

Jewish Midwives in Eretz Israel During the Late Ottoman Period, 1850–1918

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Summary. Midwifery has long been identified as the work of women—a female occupation and livelihood. The first midwives in Eretz Israel had no formal professional education and were therefore generally ignorant of hygienic necessities, a fact that led to high rates of both maternal and child mortality. This standing began to be undermined towards the end of the nineteenth century with the influx of the first certified midwives from Europe. The new arrivals, graduates of obstetric academies in Europe, began to gradually displace the locals' place and take their positions. This article summarises the activity of the midwives, the nature of their work and their contribution to the midwifery profession in Eretz Israel. Studying two categories of midwives—traditional midwives and certified midwives—the article highlights the defining properties of each group by comparing their different professional methods and characteristics.

Keywords: midwifery; certified midwives; traditional midwives; Eretz Israel; Ottoman Period

From the earliest times, midwifery has been regarded as an important profession for the Jewish people. The earliest reference to midwifery in Jewish sources is at the birth of the matriarch Rakhel. Rakhel is having a difficult labour and a midwife tries to encourage her: 'and the midwife said to her: Fear not, for this also is a son for thee'.¹ From the story of the Hebrew midwives Shifra and Puah, we learn that not only did they carry out their professional duties, but also knew how to fulfil their national-humanistic obligations in the hour of need. This was their answer to Pharaoh, when they disobeyed his command to kill all the newborn Hebrew sons: 'Because the Hebrew women are not as the Egyptian women, for they are lively and are delivered before the midwife comes unto them.'²

Midwifery was always considered women's work and was a profession that provided income. In earlier times, it was performed by older women and the role was passed from generation to generation, usually from mother to daughter and sometimes from an experienced to an inexperienced midwife. Women did not study it in theory but in practice, by attending actual births. William Arney, who researched power struggles in midwifery (female versus male obstetricians) from a sociological point of view, wrote,

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¹Genesis 35:17.

²Exodus 1:19.

'Experience was the teacher of most midwives'.³ In Eretz Israel, as in Europe, women engaged in midwifery.⁴ Titus Tobler, a Swiss doctor, who visited Eretz Israel in the nineteenth century and documented life there, wrote: 'In the east, only women work in midwifery'.⁵ However, one must note that at all times and in all cultures, midwifery was usually regarded as solely a women's profession, following societal and religious norms.⁶

The purpose of this article is to survey the development of the profession of midwifery in Eretz Israel in the last period of Ottoman rule, 1850–1918; to investigate the activities of the first midwives who had worked during the period before there were obstetric departments in the hospitals and before one could study to enter the profession in the country; to evaluate the status, abilities, authority and role of the midwife in Jewish society; and to describe the character of some of those early Jewish midwives against the background of the life of the period. Two groups of midwives—traditional midwives and those with diplomas—will be discussed. There were many differences between these two groups and it is important to consider the characteristics of each group and compare them, regarding their work methods and style. The article is based on primary archival sources and includes interviews, correspondence and memoirs of midwives and their families, and of men and women living in the Jewish communities in the country at that time. Important information can also be found in the newspapers of the period, while studies in the field of medical history provide further foundation.

Mothers and Childbirth in Eretz Israel in the Late Ottoman Period

Throughout most of the eighteenth and nineteenth century, efforts to improve living conditions were concerned primarily with women and children in Europe and in America. The level of sanitation and hygiene was extremely poor. Families lived in abject poverty—subject to hunger and malnutrition, infectious disease and rampant epidemics, like cholera, yellow fever, smallpox, typhus and others. The mortality rate among the elderly, and the young was high. Until the middle of the nineteenth century, the rate of mortality among babies was particularly high.⁷ An important cause of death among babies and mothers was childbed fever, also called puerperal fever. It was the most common cause of maternal mortality throughout Europe until the late 1930s and was an infection that followed childbirth, carried by physicians and midwives, resulting in a miserable death for thousands of women every year.⁸ Irvine Loudon estimated that there were probably between a quarter of a million and a half a million deaths from childbed fever in England and Wales during the eighteenth and nineteenth centuries.⁹

From the middle of the nineteenth century until the First World War, medical services in the Ottoman Empire gradually improved, with considerable development in the building of hospitals, especially in Jerusalem. Many hospitals of various types were opened by Christian institutions and Jewish charities. Professional doctors, who had trained in European universities, came to the country to run them.¹⁰ Despite these changes, providing

³Arney 1982, p. 22.

⁴Eretz Israel—Hebrew for 'Land of Israel'. This was the official Hebrew term for the area under the British Mandate, 1922–48.

⁵Tobler 2005, p. 52.

⁶Shahar 1993, p. 82; Bar-On 2000, pp. 11–12.

⁷Rosen 1976, pp. 275–6; Loudon 1992, pp. 43–8.

⁸Loudon 1992, pp. 49–50.

⁹Loudon 2000, pp. 6–7; Loudon 1992, p. 257.

