, Do'eg's enterprise will be contextualized in the framework of the different contemporary trends that put into words the representations of the female body and its workings, and the views on women's anatomy, physiology, health, and disease in his milieu. The contribution will then analyze *Sēfer hatôledet*, the longest and perhaps most important of the three treatises, rendered from Muscio's Latin adaptation of Soranus of Ephesus's *Gynecology*.<sup>6</sup> I shall not be able to deal with every relevant aspect of the production of the treatise and its afterlife, but I hope to provide some new insights into both this particular text and the first stages of Hebrew gynecology in its context.

### 1. The Sources of Do'eg the Edomite: Latin Gynecology in the Long Twelfth Century

As recent scholarship has demonstrated, the eleventh and twelfth centuries bear witness to a revival of Latin literary medical traditions that spread from southern Italy throughout Europe.<sup>7</sup> Among other fields of medicine, literature on women's health care – its creation, appropriation, accommodation, and dissemination – was at a crucial moment, at a crossroads where different medical traditions, old

<sup>4</sup> Freudenthal 1995; Freudenthal 2011; Caballero Navas 2011, 329–335.

<sup>5</sup> Jewish medical writers of the Islamicate world, such as Maimonides, followed their contemporaries in not producing independent gynecological treatises but including gynecology within medical encyclopedias and general works; see Caballero Navas 2009, 33–35. On gynecology in Arabic medical encyclopedias, see note 14 below.

<sup>6</sup> Barkai 1991; Barkai 1998, 30–34, 50–56.

<sup>7</sup> Green 2019; Kwakkel and Newton 2019; Glaze 1999, 160–186.

and new, met and overlapped as the foundations were being laid for the canon of gynecological literature that was to circulate in the west up to the end of the fifteenth century and beyond. The medieval Latin corpus of gynecology was thus developed from the syntheses of Latin, Greek, and Arabic texts that emerged around Monte Cassino during the eleventh century, along with a new trend of gynecological literature that originated in Salerno and was represented by a group of texts – *Liber de sinthomatibus mulierum*, *De curis mulierum*, and *De ornatu mulierum* – that circulated independently before they were gathered in a compendium known as the *Trotula*.<sup>8</sup> This early Latin corpus provided the framework for Do'eg's translation program, which seems to have taken advantage of the three traditions of women's medicine that it synthesized, and that had reached France by the end of the twelfth century.<sup>9</sup>

Monica Green has identified and described at least three distinct stages in the intense labor of recovering ancient gynecology prior to, around, and shortly after the activity of Constantine the African (who died before 1098/99) in Monte Cassino – that is, during the third and fourth quarters of the eleventh century. The “Cassinense gynaecological corpus,” as Green has termed it, was the result of the synthesis and reedition of late antique Latin texts, many of which derived from translations or adaptations of older Greek texts, together with new works created from major editing efforts of some older or fragmentary material, or material that was no longer comprehensible at the time.<sup>10</sup> One of the core texts of the Cassinese corpus, Muscio's *Gynaecia*, an abbreviated translation-adaptation of Soranus of Ephesus's *Gynecology* made around the fifth or sixth century in North Africa, was one of the three treatises rendered into Hebrew by Do'eg, together with one of the new treatises derived from it, *De passionibus mulierum B*.<sup>11</sup> The former, analysis of which is the focus of this contribution, was rendered as *Sēfer hatōledet* (*The Book of Generation*).<sup>12</sup> The latter was translated under the title *Sēfer hā'ēm 'el g'alînūs* [*hū' haniqrā' genisias*] (*The Book of the Womb by Galen [which is Called Genecia]*).<sup>13</sup>

<sup>8</sup> Green 1996a, 128–131; Green 2001; Green 2019, 52.

<sup>9</sup> Caballero Navas 2021, 352–355.

<sup>10</sup> Green 2019, 48–52. See also Green 1985, 71–194; Hanson and Green 1994; Cadden 1995, 39–53.

<sup>11</sup> On Muscio's *Gynaecia*, see Bolton 2015, 89–95, including scholarship on it until the end of the twentieth century; and Hanson and Green 1994, 1053–1060 on its fate and derivatives in the Middle Ages. *De passionibus mulierum B* (Dpm B) was made up from some chapters from Muscio's *Gynaecia*, Pseudo-Cleopatra's *Gynaecia*, and a treatise newly translated from Greek attributed to Metrodora; see Green 2019, 51–52; Hanson and Green 1994, 1054–1056; and Green 2000b, 24–25, for the different versions of *De passionibus mulierum*.

<sup>12</sup> Steinschneider 1888, 7; Barkai 1998, 25, 30–31; Freudenthal 2013, 119. It was edited and studied by Barkai 1991, with a French translation by Michel Garel.

<sup>13</sup> Steinschneider 1888, 7; Barkai 1998, 25; Freudenthal 2013, 119. It was edited and translated into English by Barkai 1998, 145–180 based on two Italian and Sephardic manuscripts from the fourteenth–sixteenth centuries. After Barkai's edition, the two last folios from the Italian manuscript (Parma, Biblioteca Palatina, Cod. Parm. 2646) have been identified, annexed to Moscow,

Beginning around 1076, Constantine the African bequeathed to the Latin West a wealth of medical knowledge that, translated from Arabic, would thoroughly transform many areas of medicine. Whereas treatises on women's conditions circulated independently in the Latin medical corpus, the Arabic tradition gathered abundant material on specifically feminine ailments in medical encyclopedias.<sup>14</sup> Therefore, although no independent texts on gynecology were rendered by Constantine into Latin, his comprehensive translation program played an important role in the transmission of "Galenized" notions and ideas on sexual differentiation, and female physiology and anatomy, as well as the etiology, symptomatology, and therapy of women's conditions embedded in Arabic works.<sup>15</sup> Among such works, Ibn al-Jazzār's *Zād al-musāfir wa-qūt al-hāḍir* (*Provisions for the Traveler and Nourishment for the Sedentary*) stands out; translated into Latin as *Viaticum peregrinantis*, its sixth book is devoted to diseases affecting sexual organs and contains numerous chapters (ten out of twenty) on women's ailments.<sup>16</sup> The work was also translated into Hebrew by Do'eg the Edomite as *Sēfer yā'ir nātīb* (*The Book of the Illuminated Road*), who attributed it to Ibn al-Jazzār's master, Isaac Israeli.<sup>17</sup> Recent research has revealed that portions of the *Zād al-musāfir*/*Viaticum peregrinantis*, mostly from Do'eg's *Sēfer yā'ir nātīb*, can be found in several Hebrew treatises on women's health care, where they are often quoted without explicit reference to the source – namely, the thirteenth-century *Sēfer 'ahābat nāšim* (*The Book of Women's Love*) and *Sēfer hayōšer*, whose author also quoted Ibn Tibbon's thirteenth-century rendition from Arabic, and the fifteenth-century *Ša'ar hanāšim* (*Chapter on Women*).<sup>18</sup>

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Russian State Library, Ms. Guenzburg 165, 405–406. Finally, another Italian copy of the fourteenth–fifteenth centuries has been identified in Berlin, Staatsbibliothek, Ms. Or. Qu. 1027/11, 97r–101v. Remarkably, the latter concurs with the already known London, Wellcome Institute, 53v–62v (former Jew's College, Montefiore Ms. 440) in also preserving a copy of *Sēfer hatōledet*. The "subtitle" has been quoted according to Ms. Wellcome, f. 53v, and Ms. Parma, f. 47r.

<sup>14</sup> Green 1985, 71–128; Bos 1997, 51; Verskin 2020, 293–94. On the production and diffusion of medical encyclopedias in the Islamic world, see Jacquart and Micheau 1996, 55–86.

<sup>15</sup> Despite the fact that he wrote only one gynecological treatise, on the anatomy of the uterus, Galen is to a large extent accountable for the nosology, etiology, and therapeutics of women's diseases that would form the foundation of Arab gynecology; see Pormann and Savage-Smith 2007, 43–45, 51–55. For Galen's dissemination in Arabic, see all the contributions in part 2, "Galen in the Medieval Islamic World" of Bouras-Vallianatos and Zipser 2019, 163–318. For the translation of his works from Arabic into Latin, see also the contributions by Green (319–342) and Long (343–358) in part 3 of the same book.

<sup>16</sup> *Zād al-musāfir*'s sixth book was edited and translated into English by Bos 1997.

<sup>17</sup> Steinschneider 1888, 7; Barkai 1998, 25; Freudenthal 2013, 119. This was one of the most popular medical encyclopedias among medieval Jews, who translated it into Hebrew three times. In addition to Do'eg's version, it was translated once more from Constantine's Latin rendition around the thirteenth century by Abraham ben Isaac, who entitled it *Šēdā lā'ōrehīm* (*Provision for the Travelers*). It was translated again in 1259, but this time from Arabic, by Moshe ibn Tibbon, who entitled it *Šēdat haderākīm* (*Provision for the Roads*); see Steinschneider 1893, 703–705 and Zonta 2011, 23, 32 and 99, respectively.

<sup>18</sup> Caballero Navas 2003; Caballero Navas 2004, 27–30; Caballero Navas 2006a, 384–385; Caballero Navas 2021, 361 and 366 (appendix).

The Hippocratic *Aphorisms*, most of whose particula V (aphorisms 28–62) was devoted to women's conditions, was also translated by Do'eg.<sup>19</sup> However, this was not the first version of the *Aphorisms* available in Hebrew to the Jewish communities of the Mediterranean south. Prior to Do'eg's translation, *Sēfer 'Asaf* or *Sēfer harēfûôt* (*Book of Asaf* or *Book of Medicines*), the first Hebrew book of medicine, which predated the launching of the Hebrew medical corpus by at least two centuries, included parts of the *Aphorisms*, together with haggadic traditions and other materials.<sup>20</sup> This book, which was circulating in Provence by the end of the twelfth century,<sup>21</sup> is relevant to the history of Jewish medicine for many other reasons. I shall get back to it later on account of its apologetic approach concerning medical knowledge.

The third and last tradition of Latin gynecology to emerge from southern Italy consisted of a group of texts originating from Salerno around the mid-twelfth century. These were based, separately, on the *Viaticum peregrinantis* (Constantine's translation from Ibn al-Jazzār's *Zād al-musāfir*) and an ancient collection of gynecological prescriptions, the treatments based on the actual practice of the healer Trota, and empirical cosmetic recipes collected from women on both the mainland of southern Italy and the island of Sicily. All this material crystallized into three treatises that were the most widely circulating texts on women's health care until the end of the fifteenth century, either separately or as an ensemble, forming the compendium known as the *Trotula*.<sup>22</sup> Do'eg the Edomite seems to have produced the first ever translation from Latin into a different language of two of the three Salernitan treatises: *Liber de sinthomatibus mulierum*, version 3 (*Book on the Conditions of Women*) and *De ornatu mulierum*, version 2 (*On Women's Cosmetics*).<sup>23</sup> Interestingly, Do'eg specifies in the prologue to his translation program that the treatise he calls *Sēfer hasēter* (*Book of the Secret*) "treats some of the

<sup>19</sup> It was entitled *Sēfer 'agûr* (*Book of Accumulation*); see Steinschneider 1888, 6–8; Barkai 1998, 23; Freudenthal 2013, 118; Bos 2016, 3–6. A translation of the *Aphorisms* from Greek into Latin had become available by the end of the eleventh century in the same context where the *Gynaecia* and *Dpm B* were produced; see Wallis 2011. I am indebted to Monica Green for bringing this translation to my attention.

<sup>20</sup> Its author and date of composition are uncertain, but it was circulating in the tenth century in southern Italy; see Lieber 1984, 233–249 and Lieber 1991, 18–25. On the paraphrase of the Hippocratic *Aphorisms* in the book, see Visi 2016, 171–182, and Visi 2021.

<sup>21</sup> David Qimhi (ca. 1160–ca. 1235) alluded to the book in his *Commentary on Hosea* (on 14:8); see Lieber 1984, 113–114 n. 36.

<sup>22</sup> Green 1996a, 128–131; Green 2001.

