

## Medieval Jewish Views on the Preservation of Health at the Crossroads of the Arabic and Latin Medical Traditions

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The art of medicine comprises three regimens, of which the first and most noble is the regimen of the healthy, that is, the regimen of the existing [state of] health, so that it is not lost. The second is the regimen of the sick, that is, the activities of the craft to restore lost health, and this is what is known as the art of cure. The third is the regimen that Galen calls ‘vivification’, that is, the regimen of those who are neither perfectly healthy nor sick, such as the regimen for the convalescent and the old (Maimonides, *On the Regimen of Health* 2.1).<sup>1</sup>



The preservation of health was a key issue in Islamic and western European medieval societies. At least, this is the impression we get from medical literature, a sphere in which the preoccupation with warding off disease and keeping the body healthy gave rise to several popular genres in the medieval Arabic and Latin traditions of medicine; written sources that shed light on actual practice; and other literary genres that included direct and indirect references to the value of health and well-being. Both the health concern and the written works on the preservation of health were part of the medicine that was learned and practiced by medieval Jews, which was largely shaped by the medical traditions of their host societies. This is also true regarding other areas of thought, belief, and social interaction. Both the assumptions on health held by the societies in whose midst medieval Jews lived as well as their own intellectual and religious traditions informed their views on the topic.

Focused on illness prevention and the maintenance of a healthy body, this trend of medical literature had a Hippocratic-Galenic basis and was grounded

<sup>1</sup> G. Bos, and M. McVaugh, *Maimonides on the Regimen of Health* (Leiden: Brill, 2019), 70.

in the notion that health depended on a balance of internal bodily factors (such as elements, humours, qualities, and complexions) as well as on external factors, namely, the six non-natural things: air, food and drink, sleeping and waking, motion and rest, excretions and retentions, and dreams and the affections of the soul.<sup>2</sup> These factors meant that the preservation of health was based upon a series of practices and habits, amongst which exercise and food-stuffs, and their “appropriate” intake (that is, according to the season and the person’s constitution), played an important role.

Almost all of the medieval Jewish written works on medicine were developed in two languages, Arabic and Hebrew, along with a very small percentage in some European vernaculars.<sup>3</sup> Jews of Islamicate societies contributed a fair amount of original texts, commentaries and summaries of medical works based on Arabic Galenism to the contemporary Arabic medical corpus. These were often disseminated in Hebrew script (Judeo-Arabic) for the sake of Jewish audiences.<sup>4</sup> By contrast, Jews living in the Christian territories of the western Mediterranean conveyed scientific knowledge in Hebrew, beginning from the end of the twelfth century – with the exception of a few early examples that will be mentioned later – when the Hebrew medical corpus was launched in Provence.<sup>5</sup> The Hebrew corpus was predominantly based upon translations from Arabic, the original texts of which had sometimes been authored by Jewish writers, and from Latin, together with some original Hebrew works which generally echoed contemporary medical trends.

Whilst the role of Jewish refugees from al-Andalus – who had been forced to flee after the arrival of the Almohads in 1147 – in this unprecedented enterprise of knowledge transfer was instrumental in making their coreligionists aware of the rich Arabic intellectual and scientific body of knowledge, and in rendering into Hebrew the medical texts that would allow Jewish physicians to

2 L. García-Ballester, “Changes in the *Regimina Sanitatis*: The Role of the Jewish Physician”, 119–40 in *Health, Diseases and Healing in Medieval Culture*, edited by S.D. Campbell, B.S. Hall and D. Klausner (London: Macmillan, 1992), 121.

3 Although the main focus of this essay is the Jews of the Mediterranean world, it is relevant to note that vernacular medical literature played a major role in medieval Ashkenaz, where Jewish cultural life had a very different dynamic. In fact, according to recent scholarship, fifteenth century German Jewish physicians wrote more frequently in the vernacular than in Hebrew. See T. Visi, “Jewish Physicians in Late Medieval Ashkenaz”, *Social History of Medicine* 32 (2019): 670–90.

4 Y.T. Langermann, “Arabic Writings in Hebrew Manuscripts: A Preliminary Relisting”, *Arabic Sciences and Philosophy* 6 (1996): 137–60, esp. 140.

5 C. Caballero-Navas, “Medicine Among Medieval Jews: The Science, the Art, and the Practice”, in *Science in Medieval Jewish Cultures*, edited by G. Freudenthal (Cambridge: Cambridge University Press, 2011), 329–35.

keep abreast of current developments in medicine and to have access to legitimate medical practice, the modes of acquisition and appropriation of medical knowledge in Provence differed greatly from those of the Jews in Islamicate societies.<sup>6</sup> If the political, intellectual, and cultural contexts that framed the consumption and production of medical knowledge were very different from one milieu to the other, so too were the cultural dynamics of these two distinct Jewish cultures, which were themselves far from being homogeneous.

Be that as it may, these two culturally distinct Jewish groups shared two important features in their approach to health care. On the one hand, medicine was one of the spheres in which the shared values, beliefs and daily interests of Jews and the majority population of their host societies were expressed,<sup>7</sup> which in turn accounts for Jewish culture's distinctiveness. On the other hand, a sphere so intimately connected to caring for the body also arose from, and was imbued with, values from the Jewish cultural and religious tradition. To be sure, Jewish customs and beliefs played a part in shaping a trend of medical literature which relied heavily on diet and lifestyle and paid considerable attention to the mutual influence of body and soul.

This essay analyses the development of medieval Jewish understandings of preventive medicine and body maintenance in the multicultural framework of the Mediterranean West. To that end, it offers an overview of the main texts belonging to the genres associated with the preservation of health, authored by Jews or translated into Hebrew during the Middle Ages both in Islamicate and Christian societies in the region, with the aim of bringing to light the plurality of geographical, social, and cultural dynamics at play concerning healthy living. On that account, notions grounded in Jewish tradition and/or practice have also been analysed, along with the medical notions that originated in the Graeco-Arabic and Latin medical traditions. Finally, the essay offers a gendered reading of this medical specialty to underline, on the one hand, the near-total absence of women from its written works; and, on the other, the way in which some of the texts endeavour to establish women's inadequacy to prevent disease.

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6 Caballero-Navas, "Medicine", 323–7 and 329–35.

7 J. Ziegler, "Bodies, Diseases, and the Preservation of Health as Foci of Inter-Religious Encounters in the Middle Ages", 37–57 in *Médecine et religion: compétitions, collaborations, conflits (XII<sup>e</sup>–XX<sup>e</sup> siècles)*, edited by M.P. Donato *et al.* (Rome: École Française de Rome, 2013).

