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# “Like Puah and Shiphrah”: Jewish Midwives in Eighteenth-Century Germany

NIMROD ZINGER

IN THE *MEMORBUKH* of the Jewish community of Frankfurt—a book commemorating the community’s deceased—one finds the following information regarding Frumit’le, wife of Jacob Wahl, who passed away in 1753:

[Frumit’le] was involved in charity work for the living and for the dead. She delivered young babies at the *hekdeish* [Jewish hospital] like Puah and Shiphrah [. . .] She did not neglect any mitzvah [commandment], big or small, and prepared medications with no charge for the rich and the poor alike.<sup>1</sup>

In being compared to Puah and Shiphrah, the biblical midwives from Exodus 1.15, Frumit’le was not unique. The *memorbikber* of Jewish communities in early modern Germany contain many similar entries that tell about the activity of Jewish women who delivered babies, tended to wounds, or prepared the dead for proper burial. This literature reveals an early modern medical marketplace crowded with female healers and midwives, who played an important role in treating patients in various medical fields.<sup>2</sup> With their wealth of information, the *memorbikber* contribute significantly to our understanding of the lives and practices of Jewish female

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1. *Mimorbukh shel kebūlat Frankfurt de-Main* (Jerusalem, National Library of Israel, MS Heb. 1092=4), 329.

2. On the term “medical marketplace,” see Roy Porter, “Health Care in Enlightenment England: Knowledge, Power, and the Market,” in *Curing and Insuring*:

healers. But until recently, scholars made only limited use of these rich sources and have not used them at all in the study of midwives or medicine.

While scholars are familiar with several essays written by Christian midwives in early modern Europe,<sup>3</sup> we have only two texts by Jewish midwives from this period, and these texts are rarely studied.<sup>4</sup> Many of the available sources that mention Jewish midwives, such as responsa literature and medical texts, were written by men, usually for men. We have to bear in mind that in speaking about “midwives,” “wise women,” or “old women,” these texts represent masculine points of view, which provide little information about women’s lives and actions and sometimes even present them in a negative way. While the entries in the *memorbikber* that speak of Jewish midwives similarly do not present the midwives’ own voices and come with their own bias, they were written by their close family and loved ones. Therefore, they give us names and other details of

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*Essays on Illness in Past Times; The Netherlands, Belgium, England, and Italy, 16th–20th Centuries*, ed. H. Binneveld and R. Dekker (Rotterdam, 1993), 99–100.

3. Jane Sharp, *The Midwives Book: Or the Whole Art of Midwifery Discovered* (Oxford, 1999); Louise Bourgeois, *Midwife to the Queen of France: Diverse Observations*, ed. A. Clairmont Lingo, trans. S. O’Hara (Tempe, Ariz., 2017); Justine Siegemund, *The Court Midwife (1690)*, ed. L. Tatlock (Chicago, 2005); Catharina Schrader, *Mother and Child Were Saved: The Memoirs (1695–1740) of the Frisian Midwife Catharina Schrader*, trans. H. Marland (Amsterdam, 1987); Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard, Based on Her Diary, 1785–1812* (New York, 1991). On the characteristics of female medical writing in early modern Europe, see Mary E. Fissell, “Healing Spaces,” in *The Cambridge Companion to Early Modern Women’s Writing*, ed. L. Lungers Knoppers (Cambridge, 2009), 153–64; Lynette Hunter, “Women and Domestic Medicine: Lady Experimenters, 1570–1620,” in *Women, Science and Medicine 1500–1700*, ed. L. Hunter and S. Hutton (Stroud, 1997), 89–107.

4. There are only two texts written by Jewish midwives, to my knowledge. One is in *Sefer ha-nashim* ([Book of Women] Strasbourg, Bibliothèque Nationale et Universitaire de Strasbourg, MS 4048; Jerusalem, Jewish National and University Library, Institute of Microfilmed Hebrew Manuscripts, F-3946), written by Roza daughter of Haim HaLevi from early eighteenth-century Amsterdam. Roza of Amsterdam’s notebook is part of the much larger text. The manuscript includes several sections on the art of midwifery, some apparently written by the midwife herself. This unique manuscript requires more research. The second text is a list of deliveries kept by Roza wife of Leizer son of Moshe Yehuda of Groningen, which also includes a short introduction written by the midwife: *Pinkas me-aledet min ha-shanim 1794–1815* (Amsterdam, Amsterdam University Library, MS Rosenthaliana 381; Jerusalem, Jewish National and University Library, Institute of Microfilmed Hebrew Manuscripts, F-15700). On the two manuscripts, see Elisheva Carlebach, “Community, Authority, and Jewish Midwives in Early Modern Europe,” *Jewish Social Studies* 20.2 (2014): 18–25.

personal information that other sources cannot provide and help us to better locate these midwives in specific historical contexts.

This article will make extensive use of the *memorbikber*, along with other existing sources, to reconstruct the social history of Jewish midwives in eighteenth-century Germany. Prominent among these sources are the *pinkasim* (books of community minutes), which record various communal decisions.<sup>5</sup> I will focus in particular on the case of Haya'le widow of Leib Neuestadt, who was hired by the Offenbach community as its official midwife and was active in the city in the 1760s and 1770s. I argue that examining *memorbikber* and *pinkasim* together gives us a more complete picture of Jewish midwives in this period than scholars have had until now, because it reveals not only the activity of the official midwives hired by the community but also the many Jewish midwives that were not officially tied to any establishment and have received no scholarly attention to date.

The study of female healers in Christian European society generally, and of midwives in particular, has changed dramatically over the years. In the past, researchers often ignored women's role as healers or presented them as practitioners who harmed their patients' health. According to this narrative, the "damaging" impact of women healers' activity ended only when male doctors, with their recently acquired anatomical knowledge, took over the field.<sup>6</sup> In the 1960s and 1970s, feminist scholars rejected this narrative of "medical glory" and presented a very different story of "gory misogyny."<sup>7</sup> They considered the Middle Ages to be the golden age of female practice, when women had a monopoly over the field of midwifery and gynecology and treated male patients, as well. According to this view, in the early modern period, midwives and female healers were overrun by the emerging medical male establishment and were even burned at the stake as witches during the great witch craze.<sup>8</sup>

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5. On the *pinkasim*, see Israel Bartal, "The Pinkas: From Communal Archive to Total History," *Polin: Studies in Polish Jewry* 29 (2017): 21–22; Stefan Litt, *Pinkas, Kahal, and the Mediene: The Records of Dutch Ashkenazi Communities in the Eighteenth Century as Historical Sources* (Leiden, 2008).

6. See, e.g., Richard H. Shryock, "A Century of Medical Progress in Philadelphia: 1750–1850," *Pennsylvania History: A Journal of Mid-Atlantic Studies* 8.1 (1941): 11–12; Herbert R. Spencer, *The History of British Midwifery, 1650–1800* (London, 1927); Richard L. Petrelli, "The Regulations of French Midwives during the Ancien Regime," *Journal for the History of Medicine* 26.3 (1971): 276–92.

7. Lisa Forman Cody, "The Politics of Reproduction: From Midwives' Alternative Public Sphere to the Public Spectacle of Man Midwifery," *Eighteenth-Century Studies* 32.4 (1999): 478.

8. Barbara Ehrenreich and Deidre English, *Witches, Midwives, and Nurses* (London, 1974).

Neither of these views is accepted among specialists in the field today. In 1990, David Harley discredited the identification of midwives as the victims of witch-hunts.<sup>9</sup> In an article published the preceding year, Monica Green rejected the description of the Middle Ages as a period when “women’s health was women’s business,” and emphasized male involvement both at the level of practice and in developing new knowledge in gynecology.<sup>10</sup> In recent decades, historians of female medicine have emphasized the importance of social relations between clients and practitioners, and located midwives in their local surroundings in order to better understand their place in society. They have also demonstrated how print culture influenced public perception of the female body and the social role of midwives. Numerous recent studies recognize the complexity and pluralism of early modern medicine, showing that while women were often excluded from the circle of “official healers” who were hired by the authorities or licensed to practice medicine, they played a vital role as medical practitioners throughout the early modern period; these studies demonstrate that women were not wholly subordinated to the control of male doctors and that they actively fought to improve their conditions.<sup>11</sup>

These new trends in medical historiography have only partially made headway into the study of Jewish history. The image of Jewish midwives and female healers remains understudied.<sup>12</sup> A significant shift in the field

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9. David Harley, “Historians as Demonologists: The Myth of the Midwife-Witch,” *Social History of Medicine* 3.1 (1990): 1–26.