<sup>23</sup> Ron Barkai identified, edited, and translated into English the only extant copy known up to that time of the Hebrew translation of *Liber de sinthomatibus mulierum*, version 3 (*LSM 3*); see Barkai 1998, 61–64, 181–191. Fragments from *De ornatu mulierum* (*DOM*) in Hebrew were identified only some years later, when an apparently new treatise entitled *Šē'ar yāšûb* (*A Remnant Shall Return*, after Isaiah 10:21) was discovered. In fact, this was a thirteenth-century (partial?) edition of Do'eg's translation that preserved portions of the two Latin treatises, including fragments from the *LSM 3* that the only manuscript copy known to that date had not; see Caballero Navas 2006a.

secrets of women and their cosmetics.”<sup>24</sup> He apparently believed that both Latin treatises were part of the same work, which brought together knowledge on the care of women’s health and beauty. While this all-encompassing understanding of women’s health care was shared by some later medieval Hebrew treatises,<sup>25</sup> the composite form of *Sēfer hasēter* is most likely due to the Latin manuscript he was using, as both *Liber de sinthomatibus mulierum*, version 3 and *De ornatu mulierum*, version 2 circulated at times together.<sup>26</sup>

In Do’eg’s manifest attempt to ensure that Jewish practitioners had access to the newest trends in medicine, for which relied on the Latin literary medical traditions derived from or associated with the Cassinese/Salernitan context, he also incorporated gynecology into his program. He thus translated two texts belonging to the most widely acknowledged Latin gynecological tradition at the time, embodied in Muscio’s *Gynaecia* and its derivatives and two portions of the *Trotula* ensemble, which would supersede the former before long.<sup>27</sup>

## 2. *Sēfer hatôledet*

According to the brief description included in the prologue to Do’eg’s translation program, *Sēfer hatôledet* “treats of childbirth, the womb, and pregnancy. They call it *Genesisias*.”<sup>28</sup> Although source or author is mentioned neither there nor in the extant manuscript copies of the treatise, by the end of the nineteenth century it was identified as Muscio’s *Gynaecia* – that is, Muscio’s late antique abridged and reworked Latin version of Soranus of Ephesus’s *Gynecology*, presented in a question-and-answer form.<sup>29</sup> A final section of *Sēfer hatôledet* also includes the *Pessaria*, a collection of recipes for vaginal suppositories and other gynecological

<sup>24</sup> Steinschneider 1888, 7; Freudenthal 2013, 119. I have deliberately rendered the title literally in order to retain the manifold meanings with which authors and translators of medieval Hebrew texts on women’s health care invested the word. See the discussion of “secrets of women” in Caballero Navas 2006b.

<sup>25</sup> Caballero Navas 2004, 71–98.

<sup>26</sup> See, e.g. Erfurt, Amplonian, Ms. Amplonian Q 204 Wiesbaden; Landesbibliothek, Ms. 56; and Wrocław, Ms. III.F.10. For the description of the manuscripts, see Green 1996b, 146 (item 23), 173 (item 117), and 175 (item 121), respectively. In a personal communication, Monica Green has confirmed that the latter also contains the *De curis mulierum* but not as part of the normal ensemble arrangement.

<sup>27</sup> Hanson and Green 1994, 1055–1057.

<sup>28</sup> Steinschneider 1888, 7; Freudenthal, McVaugh and Mesler 2020, 281.

<sup>29</sup> Scholars have traditionally described Muscio’s version as being apparently fused with another Soranian gynecological work, *Cateperotiana*, written in the question-and-answer form. Lesley Bolton has recently and very convincingly called into question the existence of such a work, attributing it to Valentine Rose’s 1882 editorial choices and suggesting that the question-and-answer-format must be credited to Muscio’s initiative; see Bolton 2015, 48–67. She offers a new edition and English translation of the Latin treatise (106–403). For a previous English translation, see Hess 1998.

medicaments that were appended to the Latin *Gynaecia* in some of the manuscripts.<sup>30</sup> It does not, however, contain the fetus-in-utero figures.<sup>31</sup>

*Sēfer hatōledet* has been preserved in four manuscripts, three of which were used by Ron Barkai to prepare his critical edition before the fourth was identified.<sup>32</sup> One of the most remarkable features of the book is its structure. It is presented as a dialogue between the biblical patriarch Jacob and his daughter Dinah, who addresses numerous questions to her father about women's conditions relating to their life cycle and the management of childbirth. Hence, the prologue, which differs from the prologue to the Latin version, is followed by thirty questions (and answers) generally divided into a series of other related issues, occasionally also in question-and-answer format. The thirty main question-and-answer pairs are introduced by the formula *השיב אביה ... ותשאל דינה* ("Dinah asked ... Her father answered").

Let us begin by describing and analyzing the content and format of *Sēfer hatōledet* in relation to its Latin source. For comparison with the Latin text, Barkai used the edition by Valentin Rose (1882), and its translation into Italian by Rino Radicchi (1970).<sup>33</sup> Although I have consulted both of them, I have based my comparison (see table 1) on the recent work by Lesley Annette Bolton, who based her edition on the two oldest Latin manuscripts.<sup>34</sup> I have also consulted the third oldest manuscript, now in Copenhagen, copied around the 1060s or early 1070s at Monte Cassino, which presents important parallels with the Hebrew text, and whose significance for the Hebrew gynecological corpus I hope to demonstrate in what follows.<sup>35</sup> I have inspected the four Hebrew manuscripts as well, although I follow Barkai's edition for the references unless otherwise specified.

<sup>30</sup> Barkai 1991, 212–223, 276–284 (French translation and Hebrew edition, respectively); Hanson and Green 1994, 1048, 1072 (listing a total of seven Latin manuscripts); Bolton 2015, 419–441 (Latin edition and English translation).

<sup>31</sup> Hanson and Green 1994, 1048 and 1073; Bolton 2015, 73–85 and 446–523. The only instance so far of the figures in Hebrew occurs at the end of a fourteenth century brief tract on the difficulties of birth, Paris, BnF, ms hébr. 1120, ff. 66v–70v; see Barkai 1989.

<sup>32</sup> Barkai 1991, 127–284 (edition and French translation). He based his critical edition (see 121–123) on London, Wellcome Institute, Hebrew Ms A37/2, 25v–53r (formerly London, BL, Montefiore, Ms 420/2; fifteenth–sixteenth century, Sephardic script), which he collated with Vatican, Biblioteca Apostolica, Ms ebr. 366/9, 85r–104r (fifteenth century, Sephardic script) and Vatican, Biblioteca Apostolica, Ms ebr. 360/5, 1r–35r (1478, Italian script). The last, fragmentary manuscript to be identified is Berlin, Staatsbibliothek, Ms Or. Qu. 1027/8, 92r–96v. It was copied in the fourteenth or fifteenth century in Italian script and preserves part of Question 26 (How shall we treat the wounds in the womb?) to Question 30, together with the *Pessaria*. For the structure of the Hebrew text in correlation to its Latin source, see table 1.

<sup>33</sup> Barkai 1991, 121–123.

<sup>34</sup> Bolton 2015, 96, 108–403 (edition and English translation). The two manuscripts – Brussels, Bibliothèque Royale de Belgique MS 3701–15, 15r–31v, ninth century; and Florence, Biblioteca Medicea-Laurenziana pl. 73 cod.1, ff. 188va–189vb, 191vb–216vb, from the ninth/tenth century – are referred to by editors as *B* and *L*, respectively.

<sup>35</sup> Copenhagen, Det Kongelige Bibliotek, Gamle Kgl. Samling MS 1653, ff. 3r–28v. Editors refer to it as manuscript *H* (for "Hafnensis"); see Kwakkel and Newton 2019, 20–21 and 40–41; Bolton 2015, 96; Green 2019, 51.

Muscio's <i>Gynaecia</i> Contents	Chapters (Muscio)	Do'eg's <i>Sēfer hatôledet</i> Contents and layout
Prologue	1	missing <i>Fragment displaced</i> (see Q2 below)
–	–	Hebrew Prologue
<i>[quali positione figurata est matrix?]</i>	7	Q1. What is the structure and appearance of the womb? <i>Displaced, in relation to Bolton's edition</i>
<i>The obstetrix</i>	2	Q2. Into how many parts is divided the account of women? <sup>36</sup>
Nature of the womb	3–7, 9–11	<i>1 displaced in relation to Latin prologue</i>
Nature of the vagina	8	<i>2 slight addition</i>
Nature of female testicles	12	<i>3, 6, and 8 partial omissions</i> <i>7 (see Q1 above)</i> <i>11 missing</i>
Menstruation	13–22	Q3. How do women's purgation and purification come about?
Whether virginity is healthy	23	<i>15, 21–22 slight modifications</i>
Conception	24–26	Q4. What are the signs of those capable of conceiving? (24–46)
Sex determination	27	<i>25, 27, 37, and 40 partial omissions</i>
Prenatal care, including <i>cissa</i>	28–36	<i>29, 32, 38–39 missing</i>
Fetal membranes/umbilical	37–43	
Signs of abortion/miscarriage	44	
Normal delivery	45–55	Q5. How to properly prepare the woman at the time of childbirth (47–55)
Postpartum care	56–58	Q6. How should the woman be treated after giving birth?
Breast care/breastfeeding	59–63	<i>62 missing</i>
Is an infant worth rearing?	64–65	Q7. By how many signs are we to recognize whether the foetus will live and be weaned? (64–75)
Neonate care	66–73	
Wetnurse/milk supply	74–87	Q8. Should the baby be fed by its mother's milk or from a wet nurse's? (76–99)
Infant care: bathing/cleaning	88–94	<i>77 modified</i> <i>82 and 91 missing</i>
Infant care: feeding/walking	95–120	Q9. What is the sign to recognize the right moment to feed [the baby]? (100–101)
Infant ailments	121–124	<i>102–105 missing</i> (see discussion below)

<sup>36</sup> Medieval Hebrew medical texts generally refer to the attention and care of women's health as עניני נשים (women's matters) or even סתרי נשים (women's secrets). The term מעשה used here is one of those Hebrew words with a great variety of meanings, whose wide semantic range poses at times for the modern translator the challenge that it did for medieval exegetes. In this context, Do'eg the Edomite sought to convey through this unusual choice the gist of "*mulierum traditionem*" – that is, the "account" or "story" of the "activities," "deeds," and "treatments" of women.



Muscio's <i>Gynaecia</i> Contents	Chapters (Muscio)	Do'eg's <i>Sēfer hatōledet</i> Contents and layout
		Q10. When (how many days) will the belly button fall out? (106–24) <i>109–13 and 115 missing</i> <i>121 and 124 modified</i>
Flux and constriction	125–126	<i>Missing</i>
Retention of the menses	127	Q11. What can we do for a woman whose menstru- ation is retained? <i>Final part omitted</i>
Inflammation of the womb	128	Q12. How shall we treat her when inflammation of the womb occurs?
Satyriasis	129	<i>129 partial omissions</i>
Suffocation of the womb	130	Q13. How shall we treat the suffocation of the womb?
Tension of the womb	131	<i>130 partial omission and slight modification</i>
Inflation of the womb	132	Q14. How shall we treat the inflation of the womb?
Swelling of the womb	133	<i>133 partial omission</i>
Hardening of the womb	134	
Pain of the womb	135	<i>Missing</i>
<i>Mola</i> of the womb	136	Q15. How shall we treat the swelling of the womb called <i>mola</i> ? <i>Modified</i>
Bleeding of the womb	137	Q16. How shall we treat the hemorrhage/flow caused by the difficulty of childbirth or abortion?
Flux of blood	138	Q17. How shall we treat the excessive menstrual flow [flow of flowers]? <i>Partial omissions</i>
Flux of seed	139	Q18. How shall we treat the secretion of women's semen?
Lassitude of the womb	140	<i>139–140 partial omissions</i>
Paralysis of the womb	141	<i>141 modified</i>
Flexions of the womb	142	Q19. How shall we treat the inclination of the womb?
Sterility	143	Q20. Does a treatment for sterility exist? <i>Modified</i>
Difficult birthing	144–172	Q21. How shall we treat arrested and painful birth- ing? (144–153) <i>152–153 partial omission</i>
		Q22. What can the midwife do when the position of the fetus in the belly is contrary to nature? (154–168) <i>Addition after 154</i> <i>Change in order: 155 after 157.</i>

Muscio's <i>Gynaecia</i> Contents	Chapters (Muscio)	Do'eg's <i>Sēfer hatôledet</i> Contents and layout
		Q23. What are other occurrences [that affect the parturient] and how to treat them? (168–170) <sup>37</sup>
		Q24. How shall we cut up the fetus? (171–172)
Retention of the afterbirth	173	Q25. What shall we do if the placenta remains inside?
Abscesses in female parts	174	<i>174 modified</i>
Lesions of the womb	175	Q26. How shall we treat the wounds in the womb?
Cancer of the womb	176	Q27. What shall we do when a cancer occurs in the womb?
Excessive clitoris	177	<i>176 significantly modified</i>
<i>Cercosis</i>	178	<i>177–178 partial omissions</i>
Growths in female parts	179	
Fissures the womb	180	
Condylomata in the womb	181	
Hemorrhoids in the womb	182	Q28. Regarding the hemorrhoids that occur in the womb, called 'emori'ideš, how shall we treat them? <i>Modified</i>
Prolapse of the womb	183	Q29. What shall we do against the prolapse of the womb?
Closure of orifice/ <i>phimosis</i>	184	
Closure of womb/ <i>atretia</i>	185	
Use of vaginal speculum	186	Q30. Which is the proper way to be opened [by] the 'ôrgî? <sup>38</sup> <i>Modified</i>
missing <sup>39</sup>		<i>Pessaria</i> <i>15 and 16 missing</i>
<i>Fetus-in-utero</i> illustrations		<i>missing</i>

Table 1. Summary of the content and format of Muscio's *Gynaecia vis-à-vis* Do'eg's *Sēfer hatôledet*. I have used table 2 and table 3 from Bolton 2015, 9 and 18, respectively. The numbers in italics in the right-hand column following or below each Question (Q) pertain to chapters in Bolton's edition and are followed by brief commentaries on how they have been rendered (or not) in the Hebrew version. Unless otherwise specified, the translations from Hebrew into English are mine.