## 1 Jews and the Preservation of Health in the Arabic Medical Tradition

As in other areas of medical knowledge and practice, the approach of Graeco-Arabic medicine to the preservation of health was grounded in Galen's theoretical framework. Over the years, Galen had laid out in his own writings and in his commentaries on Hippocratic treatises the notion that health depended on the balance of the natural or necessary things, which were the internal components of the human body. They consisted of the body's members and organs, the spirits, the virtues, and the four humours – blood, phlegm, yellow bile and black bile – each one associated with two of the four primary qualities, that is, warm, moist, dry and cold, and the temperaments or complexions resulting from the different mixture of those elements in each individual body. A proper balance also depended on external factors or non-natural things, which could alter it by acting upon the body and causing disease.<sup>8</sup> Known as the “six non-natural things” in the Latin medical tradition, they varied in number both in Galen's works and in the Arabic medical tradition until they were fixed as six, five of which were connected in pairs: air and environment, food and drink, sleep and wakefulness, motion and rest, evacuation and repletion, and the passions of the mind.<sup>9</sup>

Galen had offered the framework and the concepts but had not defined their role in the preservation of health in a systematic form, as has been discussed regarding *De sanitate tuenda*.<sup>10</sup> This would be done at a later stage by Alexandrian and, subsequently, Arabic Galenism. Regarding early Arab authors, we owe to Ḥunayn ibn Ishāq (d. 873) – in addition to a significant body of translations from the vast Galenic corpus<sup>11</sup> – his *Book of Questions on Medicine*, which established the well-known division between “natural”, “preternatural” (pathological), and “non-natural”, drawing from Galen's clinical works on the pulse.<sup>12</sup> One century later, al-Majūsī (d. 994) devoted the fifth chapter of the first book of his *Kitāb kāmīl* (*The Complete Representation of*

8 L. García-Ballester, “On the Origin of the ‘Six Non-Natural Things’”, 105–15 in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, edited by J. Arrizabalaga, M. Cabré, L. Cifuentes, and Salmon, F. (Aldershot: Ashgate, 1993).

9 P. Pormann and E. Savage-Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007), 43–5.

10 García-Ballester, “On the Origin”, 106.

11 G.M. Cooper, “Ḥunayn Ibn Ishāq and the Creation of an Arabic Galen”, in *Brill's Companion to the Reception of Galen*, edited by P. Bouras-Vallianatos and B. Zipser (Leiden: Brill, 2019), 181–2.

12 García-Ballester, “On the Origin”, 107.

*the Medical Art*) to explaining the theory of the six non-naturals and the influence of air, exercise, food, sleep, bathing, sexual intercourse, and emotions on people's health. It was precisely in this framework that the three elements "six", "non-natural things" and "necessary" were used together for the first time.<sup>13</sup> Soon after, Ibn Sīnā (d. 1037) very clearly and systematically summarized and expounded Galen's medical doctrines in his *Canon of Medicine*, the first book of which deals with general medical principles, including physiology, anatomy, therapy, and health regimen.

The work of these eminent systematisers provided the framework for the dissemination of a trend of literature on the preservation of health that circulated in the form of independent treatises and also as chapters within broader medical works and encyclopaedias, putting forward courses of action not only to prevent disease, but also to regain health when it had been lost.<sup>14</sup> These health guides were closely associated with treatises on foodstuffs and diet, on account of their importance for the balance of the human body.

Jewish physicians and medical authors, who partook in the Islamic medical system, shared the medical ideas of their contemporaries and contributed to both genres of medical writing. One of the first Jewish medical authors to get acknowledgement in this sphere was the North-African Isaac Israeli (d. ca. 955), who wrote the *Book on Simple Remedies and Foodstuffs* based on Galen's works on dietetics.<sup>15</sup> Yet the leading Jewish contributor to this trend of Arabic medical literature was Maimonides (d. 1204), the most renowned halakhist, philosopher, medical author and physician of medieval Jewish cultures. The quotation at the beginning of this paper, taken from his *On the Regimen of Health*, written in 1198 at the request of Sultan al-Malik al-Afḍal Nūr al-Dīn, describes the way in which he understood the purpose and functions of medicine, underscoring its role in the preservation of health by placing it first.

Maimonides' treatise is organized into four chapters that are devoted, respectively, to a general regimen of health; a regimen for the sick when a physician is not available or when the available physician is not to be trusted; the specific regimen for his patron; and general advice for the sick and the healthy – in all places and at all times – in an exhortative style.<sup>16</sup> Thus, although the treatise was dedicated to a wealthy patron, as was generally the case in the Arabic medical tradition, and addressed his medical needs, Maimonides followed the tendency of other Arabic authors in conveying general advice on health and

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13 Ibid. 106–7.

14 M. Ullmann, *Die Medizin im Islam* (Leiden: Brill, 1970), 190–3.

15 Ibid. 137–8.

16 Bos and McVaugh, *On the Regimen*, 2.

its preservation. Shortly after writing this treatise, he wrote another one for the same patron, *On the Elucidation of Some Symptoms and the Response to Them* (known traditionally as *On the Causes of Symptoms*), where he once again tackled issues related to the preservation of health.<sup>17</sup>

This was not the first time that Maimonides had addressed this issue. More than ten years earlier he had devoted treatise 17 of his *Medical Aphorisms*, written in 1185, to dealing with the regimen of health, which was followed by a discussion of physical exercise, bathing and foodstuffs in treatises 18, 19 and 20, respectively.<sup>18</sup> Moreover, in-between *Medical Aphorisms* and *On the Regimen of Health* he wrote the treatise *On Asthma*, which despite its title was devoted mainly to adapting a general regimen of health to the asthmatic patron who commissioned the book.<sup>19</sup> In this case, the Jewish physician did not only consider the specific internal and external factors of the individual patient as defined by Arabic Galenism, but also the specific condition of this particular person. Beyond that, the treatise emphasizes the importance of a healthy way of life and discusses throughout its chapters all the elements that, according to the Arabic medical tradition, regulate the body and define the state of health and disease, as well as the steps one should follow to keep it healthy. In fact, Maimonides reused whole paragraphs from *On Asthma*, particularly from chapter thirteen, in *On the Regimen of Health*.<sup>20</sup> Both treatises enjoyed great popularity among the Jewish readership both in (Judeo)Arabic and, later, in Hebrew translation.

Significantly, Maimonides did not restrict the discussion on the preservation of health to his medical writings. His halakhic writings also reflected a preoccupation with maintaining the body healthy. In the *Mishneh Torah*, a monumental code of Jewish law compiled in Hebrew between 1170 and 1180, he puts forward a regimen of health in the first of the fourteen books into which the compendium is divided, entitled *Sefer ha-madda* ('*Book of Knowledge*').<sup>21</sup> The regimen makes up the fourth chapter of *Hilkhot De'ot* (*Laws of Ethical Behaviour*), the second treatise of the *Book of Knowledge*, thus implying that a healthy lifestyle is part of the duties attached to ethical character formation. Maimonides

17 Ibid. 2.

18 G. Bos, *Maimonides: Medical Aphorisms. Treatises 16–21* (Provo, Utah: Brigham Young, 2015), 17–94.

19 G. Bos, *Maimonides On Asthma*, vol. 1 (Provo, Utah: Brigham Young University Press, 2002).

20 Bos, *On Asthma*, xxxix–xlvii.

21 The quotations from the *Book of Knowledge* in English below are based on Moses Hyamson's translation, taken from the digital version of the Sefaria website (sefaria.org). M. Hyamson, *Maimonides' Mishneh Torah. Book 1 (The Book of Knowledge)* (New York: Jewish Theological Seminary, 1937).

contends that with a healthy and sound body one walks “the ways of God” (*darke ha-Šem*), whereas it is impossible to understand and know God while one is sick (ibid. 4.1). Consequently, he offers general advice for the preservation of health based on contemporary Graeco-Arabic medical knowledge and Aristotelian ethics, but also rooted in the sages’ understanding of health (and disease) embedded in rabbinic discourse.

