

Jews and Healing in the Middle Ages:
The Harmonisation of Jewish Beliefs with
Theories and Practices of the Western Medical Traditions



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Introduction

From approximately the period of the first Temple of Jerusalem – which was destroyed by the Babylonians in 597 BCE –, complex migratory processes, which developed especially throughout Greco-Roman times, led Jews to migrate and establish themselves in other regions. This dissemination increased dramatically after the second Temple was destroyed by the Romans in the year 70 CE and Jews were forced to leave their homeland. They dispersed and settled mainly across the Near East, North Africa and Southern Europe. This phenomenon has been called the *diaspora* and, although the term has the general meaning of dispersion of any human group leaving its homeland, it has become a precise definition of the dissemination of Jewish people all over the world, being a concept still used to allude to Jewish communities living outside Israel. ^①

From the beginning of the *diaspora*, Jews generally established themselves into communities, which guaranteed the maintenance of their religion, traditions and customs, all intimately connected to their national identity. However, they normally adopted the language – and, to a certain degree, many of the customs – of the people among whom they set up their communities. The use of Hebrew, considered a sacred language as the Bible was written in Hebrew, was reserved for ritual, praying, and religious writing.

During the Middle Ages, Jewish communities lived either under Islamic or Christian rule, developing different degrees of integration according to the historical vicissitudes of the different areas and periods. Throughout this long period, Jews were famed as healers. We find in a variety of sources many examples of Jewish physicians practicing among their own co-religionists, but also among Arabs and Christians. In the latter case even despite the restrictions that Christian institutions enacted from time to time to regulate practice and interfaith relations. The healing profession seems, thus, to have been a favourite with Jews. Especially among learned circles, whose members acquired theoretical and practical medical skills according to contemporary trends and standards. It has been suggested that this professional choice gave Jews social prestige, which enhanced their living conditions in an age when interfaith relationships were not always easy. ^②

^① See Gruen, Erich S., *Diaspora: Jews amidst Greeks and Romans* (Cambridge, Mass.: Harvard University Press, 2002); and Barclay, John, *Jews in the Mediterranean Diaspora* (Edinburg: T & T Clark, 1996).

^② See Shatzmiller, Joseph, *Jews, Medicine and Medieval Society* (Berkeley, Los Angeles, London: University of

However, we cannot speak properly of Jewish medicine, but of medicine practiced (or even written) by Jews. As a rule, Jews absorbed the medical knowledge and practice of their neighbours as they had adopted other customs. The influence of Hippocratic medicine is already evident in the rabbinical writings which began to circulate in the first century and encompassed the bulk of Jewish knowledge and beliefs. During the Middle Ages, Jews adopted the rich set of medical theories belonging to the Graeco-Arabic tradition, that is, the adaptation and re-elaboration by the Arabs of Hippocratic and Galenic medical concepts, which were later transmitted to the West where they had a great influence in the shaping of the Latin medical tradition.

In this paper I shall discuss how medieval western Jews integrated medical knowledge and healing practices alien to their own beliefs, trying to reconcile them with their own values and customs, and endowing them with Jewish religious ideas and identity. I will discuss these processes at two levels. The first is intimately linked to the way in which people solve the apparent contradiction between scientific knowledge and belief, either by privileging one of them or by trying to reconcile both. This level is mainly connected to the sphere of intellectual ideas and, during the Middle Ages, was also a main issue for Arabs and Christians, whose beliefs, as monotheist religions, were challenged by the rediscovery and revival of Graeco-Roman philosophy. The second level is associated with actual practice and the interaction between people belonging to different religious communities, and affects the attitudes held by a specific group regarding the adoption of practices and beliefs (often alien to their own) which might lead to acculturation or, at least, might generate fear of acculturation.

In short, this paper will discuss the processes through which medical ideas and concepts, as well as healing practices, were received, and integrated or rejected, by Jews in the West. I shall pay particular attention to the role that their religious beliefs had in the shaping of their medical knowledge and practice.

California Press, 1994), pp. 56-57; and Assis, Yom Tov, "Jewish Physicians and Medicine in Medieval Spain", in Samuel S. Kottick and Luís García-Ballester (eds.), *Medicine and Medical Ethics in Medieval and Early Modern Spain. An Intercultural Approach* (Jerusalem: The Magnes Press, 1996), pp. 33-49, especially on pp. 38-44.