<sup>37</sup> 168 begins in Q22 and continues in Q23.

<sup>38</sup> Latin *organo* – that is, “implement” or vaginal speculum; see Bolton 2015, 237 n. 306.

<sup>39</sup> Neither of the two oldest manuscripts included the *Pessaria*, although both mention that it should follow the *Gynaecia*. Only the manuscript *H* (3r–28v), which stems from Monte Cassino, and its descendants document the *Pessaria*; see Bolton 2015, 96, 99, 419–441, where she includes the edition by Rose (1882, 120–128).

One of the first features revealed by this comparison is that some chapters from the *Gynaecia* are totally or partially omitted from *Sēfer hatôledet*, while some others have been slightly modified, and additions have occasionally been made, as well as the order changed. We obviously cannot rule out the possibility that these divergences might be result from the vicissitudes of textual transmission, at least in part. No Hebrew manuscript dating before the fourteenth century has been preserved, which makes it very difficult to figure out the quality of the copies on which the scribes depended or their ability to understand Do'eg's incipient scientific Hebrew language. It has nonetheless been possible to establish that, in general, omissions and departures from the Latin text are due mainly to two factors: the Latin manuscript from which the translator rendered the text into Hebrew, and deliberate editorial decisions.

### 2.1. The Latin Manuscript Tradition

A series of major and minor elements are absent from *Sēfer hatôledet* or differ from those present in the two oldest Latin manuscripts (*B* and *L*) on which Bolton based her edition, but not from manuscript Copenhagen (*H*).<sup>40</sup> Comparing the Hebrew text and manuscript *H* provides interesting results in the form of significant parallels between both of them, which have been collected in the appendix end of the chapter.

Three passages that illustrate this close relationship are presented below in more detail. The first consists of a paragraph on how to treat an infant's runny mouth and nose, which features in the final part of Question 10 in the Hebrew version, just before the end of book I of the *Gynaecia*.<sup>41</sup>

<i>Sēfer hatôledet</i>	Manuscript <i>H</i>
<p>[Q10] [...] ולהזלת פיו או נחיריו ניתן אליו מים בדבש מבושל מעט. ועת יחול השעול עליו נעזור אליו כן. נקח זרע פשתן. ושקדן. ומיץ ריקליציא. ומרקחת דיאדרא גאגאן. ונערב הכל יחד ונרגילהו בו. ובכבא עליו מקרים אחרים כמו חמום מוח וכפיו. ואשר החלק האחרון מראשו יהיה עמוק עם</p>	<p>139. <i>ad tussiculum eorum quid damus? &lt;ex&gt; semine lini amygdalis suco gliquiritiae et draganto utimur electuariis et melle.</i> 140. <i>quid est valitudo quae apud infantes siriasis appellatur? cerebri est fervor cum meningis, ita ut occipitum infantis concavum fiat, cum igneis et ferventissimis febribus.</i> 141. <i>si vero ventrem infans solverit quid faciemus? si adhuc lactat, omnia quae adstringere</i></p>

<sup>40</sup> Barkai 1991, 123 n. 20. This is consistent with the claim by Green 2021, 2 that the entire late medieval tradition of Muscio, up until the humanist revival of the fifteenth century, was based on the *H* tradition of manuscripts. Bolton 2015 refers on occasion to manuscript *H*, when she considers it necessary (see pages 96–97), whereas Rose 1882 based his edition on all three manuscripts, along with references to other two later exemplars.

<sup>41</sup> Barkai 1991, 243 (Hebrew), 159 (French translation). The only Hebrew manuscript to mark the transition between books I and II is Ms. Vat. ebr. 360, 12v25. It never mentions a book I, but marks the opening of a book II just before the beginning of question 11, on menstrual retention (chapter 127 in Bolton's edition).

## Sēfer hatôledet

## Manuscript H

הַתַּעֲמֵדָת קִדְחוֹת חֲמוֹת וְנִלְהָבוֹת מֵאֵד.<sup>42</sup> אוֹ  
שֶׁלֹּשׁ. אִם הוּא יוֹנֵק יִתְּכֵן לֶתֶת לְמִינִיקָת  
דְּבָרִים עוֹצְרִים גַּם קָלִים וְקָרִים וְנִנִּיחַ עָלָיו  
תַּחֲבוּשַׁת מַכְפּוֹת תַּמְרִים וּמֵן לְנִטְיָקוֹלָא וְאִם  
הוּא עוֹצֵר נִרְגִּיל הַמִּינִיקָת עִם שְׁמָנִים וְדִבְרִים  
מְרַטִיבִים לְהַנִּיעַ הַבֶּטֶן. סֵפֶר שְׁנִי

The discharge from mouth and nostrils will be treated with water mixed with lightly boiled honey. And when he has a cough, we will treat him in the following manner: we will take flax seeds, almonds and liquorice juice, and mix everything with electuary of tragacanth; we will treat the infant with it. If the infant has other ailments, such as inflammation of head and hands, in such a way that the back of the head becomes depressed, with very hot and intense fevers, o diarrhea, if he is suckling, it is possible to give the wet nurse astringent, and also light and cold things. We will apply a poultice of date kernels and lentils to him. If he is constipated, the wet nurse should take oils and moistening things to move the bowel. Book two.

possunt et nutrici eius damus epithima scilicet quod constat de palmulis et lenticula inducimus. si vero plurimis diebus non fuerit assellatum, mulsam et omnia quae ventrem mollire possunt etiam mammae dabimus. hactenus de cateperotianis transtulimus. et quoniam omnium valitudinum speciales curas non habent, quas vel maxime obstetrices nosse convenit, placuit ut ad gynaeceia triacontados conferamus. inde plena omnium cura insinuari potest. Explicit liber primus. Incipit liber secundus.

139. What do we give for their cough? We use lozenges (made) from linseed, almonds, liquorice juice and tragacanth, and honey. 140. What is the condition which is called siriasis amongst infants? It is an inflammation of the brain along with the meninges, in such a way that the back of the head becomes concave, (along) with fiery and extremely intense fevers. 141. If, however, the infant should loose (its) bowel, what should we do? If it is still taking suck, we give all things which can constrict to its wetnurse and we put on (the infant) a compress which consists namely of dates and lentil. If, however, it has not defecated for several days, we will also give to the wetnurse honey-water and all things which can soften the bowel. Thus far we have translated from the *Cateperotiana*. And since they do not have the special treatments of all conditions which it is especially fitting for *obstetrices* to know, it seemed right that we consult the women's conditions of the *Triacontas*. For, from there, the treatment of all things can be made known. First book ends. Second book begins.

This excerpt corresponds to chapter 124 of Bolton's edition – *ad tussiculum eorum quid damus* ("what do we give for their cough?") – most of which is missing or corrupt in manuscripts *B* and *L*. Manuscript *H*, however, contains an extract of considerable length that includes the end of book I and the beginning of book II.<sup>43</sup> Noticeably, the Hebrew text is shorter than its Latin parallel. Nevertheless, this divergence does not seem to be based on the source before the translator's eyes, but it might be due either to an editorial decision, such as those that made Do'eg pass over whatever he apparently thought superfluous or conflicted with his medical views (see discussion below), or to the intervention of later editors or copyists.

<sup>42</sup> I have amended here according to Ms. Vat. ebr. 360, 12v19.

<sup>43</sup> Manuscript *H*, 9v. See also Bolton 2015, 249 n. 231, where she includes the edition and translation of paragraphs 139–141 from Rose 1882, 45–46. I have used that edition and Bolton's English translation for the comparison.

The second example also involves an addition, along with a change in the order of chapters *vis-à-vis* the oldest manuscripts. It occurs in Question 22, devoted to the midwife's management of difficult birth, which corresponds to chapters 154–168 in Bolton's edition.

## Sēfer hatōledet

## Manuscript H

[Q22] [...] אם יהיה זה שהעובר מונח בחלק הראשון מצד פי האם. ואם מונח לאחר כנגד פי האם יתכן להשיבה על ברכיה או הפוכה על פניה. ואם העובר בצד הימני יתכן להשיבה על השמאלי. ואם בשמאלי יתכן להשיבה על הימני. ואם בהנחות האלה לא יוכל העובר לצאת אז יאות אשר המילדת שעשתה כבר צפרניה תכניס אצבעות ידה השמאלית משוחים בשמן ורצופים יחד בפי הרחם בעת שהאם פותחת בתולדה ותנהג העובר המקום [הראוי]. ואם הוא נעוץ מאד יתכן לשרש אותו ממקום ניעוצו בנחת. אך יתכן לנו לבאר תחלה כל הענינים הנאותים אל היולדת כתקנה ותולדתה ואחר כן לבאר ההפך, והענין הראשון שהוא כפי התולדת הוא זה והוא טוב מכל אשר החלקים זה הוא כאשר יחל העובר לנוע תנועה היציאה ואין לפחד שלא יפשו ידיו ושלא יצא מחר וזה הוא כפי התולדת. השני הוא כאשר יחל העובר לרדת כנגד האם יתכן שהמילדת הזהירה אשר בהגיעו לידיה תקחהו ותקבלהו ותנהגה לחוץ. השלישי הוא אם שוכב הפוך או עקום אשר יתכן שתתקנהו בידיה בנחת. ואם תמצא הראש ראשון תחזיק ואם תמצא הרגלים תחלה תחזיק בהם ותביאם כנגד היציאה.