As has often been highlighted since Julius Preuss’ foundational contribution to the history of ancient Jewish medicine, rabbinic literature is interspersed with recommendations and rules that a healthy person should follow to avoid disease. These constitute a way of life and pertain to all aspects that have an effect on health: food, the environment, bathing, exercise, bowel movement, age, sexual intercourse, etc.<sup>22</sup> In the rabbinic approach to health, moderation is advocated, which Maimonides, explicitly mentioning the “ancient sages”, referred to as “the mean between the extremes” (*ha-derek ha-emša’it*) in the first chapter:

Hence, our ancient sages exhorted us that a person should always evaluate his dispositions and so adjust them that they shall be at the mean between the extremes, and this will secure his physical health (1.4).

Yet, he was also acquainted with the purported benefits of moderation through Galen, who had made a virtue of it.<sup>23</sup> In Maimonides’ stance Galenic and rabbinic views intertwined, which is not so surprising considering that he was exposed to both from his youth. Jewish scholars of the Islamicate world were trained in both traditional Jewish learning – including the Hebrew language and Hebrew poetry – and in the secular sciences, that is, medicine, mathematics, astronomy, and philosophy.<sup>24</sup>

Maimonides’ medical and ethical approach to the preservation of health would have a long-lasting influence on medieval Jewish cultures and beyond, not only through the Jewish readership of his medical work in (Judeo)Arabic and its ensuing translations into Hebrew, or through the audiences of his halakhic work in Hebrew, but also by means of poetry. By the end of the twelfth century, Jehudah al-Ḥarizī (d. 1225), a belletrist and skilful translator from Arabic, wrote a regimen of health in Hebrew and in verse based on the one embedded in Maimonides’ *Hilkhot De’ot*, which he entitled *Refu’at ha-Gewiyya*

22 J. Preuss, *Biblich-talmudische Medizin: Beiträge zur Geschichte der Heilkunde und der Kultur überhaupt* (Berlin: S. Karger, 1911), 617–44 and 653–87.

23 García-Ballester, “On the Origin”, 110–1.

24 E. Bortniker, “Education in the Middle Ages”, 172–7 in *Encyclopaedia Judaica*, vol. 6, edited by F. Skolnik and M. Berenbaum (Detroit: Tomson – Gale, 2008).

(*Healing of the Body*).<sup>25</sup> Al-Ḥarizī's version did not only go beyond the genre's traditional borders, from medical literature to poetry. By choosing to put into verse a regimen embedded in a halakhic frame rather than one of Maimonides' medical treatises he underscored the Jewish ethical approach to the preservation of health.

Several decades before Maimonides, the Andalusian scholar and biblical commentator Abraham ibn Ezra (d. 1164) had also written a poem on the preservation of health, entitled *Šimme'u na' Divre ha-Rofe'* (*Listen, Please, to the Words of the Physician*).<sup>26</sup> For educational reasons, medical poems were well-known in the Arabic medical tradition and Jews belonged to their readership, as was also the case for other genres of medical literature in Arabic. Yet it seems that none of the great Jewish poets of al-Andalus was interested in writing medical poems in Hebrew. Beginning with Abraham ibn Ezra it appears that poetry only started to be considered an appropriate vehicle for conveying medical advice, mostly pertaining to hygiene and a healthy lifestyle, from the twelfth century onwards. This process coincided with the first phases of the transfer of Graeco-Arabic science to the Jewish communities of western Europe in Hebrew.<sup>27</sup> Some other examples will be discussed later.

Returning to medical literature, the first decades of the fourteenth century witnessed a new example of the cultural and linguistic hybridisation of some areas of Iberia. After more than two hundred years under Christian rule, an unknown Jewish physician from Toledo, who apparently served Ferdinand IV of Castile (reigned 1295–1312), wrote the *Kitāb al-ṭibb al-qasṭālī al-malūkī* (*Book of Royal Castilian Medicine*) in Arabic. Divided into two distinct parts, the second part deals with the standard health problems in Castile at the time and the preventive and therapeutic measures that the physician should adopt to treat them. Based on Arabic Galenism and the unknown physician's clinical experience, this section has a focus on the preservation of health, giving precedence to the influence of air and the local environment on human beings, according to the seasons, over all other six "necessary" things.<sup>28</sup>

25 P.S. Lehnardt, "Shema Meni Refuot Ha-Gewiyya Ve-Nafshekha Bo Tehi Omda Ve-Ḥayya: A Didactical Poem of a Regimen Sanitatis According to Maimonides by Yehuda Al-Ḥarizī", 175–211 in *Giving a Diamond*, edited by N. Katsumata and W. van Bekkum (Leiden: Brill, 2011); and M. Kozodoy, "Medieval Hebrew Medical Poetry. Uses and Contexts", *Aleph* 11 (2011): 251–5.

26 A. Salvatierra, "Un poema médico de 'Abraham 'ibn 'Ezra'," *Miscelánea de Estudios Árabes y Hebraicos. Sección Hebreo* 40 (1991): 71–85; and Kozodoy, "Medieval Hebrew", 242–7.

27 Kozodoy, "Medieval Hebrew", 219–24 and 236–42.

28 C. Vázquez de Benito, "Medicina castellana regia", 11–91 in *Ciencias de la Naturaleza en al-Andalus: textos y estudios*, vol. 4, edited by C. Álvarez de Morales (Granada: Consejo Superior de Investigaciones Científicas, 2001).



## 2 The Preservation of Health Amongst Jews in the Latin Medical Tradition

Like their coreligionists in the Islamic world, Jews who lived in Christian milieus also shared the health system of their host societies, both as patients and as medical practitioners.<sup>29</sup> However, unlike in regions under Islamic rule, where Arabic was a common language used for all purposes, the language of science in Christian territories was Latin, which was not a spoken tongue and therefore inaccessible to Christian laypeople and Jews. Furthermore, Latin had a religious connotation, which caused a certain alienation among learned Jews, especially in the early stages of their encounter with a body of knowledge that was foreign to traditional Jewish learning and of which they had been unaware until the mid-twelfth century.<sup>30</sup> The need to make the medical corpus circulating in the West available to Jewish medical practitioners was met by the transformation of Hebrew into a vehicle of science, as a language into which scientific and medical works were translated, copied, commented on, and even written (although to a lesser extent). On this basis, the Hebrew medical corpus, built predominantly on translations from Arabic and Latin, was inaugurated in the last decade of the twelfth century.<sup>31</sup> It must be noted, however, that at least two centuries before this unparalleled Hebrew translation project began, which transferred Graeco-Arabic medicine to Western Mediterranean Jewish communities, the first Hebrew book of medicine, *Sefer Asaf* or *Sefer ha-Refu'ot* (*Book of Asaf* or *Book of Medicines*), was circulating in Byzantine Italy. With a very complex textual history, which includes portions possibly composed in Western Iran in the mid-eighth century, Greek lore from the Hippocratic corpus, Syriac sources, and haggadic traditions, it was already known in Provence at the turn of twelfth century, and would become especially important in Ashkenaz later on.<sup>32</sup>

29 Caballero-Navas, "Medicine Among Medieval Jews", 329–40.

30 G. Freudenthal, "Arabic and Latin Cultures as Resources for the Hebrew Translation Movement", in *Science in Medieval Jewish Cultures*, edited by G. Freudenthal (Cambridge: Cambridge University Press, 2011), 89–100.