Between Arabic and Christian medicine

Jewish communities enjoyed under Islamic rule a way of social cohesion that, paradoxically, derived from the adoption of the Arabic language and cultural model. Social tolerance and the influence of the flourishing Arabic cultural development resulted in a complex and rich Jewish intellectual life, which was easily transmitted among the communities that shared the same cultural milieu, that is, those established within the large territories under Islam. Al-Andalus, as the Islamic part of the Iberian Peninsula was known at the time, succeeded Babylon (current Iraq) as the centre of Jewish culture from the tenth century. This period has been often called the “golden age” of Spanish Jewry. ^③

Little more than two centuries later, at the end of the eleventh and during the twelfth centuries, many members of the Jewish minority were forced to flee by socio-political problems from the Iberian Islamic lands. Those who emigrated to the Christian kingdoms of the north of the peninsula, and especially the south of France, became agents of a cultural transmission and exchange between al-Andalus and the south of Christian Europe, by disseminating Graeco-Arabic science among the Jewish communities in the western Mediterranean. ^④ This enriching intellectual movement promoted by an enthusiastic minority of learned Jews initiated the second Renaissance of Hebrew culture, now based in Christian territories, which coincides in time and historical context with the twelfth century Renaissance that occurred in Latin Europe. ^⑤

^③ There exists an extensive bibliography on Jewish life and culture under Islamic rule. See, for example, Goitein, S.D., *A Mediterranean Society. The Jewish Communities of the Arab World as Portrayed in the Documents of the Cairo Geniza*. 6 vols (Berkeley, Los Angeles, London: University of California Press); Sirat, Collete, *A History of Jewish Philosophy in the Middle Ages* (Cambridge, New York: Cambridge University Press, 1985); and Ferre, Lola, “The Place of Scientific Knowledge in Some Spanish Jewish Authors”, *Micrologus. Natura, scienze e società medievali*, IX, *Gli Ebrei e le Scienze, The Jews and the Sciences* (2001), pp. 21-34.

^④ The bibliography on these cultural processes is also extensive. See Romano, David, *La ciencia hispanojudía* (Madrid, MAPFRE, 1992), pp. 30-37; Ferre, Lola, “Hebrew Translations from Medical Treatises of Montpellier”, *Korot* 13 (1998-9): 21-36; García-Ballester, Luís; Ferre, Lola and Feliu, Eduard, “Jewish Appreciation of Fourteenth-Century Scholastic Medicine”, *Osiris* 2nd Series, 6 (1990): 85-117; Shatzmiller, Joseph, *Jews, Medicine and Medieval Society*; Barkai, Ron, *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden, Brill, 1998), pp. 6-37; Fraudenthal, Gad, “Les sciences dans les communautés médiévales de Provence: Leur appropriation, leur rôle”, *Revue des études juives* 152 (1993): 29-136.

^⑤ See Barkai, Ron, “Origines et sources de la Médecine Hébraïque au Moyen Age”, *Micrologus* IX (2001): 9-19; and Abulafia, Anna Sapir, *Christians and Jews in the Twelfth Century Renaissance* (London & New York: Routledge, 1995).

From the twelfth century onwards, Hebrew became the main language in which learned Jews translated and produced knowledge. Translations were made of works of classical philosophy and science that had previously been translated and/or commented on by Arab authors, as well as of original works by these authors, and also of works by Jewish authors writing in Arabic. But the end of the twelfth century witnessed a shift towards Latin culture and science, realized in the translation into Hebrew of works written in Latin. This gave the Hebrew learned minority a literary corpus of medical and scientific works similar to those used in Christian universities and medical schools.⁶ As the Hebrew language became the vehicle for science and medicine, the panorama changed radically for Jewish medical texts, which had been nearly indistinguishable from original Arabic writings while Jews had lived – and produced their works – among their Islamic neighbours. This turning point bears witness to the building of a medical corpus in Hebrew, which continued, however, to embody contemporary medical knowledge.

Nevertheless, Jewish medical literature, whether within the Arabic or the Christian socio-cultural environment, was never detached from its own cultural and religious system. This system was to regulate, either by integrating or rejecting notions and practices, the way in which medicine was to be understood and practiced by Jews. During the Middle Ages, natural philosophy and medicine developed in close contact, since the former explained nature and elaborated theories of the body and its functioning that were the basis for learned medical practice, and had a considerable influence upon healing practices in general. Just as Judaism assumed easily some of the notions and concepts developed by natural philosophers while others collided with basic Jewish beliefs, actual practice (each single piece of practice) was also subjected to acceptance or rejection according to religious Law. However, unsurprisingly, actual practice seems to have been the place in which cultural and religious differences were most readily disregarded, and where knowledge and customs were often shared.

⁶ See Shatzmiller, Joseph, *Jews, Medicine, and Medieval Society*, pp. 36-55; Barkai, Ron, *A History of Jewish Gynaecological*, pp. 34-37; and Ferre, Lola, “Hebrew Translations”.

Knowledge and religion: a dilemma?

During the Middle Ages Jewish identity was deeply rooted in religion and tradition. Jews had established a special bond with their Tradition – understood as a specific collection of customs and beliefs – that helped them in keeping their link with the homeland from which they had been displaced, and their God. This collective Jewish standpoint explains the central role that religion, and the fulfilment of their religious precepts, had for them.

