

The Genesis of Medieval Hebrew Gynaecology: A Preliminary Assessment*

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This paper is a preliminary account of the progress of my work on the early stages of the reception and accommodation in Hebrew of literature and theories on female anatomy, physiology, and disease by medieval Jewish authors and translators. While the first steps of my research on the medieval Hebrew corpus of literature devoted to the care of women's health led me to specifically address the textual production and transmission of the later Middle Ages, in the course of my enquiry I have become progressively, and inevitably, interested in the beginning of these processes, and in the factors that prompted the production and dissemination of this type of literature.

The genesis of Hebrew gynaecology is intimately connected to the emergence of the Hebrew medical corpus. In the main, this is because the first Hebrew treatises on women's conditions purportedly ever produced were part of a major enterprise of translation of medical texts from Latin into Hebrew, undertaken by a translator known as 'Do'eg the Edomite,' who inaugurated the Hebrew medical corpus in the closing years of the twelfth century.¹ Furthermore, the inventory of translated texts, as well as the justification offered by the prolific translator in the prologue to his translation project, suggest that the gynaecological texts are to be understood (or were understood by him) as a 'medical specialty' encompassed in his (or his milieu's) understanding of medicine. It also suggests that the translation of the entire collection of texts was prompted by a similar concern: to make the medical corpus circulating in the West available to Jewish practitioners in order to help them keep up with contemporary trends in medicine.²

Albeit probably the first, Do'eg's translations were not the only gynaecological texts to be made available in Hebrew in this initial phase. Around the same time, or slightly later, two other treatises were produced, associated with the Iberian Peninsula and strongly connected to the Arab medical tradition.³

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1 Cf. Barkai 1998; Freudenthal 2013.

2 Caballero Navas 2011a, 329-335; Freudenthal 2011a, 100-103.

3 Barkai 1998, 109-144 and 192-211, respectively. See also Caballero Navas 2019a.

After this remarkable beginning, and following a gap of some years, the second half of the thirteenth century bore witness to a second phase of fruitful production of gynaecological literature, based for the most part on translations from Arabic. In summary, while we know when and where the first Hebrew gynaecological treatises were produced, the factors that prompted their writing call for more investigation.

Certainly, gynaecology was one of the new trends in Latin medicine. During the so-called long twelfth century, processes of creation, diffusion, appropriation, and accommodation of literature on women's healthcare generated the Latin canon of gynaecological literature that circulated in the West until the end of the Middle Ages.⁴ But it intrigues me that, if the interest of Jews in contemporary medical trends was mainly motivated by their aspiration to integrate Jewish medical practitioners into the legitimate medical system,⁵ gynaecological texts—unlikely intended for male medical practice, at least at this early stage⁶—were incorporated into the incipient Hebrew medical corpus. Surely, there must have been other factors that prompted Jewish scholars from Christian milieus, who were unaware of the bulk of Greek gynaecology disseminated during late antiquity and the early Middle Ages both in Latin and Arabic,⁷ to develop an interest in this sphere of medical knowledge.

The time frame between the closing years of the twelfth and the end of the thirteenth century is a key period for understanding the social and intellectual processes that determined the Jewish acquisition of medical knowledge and the integration of Jewish medical practitioners into the legitimate medical system.⁸ Remarkably, nearly two-thirds of the known Hebrew texts on women's conditions were translated or written during this period.⁹ Therefore, the analysis of the production and transmission of texts during this first stage may prove crucial to understanding what prompted the genesis of the textual corpus, and how it was formed and shaped.

The first focus of my study is the texts themselves. Hence, I have endeavoured to compile and describe a preliminary inventory, in which I have included treatises that circulated independently, as well as some sections on women's conditions within medical encyclopaedias that had a strong bearing on the formation of the Latin tradition of gynaecological literature and were instrumental in the formation of the Hebrew gynaecological corpus. I have paid attention to textual choices, as well as to contexts of production and dissemination and to models of appropriation. I have

4 Green 2000.

5 See Caballero Navas 2011a, 337–340 and Freudenthal 2011a, 100–103, and the bibliography provided by both scholars.

6 See discussion below.

7 Jewish communities established in Provence and other western Christian territories were immersed in traditional Jewish learning and in the main were unaware of the philosophical and scientific production of their host societies until approximately the mid-twelfth century. Freudenthal 1995 and 2011b.

8 See above note 2 and 5.

9 The study of Jewish medieval gynaecology was inaugurated by Ron Barkai's pioneering work in the 1990s (see bibliography). Since then, the number of identified texts and sections of texts dedicated to the care of women's health has nearly doubled, to approximately thirty.

also briefly explored the circulation of the earliest texts up to the end of the period, in order to catch a glimpse, albeit small, of the gynaecological literature available to learned Jews at the time. To that end, I have relied on the sources and quotations in the section on women's ailments in *Sefer hayōšer*, a medical encyclopaedia written in Provence around the fourth quarter of the thirteenth century. I hope to pursue the analysis of the sources and citations in other treatises and books, as well as the manuscript distribution of the inventory of texts presented here, in future work. Finally, I have enquired into the rationale(s) behind the foundation of the gynaecological Hebrew corpus.

The end of this chapter contains an appendix with a preliminary list of the gynaecological Hebrew texts produced during the period studied.

1 In the beginning: between the closing years of the twelfth and the turn of the thirteenth century

With a few exceptions, it was not until the mid-twelfth century that scientific texts were written in Hebrew in the Christian lands of the western Mediterranean.¹⁰ The last decade of the twelfth century witnessed the inauguration of a Hebrew medical corpus—built predominantly on translations—which, growing over the following two centuries, seems to have adequately responded to the needs of both Jewish students of medicine and practicing physicians.¹¹ The Hebrew corpus on gynaecology flourished under the influence of the Latin medical tradition, mainly in Provence, and followed contemporary trends favoured by Christian authors and natural philosophers. Distinctively, gynaecology became a textual specialty, and treatises on women's conditions began to circulate independently.¹²

Just as the Hebrew scientific and medical corpus relied heavily on translations (from Arabic, Latin, and some vernaculars),¹³ most gynaecological texts were translated from other languages, although some had previously undergone one or more translation processes from their original language. These translation processes are enormously relevant for understanding the formation of Jewish gynaecology, as they testify to the diverse routes and modes of acquisition and accommodation of theories on female physiology and disease by Jewish medical writers, through the synthesis and adaptation of ideas and concepts from different ancient and early medieval traditions.