[...] *et si in priore parte ab orificio matricis pecus infixum est, supinam collocare, in genua etiam et ad dentes, si retro ab orificio matricis infans est. si vero in latere dextro est, in sinistrum latus collocare, si in sinistro, in latus adversum. si vero haec schemata infantem corrigere non possunt, tunc diligenter unguibus incisis et oleo inlinitis et in unum conductis digitis sinistram manum in orificio vulvae mittere debebit, illo scilicet tempore quo se matrix naturaliter aperit, et adprehensio pecude ad competentem locum corrigere. si vero valde infixum est, prius a loco inopportuno evellere et sic retrorsus revocatum ad orificium matricis corrigere. Sed antequam schemata illa ponimus quae contra naturam sunt, melius facemus si ea qua sunt exoptabilia et secundum naturam, ipsa primo ponamus. 12. hic est secundum naturam primus et melior ab omnibus partus. et quidem cum labi coeperit, nullus metus subest ne manus extendant et ibi remaneat. (figure I). 13. et hic secundum naturam est. sed secundus partus. itaque cum occurrere coeperit, sollicita debet esse obstetrix ut cum ad manus pervenerit, teneat illas et sic adducat eum. (figure II). 14. si in divexum iacet, quid faciendum est? inmissa manu obstetrix eum componat, et si caput proximum invenit, ipsum teneat, si pedes ipsius, et adducat. TERTIUS PARTUS. (figure III).*

[This] if the fetus is placed in the forward part from the orifice of the womb. But if it is placed at the back, against the orifice of the womb, she must be laid on her knees or upside down on her face. If the fetus is on the right side, she must be laid on the left side, and if it is in the left side, she must be laid on her right side. If despite these positions the fetus is not able to come forth, the midwife, after cutting her nails, should insert the fingers of her left hand, anointed with oil and drawn into one, into the orifice of the womb at the moment that it opens naturally and steer the fetus to the appropriate place. If it is

[...] If the fetus is attached to the forward region from the orifice of the womb, she must be set on her back; or on her knees and face downwards if the infant is placed in the region backward from the orifice of the womb. But if it is on the right side, she must be laid on the left side, and if it is on the left side, [she] on the opposite side. But if the position of the infant could not be set right, then [the midwife] should diligently introduce the fingers of the left hand, drawn into one and after having been oiled and nails cut, into the orifice of the womb when it opens naturally, grasp the foetus and restore it to the right position. If, however, it is

*Sēfer hatôledet*Manuscript *H*

firmly attached, it will be necessary to pull it out gently from where it is rooted. But we must clarify first all issues concerning the parturient and normal childbirth, and afterwards explain the opposite [difficult birth]. The first case [birth position] is that according to nature, the best of all of them, when the fetus begins to move towards the passage out and there is no fear that it will stretch out its hands or that it will not come out quickly; this is according to nature. The second case is when the fetus begins to come down towards the [orifice of the] womb and, when it arrives, the agile midwife will take and receive it in her hands and guide it out. The third issue is when the fetus lies in an inverted or distorted position and she should straighten it up with her hands gently; if she finds that the head comes first, she should hold it; but if she finds that the feet come first, she should hold them and bring them towards the exit.

strongly fixed, first of all she must root it out from the inconvenient place and in this way push backwards and return it correctly to the orifice of the womb. But before describing those positions which are against nature, we will better describe those positions more desirable and according to nature. This is the first birth [position] according to nature and it is the best of all them; indeed, when [the foetus] begins to descend, there is no fear that it extends its hands and remains there. (figure I). Also the second birth is according to nature; and so, when it begins to descend, the midwife must be attentive so that when she reaches its hands, holds them and hence draws it out. (figure II). If it lies in a transverse position, what ought to be done? With her hand inserted, the midwife should put it in order; if she finds the head nearer [the orifice of the womb] she should grasp it, and if she finds its feet, draw out. THIRD BIRTH (figure III).

Starting at the end of chapter 154, on the unnatural position of the fetus, the Hebrew version expands with a lengthy excerpt, which is followed by the portions corresponding to chapters 156 and 157, and continues with chapter 155, followed by chapter 158.<sup>44</sup> Both the additional extract and the reordering of chapters mirror the eleventh century Cassinese editorial innovations present in manuscript *H*.<sup>45</sup> The addition introduces the fetus-in-utero figures and accompanies the first three of them, numbered and embedded in the text after each one of their descriptions and instructions to enable birthing. Furthermore, the third fetal position, both described and depicted as a single infant in transverse position with both arms outstretched, represents one of the innovations of manuscript *H* adopted in the Hebrew version.<sup>46</sup> Yet the figures have not been reproduced in Hebrew – or at least they have not been preserved in any of the extant manuscripts – even though ex-

<sup>44</sup> Barkai 1991, 260–261, 189–190 (French translation). See also Bolton 2015, 334–337.

<sup>45</sup> Manuscript *H*, 17r10–17v5 (right column). On the Cassinese editorial innovations, see Green 2019, 51–52, 54.

<sup>46</sup> Another innovation consists of omitting the reference to the possibility of twelve fetuses in a single pregnancy, which the oldest manuscripts included, restricting it to a maximum of four, which the Hebrew version also adopted; see Manuscript *H*, 19v, right hand column, “fourteenth birth”; Barkai 1991, 262 and 191 (French translation); and Bolton 2015, 342–343. The allusion to twelve fetuses was also eliminated from Q21:152, on birthing impediments; see Manuscript *H*, 16v5; Barkai 1991, 259; Bolton 2015, 328–329.

planations pertaining to each one of the fetal positions have been carefully numbered.<sup>47</sup>

In the light of the number and significance of features shared by the Hebrew manuscripts and manuscript *H*, it seems reasonable to suggest that Do'eg the Edomite produced his translation based on the *H* tradition of manuscripts. Along with the evidence provided by the examples, it is relevant to this discussion to bear in mind that the production of manuscript *H* at the abbey of Monte Cassino led to two editing campaigns, the first of which resulted in the treatise *De passionibus mulierum B*, another of the three gynecological treatises translated by Do'eg.<sup>48</sup> That means that both texts – the *Gynaecia* and the *De passionibus mulierum B* – must have reached the south of France, where Do'eg carried out his translation activity, around the same time, whether together or perhaps separately. We do not know the whereabouts of manuscript *H* from the time it was copied at Monte Cassino until the fourteenth century, when its presence is documented in England.<sup>49</sup> But surely other complete or partial copies ensued, not all of which have necessarily reached us or have been so far (correctly) identified. One such exemplar is kept in Madrid, Biblioteca Nacional, MS 4234 (manuscript *M*), which includes a group of eight gynecological texts stemming from Monte Cassino. If Green's recent suggestion that the first part of the Latin manuscript could have been copied in France in the second half of the twelfth century is confirmed, it would provide definite evidence of its circulation in Do'eg's milieu.<sup>50</sup> The manuscript brings together a copy of Muscio's *Gynaecia* made from manuscript *H*, which encompasses the *Pessaria* but omits the fetus-in-utero drawings, and the *De passionibus mulierum B*, attributed to Galen just as in the Hebrew version.<sup>51</sup> Unfortunately, a considerable part for Book I of the *Gynaecia* seems to have been mislaid, as the text is interrupted abruptly in the middle of the chapter on the signs for recognizing when menstruation will occur for the first time at the end of folio 1v,<sup>52</sup> whereas

<sup>47</sup> I have indicated the position of the figures in the Latin text between brackets. For the edition, I have followed Rose 1882, 84 (XVIII.11), which I have collated with manuscript *H*. For an Italian translation of the excerpt, see Radicchi 1970, 165–169.

<sup>48</sup> See note 13.

<sup>49</sup> Green 2011, 191.

<sup>50</sup> Manuscript *M* was listed in relation to Latin translations or adaptations of Soranus's *Gynaecology* and derivative works by Hanson and Green 1994, 1072, 1073–1074. There and in subsequent academic publications it was ascribed to the thirteenth century (Green 2000b, 9, 12, 24–25, 33; Barkai 1998, 56 n. 18; Bolton 2015, 524). Green has moved the date forward to the second half of the twelfth century in more recent work, such as Green 2016 (cited with permission of the author).

<sup>51</sup> Manuscript *M*, 1r–12r and 12v–16v, respectively. It also incorporates fragments of *De passionibus mulierum* Urtext (28r–v), *De passionibus mulierum A* (31r–32r), and an abbreviated version of *Genecia Cleopatre* (28v–31r); see Green 2000b, 9. The manuscript has been digitized and can be accessed at “Tratados médicos (Manuscrito),” Biblioteca Nacional de España. Biblioteca Digital Hispánica, <http://bdh-rd.bne.es/viewer.vm?id=0000106820&page=1>.

<sup>52</sup> Chapter 22 in Bolton 2015, 156 and part of Question 3 in the Hebrew version (Barkai 1991, 230).

folio 2r begins just at the end of the chapter on difficult birth and the beginning of the chapter on the causes for this affliction that pertain to the woman herself.<sup>53</sup> The digital inspection of the manuscript seems to support the idea that the extant fragments follow manuscript *H* closely. Indeed, it also seems to find some echo within the Hebrew version at times. For example, because manuscript *M*, like the Hebrew extant manuscripts, does not reproduce the fetus-in-utero figures, it takes special care to number every single fetal position, including the two first ones, which are not numbered in Manuscript *H*, possibly as a reading aid.<sup>54</sup> So does the Hebrew version, although it identifies each one as ענין (“issue, matter”) instead of *partus*, perhaps because the translator considered it most appropriate to refer to them as “cases.” We do not know if he could see drawings of fetal positions.

The last example is part of Question 3 and concerns the age at which women stop menstruating. Curiously, the Hebrew text appears to conflate two different Latin passages relating to women’s age and to the length of the menstrual cycle, respectively. The former is part of chapter 15 in Bolton’s edition, whereas the latter is part of chapter 13.<sup>55</sup> Yet what intrigues me here is that, despite the confusion between days and years that has occurred in Hebrew, the figures referring to “cessation” concur with those in manuscript *M*, lv18–19:

<i>Gynaecia</i>	<i>Sēfer hatōledet</i>	Manuscript <i>H</i>	Manuscript <i>M</i>
[...] <i>plerisque tamen neque in quadragesimum annum cessat neque post quinquagesimum perseverat.</i>	וכאשר יחל [...] [Q3] לסוף שלשים [יום] יהיה ונפסק לסוף ארבעים יום ולפעמים לסוף ארבעים לחמשה.	[...] <i>plerisque tamen neque usque ad XL. annum cessat neque post XL. perseverat</i>	[...] <i>plerisque tamen neque usque ad XL. cessat neque post XL.V. perseverat</i>
In most cases, however, neither does it stop before the fortieth year, nor does it persist after the fiftieth.	[...] when [menstruation] begins at the end of thirty days, it will cease at the end of forty days, and sometimes at the end of forty-five.	[...] in most cases, however, neither does it stop before the fortieth year, nor does it persist after the fortieth.	[...] in most cases, however, neither does it stop before the fortieth year, nor does it persist after the forty-fifth year.

On the basis of the available evidence, it is difficult to draw conclusions about the relationship, if any, of manuscript *M* and Do’eg’s translation activity. Yet a fuller examination and detailed collation of both Latin manuscripts (*H* and *M*) and all

<sup>53</sup> Chapters 144–145 in Bolton 2015, 318 and part of Question 21 in the Hebrew version (Barkai 1991, 257).

<sup>54</sup> Manuscript *M*, 2v32–3r9. In fact, “*partus primus*,” added to the Latin text in the second example above, is a reading of manuscript *M*, 3r5.

<sup>55</sup> See “*qui frequentius expletis triginta diebus occurrit*” (“which generally occurs every thirty days”) in Bolton 2015, 150–151 and manuscript *H* (2r3–11). The Hebrew treatise includes the reference to thirty days twice, in relation to both the length of the menstrual cycle and the cessation of menses; see Barkai 1991, 229–230 and 135–136 (French translation).



Hebrew witnesses of both *Sēfer hatôledet* and *Sēfer hā'ēm 'el g'alînûs* will help in the future to confirm the extent of the existing correspondence, the history of their complex textual transmission, and, hopefully, their Latin *Vorlage*.

## 2.2. Editorial Decisions

The second factor that may have played a role in the omissions and departures from the Latin text is deliberate editorial decisions. These can be classified into three categories depending on the reasons that motivated them: contents that seem to have been considered superfluous or less relevant, differences based on medical views, and cultural and religious differences.

In the first place, the Hebrew version clearly shows less interest in issues relating to prenatal care, breastfeeding, wet-nursing, neonate care, and infant care, all of them part of book I of the *Gynaecia*. At least that is what emerges from the total or partial omission of chapters devoted to matters such as *cissa* (Q4:29 and 32); names of the placenta (Q4:38–39); nursing mothers (Q6:57); treatment for dried milk (Q8:82); fall of the navel and correct unswaddling (Q10:109–110); first bath, first sitting, walking on all fours, walking, and weaning (Q10:111–113 and 115); and treatment for inflammation of the infant's throat (Q10:121 and 124).<sup>56</sup> These omissions, which do not seem to be grounded in medical, religious, or cultural considerations and which do not occur in other parts of the text, suggest a greater interest in gynecology and obstetrics than in prenatal care and pediatrics – a perspective apparently shared with the editors of manuscript *H*, who had already omitted procedures regarding baby bathing (Q8:91), constant baby crying (Q9:102), place where the baby should sleep (Q9: 103), and moving about the baby (Q9: 104–105).<sup>57</sup> The lack of regard for certain issues again becomes apparent toward the end of the treatise, in the chapter dealing with the workings of the vaginal speculum (Q30:186), from which the Hebrew version leaves out a short introduction that serves in the Latin text to connect with the prologue by alluding to the need to instruct midwives – in this case, in the correct use of the implement. In fact, this paragraph had become unnecessary once the prologue was not translated into Hebrew, and the new one did not embrace the former's concern regarding the education of midwives. Finally, *Sēfer hatôledet* omitted *pessaria* 14 and 15 and considerably shortened *pessaria* 30 and 56.<sup>58</sup> The expunged *pessaria* seem to be a continuation of the previous one (13), while the omitted excerpts from the other

<sup>56</sup> Q followed by a numeral refers to the question-and-answer couplets in the Hebrew text, while numerals after a colon stand for the number of the chapters in Bolton's edition. For their correlation, see table 1.