The Torah (the main set of biblical books) and the rabbinical writings, Mishnah and Talmud, regulated Jewish life in East and West. The continuous task of interpretation and revision of the Biblical text has been, and still is, one of the main cultural activities carried out by Jews. The Bible, being the word of God, is perfect in itself. However, it has been commented upon constantly in order to explain repeated verses, apparent contradictions or difficult passages, and this has resulted in an extensive and rich corpus of commentaries that continues today. During the Middle Ages, Jewish love of learning, and the contact with other cultures in a relatively open and tolerant cultural environment, prompted learned Jews to concern themselves with other fields of knowledge, apart from theology and exegesis, developing an interest in the so-called “foreign sciences”: medicine, mathematics, astronomy, astrology, etc. ⁷ Apart from the access to Arabic works, and the translation and original production of scientific writings undertaken by a minority of learned Jews, biblical commentators introduced in their explanations contemporary issues in different areas of medieval science. This activity provided a way of conveying new ideas and information to the community. ⁸

The attitude of commentators was often that of harmonizing scripture and science, either by explaining the former in the light of the latter, or by supporting scientific ideas with biblical verses. Sometimes, however, they also demonstrated the incompatibility of certain concepts with belief. In this sense, the attitude of theologians and religious authorities is not very different to that maintained by their contemporary Arab and Christian colleagues. The integration of Greek philosophy, especially the Aristotelian notions that

⁷ See Bortniker, Elijah, “Education in the Middle Ages”, *Encyclopaedia Judaica*, VI, pp. 382-466; and Goitein, S.D. *A Mediterranean Society*, vol. II, pp. 171-272.

⁸ See Robinson, James T., “Science in Medieval Jewish Commentaries on the Bible”, *Marty Center Religion and Cultural Web Forum* (University of Chicago, April 2004), p. 1.

were to be instrumental to medieval thought, needed great speculative skills and ability on the part of Arab, Jewish and Christian philosophers and theologians who undertook the task of harmonizing it with their own systems of thought.

A good example of the use of medical theories in the interpretation of a biblical passage appears in the commentary to Ecclesiastes 12:1-7.⁹ Traditionally, these verses have been interpreted as the allegorical representation of the old decaying body as a broken-down house. During the middle Ages, as James T. Robinson has pointed out, the passage seems to have prompted in several well-known exegetes the need to provide an explanation in the light of contemporary medicine.¹⁰

The first of the commentators to provide medical notions in order to explain its meaning was Ibn Gayyat (or Ghiyath), an Andalusian exegete, poet, and biblical authority of the eleventh century, who drew partly on the humoral system in order to explain the malfunctioning of the old body.¹¹ He was followed by Abraham ibn Ezra (1089-1164), whose extensive exegetic work is well known as a paradigm of the introduction of science as an interpretative tool. He favoured, above all, the utilization of astrological and astronomical material. However, he also commented upon the above-mentioned verses of Ecclesiastes supporting his explanation with medical knowledge, and interpreting the allegory about the decaying body not only as portraying old age but also as indicative of disease.¹² Samuel ibn Tibbon (1165-1232), the last of the commentators to be brought in here, lived in southern France and is predominantly known as a translator from Arabic into

⁹ “Remember your Creator in the days of your youth, before the time of trouble comes and the years draw near when you will say, ‘I see no purpose in them’. Remember him before the sun and the light of day give place to darkness, before the moon and the stars grow dim, and the clouds return with the rain-when the guardians of the house tremble, and the strong men stoop, when the women grinding the meal cease work because they are few, and those who look through the windows look no longer, when the street-doors are shut, when the noise of the mill is low, when the chirping of the sparrow grows faint and the song-birds fall silent; when men are afraid of a steep place and the street is full of terrors, when the blossom whitens on the almond-tree and the locust’s paunch is swollen and caper-buds have no more zest. For man goes to his everlasting home, and the mourners go about the streets. Remember him before the silver cord is snapped and the golden bowl is broken, before the pitcher is shattered at the spring and the wheel broken at the well, before the dust returns to the earth as it began and the spirit returns to God who gave it.” *The New English Bible* (Oxford University Press, 1970).

¹⁰ See Robinson, James T., “Science in Medieval Jewish Commentaries on the Bible”, pp. 7-8, 12 and 17. In his paper, Robinson refers to the works of other researchers on the different commentaries on Ecclesiastes.

¹¹ Ibid., pp. 7-8; and Vajda, G., “Ecclesiastes XII, 2-7 interprété per un auteur juif d’Andalousie du Xie siècle”, *Journal of Semitic Studies* 27 (1982): 33-46.

¹² See Robinson, James T., “Science in Medieval Jewish Commentaries”, p. 12; and Gómez-Aranda, Mariano, “Ecl 12, 1-7 interpretado por Abraham Ibn Ezra”, *Sefarad* 52.1 (1992): 113-121.