31 Caballero-Navas, "Medicine", 329–31; and Freudenthal, "Arabic and Latin", 100–2.

32 R. Yoeli-Tlalim, "Exploring Persian Lore in the Hebrew *Book of Asaf*", *Aleph* 18 (2018): 123–46; T. Visi, "Medieval Hebrew Uroscopic Texts", 162–97 in *Texts in Transit in the Medieval Mediterranean*, edited by Y.T. Langermann and R. Morisson (University Park, Pa: The Pennsylvania State University Press, 2016); T. Visi, "The Book of Asaf and Shabatai Donnolo's Hebrew Paraphrase of Hippocrates' *Aphorisms*", 313–35 in *Defining Jewish Medicine: Transfer of Medical Knowledge in Premodern Jewish Cultures and Traditions*, edited by L. Lehmhaus (Wiesbaden: Harrassowitz, 2021); J. Shatzmiller, "Doctors and Medical Practices in Germany around the Year 1200: The Evidence of *Sefer Asaph*", *Proceedings of the American Academy for Jewish Research* 50 (1983): 149–64; E. Lieber,

The first systematic translation of medical books into Hebrew, made from Latin between 1197 and 1199 by a translator who was active in Provence and whose pseudonym was Doeg the Edomite, listed amongst its titles three texts originally written in Arabic that were of great importance for all subsequent literature on the preservation of health. Translated into Latin by Constantine the African (d. before 1098–99) in Monte Casino a century earlier, two of these works had been instrumental in the appropriation, adaptation and transfer of Hippocratic-Galenic notions of health and disease to the Arabic medical tradition. They would play the same role in the Latin medical tradition and Jewish understanding of medicine: Ḥunayn ibn Ishāq's *Book of Questions on Medicine*, which was rendered in Latin as *Isagoge Iohanicci ad Tegni Galieni* and in Hebrew as *Sefer Ḥagu'an*; and al-Majūsī's *Kitāb kāmīl*, known in Constantine's translation as *Liber Pantegni*, and in Doeg's as *Sefer P'anṭegni*. The third one was the second part of Isaac Israeli's *Book on Simple Remedies and Foodstuffs*, rendered by Constantine as *Dietarum particularium*, and by Doeg as *Sefer hamis'adim (Book of Foodstuffs)*.<sup>33</sup> It attests to the importance given to food by Galenic medicine, which acquired increasing relevance from the fourteenth century onwards, as will be discussed below.

The medieval Latin medical tradition produced several renowned precedents of medical literature on the preservation of health, notably the *Regimen sanitatis salernitanum (The Salernitan Rule of Health)*, written in the second half of the twelfth century. However, the interest in hygiene and preventive medicine increased in the thirteenth century, resulting in the proliferation of texts that shaped the genre, known as *regimina sanitatis*.<sup>34</sup> Contemporaneously, several treatises on the preservation of health were produced and circulated in Hebrew, based predominantly on translations from Arabic and Latin, which had often undergone a previous translation from Arabic into Latin especially in the early stages. Although we occasionally find the concept of *šemirat ha-bri'ut* (preservation of health) in texts belonging to this and other genres, from the start translators and authors adopted the label *hanhagat ha-bri'ut* (regimen of health) to identify a genre offering advice for the maintenance of the body that included rules for conduct and behaviour.

"Asaf's 'Book of Medicine,' a Hebrew Encyclopedia of Greek and Jewish Medicine, Possibly Compiled in Byzantium on an Indian Model", *Dumbarton Oaks Papers* 38 (1984): 233–49.

33 G. Freudenthal, M. McVaugh, and K. Mesler, "Twelfth-Century Latin Medicine in Hebrew Garb: Doeg the Edomite as a Cultural Intermediary", *Medieval Encounters* 26 (2020): 271–2.

34 P. Gil-Sotres, "Introducción", in *Regimen sanitatis ad regem aragonum. Arnaldi de Vilanova Opera Medica Omnia*. x.1, edited by L. García-Ballester and M. McVaugh (Barcelona: Universitat de Barcelona – Fundació Noguera, 1996), 513–68.

Unsurprisingly, the Hebrew genre was inaugurated with a translation from Maimonides' *On the Regimen of Health*, made by Samuel ibn Tibbon in Provence in 1244, who entitled it *Ma'amar be-hanhagat ha-bri'ut* (*Treatise on the Regimen of Health*).<sup>35</sup> The appreciation of this version throughout the Middle Ages is attested by the fact that three anonymous adaptations were made from it between the fourteenth and sixteenth centuries. Almost simultaneously with Ibn Tibbon's rendition, Maimonides' regimen was also translated into Hebrew by an anonymous translator, while a third translation was produced by Zerahiah Hen in Rome between 1277 and 1291.<sup>36</sup> Moreover, *On Asthma* and *Medical Aphorisms*, works which devoted significant portions of their contents to the preservation of health, were also translated into Hebrew during the thirteenth century. The former was the object of an early anonymous rendition (followed by two additional translations in the fourteenth century),<sup>37</sup> while the latter was worthy of two translations made, respectively, by Zerahiah Hen in 1277 and by Nathan ha-Me'ati between 1279 and 1283.<sup>38</sup>

In addition to the Hebrew versions of Maimonides' medical books devoted fully or partially to the regimen of health, portions of his ideas on healthy living were already circulating in Hebrew in different formats. Prominent amongst them were the recommendations embedded in the halakhic frame of his *Mishneh Torah* (*Hilkhot de'ot*) and in al-Harizi's poem. The latter enabled their very successful dissemination in verse, attested by at least forty extent manuscript copies and more than half a dozen printed versions.<sup>39</sup> Furthermore, about a century later the Iberian author, philosopher and physician Shem Tov ibn Falaquera (d. 1290) wrote another longer regimen of health in verse, inspired by Maimonides' *On the Regimen of Health*, which he had apparently read in Arabic. Entitled *Batte hanhagat guf ha-bari'*. *Batte hanhagat ha-nefesh* (*Verses on the Regimen of the Healthy Body. Verses on the Regimen of the Soul*), it offers medical and moral advice to preserve the health of the soul and body, in a language and structure that facilitate understanding and remembering.<sup>40</sup> In accordance with Greek medicine, the Arabic medical tradition devoted considerable attention to the mutual influence of body and soul, which

35 Bos and McVaugh, *On the Regimen*, 153–89.

36 Ibid. 193–217.

37 Bos, *On Asthma*, xxxiv–xxxvii.

38 G. Bos, *Maimonides: Medical Aphorisms. Treatises 1–5* (Provo, UT: Brigham Young University Press, 2004), xxi.

39 Lehnardt, "Shema Meni Refuot", 179.

40 A. Salvatierra, "Shem Tov Ibn Falaquera: From Logic To Ethics. A Redefinition of Poetry in the Thirteenth Century", *Comparative Literature Studies* 45 (2008): 165–81, *ibid.* 166; and Kozodoy, "Medieval Hebrew", 255–64.

