

Introduction: The Significance of Health in Jewish History, Culture, and Society

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In contrast to earlier studies on “talmudic medicine”, this volume focuses on perceptions of health and advice concerning the preservation of health in Jewish culture from ancient to modern times.¹ At least from the Hellenistic period onwards, Jews considered health (Hebrew בריאות, Greek ὑγεία, Latin *salus*) one of the major values or “good things” in life that one should strive to preserve by following certain recommendations. While health was personified and worshiped in the form of the goddess Hygieia in Greek society from the late fifth century B.C.E. onwards and widely discussed in classical Greek philosophical and medical texts, the Hebrew Bible mentions health much less frequently.² In the Hebrew Bible, God is mentioned as the restorer of health (ארכה), who may grant individuals a long life (cf. Jer 30:17 and 33:6). Healing (מרפא) can be achieved through obedience to God's words (Prov 4:20-22) and fear of God only (Prov 3:7-8). Although the profession of the physician (רופא) was known, the term seems to have been used more as a metaphor for God's restoring powers than in its more mundane, literal sense (cf. Jer 8:22). In the Hebrew Bible, the term בריאות appears only twice, in connection with Pharaoh (Gen 41:5, 18). It stems from the root ברא, suggesting that health was considered the natural state in

¹ Amongst these earlier studies are J. Preuss, *Biblical and Talmudic Medicine*, translated and edited by F. Rosner (Lanham: Rowman & Littlefield Publishers, 2004); S. Kottek, “Medical Interest in Ancient Rabbinic Literature”, 485-96 in *The Literature of the Sages. Second Part*, edited by S. Safrai et al. (Assen: Royal Van Gorcum, Fortress Press, 2006); F. Rosner, *Medicine in the Bible and the Talmud: Selections from Classical Jewish Sources* (augmented ed. New York: Ktav Publishing House and Yeshiva University Press, 1995); E.N. Dorff, “Judaism on the Body and the Practice of Medicine”, 44-63 in *Treating the Body in Medicine and Religion: Jewish, Christian, and Islamic Perspectives*, edited by J.J. Fitzgerald and A.J. Moyse (Abingdon and New York: Routledge, 2019); and most recently: L. Lehman (ed.), *Defining Jewish Medicine: Transfer of Medical Knowledge in Premodern Jewish Cultures and Traditions* (Wiesbaden: Harrassowitz, 2021); J.S. Mokhtarian, *Medicine in the Talmud: Natural and Supernatural Therapies Between Magic and Science* (Oakland, CA: University of California Press, 2022).

²On health in Greek society see the contributions in H. King (ed.), *Health in Antiquity* (London and New York: Routledge, 2005).

which humans were created. Yet for the ancient Israelite ancestors the term שלום was preferred to indicate a sound physical (and mental) state (cf. Gen 29:6 with regard to Laban). The divine restoration of health (ארכה) was associated with future eschatological times (Isa 58:8).

In the Bible, the categories of strength and weakness are not only used in relation to physical states of the body (see, e.g., Gen 48:1-2 in connection with Jacob). They may also imply power relationships. This is evident in the prophesy given to Rebecca: “Two nations are in your womb. Two separate people shall issue from your body. One people shall be stronger (or: mightier, יאמץ) than the other. And the older shall serve the younger” (Gen 25:23). As Bakhos has already pointed out, “Esau and Jacob are pitted against each other” here; “At the outset, competition and conflict plague the twins”.³ Throughout the biblical narrative, the descendants of Jacob/Israel are presented as a strong people as long as they obey God’s commandments. According to Deut 11:8, God said to Moses, and through him to all Israelites: “Keep, therefore, all the instruction (מצוה) that I enjoin upon you today, so that you may have the strength (תחזקו) to enter and take possession of the land that you are about to cross into and possess”. Strength is not acquired through military exercise but through Torah observance here. It is a quality that is bestowed on Israelites by God as part of their covenant relationship and can be taken away as a consequence of disobedience. Accordingly, Moses instructs Joshua to “be strong and of good courage” when entering the promised land (Gen 31:7, 23), a step that he himself is denied. In the following books of the Hebrew Bible strength and weakness appear as fluctuating states that correlate with Israel’s relationship to God.⁴

While the desirable states of health and strength are believed to be brought about by God and linked to personal piety and observance --whereas illness and untimely death are seen as divine

³C. Bakhos, *Ishmael on the Border: Rabbinic Portrayals of the First Arab* (Albany: State University of New York Press, 2006), 24.