Hebrew of works mainly authored by Jewish scholars. He translated many works by Maimonides, of whom he became the most important disciple. Maimonides (1138-1204) was the most widely acknowledged medieval Jewish theologian, physician and philosopher, and is credited with having introduced Aristotelian ideas to Jewish thought. Samuel ibn Tibbon also devoted a large part of his intellectual activity to the interpretation of Biblical texts, among them Ecclesiastes. Here, in chapter 12, and recalling what earlier commentators had said, he added some new remarks about the different functions of blood vessels and arteries. ¹³

In my view, this is a fine instance of how exegetes integrated into the religious text notions of contemporary medicine, which may open new paths for the understanding of how medieval thinkers articulated religion and science. In this very case, a particular scientific (medical) notion has been sanctioned as legitimate when, by interpreting a biblical passage with the aid of science, it has been harmonized with a set of beliefs.

However, the harmonization of science and religion was not always easy, and attempts that had been successful at one period or in a certain place, were not always well received in other times and areas, becoming sources for conflict. The most important dispute that occurred within Jewish communities regarding the difficulty to reconcile both, is associated with the controversy that some of Maimonides' writings aroused among the members of the Iberian communities established in Christian lands. These were divided among supporters of his work and those who condemned some of his philosophical ideas as being opposed to Jewish traditions, or leading to alienation from them. The different responses given by these groups gave place to the so-called anti-maimonidean controversy, which was eventually brought to a close in Catalonia in 1305, when Rabbi Solomon ben Adret of Barcelona issued a ban forbidding the teaching and learning of "alien sciences" to those under twenty-five years old. ¹⁴

¹³ See Robinson, James T., "Science in Medieval Jewish Commentaries", p. 17; idem, "Samuel Ibn Tibbon's Commentary on Ecclesiastes" (PhD Diss., Harvard University, 2002).

¹⁴ See Sirat, Collette, *A History of Jewish Philosophy*, p. 244; and Langermann, Tzvi, *The Jews and the Sciences in the Middle Ages* (Aldershot: Ashgate, Variorum, 1999), p. 30.

This brief overview on the attitudes of theologians and philosophers towards science represents a part of the story. However, were these same attitudes and views expressed in the scientific works? In my opinion, it is relevant to this discussion to attempt to understand how Jewish medical authors adopted and adapted ideas and theories associated with healthcare regarding questions that were deeply embedded in Jewish culture and regulated by religious laws, such as, for example, sexuality, menstruation and abortion. The outcome of their effort can be observed in Hebrew medical texts that, although generally articulated and harmonized contemporary scientific ideas, also reveal elements of “judaization” in their features. This process of “judaization” could have been the effect of cumulative practice, that is, a consequence of the adaptation to Jewish customs and culture by actual practitioners. This does not exclude the possibility that it could also have taken place during the process of their crystallization in written form, in which the adaptation could have been effected so as to eliminate religious, cultural and social tensions from the text. Certainly, this “judaization” might answer in part to the desire of authors and translators to make it easier for Jews to accept theoretical and practical devices that were alien to their own culture and beliefs. However, writers were not the only agents trying to harmonize their own values with contemporary uses. Apparently each socio-religious community tended to introduce in its healing practices elements of its own cultural background and tradition as a way of preventing acculturation. Still, the exchange of customs is evident in the similarities found both in written texts and practical experience, even regarding questions that were relevant to the Jewish way of life.

The tension between harmonization and maintaining traditions is apparent in the treatment that medical texts give to certain relevant issues as menstruation. Hebrew tradition identifies menstruation with a form of ritual impurity (Lev 15:18). In the Bible, impurity is understood solely in terms of ritual, implying that an impure person or object cannot have contact with the Temple. *Niddah* is the Hebrew term that signifies the status of the ritually impure woman, whose impurity is caused by genital discharge, either menstrual blood or abnormal bleeding. Therefore, the Laws of *niddah* are the norms that regulate the lives of menstruating women. After the destruction of the Temple, these Laws preserved their relevance, although they were transformed and transferred to the sphere of sexual

relations.¹⁵ Apart from regulating women's daily life and social behaviour, during the Middle Ages they were also to play a main role in the understanding of women's healthcare, since in the Hippocratic-Galenic physiological system on which medieval medicine was based menstruation was a central issue in the explanation of female health and disease.¹⁶

Hebrew tradition seems to have agreed with negative attitudes towards menstruation of very ancient origin, which reached medieval philosophy through classical texts. During classical antiquity, Aristotle put forward the theory that a menstruating woman would cloud a mirror, and Pliny wrote about the damaging effects of menstruation on the world. Later, Isidore of Seville used Pliny's ideas on menstruation and developed them further. In the Middle Ages these would become commonplace in natural philosophy and misogynistic medical literature.¹⁷ Jewish sages adopted classical theories, adding them to their own prejudices. This was the case with the kabbalist and Chief Rabbi of Barcelona, Nahmanides, who, basing himself on "the philosophers" and on the sages of the Talmud, went so far as to state that even a word spoken by a menstruating woman was dirty (Commentary on Gen 31:35).¹⁸

However, and notwithstanding the negative connotations with which some sages seem to have regarded menstruation, and the restrictions imposed on menstruating women, I do not think that medieval Jewish women had, necessarily, a detrimental view of it. On the contrary, it seems to me that the obligation that the Laws of *niddah* imposed on a woman to