Maimonides and his followers endorsed completely. In essence, the number of works on the preservation of health authored or inspired by Maimonides that were circulating in Hebrew during the thirteenth century indicates that his role was instrumental in shaping the Hebrew corpus of *regimina sanitatis*, but also and most importantly, in transmitting to a learned Jewish audience of medical authors, physicians and laymen his stance on the value of health and well-being, based on Arabic Galenism and Jewish ethics.

Beyond the Maimonidean output, the popularity of this trend of medical literature amongst Jews resulted in further translations and some original contributions. Between 1277 and 1290 Zeraḥiah Ḥen translated *On the Regimen of Health* (*Sefer ha-hanhagah le-Galīenus*), which had the indubitable merit of being attributed to the authority of Galen but seems to be a combination of various texts prepared by Ḥunayn ibn Ishāq in Arabic, of which only the fragmentary Hebrew version and a longer, earlier Latin version by Accursius de Pistoia are extant.<sup>41</sup> In 1299, Solomon ben Nathan ha-Me’ati translated from Arabic an epitome of Galen’s *Commentary on Hippocrates Airs, Waters, and Places*,<sup>42</sup> contributing to an awareness of the impact of the environment on health, an assumption that would be further developed in the following century. No original Hebrew monograph on the preservation of health produced during the thirteenth century has been identified to date, although some general works addressed the topic. For example, Nathan ben Yo’el Falaquera’s systematic medical encyclopaedia *Ṣori haguf* (*Balm of the Body*), written in Provence in the second quarter of the thirteenth century, devoted the second of four parts to the practice and regimen of health.<sup>43</sup>

By the end of the thirteenth century the impact of the Latin genre of *regimina sanitatis* on Jewish western European communities became evident not only in the apparent interest in building a Hebrew corpus for Jewish readers but also in the incorporation of Latin trends through translation and collaboration. In 1299 in Montpellier, Jacob ben Machir ibn Tibbon produced a Hebrew version of a *Regimen of Health* (*Hanhagat ha-brī’ut*) attributed to Abū Marwān ‘abd al-Mālik ibn Zuhr (d. 1162). This work was the result of his collaboration with the Christian surgeon Bernat Honofredi with whom he

41 G. Bos, and I. Garofalo, “A Pseudo-Galenic *Treatise on Regimen*: The Hebrew and Latin Translations from Ḥunayn Ibn Ishāq’s Arabic Version”, *Aleph* 7 (2007): 43–95.

42 M. Zonta, “Medieval Hebrew Translations of Philosophical and Scientific Texts. A Chronological Table”, in *Science in Medieval Jewish Cultures*, edited by G. Freudenthal (Cambridge: Cambridge University Press, 2011), 40.

43 G. Bos, and R. Fontaine, “Medico-Philosophical Controversies in Nathan b. Yo’el Falaquera’s *Sefer Ṣori ha-Guf*”, *Jewish Quarterly Review* 90 (1999): 27–6.

translated it from Arabic into Latin.<sup>44</sup> Likewise, the Christian elite's interest in dietetics, mentioned by Nicoud, also existed amongst their Jewish contemporaries.<sup>45</sup> Thus, alongside the extant fragment of the above-mentioned *Sefer ha-hanhagah le-Gali'enus*, which deals mainly with the role of food in the preservation of health, Eliezer Nathan ha-Me'ati contributed a translation from Arabic of Abū Marwān ibn Zuhr's *Book of Foodstuffs* (*Sefer ha-mezonot*) around 1280.<sup>46</sup> Furthermore, before 1300 an anonymous translator rendered the *Book on Universal Diets*, the first part of Isaac Israeli's *Book on Simple Remedies and Foodstuffs*, from Arabic into Hebrew.<sup>47</sup> Note that the second part had been translated into Hebrew one century earlier by Doeg the Edomite from Constantine the African's Latin version.<sup>48</sup>

The first half of the fourteenth century bears witness to two unique events: the only extant Hebrew translation of a Galenic regimen and the only Jewish medical monograph originally written in Hebrew identified so far. The former was made in 1322 by Shimshon ben Shlomo and is a version of Galen's *De sanitate tuenda* (*On the Preservation of Health*), included in the collection of epitomes known as the *Alexandrian Compendia of Galen's Sixteen Works*, produced in Arabic by Ḥunayn ibn Ishāq in the ninth century.<sup>49</sup> The latter is the *Sefer hanhagat ha-bri'ut*, written by the Iberian Jew Jehudah ben Jacob at an unknown date, possibly in the first half of the fourteenth century.<sup>50</sup>

Scholars agree that the demand for *regimina sanitatis* from the fourteenth century onwards, which resulted in the wider production and dissemination of such texts throughout medieval Europe, is associated with a gradual shift of focus from the original interest in individual health to a concern for the wellbeing of the community. This change was fostered by urban dwellers' concerns about poor sanitary conditions in cities. People were eager for preventive public health strategies, especially after the first outbreak of the plague, followed by cyclical recurrences until the end of the Middle Ages and beyond.<sup>51</sup>

44 M.R. McVaugh, G. Bos, and J. Shatzmiller, *The Regimen Sanitatis of "Avenzoar": Stages in the Production of a Medieval Translation* (Leiden: Brill, 2019).

45 M. Nicoud, *Les régimes de santé au Moyen Âge: naissance et diffusion d'une écriture médicale (XIII<sup>e</sup>-XV<sup>e</sup> siècles)*, vol. 1 (Rome: École Française de Rome, 2007), 145 and 150.

46 Zonta, "Medieval Hebrew Translations", 37.

47 Ibid. 41.

48 See above, note 34.

49 E. Lieber, "Galen in Hebrew: The Transmission of Galen's Works in the Medieval Islamic World", in *Galen: Problems and Prospects*, edited by V. Nutton (London: Wellcome Institute for the History of Medicine, 1981), 168.