1.1 *The Latin foundation of Hebrew gynaecology*

The first known translations of gynaecological treatises into Hebrew were undertaken between 1197 and 1199 in Provence by a repentant convert, who referred to himself by the pseudonym 'Do'eg the Edomite.' He initiated the Hebrew medical corpus by translating twenty-four medical books from Latin into Hebrew, most of them

10 Sela 2003.

11 Caballero Navas 2011a, 329–337.

12 Barkai 1998; Caballero Navas 2004, 80–90.

13 A recent listing of medieval Hebrew texts and their translations in Zonta 2011.

taken from the *Articella*.¹⁴ His contribution to Hebrew gynaecology was paramount, as his impressive enterprise did not only consist of making the Latin medical texts circulating at the time available to Jewish readers by rendering them into Hebrew. Most importantly, by including among his translations three gynaecological texts as well as several medical encyclopaedias and general works that comprised important sections on women's conditions, he conveyed to a Jewish audience the synthesis of the main gynaecological traditions of antiquity as well as contemporary Latin trends.¹⁵

Of the three gynaecological texts, two belonged to the most widely acknowledged Latin gynaecological tradition of the time, which was made up of the translations and adaptations of Soranus of Ephesus's works. One of the routes by which ancient Greek medical texts reached the medieval Latin West was by way of Latin adaptations and translations disseminated from pre-Salernitan Italy.¹⁶

The longest of the two treatises, *Sēfer batōledet* (The book on generation), derives from Muscio's fifth-sixth century Latin adaptation of Soranus's *Gynaikēia*.¹⁷ The shorter text, *Sēfer hā'ēm 'el galinus hū' baniqrā' gyne'as* (The book on the womb by Galen, which is called *Gynaccia*), was not a Galenic work but a Hebrew translation of the Latin gynaecological treatise *De passionibus mulierum B*, an eleventh-century pre-Salernitan treatise composed of a previous version (A), the late ancient gynaecological treatises of Pseudo-Cleopatra, and some selections from Muscio.¹⁸

Apart from been considerably lengthier than *Sēfer hā'ēm*, *Sēfer batōledet* presents substantive changes and additions to the Latin version, which altered the final product significantly. *Do'eg* the Edomite provided an introduction to the translation, which did not exist in the original, as well as a wide variety of Jewish elements, which consistently 'Judaized' the text. In addition to attributing the dialogue to two biblical characters—Dinah and her father Jacob—he resorted liberally to biblical and talmudic quotations and expressions, and modified, and even eliminated from the text, ideas that clash with Jewish customs and beliefs.¹⁹

14 Although *Do'eg* the Edomite's endeavour and the rationale behind it have received significant attention in the last few years, his cardinal contribution to the Hebrew medical corpus went unnoticed from the time of his discovery by Moritz Steinschneider until Ron Barkai 'rediscovered' him more than a century later. Lately, Gad Freudenthal has contributed essential insights into the work of this pioneering translator and the context in which he operated. See Steinschneider 1893, 711–714; Steinschneider 1888; Barkai 1998, 20–34; Freudenthal 2013.

15 For the list of Hebrew translations see, in Hebrew: Steinschneider 1888; in English translation: Barkai 1998, 20–34; and Freudenthal 2013, 118–120.

16 Hanson and Green, 1994; Green 2019.

17 Barkai 1991. Barkai suggested that *Sēfer batōledet* might have been translated in the first half of thirteenth century by a physician who was a refugee from Granada. He later revised both the dating and authorship. Barkai 1998, 30–31.

18 For the edition and English translation of *Sēfer hā'ēm 'el galinus*, see Barkai 1998, 145–180. On *De passionibus mulierum B*, see Green 2000, 25 and 2019, 51.

19 Barkai 1991, 129–132. Barkai pondered the possibility that the 'Jewish features' were added to the treatise by a later author; see Barkai 1998, 31. Recently, Gad Freudenthal has asserted that the frame story is indeed due to a later editor, as he intends to demonstrate in a forthcoming publication authored by him, Michael McVaugh and Katelyn Mesler. See Freudenthal 2018, 46.

The third treatise, *Sēfer hasēter* (Book of the secret),²⁰ belongs to a new trend in gynaecological literature, stemming from Salerno, that was disseminated in Latin and numerous medieval languages beginning the twelfth century.²¹ *Sēfer hasēter* is the first-ever translation from Latin into a different language of *Liber de sintomatibus mulierum* (Book on the conditions of women) and *De ornatu mulierum* (On women's cosmetics), which are two of the three separate treatises that made up the medieval compendium that circulated under the name of *Trotula*.²² *Do'eg* the Edomite mentioned in the prologue to his translation project that *Sēfer hasēter* 'treats some of the secrets of women and their cosmetics.'²³ However, fragments from *De ornatu mulierum* had not been identified in Hebrew until an apparently new treatise was discovered some years ago, entitled *Šē'ār yāšūb*. In fact, this was a thirteenth-century (partial?) edition of *Sēfer hasēter*, which preserved portions of the original translation that the only manuscript copy known to that date had not.²⁴

In addition to these three independent gynaecological works, *Do'eg* also translated some medical books from Latin that had been previously translated from Arabic, mainly by Constantine the African at the end of the eleventh century. The translations of Greek works into Arabic (whatever the path) was a second route by which Greek medical traditions were handed down to the West. Galen's coherent explicative model of health and disease, based on the humoral theory, which he had developed from Hippocratic concepts, gained him the acknowledgement of Byzantine and Arab medical authors, who promptly endorsed the theoretical framework of his understanding of medicine. Actually, his commentaries on Hippocratic works, as he systematized and interpreted them, enabled their transmission to the Islamic world. Galen is also largely responsible for the nosology, aetiology, and therapeutics of women's diseases that would form the foundation of Arab gynaecology.²⁵ In his translations,

During the last few years I have also conducted research on this treatise, preliminary results of which have been presented at two international conferences, and will be published in a forthcoming essay entitled "Graeco-Latin Gynaecology in Jewish Robes. The Hebrew translation of Muscio's Gynaecia."

20 In this context, the figurative meaning of the Hebrew *sēter* is 'hidden [parts],' that is, 'genitalia.' However, I have deliberately rendered the term literally in order to retain the manifold meanings with which authors and translators of medieval Hebrew texts on women's healthcare invested the word. See the discussion on 'secrets of women' in Caballero Navas 2006b.

21 Barkai 1998, 61–64 (study) and 181–191 (edition and translation).

22 Green 2001.

23 Steinschneider 1888, 7; Freudenthal 2013, 119. On the literal translation of the Hebrew *sēter* (secret) and *sitrē nāšīm* (secrets of women) in this context, see note 20 above. Furthermore, "Secrets of women," used in Hebrew medical texts as a generic term, seems to represent a way of understanding sexual difference relating to health care that takes women's health's needs as specific and connected to their sex.' Caballero Navas 2006b, 51.

24 Caballero Navas 2006a.

25 Green 1985, 85–101; and Pormann and Savage-Smith 2007, 43–45 and 51–55.

Constantine bequeathed to the Latin West the total synthesis of the ancient gynaecological traditions established by the Byzantine and Arabic writers.²⁶

Do'eg also rendered Hippocrates's *Aphorisms* from Latin.²⁷ Although the *Aphorisms* was not a gynaecological work, most of particula V (aphorisms 28–62) was devoted to women's conditions, which made it a classic among treatises of this kind of medical literature. In addition to *Do'eg*'s translation,²⁸ the work had been translated into Hebrew several times by the end of the thirteenth century, for the most part with Galen's commentary. Around 1260 Hillel b. Samuel translated it from the Latin version by Constantine the African,²⁹ while Natan ha-Me'ati translated it from Arabic in 1283.³⁰ Often the *Aphorisms* was translated together with commentaries by other authors, such as Palladius, rendered from Arabic into Hebrew by Shem Tov ben Isaac of Tortosa in the second half of the thirteenth century in Provence,³¹ or Maimonides, whose contribution to the corpus will be discussed below.