¹⁵ See Biale, Rachel, *Women and Jewish Law. The Essential Texts, Their History, and Their Relevance for Today* (New York: Schocken Books, 1995), pp. 147-174; Meacham (leBeit Yoreh), Tirzah, "An Abbreviated History of the Development of the Jewish Menstrual Laws", in Rahel Wasserfall (ed.), *Women and Water. Menstruation in Jewish Life and Law* (Hanover and London: Brandeis University Press, 1999), pp. 23-39; and Baskin, Judith, "Women and Ritual Immersion in Medieval Ashkenaz: The Sexual Politics of Piety", in Lawrence Fine (ed.), *Judaism in Practice: From the Middle Ages through the Early Modern Period* (Princeton and Oxford: Princeton University Press, 2001), pp. 131-142.

¹⁶ See King, Helen, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998); and Green, Monica, "The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages" (PhD Diss., Princeton University, 1985).

¹⁷ See Cadden, Joan, *Meanings of Sex Difference in the Middle Ages. Medicine, Science and Culture* (Cambridge: Cambridge University Press, 1998), pp. 40-41 and 49; Salmón, Fernando and Cabré i Pairet, Montserrat, "Fascinating Women: the Evil Eye in Medical Scholasticism", in Roger French, Jon Arrizabalaga, Andrew Cunningham and Luis García-Ballester (eds.), *Medicine from the Black Death to the French Disease* (Aldershot: Ashgate, 1998), pp. 53-84; Buckley and Gottlieb (eds.), *Blood magic: The Anthropology of Menstruation* (Berkeley: University of California Press, 1988).

¹⁸ See Biale, Rachel, *Women and Jewish Law*, pp. 147-174, especially on 171.

control her body defined her relationship with it and placed its hygiene and care in her hands. Besides, the therapeutic content of many recipes collected in the treatises on women's healthcare, as well as the way in which medical authors generally approached this issue, suggests that Hebrew medical literature regarded menstruation for the most part in terms of health and disease, and rarely in moral or religious terms.¹⁹

Regarding other apparently controversial issues, such as contraception and abortion, it is interesting to note that the use of emmenagogues or substances that provoke menstruation, so as to cause an abortion, as well as other contraceptive and abortive measures, were not utterly unknown in medieval medical texts.

According to Jewish Law, women are explicitly exempt from the obligation to procreate, while for men it is mandatory.²⁰ This exemption opens the way for the possible use of contraceptives, a use discussed by the religious authorities in an effort to establish cases and circumstances when it could be legally permissible.²¹ The Talmud (*Yebamot* 65b) includes the story of Judith, the wife of Rabbi Hiyyah, who drank a "sterilizing potion" after a difficult birth. Judith herself asked if it was obligatory for women to procreate the race. The answer, that it was not, carried with it the implicit permission to avoid becoming pregnant.²² Another passage, repeated three times in the Talmud, sets out the circumstances under which a woman can take a contraceptive measure, which consists in inserting in the vagina something like a cotton pessary, to block the cervix or absorb the semen, and prevent conception. The use of this pessary is permitted to minors, pregnant women and women who are breastfeeding.²³

¹⁹ For a discussion on the approach to these and related issues according to a medieval Hebrew compilation, see Caballero-Navas, Carmen, *The Book of Women's Love and Jewish Medieval Medical Literature on Women. Sefer Ahavat Nashim* (London: Kegan Paul, 2004), pp. 91-98; and pp. 108-177, for the edition and translation into English of the compilation. See same work, pp. 85-90, for a list of Hebrew texts on women's healthcare; it includes bibliography on the edition and translation into modern languages (if there are any) of the texts.

²⁰ This interpretation is based in the biblical verse Gen 1, 28: "God blessed them and said, 'Be fruitful and increase, fill the earth and subdue it [...]'".

²¹ See Biale, Rachel, *Women and Jewish Law*, pp. 198-218.

²² See Riddle, John M., *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, Mass.: Harvard University Press, 1992), p. 61.

²³ See Biale, Rachel, *Women and Jewish Law*, p. 203.

Regarding abortion, the passage in Exodus 21 – which indicates that in biblical Law the foetus has the status of an object, not of a person – has been interpreted in such a way as to allow Jewish Law to accept an act of this kind within a legal framework. The *Halakhah* (or Jewish Law) discusses the circumstances under which it is permitted, and reaches the consensus that it can be allowed when the life of the mother is threatened. However, in some passages in the Talmud where the foetus is considered to be a potential human being, abortion is prohibited.²⁴

All these issues, however discussed by religious and legal authorities, were considered predominantly in their medical dimension by medical authors, who, therefore, attempted to explain and deal with them within the frame of the Hippocratic-Galenic medical system, which operated during the middle Ages. At the same time, although textually transmitted, these concerns were intimately connected to practice and experience. In this sphere, the harmonization of beliefs with healing theories and practices from different traditions was shaped by the actual exchange of customs, attitudes, and values that occurred during human interaction.