50 B. Allgaier-Honal, *Jehuda ben Jakob, Hanhagat ha-Beri'ut (Traktat zur Gesundheitslehre)* (Hamburg: Kovač, 2013).

51 Nicoud, *Les régimes*, 283-4 and 395; García-Ballester, "Changes".

Luis García-Ballester saw a clear indication of this shift in the apparent interest of Jewish translators, readers, and practitioners in the genre, attested by its wide circulation in Hebrew. His contention is coherent with claims that the vernacularisation of various genres of medical literature and their dissemination in the local languages evince the existence of new audiences beyond the universities and the Latin learned tradition as a consequence of the professionalisation of medicine and the medicalisation of society.<sup>52</sup>

Central to this discussion is Arnau of Vilanova's *Regimen sanitatis ad regem Aragonum* (*Regimen of Health for the King of Aragon*), written between 1305 and 1308 for King James II, which soon attained enduring acknowledgment to judge by the number of manuscript copies preserved and its early and frequent translations into different languages. It was first translated into Catalan by Berenguer Sarriera between 1307 and 1310 for Queen Blanche of Anjou, the king's wife. Some years later, before 1327, it was again translated anonymously into Catalan from an equally anonymous abridgement of the original Latin treatise, from which any mention to the king and his health conditions had been removed.<sup>53</sup> Against the accepted view that Arnau's *Regimen* was translated into Hebrew from both Latin and Catalan, recent research has claimed that all known Hebrew translations were made from the Catalan versions.<sup>54</sup> Based on his analysis of all existing manuscripts, Feliu has suggested that Hebrew translators used both Sarriera's rendition and the anonymous, abbreviated one. The former was translated around 1460 in southern Italy by Samuel ben David ibn Shoshan, who might have also made use of the Latin text,<sup>55</sup> and by Josef bar Yehudah ha-Sefardi in the second half of the fourteenth century in Catalonia. The earliest Hebrew translation of the *Regimen* was made from the abridged version by the Provençal physician and belletrist Israel ben Jucef Caslari in 1327.<sup>56</sup> Adding confusion to an already entangled textual history, there is an additional translation of the so-called "*Second regimen*", wrongly attributed to Vilanova, made by the physician Crescas des Caslar in Provence around 1327–1328. The source, *Llibre de conservació de sanitat*, was in fact a

52 L. Cifuentes, "Vernacularization as an Intellectual and Social Bridge: the Catalan Translations of Teodorico's *Chirurgia* and of Arnau de Vilanova's *Regimen Sanitatis*", *Early Science and Medicine* 4 (1999): 127–48.

53 A. Carré, *Arnau de Vilanova, Regiment de sanitat per al rei d'Aragó – Aforismes de la memòria* (Barcelona: Universitat de Barcelona, 2017), 51–5 and 141.

54 E. Feliu, "Les traduccions hebrees del *Regiment de sanitat* d'Arnau de Vilanova", *Tamid* 6 (2006–2007): 45–141.

55 J. Ziegler, "Religion and Medicine: On the Adaptation of Latin and Vernacular Medical Texts to Hebrew Readership", *Würzburger medizinhistorische Mitteilungen* 18 (1999): 149–58, *ibid.* 152–3.

56 Feliu, "Les traduccions", 60–2.

Catalan translation of Joan de Toledo's *De conservanda sanitate*; the Hebrew translator Crescas de Caslar was not identical with Israel Caslari, as has long been thought.<sup>57</sup>

Like the regimens in verse discussed above, written by authors who knew Arabic and wrote mainly in Iberia during the first stages of the transfer of Graeco-Arabic knowledge to Jewish learned audiences, we also find literary discourse that engaged with contemporary perceptions of health and wellbeing in fourteenth-century Provence. One of the translators of Arnau's *Regimen*, Israel Caslari, produced two poems on the biblical story of Esther, one in Judeo-Provençal and the other in Hebrew, in which he integrated medical motifs and debates reflecting Arnau de Vilanova's ideas on the causes of melancholy and on a healthy diet.<sup>58</sup> Regarding the Judeo-Provençal version, Susan Einbinder has argued that the vernacular was not only intended to attract new audiences (children, women, and non-Jews) but also more suited to conveying specialized technical knowledge,<sup>59</sup> whilst Piudik has analysed the diglossic nature of both versions, which points to their slightly different functions.<sup>60</sup> The fact that the poems were written in two different languages and poetic genres indicates the intricate ways in which Jewish tradition and the surrounding culture of the host society intertwined in Jewish life. It also points to how "both ethno-religious and gendered parameters for accessibility" were established.<sup>61</sup>

Alongside medical and literary texts, Jewish ethical literature also dealt with the importance of a healthy way of living, coupled with instructions for a good moral behaviour. Due to space limitations, I will offer only a couple of examples from two subcategories of Jewish ethical literature: ethical wills or short treatises in the form of deathbed advice and instructions;<sup>62</sup> and *hanhagot* (conduct guides), treatises that aimed to instruct the male reader in correct behaviour based on halakhah and ethical principles. A fine example of the

57 Feliu, "Les traduccions", 60–1.

58 S. Einbinder, "A Proper Diet: Medicine and History in Crescas Caslari's 'Esther'", *Speculum* 80 (2005): 437–63; and J.T. Piudik, "Hybridity in the Fourteenth-Century Esther Poems of Israel Caslari" (PhD Diss., Centre for Medieval Studies, University of Toronto, 2014).

59 Einbinder, "A Proper Diet", 444.

60 Piudik, "Hybridity", 143–190.

61 *Ibid.* 14.

62 R.I. Burns, *Jews in the Notarial Culture. Latinate Wills in Mediterranean Spain, 1250–1350* (Berkeley: University of California Press, 1996), 26. Another important source for medieval Jewish understanding of healthy living in connection with the environment is Responsa literature, see M. Orfali, "Ecología y estrategias sociales en la jurisprudencia hispano-hebrea," 181–201 in *Creencias y Culturas. Cristianos, judíos y musulmanes en la España medieval*, edited by C. Carrete and A. Meyuhás Ginio (Salamanca: Universidad Pontificia, 1998).

latter is R. Menahem ben Aaron ben Zerah's (d. 1385) *Şedah la-derek* (*Provision for the Way*), a code of law concerning daily life in which he included medical advice for a healthy lifestyle alongside moral and philosophical precepts.<sup>63</sup> Regarding ethical wills, that of Jacob ben Asher of Toledo (d. ca. 1343), advises: "Do not indulge in bodily pleasures except to the extent necessary for keeping yourselves healthy for the service of God".<sup>64</sup> Another interesting example is the testament of Eleazar of Mayence, written after the first outbreak of the plague around 1357: "Be very particular to keep your houses clean and tidy. I was always scrupulous on this point, for every injurious condition and sickness and poverty are to be found in foul dwellings".<sup>65</sup>

### 3 Gendering the Analysis

One of the first realizations that struck me when I first approached the genre as a student was the remarkable absence of women in the literature on the preservation of health produced by medieval Jews. Over the last decades, scholars have highlighted the elusiveness of medieval Arabic, Latin, and Hebrew medical texts regarding female patients and practitioners,<sup>66</sup> and they have pointed out that other than in gynaecological chapters or treatises women were for the most part mentioned solely in connection with specific illnesses and conditions. An inspection of the regimens written, translated, or copied by medieval Jews reveals that women do not seem to feature in them either as recipients of medical advice – a lack that is highlighted by the sporadic allusions to them – or as having any role or responsibility in devising and/or practicing the preventative measures to ensure healthy living. As in other genres of medical literature written in gender-specific languages, the masculinisation of the texts is evident in the use of the supposedly generic masculine pronouns and grammatical forms, which do not encompass men and women.<sup>67</sup> This practice has resulted in the obliteration of women's traces from medieval Jewish regimens

63 Bos and McVaugh, *On the Regimen*, 144.

64 I. Abrahams, "Jewish Ethical Wills", *The Jewish Quarterly Review* 3 (1981): 436–84, *ibid.* 458.

65 J.R. Marcus, *The Jew in the Medieval World: A Sourcebook, 315–1791* (New York: Jewish Publication Society, 1938), 315.