10. Monica H. Green, “Women’s Medical Practice and Health Care in Medieval Europe,” *Signs* 14.2 (1989): 434–73.

11. On the new trends in medical historiography regarding female healers in the early modern period, see the articles in these two issues dedicated to the subject: *Bulletin of the History of Medicine* 82.1 (2008); *Renaissance Studies* 28.4 (2014). For a selective bibliography on European midwives and gynecology, see Monica H. Green, “Gendering the History of Women’s Healthcare,” *Gender and History* 20.3 (2008): 487–518; Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynecology* (Oxford, 2008); Adrian Wilson, *The Making of Man Midwifery: Childbirth in England 1660–1770* (London, 1995); Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993); Sibylla Flügge, *Hebammen und heilkundige Frauen: Recht und Rechtswirklichkeit im 15. und 16. Jahrhundert* (Frankfurt am Main, 1998); Samuel Thomas, “Early Modern Midwifery: Splitting the Profession, Connecting the History,” *Journal of Social History* 43.1 (2009): 115–38. For a bibliography of the various studies written since 1980 on women, gender, and medicine in the Middle Ages, and for references to Early Modernity, see Green, “Bibliography on Medieval Women, Gender, and Medicine (1985–2009),” *Digital Library of Sciència.cat* (2010), [http://www.sciencia.cat/biblioteca/documents/GreenCumulativeBib\\_Feb2010.pdf](http://www.sciencia.cat/biblioteca/documents/GreenCumulativeBib_Feb2010.pdf).

12. For many years, the most profound discussion of Jewish female healers in early modern Central Europe was Jacob Marcus’s few pages on Jewish midwives

began with the work of Elisheva Baumgarten, who wrote several important essays on Jewish midwives in medieval Europe,<sup>13</sup> and with Elisheva Carlebach's article about Jewish midwives in Central Europe in the early modern period.<sup>14</sup> Carlebach's pioneering work emphasized the role of Jewish midwives as guardians of the morals of the community's Jewish women and as figures who crossed religious and class boundaries.

Yet these valuable contributions paid no attention to the *memorbikher* literature. According to Carlebach, many of the Jewish midwives practiced without a license, especially in the countryside, "and there is little way to track them."<sup>15</sup> I argue that the *memorbikher* offer a way to learn at least about some of these untraceable midwives, and that examining *memorbikher* and communal *pinkasim* together gives a fuller picture by including both official and unofficial midwives. It also reveals shifts in midwives' image and social position during the eighteenth century, as the activity of Jewish midwives was increasingly regulated by the community, which determined their wages and training requirements. This process of institutionalization corresponds with similar changes in the broader European medical world. While Carlebach argues that in the eighteenth

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written in the 1940s. Jacob R. Marcus, *Communal Sick-Care in the German Ghetto* (Cincinnati, Ohio, 1947), 48–51.

13. See, e.g., Elisheva Baumgarten, "Thus Sayeth the Wise Midwives': Midwives and Midwifery in Thirteenth-Century Ashkenaz" (Hebrew), *Zion* 65.1 (2000): 45–74; Baumgarten, *Mothers and Children: Jewish Family Life in Medieval Europe* (Princeton, N.J., 2004), 43–54; Baumgarten, "Ask the Midwives: A Hebrew Manual on Midwifery from Medieval Germany," *Social History of Medicine* 32.4 (2019): 712–33. On Jewish female healers in the Middle Ages, see also Monica H. Green and Daniel Lord Smail, "The Trial of Floreta d'Ays (1403): Jews, Christians, and Obstetrics in Later Medieval Marseille," *Journal of Medieval History* 34.2 (2008): 185–211; Carmen Caballero-Navas, "The Care of Women's Health and Beauty: An Experience Shared by Jewish and Christian Women," *Journal of Medieval History* 34.2 (2008): 146–63.

14. Carlebach, "Community, Authority," 5–33. Jordan Katz, in her article on Jewish midwives in Central Europe, focused on their role in the halakhic discourse. The article was published close to the appearance of the present article, so I did not incorporate her findings into the body of the article. Jordan R. Katz, "Jewish Midwives, Wise Women, and the Construction of Medical-Halakhic Expertise in the Eighteenth Century," *Jewish Social Studies* 26.2 (2021): 1–36. On the Jewish midwife in the period, see also Michele Klein, *A Time to Be Born: Customs and Folklore of Jewish Birth* (Philadelphia, 1998), 121–34; Leonard A. Rothman, "Jewish Midwives in Late Renaissance Venice and the Transition to Modernity," *Nashim* 25 (2013): 75–88; Nimrod Zinger, *The Ba'al Shem and the Doctor: Medicine among German Jews in the Early Modern Period* (Hebrew; Rishon LeZion, 2017), 73–84.

15. Carlebach, "Community, Authority," 17.

century, many fields of Jewish life “came under written regulation and standardization,”<sup>16</sup> this article traces the features of midwives’ prestandardization as located in the blurry boundaries between women healers and midwives and the changes that take place with the introduction of official or licensed midwives.

The article’s first section will show that the *memorbikber* literature uncovers many Jewish women who practiced midwifery and other medical fields within their communities, without being officially employed for these purposes. This literature reveals a pluralistic social sphere with no clear boundaries between healers and patients, where patients had more freedom to choose their provider and their way of medical care. The second section turns its attention to the *pinkasim* and examines the relatively elaborate contract between the midwife Haya’le and the Offenbach community. This contract and similar ones testify to the growing regulation of medicine in this period, which gradually changed the medical market that appears in the *memorbikber*. The contract is an example of a transition from a world in which many women could aid childbirth to one in which only formal midwives could attend a birth. Official and unofficial midwives coexisted for a long period. The growing reliance on official midwives did not necessarily lead to the complete disappearance of informal midwives, and not all communities hired official midwives at the same time. The *pinkasim* and *memorbikber* disclose the simultaneous occurrence of seemingly opposite social patterns, even while they reveal the beginnings of institutionalization in the European Jewish medical market. I embed the topic of Jewish midwives within a broader discussion of women’s healthcare in early modern Germany, rather than view it as an isolated phenomenon detached from the medical market of this period.<sup>17</sup>

#### MIDWIVES IN THE *MEMORBIKHER* LITERATURE

*Memorbikber* literature is characteristic of Jewish communities in the German lands. It goes back to the eleventh-century Rhineland massacres, when communities decided to honor the memory of the many Jewish martyrs by mentioning their names on various occasions in the synagogue. The names of the community’s great leaders and rabbis were listed in the *memorbikber*, as were those of regular community members. The criterion for entering the *memorbukb* was a donation to one of the community’s institutions, made by family members of the deceased or by the deceased them-

16. Carlebach, “Community, Authority,” 26.

17. On the importance of exploring the history of midwives as part of women’s healthcare, see Green, “Gendering the History of Women’s Healthcare,” 488.

selves before their death. In the early modern period, almost all Jewish communities in Germany kept a *memorbukh*, although not all families had the means to commemorate their loved ones. The ritual of recalling the dead took place every Sabbath morning in the synagogue. The cantor read several entries from the *memorbukh* and continued to read the next Sabbath, so that every year all the names were mentioned once. While in earlier periods, entries were written according to fixed brief formulas, starting in the sixteenth century the content of some of the *memorbikber* became increasingly diverse and extensive, and some present what Rachel Greenblatt has called “a miniature biography.”<sup>18</sup>

The entries give us many details regarding the activities of Jewish community members, but their biases must be acknowledged. The entries, which were sometimes approved by the community members themselves before their deaths, naturally tend toward positive description and praise. There is no trace of controversy and criticism in the pages of the *memorbikber*.<sup>19</sup> Nevertheless, awareness of the genre’s limitations allows us to find in it priceless data.