⁴See, for example, Judges 1:28: When Israel was strong, Canaanites were subjected to forced labour; 2 Sam 3:1: While the house of David became stronger and stronger, the house of Saul became weaker and weaker; 2 Chr 12:1: Rehoboam deteriorated from strength to weakness when he and Israelite at large “abandoned the teaching of the Lord (תורת יהוה)”; 2 Chr 26:16: When Uzziah was strong, he became haughty and corrupt, disobeying God.

punishments -- human actions concerning their own and other people's bodies are also relevant.⁵ According to biblical anthropology, humans are created as a unity of body and soul, physical and spiritual aspects of human existence are fully integrated. The soul (נפש) is probably best understood as a life-giving force, "a soul that imbues the individual with life and consciousness".⁶ In Genesis 2:7 God is said to have "formed man of the dust of the ground and breathed into his nostrils the breath of life (נשמת היים); and man became a living soul (נפש חיה)". The mind or spirit is not a separate entity that could be separated from the body but part of a human being's physical existence. Therefore, the body itself is of utmost value and must be kept in good functioning order. Since humans are believed to be created in the image of God (Gen 1:27), "a special dignity ... attaches itself to the body of a person as well as to his soul".⁷ This notion has repercussions in many areas of daily life. For example, one may neither commit suicide nor kill anyone (Gen 9:5; Ex 20:13);⁸ to save a life overrides all other religious obligations;⁹ procreation is seen as a religious duty (Gen 1:22, 28).

Perhaps most important is the phenomenon that from biblical times onwards, Israelite religion presents itself as an embodied religion that centres upon the physical observance of God's commandments, whether festival rites, purity rules, or food laws. Although these rituals were not enacted for medical reasons and do not necessarily lead to good health, a well-functioning body is a prerequisite for fulfilling them. In an even more fundamental way, Eilberg Schwartz has

⁵On the understanding of suffering and illness as punishment in the biblical and rabbinic tradition see D. Kraemer, *Responses to Suffering in Classical Rabbinic Literature* (New York and Oxford: Oxford University Press, 1995), 122-3.

⁶T. Abusch, "Ghost and God: Some Observations on a Babylonian Understanding of Human Nature", in *Self, Soul, and Body in Religious Experience*, edited by Albert I. Baumgarten et al. (Leiden: Brill, 1998), 372. A.D. Krinsky, "Relevant and Irrelevant Distinctions: Speciesism, Judaism and Veganism", in *Jewish Veganism and Vegetarianism: Studies and New Directions*, edited by J.A. Labendz et al. (Albany, NY: SUNY Press, 2019), 240, argues that the human soul is different from that of animals because it is linked to God and the spiritual realm.

⁷S. Spero, *Morality, Halakhah, and the Jewish Tradition* (New York: Ktav Publishing House and Yeshiva University Press, 1983), 75.

⁸On suicide see M. Pabst Battin (ed.), *The Ethics of Suicide: Historical Sources* (Oxford: Oxford University Press, 2015), 27.

⁹F. Rosner, *Contemporary Biomedical Ethical Issues and Jewish Law* (Jersey City, NJ: Ktav Publishing House, 2007), 48.

emphasized that “Jews are products of genealogy” rather than faith or book learning.¹⁰ Their very survival as an ethnic group depended and still depends on health maintenance, reproduction, and healing of the sick.