66 M. Green, "Gendering the History of Women's Healthcare", *Gender & History* 20 (2008): 487–518; M. Cabré, "Women or Healers? Household Practices and the Categories of Healthcare in Late Medieval Iberia", *Bulletin of the History of Medicine* 82 (2008): 18–51; and C. Caballero-Navas, "Virtuous and Wise: Apprehending Female Medical Practice from Hebrew Texts on Women's Health Care", *Social History of Medicine* 32 (2019): 691–711.

67 P. Violi, *L'infinito singolare. Considerazioni sulla differenza sessuale nel linguaggio* (Verona: Essedue, 1986); and M. Bengoechea, *Lengua y género* (Madrid: Editorial Síntesis, 2015).



of health in both capacities.<sup>68</sup> Besides the pervasive use of the masculine grammatical gender, the absence of women clearly indicates that treatises were for the most part concerned solely with men. For example, when discussing the role of sexual intercourse or of exercise to preserve health, practices that were considered part of the six non-naturals, texts exclusively convey a male-centred perspective: they (males) do (exercise), and they do (sex) unto others.<sup>69</sup>

In general, women are mentioned in two regards: in connection with specific conditions or functions, particularly conception, pregnancy and wet-nursing; and in relation to men, both as counterparts (sexual intercourse) and when the author aims to stress that the medical advice appertains exclusively to men. Regarding the first scenario, from antiquity and throughout the Middle Ages gynaecological and obstetrical literature, medical encyclopaedias, treatises on the preservation of health, and other medical genres included chapters or materials that offered regimens to aid pregnancy, to ensure a healthy pregnancy and to guarantee that wet-nurses produced sufficient nurturing milk.<sup>70</sup> Although women are the addressees of this medical advice and pregnancy was considered one of the states in which one is “neither perfectly healthy, nor sick” (Maimonides),<sup>71</sup> the focus of the texts is on proper care for the foetus and the newborn.

Interestingly, the very few independent treatises on women’s health care that exist in the medieval Arabic tradition of medicine were mainly devoted to fertility, conception, pregnancy, the treatment of the mother and the newborn, as well as the care of children, and provided extensive discussions on the regimen of women in such circumstances. Two examples are the *Book of the Regimen of Pregnant Women and Children*, composed by al-Baladī in the tenth century,<sup>72</sup> and the *Book on the Generation of the Foetus and the Treatment of Pregnant Women and Newborns*, written in the same century by the Andalusian physician Arib ibn Sa’id, which was translated twice into Hebrew.<sup>73</sup> The only medieval Hebrew treatise identified to date that purports to be a regimen for

68 C. Caballero-Navas, *The Book of Women’s Love and Jewish Medieval Medical Literature on Women: Sefer Ahavat Nashim* (London: Kegan Paul, 2004), 14 and 18.

69 The wording of this sentence has been inspired by R. Mazo Karras’ brilliant book *Sexuality in Medieval Europe: Doing Unto Others* (London: Routledge, 2005).

70 M.W. Adamson, “Medieval Women’s Guides to Food During Pregnancy: Origins, Texts, and Traditions”, *Canadian Bulletin of Medical History* 10 (1993): 5–23.

71 Bos and McVaugh, *On the Regimen*, 70.

72 G. Bos, and M. McVaugh, *On the Treatment of Small Children (De curis puerorum): The Latin and Hebrew Translations* (Leiden: Brill, 2015), 7–8.

73 R. Barkai, *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998), 43 and 64; and C. Caballero-Navas, “Maimonides and his Practice of Gynaecology”,

women according to its supplemental title, *Sēfer hanhāgat nāšīm* (*Book of the Regimen of Women*), deceives the modern reader's expectations. It is in truth a thirteenth-century compendium of knowledge about magic, sexuality, cosmetics, gynaecology, and obstetrics, organized into three sections, which bears the main title *Sēfer 'ahāvat nāšīm* (*Book of Women's Love*). It was probably in line with what its contemporaries expected from a text dedicated to women's health care. Indeed, it included recommendations for conception, pregnant women, and lactation.<sup>74</sup>

Regarding allusions to women that emphasize that the recipients of the medical advice are exclusively men, I would like to bring up a significant example that I have discussed at greater length elsewhere.<sup>75</sup> In chapter 3.13 of his *On the Regimen of Health*, Maimonides discusses the impact of the movements of the soul (emotions) on people's health, and explains that passions that bring on diseases of the soul "make strong impressions only on persons who have no knowledge of ethical philosophy, nor of the disciplines and admonitions of the Law, such as children, women and the ignorant", adding the explanation: "for these, because of the softness of their soul, are anxious and fearful".<sup>76</sup> Elaborations on these statements tell us two things: that women, regardless of their status, age or condition, were collectively considered weaker than men; and that they were not the recipients of the recommendations to prevent diseases of the soul contained in this chapter, since they do not possess the means that, according to Maimonides (following Galen), are needed to gain control over emotions: "As for people trained in ethical philosophy or in the disciplines and admonitions of the Law, their soul acquires courage and they are truly courageous, so that their soul is influenced and affected as little as possible".<sup>77</sup> Indeed, Maimonides' statements imply that only educated men can master their passions and avoid diseases of the soul; conversely, ignorant men are equated with women and children in their weakness and inability to control themselves. There is a difference, however. While ignorant men and children can learn, Jewish women do not study to acquire the virtues of philosophy and the qualities of Law, as Maimonides himself explains in the beginning of the third treatise of the *Book of Knowledge* of his *Mishneh Torah*: "Women, slaves and the young (under the age of puberty) are exempt from the obligation of studying Torah. But it is a duty of the father to teach his young

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in *Moses Maimonides and His Practice of Medicine*, edited by K. Collins, S. Kottke and F. Rosner (Haifa and New York: Maimonides Research Institute, 2013), 65.

