A characteristic of our age is the attention that we pay to gender issues. Historically, it was mostly males, who knew little about the physiology and problems of women, but who were the practitioners of high medicine. The complexities of a woman’s uro-genital and reproductive systems are such that specialized knowledge and care are required, or so we believe today. The biases are so great that the state of Louisiana in the 1920s in the United States made it a misdemeanor to provide for the “sale or advertisement of...any secret drug or nostrum purporting to be exclusively for the use of females” (italics supplied).1

Considering its importance, all too little is known about medicine in Biblical and Talmudic times and even less about women’s medicine. It is true that Julius Preuss (1861–1913) in his *Biblisch-talmudische Medizin* included one short chapter (XIII) on gynaecology and another (XIV) on obstetrics. The latter, incidentally, contained a section on the psychic maternal influences on the foetus.2 Fred Rosner’s *Medicine in the Bible and the Talmud* (1977; revised 1995) discusses Mar Samuel, one of the medical sages of the Talmud, whose specializations included (in his words) obstetrics, gynaecology and foetal development, embryology, and teratology.3 For the most part the physiology of the body is such that gender as a factor in medical care is only a small part of overall medical procedures. But, where gender is a factor, the medical knowledge needed for women’s distinctive problems is critical. Aided by inferences from the surrounding cultures

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of Egypt, Mesopotamia, and later the Greeks, we may surmise that most full-time medical practitioners were men, who knew less about women’s problems than they did about generic humans or males in particular. Midwives existed but how distinctive they were has been a matter of scholarly discussion that I shall largely pass over. In this paper I shall explore some aspects of medical lore about women and postulate that Jewish women administered among themselves when problems arose and, equally important, when they sought to preserve good health through nutrition, regimen, and hygiene.

In the words of John Noonan, the Hebrews had a “mistrust of sex.” There was God’s injunction: “increase and multiply; fill the earth” (Gn 1:27–8). The Talmud (Yevamot 63b) and Mishnah (Yevamot 6:6) amplify the meaning. Many scriptural passages advance prenatal positions. Sexual intercourse had as its purpose procreation, and sex was not intended for pleasure-seekers to satisfy lusts, although mutual pleasure was an acceptable motive among married couples.

While there is no mention of intentional abortion or contraception in the Old Testament, both occur in the Talmud, Tosefta, and Mishnah. Contraception and abortion were acceptable in some situations according to rabbinic writings. An important Talmudic statement delineated the acceptable circumstances for contraception in the so-called Baraita of the Three Women:

Rabai recited before R. Nahman: Three [categories of] women may use an absorbent (mokh) in their marital intercourse: a minor, a pregnant woman and a nursing woman. The minor, because [otherwise] she might become pregnant and as a result might die. A pregnant woman because [otherwise] she might cause her foetus to become a sandal [a flat fish-shaped abortion due to superfetation]. A nursing woman, because [otherwise] she might have to wean her child prematurely [owing to her second conception], and he would die. And what is a minor?: From the age of eleven years and one day. One

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7 Noonan, Contraception, p. 32; (for mutual pleasure) Rosner, “Contraception in Jewish Law,” p. 90.