¹⁰Schwake in Wasserman and Kottek (eds) 1996, pp. 231–60.

medical services was extremely difficult. The poor living conditions, overcrowding and lack of minimal sanitary and hygienic conditions led to high rates of disease and mortality. The great majority of the country's inhabitants lacked any kind of medical help or treatment, making do with all sorts of herbal remedies, whispered prayers, supposed healing powers and amulets, and even asking help of what one might call witch-doctors.¹¹ In 1888, the Turkish government issued an order banning anyone without a recognised diploma from practising medicine, pharmacology or midwifery. Diploma holders from abroad were ordered to send their papers to Kushta, the capital, to be checked. However, this order changed nothing in daily life; the women continued their work as midwives and witch doctors continued to practise.¹² The situation of women in Eretz Israel was very hard. Itta Yellin, a citizen of the old city of Jerusalem, who came to the country in 1881, offers an excellent description of the life of women in the Jewish quarter, who daily drew water from a well, carried the heavy buckets back home and looked after all the family needs. Yellin emphasises their suffering due to the high infant mortality rate, which affected their mental and physical condition.¹³

Uziel Schmelz listed the causes of the high incidence of illness and death among infants. They included unhygienic living conditions with crowding, lack of lighting and fresh air, the flow of raw sewage, accompanied by filth and foul odours. There was a lack of public services for the removal of sewage and garbage. Water was collected in cisterns, and was insufficient in quantity and quality. There was also malnutrition, insufficient clothing and heating during the winter, widespread disease and epidemics, as well as the frequency of drought and famine years. Moreover, premature marriages impaired the health and longevity of young mothers and their offspring.¹⁴

The situation regarding midwifery was extremely bad. The treatment of those giving birth and their babies, as well as their supervision, was very deficient and birthing conditions were poor. As noted above, a lack of water, malnutrition, marriage and giving birth at a young age, not to mention many pregnancies and births, led to the high rate of infant mortality.

There wasn't a woman in the old city [in Jerusalem] or outside, who had not experienced the death of two or three babies at birth, or shortly thereafter, from among the eight to twelve children they had brought into the world.¹⁵

These high mortality rates proved that supervision of the birthing process was needed, as was hygienic treatment of the babies.¹⁶ The fact that hardly any qualified nurses or certified midwives were to be found exacerbated the situation. As a result, few pregnant mothers ever asked for professional medical assistance or went to a hospital, relying on time-honoured practices, sometimes based on superstition. In addition, there were, as yet, virtually no specialized maternity wards in the hospitals. Thus, they still preferred to give birth at home, with the help of local uncertified midwives, despite the unsanitary and unhygienic conditions, endangering their own lives and those of their babies. Nevertheless, as

¹¹Avitzur 1976, pp. 155–6; Levy 1998, pp. 19–24.

¹²Avitzur 1976, p. 160.

¹³Yellin 1941, pp. 41–4, 51–4.

¹⁴Schmelz in Friedman *et al.* (eds) 1976, pp. 55–6.

¹⁵Sharm 1996, p. 55; Annual Report of the Hebrew Women's Federation, Jerusalem Branch 1925.

¹⁶Gruenfelder 1933.

will be described below, when they feared for a mother's life, traditional midwives did, sometimes, summon a professional doctor to the bedside. Qualified, expert midwives, who had gained their diplomas in Europe, began to settle in Jerusalem only in the last decade of the nineteenth century and even then, their acceptance was slow and hesitant.

Chaim Halevi, head of the Hadassah Medical Federation Statistics Department, carried out the first study to examine and analyse one of the most important problems facing the Yishuv (the Jewish Community) from a national-social-welfare standpoint—the problem of infant mortality and its roots. Halevi noted a number of previously neglected factors in his findings. It was he who discovered that the age of the mother had also been an important factor. Among young mothers (aged 18 and less) the rate of infant mortality was above average, because the birth weight of their infants was generally lower than the offspring of older mothers. Moreover, the large number and frequency of pregnancies weakened the mother and had a detrimental effect on the infant's ability to survive, not to mention the impoverished living conditions among large families. The mother could not devote herself solely to the care of her newborn, since she was also responsible for her other very young children.

Another important factor was the level of care of the mother and child prior to, during and following childbirth. Lack of care and medical supervision of the newborn—primarily in the first months of life—had a significant influence on infant mortality, as had infant feeding regimes. Inappropriate feeding, leading to abdominal and intestinal ailments, was a major factor in infant mortality. The research revealed that infants who were nursed by their mothers during the entire first year of life were more robust than were those who received nutritional substitutes after birth. Besides, as already noted, the generally primitive living conditions aggravated the hygienic straits of large and indigent families, negatively influencing chances of survival among infants. Interestingly, the climate and weather also had an impact on infant mortality. Infants born in the summer and autumn, who were not nursed by their mothers, were prone to contract intestinal and abdominal ailments. On the other hand, infants born in the winter were not adequately protected against diseases stemming from colds, and fell ill with pulmonary ailments.¹⁷

The need to help mothers and those giving birth was the driving force behind the creation of the *Ezrat Nashim* (Women's Help) Society, in Jerusalem in 1895. The society provided care for women who were ill and for needy pregnant women, before and after birth, and also sent midwives to the homes of the poor. A few years later, the *Ezer Yoldot* (Aid to Women Giving Birth) Company was formed, with the aim of providing help to all needy women giving birth. This was the start in Eretz Israel of women's organisations that took upon themselves tasks of a sociological character, in the framework of charitable work.¹⁸

Traditional Midwives

In the period under discussion, the introduction of obstetric hospitals and specialized maternity wards was still in its infancy. The public was suspicious of modern, western medicine, regarded as a foreign implant so, as noted, most women preferred to give birth at home. Due to ignorance, many new mothers did not seek medical assistance

¹⁷Halevi 1941, pp. 16–40.