The *memorbikber* show that many women practiced midwifery, and that for a substantial number, delivering babies occupied only part of their sphere of activity. This was probably the case for Hech’le, who died in Worms in 1721, as recorded in the *memorbukh* of her community:

May God remember the soul of old Mrs. Hech’le daughter of Rabi Toviyā z”l with the souls of S.R.R.A. [Sarah, Rebecca, Rachel, and Leah], for she rose early in the mornings and went in the evenings to the synagogue. For her lovingkindness [*gemilut ḥasadim*] toward the poor and the rich, and for delivering babies for several years for free, in

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18. Rachel Greenblatt, “A Community’s Memory: Jewish Views of Past and Present in Early Modern Prague” (Ph.D. diss., Jerusalem, 2006), 248. On the *memorbikber* literature, see Tzvia Koren-Loeb, “The Frankfurt a. M. Memorbuch: Gender Roles in the Jewish Community Institutions,” *Women in Judaism: A Multidisciplinary Journal* 4.2 (2007): 1–22; Tzvia Koren-Loeb, “Das Memorbuch zu Frankfurt am Main: Erschließung und Kommentierung ausgewählter Themenkreise” (Ph.D. diss., Duisburg-Essen, 2008); Cecil Roth, “The Frankfurt Memorbuch,” in *In Commemoration of the Frankfurt Jewish Community: On the Occasion of the Acquisition of the Frankfurt Memorbuch* (Jerusalem, 1965), 9–16; Greenblatt, “A Community’s Memory,” 251–62; Greenblatt, *To Tell Their Children: Jewish Communal Memory in Early Modern Prague* (Stanford, Calif., 2014), 36–37, 48–55, 62–64.

19. For an example of the lack of signs for disputes in the *memorbikber*, see Yair Mintzker, *The Many Deaths of Jew Süß: The Notorious Trial and Execution of an Eighteenth-Century Court Jew* (Princeton, N.J., 2017), 200.



our community and in other places. Her heirs gave, on her behalf, some golden coins for charity.<sup>20</sup>

The *memorbukh* entry indicates that Hech'le did not receive payment for her services and that she practiced midwifery as part of her charitable activity. A similar impression arises in the entry on Mara'le, who died in Deutz in 1743:

May God remember the soul of the pious Mrs. Mara'le daughter of R. Natan Segal z"l [. . .] for she was charitable for every person near and far, and did charity for poor and far [rich], and was modest in all her actions, and for the women in labor among our people she did as Shifra and Puah and was a woman of valor.<sup>21</sup>

It seems that the midwifery of both Hech'le and Mara'le was seen within the community as related to charity. Lovingkindness and charity work were considered integral parts of women's religious life. Yemima Chovav argues that the image of women in traditional Jewish society as naturally merciful, submissive, and active only in the domestic sphere (an image that only partially corresponded with reality) influenced the social image of female charity as well. Hence, Jewish community members expected female benevolent work to address the needs of the poor and needy, including treating their medical problems and delivering babies.<sup>22</sup>

The texts concerning Hech'le and Mara'le point to an important characteristic of the medical sphere in the early modern period: patients often chose not to call on physicians or professional healers, such as doctors or surgeons, but rather on nonprofessional healers, who usually did not receive payment for their aid. Many community members knew some medical practices and treated their relatives and neighbors. Most medical issues were treated at the domestic level, and self-treatment was widespread.<sup>23</sup> Self-treatment did not flourish because of a shortage of healers.

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20. *Pinkas hazkharat nesamot be-kehillat Wermaiza* (Jerusalem, National Library of Israel, MS Heb. 656-4), 45.

21. Aharon Jellinek, ed., *Kuntras ha-mekonen* (Vienna, 1881), 42.

22. Yemima Chovav, *Maidens Love Thee: The Religious and Spiritual Life of Jewish Ashkenazic Women in the Early Modern Period* (Hebrew; Jerusalem, 2009), 387-405.

23. On the importance of patients in the early modern medical world, see Mary Lindemann, *Health & Healing in Eighteenth-Century Germany* (London, 1996); Robert Jütte, *Ärzte, Heiler und Patienten: Medizinischer Alltag in der Frühen Neuzeit* (Munich, 1991); David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998); Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore, Md., 1998); Laurence Brockliss and Colin Jones, *The*

Although several sources from the period speak of a lack in the rural areas,<sup>24</sup> in big cities, multiple healers of various kinds, licensed and unauthorized alike, competed for patients. Furthermore, the choice to consult an unlicensed healer was not necessarily motivated by economic concerns. City doctors were obliged to treat the poor for free, and self-treatment was widespread especially among the upper classes.<sup>25</sup> One reason people refrained from calling a doctor or another professional practitioner was a recognition that, in some situations, their skills added little. Many patients held extensive medical knowledge themselves, which in their view was equal to or even surpassed what professional healers offered.<sup>26</sup>

Among the medical areas which saw the involvement of lay practitioners, midwifery was prominent. Multiple sources indicate that when a woman was in labor, other women would arrive to assist her and the midwife. For instance, the Christian theologian Johann Jacob Schudt reports that the Jewish women of Frankfurt did not have a dedicated society to regulate the care of women giving birth; instead, when one of the community members was in labor, other women would immediately arrive at her home.<sup>27</sup> Likewise, in the famous seventeenth-century memoirs of Glikl, daughter of Leib (1646–1724), the author speaks of the “women who were with me” during one of her deliveries.<sup>28</sup> Hech’le and Mara’le were probably among those women who came to help the midwives in their communities. So was Mich’le, who passed away in Frankfurt in 1788 and

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*Medical World of Early Modern France* (Oxford, 1997); Roy and Dorothy Porter, *In Sickness and in Health: The English Experience 1650–1850* (London, 1988); Roy Porter, ed., *Patients and Practitioners* (Cambridge, 1985); Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market of Medicine, 1720–1911* (Cambridge, 1994); Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe* (New York, 2011). On Jewish patients in Germany in the period, see Zinger, *The Ba’al Shem and the Doctor*, 27–68.

24. See Benjamin Beinisch Kratchin, *Amtabat Binyamin* (Wilhermsdorf, 1716), author’s introduction.

25. See especially Barbara Duden, *The Woman Beneath the Skin: A Doctor’s Patients in Eighteenth-Century Germany* (Cambridge, Mass., 1991), 78; Alisha Rankin, “Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient’s Perspective in Early Modern Germany,” *Bulletin of the History of Medicine* 82 (2008): 109–44.

26. Zinger, *The Ba’al Shem and the Doctor*, 35.

27. Johann Jacob Schudt, *Jüdische Merckwürdigkeiten* (Frankfurt am Main, 1714–17), 1036. On this subject in Jewish society, see Zinger, *The Ba’al Shem and the Doctor*, 73; Carlebach, “Community, Authority,” 11–15. For this subject in Christian society, see Heide Wunder, *He Is the Sun, She Is the Moon: Women in Early Modern Germany* (Cambridge, Mass., 1998), 99–100; Merry E. Wiesner, *Working Women in Renaissance Germany* (New Brunswick, N.J., 1986), 67.

28. *Glikl zikbronot* (1691–1719), ed. and trans. C. Turniansky (Jerusalem, 2006), 341–45.

who, according to the community's *memorbukh*, "occupied herself with several *mitsvot* [. . .] and helped and nursed and supported the daughters of Israel while giving birth [. . .]"<sup>29</sup>

This reality, in which medical treatment was often provided by part-time healers or as part of charitable activity, has led historians of non-Jewish Europe to believe that separation of the medical world into the categories of "professional" and "unprofessional" is anachronistic. Researchers struggle to determine where to draw the line between charity work and medical work, and how to define female domestic medicine outside the home. Some suggest using the category of "medical agents"<sup>30</sup> or "social healers"<sup>31</sup> in order to capture the fluid nature of medical activity in the period. Such studies point to the existence of multiple healers, only few of whom were licensed by medical or municipal authorities. The authorities accepted the unauthorized healers and took measures against them only when they trespassed into areas of activity designated for authorized healers.<sup>32</sup> This culture, in which patients chose among diverse types of healers, has been characterized by Peter Burke as "medical pluralism," and identified as the central characteristic of medicine in Europe of the early modern period.<sup>33</sup>

The *memorbikber* reflect this fluidity. They do not distinguish between "professional" and "amateur" midwives, and they show that many of the Jewish women who practiced midwifery were involved in other fields of medicine as well. For instance, we find the following information on Rechli, who died in Frankfurt in 1728:

May God remember the soul of the humble, kosher, and righteous woman Mrs. Rechli [. . .] who always [cared for] the living and the dead [. . .] and hurried to women in labor [. . .] and to do charity and to

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29. *Mimorbukh shel kehillat Frankfurt*, 621. For an interesting description of the assisting women in England, see Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England* (Farnham, 2013), 153–55.