<sup>57</sup> See appendix for a more detailed account.

<sup>58</sup> Bolton 2015, 424–25, 431, and 440, respectively; Barkai 1991, 278, 280, and 283, respectively.

two *pessaria* consist of some procedural considerations. Other than that, there are no apparent reasons for their deletion.

In some instances, explanations referring to Greek terminology, names, and concepts were also disregarded, perhaps because they were considered superfluous or unnecessary, or possibly in an attempt to facilitate understanding, or even sympathy, on the part of a Jewish readership unfamiliar with Greek language, culture, and science. Some of these departures from the Latin text will be examined below in the discussion of editorial decisions based on cultural difference, but some instances in which strangeness seems to mix with a certain disinterest will be mentioned here. For example, all references to Muscio and Soranus were suppressed, as well as some references to medical works attributed to the latter or to other Greek authors. In particular, Q21:152 neglects to mention Soranus and Muscio; Q13:130 overlooks the reference to the treatise *Remedies*, although *Surgery* and *On Fevers* are quoted; and Q27:178 fails to quote the philosophers Apollonius and Sostratus, although it names Filoxenus, albeit in a slightly corrupted form.<sup>59</sup>

In the second place, the Hebrew version departs from the Latin model, either by omitting passages or by modifying them, on the grounds of medical considerations. This is mainly due to the fact that the Hebrew translator did not adhere to the principles of Methodism, which sometimes he misinterpreted, as earlier scholarship has pointed out.<sup>60</sup> In fact, although he strained to supply Hebrew terms to render concepts such as *strictus/constrictum* (עצור), *constrictorios* (עוצרים), *laxitude* (חלקות), or *acutus* (מחודד) at a time when Hebrew medical vocabulary was in its infancy, it seems plain that he did not wholly understand the basics of Methodist medical notions.<sup>61</sup> Consequently, he omitted or altered any chapter or excerpt where constricted or lax conditions were discussed, or where other concepts specific to Methodism were dealt with. By this token, Q4:32 on the constrictive treatment of women who suffer from *cissa*, as well as chapters 125 and 126 (in between Q10 and Q11, and at the beginning of book II) on conditions that occur through

<sup>59</sup> Bolton argues that, although the *Gynaecia* does not attribute the works to any named author, Soranus himself referred to *Remedies* and *Surgery* by such labels, whereas Caelius mentioned Soranus's *On fevers*. Regarding *Surgery*, the Hebrew version explains in Q20:143, regarding the treatment of hypospadias, *הוא שירורגיא* (כאשר זכרנו בספר הכרתות) ("as we mentioned in the *Book of Surgery*, that is, *širûrgiā*"). It is unclear if it was also referred to in Q29:183, on prolapse of the womb. *On fevers* is mentioned in Q12:128, in relation to the inflammation of the womb accompanied by fever; see Barkai 1991, 256, 276 and 247, respectively; and Bolton 2015, 4, 280–281, 271 n. 242, 380–381. On the naming of Filoxenus, see *הנפיקר אפילושניוש* ("Also a philosopher called *ʾafilōšēnōš*") in Barkai 1991, 271 and Bolton 2015, 378–379.

<sup>60</sup> Hanson and Green 1994, 1059–1060; Barkai 1998, 60.

<sup>61</sup> For *constrictum* and its derivatives, see, e.g. Barkai 1991, 244, 248–249, 251, 259, 279; for *laxitude*, see Barkai 1991, 255; and for *acutus*, see Barkai 1991, 249. Methodism asserted that there were three bodily conditions – *status laxus*, *status strictus*, or a combination of the both of them – that engendered either acute or chronic diseases, which should be treated with laxatives or astringents, depending on the condition that caused them; see Green 1985, 24–36; Bolton 2015, 14–15.

constriction and through flux, were both wholly discarded.<sup>62</sup> Other chapters that suffered from partial omissions were Q18:139 and 140, devoted to gonorrhea and lassitude of the womb, respectively, where the nearly identical assertions *est autem valitudo que per fluxum occurrit et semper chronica est* (“this condition occurs through flux and is always chronic”) and *et haec enim et per fluxum occurrit et chronica est* (“for this condition also occurs through a flux and is chronic”) were overlooked; and Q21:153, on slow and painful birthing, where a sentence regarding the relaxing treatment due to a constricted state – *haec omnia supra scripta calastica diligencia relaxari solent* (“All these things written above are wont to be relaxed by softening treatment”) – as well as a long paragraph on the strenuous ways of the ancients to induce delivery during arrested labor were likewise omitted.<sup>63</sup>

In the same vein, references to the “cyclic treatment” and its phases to be applied to chronic diseases were avoided or changed. This was especially the case with the concepts of *metasyncrisis*, *accessio* (crisis), and *dialimma* (resolution). Any references to *metasyncrisis*, a phase of drastic purging after a restorative phase, were excluded from Q11:127 on menstrual retention, Q13:130 on suffocation of the womb, Q17:138 on excessive menstrual flow, Q18:139 on gonorrhea, Q27:176 on cancer in the womb, and Q29:183 on uterine prolapse.<sup>64</sup> In addition to this, in both Q14:132 on inflammation of the womb, and Q15:136 on the *mola*, he understands *metasyncritica* as the name of some specific medicament, not a general course of therapy.<sup>65</sup> Similarly, the meaning of *accessio* and *dialimma* seems to elude our translator, and while they are often omitted in some places, such as in the chapter on cancer (Q27:176), *dialemmata* is understood as an illness that causes any intake of food to be vomited or spoiled.<sup>66</sup> All in all, the translator seems to have retained basic Methodist therapies despite his apparent lack of allegiance to or awareness of the medical sect’s principles.<sup>67</sup> Notwithstanding that, it seems noteworthy to bring to mind that diet and exercise are not foreign to talmudic medicine – that is,

<sup>62</sup> Bolton 2015, 168–169, 250–251; Barkai 1991, 231 and 139 (French translation), and 243 and 160 (French translation). On the latter example, see also Hanson and Green 1994, 1059.

<sup>63</sup> On Q18:139 and 140, see Bolton 2015, 308–309 and 310–311, respectively; Barkai 1991, 255, 181–82 (French translation). On Q21:153, see Bolton 2015, 328–331; Barkai 1991, 259–260, 188–189 (French translation).

<sup>64</sup> On Q11:127, see Bolton 2015, 264–265; Barkai 1991, 246, 181 (French translation). On Q13:130, see Bolton 2015, 277–279; Barkai 1991, 249, 169–170 (French translation). On Q17:138, see Bolton 2015, 306–309; Barkai 1991, 255, 181 (French translation). On Q18:139, see Bolton 2015, 308–309; Barkai 1991, 255, 182 (French translation). On Q27:176, see Bolton 2015, 372–377; Barkai 1991, 270–271, 203–204 (French translation). And on Q29:183, see Bolton 2015, 390–391; Barkai 1991, 274, 208 (French translation).

<sup>65</sup> In the first example, *metasincriticis* is read in Hebrew as מטשי נקירי טיאנקש (*metasî neqîrî fîʾanqas*). In the second one, the Hebrew reads מיטאשי נקרטיקש (*mêṭʾasî neqrîṭiqas*). Note that, in this case, manuscript *H* reads *metasin creticis* (Rose 1882, IX.38); see Bolton 2015, 284–285, 296–297; Barkai 1991, 250, 172 (French translation) and 252, 176 (French translation).

<sup>66</sup> Bolton 2015, 372–373; Barkai 1991, 270, 203–204 (French translation).

<sup>67</sup> Hanson and Green 1994, 1059–1060; Barkai 1998, 60.

to the sages' understanding of health and disease embedded in rabbinic discourse, to which we will return later.<sup>68</sup> As scholars have pointed out, Do'eg the Edomite was profoundly learned in Torah and the literature of the sages, as the intertextual references in his work attest.<sup>69</sup>

So far, most editorial interventions concerning medical notions seem to be connected to the translator's (mis)understanding of Methodism. Indeed, very little is added in the Hebrew version, which hardly makes any reference to the Gale- nic system of humors and qualities.<sup>70</sup> However, I would like to give one example where other medical views surface. It occurs in the above-mentioned chapter Q27:176 on cancer of the womb, in relation to treatment during the active phase of the disease, where the Hebrew ostensibly departs from the source.<sup>71</sup>

<i>Sēfer hatôledet</i>	<i>Gynaecia</i>
וְאִם הוּא בַחֲמוּם יֵאוֹת לְהִבִּיאַ הַדְּבָרִים מִקְרִירִים [...] [...] <i>sicut februra calastice.</i>	
[...] If heat occurs, it is convenient to apply cooling things.	[...] likewise (if) inflammation (occurs), relaxing things (are applied).

Throughout the treatise, the term חֲמוּם, as well as other variants (תַּחֲמוּם, הַתַּחֲמוּם) derived from the root חֲמ"מ and belonging to the semantic field of "heat, burning," consistently translate the Latin terms *fev/bura* "inflammation" and *fervor* "burning, heat" as "inflammation," in accordance with the indiscriminate use that the Latin makes of both to indicate such meaning.<sup>72</sup> Its use in Hebrew denotes the logic followed by the translator in his painstaking attempt to supply the medical vocabulary that the holy tongue lacks. In this rare instance, however, either Do'eg the Edomite or a later scribe interpreted its meaning according to its literal sense in Hebrew and consequently departed from the original to offer a therapy based on the principle that *contraria contrariis curantur* and the qualities of the humor- al theory.<sup>73</sup>

Obviously, it is not possible to ascertain on the basis of this sole piece of ev- idence whether this disagreement is the endeavor of the translator or of a later scribe working before any of the existing manuscript copies were made. I would nonetheless like to raise two points that, although not conclusive, are relevant to

<sup>68</sup> Preuss 1911, 653–687.

<sup>69</sup> Freudenthal 2013, 119; Freudenthal 2018, 29–30.

<sup>70</sup> Hanson and Green 1994, 1059–1060.

<sup>71</sup> Barkai 1991, 270, 203 (French translation); Bolton 2015, 372–373.

<sup>72</sup> Bolton 2015, 104.

<sup>73</sup> Although Michel Garel's translation into French uses *l'échauffement* in all cases except one, the coherence of the Hebrew version suggests that Do'eg was aware of the meaning and translated it accordingly into Hebrew; see Barkai 1991, 244, 246–247, 256, 268, 278, 279, 282, 283 (Hebrew) and 161, 164–167, 183, 199–200, 215, 217, 221–222, 223 (French translation). Only in Q19:142, on the flexions of the womb, *fervore/חֲמוּם* has been translated into French as "inflammation": *Parfois, se produisent des abcès dans la matrice, car y était préalablement une forte inflammation.* Barkai 1991, 196, 265 (French translation and Hebrew edition, respectively).

this discussion. In the first place, Do'eg the Edomite was himself a practicing physician.<sup>74</sup> This fact implies that he must have been familiar with the medical theories of his time and would also account for some additions in the form of short commentaries interspersed throughout the text, such as the supplementary cause of uterine suffocation added in Q13:130 to those already featuring in the Latin – namely, “a long and difficult delivery.”<sup>75</sup> But, most importantly, Do'eg's translation project comprised a considerable number of theoretical and practical medical books based on Arabic Galenism. Of course, we cannot be sure of the order in which he translated the books. However, if we consider the list he provided in the introduction to his impressive program, *Sēfer hatōledet* features in twelfth place, after such significant works as Ḥunayn ibn Ishāq's *Introduction to Galen's Art of Medicine* and his translation from the very Galenic book, al-Majūsī's *Liber Pantegni*, Israeli's *Book of Urine*, and the Salernitan *Liber de sinthomatibus mulierum*, version 3, to mention just a few.<sup>76</sup> Regardless of which was translated first, there is no doubt of Do'eg's acquaintance with Greco-Arabic physiology.

In other places, the translator of *Sēfer hatōledet* omitted or amended those paragraphs where physiological concepts typical of Soranian/Methodist gynecology that contradict Jewish tradition or beliefs were expounded. Such disagreements enter into the realm of cultural and religious difference, my third category of editorial decisions behind the departures from the Latin source.