¹⁸Shvarts and Shehory-Rubin in Kark *et al.* (eds) 2008.

or go to hospital. This was often bound up with traditional beliefs, age-old custom and superstition, coupled with mistrust of hospitals. They therefore relied on such local, uncertified midwives, who had learned their art as apprentices to an older experienced neighbourhood midwife or, as time went on, one who had received her training in the newly formed maternity wards. These wards were being opened in the hospitals established in Jerusalem from the end of the nineteenth century onwards.¹⁹

Mention must be made here of the Marienstift Kinderhospital, founded in Jerusalem by the German paediatric surgeon, Max Sandreczky, in 1872. It was highly modern in its approach, very successful in reducing death rates among patients, including children and their mothers, and treated all sectors of the population without charge. Nevertheless, it closed down shortly after Sandreczky died in 1899, because it was regarded as an “‘implant” of a western institution in a society that was medieval in character’.²⁰ In 1898, there were 22 midwives in Jerusalem, of whom 13 were Ashkenazi and 9 were Sepharadi.²¹ Nearly all were without theoretical training and some could neither read nor write. Many of the midwives were older widows, who went out to work to provide income for their families. The Jewish midwives also gave their services to Muslim and Christian women.

From research on the development of the profession of midwifery in Europe in the middle ages, both among the Jews and the Christians, it was clearly an important vocation that afforded the women who followed the profession much public respect. For centuries, women had given birth at home, with the help of midwives, who were generally elderly widows. These midwives had learned their profession when young from the older women, and had begun to practise midwifery when their own children were grown and sometimes only after they had become widowed, as they looked for a source of income.²² William Arney noted that women, who themselves had given birth and had gained experience in bringing babies into the world, could act as midwives. They had gained midwifery experience by attending many births.²³

In all the descriptions of birth from those days, both Jewish and Muslim, there appears the character of the old midwife, ancient and greatly experienced in birthing women. Her age is emphasised in all the descriptions. These elderly midwives enjoyed the trust of the community. The public viewed them as having professional authority, even though they had no official qualifications, regarding them warmly and giving them titles of honour and esteem. The Sepharadi midwives were called ‘Bolisot’.²⁴ The Ashkenazi midwives were fondly called ‘Die Bobe’ (Yiddish for ‘grandma’). Many women formed an attachment to one or another of the midwives, asking for their aid at each birth. In order to alleviate birth pangs, the traditional midwives did not neglect the superstitions or mystic beliefs so prevalent in those days. This approach would be especially true for those

¹⁹Parush 1952, p. 29.

²⁰Nissan and Martin 1998.

²¹Luntz 1899, p. 165. Ashkenazim: Jews from Central and Eastern Europe, especially Germany. Sepharadim: Jews from Spain and Portugal and their descendants wherever they resided. Today, this term also broadly applies to Jews from most Arab and Islamic countries.

²²Baumgarten 2000, p. 55; Baumgarten 2005, pp. 72–3; Rich 1989, p. 164.

²³Arney 1982, pp. 22–3.

²⁴Every old woman granted the title of ‘Bolisot’ had some practical medical knowledge. Young women turned to them in times of need, seeking advice.

whose labour was hard and protracted and those giving birth for the first time. This was also the way they treated women having difficulty becoming pregnant. The most 'attractive' method to overcome a difficult birth was to place the key of the synagogue under the pillow of the woman in labour. To speed up delivery, the most common method was to draw a thread from the ark of the nearest synagogue and tie it to the bed.²⁵

The traditional midwives continued to work up to an advanced age. For example, the Ashkenazi midwife in Hebron, who had learned her skills over many decades of experience, practised even after reaching the age of 80, barely able to see, and walking bent over with a stick.²⁶ Ya'akov Yehoshua, who documented life in Jerusalem at the time, wrote that those midwives followed their trade to a ripe old age and their hands did not tremble.²⁷

Traditional Midwifery—Tasks and Work Methods

Birth was regarded as a natural process and the task of the midwife was to follow it and sense if it was developing as expected.²⁸ At that time, the role of the midwife did not begin and end with assistance at the birth only, but dealt with preparing the expectant mother. The midwife came to the house with her equipment on the day of the birth or a day earlier and also treated the mother afterwards, so she remained in the house for a few days and supported the mother for an extended period. She slept near the birth bed, although the house was generally very crowded and some of the family had to sleep on mats. Upon her arrival, the midwife would check the expectant mother to see how soon the birth would begin, how the baby was oriented in the womb and how the birth contractions were progressing. She would then prepare the birthing room, see that there was enough water, that it was properly heated and that appropriate lighting, soap, sheets and towels were made ready. In winter, she would warm the room.

The birth would take place on the bed or on an iron bed rented for the seven days of birth (a practice followed by those families with means), but sometimes on a mattress laid on the floor.²⁹ There were midwives, mostly Muslim, who would carry out the birthing on a 'potter's wheel'—the birthing stool. When they were called to the expectant mother, they would carry on their backs the birthing stool, made of oak, with arms on each side, which the mother would hold on to during the birth.³⁰ This posture gave the midwife better access to the emerging baby and made the actual birth easier. Sometimes, there were volunteers helping the midwife, young wives not yet mothers, who believed that thus, they would themselves be blessed and become pregnant.