30. Monica H. Green, "Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine," *Studies in Medieval and Renaissance History* 2 (2005): 12–17.

31. Ulrich, *A Midwife's Tale*.

32. Sharon Strocchia, "Introduction: Women and Healthcare in Early Modern Europe," *Renaissance Studies* 28.1 (2014): 497; Mary Fissell, "Introduction: Women, Health, and Healing in Early Modern Europe," *Bulletin of the History of Medicine* 82.1 (2008): 1–17; Alisha Rankin, *Panacea's Daughters: Noblewomen as Healers in Early Modern Germany* (Chicago, 2015).

33. Peter Burke, "Rituals of Healing in Early Modern Italy," in *The Historical Anthropology of Early Modern Italy: Essays on Perception and Communication* (Cambridge, 1987), 207–22.

sew shrouds she paid for with her money, and who dealt with pharmacies and was educated in the healing of the body.<sup>34</sup>

Similar fields of medicine—midwifery, providing medication, healing, and preparation for burial—characterized the practice of Fromet Shnabir, who worked in the same years in Frankfurt and died in 1724:

[She was like] Shifra and Puah and sat nights and days by women in labor and the sick, poor and rich, and dealt with medications and bandages by herself [. . .] with the living and the dead [. . .] with any person in issues of medications, bruises and wounds for the rich and the poor, and any person who turned to her, and she lent [money] to the poor in times of need.<sup>35</sup>

Clearly, neither Rechli nor Fromet limited their services to midwifery. Like many other Jewish women in the *memorbikber*, they treated wounds and injuries, and their practice in this field was probably similar to the practice of barber-surgeons, the most common healers in the medical market of the period. Dealing simultaneously in midwifery and surgery was also common among Christian midwives. For instance, Catharina Schrader (1656–1746), a midwife from the town of Dokkum in the Netherlands, also conducted surgery and practiced gynecology. According to her records, her income from these practices was much higher than from midwifery.<sup>36</sup>

Rechli and Fromet were also involved in preparing the dead for burial. In the *memorbikber* literature we find that many women did charity for “the living and the dead,” especially in Worms and Frankfurt. In Frankfurt, we learn from the list of the local burial society (*hevra kadisha*) of the mysterious death of the maid Gitlin, who was found dead in the *mikveh* (ritual bath) in 1661. After her autopsy, “some women” purified her body, and others prepared the shroud.<sup>37</sup> Sometimes these women were organized in a society of their own, as in the Ashkenazi community of Amsterdam, which recognized five charitable societies of the community, one of which was women’s burial preparation.<sup>38</sup>

34. *Mimorbukh shel kebilat Frankfurt*, 173.

35. *Mimorbukh shel kebilat Frankfurt*, 157.

36. M. J. van Lieburg, “Catharina Schrader (1656–1746) and Her Notebook,” in *Mother and Child Were Saved*, 8.

37. Simon Unna, ed., *Gedenkbuch der Frankfurter Juden* (Frankfurt am Main, 1914), 364.

38. Elchanan Tal, ed., *Ha-kebila ha-ashkenazit be-Amsterdam ba-me’ab ha-shmone ‘ore* (Jerusalem, 2010), 150.

The *memorbikber* literature reveals another connection between midwifery and healing when it tells us that some of the Jewish women who practiced midwifery were married to male healers and worked beside them or after their deaths. For example, we learn from the *memorbukh* of Mainz about

the important, decent, and pleasant woman [. . .] Mrs. Rachel Frumreichi, daughter of the deceased Rabbi Meir Katz, wife of the deceased Rabbi Zelcely the *rofeh* [physician], who [. . .] went all her days in the path of the righteous, who did charity with her body and with her money for the poor and for the rich. She did good deeds, visited the sick, and always went to the women giving birth to save them.<sup>39</sup>

We can only assume that Rachel worked with her husband, Zelcely the physician, and may have received from him some medical knowledge. In the case of Fogel Rochel, who died in 1730 in the Deutz community, the evidence is more explicit:

[Fogel Rochel] dealt with the dead for their burial as well as with the living, and especially with the women giving birth and their children like Puah and Shifra [. . .] and dealt with the sick, poor and rich [. . .] as she received [her knowledge] from her pious husband, Menlan the *rofeh*, may he rest in peace.<sup>40</sup>

It is important to note that the title *rofeh* represented a wide variety of Jewish male healers, not only university-trained physicians. Although a growing number of German universities opened their doors to Jewish students starting in the late seventeenth century, most Jewish doctors still lacked a medical diploma.<sup>41</sup> The title *rofeh* was used to describe any male

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39. *Kuntres yizkor shel kebilat Magentsa u-vet ha-keneset shelab* (New York, Jewish Theological Seminary of America, MS 8875), mark 458.

40. Jellinek, *Kuntras ha-mekonen*, 36.

41. In the sixteenth century, Jews began to be accepted at the University of Padua and other locations in Italy. In the seventeenth century, we find an increasing number of Jews from Germany studying in Italy. See David Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe* (New Haven, Conn., 1995), 100–117. This development took place in the Netherlands later on. See Yosef Kaplan, “Studentim Yehudim mi-Amsterdam be-Universitat Leiden bame’ah ha-sheva’ ‘esre,” in *Mehkarim al Yabadut Holand*, ed. Y. Michman (Jerusalem, 1979), 65–75. From the 1670s on, Jews could be accepted to the study of medicine at Brandenburg and, soon thereafter, in other German locations as well. They could not, however, receive a diploma. From the 1720s on, Jews began to receive doctors’ certificates in a growing number of Protestant German universi-

healer who practiced medicine, and often even female healers were called *rofeot*, as we learn from the complaints of the famous Padua University graduate Tuviyyah Ha-Cohen.<sup>42</sup> This phenomenon was not exclusive to Jewish society. The doctor Johann Christoph Götz of early eighteenth-century Nuremberg mentions in his diary five local female healers, whom he calls doctors; some had inherited the title from their deceased husbands.<sup>43</sup> A scenario in which wife and husband practiced medicine together, or in which a wife continued the family medical business after her husband's death, was common, and characterized other economic fields as well.<sup>44</sup> Perhaps we should see the description of how Rachel received her medical knowledge as an attempt to distinguish her from other female healers, who have been heavily criticized for their alleged lack of professional training.

As we have seen, the *memorbukh* of Frankfurt tells us about the midwifery activities of many Jewish women. We learned of Frumitle, who delivered children in the local *hekdesib*; Rechli, who dealt with pharmacies and was educated in the "healing of the body"; and Fromet Shnabir, who took care of the bruises and wounds of community members. The *memorbukh* mentions many other women, too, such as Mrs. Blum, "who was like "Shiphrah and Puah,"<sup>45</sup> and "the old Mrs. Lea Hindchen," who "helped

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ties as well. For the penetration of Jewish students into German universities, see Monika Richarz, *Der Eintritt der Juden in die Akademische Berufe* (Tübingen, 1974). On Jewish doctors in the early modern period in Germany, see Marcus, *Communal Sick-Care in the German Ghetto*; John M. Efron, *Medicine and the German Jews* (New Haven, Conn., 2001), 34–104; Robert Jütte, "Contacts at the Bedside: Jewish Physicians and Their Christian Patients," in *In and Out of the Ghetto*, ed. R. Po-Chia and H. Lehmann (Cambridge, 1995), 137–50; Wolfgang Treue, "Zur Sozialgeschichte der Medizin: Lebensbedingungen jüdischer Ärzte in Frankfurt am Main während des Spätmittelalters und der Frühen Neuzeit," *Medizin, Gesellschaft und Geschichte* 17 (1998): 9–55; Treue, "Zwischen jüdischer Tradition und christlicher Universität: Die Akademisierung der jüdischen Ärzteschaft in Frankfurt am Main in der Frühen Neuzeit," *Würzburger medizinhistorische Mitteilungen* 17 (1998): 375–97; Zinger, *The Ba'al Shem and the Doctor*, 202–6.