74 Caballero-Navas, *Book of Women's Love*, 140–42, 144–52 and 172.

75 Caballero-Navas, "Maimonides", 67–8.

76 Bos and McVaugh, *On the Regimen*, 104.

77 *Ibid.* 106.

son Torah (3.1.1)". Moreover, he reminds his readers: "the sages have warned us that a man shall not teach his daughter Torah, as the majority of women have not a mind adequate for its study" (3.1.13). Although other medical authors pointed to the influence of emotions over women's health,<sup>78</sup> by bringing into the discussion Jewish women's exemption from the obligation to study (the Law), Maimonides implicitly points to their inability to acquire the necessary instruments to master their emotions and to prevent disease. Along with his allegiance to rabbinic discourse, Maimonides' stance on women's weakness is also consistent with his adherence to Aristotelian philosophy, which would gain in popularity among European learned elites from the thirteenth century onwards, giving rise to the spread of misogynist views in all spheres of written discourse.<sup>79</sup>

Scholars have pointed out that medieval male discourse had a tendency to ignore women's roles in the preservation of health and the treatment of illnesses, which were largely carried out in social spaces that were neither regulated nor recognized as medical or curative.<sup>80</sup> But, as Sandra Cavallo has argued with regard to the fourteenth to seventeenth centuries, "the daily management of health was a domestic affair and the household a site of medical knowledge".<sup>81</sup> As a matter of fact, although hardly mentioned in medical texts, women's domestic care – "within the theoretical frame of the six non-naturals"<sup>82</sup> seems to have run parallel to the doctrines, instructions, and courses of action registered by medical authors, translators and copyists. Since they recorded general and specific recommendations to preserve health but kept silent about who performed such actions and administrated the care, it is difficult to ascertain who did what. Despite these problems, researchers can focus on customary practices and the gendered rhetoric of medical discourse, both in terms of the division of labour and the hierarchies involved. Other contemporary sources may also be useful. Surely, women would have prepared the foods that are mentioned in the dietary advice offered by the health guides,

78 N. Cohen-Hanegbi, "The Emotional Body of Women: Medical Practice between the 13th and 15th Centuries", 465–82 in *Le sujet des émotions au Moyen Âge*, edited by P. Nagy and D. Boquet (Paris: Beauchesne, 2009).

79 P.R. Allen, *The Concept of Woman. The Aristotelian Revolution: 750 BC – AD 1250* (Montreal: Eden Press, 1985).

80 M. Cabré, "Como una madre, como una hija: las mujeres y los cuidados de salud en la Baja Edad Media", in *Historia de las mujeres en España y América Latina: De la prehistoria a la Edad Media*, edited by L. Morant and E. Cantarino (Madrid: Cátedra, 2005), 637–8.

81 S. Cavallo, "Secrets to Healthy Living: The Revival of the Preventative Paradigm in Late Renaissance Italy", in *Secrets and Knowledge in Medicine and Science, 1500–1800*, edited by E. Leong and A. Rankin (Farnham: Ashgate, 2011), 192.

82 Cabré, "Women or Healers", 18 and 23.

such as the barley, wheat or chicken soup that is so often recommended. To this effect, Juan Luis Vives wrote in his treatise *De institutione feminae christianae* (*The Instruction of a Christian Woman*) of 1523 that a wife, mother, and daughter should prepare the food herself whenever a member of the family was sick, basing the validity of this claim on his own experience: “I have personally seen here and in Spain and France men who have recovered from illness thanks to the food cooked by their wives, daughters, or daughters-in-law”.<sup>83</sup> Vives’ explicit recognition of women’s agency in healthcare through the cooking of food, which makes up one of the six non-naturals, presumably reflects Christian and Jewish women’s daily practices, which he probably knew from experience, having been born into a family of converted Jews from Valencia, where his father and mother were condemned by the Inquisition, and having lived nearly all his adult life as a Christian.<sup>84</sup> More than three hundred years before, Judah ibn Tibbon reminded his son Samuel in his ethical will that his wife had cared for him through illness, regardless of her high social status: “Remember her assiduous tendance of thee in thine illness, though she had been brought up in elegance and luxury”.<sup>85</sup>

Another testimony comes from the popular Latin genre known as *Tacuina sanitatis*, handbooks of healthy living based on the *Taqwīm al-ṣiḥḥa* (*Tables of Health*) written in Arabic by Ibn Butlan (d. 1063), which circulated widely throughout Europe during the fourteenth and fifteenth centuries. Its profusely illustrated manuscripts present us with a wealth of depictions of local society and everyday life in relation to health and wellbeing. Numerous instances of women performing daily tasks associated with the regimen of health and the six non-naturals, such as food preparation, are portrayed.<sup>86</sup> Other images, such as those included in the section on vomiting (evacuation), show a woman helping a man to vomit while an older woman seems to supervise the operation.<sup>87</sup> To my knowledge, no Hebrew version of this genre exists. However, a colourful scene from the fifteenth-century *Washington Haggadah* bears a very telling resemblance to the illustrations of food preparation in the *Tacuinum* manuscripts. It depicts two women, who are standing and preparing the Passover meal over a fire while observing an apparently tipsy man sitting a little further

83 J.L. Vives, *The Education of a Christian Woman: A Sixteenth-Century Manual*, edited and translated by C. Fantazzi (Chicago: The University of Chicago Press, 2000), 62.

84 Ibid. 3–4.

85 Marcus, *The Jew*, 313.

86 L. Cogliati Arano, *The Medieval Health Handbook. The Tacuinum Sanitatis* (New York: George Braziller, 1992), 76–7, 101–2, 107, 119, 121, 125, 130, and 138–9.

87 Cogliati Arano, *Medieval Health*, 143.

away and drinking from a goblet.<sup>88</sup> By calling attention to this resemblance, my intention is to stress that although the commonplace character of the daily tasks performed by women within the household obscures and renders them virtually invisible for us, these are precisely the areas of practice that we must examine to get a better insight into women's roles regarding the preservation of health and the provision of health care.

Another female everyday life task for which it is difficult to find textual and visual evidence but which medieval societies assumed to be a women's job is the washing of clothes, household fabrics, dishes and cooking vessels. Washing fabrics and cleaning household utensils had important roles in the preservation of health – as we are reminded, for example, by the frequent hints and warnings to wear clean clothes after bathing.<sup>89</sup> These practices become particularly urgent during epidemics. The task was carried out by the women of the household or washerwomen.<sup>90</sup>

To sum up: while the obliteration of women is a general tendency in medieval medical literature, it is consistent with rabbinic discourse that is conducted by men for men, in the context of a patriarchal social structure.

#### 4 Conclusions

This short overview has endeavoured to convey the value of health amongst medieval Jews and the variety and complexity of literary and artistic forms in which its importance was stressed. The significance of the preservation of health is expressed in various written genres from medical writings to poetry that were produced in the different social, cultural, and intellectual milieus in which Jews lived. The bibliography on this topic is very rich, although some underexplored areas remain that call for more attention. Amongst these areas are the exploration of the contents of the Jewish regimen of health within the context of general medical works or encyclopaedias; the role of vernacular languages in the dissemination of knowledge and beliefs amongst late medieval Jews; reflections concerning health in letters and other personal documents; and the visual representation of the (female) provision of healthcare in relation to the six non-naturals.

88 Library of Congress, MS Heb. 1, fol. 14v.

89 McVaugh, Bos and Shatzmiller, *The Regimen*, 199.

90 Rawcliffe, C. "A Marginal Occupation? The Medieval Laundress and her Work", *Gender & History* 21 (2009): 147–69.

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