Female family members (mother, mother-in-law, aunt, etc.) could stay in the birthing room, which was a women's precinct, while the men and children would gather in the yard or another room. They were not allowed into the birthing room and their role was passive: to pray for the welfare of mother and infant and for a successful birth. This custom gave the house a holy atmosphere, but also one of great excitement, tension and fear. If the birth contractions began before the midwife arrived, the husband was

²⁵Klein 2001, p. 96; Ben-Ami 1995, p. 40.

²⁶Meni 1958, p. 93.

²⁷Yehoshua 1981, p. 139.

²⁸Sadovasky 1942, p. 95.

²⁹Russo-Katz in Juhasz (ed.) 1990, pp. 259–60.

³⁰Ben-Dor 1973, p. 57.

sent to fetch her urgently. Occasionally, one of the girls was sent on this mission and then the two women would hurry over, but if the midwife was not at home, the girl would search for her among all the neighbours.

There were instances when the midwife arrived after the birth had taken place, in which case there was nothing for her to do, except wish the family 'mazel tov' (good luck), unless to take up her post-birthing duties. If the midwife could not be found, the oldest female family member (mother, mother-in-law, aunt, sister-in-law or even neighbour) took over the task. However, the midwife was the central figure in the birth and ran it with confidence and authority. She made her way among all those present and carried out her important role while the eyes of the whole family were on her. In this capacity, the midwife was closely involved in the life of the expectant mother and her family and helped the family get through the birthing week as easily as possible.

When the infant emerged into the air, the midwife would sever the umbilical cord. Tobler noted that:

The umbilical cord is severed with scissors and tied [on the infant's side]. Afterwards, the midwife places her hand on the mother's navel and presses down, until the afterbirth emerges. If this does not happen immediately, they become worried and take it out.³¹

The women in the room would raise a cheer and the midwife would tell the husband the sex of the newborn and comfort him if he was disappointed at the birth of a daughter. Some time after the first nursing, the midwife would wash the newborn. In Yemen, the custom was to wash the baby in salty water. This was for two reasons: to guard against the evil eye, and as disinfection against disease.³² After the birth, the midwife would remain in the house for some time, supervising the treatment of mother and baby and helping the family as a whole, also with light housework (laundry, washing dishes, cooking), until the new mother regained her strength and assumed her responsibilities, both as a young mother and a housewife. The midwife, together with the grandmother, would instruct her—especially if this was her first child—in everything connected to nursing, washing the baby and swaddling.

If the birth ended in success, the midwife would receive her fee from the head of the family and in due course leave the house, in order to be ready for her next case. Sometimes the midwife would receive items of food (sugar, oil, bagels, raisins or dates) and small gifts (such as a kilo of soap) in addition to her fee. If a son was born, the midwife won a higher fee, and visitors and relatives used to leave her small gratuities or gifts. Before she left the house, the father would ask her to attend the next birth. However, if the birth did not proceed normally and the midwife thought medical assistance was needed, she would usually recommend that a doctor be summoned. Always, the life of the mother took precedence over that of the baby. If the midwife feared for the life of

³¹Tobler 2005, p. 53.

³²As related in the Bible, the custom was to cut the umbilical cord, wash the baby in water, rub his body with salt and then wrap him in a swaddling cloth (Ezekiel 16:4). The reason is not clear, but it could be a simple form of disinfection. Licht 1973,

p. 432. It should be noted that even in modern times, among the Bedouin, midwives often smear olive oil and a little salt over the baby's body to strengthen his bones and muscles and to prevent nappy (diaper) rash.

the mother, the infant or both, or a medical problem arose that the midwife did not know how to handle, she would call for a doctor. Often the doctor was too late and infection was already too advanced. If the birth resulted in the death of mother or infant, it was the midwife's duty to convey the bitter news. If an abortion occurred, the midwife was called for, to carry out what was needed to complete the process.

As already stated, the midwives carried out their duties with no formal training and did not necessarily know how to ensure sterile conditions, despite the preparation of hot water, towels and so on. The great importance of maintaining clean and hygienic conditions was not understood, which led to high rates of mortality among the mothers and newborn. As a result, the midwives naturally aroused considerable opposition among members of the medical profession, who regarded them with contempt, considering them to be ignorant and superstitious, using 'granny remedies', lacking professionalism and necessary skills. They would warn against their employment, believing that it endangered life.

Among those fighting against the employment of traditional midwives was Dr Helena Kagan, a paediatrician. She came to the country in 1914, from a faculty of medicine in Switzerland, armed with modern methodology and was appalled by the primitive conditions under which medicine was still being practised in the country—more than 15 years after the arrival of the first professional midwives.³³ This situation was despite the fact that by the end of the period under discussion, in 1918, there were, in fact, no fewer than 19 hospitals operating in Jerusalem, the product of religious, political and sectarian differences. One can therefore say that the revolution in medical practice, including midwifery and pediatric care ought to have been well under way by the end of the Ottoman rule. Nonetheless, changes in attitude among so traditionally oriented a population took place only slowly. In addition, Jerusalem was not typical of Eretz Israel as a whole.