Two main areas of the approaches to women's health care taken by Soranus and Muscio seem problematic from the standpoint of Jewish tradition: sexual intercourse and pregnancy. Their views are problematic because they stand in sharp contrast to the commandment “be fruitful and multiply” (Genesis 1:28). Regarding the former, Q3:22 states that sexual intercourse is too draining for the body of males and females alike, so the Latin text claims that “perpetual virginity” (*perpetua virginitas*) keeps women healthy.<sup>77</sup> However, the Hebrew version suppresses the drastic reference to perpetuity and recommends delaying sexual activity for young women: ובהתאריך זמן הבתולות לבתולות יתאריך בריאותם (“prolonging the time of virginity for maidens will prolong their health”).<sup>78</sup> Perhaps one of the most disturbing concepts from a Jewish point of view is the notion, formulated in chapter 25 of the *Gynaecia*, that pregnancy may be harmful for women: *saluberrimus est enim conceptus? non quidem* (quia) *ingenti corporis labore et tormento perferatur* (“is conception, then, very beneficial for the health? Certainly not, (because) it is borne with great stress and torment of the body”). Confronted with that idea, Do'eg chose not to translate it into Hebrew.<sup>79</sup>

<sup>74</sup> Freudenthal 2013, 109; Freudenthal 2018, 26 and 32.

<sup>75</sup> Bolton 2015, 272–273; Barkai 1991, 248.

<sup>76</sup> For the list of Hebrew translations, see note 2.

<sup>77</sup> Bolton 2015, 158–159.

<sup>78</sup> Barkai 1991, 230, 137 (French translation).

<sup>79</sup> Bolton 2015, 162–163; Barkai 1991, 230, 137 (French translation).

But not all departures from the Latin text on account of physiological concepts and their understanding in Judaism involved conflicting notions. An amendment in Q20:143 on sterility allowed the translator to introduce the idea, widely acknowledged in Judaism on account of a talmudic interpretation of Leviticus 12:1–2 (b. Niddah 31a), that women also contribute to conception through the emission of semen.<sup>80</sup> Thus, while the *Gynaecia* explained that one of the causes of sterility is that women in *communicatione viri semen non admittant* (“during a man’s intercourse they do not admit the semen”), the Hebrew text amended this to [...] או זכר שאינם מגרשות הזרע בהזדגגם עם זכר (“or they do not eject the semen during intercourse with man”).<sup>81</sup>

In addition to divergences regarding physiological and medical concepts, glosses and explanations of Greek names for diseases and bodily parts were not incorporated into the Hebrew version. For example, the explanation *greco etiam delphis dicta est eo quod* (“[the womb] is also called *delphys* in Greek because ...”) was not included in Q2:3, whereas the passage *cuius foris labia greci pterigomata dicuntur, latini pinacula dicta sunt, et a superiore parte descendens in medio landica dicta est* (“its outside lips are called *pterigomata* in the Greek, in Latin they are called the ‘little wings,’ and that which extends from the upper part between them is called the ‘clitoris’”) was omitted from Q2:8. It is worth noting that, in addition to alleged unfamiliarity with the foreign terminology on the part of the translator and/or his Jewish audience, lack of language skill may have precluded their transliteration or translation into Hebrew. In the omitted paragraphs, the names *delphys*, *pterigomata*, and *landica* are written in Greek script in manuscript *H*.<sup>82</sup> Interestingly, the word *hystera*, which features in the commentary *greco etiam ystera appellatur* (“[the womb] is also called *hystera* in Greek”), preserved in Hebrew at the beginning of Q2:39, is spelled in Latin in the same manuscript (3v17).<sup>83</sup>

Although these editorial decisions might have been prompted by the association of the *H* tradition of manuscripts with the translation of the *Gynaecia* into Hebrew, many other omissions of Greek concepts and names were not spelled in Greek but in Latin in the source text. These include, for example, *nam inde et prorregma dicitur quod prior rumpatur* (“it is also called the *prorregma*, because it is ruptured previously”) in Q4:40, *quae a grecis ysterice pnix dicta est* (“[suffocation of the womb] which is called *hysterical pnix* by the Greeks”) in Q13:130, [*De fluxu seminis mulieris*] *quem greci gonorrhan dicunt* (“[On women’s flux of seed] which

<sup>80</sup> For a discussion on this particular notion and the impact of rabbinic discourse on the shaping of medical ideas on women, see Caballero Navas 2021, 362–365.

<sup>81</sup> Barkai 1991, 257; Bolton 2015, 316–317.

<sup>82</sup> Manuscript *H* spells the three anatomical terms in Greek: ΑΕΛΑΚΥ (*sic*), ΠΘΕΡΥΤΩΜΑΘΑ (*sic*) and ΑΝΔΥΚΑ (3v20, 30 and 31, respectively). This use of Greek is a known feature of manuscripts in the *H* tradition; see Bolton 2015, 98 (table 8).

<sup>83</sup> והיונים קראה אשתריא (“the Greeks called it *isteria*”). The Greek term has also been spelled in Hebrew as אשטריא and אשריא in the other extant manuscripts; see Barkai 1991, 229.

the Greeks call *Gonorrhoea*”) in Q18:139, [*De immoderata landica*] *quam greci las nymfin appellant*’ (“[on *landica*] which the Greeks call *las nymfin*”) in Q27:177, *De cercoso* (“on *cercosis*”), and the whole explanation of the name “satyriasis” based on Greek mythology in Q12:129.<sup>84</sup> This last absence points to the cultural strangeness to which I referred above and was possibly motivated by an attempt to avoid tensions resulting from cultural and/or religious differences, bearing in mind that mythology belongs to the sensitive province of belief. The following example from *pessarium* 49 evinces this concern:<sup>85</sup>

<i>Sēfer hatōledet</i>	<i>Gynaecia</i>
נסיון טוב להוליד. ביום ו תשיעי לחדש הלבנה יודגו שניהם אך ביום ה קודם תבוא האשה במרחץ ... ותתחמם ותעשה זה שלש פעמים ונסינו ונתקיים	49. <i>Orionis conceptorium. lunam novam die Veneris et die Solis observare debebunt ambo, et die Iovis lavari debet mulier calide.</i>
Experiment good to conceive: They should have sexual intercourse on day six (Friday), on the ninth day of the new moon. But first, on day five (Thursday), the woman has to take a bath to warm up and do this three times. We tried and it worked.	49. The conception-promoting (remedy) of Orion. On the day of Venus and the day of Sol, both (woman and man) ought to observe the new moon and on the day of Jupiter the woman ought to be bathed promptly.

In fact, Do'eg's concern was justified on account of the opposition that his effort to introduce “Greek wisdom” into the Jewish cultural system through his translations encountered from his coreligionists, as Gad Freudenthal has suggested after analyzing the introduction to his translation project.<sup>86</sup>

The editorial decisions discussed thus far correspond with two of the strategies translators from Latin into Hebrew used in order to manage ideas and practices irrelevant to or incompatible with Jewish customs and beliefs – namely, partial alteration and total deletion. A third strategy consists of the retention of the whole and, thus, deliberately ignores the potential difficulties.<sup>87</sup> More often than not, Jewish translators chose to disregard the difficulties that certain contents might pose for a Jewish readership by rendering into Hebrew, without warning or explanation, ingredients and medicaments that may seem striking from a cultural point of view. In my experience, this is a common feature of Hebrew texts on women's health care, numerous examples of which are by no means exceptional

<sup>84</sup> On Q13:130, see Bolton 2015, 272–273; Barkai 1991, 248. On Q18:139, see Bolton 2015, 308–309; Barkai 1991, 255. On Q27:177, *landica* has been misspelled in Hebrew as לינטריקא (*linṭerīq'a*) and לינטידיקא (*linṭīdīq'a*) in different manuscripts, although it is not possible hitherto to know whether the misunderstanding originated with the translator or was introduced by later copyists. The commentary “this disease is very bad and ugly” is possibly due to the former, who, however, chose not to include the moral comment *turpitudinis sintoma est grandis* (“[it] is a symptom of indecency”); see Barkai 1991, 270; Bolton 2015, 376–377. And, on Q12:129, see Bolton 2015, 378–379 and 270–271, respectively; Barkai 1991, 271 and 247, respectively.

<sup>85</sup> Bolton 2015, 437; Barkai 1991, 283.

<sup>86</sup> Freudenthal 2013, 114–116. See also Freudenthal, McVaugh and Mesler 2020, 233.

<sup>87</sup> For these strategies, see Ziegler 1997, 94–102; Cohen-Hanegbi 2013, 130–140.

within the Hebrew medical corpus.<sup>88</sup> This was apparently one of Do'eg the Edomite's translation choices, as he did not shy away from mentioning forbidden foodstuffs in all three of the gynecological tracts he translated.<sup>89</sup> In its medical recipes, *Sēfer hatôledet* recommends pig meat and fat, the latter being particularly advised in the preparation of *pessaria*, as well as bear fat and the brains, womb, and stomach of hares, from which different medicaments were prepared.<sup>90</sup>

As some scholars have pointed out, an obvious reason for this lack of censorship regarding the translation into Hebrew of forbidden ingredients to be used in the course of a treatment is that Jewish physicians – the implicit readership of Hebrew medical books – also provided medical attention to Christian patients, who did not share the dietary constraints and probably expected to be offered such therapies.<sup>91</sup> Nonetheless, it is also possible that, regarded as part of the healing procedure, these ingredients were tolerated by some Jews on the grounds that the prohibition would not apply in these cases, given the motive. Interestingly, in the context of a discussion about pregnant women craving forbidden foodstuffs, the Babylonian Talmud (b. Yoma 82a:9) stipulates that “there is no *halakhah* that stands in the way of saving a life except for the prohibitions against idol worship, and forbidden sexual relationships, and bloodshed.” Evidence indicates that some medieval Jews were prepared to disregard dietary laws whenever health was at risk and occasionally overcame their scruples to such an extent that they visited the tombs of Christian saints and Christian holy places, as well as recited Christian prayers in order to recover their health.<sup>92</sup> What is striking about Do'eg's decision to render these treatments into Hebrew is that he claims in the prologue to his translation project that his aim is to provide Jewish physicians with medical education adequate enough to prevent Jewish patients from visiting Christian doctors who could give them treatments contrary to Jewish law.

I have seen the holy seed [i. e. the Jews] lay siege to the doors of the gentile sages on account of their illnesses, and the illnesses of their sons and daughters. They receive from the

<sup>88</sup> For example, the thirteenth century Hebrew compilation on women's health care, *Sēfer 'ahābat nāšim* (*The Book of Women's Love*), recommends putting a piece of unsalted pig's liver on a scab to cure it, or using the dung of a white female pig to prepare a pessary that will stop a vaginal haemorrhage; see Caballero Navas 2004, 124 and 168, respectively. Likewise, the fifteenth-century *Šār hanāšim* (*Chapter on Women*) recommends pig fat to indistinctly treat conditions of the breast and postpartum pangs, and pig testicles to prevent breasts from growing too much; see Caballero Navas 2003, 150–151, and 155, respectively.

<sup>89</sup> See, e. g. the recommendation to apply pig fat mixed with other ingredients for ulcers in the womb in *Sēfer hā'ēm*, and the advice to use the stomach of a fox for a pessary against uterine suffocation in *Sēfer hasēter*; Barkai 1998, 170 (153 Hebrew) and 186 (182 Hebrew), respectively.

<sup>90</sup> Barkai 1991, 99–104, 240, 242, 254, 257, 277, 278, 280, 282–283.

<sup>91</sup> Ziegler 1997, 102; see also Freudenthal 2013, 110–111, who points to the need of Jewish physicians to pass an examination in the vernacular (in order to obtain a medical license).

<sup>92</sup> On evidence that Jews disregarded dietary laws under such circumstances, see Caballero Navas 2008, 152–153; Ziegler 1997, 100–101. On the use of Christian prayers and holy places, see Shatzmiller 1994, 120–23; Shoham-Steiner 2006, 375–376.



[gentiles'] hands every remedy, although they do not differentiate between the pure and the impure; into their compound medicines they mix libation wine with pure wine, unclean meat and milk and blood. None escapes the prohibited nor the abhorrent. For this reason I decided to translate ...<sup>93</sup>

In view of Do'eg's choices regarding the translation of forbidden food, I believe that the claim he made in order to justify his translation project – to avoid that the Jews were at risk of (in)advertently consuming forbidden food – should be understood as a *topos* – that is, as a rhetorical argument whose aim was to legitimize his endeavor by resorting to Jewish tradition, and to persuade his potential audience that Greco-Arabic medicine was compatible with the fulfillment of Jewish precepts. To this end, he also eliminated from *Sēfer hatôledet* some notions that could be problematic from the perspective of Judaism, as has already been discussed, and incorporated some elements linked to traditional Jewish learning, which resulted in the apparent Judaization of the book.