42. On this subject, see Nimrod Zinger, "'Unto Their Assembly, Mine Honor, Be Not Thou United': Doctor Tuviyah Cohen and the Medical Marketplace in the Early Modern Period," *Koroth* 20 (2009–10): 67–98.

43. Annemarie Kinzelbach, "Women and Healthcare in Early Modern German Towns," *Journal of the Society for Renaissance Studies* 28.4 (2014): 634–35.

44. Robert Liberles, "On the Threshold of Modernity: Jewish Daily Life in Germany 1618–1780," in *Jewish Daily Life in Germany 1618–1945*, ed. M. A. Kaplan (New York, 2005), 39; Debra Kaplan, "Women and Worth: Female Access to Property in Early Modern Urban Jewish Communities," *Leo Baeck Institute Yearbook* 55 (2010): 99.

45. *Mimorbukh shel kebilat Frankfurt*, 158.

women in labor,” dealt with medications, and read “every day the Torah with Rashi and other commentators.”<sup>46</sup>

Contrary to the relatively rich information we have about the activity of Jewish doctors and their employment conditions,<sup>47</sup> the Frankfurt *pinkas* is silent about the very existence of the many Jewish women who worked in midwifery and other medical fields.<sup>48</sup> The reason for this silence seems to draw on the purpose of the *pinkas*: to record the official activities of the community, such as regulations (*takanot*), real estate, and the appointment of community leaders (*parnasim*), rabbis, and other employees of the community.<sup>49</sup> Other activities of the community members did not concern the authors of the *pinkasim*. As several scholars have recently emphasized, official administrative records in early modern Europe tended to document mainly the activity of male practitioners, usually physicians. These scholars have pointed to “the gendered nature of early modern record keeping.”<sup>50</sup> While many sources, such as the *pinkasim*, document the activity only of official Jewish midwives, the *memorbikber* testify to the existence of unknown, unofficial Jewish midwives, to use modern terminology.<sup>51</sup> The *memorbikber* teach us that the absence of Jewish midwives from the documents of a specific time or location does not necessarily mean that all deliveries at that time and place were performed by Christian midwives (as did often happen). Instead, they suggest that most deliveries were performed by unlicensed Jewish midwives, and that a significant part of the medical activity in this period took place under the radar of the authorities.

Other genres echo the existence of unlicensed midwives and female healers in the Jewish community of Frankfurt. An example for a positive approach toward the Jewish female healers and midwives can be found in responsa literature. Rabbi Shmuel Koidonover (1614–1676), who served as the community’s rabbi for a few years, consulted Jewish female healers in gynecological issues and even preferred their medical diagnosis to that

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46. *Mimorbukb shel kehilat Frankfurt*, 482.

47. On regulations of physicians in the Jewish community of Frankfurt, see Marcus, *Communal Sick-Care*, 30–32; Efron, *Medicine and the German Jews*, 39–44; Shmuel Kotek, “Klale hitnahagut le-rofe’ ha-kehilah be-Frankfurt de-Main 1656,” *Korot* 7 (1980): 649–57; Zinger, *The Ba’al Shem and the Doctor*, 227–32.

48. On one exceptional case in which the *pinkas* of Frankfurt mentions a Jewish woman who delivered babies in the community, see Debra Kaplan, “Women and Worth,” 99.

49. Litt, *Pinkas, Kabal, and the Mediene*, 93.

50. Strocchia, “Women and Healthcare,” 502.

51. On the challenges of locating female healers’ activities in medieval documents, see Monica H. Green, “Documenting Medieval Women’s Medical Practice,” in *Practical Medicine from Salerno to the Black Death*, ed. L. García-Ballester, R. French, J. Arrizabalaga, and A. Cunningham (New York, 1994), 322–52.

of the doctors.<sup>52</sup> On the other hand, a very negative approach can be found in the medical text *Harmonia Wallichia Medica* (*Sefer dimyon ha-refuot* [Frankfurt, 1700]). The book was written by the Jewish physician and Padua graduate Avraham Wallich, and the introduction was written by his son Leib, also a physician in the city for many years. The book calls female Jewish healers “Satan” and “hapless old women,” and describes their treatment as “deadlier than poison to our bodies.”<sup>53</sup> This ferocious attack on female healers testifies not only to the negative attitude of Jewish doctors toward female healers but also to the latter’s common presence in the city and their high status among patients, who continued to turn to them for medical aid.<sup>54</sup>

#### JEWISH MIDWIVES AND THE COMMUNITY

During the early modern period, male practitioners in Western Europe entered the field of obstetrics, displacing midwives.<sup>55</sup> In Central Europe, by contrast, midwives were not excluded but instead heavily regulated. Throughout this period, more and more cities in Central Europe employed midwives and paid their salaries from the city council treasury. In some places, the city’s midwives were supervised by “respectable women”<sup>56</sup> and by the city’s doctors. Starting in the late seventeenth century, official midwives were occasionally required to attend a few lectures in anatomy given by a physician.<sup>57</sup> Merry Wiesner points out that, although Christian

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52. See, e.g., Aharon Shmuel Koidonover, *Emunat Shmuel: She’elot u-teshuvot* (Frankfurt am Main, 1703), question 1. On this issue, see Zinger, “Unto Their Assembly,” 77; Zinger, *The Ba’al Shem and the Doctor*, 88–90.

53. Avraham Wallich, *Sefer dimyon ha-refu’ot* (Frankfurt am Main, 1700), 9–10. On Wallich, see Shmuel Kotek, “‘Al Dr. L. Wallich” (Hebrew), *Korot* 7 (1977): 154–63; Treue, “Zur Sozialgeschichte der Medizin,” 46–48; Treue, “Zwischen jüdischer Tradition und christlicher Universität,” 387–89; Isidor Kracauer, *Geschichte der Juden in Frankfurt a. M.* (1150–1824) (Frankfurt am Main, 1927), 2:263–65.

54. On the attitude of Jewish doctors toward female healers in early modern Germany, see Zinger, “Unto Their Assembly,” 72–77; Zinger, *The Ba’al Shem and the Doctor*, 84–90, 259–60.

55. David Harley, “Provincial Midwives in England: Lancashire and Cheshire, 1660–1760,” in *The Art of Midwifery*, 27–48.

56. Merry E. Wiesner, “The Midwives of South Germany and the Public/Private Dichotomy,” in *The Art of Midwifery*, 83.

57. Wiesner, “The Midwives of South Germany,” 77–94; Mary Lindemann, “Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750–1800,” in *The Art of Midwifery*, 176–91; Hilary Marland, “The ‘Burgerlijke’ Midwife: The *Stadsvoerovrouw* of Eighteenth-Century Holland,” in *The Art of Midwifery*, 192–213; Flügge, *Hebammen und heilkundige Frauen*; Gabrielle Robilliard, “Accoucheur—City Council—Midwives—Mothers: Choosing Midwives in Early Modern Leipzig,”



midwives were at the bottom of the medical hierarchy, their status in an age of female exclusion was exceptional in many ways. Midwives were hired by the authorities and had many public responsibilities, such as reporting births by unmarried women, performing emergency baptisms, and serving as expert witnesses in court. Wiesner argues that no other group of women held a similar status.<sup>58</sup>

Like their Christian counterparts, most of the large Jewish communities in Central Europe considered themselves responsible for supplying medical services to their members. They hired communal physicians and founded a *hekdesb*.<sup>59</sup> One might expect that midwifery would be considered a basic medical service, but there is only scattered evidence of official midwives in Jewish communities. This suggests that some Jewish communities hired midwives and others did not, especially before the mid-eighteenth century. The theologian Johann Jacob Schudt writes that the Jews of Frankfurt turned to Christian midwives, and that the community finally hired a Jewish midwife from Amsterdam only a short time before the publication of his book in 1714.<sup>60</sup> As we just saw, the Frankfurt *pinkas* also does not mention that the *kabal* (community leadership) hired any midwife during those years. If this was the case in one of the biggest and most important Jewish communities at the time, it is reasonable to conclude that other, smaller communities in Central Europe sometimes did not hire official midwives, relying instead on unofficial midwives—and on official Christian midwives. This was not always a case of friendly coexistence. For example, Pinchas Katzenellenbogen, an eighteenth-century rabbi serving several Jewish communities in Southern Germany, tells in his memoirs that a gentile midwife was called to assist his wife during childbirth, and says that she was a witch who brought about his wife's death.<sup>61</sup> Likewise, when Heneli, wife of Asher of Bechhofen, was hired as the midwife of Fürth in the mid-eighteenth century, she was told to keep her new appointment secret to avoid the possibility that the gentile midwives, enraged at the loss of income, would harm Jewish women in labor.<sup>62</sup>

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paper presented at the conference Civil Society and Public Services: Early Modern Europe, Leiden, Nov. 30–Dec. 1, 2007, last modified July 1, 2018, <http://www.let.leidenuniv.nl/pdf/geschiedenis/civil/Robbillard.pdf>, 4.