Shared knowledge and interaction

During the middle ages, the relationship between healers and the sick in the west varied according to many different factors associated with the historical context. One of the distinct features that characterized the process of providing and receiving healthcare at the time was the heterogeneity of healing systems that were available.²⁵ Nevertheless, and although it might seem excessively simple, I will divide them into two main healer-sick forms of relationships. One form occurred when the medical care was given (or asked for) by a healer who had a license to practice and, therefore, the legitimated institution regulated his (or her) practice. On the other hand, there were healing practices whose agents were not monitored directly by any institution, and whose knowledge, skills, and training were often acquired from a more experienced and knowledgeable healer who transmitted his or her expertise and wisdom to them. This kind of healing knowledge often depended on collective wisdom and

²⁴ Ibid., pp. 219-238.

²⁵ See, for example, Park, Katherine, “Medicine and Magic: The Healing Arts”, in Judith C. Brown and Robert C. Davis (eds.), *Gender and Society in Renaissance Italy* (London and New York: Longman, 1998), pp. 129-149.

custom, as well as on personal experience. This latter form of providing care is previous to the former, and universal, since it also encompasses the care given within the frame of the family (or kinship) in daily life experience, which has been a task often left in women's hands throughout history.²⁶

Whatever the type of care provided for or received, during the medieval period Jews, Arabs, and Christians often intermingled, sharing their experiences. The personal and intimate contact that generally involves the care of the body and its health resulted often in the adoption of each other conceptions and beliefs in matters of health, and of the natural and supra-natural elements that intervene in, or affect it. Besides, the interaction concerning treatment and therapeutics had necessarily an impact in the daily life and customs of each distinct religious community. This was at least the case with Jews, a people utterly aware and concerned about foodstuff, whose ingestion is regulated by dietary laws that forbid some products as non-apt for consumption (by them).²⁷ However, it seems that some Jews thought that these laws, which were in the main faithfully implemented, did not apply whenever health was at risk. Or it might be that perhaps they were prepared to jeopardize their piety for the sake of health.

Many remedies contain among their ingredients elements that might seem shocking from a Jewish point of view. For example, pork, an impure animal whose ingestion is absolutely forbidden. However, we find now and again that pork, its fat, and its blood are recommended in medical recipes written in Hebrew.²⁸ In my view, this does not respond to mistakes caused by the absentmindedness of scribes or translators. Being such a recurrent and common element in recipe books points out to the fact that health was certainly considered a main issue by people, even if to procure it they had to renounce temporarily to

²⁶ See Rawcliffe, Carole, *Medicine and Society in Later Medieval England* (London: Sandpiper Books Ltd., 1999) [Sutton Publishing Limited, 1995], especially on pp. 182-186; and Cabré i Pairet, Montserrat, "La ciencia de las mujeres in la Edad Media. Reflexiones sobre la autoría femenina", in Cristina Segura Graiño (ed.), *La voz del silencio II. Historia de las mujeres: compromiso y método* (Madrid: Al-Mudayna, 1993), pp. 41-74.

²⁷ See Grunfeld, Dayan Dr. I, *The Jewish Dietary Laws* (New York: The Soncino Press, 1972).

²⁸ These are two of the numerous examples included in a 13th century Hebrew compilation on women's healthcare, which are by no means exceptional within the Hebrew medical corpus. Examples: "Another remedy: He must put on the scab a piece of unsalted pig's liver and this will cure it"; "To stop the menstrual flow, according to the Ishmaelites: Take the dung of a white female pig and eggshells, knead everything together and make a pastille and put it under a frying pan until it is baked. Then make a powder of it, prepare a pessary and insert it in the womb; it will stop the haemorrhage; it has been tried and tested". See, Caballero-Navas, Carmen, *The Book of Women's Love*, pp. 124 and 168, respectively.

some of their otherwise precious precepts and overcome their scruples. Scruples that were occasionally overpowered to such an extent as to allow Jews visiting to Christian saints' tombs and holy places, and reciting Christian prayers in order to recover lost health. ²⁹

Thus, Jews who intermingled with Arabs and Christians in matters of health and disease exposed themselves to two areas of “contamination”, as religious authorities envisaged the problem: the influence of their neighbors' beliefs, and the possibility of transgressing commandments by accepting non-permitted and impure foodstuff recommended in the course of a treatment.

Despite the fact that the number of Jewish physicians was certainly prominent in Islamic Lands, ³⁰ Arabic authorities did not seem especially concerned about the possibility that the beliefs of Jewish healers might influence those of their Muslim patients. Whenever practice was forbidden or restricted for Jews, it was generally due to political problems, and not to fear of religious contamination. However, both Jewish and especially Christian authorities showed their concern and enacted often regulations in order to control interfaith medical practice. Nevertheless, according to what the sources reflect, they did not wholly succeed. ³¹

Regarding licensed practice, periodically from the thirteenth century, both the Church and some secular authorities promulgated legislation in order to prevent Christians from calling for Jewish doctors, and Jews from treating Christians. The wording of the ordinances and prohibitions enacted referred generally to the fear that Jewish practitioners might interfere with the faith of their patients or with the religious duties of the mortally sick. But they also showed often the concern about potential sexual contacts, or even about the risk of implicit acknowledgment of power to an inferior, acknowledgment often present in the relationship between the sick person and the healer. ³²

²⁹ See Joseph Shatzmiller, *Jews, Medicine, and Medieval Society*, pp. 120-123.