Do'eg also chose to translate into Hebrew two medical encyclopaedias that, written originally in Arabic, were among the works that Constantine handed down to the Latin West through his translations. These works included sections devoted to women's conditions that had a strong bearing on medieval Jewish gynaecology, both directly and indirectly: al-Majūsi's *Kitāb kāmīl aṣ-ṣinā'ā at-ṭibbīya* (The complete book of the medical art), known in the West as *Pantegni*, and in Hebrew as *Sefer mālē' mahzīq* (The full [vessel] that contains);³² and Ibn al-Jazzār's *Zād al-musāfir wa-qūt al-ḥādir* (Provisions for the traveller and nourishment for the sedentary), known in Latin throughout the Middle Ages as *Viaticum peregrinantis*, and entitled by *Do'eg* as *Sefer yā'ir nātīb* (The book of the illuminated road).³³

In general, the study of (Hebrew) gynaecology has focused on treatises that circulated independently. As a consequence, the role played by general medical works (in Hebrew and in Arabic) that included sections devoted to women's ailments and their sanitary needs has passed somewhat unnoticed. However, these sections were

26 On the reception of Arabic medical learning in the Hebrew textual corpus, whatever the route, see Caballero Navas 2003, 2009, 43–44.

27 Steinschneider 1888, 6–8; Barkai 1998, 23; Freudenthal 2013, 118; Bos 2016, 3–6.

28 Prior to *Do'eg*'s translation, *Sefer Asaph* or *Sefer refuot*, the first Hebrew book of medicine, which predated the launching of the Hebrew medical corpus in at least two centuries, included parts of the *Aphorisms*, together with aggadic tradition and other materials, in a consistent and deliberate attempt to link Greek medicine to Talmudic tradition. See Caballero Navas 2011a, 321–322; Bos 2016, 1–3.

29 Steinschneider 1893, 734; Bos 2016, 6–8.

30 Steinschneider 1893, 662.

31 Bos 2010, 61.

32 Steinschneider 1888, 7; Barkai 1998, 24; Freudenthal 2013, 119. It is worth noting that al-Majūsi's chapters on gynaecology (*Practica*, Book VIII) were lost and did not circulate in Latin until the thirteenth century. Prior to that date, Constantine the African's version of al-Majūsi's *Kāmīl* included the description of female anatomy (*Theorica*, Book III, chapters 33–36), and a list of topical headings with basic female diseases, covering all the diseases of the reproductive organs (*Theorica*, Book IX, chapters 40–43). See Green, 1994 and 2019, 52.

33 Steinschneider 1888, 7; Barkai 1998, 25; Freudenthal 2013, 119.

widely acknowledged and exerted a significant influence on both contemporary and later works. For instance, al-Majūsī's assumptions regarding the anatomy of female genitalia, menstrual disorders, and the aetiology of uterine suffocation, together with the richness of the *materia medica* proposed in therapy, became instrumental in the development of concepts about women's healthcare until the end of the Middle Ages.³⁴ Thus, in addition to Do'eg's early translation from Constantine's Latin rendition, all this knowledge reached Hebrew writings through Latin texts that endorsed al-Majūsī's theories. The impact of the Hebrew *Pantegni* on later medieval Hebrew medical literature on women has yet to be examined.

The sixth book of *Zād al-musāfir* or *Viaticum peregrinantis* is devoted to diseases affecting the sexual organs and contains numerous chapters (9 to 18) on women's ailments.³⁵ Around the thirteenth century a new Hebrew version was produced by Abraham ben Isaac—also from Constantine's eleventh-century Latin version—entitled *Sēdā lā'ōreḥīm*.³⁶ The relevance of this handbook for Hebrew medicine can be measured by the fact that it was translated once more in 1259, this time from Arabic, by Moses Ibn Tibbon, who entitled it *Sēdat haderākīm*.³⁷ Moreover, recent research has revealed that portions of the *Zād al-musāfir/Viaticum peregrinantis*, mostly from Do'eg's *Sēfer yā'īr nātīb*, can be traced in several Hebrew treatises on women's healthcare, where they had been often quoted without explicit reference to the source, namely the thirteenth-century *Sēfer 'abābat nāšīm* (The book of women's love) and *Sēfer hayōšer*, and the fifteenth-century *Ša'ar hanāšīm*.³⁸

Apart from Do'eg's early translation from Constantine's Latin rendition, the influence of *Zād al-musāfir/Viaticum peregrinantis* reached Hebrew writings by an indirect route: the translation into Hebrew of the *Liber de sintomatibus mulierum*—Do'eg's *Sēfer hasēter*—on whose aetiology and therapeutics the impact of Ibn al-Jazzār's gynaecology was patent.³⁹ The gynaecological ideas developed by Ibn al-Jazzār were as decisive in the formation of the Hebrew gynaecological corpus as they had been for the Latin.

In summary, Do'eg the Edomite transmitted to medieval Jews: (a) the synthesis of Soranus's work that reached the West by way of Latin adaptations and translations, re-edited in the eleventh century in southern Italy; (b) the new trend in Latin gynaecology from Salerno; and (c) Constantine the African's synthesis of Byzantine and Arabic writers' re-elaboration of ancient Greco-Roman medical texts and 'Galenized' gynaecology, both through the rendition of Arabic versions of Greek works and through books originally written in Arabic.

34 Green 1985, 109–117. See also King 1998, 238–244.

35 Bos 1997.

36 Steinschneider 1893, 705.

37 Ibid., 703–704. See also Zonta 2011, 23, 32 and 99, respectively.

38 Caballero Navas 2003 and 2004, 27–30 and 87–88.

39 Green 1996, 128–131; and Caballero Navas 2006a.

1.2 A different model of appropriation of gynaecological knowledge

Around the same time that *Do'eg* embarked upon his translation project, or slightly later, two Hebrew treatises on women's conditions were circulating around the Iberian Peninsula. One of them is a short treatise that includes actual practice and (female) local customs, as well as abundant magical material. Known as *Tērūfōt labērāyōn hanigrā' māgēn harō's* (Medicaments for pregnancy, called 'the head's shield'), the text was apparently written in the late twelfth or early thirteenth century by Sheshet ben Benveniste, the head of the Jewish community of Barcelona and physician to the kings of Aragon Alfons II (1162–1196) and Pere II (1196–1213).⁴⁰ The only preserved manuscript mentions that the text was copied several times by Yehudah al-Ḥarizi, a well-known Andalusian scholar and translator who immigrated to Provence.⁴¹ Should this testimony be accurate, it would substantiate its circulation in Provence before 1225, the year of al-Ḥarizi's death.

Meanwhile, an unknown contemporary author, apparently based in Castile, wrote a Hebrew treatise on diseases of the reproductive organs, *Zikārōn hebōlāyīm habōwīm beklē habērāyōn* (An account of the diseases of the organs of pregnancy). Ron Barkai, who edited and translated the work into English, underscored the evident impact of Arabic terminology, syntax, and style on the text. He also highlighted the profuse use of Castilian terms and the fact that the Hebrew medical and scientific terminology seems to predate the creation of a Hebrew scientific lexicon by thirteenth- and fourteenth-century translators.⁴² Indeed, the treatise also has other distinctive features that connect it to the Arab medical tradition. For instance, it is divided into two parts, devoted to the diseases of male and female genitalia, respectively. This very arrangement was often employed in medical encyclopaedias by Arab authors.⁴³

Further analysis has revealed striking parallels between the Hebrew treatise and Ibn Sīnā's major medical work, *Kitāb al-Qānūn fī al-ṭibb*. Book 3, which is divided into twenty-two *funūn* or treatises, systematically expounds the function and disease of each organ from head to toe. *Funūn* 20 and 21 are devoted to diseases in male and female reproductive organs, respectively. According to my ongoing investigation, the first section of the *Zikārōn* follows *fen* 20 very closely, while the second section seems to represent a further effort by the author to condense the contents of *fen* 21, which he manages to do by omitting some chapters and topics and by abbreviating some others.⁴⁴ Although further research on this treatise is still needed, it may represent the earliest adaptation of part of Ibn Sīnā's *Canon* in Hebrew.⁴⁵

40 Barkai 1998, 83–86 (analysis) and 192–211 (edition and English translation). According to the online catalogue of the Institute of Microfilmed Hebrew Manuscripts at the Jewish National and University Library (Jerusalem), the title of the treatise is *Tērūfōt ūmerqābōt lemāḥālōt nāšīm* (Medicaments and concoctions for women's ailments).