### 3. Tradition as Source of Authority and Legitimacy

As scholarship has often pointed out, the translator of *Sēfer hatôledet* introduced substantive changes and additions compared to the Latin version, which altered the product significantly, in contrast to the rather literal rendition of both *Sēfer hasēter* and *Sēfer hā'ēm*. He provided the translation with an introduction, which did not exist in the original, and presented the treatise in the form of a dialogue between two biblical characters from the patriarchal narratives. He also resorted liberally to biblical and talmudic quotations and expressions. These discernible editorial interventions have prompted scholars during the last few decades to ask why Do'eg decided to Judaize only one of the three gynecological texts he translated.

In answer to this question, Freudenthal has recently claimed that the frame story of the book was put there not by Do'eg but by a later editor, although, to my knowledge, no further information about the results of his research has been disclosed.<sup>94</sup> While Freudenthal's findings may prove to be of great relevance to the history of medieval Hebrew medicine and gynecology, his claim has not come entirely as a surprise. Firstly, Barkai already weighed the idea in the 1990s, although he rejected it after comparing a copy of each of the three gynecological texts from Do'eg's plume preserved together in fifteenth century Spanish manuscript.<sup>95</sup> His analysis made it possible to confirm the common authorship of the three texts, but the state of research at the time did not allow him to identify a different hand

<sup>93</sup> Steinschneider 1888, 6. For the English translation, I have used both Barkai 1998, 21 and Freudenthal 2013, 109.

<sup>94</sup> Freudenthal 2018, 46.

<sup>95</sup> Barkai 1998, 31.

in *Sēfer hatōledet*. Secondly, this would not be the first time that one of Do'eg's translations was rewritten and edited by a later hand. *Sēfer hasēter* was (partially?) edited during the second half of the thirteenth century by an unknown Provençal author, whom the author of *Sēfer hayōšer* often calls "my brother Jacob," and who renamed the edited version as *Šē'ār yāšūb* (*A Remnant Shall Return*). This single extant copy preserves the only portions from *De ornatu mulierum* known to date, together with some fragments from the *Liber de sinthomatibus mulierum*, version 3 which the only manuscript copy of *Sēfer hasēter* known before its identification does not.<sup>96</sup>

In my view, the publication of Freudenthal's study may prompt us to revise previous analysis and open new research paths. Nevertheless, regardless of whether the prologue and frame story were authored by Do'eg the Edomite or someone else, I still think that the Jewish garb of the book operates as a strategy to legitimize Jewish (male) involvement in Greco-Latin gynecology in several ways, which involve not only rabbinic discourse but also an apologetic approach that connects the origin of medicine to the Jews.<sup>97</sup> I shall not be able to deal with these issues at length in the present contribution but can only comment on a few elements relevant to my contention. I hope to make known the results of my ongoing research in a future publication.

An important element of the book's legitimizing strategy is the continuous references to the Bible, which is brought into play in two ways: recourse to biblical personae and interpolation of numerous biblical verses, whose meaning is often emphasized or used figuratively in a new context. Both features are already found in the prologue to the translation, whose very two opening lines connect the treatise directly to Jewish tradition by means of an allusion to the creation of man from dust (Genesis 2:7) and a quotation from Genesis 6:2 – "the sons of God saw that they [the daughters of men] were fair" – that evokes in the mind of the learned Jewish reader that "daughters were born to them" "who bore children to them."<sup>98</sup> Immediately afterward, the main characters of the plot are introduced – the patriarch Jacob and his daughter Dinah – and it is their literary voices perform the dialogue throughout *Sēfer hatōledet*.

The richness of the prologue in terms of biblical quotations, literal and allegorical meanings, discursive elements, and themes is enormous. Nonetheless, three motifs play an important role in justifying the production of a gynecological text in Hebrew, and in legitimizing Jewish appropriation and accommodation of gynecological knowledge, as well as medical male authority over women. These are: female bodies as weak and prone to disease, women's modesty and shame, and the role of the father as an expert on women's conditions.

<sup>96</sup> See note 23.

<sup>97</sup> Caballero Navas, 2021, 363.

<sup>98</sup> Barkai 1991, 227. See also Genesis 6:1, 4. All biblical references in English are from the NRSV.

The role of Jacob's expertise on women's conditions is twofold. It stages male appropriation of female agency in health care, while serving to connect the medical knowledge in the book to the patriarchs. Dinah is the daughter of Jacob and Leah, but it is her father and not her mother who passes down his gynecological and obstetrical knowledge to her. Dinah – the silent, tragic heroine of a biblical story of rape and violence (Genesis 34) who embodies all women's afflictions – serves the purpose of legitimizing the gendered division of medical attention. Jacob holds the theoretical knowledge, whereas Dinah administers the cures according to her father's teachings and instructions. This Dinah is a product of both rabbinic and medical male-centered discourses, a literary fiction that personifies the expectations of rabbis and physicians regarding the role of women in this sphere of knowledge and practice.<sup>99</sup> Nonetheless, although Dinah is apparently ignorant, she is acknowledged expertise and authority in this domain by medieval Jewish cultures. At any rate, this is what some medieval translators and copyists seemed to think, as they 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 produced from an Arabic version of Muscio's *Pessaria* entitled it *Sēfer dīnā lēkōl 'inyān hāreḥem wēḥālēyehāh* (*Dinah's Book on All that Concerns the Womb and Its Diseases*), and someone else noted in a fifteenth century manuscript the sentence "Dinah wrote in a book called *Trotula*."<sup>100</sup>

When Dinah appears before her father to ask for his help, she reminds him that "there is no closer *go'el* [redeemer] for a daughter than her father,"<sup>101</sup> evoking the many roles played by that position in the Bible and in rabbinic literature, such as next of kin, one who performs any duty a man cannot do by himself, avenger of blood, or redeemer from slavery. In conformity with the male-centered narrative, therefore, she acknowledges her dependency upon him, as well as her reliance. She is not ashamed to reveal to him what women keep a secret out of modesty. She "went out" to weep before the feet of her father, as she "went out to visit the women of the region" (Genesis 34:1), and, after being redeemed by him, she "went out" again to marry Job, and conceive and give birth to sons and daughters from him. This paraphrase of Genesis Rabbah 57:4 contributes further to link *Sēfer ha-tōledet* to rabbinic literature.<sup>102</sup>

Although Dinah is prepared to disclose her ailments to her father, according to the text it is the *מילדת* (*mēyaledet*), or midwife, who is entrusted with exploring

<sup>99</sup> Caballero Navas 2019, 709–710.

<sup>100</sup> On the former, see Barkai 1998, 50–53, 97–108 (edition and English translation, respectively). On the latter, see Oxford University, Bodleian Library, Ms. 2133, fol. 184r; see Barkai 1991, 128; Barkai 1998, 63; Steinschneider 1893, 719.

<sup>101</sup> Barkai 1991, 227.

<sup>102</sup> Barkai 1991, 84. Apart from Genesis Rabbah, other rabbinic texts and ancient authors also marry her to Job; see b. Baba Batra 16b; Testament of Job 1.5–6; Pseudo-Philo, *Liber Antiquitatum Biblicarum* 8:7–8; and the Targum translation of Job 2:9.

and touching the most intimate parts of the bodies of female patients. 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, and the rhetoric of shame and concealment present in some early Latin texts which, according to Green, has a twofold aim: to restrict male access to female bodies and to ensure that knowledge and treatment of women's conditions remained "within a community of women."<sup>103</sup> In my view, it also served a third twofold purpose – namely, to draw the boundaries of legitimate practice and to establish a gendered division of labor regarding the provision of health care. This interest of (male) medical authors and practitioners conveniently fit traditional rabbinic interest in establishing themselves as experts on women's bodies.<sup>104</sup>

In my view, the attempt to connect *Sēfer hatôledet* to the patriarchs foreshadows the approach shared by some later translators and intellectuals whose works convey the notion that medicine is not alien to Judaism; it also implicitly parallels the apologetic approach preserved in some of the extant manuscripts of *Sēfer 'Asaf* or *Sēfer harēfû'ôt*.<sup>105</sup> This approach is based on an haggadic tradition about the transmission of medical knowledge from God to human beings, by means of which the author endeavors to prove that the origin of medicine can be traced to the patriarchs. There is no evidence that Do'eg or the alleged later editor knew that *Sēfer rēfû'ôt* existed, although they could have been aware of it, or even had access to it, as the text was circulating in Provence at the turn of twelfth century, when David Qimḥi (1160–1235) mentioned it in his *Commentary to Hosea*.<sup>106</sup>

Finally, concerning the structure of the treatise, Muscio, as already mentioned, organized part of his translation-adaptation of the *Gynaecia* in a basic question-and-answer format, with the aim of helping the reader understand and memorize the content of the text. This is consistent with the declared goal of his work, which was to train midwives.<sup>107</sup> In the Hebrew version, the aim of training midwives has disappeared. However, either Do'eg or a later editor decided to preserve the format and even extend the question-and-answer structure to book II of the *Gynaecia*, which was written in noncatechetic form by Muscio. This is also consistent with the style used in ancient and rabbinic writings, in particular in the frame of rabbinic dialectics, due to its great value in teaching. According to Alexander Samely, question-answer units are extremely common in rabbinic sources. In his words, "The question-answer unit thus contributes significantly to the presenta-

<sup>103</sup> On the first, see Fonrobert 2000, 150–151. On the second, see Green 2000a, 8–11.

<sup>104</sup> Fonrobert 2006, 150. On the impact of rabbinic discourse on the early stages of the Hebrew corpus of gynecology, see Caballero Navas 2021, 363–365.

<sup>105</sup> See also Alfonso 2008, 43–46.

<sup>106</sup> See note 21.

<sup>107</sup> Bolton 2015, 48–67.

tion of these texts as consisting of self-contained thematic parcels, as well as creating a virtual interaction with the reader.”<sup>108</sup>

To conclude, I would like to emphasize that *Sēfer hatôledet* constitutes not only an attempt to legitimize (male) Jewish involvement in Greco-Latin gynecology, but also to appropriate and transform it into a distinct Jewish product. According to Barkai, the translator may have realized that the Latin treatise was a normative pillar of the Latin medical corpus of the time. He was not wrong, because we know today that Muscio’s *Gynaecia* was one of the core texts of the Cassinese corpus. Furthermore, the pains that Do’eg, and possibly a later editor, took to appropriate its knowledge of women’s medicine and give it a Jewish appearance suggest that he (or they) possibly wished to establish *Sēfer hatôledet* as the foundation of Jewish gynecology. By “Jewish gynecology” I mean both the Hebrew corpus of gynecological texts and the involvement of Jewish male physicians in gynecology, which entailed their transformation into experts on women’s bodies.

Obviously, Do’eg the Edomite could not have known that this medical tradition would be soon superseded by the *Trotula* texts and Arabic Galenism. However, by the late Middle Ages, a change would occur in the way physicians relate to gynecological literature. They had been transmitters of the medical traditions of antiquity with little connection to practice, but they began to show an interest that would gradually transform gynecology and obstetrics into a male medical specialty.<sup>109</sup> In this context, *Sēfer hatôledet* would again be copied and put into circulation not only on account of its valuable chapters on the difficulties of childbirth, of great interest for contemporary obstetric surgery, but also because it presented the medical practice of women as subordinate to the practice of male physicians.<sup>110</sup>

There are still many things to be learned from *Sēfer hatôledet* and from the role of Do’eg the Edomite in the foundation of the Hebrew corpus of gynecology. Thus far, both of them have taught us a lot about translation and cultural transfer.

## Appendix

Summary of the main correspondences between *Sēfer hatôledet* and Manuscript *H*, in contrast to manuscripts *B* and *L* (according to Bolton 2015). Numbers in brackets in the middle column refer to page(s) in Barkai’s edition. Folio(s) and lines are indicated on the right hand column.

<sup>108</sup> Samely 2017, 172.

<sup>109</sup> Green 2008.

<sup>110</sup> See note 32 regarding the provenance and late date of the extant manuscripts.