Kagan encountered the harsh reality: poor birthing conditions and high mortality rates. The situation was particularly bad among the poor, where many women gave birth on the floor without medical help, in dreadful and dangerous sanitary conditions. Kagan confirms that as a result, the mortality rate, mostly from infection, was very high.³⁴ However, as stated above, Kagan was not the first by far to come out against the employment of the traditional midwives. Many medical practitioners concurred. Helen Klighler, head nurse at the Mother and Child Health Centre (known as 'Tipat Halav' in Hebrew) in Haifa, stated that the local midwives had absolutely none of the basics of their profession.³⁵ Dr Alexandra Belkind had completed her medical training in Geneva, specialising in women's medicine, had come to the country in 1906, and had worked in a hospital in Jaffa. For six years, she documented in her notebook the sick women who came to her clinic and their medical conditions. From her notes, it can be seen that most of the women she attended were Muslims, born in the country. In her opinion, this situation arose from Muslim tradition: a Muslim woman would never, under any circumstance, allow herself to be examined by a male doctor. Belkind attacks the activities of Muslim midwives who

³³Rubin 2008.

³⁴Kagan 1982, p. 45.

³⁵Klighler 1925, p. 569.

more than anything do them harm, for in their ignorance, they cause them damage and after birth, cause injury to the newborn baby's limbs, leading to deformities and other diseases.

On many occasions, she had to treat women after such damage and she notes that, sadly, she was not always able to help. In particular, she attacks the uncleanliness and ignorance of the Arab midwives, and the fact that they allow themselves to do everything and do not refrain from doing anything they wish.³⁶ Eliyahu Orbach, the first Jewish doctor in Haifa, who came to the country in 1909, wrote about one of the midwives in Haifa: 'She's an old ignorant woman who can help me in nothing.' Orbach also encountered, especially among the Muslim women, evidence of opposition to being treated by a male doctor which, according to his opinion, was the result of traditional prejudice. The boundaries imposed by Islam on the female restricted him at every turn.³⁷

The traditional midwives worked independently. They charged fees for their work, were under no supervision and opposed imposition of any such control. However, some midwives offered their services to the poor free of charge. Many did not stop at midwifery and were active in public community work. For instance, Feige die Bobe treated poor expectant mothers for free, looking after their needs and income, after the birth as well.³⁸ Rakhel di Harush, in addition to her work as the midwife of the Shiloah village (near Jerusalem), performed the benevolent act of washing the corpses of dead women. She had learned her midwifery in the English Mission Hospital in the Old City of Jerusalem. Women who gave birth there did not want to be treated by male doctors and thus, warmly and gladly accepted the help and support offered by a Jewish midwife, who had learned her craft from English doctors.³⁹

Thus, over the years, many of the older, traditional midwives established a solid reputation for offering midwifery services to all those in need, without regard for religion or nationality. Their status slowly began to be undermined at the end of the nineteenth century when the first certified midwives began to arrive, graduates of European midwifery schools. Little by little, these newcomers began to get their foot in the door and establish themselves.

Certified Midwives

The shift from traditional to certified midwifery had its source in a wide process of development that started in Europe and America during the early modern era and in which midwives become a part of western scientific medicine.⁴⁰ Adrienne Rich, who surveyed the history of midwifery from the late Middle Ages to modern times, noted that in the early days, doctors were contemptuous of midwives, while in the Christian era, the male practitioner was forbidden to pollute his masculinity in the birthing room.

Medical historians asserted that the profession of midwifery could only advance when the male attendant or the doctor took the place of female midwives. The period when midwifery began to be transformed generally into a male preserve

³⁶Belkind 1913, pp. 26–7.

³⁷Orbach 1997, p. 237.

³⁸Ben-Zvi Grayevski 2000, p. 9.

³⁹Yehoshua 1979, p. 86.

⁴⁰Arney 1982, pp. 48–50; Weisner 1986, pp. 55–60.

began in 1663, when men began to perform the role among the gentry in France. During the early modern era, men gradually joined the profession and at the start of the seventeenth century, the role of surgeons acting as midwives became very common in Europe. In a gradual process that began in the nineteenth and gained strength in the twentieth century, the birthing process was gradually moved to hospitals, so the role of midwives was reduced. Doctors, who were generally male and with academic training, took the place of the midwives, who became assistants under the instruction of the experts.⁴¹

However, as noted above, the new era for midwifery in Eretz Israel began in the last years of the nineteenth century, with the arrival of certified midwives, who had learned their profession in Europe. These midwives had studied in professional schools, which, from the eighteenth century, had already been operating in conjunction with hospitals in large European cities. Women participating in the training programmes were required by the laws of the country where they studied to pass official examinations in order to be granted their diplomas. For instance, in 1902, a law, the Midwives Act, was passed in England, and gradually enforced, so that from 1905, a woman could not act as, or even call herself, a midwife, unless she held the official certificate registered by the Central Midwives' Board.⁴² The Board conducted midwifery exams, managed their registration and supervised their work. The law stopped uncertified midwives from practising independently or without medical supervision, in order to prevent the harm sometimes caused by such untrained women, through what was legally termed 'culpable ignorance'.⁴³ The Jewish midwives were also required to pass these exams to obtain official recognition. The authorities agreed that, for religious reasons, they should attend Jewish births, but demanded that they follow the necessary studies and training.

From 1890, such European-trained Jewish midwives began to come to Eretz Israel. Many settled in Jerusalem and advertised their arrival in the local press, their academic training, and their willingness to answer any need. From these advertisements, one can learn that they had indeed obtained their diploma in one of the European countries, such as Russia, Hungary, Austria, France, Germany or England. They promoted themselves as speedy, energetic, responsible and trustworthy, as well as clean and with knowledge and experience.