58. Wiesner, *Working Women*, 69–73.

59. On medicine and the Jewish community in Germany, see Marcus, *Communal Sick-Care*.

60. Schudt, *Jüdische Merckwürdigkeiten*, 1034.

61. Pinchas Katzenellenbogen, *Yesh manḥilin* (Jerusalem, 1986), mark 26.

62. *Pinkas kebilat Fürth, 1751–67* (Cincinnati, Hebrew Union College, MS Acc. 126; Jerusalem, Jewish National and University Library, Institute of Micro-

While the information regarding official Jewish midwives, their activity, and their terms of employment is scattered, the *pinkas* of Offenbach provides rich details of the interaction between the *kabal* and the midwife it hired. Haya'le, widow of Leib Neuestadt, was active in the city from 1759 until her death in 1779. Analyzing the information regarding Haya'le and several other sources reveals the complex social status of Jewish midwives and the nature of their position within the community. I suggest that Jewish midwives like Haya'le were active players who tried to improve their status and, at the same time, that they were subject to the major shift toward regulation of medical care that took place in eighteenth-century Europe.

On July 7, 1759, the community of Offenbach and Haya'le signed the following contract:

Today we all agreed together that we will accept here as midwife the woman Mrs. Haya'le wife of the deceased Leib Neuestadt, who applied for the position, subject to the approval of His Majesty.<sup>63</sup>

From the first section of the contract, we learn that Haya'le was a widow, that she applied for the position of the community's midwife, and that the community needed to register her with the city authorities as the official midwife. Unfortunately, the *pinkas* does not reveal who initiated the opening of the position, how the selection process took place, or why Haya'le was chosen. Yet the local *memorbukh* gives us possible answers to these questions. According to the *memorbukh*, on May 3, 1759, only two months before the contract was signed, Leib Neuestadt, Haya'le's husband, passed away.<sup>64</sup> We may assume that the two events are connected and that the newly widowed Haya'le decided to become a midwife because she needed the income. Many midwives entered the field upon being widowed. Catharina Schrader of Dokkum, for instance, became a midwife shortly after her husband's death. When she remarried, she almost completely stopped attending deliveries, but shortly after the death of her second husband, she resumed her practice and became a famous midwife who attended thousands of deliveries.<sup>65</sup> A significant percentage of Jewish and

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filmed Hebrew Manuscripts, F-45689), 64.

63. *Pinkas kehillat Offenbach* (Jerusalem, Central Archives for the History of the Jewish People, GA K Ge. 14/55), 95.

64. *Kuntras bet ha-keneset be-kehillat Offenbach* (New York, Jewish Theological Seminary of America, MS 3554; Jerusalem, Jewish National and University Library, Institute of Microfilmed Hebrew Manuscripts, F-29359), 49.

65. Van Lieburg, "Catharina Schrader and Her Notebook," 7.

Christian midwives alike were widows.<sup>66</sup> According to Mary Lindemann, the authorities often preferred to hire poor women as midwives, especially widows with children, in order to give them a way to support themselves.<sup>67</sup> It is possible that Haya'le's new status as widow influenced the *kabal* to choose her as its new midwife in order to help her financially and to prevent her from becoming a liability on the community's treasury.

Aside from economic need, another criterion for choosing a midwife, at least in Christian society, was age, and most midwives were over forty. Claudia Ulbrich argues that one reason for choosing older women was a fear that a younger midwife could become a "moral danger" to the husbands of women she attended.<sup>68</sup> Additionally, a midwife had to have given birth herself, and previous employment as midwife could also be an advantage. An ideal midwife had to know how to read and write and, most important, have a reputation as a moral and righteous woman. Medical knowledge was not the main factor.<sup>69</sup>

We do not know whether Haya'le had any medical skills or knowledge, whether she ever read books on midwifery, or indeed whether she was literate. The sources indicate that midwives had varying theoretical knowledge concerning medicine. For example, the famous Prussian court midwife Justine Siegemund tells us that, in response to an encounter with an ignorant midwife, she read many gynecological essays before practicing midwifery.<sup>70</sup>

After the mid-eighteenth century, medical knowledge became a more significant criterion in the selection of new midwives, as we can see from the process that took place in Fürth in the 1750s. The *kabal* had two candidates for the position: one from Amsterdam, who "had learned midwifery," and the other from Großsachsen, who was described as "wise." Eventually a third midwife was selected: Heneli wife of Asher of Bechhofen, who, according to the *pinkas*, was "wise" and had "great understanding."<sup>71</sup> We thus see a shift from choosing a midwife based on her morality to a greater

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66. See Lindemann, "Professionals? Sisters? Rivals?," 181; Hilary Marland, "'Stately and Dignified, Kindly and God-Fearing': Midwives, Age and Status in the Netherlands in the Eighteenth-Century," in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450–1800*, ed. H. Marland and P. M. Pantaleon (Rotterdam, 1996), 271–305.

67. Lindemann, "Professionals? Sisters? Rivals?," 182.

68. Claudia Ulbrich, *Shulamit and Margarete: Power, Gender, and Religion in a Rural Society in Eighteenth-Century Europe* (Boston, 2004), 57–58.

69. Robilliard, "Choosing Midwives," 7; Lindemann, "Professionals? Sisters? Rivals?," 179–80.

70. Siegemund, *The Court Midwife*, 45–49.

71. *Pinkas kebilat Fürth*, 62–65.

emphasis on her medical “understanding.” Although unofficial midwives continued to be active, this change represents a process of regulation in the medical field that characterized the German lands and the Netherlands. In the latter, midwives had to take several lessons in anatomy in order to receive a license. This is most likely why the Netherlands, and especially Amsterdam, became the main source of educated midwives for the Jewish communities of Central Europe.<sup>72</sup>

Haya’le lived in Offenbach long before becoming the local midwife, but the *kabal* often recruited a midwife from outside the community. The *pinkas* of Fürth includes several communal decisions from different periods regarding this matter. In 1760, according to the *pinkas*, “the public” complained that the community had not hired an “educated midwife.” The *kabal* decided that Eliyahu Cleves, one of the community’s members, would look for a midwife in Amsterdam.<sup>73</sup> Eventually, the *kabal* hired one Miriam of Großsachsen (may be the same midwife mentioned before), who had worked for a limited period in Fürth in the past. Before her arrival, Miriam asked to be reimbursed for her travel expenses, and the community also supplied her with free accommodation.<sup>74</sup>

The contract between Haya’le and the Offenbach community continues:

Her annual salary of twenty-five gold coins will be paid by the community, may God protect it, in four payments [i.e., every three months]. It was also promised that she will be provided free accommodation according to her need. There is also a need to settle her status before His Majesty. Anyone who calls for her to perform a delivery will have to pay her at least one gold coin, and every householder whose wife is about to deliver must call for her, and if he does not, he will have to pay the mentioned gold coin before his wife leaves her bed. The community, may God protect it, will be pledged for that gold coin, with the agreement of the householders. She has to notify the officer on duty [*parnas ha-bodesh*] if she does not receive her fee before the wife leaves her bed. Then the community may prevent the husband from conducting *smekhchim bezetam* [the ritual surrounding a woman’s arrival at the synagogue after her son’s birth] if he does not pay before the Sabbath.<sup>75</sup>

72. Carlebach, “Community, Authority,” 18–19; Marland, “‘Burgerlijke’ Midwife,” 196–200.

73. *Pinkas kehillat Fürth*, 279.

74. *Pinkas kehillat Fürth*, 277, 281.

75. *Pinkas kehillat Offenbach*, 95. On Jewish midwives’ income, see also Carlebach, “Community, Authority,” 7.