41 Barkai 1998, 192 (Hebrew) and 198 (English).

42 Ibid. 69–76 (analysis) and 109–144 (edition and translation). Barkai rendered the title of the treatise into English as 'A Record of the Diseases Occurring in the Genital Members.'

43 For instance, *Zād al-musāfir*. See Bos 1997.

44 Caballero Navas, 2019a.

45 The *Canon* was translated for the first time into Hebrew by Natan ha-Me'ati in 1279; at roughly

These two treatises bear witness to an epistemological shift in the way in which Iberian Jews understood women's conditions and their treatment, and present—particularly the *Zikārōn*—a novel model of the appropriation of gynaecological knowledge.

The Jews of Castile and, to a lesser degree, the eastern Iberian Peninsula continued to read, copy, and even write about medicine in Arabic up to the fifteenth century. Arabic medical texts provided Castilian Jewish physicians with theoretical and practical medical knowledge and contributed to their social cohesion.⁴⁶ The Arabic medical tradition did not favour the production of independent texts on women's conditions, but preferred to include female ailments in medical encyclopaedias in the form of chapters or sections.⁴⁷ Jewish medical authors belonging to the Arabic medical tradition generally followed the same pattern, as was the case with Moses Maimonides, who included a chapter (16) dedicated to women's medical problems in his *Medical Aphorisms*.⁴⁸ In contrast, the author of the *Zikārōn*, writing in a social and scientific context in which the Arabic cultural model prevailed among Jews, deliberately created a Hebrew treatise on disorders of the reproductive organs, which, based on a major Arabic source,⁴⁹ circulated independently.

2 The thirteenth century and the shaping of the Hebrew gynaecological corpus

After an interval whose duration is difficult to determine, beginning in the second half of the thirteenth century several treatises that circulated independently were produced: (1) an abridged version of one of the Latin gynaecological treatises translated by *Do'eg*, *Sēfer basēter*, under the title *Šē'ār yāšūb*, which has been already discussed;⁵⁰ (2) a compilation written originally in Hebrew, entitled *Sēfer 'abābat nāšīm* or *Sēfer hanhāgat nāšīm* (The book of women's love or book on the regimen of women);⁵¹ and (3) four treatises translated from Arabic, two of which were originally written in Lat-

the same time, Zeraḥyah Hen translated books 1 and 2. One century later, Joseph b. Joshua Ibn Vives ha-Lorki translated the first book and two *funūn* of the second. Counting the anonymous partial translations that have been preserved, some scholars estimate that the Canon was translated into Hebrew on at least seven occasions. See Richler 1986; Ferre 2002; Freudental and Zonta 2012, 270–271. My preliminary comparison between the *Zikārōn* and the extant Hebrew translations from book 3 reveals that the Castilian treatise is not based on them, but seems to be an earlier Hebrew synopsis of *funūn* 21 and 22 made directly from Arabic. Caballero Navas 2019a, 100–111.

46 Caballero Navas 2011a, 326–327; and García-Ballester 1994, and 2001, 454–472.

47 Cf. Green 1985, 71–128.

48 Bos 2015.

49 The *Canon* was translated into Latin under the direction of Gerard of Cremona in Toledo in 1187. His translation, most likely a collaborative project, thus bears witness to the circulation of the *Canon* in Arabic in the same milieu in which the *Zikārōn* seems to have been written. Caballero Navas 2019a, 111–116.

50 See note 24.

51 This is an anonymous Hebrew compendium of knowledge about magic, sexuality, cosmetics, gynaecology, and obstetrics, organized into three sections. Preserved in only one fifteenth-century copy, it was probably written at the end of the thirteenth century in the area of Catalonia or Provence. Cf. Caballero Navas 2004.

in and in Greek, respectively. Moreover, some general medical books that included sections on women's healthcare were produced in a like manner: four translated from Arabic, and two originally written in Hebrew.

Of the four treatises translated from Arabic, *Sēfer dīnā lēkōl 'inyān hāreḥem wēḥālēyehāb* (Dinah's book on all that concerns the womb and its diseases) is so far the only Judeo-Arabic gynaecological text contained in the whole known corpus and, according to Barkai, it has only been preserved in one fragmentary copy, apparently from the thirteenth century. The treatise is a translation of Muscio's *Pessaria*, although the source from which it was rendered is still unknown.⁵² The text from the Greek tradition is *Sēfer habērāyōn wēḥāreḥem lē'abuqraṭ* (Hippocrates's book on pregnancy and the womb). This Arabic version of *De superfœtatione*, the only translation of a Hippocratic gynaecological text that has come down to us in Hebrew, was rendered by Zeraḥyah ben Isaac ben Shealtiel Ḥen in Rome between 1277–1290.⁵³

Sēfer yešīrat hā'ubār wēḥanḥāgat hebārōt wēḥanōlādīm (Book on the generation of the foetus and the treatment of pregnant women and newborns) is the only Hebrew translation of an Arabic gynaecological and obstetrical text by an Arabic Islamic author: *Kitāb khalq al-janīn wa-tadbīr al-ḥabālā wa-al-mawlūdīn*, written by the Andalusian physician Arib Ibn Sa'id in the tenth century.⁵⁴ Curiously, it seems to have enjoyed a wider dissemination in Jewish communities in the West than in Islamic lands, as according to Barkai, it might have been translated twice into Hebrew.⁵⁵

Interestingly, the next treatise, *Liqūṭē rabēnū mōšeh bē'inyānē weset wēḥērāyōn* (Maimonides's compilation on menstruation and pregnancy), had been part of a general medical work, Maimonides's *Medical Aphorisms*, originally written in Arabic around 1185.⁵⁶ Sometime after its translation into Hebrew by Zeraḥyah Ḥen in Rome in 1277, its chapter 16, entirely dedicated to women's medical problems, became detached from the rest of the book and circulated independently.⁵⁷ It has been preserved in two manuscripts. It also enjoyed very wide circulation as a section of the general work, both in Zeraḥyah Ḥen's translation and in the version translated by Natan ha-Me'ati between 1279–1283, also in Rome.⁵⁸

This was not the only Maimonidean contribution to the gynaecological corpus, as his *Commentary on Hippocrates's Aphorisms* with Galen's commentary was translated from Arabic by Moses Ibn Tibbon in 1257 (or 1267) in Provence, while Zeraḥyah Ḥen contributed a new translation in Rome around 1277–1290.⁵⁹ One might rightly think that Maimonides's gynaecological output was slight (chapter 16 of his *Medi-*

52 See Barkai 1998, 50–53 (analysis) and 97–108 (edition and English translation). On Muscio's *Pessaria*, see Green 2000, 21; Bolton 2015, 419–441 (Latin edition and English translation).