A survey of historical sources and life stories reveals many differences between the certified and the traditional midwives, not only in education, but also in age, work methods and even their dress. In contrast to the traditional midwives, newcomers were young women in their twenties. Some had left Eretz Israel on their own initiative, with the help of their families, and had gone to a European city in order to learn the trade of helping bring children into the world. Some became midwives before giving birth themselves. Initially, they aroused suspicion and lack of trust, but this attitude changed after a few successful births and the evil rumours dissipated, especially in cases where the new mother thanked the midwife in the press.

⁴¹Rich 1989, pp. 164, 172; Bar-On 2000, pp. 11–12, 50–1.

⁴²Anon, 1904, pp. 8–9; Arney 1982, p. 38; Loudon 1992, p. 426.

⁴³Anon. 1904.

For instance, Elka Godel, born in Mea Shearim (a Jerusalem neighbourhood), went to Vienna for her training and returned home with her diploma in 1901. However, her young age was to her disadvantage. She was sent by the Jewish Colonisation Association to Zichron Ya'akov (a settlement near Haifa) as a replacement for the local midwife.⁴⁴ Since she was only 22 years old, not yet married and had not given birth herself, she was greeted by the local population with a lack of trust, until she finally managed to attend a number of successful births.⁴⁵ Other young midwives, who had studied in their native countries before coming to Eretz Israel, included Olga Belkind (1852–1942), Russian-born, who nevertheless had grown up in a Hebrew-speaking home. After completing her high school studies in the town of Mohilev, she began work as a telegraphist in the town's railway station. She then began to think seriously of midwifery, a profession of use to the people. Her parents tried to dissuade her from this course, since the midwifery college was in St Petersburg and Jews were forbidden to stay there for more than one night. Nevertheless, due to good connections, Olga succeeded in being accepted by the college and was the first Jewish student to study the profession there. In 1886, she came to Eretz Israel and joined other family members in Rishon Le-Zion (a settlement near Jaffa). There she met Yehoshua Hankin, who was active in acquiring land for Jewish settlement and they were married. When her expertise became known, it was decided that there was no further need to rely on midwives from Jaffa and she began to be consulted regarding women's matters.⁴⁶

Not only did they sometimes have to overcome mistrust on their return, some of the young women from Eretz Israel encountered difficulties when wishing to study midwifery overseas. We can learn about this from two of the midwives. Rakhel Deutsch (1867–1965), born in Safed and Elka Godel (1879–?), who was born in Jerusalem. Both were 'Sabras', who studied in Vienna.⁴⁷ Rakhel Deutsch began her studies in 1899, when she was in her thirtieth year and already the mother of seven children. After her husband became ill, she had to support the family. She asked for her grandfather's advice and he urged her to go to Vienna to gain a profession and even handed her a letter to give to his friend Theodor Herzl.⁴⁸ Rakhel arrived in Vienna with two of her daughters: the youngest, just six months old, and the oldest, 12 years of age, whose task was to help look after the baby. In Vienna, Rakhel met Herzl and he

⁴⁴The Jewish Colonisation Association was founded in 1891 and was a philanthropic organisation to aid needy or persecuted Jews to emigrate and settle where they would be productively employed. Locations included Argentina and Eretz Israel.

⁴⁵Galbloom 1961, p. 22.

⁴⁶Eshel in Hyman and Ofer (eds) 2006 (digital edition).

⁴⁷Sabra (Hebrew 'Tsabar'), 'prickly pear', is an idiomatic term denoting people born in Eretz Israel, referring metaphorically to a prickly exterior and a tender heart.

⁴⁸Theodor Herzl (1860–1904) was born in Budapest to an educated Jewish family. He studied in a Jewish elementary school and then in a general high school. In his youth, he moved with his family to Vienna, where he studied law. In 1884, he received

a doctorate in law and worked professionally for a short time, later entering the field of journalism and literature. In 1891, he began work as a journalist in Paris, becoming interested in French foreign policy. Evidence of French anti-Semitism turned his attention to the problem of the persecution of Jews. He concluded that Jewish suffering would only end when mass Jewish emigration to a Jewish state was possible. In 1895, he returned to Vienna, and in 1896, his article, 'A Jewish Homeland', appeared. In this, he proposed either Eretz Israel or Argentina for the site of such a state. His vision and unceasing efforts to that end paved the way for the creation of the State of Israel in 1948. He is thus rightly called 'The Father of the Country'.

advised her to study midwifery, a profession essential in Eretz Israel: so that a healthy and strong generation shall grow up in our holy land. It is also a rewarding trade, as well as being a religious and national blessing.⁴⁹ She applied to the maternity school of the university hospital but was turned down.