The contract provides a sanction to ensure that Haya'le would receive her pay. If the husband did not pay the midwife's fee, the community could forbid him from performing the liturgical ritual surrounding his wife's arrival at the synagogue after their son's birth, a time when the husband has the honor of reading the Torah at the synagogue.<sup>76</sup>

From the contract, we learn that Haya'le's income had a number of components. The direct cost of the midwife's salary to the community's treasury was twenty-five gold coins per year.<sup>77</sup> This amount was relatively low, and usually communal midwives' salaries were lower than those of other communal employees.<sup>78</sup> But two weeks after the contract was signed, on July 22, we find in the *pinkas* that the community had leased an apartment for Haya'le in the house of the "honored gentleman R. Yosef Goldshnaker," which included a shed and a kitchen. For fourteen gold coins a year, paid by the community, the new tenant had the right to use the attic and the basement. Goldshnaker was even obligated to renovate the apartment at his own expense.<sup>79</sup>

It seems that free housing was considered a basic benefit that a community had to supply its midwife. For example, in the contract that the *kabal* of Fürth signed in 1751 with Heneli, she and her husband were promised an apartment. In 1760, the new midwife Miriam of Großsachsen was promised free accommodation. Several years later, a man named Israel Shefeflich petitioned the *kabal* in the name of his mother-in-law Rachel, arguing that she had been working in the community as a midwife for three months and was thus entitled to receive "the midwife apartment." He also sought permission from the community for her husband to move to Fürth. His request was approved.<sup>80</sup>

The third part of Haya'le's income came directly from the public. According to Heide Wunder, this was the lion's share of a midwife's income in Christian communities as well.<sup>81</sup> Haya'le received permission to charge her clients a minimum of one gold coin per delivery. In the contract of Heneli of Fürth, signed a few years earlier, we find a similar clause allow-

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76. On this subject see Baumgarten, *Mothers and Children*, 100–105; Chovav, *Maidens Love Thee*, 184–200.

77. On coins and currency in eighteenth-century Germany, see "Holy Roman Empire: Money," Marteau Platform of Research in Economic History, [http://pierre-marteau.com/wiki/index.php?title=Holy\\_Roman\\_Empire:Money](http://pierre-marteau.com/wiki/index.php?title=Holy_Roman_Empire:Money).

78. See, e.g., *Pinkas kebilat Berlin: 1753–1854*, ed. Y. Meisel (Jerusalem 1962), 280–81, 296.

79. *Pinkas kebilat Offenbach*, 96.

80. *Pinkas kebilat Fürth*, 72, 281, 282.

81. Wunder, *He Is the Sun*, 100.

ing the midwife to charge half a Reichstaler for her services.<sup>82</sup> Both contracts promised the midwives a monopoly over midwifery in the community. In Offenbach and in Fürth alike, if a woman gave birth without the help of the official midwife, the midwife could still charge her fee and would be backed by the *kahal*. When bearing in mind the pluralistic order depicted in the *memorbikber*, we can see these two contracts as steps taken by the communal authorities to limit patients' freedom of choice regarding who could provide care and at what cost, and to control and supervise medical practice within their borders.<sup>83</sup>

Because Haya'le received her income partly from the community treasury and partly from the public, it is difficult to determine what her total income was, as there is no way to know how many deliveries she attended each year. Elisheva Carlebach presents two Jewish midwives from the Netherlands who documented their deliveries, and their numbers varied widely. Roza, daughter of Haim HaLevi, who worked in Amsterdam in the early eighteenth century, delivered as few as eleven and as many as seventy babies each year.<sup>84</sup> Roza, wife of Leizer son of Moshe Yehuda of Groningen, who worked from 1795 to 1809, kept a list of the Jewish babies she delivered; since the list of the gentile babies has been lost, the numbers are lower than her actual practice. In the beginning of her career she delivered an average of just over eleven children per year. In the next decade the number rose to over sixteen a year, and in the next twenty years her average reached over twenty-six deliveries a year.<sup>85</sup> Mary Lindemann calculates that the average midwife in Braunschweig in the mid-eighteenth century attended at an average of seventy-six births per year. However, it is extremely problematic to project the data we have for other midwives onto Haya'le's case. Lindemann argues that the average is "a worthless statistic," since the midwife's age, personality, reputation, and other factors influenced the number of births she attended.<sup>86</sup> Of course,

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82. *Pinkas kehillat Fürth*, 72.

83. Robilliard, "Choosing Midwives," 7–8.

84. *Sefer ha-nashim*. On this manuscript (Bnu Strasbourg MS 4048), see Carlebach, "Community, Authority," 18–24. This unique manuscript awaits further investigation.

85. *Pinkas meyaledet min ba-shanim 1794–1815*.

86. Lindemann, "Professionals? Sisters? Rivals?," 181. From analyzing the activity of Christian midwives, it is also hard to reach clear-cut conclusions regarding the rate of births attended by the average midwife. For example, the well-known midwife Catharina Schrader of Dokkum attended an amazing 3,060 births during her forty-seven years of activity. But in some periods she had an average of 120 deliveries annually, in others seventy, and in some just a handful. Van Lieburg, "Catharina Schrader and Her Notebook," 9–11.

since Haya'le had a monopoly in her community, we could examine how many Jewish households there were in Offenbach at the time and how often Jewish women gave birth, but there remain too many variables and too little information. Thus we cannot arrive at an exact number for Haya'le's income, but we must bear in mind that the Jewish community of Offenbach was relatively small, and hence the potential for earnings was limited. It was also smaller than the average Christian midwife's earnings potential.

From different sources, we learn that midwives' wages were composed of an additional part, which Haya'le's contract does not mention. Many communal decisions speak of the prohibition against parents sending food or sweets on the occasion of a son's birth to other members of the community—except to the midwife. Likewise, as part of the battle against extravagance, they limit the number of guests that can be invited to a circumcision (*brit*) but allow parents to invite the midwife above that limit.<sup>87</sup> Arguably, these communal decisions point to the respected status of Jewish midwives,<sup>88</sup> but it may be that midwives relied on invitations to *brit* celebrations and on presents of food as part of their income. For example, Heneli of Fürth's contract specifically instructs that if the midwife is menstrually impure (*nida*), and thus forbidden from entering the synagogue and unable to participate in the *brit*, she is entitled to receive one Reichstaler as compensation. Hence, the invitation to the circumcision was considered not merely an expression of honor but also part of the actual payment.<sup>89</sup> Additionally, as several studies regarding Christian midwives in Germany indicate, we should see other benefits, such as tax exemption and firewood, not only as symbols of their high status but as acts of generosity and financial support.<sup>90</sup>

Indeed, we find an indication that the financial status of midwives was often low in the other sections of the Offenbach *pinkas* that deal with Ha-

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87. See, e.g., Heinz Mosche Graupe, ed., *Die Statuten der drei Gemeinden Altona, Hamburg und Wandøbek: Quellen zur jüdischen Gemeindeorganisation im 17. und 18. Jahrhundert* (Hamburg, 1973), 128; Dov Avron, ed., *Pinkas ha-kesherim shel kebilat Pozna (1621–1835)* (Jerusalem, 1967), 197, 387. On a similar phenomenon in Christian communities, where the midwife received foods and presents and was invited to the baptism ritual, see Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, 1999), 223.

88. See Chovav, *Maidens Love Thee*, 183n207.

89. *Pinkas kebilat Fürth*, 64. On limitations of the number of women allowed to participate in the *brit* in the Jewish community of Fürth, see Stefan Litt, *Jüdische Gemeindestatuten aus dem aschkenasischen Kulturraum, 1650–1850* (Leiden, 2014), 268, par. 490.