³⁰ See S. D. Goitein, *A Mediterranean Society*, pp. 240-261; and Max Meyerhoff, “Medieval Jewish Physicians in the Middle Ages”, *Isis* 28 (1938). Reprinted in SEZGIN, Fuat (comp.), *Mūsā ibn Maymūn (Maimonides) (d. 601/1204): Texts and Studies* (Frankfurt am Main: Institute for the History of Arabic-Islamic Science at Johann Wolfgang Goethe University, 1998), pp. 140-168.

³¹ See Joseph Shatzmiller, *Jews, Medicine, and Medieval Society*, pp. 90-99, and 121-123.

³² *Ibid.*; and Ginio Meyuhas, Alisa, “El médico judío español y la lucha *Adversus Cristianos* en los siglos XIII-XV”, in María José Cano Pérez, José Ramón Ayaso Martínez y Lola Ferre (eds.), *La ciencia en la España medieval* (Granada: Universidad de Granada, 1992), pp. 151-161.

However, a main part of this legislation was revoked a few years after it was enacted. One of the obvious factors that led to the withdrawal of the prohibitions after the short periods in which they were implemented was the social need for doctors in a time when there was a general shortage of them. But, in my view, this cancelation also meant that it was a difficult task on the part of the authorities to avoid the tendency to interact. As history shows, the close cohabitation or coexistence of two or more peoples encourages imitation between them, therefore interaction seems to be a tendency that has led, and leads people to interrelate and create networks of relationships, despite fears and suspicions. In fact, these seem to diminish whenever health and wellbeing are at stake, since the resource to the mechanisms and methods devised by other people in order to procure health is fairly common in western history.

In this sense, it has been suggested that Jews and Christians called indistinctly for a practitioner of the other religion because the anxiety to get cured overpowered the scruples to be treated by someone who might be consider an infidel, especially if this someone was famed as a good healer.⁶³ Moreover, we cannot forget that Christian and Jews shared the same theoretical scientific knowledge, thus, why were not they to try a practitioner whose theoretical and even practical knowledge was alike to that of their co-religionists?

In my view, the religious and social scruples and reservations that the legislation regulating interfaith practice shows are more in the minds of theologians and secular authorities than in the daily worries of people. Bans and regulations did not stop people from visiting or calling for the practitioners who they trusted with their health, whatever their religion was. Moreover, the tendency to intermingle seems to grow as we probe in everyday life accounts, since interaction was higher in common experience.

For example, Christian and Jewish women appear to have shared similar knowledge and used the same techniques regarding childbirth. It has been shown by historians that despite the differences with regard the use of plants (used according to local availability), the techniques found in Western Hebrew texts were not different to those included in Latin

⁶³ See Shatzmiller, Joseph, *Jews, Medicine, and Medieval Society*, pp. 121-123.

and Arabic texts.³⁴ The similitude in remedies and techniques might be explained if we consider that, while the theory and notions in physiology are in general textually transmitted, techniques and recipes are more likely part of actual experience and belong largely to the province of orality. In fact, there is evidence, for example, that Jewish midwives attended Christian women in labour, and vice versa, despite the prohibitions of the Church.³⁵ This kind of interaction was a sure source of exchange of healing knowledge, and it is in the origin of the common substratum that we often discover in magic formulae and other healing methods and procedures included in sources of different provenance. Jews integrated these common practices, but it seems that they maintained their religious and cultural identity through the resource to Hebrew and to their own cultural background, as show the continuous allusions to practical Kabbalah in magic healing.³⁶

One fine instance of the attempt to harmonize common practice with Jewish religious values can be perceived in the description and use of an amulet – consisting of magic squares – to easing the difficulties of childbirth that, although fully documented in Jewish sources since Talmudic times, it does not belong exclusively to this tradition. Magic squares (blocks of cells arranged as a square in which the sum of each row, each column, and the main diagonal are all equal) were known since antiquity in the Far East, in western countries and by the Arabs and Jews, and were used by philosophers to discover the properties of things, although their use in magic practices greatly exceeded other applications. Some of these magic squares were used throughout the Middle Ages as an amulet for specific goals such as easing the pains of childbirth, for which they were thought an effective aid. This is, precisely, the case with the simplest type of magic square, the square of the third order,

³⁴ See Baumgartem, Elisheva, “‘Thus Sayeth the Wise Midwives’: Midwives and Midwifery in Thirteenth Century Ashkenaz”, *Zion* 65.1 (2000): 45-74 [Hebrew]. I am currently working on the shared experience of Jewish and Christian women regarding the care of the female body, basing my research in my previous and current work with Hebrew manuscripts and their comparison with Latin and vernacular texts on women’s healthcare. I have communicated parts of my work-in-progress in conferences, such as the conference on *Recipes in Early Medicine: The production of medicine, food and knowledge*, held at Oxford in February 2004, where I presented the paper: “Caring and curing: Shared knowledge in practical texts devoted to women”.