At first, the professor did not want to accept me, he said I was a religious Jewess, so I wouldn't be able to understand the material. Anyway, why should a religious Jew from Eretz Israel study abroad?⁵⁰

After Herzl intervened, Rakhel was admitted to the programme and was rapidly recognised as outstanding. In two years, she completed her studies with honours and received her official diploma. For 60 years she worked as a midwife, living to a ripe old age.⁵¹

By contrast, Elka Godel travelled to Vienna on her own initiative, from no personal necessity. Midwives were then in demand in Eretz Israel and since the nursing profession was not yet being studied in the hospitals, she decided on midwifery. Her father supported her financially, sending her £2 sterling every quarter, but this sum was insufficient for her needs. With no other option, she also applied for help to Herzl, who took an interest in any Jew from Eretz Israel who came to Vienna. When she finished her studies, she bade Herzl goodbye, thanked him for all his kindness and aid, returned home and, as noted above, was sent to Zichron Ya'akov to replace the local midwife. After five months, she was sent by the Jewish Colonisation Association to the Lower Galilee, settled in Yavniel and served all the settlements in the region.⁵²

The arrival of certified midwives created great tension with the traditional midwives, owing to power and status struggles, since the latter enjoyed the trust of the community. It was difficult to persuade families to let the trained women attend their births. Kagan wrote that the elderly midwives threatened the helpless expectant mothers, saying that they were free to choose between them and the certified midwives, but also said, 'If they turn up, I'm leaving!' To overcome this obstacle, the certified midwives were forced to 'bribe' the expectant mothers, sometimes by means of food parcels from America, containing rice, sugar and flour—necessities that were very scarce in the market at that time.⁵³ The mothers preferred the traditional midwives, due to the reputation they had gained over the years and supported them. They had known them from childhood and trusted them, although they knew they lacked any formal training. However, the modern midwives gradually took over the role and slowly earned the warm trust of the mothers.

Eventually, midwifery services became available to all, including Arabs, Bedouin, Muslims and Christians. The certified midwives, like their traditional predecessors, provided their services to women of all religions and backgrounds. Olga Belkind who, as noted, studied in St Petersburg, settled in Jaffa in 1899, working as both a midwife and a nurse. She was soon fully occupied, her fame as a professional and expert midwife quickly spread, and she became known as the Russian midwife. Established

⁴⁹Hameiri 1965.

⁵⁰Levy 1998, pp. 301–2.

⁵¹Interview with D. Metuki, HaChimsha (child of the fifth generation) of Rakhel Deutsch, Jerusalem, 29 March 2007.

⁵²Rotenberg 1962; Levy 1998, pp. 338, 351–2.

⁵³Kagan 1982, p. 45.

Jewish, Christian and Muslim women who lived in Jaffa hired her services. Moreover, the Muslim women came to prefer her over an elderly Arab midwife. On one occasion, Olga was called to attend the wife of a wealthy Jaffa man. The birth was successful and she was given the honour of presenting the infant to the father. As a sign of gratitude, the father offered Olga a considerable fee. In general, she related, if the infant was a boy, the Muslims would pay her handsomely and even give her presents. Olga conducted house calls for sick women all over Jaffa and, riding on a donkey, even went to Bedouin encampments on the edge of the desert and attended their wives' labour.⁵⁴

With her family, Miriam Yitshaki (1869–1955) came to the country in 1891 from Kharkov in the Ukraine and settled in Rishon Lezion. In 1893, she went to Vienna where she completed her midwifery studies. She returned in 1895 and for seven years worked as a midwife in Rishon Lezion. In January 1902, she settled in Jerusalem and worked as an independent midwife. She was hired to attend the wives of prominent Muslims and Christians of the ruling classes. During the years of the First World War, she exploited these connections to help people being persecuted by the authorities and was even able to attend pregnant female prisoners.⁵⁵

As noted, gradually, some people came to prefer the certified midwives. The educated women, who understood the importance of formal training, were the first to apply to them, since they also believed that they would be able to relieve prenatal and birthing pains. Itta Yellin relates that when her son was born in 1891, she was attended by a modern midwife who had been trained in Moscow:

They placed great hopes in this midwife, because they thought she would relieve the contraction pains and the birth pangs would pass, but actually, that did not happen. The title, 'the expert', for the midwife I employed became the topic of the day for Jerusalem women, who chided me for forsaking the 'bobbe' for a certified midwife.⁵⁶

When Yellen bore her daughter in 1905, she again called for a certified midwife. On this occasion, it was Miriam Yitshaki who attended. She was a trained midwife, who was reported to be expert and energetic, cleanly in her treatment and offering excellent supervision.⁵⁷

The Muslims families also came to prefer the certified Jewish midwives and valued their work. In his book, Ya'acov Yehoshua presents an advertisement which appeared in a Muslim literary journal in 1912, inserted by a member of one of the well-known and long-established Muslim families of Jerusalem. In this advert, he praises the experience and expertise of the certified midwife, Fruma Kastelman. He recommends that the citizens rely on her, for his family had experienced many tragic birthing events and only this midwife was able to bring healthy, well-formed infants into the light of day. The writer recommends that she be applied to rather than the traditional midwives.⁵⁸

Usually, the certified midwives provided their services and general support during the birth only, and did not stay in the house thereafter. There were those who continued to visit the new mother during the birth week. When Olga Belkind was invited to attend a

⁵⁴Kolodani-Baki 1997, pp. 54–5.

⁵⁵Tidhar 1957, pp. 3089–90.

⁵⁶Yellin 1941, p. 59.

⁵⁷Yellin 1941, p. 87.