53 Zonta 2003.

54 Arib Ibn Sa'id 1956.

55 Steinschneider 1893, 671; Barkai 1998, 43 and 64.

56 Bos 2015.

57 Caballero Navas 2009, 41.

58 In the fourteenth century, an anonymous translator produced a new version. Cf. Zonta 2011, 32, 35, and 46.

59 Steinschneider 1893, 769; Zonta 2011, 32 and 35. See also Caballero Navas 2009, 35–37.

cal Aphorisms and part of particula V of the *Hippocratic Aphorisms*).⁶⁰ However, the ample diffusion enjoyed by his work guaranteed that his profoundly Galenized views on sexual difference and women's physiology reached a very wide audience of learned Jews in the Iberian Peninsula, Provence, and Italy.⁶¹

During the thirteenth century, some other general medical works circulated in Hebrew, originally written in Hebrew or translated from Arabic, whose content on women's ailments played an instrumental role in the formation of the Hebrew corpus. I have already briefly discussed Ibn al-Jazzār's *Zād al-musāfir*, which apart from the two translations from Latin referred to above, was translated from Arabic in 1259 by Moses Ibn Tibbon under the title *Sēdat haderākīm*.⁶² Other works also translated into Hebrew were—or at least their authors were—profusely quoted in later literature (both medical and nonmedical). However, it is difficult to determine their importance in Hebrew gynaecology until further studies are undertaken. This is the case with *Kitāb al-taṣrīf li-man 'agīza 'an al-ta'līf* ('The recourse of him who cannot compose [a medical work of his own]), a compendium on health comprising thirty books, by the great Arab surgeon al-Zahrāwī (d. c. 1013), whose extensive section dedicated to surgery (book 30) discusses childbirth and the use of several obstetrical instruments devised by the author.⁶³ The *Taṣrīf* was translated into Hebrew by Shem Ṭov ben Isaac of Tortosa under the title *Sēfer hašimmūš* between 1254 and 1261 in Marseilles. Moreover, it seems that some fragments of the *Taṣrīf* were also rendered into Hebrew by anonymous translators.⁶⁴ Shem Ṭov ben Isaac of Tortosa also translated al-Rāzī's *Kitāb al-Mansūrī* (Book for Almansur) from Arabic in 1264.⁶⁵

As already mentioned, Ibn Sīnā's famous medical encyclopaedia was translated twice in the last quarter of the thirteenth century and once again in the following century, although only the first of the translations, by Natan ha-Me'ati, contained book 3, which includes a section (*fen* 21) on diseases of female reproductive organs.⁶⁶ Although both Ibn Sīnā and his *Canon* are often generically mentioned in Hebrew gynaecological texts, their bearing on them has yet to be analysed.

In the sphere of Hebrew encyclopaedias, *Šōrī haḡūf* (Balm of the body) is a detailed and systematic work written by Natan ben Yo'el Falaquera at the end of the thirteenth century.⁶⁷ The work is divided into four parts: theory, the practice and regimen of health, a description and treatment of diseases, and a treatise on medicaments, their properties, and curative effects. In addition to a brief discussion of the function of the

60 In fact, I have argued elsewhere that the rest of his medical production neglects women and presents a strong male-centred stance on healthcare and sexuality. Cf. Caballero Navas 2013, 63.

61 On this diffusion, see Ferre 2009.

62 See above, notes 33, 35–38.

63 Spink and Lewis 1973. On the circulation of Gerard of Cremona's twelfth-century Latin translation of al-Zahrāwī's *Surgery* and the interest aroused by its gynaecological and obstetrical material from thirteenth century onwards, see Green 2011.

64 Feliu and Arrizabalaga 2000–2001; Bos 2010.

65 Steinscheider 1893, 725–726.

66 See notes 44 and 45.

67 Bos and Fontaine 1999. The fourth part was edited by Amar and Buchman 2004.

male and female testes and their reproductive function in the first theoretical part, the book also includes a section devoted to women's conditions, which is labelled in some manuscripts as *Sēder nāšīm misēfer Šōri haḡūf* (Section on women of the book 'balm of the body').⁶⁸ The author explicitly quotes Hippocrates, Galen, Ibn Sīnā, and al-Rāzī, though many of the ideas discussed are reminiscent of al-Jazzār. The chapter deals with gynaecological problems: pain, abscesses and tumours in the womb, menstrual retention, uterine suffocation (due to the retention of menstrual blood or semen, whose corrupted vapours ascend to the brain), and sterility.

Sēfer hayōšer (Book of rectitude) is a comprehensive encyclopaedia of contemporary medical knowledge, written in Provence in the last decades of the thirteenth century by a very learned medical author and practitioner. I am inclined to think that it might have been written by the translator and physician Jacob ha-Qaṭan, although further investigation is needed to reach a conclusion.⁶⁹ The book is one of the first few medical works originally written in Hebrew and reflects the perceptions of a Jewish physician during the early stages of the professionalization of medicine. Thus, it is a key witness to the strategies developed by Jewish physicians to accommodate their knowledge and practice to the new way of understanding health, disease, and healthcare in a multicultural context.⁷⁰ The work features a well-organized and very comprehensive section devoted to women's diseases—*Tahālū'ē nāšīm min sēfer hayōšer* (Women's diseases from the 'Book of rectitude')—which contains diagnoses, aetiologies, and treatments for numerous conditions. Throughout this chapter, the author quotes ancient and contemporary medical authors and works extensively, be they Greek, Arabic, Latin, or Hebrew, although all of them seem to have been quoted from Hebrew versions. This feature makes the work an extraordinary source of information about the circulation of Hebrew medical texts in general, and of gynaecological literature in particular, among Western Jewish communities in the late thirteenth century.

3 The fortunes of the inaugural texts to the end of the first stage

Not all texts produced during the first stage of the foundation of Hebrew gynaecology had the same fate, as the popularity they enjoyed varied greatly. Some useful instruments to assess the circulation and reception of textually transmitted knowledge are: the analysis of the materiality of the manuscripts (number of extant copies, dating, geographical distribution, owners, patterns of annotation, etc.),⁷¹ and the study of quotations included in later works. Obviously, the bulk of the texts—some of which

⁶⁸ As, for instance, in the MS Paris, Bibliothèque Nationale, heb. 1122/6, ff. 42r–46v.

⁶⁹ Some evidence points in this direction, such as the continuous self-references to two books translated by Jacob ha-Qaṭan: *Antidotarium Nicholai*, and [Roger's] *Book of [Oil and] Water*. Cf. Muntner 1947. However, the author also refers often to his 'brother' Jacob, whom he calls 'the great physician,' and to whom he attributes several treatises, such as the *Šē'ar yāšūb* (Caballero Navas 2006a). We cannot infer from those quotations whether both authors had an actual family relationship or the appellation is part of the rhetoric of the discourse.

⁷⁰ Caballero Navas 2011a, 24.

⁷¹ Beit-Arié 2011.

have not been edited, or whose editions need to be revised—and the diversity of the contexts of transmission and dissemination render this a very ambitious project for which much research is still needed. Yet, in the future, the gradually growing volume of data contributed by successive studies from different quarters will enable better understanding of the afterlives of these texts.

With this goal in mind, I have analysed the quotations from gynaecological texts (or parts of texts) included in the section on women's conditions in *Sēfer hayōser*. Through these findings, one may gain a sense of the literature of this type in Hebrew that was available to an educated physician in Provence at the end of the thirteenth century, as well as the preferences of this particular author.⁷² Remarkably, this author was rather familiar with most of the works rendered by *Do'eg* the Edomite—to whom he refers thrice by his eponymous '*Do'eg*'—nearly a century earlier. However, he also drew from other books translated later both from Latin and from Arabic.