<i>Gynaecia</i>	<i>Sēfer haṭôledet</i>	<i>Gynaecia</i> , Manuscript <i>H</i>
VII <i>Quali positione figurata est matrix?</i>	תשאל דינה אי זה הוא תבנית האם ותמונתה [Q1] (228)	It appears immediately following the prologue: <i>Quali positione figurata est matrix</i> (3r18)
In what form is the womb shaped?	What is the structure and appearance of the womb? <sup>111</sup>	
I [Prologue] [...] <i>in quot vel quas partes dividere oportet mulierum traditionem?</i> [...] <i>Explicit prologus.</i>	תשאל דינה לכמה חלקים נחלק מועשה הנשים [Q2] (228)	It has been removed from the prologue and placed after the question on the shape of the womb: <i>in quot vel quas partes dividere oportet universam mulierum?</i> (3v1–6).
Into what number, and what categories, ought an account of women be divided? [...] Here ends the prologue.	Into how many parts is divided the account of women? <sup>112</sup>	This paragraph is missing (3v25)
VI [...] <i>quibus rebus ad se omnia continentur ut inereant matrix tunice? tenuissimis membranis et nervis.</i>	[Q2] This paragraph is missing. (229)	
[...] By what things are they all interconnected so that the layers of the womb attach to one another? By very fine membranes and sinews.		Missing (3v36)
XI <i>Qua magnitudine est orificium cum est conclusum?</i>	[Q2] Missing. (229)	
How big is the orifice of the womb when it is closed?		
XV <i>Quando incipit prima purgatio occurrere?</i>	[Q3] See discussion of this example in the essay.	See discussion of this example in the essay.
XXI <i>Quomodo probamus aliquas secundum naturam non purgare? ex eo quod ad integrum sanae sunt et nullam molestiam corporis sentiunt.</i>	יאותן אשר לא תריקן הרקק שלימה כפי תלדתם יחול עליהם הכאב והצער בשעת הוולדת או כמך איליו. (230)	[...] <i>ex eo quod ad impetum sanguinis molestias sustineant.</i> (4r30–31)
How do we recognize that certain women do not naturally purge? By the fact that they are totally healthy and suffer no affliction of the body.	Those who do not purge completely according to their nature, will feel pain and affliction at the time of menstruation, or in the nearby days.	[...] By the fact that at the onset of the blood, they suffer afflictions.

[purgatio] eas senescere facit et insuper, vacuo partu, forte periclitari. Et annus quae purgantur sanae sunt. (4v4–5)	[Q3] להביא הזקנה והזקנה המריקות דם הם דברי אור	[purgatio] eas senescere facit et insuper, vacuo partu, forte periclitari. Et annus quae purgantur sanae sunt. (4v4–5)
[menstruation] makes them become old and endangers them during childbirth; once they do not menstruate anymore they are healthy.	Purgation contributes to health, although it brings rapidly old age and endangers. Old women who menstruate are healthy.	[menstruation] makes them become old and endangers them during childbirth; old [women] who menstruate are healthy.
LIII [...] alie autem mulieri quae retro eam continet iuhere ut cum lenteolo anum eius conteneat, ne conatu eius foris excludatur.	[Q5] כמור לאחור. (234) [...] והעומדות אחריה יאות לסמוך ידיה בסדין	[...] alie [autem] mulieres quae retro eam continet iuhere ut cum lenteolo manus eius foris excludatur. (6r15–16)
[...] (The obstetrix) ought to instruct the other woman, however, who supports (the woman giving birth) from behind, to hold the anus back with a linen cloth, lest it be forced outside due to her exertion.	[...] and the women standing behind her should hold her <u>hands</u> backwards with a linen cloth.	The other women who support her from behind should hold outwards her <u>hand</u> with a linen cloth.
XCI Propter quam causam post lavacrum infantis plantis retentis caput iusum suspenditur? For what reason, after the bathing of the infant, is it to be suspended head downwards with the feet held fast?	[Q8] Chapter missing (240)	Missing (8v6)
CII Quid faciemus si post lac biberit frequencius ploret? (What are we to do if it should cry constantly after it has taken suck?)	[Q9] Chapters missing (242)	Missing (9r16)
CIII Cum infans obdormierit ubi ponendus est? (When the infant should sleep, where is it to be placed?)		

<sup>111</sup> Change in order regarding the oldest Latin manuscripts. In Hebrew, this is the very first question. See Barkai 1991, 228 and Bolton 2015, 144–45, and 138–39, respectively.

<sup>112</sup> The Latin prologue was not translated into Hebrew, but the question is placed after Q1.

<i>Gynaecia</i>	<i>Sēfer hatôledet</i>	<i>Gynaecia, Manuscript H</i>
CLIII <i>Quando gestandus est infans?</i> (When ought the infant be moved about?)	[Q9] Chapters missing (242)	Missing (9r16)
CV <i>Quomodo et qua re gestandus est infans?</i> (How, and in what, is the infant to be moved about?)		
CXXIII <i>Ad tussiculam eorum quid damus?</i>	[Q10] See discussion of this example in the essay.	See discussion of this example in the essay.
CXXXV <i>De dolore matricis</i>	[Q14] Missing (251)	Missing (13r35)
On pain of the womb		
CXXXVI <i>De mola matricis</i> [...] <i>illa etiam timiamata que antiqui Subponebant [...] haec omnia probamus, quia plurimum prodesset possint.</i>	אינו ישר בעינינו כי יזיק ולא יועיל. (251 and 253) [Q15] מולא [...] ומה שריו עושים הקדמונים [...] כל זה	<i>De mola</i> [...] <i>illa autem thymiamata que antiqui subponebant [...] haec omnia reprobamus siquidem plurimum sint contraria et nihil prodesset possint.</i> (13v34–35)
On <i>mole</i> of the womb. [...] Also those fumigants which the ancients used to apply below [...] all these things we recommend, since, for the most part, they can be useful.	How shall we treat the swelling of the womb called <i>mola</i> ? [...] regarding what the ancients use to do [...] all this is not correct in our eyes, since it will do harm and will not be useful.	On <i>mola</i> [...] But those fumigants which the ancients used to apply below [...] all these things we reject, since, for the most part, they are harmful and cannot be useful.
CLIII <i>Si autem contra naturam positus inventus fuerit infans, quid obsestrix facere debet?</i>	[Q22] See discussion of this example in the essay.	See discussion of this example in the essay.
CLXVIII <i>De embriulcia. si qui nullo modo manibus adduci possunt et aut magnitudine corporis sui resistunt aut morte aut ingenti strictura artati sunt, et in totum evelli non possunt, quid facere oportet? embriulciam adhiberi, vel embriotomiam. si quidem etiam pecus mortuum est, debemus misere mulieri parturienti subvenire, ante tamen omnibus predictis periculis, maxime cum sint periculosa sintomata quae nos terrere possunt ut periculum predicimus,</i>	בדים וימנע זה או גודל גופו. או שהם מתים. או שהם שם במצור ובמצוק צר ואין כח להשתיקם משם. אז יתכן לעזור אליה עם אמברי אולשיא או עם אמברי טומיא רחם כלים העושים אל הענין הזה ונעזור לענין ככל כתנו ומכל וכל אם מקרים אחרים יסבו עליה. ונשאל דינה ומה הם המקרים ואיך נעזור אליה. השיב אמרי. המקרים הם מיני הקדחת הדודת ואז הסביל כל גופה חמום רב. <sup>113</sup> או יולד בה החולי הנקרא	<i>Sint qui nullo modo manibus adduci possunt et aut magnitudine corporis sui resistunt aut morte aut ingenti strictura artati sunt, ut in totum evelli non possint, quid facere oportet. Embryulciam adhibere vel embriotomiam. si quidem etiam pecus mortuum est, et debemus vel miserae parturienti subvenire maxime cum si et periculosa iuxta eam symptomata inveniantur.</i> (19v5) <i>Que sunt enim periculosa,</i>



*si febres sint maxime acutae nervositasque omnis  
paciatur talisque fervor precedat ut et cangræna ibi  
efficiatur et plurimum sudet, pulsus etiam minutus  
sit aut in totum non appareat.*

קקרינא ותיע לרוב והדפס מוצע כאן או אפס כלל או  
אפיסת הדעת יגיע עליה.<sup>114</sup> (362)

*symptomata, qua nos terre possunt ut peri-  
culum predicamus, si febres sint vel maxime  
acute nervositasque omnis paciatur talisque  
fervor praecedat ut et cancrena ibi efficiatur  
plurimum sudet, pulsus etiam minutus sit aut  
in totum non appareat deliratio subsequatur.*  
(19v1–9)

If (there are infants) who can in no manner be drawn out by the hands, and (those who) resist (being drawn out) either through the size of their body or through death, or are wedged in by a huge compression, so that they cannot be pulled out at all, what is it fitting to do? (It is fitting) to employ the extraction of the foetus, or the embryotomy. Even if the foetus is already dead we ought to assist the wretched woman giving birth, with all the dangers, however mentioned beforehand, especially since there are dangerous symptoms which can (so) terrify us that we predict peril, (namely) if fevers are especially acute and the entire nervous system suffers and inflammation of such a sort advances so that both gangrene is caused thereupon, and (the woman) perspires profusely, also (if) the pulse is diminished or not perceptible at all.

[...] And there are other [fetuses] for which there is not enough strength to deliver them with the hands and are withheld, also because the size of their bodies, or because they are dead or in such distress or pressure that it is impossible to remove them. It is therefore necessary to help her with *'embri' ūlŕa* or with *'embri fōmi' a*, which are instruments made for this purpose, and to help with all our strength and with everything possible if other symptoms affect her.

Dinah asked: what are these symptoms and how shall we treat her? Her father answered: the symptoms are various acute fevers, and then her whole body will suffer a great inflammation; or she will suffer the disease called gangrene, and shall sweat profusely and her pulse will be very weak or will have no pulse at all, or will lost her mind.

What are these dangerous symptoms? Those that can terrify us that we predict peril, (namely) if fevers are especially acute and the entire nervous system suffers and inflammation of such a sort advances so that both gangrene is caused thereupon, and (the woman) perspires profusely, also (if) the pulse is diminished or not perceptible at all, madness will ensue.

<sup>113</sup> I follow here the reading of both Vatican manuscripts.

<sup>114</sup> Chapter 186, on the extraction on the fetus, has been drafted as two questions in manuscript *H*. This circumstance seems to have been used by the Hebrew translator or a later editor to make a more explicit separation. Thus, the first part begins at the end of Q22, while the second opens Q23. Moreover, it ends with a symptom (אפיסת הדעת) which only appears in the *H* tradition of manuscripts.

Gynaecia	Sēfer haṭōledet	Gynaecia, Manuscript H
CLXXII [...] <i>emorroidas raro quidem in mulieribus inveniuntur, frequentius tamen in collo et in orificio nasci solent [...] ipsasque emorroidas pulverem quot accipit id rizamus de pulvere quae fit ex coria mali granati et gallarum et sfragide tangimus, vel agaciam et ipoquistida in vino solventes inlinimus.</i>	תשאל דינה [מן] התחתנית הנולדת באם הנקראת אמרידיש איך נעזר. השיב אביה. פעמים מעטים יולדו בחיך אך תמיד נולדו בצואר האם או בפיה [...] ונשים עליהם אבק הנקבץ שרף עץ פרונלשל וקליפת רמון. גטליש. אכאס'א. אפוקיטסידוש [...] <sup>115</sup> (272)	XXVIII [...] <i>emorroides raro quidem in muliebri sinu inveniuntur, frequentius tamen in collo matricis et in orificio nasci solent [...] ipsasque emorroidas pulvere quot accipit id gallas [...] (23r18–21, 23v6–7)</i>
Rarely, in fact, do we find haemorrhoids among women (in their wombs); more frequently, however, they are wont to be produced in the neck (of the womb) and in the orifice (of the womb). [...] and we anoint the haemorrhoids themselves with a powder which is made from the rinds of pomegranate and oak galls, and we anoint (them) with Lemnian earth, or dissolving acacia and hypocist in wine we smear (the haemorrhoids with this).	[...] Very rarely are [hemorrhoids] found in the womb; they only grow in the neck and in the mouth of the womb [...] we will apply on them the powder obtained from resin of the wood of <i>prunelas</i> and pomegranate rind, oak galls, acacia and hypocists.	Rarely, in fact, do we find hemorrhoids in the womb of women; more frequently, however, they are wont to be produced in neck and in the orifice of the womb [...] and we anoint the hemorrhoids themselves with a powder which is made of <i>prunella</i> gum, rinds of pomegranate, oak galls [...].
Missing	Missing	<i>Fetus-in-utero</i> illustrations, 17r–19v
	<i>Pessaria. 15 and 16 missing (276–284)</i>	<i>Pessaria. 60, 25v–28r</i>

<sup>115</sup> Both manuscript H and the Hebrew version specifically mention the womb. Also in both cases, the treatment differs slightly and, most importantly, include the ingredient *prunella*.

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