⁵⁸Yehoshua 1981, p. 142.

first birth, she would come a few days before the birth, in order to become friends with the expectant mother and to calm her down before the birth itself.⁵⁹ Not infrequently, the certified midwives were only called when the birth was already in progress or near the end. Olga Belkind tells of a case when an Arab boy, who lived in the Jaffa orchards, awakened her in the middle of the night and asked her to go with him to a birth. But when she arrived, the baby girl was already dead.⁶⁰ Rakhel Sochobolsky relates:

My husband called for the best midwife, Olga Hankin. She was well-known among the well-to-do Arabs, whom she also served as midwife. She was a bold woman, wise, educated and forthright in her opinions. She'd ride from house to house on a white donkey. Because of her appearance, they used to call her 'The Cossack'. But when my time came, she wasn't at home, so another midwife had to be called instead.⁶¹

However, like the traditional midwives, many of the certified newcomers did not limit themselves to their trade, combining it with volunteer welfare work and community activities. The best-known was Miriam Yitshaki who, after the First World War, founded the Jerusalem Midwives' Association, formulated its constitution and was twice elected its president. During the First World War, she helped out in school kitchens and in distributing food to the needy. After the war, she participated in welfare work run by women's organisations, founded foster homes for orphaned children, set up day-care centres for working women, and sewing circles for poor girls.⁶² Chaya Baer, who had completed her studies with honours in Vienna, gave her midwifery services for free to needy mothers. Olga Belkind was active in the Jaffa Women's Association, founded in 1891 by Ashkenazi business women. The association offered aid to needy women and acted as a model for other women's organisations.

Some of the certified midwives were also active in women's associations for women's advancement in Eretz Israel and the world in general. Elka Godel was active in the Jerusalem organisation 'Hebrew Women's Society for Equal Rights in Eretz Israel'. In 1908, Elka decided to make a change in her life and went to Manchester in England, where she studied medicine for four years. There, too, she was active in a women's association. Upon completion of her studies in 1912, she returned home, but not for long. She packed her bags and went to Australia where, for seven years, she worked as a midwife among the immigrants from England and Italy. In 1919, she returned home on the first ship to sail from Australia to Eretz Israel after the First World War. She went to Safed and worked as a nurse in the hospital. From there, she eventually returned to Jerusalem, working for 14 years as house-mother in the 'School for the Blind'.⁶³

A further difference between the certified and traditional midwives found expression in their clothing. Ya'akov Yehoshua writes:

They wore European dresses, similar to those of the heroines of French and Russian novels. They had straw hats with transparent veils to protect their faces from the Jerusalem dust. They did not carry with them the bag of clothes carried by the Jerusalem-born midwives, who spent several days in the birthing house to help not

⁵⁹Kolodani-Baki 1997, p. 56.

⁶⁰Kolodani-Baki 1997, p. 92.

⁶¹Alper 1967, p. 116.

⁶²Tidhar 1957, p. 3089.

⁶³Galbloom 1961; Levy 1998, pp. 338, 351–2.

only the mother, but also the other family members when she was suffering her labour pains.⁶⁴

As she explains, Elka Godel had to justify the unconventional dress of the certified midwives:

The midwives wore European dresses shorter than accepted in those days, but this had a 'medical explanation': the skirt did not extend down to the shoes, but only to the calf. This was not just the new fashionable rule, but in line with the requirements of hygiene. The Viennese professor forbade that the dress should sweep the street, on the grounds that this was liable to introduce pollution to the birthing area. So his students who returned to Eretz Israel continued this practice, although they were thousands of kilometres from Vienna and had completed their studies.⁶⁵

Conclusion

A major change in the situation of midwives began to take place in 1912, with the foundation of 'Hadassah', the American Zionist Women's Organisation that set as its goal helping the Jewish settlement in Eretz Israel in the fields of education, health and welfare. In January 1913, the Hadassah members sent two nurses to Jerusalem. There they set up a clinic to treat mothers and children. The clinic focused on providing services to expectant mothers, educating them in health and hygiene, making home visits among the needy and treating schoolchildren who had contracted trachoma, then endemic.

This was the first mother and child centre in Eretz Israel and it trained midwives and probationer-nurses for community welfare, organised professional instruction by doctors and nurses for mothers and pregnant women in their homes.⁶⁶ Towards the second decade of the twentieth century, obstetric units opened in hospitals in Eretz Israel and many of the certified midwives who, until then, had only worked independently, began to work in these units. Gradually, a change took place among the population of expectant mothers, who began to attend the maternity wards and give birth under the supervision of the certified midwives.

This essential change took place following the end of the First World War with the arrival of the American Zionist Medical Unit sent by Hadassah of America, with the aim of helping the medical services of the Jewish community. Its arrival signalled a transition from the era of primitive medicine to that of modern practice. Among other activities in the field of preventive medicine, the team of doctors and nurses formulated a comprehensive programme for pregnant women, mothers, infants and children.⁶⁷ Initially, the unit tackled the most urgent problems, subsequently turning to the setting-up of hospitals in urban centres, including hospitals with separate maternity departments—in Tiberias, Haifa and Safed. In the Hadassah School for Nursing that they instituted, there was a course in midwifery for certified nurses, or those studying for their degree.⁶⁸

⁶⁴Yehoshua 1981, p. 140.

⁶⁵Galbloom 1961, p. 22; Rotenberg 1962, p. 4.

⁶⁶Shehory-Rubin and Shvarts 2003, pp. 119–20.

⁶⁷Shehory-Rubin and Shvarts 2003, pp. 116–17.

⁶⁸Bartal 2005, pp. 75–6.

With the establishment of the British Mandate for Palestine in 1922, the work of midwives and their training was reorganised. The trade of midwifery had already been partly regulated by the National Health Order of 1918, which determined that every midwife must have a work certificate.⁶⁹

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⁶⁹'The Eretz Israel Midwifery Order', chapter 18 C (1), no. 20, 1929.

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