³⁵ See Baumgartem, Elisheva, “‘Thus Sayeth the Wise Midwives’”, p. 57; and Levine Melammed, René, *Heretics or Daughters of Israel? The Crypto-Jewish Women of Castile* (Oxford and New York: Oxford University Press, 1998), pp. 140-149. The author, while narrating the prosecution and inquisitorial process followed against a converso midwife in 16th century Castile, enlightens us about the reasons that led the Church to fear that Jewish midwives attended Christian women at childbirth.

³⁶ See Carmen Caballero-Navas, *The Book of Women’s Love*, pp. 49-63.

which is found in some medieval Hebrew tracts. This square is made up of nine cells that contain the first nine letters of the Hebrew alphabet, which when combined, by means of the *gematria*, whether horizontally, vertically or diagonally, always produce the sum of 15, which in Hebrew characters (א ת) constitute part of the tetragrammaton or the ineffable name of God.³⁷

4	9	2
3	5	7
8	1	6

א	ט	ו
ז	ה	ה
א	ה	ה

The comparison with historical and legal records, as well as with illuminated manuscripts, appear to support the reality of the interaction between Christian and Jewish women in childbirth that some medical texts suggest. We must consider evidences, for example, the persistent prohibitions of the Church regarding Jewish midwives attending Christian women in labour and vice versa;³⁸ as well as the notarial and other legal records that present Jewish midwives and other female practitioners treating Christians.³⁹ We count also with some beautiful depictions that not only allow us to perceive the similitude in practice, but that are prove to interaction, as the illumination in the *Cantigas de Santa María* that shows two Christian midwives helping a Jewess at childbirth.⁴⁰

³⁷ For a discussion and bibliography on magic squares and their magic and healing use, in particular in Hebrew medical literature, see *ibid.*, pp. 58-60, 174-177 and 210-211.

³⁸ See above note num. 35.

³⁹ To my knowledge, no systematic study has been so far published on Jewish women's medical practice. However, abundant references are to be found scattered throughout numerous works devoted to subjects as diverse as history of medicine, medieval history, history of the Jews and women's studies. I shall mention here only a very few of them, which include data about Jewish women in different spheres of healing practice, attending indistinctly co-religionists or Christians. See, for example, Friedenwald, Harry, "Jewish Doctoresses in the Middle Ages", in *The Jewish in Medicine* (Baltimore: The Johns Hopkins Press, 1944) [1st ed. in *Medical Pickwick* 6 (1920)]; Cardoner i Planas, Antonio, "Seis mujeres hebreas practicando la medicina in el Reino de Aragón", *Sefarad*, IX (1949): 441-445; Shatzmiller, Joseph, *Jews, Medicine, and Medieval Society*, pp. 108-112.

⁴⁰ Alfonso X el Sabio, *Cantigas de Santa María. Edición facsímil del Códice T.I.1 de la Biblioteca de San Lorenzo el Real de El Escoria, siglo XIII* (Madrid: Edilan, 1979), Cantiga LXXXIX.

In the light of the many examples - in the manner of the few instances that have been brought in here - which are found scattered here and there in medical literature, we might well say that practical texts that contain knowledge related to the care of the body are to a large extent the written reflection of a living practice, of a collective activity and experience. Thus, they present often instances of interaction. Especially when many of the remedies found in Hebrew practical treatises are also found in Arabic and Latin medical literature, and even in other kind of sources, as we have seen. The fact that they have reached us as a result of textual transmission, does not disallow that they might have been originated from daily use. Vague references to geographical areas (the Land of Ishmael, the Kingdom of France, etc.) and collective attributions to anonymous people, by which the remedies are followed at times, suggest that the origin or source of a certain practice is precisely the custom of a certain place or a certain group of people. For example, by placing a collective attribution to “the Ishmaelite women”, they tell us that it was probably a common or widespread practice among them; at the same time, by referring to people of a different religion, they inform us that other people’s customs were accepted and practised. It is relevant to remind here the consumption of impure foodstuff forbidden by dietary laws whose medical use by Jews was in all probably due to the impact of their neighbours’ customs. ⁴¹

Conclusion

There are many more examples, both in practical medical literature and in other sources, concerning the way in which western Jews integrated and adapted to their own values and beliefs healing practices that were part of the customs of the peoples among whom they lived during the Middle Ages. These bear witness, on the one hand, to the tendency to interact and intermingle with their neighbours, adopting many of their theoretical and practical medical knowledge; and on the other, to their attempt to reconcile those with their own values and customs, endowing them with Jewish religious ideas and identity.

⁴¹ See above notes num. 27 to 29.