Not altogether surprisingly, two works stand out as the most profusely quoted in this section, *Šē'ār yāšūb* and *Sēfer yā'ir nātīb*. The former, attributed by the author to his 'brother' Jacob, is an abridged and edited version of *Sēfer basēter*, discussed above. In fact, the profusion of quotations led me to identify this unknown version, which comprises previously unknown fragments from the Salernitan *De ornatu mulierum*.⁷³ The second work, Ibn al-Jazzār's *Zād al-musāfir* in Hebrew translation, was abundantly, though not always explicitly, cited from *Do'eg*'s version translated from Latin as *Sēfer yā'ir nātīb* but also from the 1259 translation from Arabic by Moses Ibn Tibbon, *Sēdat haderākīm*, although without attribution.⁷⁴ The fact that the author engaged with both versions (by *Do'eg* and by Ibn Tibbon) testifies to the circulation and appreciation that both seem to have enjoyed at the time in Provence. Interestingly, when referring to the early translation by *Do'eg*, the author of *Sēfer hayōser* indistinctly used the title of the book in Latin, *Viaticum*, and in Hebrew, *Sēfer yā'ir nātīb*. However, he attributed it to various authors: *Do'eg* (the Edomite) (ff. 42r, 44r); Isaac (Israeli) (ff. 51r and 51v); and Constantine (the African) (f. 44v), to whom the author also referred once as *hakōmer* (the priest) (f. 43v).

Hippocrates's *Aphorisms* was also very popular with the author of *Sēfer hayōser*, who had numerous versions at hand, for the work had been translated into Hebrew several times from Latin and from Arabic by the end of thirteenth century.⁷⁵ As an additional Hippocratic work, the book refers once to *Sēfer hanōlādīm* (f. 46r), which is no other than *De superfœtatione*, translated into Hebrew from an Arabic version.⁷⁶

72 This book, which remains unedited, has been preserved in six manuscripts, three of which are fragmentary. For my analysis, I have relied on two of the three complete copies: Vienna, Oesterreichische Nationalbibliothek Cod hebr. 64/1, ff. 63r–83r; and Oxford, Bodleian, MS Oppenheim 180 (Cat. 2134), ff. 39v–51v (chaps. 81–99). The references have been quoted from the latter.

73 Caballero Navas 2006a.

74 Ibid., and Caballero Navas 2003.

75 See notes 27–31.

76 Zonta 2003.

The author also mentions a *Sēfer galīnus* (f. 40r), about which he does not provide enough information to ascertain whether he is referring to *Sēfer ha'ēm*,⁷⁷ whether he is indirectly quoting it, or merely making a generic reference to Galen's authority. The Islamic author al-Rāzī is also mentioned a number of times (ff. 40v, 42r, 43v, 44v, 45v, 46v, 48r, 49r–v), his name generally attached to the name of *Almaṣuri*, which is the title of his well-known medical compendium, *Book for Almansur*, which had been already translated into Hebrew from Arabic.⁷⁸ Certainly, the library available to the author of *Sēfer hayōšer* was rich and included everything from the very first books that formed the Hebrew corpus to the most up-to-date incorporations.⁷⁹ In fact, the dating of the latest translations mentioned in the book is a useful indication to assign it a tentative *terminus post quem*.

Among all these numerous works and authors, there are several intriguing absences. Some of them, such as *Zikārōn* or *Dinah's Book*, may be due to different regional trends in dissemination. It is remarkable, however, that the author, who relied on many works rendered by *Do'eg*, did not mention *Sēfer hatōledet*, a gynaecological treatise that he did not only translate but also took the time and effort to 'Judaize'.⁸⁰ However, by the thirteenth century, Muscio's *Gynaecia* had declined in popularity and the two Soranian texts translated by *Do'eg* had been completely superseded by the *Trotula* texts and the (Arabic) Galenization of gynaecology.⁸¹ By that time, other Hebrew texts on women's healthcare scarcely quoted or mentioned them, as was the case with *Sēfer hayōšer*.

4 The rationale(s) behind the foundation of Hebrew gynaecology

As noted at the beginning of this study, the foundations of both the Hebrew medical corpus and the Hebrew textual body of literature on women's conditions are intimately connected. Jews who lived in Christian milieus shared the healthcare system with their contemporaries, both as patients and as providers. Consequently, translators, medical authors, and practitioners favoured the acquisition and accommodation of a genre of literature that was part of the corpus of knowledge sanctioned by the legitimate medical system and whose learning granted access to legitimate medical practice.⁸² That is, the incorporation of gynaecology into the first group of medical texts made available in Hebrew is partly related to its role as part of the new trends in medicine. As with other aspects of medicine, medieval Jewish writers followed the trends endorsed by contemporary Christian authors.

⁷⁷ See note 18.

⁷⁸ See note 65.

⁷⁹ The author quotes many other Hebrew medical works, which have not been included in this overview since they are beyond the scope of this study.

⁸⁰ See above note 19.

⁸¹ Hanson and Green 1994.

⁸² By healthcare system, I refer both to sanctioned theoretical medical knowledge as well as to the social and legal circumstances that would regulate medical practice from the thirteenth century on. On Jewish medical training and practice in a Christian milieu, see Caballero Navas 2011a, 329–340, and the bibliography provided there.

However, this does not fully explain why early translators and authors were interested in incorporating gynaecological texts that were most likely not intended for male medical practice, at least at this early stage, into the Jewish medical corpus. Indeed, the approach of early and later medieval Hebrew texts to women's medical problems was essentially theoretical. Significantly, all the Hebrew texts were authored by and mostly addressed to men. Furthermore, many of them illustrate the interest of male physicians in differentiating their role from that of women, and endeavour to demonstrate that they (learned male physicians) hold the monopoly on theoretical knowledge, while women—such as midwives and other women mentioned in medical texts—are 'only' responsible for manipulating the female body.⁸³ In fact, and despite the gradual rise of male authority in gynaecology throughout the Middle Ages, the observation and manipulation of women's bodies and genitalia seem to have been the province of women until the end of the period. This was partly a result of the rhetoric of shame and concealment that aimed at restricting male access to women's bodies, but also because medical interventions involving female reproductive organs were 'differentially gendered depending on prevailing notions of expertise and competence.'⁸⁴

Beyond the differentiation of roles, some Jewish authors also endeavoured to strip female practitioners of authority and autonomy in the practice of gynaecology, thus participating in the deliberate attempt to exclude women from legitimate practice that the professionalization of medicine entailed.⁸⁵ The author of *Sēfer hayōšer*, for example, warned women against looking for aid for their gynaecological ailments among female healers, whom he accused of administering cures that could do much harm, due to their lack of theoretical medical knowledge.⁸⁶

One century earlier, the translator of *Sēfer hatōledet* devised a strategy to link the medical knowledge in the book to the patriarchs, whereby a fictitious Jacob staged the male appropriation of female agency in healthcare. In the book, Jacob was presented as an expert on women's conditions who answered questions about ailments associated with the female lifecycle, posed by his distressed daughter Dinah.⁸⁷ However striking the role of Jacob may seem, male authority over female physiology was not unfamiliar to a Jewish audience. Rabbinic literature had invested rabbis with authority regarding the theoretical knowledge of the bodies of women, particularly with respect to menstruation and physical examinations for menarche and other signs of puberty,

83 Caballero Navas 2014, 384–385. See also Caballero Navas 2019b on female medical practice in medieval Hebrew medical literature.