90. Lindemann, "Professionals? Sisters? Rivals?," 180–82; Wiesner, *Working Women*, 55; Wiesner, "The Midwives of South Germany," 79–80.

ya'le's activity. On December 27, 1759, only a few months after signing her contract, Haya'le appealed to the community for a raise:

Today the midwife Haya'le came to us and argued that she cannot manage with the stipend that was given to her by the community, may God protect it. It is impossible for her to manage even if she lives very modestly. Hence, it was decided [. . .] to raise her salary: instead of twenty-five gold coins a year as was decided before, she will receive forty.<sup>91</sup>

According to this decision, an extra fifteen gold coins were given to Haya'le because of her financial difficulties. Apparently it was not enough. In February 1761 she appealed again to the community and asked it to increase her salary, on grounds that her income was insufficient even for her limited needs. Again the community raised Haya'le's annual salary, this time to sixty gold coins, and to provide her with firewood for winter. But now the community set limits to its generosity:

The woman Mrs. Haya'le will receive this salary [. . .] and promise not to demand from our community any increase in her wage in the next six years. That she is receiving in good will [. . .] only if she will not serve any other community. She accepted all the details with oath and handshake, and violation of the terms will lead to excommunication and a penalty of 150 Reichstalers.<sup>92</sup>

We can speculate that the severe threat in the form of excommunication and the exceptionally high fine stemmed from the community's desire to ensure that its midwife be available at all times. It is possible that, as a result of her financial difficulties and low earning potential, Haya'le had looked for new ways to increase her income and maybe worked in other nearby communities, or maybe among Christian women from Offenbach and its surroundings. Additionally, if Haya'le practiced as midwife in places that had official midwives, she could have been charged with quackery, and the community would have been seen as responsible.<sup>93</sup> Naturally, the community wanted the local midwife to be available to themselves. Indeed, many Christian city councils demanded that midwives live in the same quarters in which they worked, and in some cities, midwives were

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91. *Pinkas kehillat Offenbach*, 99.

92. *Pinkas kehillat Offenbach*, 105.

93. Thomas H. Broman, *The Transformation of German Academic Medicine, 1750–1820* (New York, 1996), 21–22; Lindemann, “Professionals? Sisters? Rivals?,” 184–85.



not allowed to leave their quarters without the authorities' permission.<sup>94</sup> Thus, the community's demand probably seemed reasonable at the time, and the extreme threats it made suggest that some people saw Haya'le's excursions as a violation of the underlying contract.

It seems that both sides accepted the new terms, or at least that Haya'le was forced to follow the community's conditions, as she did not ask for further benefits until a decade later. At the end of 1770, she again turned to the community for help:

Because the midwife Haya'le complained that now it is not possible to manage with her stipend due to well-known inflation, it was agreed by the community, may God protect it, and the householders to give her a present of ten gold coins. And for that she will not dare to complain again, or to demand anything, because together with the salary she is receiving it is more than enough for our community. And it was clearly stipulated that she will take a woman from our community, may God protect it, who is qualified for the position and who will be chosen by the community, may God protect it, and she must train that woman in perfection. The community, may God protect it, will compensate her for that, on condition that the trainee will not take anything from the householders.<sup>95</sup>

In return for the community's modest, one-time grant, Haya'le, now probably in old age, had to train a woman selected by the community to replace her in due time. Midwives in Central Europe usually held their positions for long periods and stopped working only very near their deaths. Hence, the period of apprenticeship was also long, and the apprentice often had to wait years before she could start working as an official midwife. Most apprentices, like Haya'le's replacement, did not receive salaries from the authorities and were not allowed to charge fees from the public. As a result, many worked unofficially, and the subject was a source of countless conflicts.<sup>96</sup>

The communal decisions regarding Haya'le's compensation demonstrate, on the one hand, that the leaders of the community were interested in the presence of an official midwife and were willing again and again to raise her salary and to give her various benefits in order to keep her and, on the other hand, that her salary was relatively low and was barely

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94. Marland, "Stately and Dignified," 284; Wiesner, *Working Women*, 57.

95. *Pinkas kehillat Offenbach*, 149.

96. Robilliard, "Choosing Midwives," 21; Lindemann, "Professionals? Sisters? Rivals?," 182.

enough for her needs. The record reveals, too, that Haya'le was not afraid to advocate for herself, suggesting that she understood the community's need for a midwife.<sup>97</sup> Lindemann similarly finds, regarding Christian communities in northern Germany, that most tensions between midwives and the authorities revolved around money.<sup>98</sup> Historians' tendency in the past to describe the oppression of midwives by the male medical and civic authorities in the period has often led them to see the midwives as passive victims, with little or no influence on their own fates.<sup>99</sup> But, as Gabrielle Robilliard has shown in her research on Leipzig, we should not ignore their active roles in pursuing their interests.<sup>100</sup> Adrian Wilson, in her research on the social relations of childbirth in early modern England, argues that the dominance of the concept of female oppression makes it much harder for us to accept the possibility that women in this period controlled their own lives.<sup>101</sup>

Haya'le's story and her relations with the Jewish community provide additional evidence of women's ability to better their living conditions and social status and their involvement in the economic life of the Jewish community. As Robert Liberles and Debra Kaplan show, Jewish women's labor was not restricted to the domestic sphere. They were active in various economic fields, from milking cows to large-scale trade.<sup>102</sup> In Christian society, the transition from the Middle Ages to Early Modernity was accompanied by the exclusion of women from many aspects of public life, especially among the upper classes, but this process started within Jewish society only in the late eighteenth century. Kaplan demonstrates that Jewish women had much more access to wealth and much greater economic independence than Christian women.<sup>103</sup> Wiesner argues that, even against the background of women's exclusion, midwives had a unique status in Christian society, given their public duties and position.<sup>104</sup> The independence and economic initiative of Haya'le and other Jewish midwives, by contrast, were not exceptional in Jewish communities in the German lands.

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97. For another case where a Jewish midwife did not hesitate to confront her community, see Carlebach, "Community, Authority," 9.

98. Lindemann, "Professionals? Sisters? Rivals?," 185.

99. For a broad bibliography on this approach, see Robilliard, "Choosing Midwives," 5n13.

100. Robilliard, "Choosing Midwives," 6–7.

101. Wilson, *Ritual and Conflict*, 213.

102. Liberles, "On the Threshold of Modernity," 61–64; Kaplan, "Women and Worth," 96–98.

103. Kaplan, "Women and Worth," 105–7.

104. Wiesner, *Working Women*, 69–73.

## CONCLUSION

In the *memorbukh* of the Offenbach community, we read of Haya'le's death:

May God remember the soul of the important, dearest and honest woman Mrs. Haya'le the midwife, with the souls of Abraham, Isaac, Jacob, Sarah, Rebecca, Rachel, and Leah, for being modest, pious, and righteous [. . .] and for her love and respect of the Torah [. . .] and she suffered great pains and illnesses, and her estate was given to charity. And for that reward may her soul be bound in the bundle of life. Tuesday, 1/26/1779.<sup>105</sup>

The entry on Haya'le is another indication of her unique status in the community. It is the only entry in Offenbach's *memorbukh* that mentions the occupation of a female deceased. Usually the *memorbikher* refer not to titles but to actions. Jewish women who were active in the field of midwifery in other communities are not called midwives in the *memorbikher*, which instead say that these women were "like Puah and Shiphrah" or that they "hurried to women in labor." I suggest that Haya'le's entry reflects a process of regulation of the field of midwifery and of the medical world in general. As we have seen, the *memorbikher* literature reveals a pluralistic order, in which a variety of women were involved in midwifery and the boundaries between different types of healers or between "official" and "unofficial" midwives were fuzzy. Pregnant women, and patients in general, could choose among a variety of midwives or healers, official and unofficial, and could also decide on their method of treatment. The existence of Jewish midwives such as Haya'le of Offenbach in the mid-eighteenth century represents broader changes in the character of the medical market.

Both Haya'le and Heneli of Fürth received in their contracts a monopoly over midwifery in their communities. We can see this monopoly as an act of restriction limiting the freedom of Jewish women to choose their own midwives, but also as a way to ensure that the community would have a reliable midwife at hand.<sup>106</sup> These two midwives were of course not the first to sign such contracts with a Jewish community, but these contracts represent an ongoing process of regulation and standardization of medical care. This process was not unique to Jewish communities; it characterized the European medical market starting in the fifteenth century. The roles and status of Jewish midwives in these contracts were very

105. *Kuntras bet ha-keneset be-kebilat Offenbach*, 69.

106. Robilliard, "Choosing Midwives," 7.

similar to those of their Christian colleagues, who faced similar challenges and struggles. As the *memorbikber* and *pinkasim* reveal, this process of regulation was not swift and did not lead to the immediate disappearance of unlicensed midwives from the medical market. And here lies the importance of this genre. It allows us to locate layers of social relations that usually stay hidden and that give us a better understanding of the early modern medical world.

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