84 See Caballero Navas 2006b, 50–52; and Green 2013, especially on 345–346.

85 Cf. Green 2008.

86 Caballero Navas 2008, 150–151.

87 See notes 17 and 19. The possibility that the Jacob–Dinah frame story might be due to a later editor does not invalidate my contention that it was used as a strategy to legitimize Jewish (male) involvement in Graeco-Latin gynaecology in several ways, which involve rabbinic discourse (see discussion below) but also an apologetic approach that attempted to connect the origin of medicine to the Jews. For similar intents, see note 28 on *Sefer Asaph*'s deliberate attempt to link Greek medicine to Talmudic tradition.

such as the appearance of pubic hair or the growth of breasts.⁸⁸ With regard to the interpretation of impurity laws—defined in the Bible in Leviticus 11–15—the rabbis presented themselves as experts in the taxonomy of uterine blood, even if they did not themselves perform the inspection of blood and bloodstains.⁸⁹ The pioneers of Hebrew medical writing, who were all educated in traditional Talmudic-Jewish learning, might have been well acquainted with this ancient rabbinic gynaecological ‘expertise’. In consequence, faced with the ‘alien’ body of Graeco-Arabic medicine, such knowledge of women’s bodies and physiology would have appeared less ‘alien’ to them.

Sēfer batōledet was translated at a time and place in which Jewish communities were still unaware of the body of Greco-Arabic knowledge with which their coreligionists from the Islamic world had been familiar for centuries.⁹⁰ Its author, *Do‘eg* the Edomite, clearly strove to eliminate religious, cultural, and social tensions from the text by altering, or even removing, certain paragraphs from the Hebrew version that were problematic from the standpoint of Jewish tradition.⁹¹ But most importantly, he endeavoured to appropriate and transform the treatise into a distinct Jewish product, and to legitimize Jewish involvement in gynaecology by resorting to rabbinic discourse. Significantly, he adopted talmudic terminology and its categorization of female anatomy, by means of which he attempted to incorporate the rabbinic understanding of the female body into a secular body of literature and, consequently, to assert rabbinic (male) authority over gynaecological issues.⁹²

Despite the uniqueness of this treatise in its deliberate ‘Judaization,’ other Jewish writers also relied on rabbinic and talmudic concepts of women’s bodies and their functioning, which informed their attitudes and approaches to the acquisition and accommodation of theoretical medical knowledge about women.⁹³ One interesting example of the impact of rabbinic discourse on the shaping of medical ideas on women is the long medieval debate on the existence of female semen and women’s contribution to generation, which permeated Jewish philosophical, scientific, and theological works. Judaism acknowledged the existence of female semen (b. Nid. 31a); hence, despite the ambiguity brought about by the influence of Aristotle in Jewish philosophy, the idea that women emitted semen was generally endorsed in Hebrew gynaecological texts because it fitted rabbinic discourse.⁹⁴ To all appearances, rab-

88 Cf. Fonrobert 2000, 103–159; and 2007. See also Balberg 2011. Both scholars call attention to the fact that traces of Hellenistic medicine can be found in the rabbinic textual corpus.

89 Balberg 2011, 331. See also Fonrobert 2000, 103–127; and Ruiz Morell 2012.

90 Cf. Freudenthal 1995 and 2011b.

91 Cf. Barkai 1991. The fact that he was a convert to Christianity did not lessen his commitment to Judaism. See Freudenthal 2013, 108.

92 Barkai 1991, 35–57. On rabbinic conceptions about women’s bodies, see Fonrobert 2000, 40–67.

93 On the medieval use of rabbinic metaphors of female genitalia, see Fonrobert 2000 48–63; and Caballero Navas 2006b, 41–43.

94 The Hippocratic idea that both men and women emit seed had also been endorsed by Galen, whose authority was undisputed in medieval medicine, although he considered female sperm to be less perfect than male sperm. The notion, however, encountered with the ambiguity of ‘Galenized,’ Aristotelian Maimonides and the open opposition of traditionalist Naḥmanides,

binic discourse served both to sanction theories on the female body and to legitimize medical male authority over women.

When we consider that many rabbis and Jewish religious authorities—like many Christian theologians—were physicians, we can anticipate that the encounter of traditional rabbinic interest in conceptualizing female corporeality with a new interest in understanding the functioning of women’s bodies on the part of medieval physicians and natural philosophers⁹⁵ facilitated Jewish acceptance of gynaecological texts. In a bidirectional process, rabbinic expertise on the female body bestowed on them authority over gynaecology, whereas their knowledge was supplemented by the concepts and theories contained in the translated texts. Consequently, halakhists and biblical commentators were provided with contemporary medical knowledge of women’s physiology, which many of them chose to draw on in their legal and theological works.⁹⁶

While I do not fully endorse Gad Freudenthal’s claim that the ‘immediate motivation for the [*Doʿeg*’s] translation enterprise was religious,⁹⁷ I do believe that religion, or more accurately rabbinic culture, played an important role in the Jewish endorsement of medieval gynaecology. The reason alleged by *Doʿeg* in his prologue—to prevent the Jewish population from consulting gentile physicians (who may recommend impure remedies)—is a topos repeated by later translators, such as Shem Ṭov ben Isaac of Tortosa, who evoked the rabbinic dictum ‘we must not allow them to heal’ (b. ‘Abod. Zar. 27b) in the prologue to his *Sefer hašimmūš*.⁹⁸ This motivation, in my view, reflects anxiety about acculturation more than a religious concern.

Rabbinic interest in the female body justified the need to appropriate and accommodate gynaecological knowledge, whereas rabbinic expertise legitimized male authority over women’s physiology and healthcare; in return, gynaecological notions acquired from written texts contributed to the expertise and authority of the rabbis over the female body and its meanings. Nonetheless, this does not necessarily mean that rabbis themselves observed and manipulated women’s bodies and genitalia, or that women accepted rabbinic authority without resistance.

two paramount rabbinic authorities of medieval Jewish culture. See Caballero Navas 2014, 387–388; and Mosheh ben Naḥman, *Commentary on Lev. 12, 2* (Chavel 1996, 64–65).

95 On the transformation of gynaecological literature in the later Middle Ages and the interest of male physicians in women’s bodies, see Green 2008.

96 Sharon Faye Koren (2004) has highlighted the use that Naḥmanides and Isaac the Blind made of contemporary medical theory to support their ideas about the evil nature of *niddab*. See also Caballero Navas 2011b.

97 Freudenthal 2013, 110.

98 Feliu and Arrizabalaga 2000–2001, 80.

Appendix. Preliminary list of the gynaecological Hebrew texts produced from the end of the twelfth to the end of the thirteenth centuries. The right-hand column shows the texts known to, and consumed by, the author of *Sēfer hayōšer*, according to its section on women's diseases.

Date	Hebrew Translator/ Author & Place	Hebrew Title	Source Text	Language(s) of Translated Text	Section on Women of <i>Sēfer hayōšer</i>
1 1197–99	Do'eg the Edomite Provence	ספר דאם אל גליונים דהא הנקרא גיניאס <i>Sēfer hā'ēm 'el galinus hā' hanīqrā' gynecias</i> Galen's book on the womb, which is called <i>gynaccia</i>	11th-century <i>De passionibus mulierum, version B</i>	Latin	ספר גליונים? N
2 1197–99	Do'eg the Edomite Provence	ספר התולדת <i>Sēfer hatōledet</i> The book on generation	Musco's 5th–6th century Latin adaptation of Soranus of Ephesus's <i>Gynecology</i>	Latin adaptation from Greek	N
3 1197–99	Do'eg the Edomite Provence	ספר הסתר <i>Sēfer hasēter</i> The book of the secret	[<i>Trotula</i>] <i>Liber de sinthoma- tibus mulierum, De ornatu mulierum</i>	Latin	ספרי נשים שאר ישוב
4 1197–99	Do'eg the Edomite Provence	ספר אגור (אנפורישימיס) <i>Sēfer 'āgūr (aphorisms)</i> Book of accumulation	11th-century adaptation of Hippocrates' Aphorisms	Latin adaptation from Greek	ספר אנפוריזמיש
5 1197–99	Do'eg the Edomite Provence	שלם המלאכה הדפואית <i>Šālēm hamelā'ka hā'dīfū'it</i> The complete art of medicine	<i>Liber Pantegni</i> , 11th-centu- ry translation by Con- stantine the African of Al-Majūsī's <i>Kitāb kāmīl</i>	Latin Original: Arabic	N
6 1197–99	Do'eg the Edomite Provence	ספר יאר נתיב <i>Sēfer yā' ir nātib</i> Book of the illuminating road	<i>Viaticum peregrinantis</i> , 11th-century translation by Constantine the African of Ibn al-Jazzār's <i>Zād al-musā- fir waqūt al-hādīr</i>	Latin Original: Arabic	יאר נתיב ספרי נשים ראשיקום

Date	Hebrew Translator/ Author & Place	Hebrew Title	Source Text	Language(s) of Translated Text	Section on Women of <i>Sēfer ha-yōšer</i>
Late 12th to Early 13th Century					
7	Anonymous Castile?	זכרון החולים בבלי הריון <i>Zikārōn beḥōlīm ba-bēli ha-rivōn</i> An account of the diseases in the organs of pregnancy	Hebrew	The text bears significant similarities to <i>funūn</i> 20 and 21 of book 3 of Ibn Sīnā's <i>Kitāb</i> <i>al-Qānūn fī al-tibb</i>	N
8	Sheshet ben Ben- veniste? Barcelona?	תרופות להריון הנקרא מנן הראש <i>Tērūfōt laḥērāvōn ha-niqrā'</i> <i>māgen harōš</i> Medicaments for pregnancy, called 'the head's shield'	Hebrew		N
13th Century					
9	Anonymous Iberian Peninsula?	ספר דינה לכל ענין הרחם וחוליה <i>Sēfer dīnā lekōl 'inyān hāre-</i> <i>hem weḥōlēyehāb</i> Dinah's book on all that concerns the womb and its diseases	Translation into Judeo-Ara- bic of Muscio's <i>Pesaria</i>	Judeo-Arabic Arabic? Original: Greek	N
10	Jacob? Provence	שאר ישוב <i>Šē'ār-yāšūb</i> A remnant shall return	Edited version of <i>Sēfer</i> <i>basēter</i> , which preserves excerpts from <i>De ornatu</i> <i>mulierum</i>	Latin	ספרי נשים שאר ישוב
11	Moses Ibn Tibbon Provence	(פרוש לפירקי אבוקרט) (<i>Pērōš lēpīrāq' ābuqrāt</i>)	Moses Maimonides, <i>Com- mentary on Hippocrates's</i> <i>Aphorisms</i> (1)	Arabic	ספר אפוריזמישי?

Date	Hebrew Translator/ Author & Place	Hebrew Title	Source Text	Language(s) of Translated Text	Section on Women of <i>Sefer hayōser</i>
12 1259	Moses Ibn Tibbon Provence	צידת הדרכים <i>Sēdat haderākīm</i>	Ibn al-Jazzār's <i>Zād al-musāfir waqūt al-ḥādīr</i>	Arabic	צידת הדרכים
13 ca. 1260?	Hillel ben Samuel of Verona Italy	(אנפוריזימו) Aphorisms	Hippocrates, <i>Aphorisms with Galen's Commentaries</i>	Latin translation by Constantine the African from Arabic Original: Greek	ספר אנפוריזימו? ?
14 ca. 1270	Anonymous	ספר יצירת העובר והנולדת הדרות והנולדים <i>Sefer yēšrat hā'ubār wēban-hāgat behārōt wēbanōlādīm</i> Book on the creation of the foetus and the treatment of pregnant women and newborns	10th-century Arab Ibn Sa'īd's <i>Kitāb khalq al-janīn wa-tadbīr al-ḥabalā wa-al-mawhūdīn</i>	Arabic	N
15 1264	Shem Tov ben Isaac of Tortosa Provence	ספר אלמנסורי <i>Sefer 'almanšūrī</i> Book of Almansur	al-Rāzī's <i>Kitāb al-Manšūrī</i>	Arabic	אלמנסורי ראויש סחרי נשים
16 1277	Zerahyah Hēn Rome	לקוטי רבינו משה בעניני וסת וריון <i>Liqūṭē rabēnū mōšeh bē'imyānē wəset wēhērayōn</i> Maimonides's compilation on menstruation and pregnancy	Chapter 16 of Maimonides's <i>Medical Aphorisms</i> , detached from the rest of the book some time after its translation into Hebrew	Arabic	N. A copy has been preserved in the margins of the section on women of one of its manuscripts (Oxford, Opp. 180, Nebauer 1234)

Date	Hebrew Translator/ Author & Place	Hebrew Title	Source Text	Language(s) of Translated Text	Section on Women of <i>Sēfer hayōšer</i>
17 ca. 1277–90	Zerachyah H̄en Italy (Rome)	(פרוש לפרקי אבוקרט) <i>Pērūs lēpīrqē 'abuqrāt</i> Commentary on Hippocrates's Aphorisms	Maimonides, <i>Commentary on Hippocrates's Aphorisms</i> (2)	Arabic Original: Greek	N
18 ca. 1277–90	Zerachyah H̄en Italy (Rome)	ספר הדריון והרחם לאבוקרט <i>Sēfer habērāyōn wē hāreḥem lē'abuqrāt</i> Hippocrates's book on pregnancy and the womb	Hippocratic <i>On superfetation</i>	Arabic Original: Greek	ספר הנולדים לאפוקרט
19 1283	Natan ha-Me'ati Italy (Rome)	ספר הפרקים לאבוקרט בפירוש גאליניוס <i>Sēfer hapērāqīm lē'abuqrāt</i> <i>bēpērūs gā'liniūs</i> Hippocrates's Aphorisms with Galen's Commentary	<i>Commentary on Hippocrates's Aphorisms</i>	Arabic translation by Hunayn Ibn Ishāq Original: Greek	ספר אפוקרטיוש?
20 ca. end of the 13th cent.	Anonymous Catalonia-Provence	ספר אהבת נשים <i>Sēfer 'ahābat nāsīm</i> The book of women's love	Shares part of contents with two French and Catalan treatises. ⁹⁹	Hebrew	N
21 ca. end of the 13th cent.	Jacob ha-Qaṭan? Provence	ספר היושר <i>Sēfer hayōšer</i> The book of rectitude		Hebrew	

⁹⁹ See Caballero Navas 2004, 14, 27–30, and 95–96.

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