The concern for health and physical well-being is especially prevalent in Hellenistic Jewish texts in general and Philo of Alexandria in particular. To understand this development, it is necessary to look at the significance of health in Greek philosophy, medicine, and popular culture from the classical period onwards. From Plato and Aristotle onwards, Greek intellectuals discussed the meaning of health, its importance for happiness and wisdom, ways to cultivate health, and health-related gender differences in much detail. This context is crucial for understanding Jewish discussions of the subject from Hellenistic times onwards, not only in Philo of Alexandria’s writings but also in later rabbinic Judaism which constituted the basis of medieval Jewish contemplations on health.

Definitions of health were as varied in antiquity as they are nowadays.¹¹ Should health be understood as the mere absence of disease, and if so, did disease include disability? From this perspective, individuals who did not display symptoms of (known) diseases could be considered healthy. Such an identification is much more complex than it might seem, however. The Hippocratic text *De Alimento* points to “signs of disease and of health” (48) but notes that “pulsations of veins and breathing of the lungs” may vary with age. In *De Officina Medici* a relative approach is taken. The author suggests that the medical practitioner should “make himself well acquainted with semeiology, by comparing carefully the condition of disease with that of health”

¹⁰H. Eilberg-Schwartz, “Introduction: People of the Body”, in *People of the Body: Jews and Judaism from an Embodied Perspective*, edited by H. Eilberg-Schwartz (Albany: State University of New York Press, 1992), 1.

¹¹For a discussion of definitions see H. King, “Introduction: What is Health?” in *Health in Antiquity*, edited by Helen King (London and New York: Routledge, 2005), 2-7. The WHO definition, adopted in 1948, is very broad: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, see <https://www.who.int/about/who-we-are/frequently-asked-questions> (accessed 3 April 2020).

(1).¹² Philosophers, on the other hand, were less concerned with exact definitions. Thus, Aristotle writes: “We want to be healthy rather than to ascertain what health is, and to be in good condition of body rather than to ascertain what good bodily condition is” (Eudemian Ethics 1.1216b, 20).¹³ Elsewhere he suggests that “bodily excellence is health, and of such a kind that when exercising the body we are free from sickness” (Rhetoric 1.5.10).¹⁴ Too much exertion in exercise is disdained, however, and the approach of Herodicus of Selymbria, a physician and teacher of hygienic gymnastics in the fifth century B.C.E., is presented as a negative example.¹⁵ Herodicus allegedly made his patients walk from Athens to Megara and back again, a distance of about seventy miles (Plato, Phaedrus 227d). He was satirized by Plato as someone who killed his patients with his extreme advice rather than making them healthy (Republic 3.406a-b).

Health was considered one of the greatest goods in antiquity besides wealth and beauty. Amongst philosophers, wisdom reigned supreme, however, and was considered even more important than health. The hierarchical relationship between the primary “good things” of wisdom, temperance, and justice, and the secondary “good things” of health, beauty, strength, and wealth is expressed by Plato as follows: “The lesser goods are those of which health ranks first, beauty second; the third is strength, in running and all other bodily exercises; and the fourth is wealth... And wisdom, in turn, has first place among the goods that are divine, and rational temperance of soul comes second; from these two, when united with courage, there issues justice, as the third”

¹²Translation: *The Genuine Works of Hippocrates*, translated by C.D. Adams (New York: Dover, 1868).

¹³Translation: *Aristotle*. Aristotle in 23 Volumes, vol. 20, translated by H. Rackham (Cambridge, MA: Harvard University Press; London: William Heinemann Ltd., 1981).

¹⁴Translation: *Aristotle*. Aristotle in 23 Volumes, vol. 22, translated by J.H. Freese (Cambridge and London: Harvard University Press; London: William Heinemann Ltd., 1926).

¹⁵On Herodicus and athletic training see H. Bartoš, *Philosophy and Dietetics in the Hippocratic On Regimen: A Delicate Balance of Health* (Leiden and Boston: Brill, 2015), 34-5. According to Plato, Herodicus of Selymbria allegedly merged the different fields of medicine and athletics by suggesting too long and strenuous walks for ordinary people. For a list of Platonic references to Herodicus of Selymbria see D. Nails, *The People of Plato. A Prosopography of Plato and Other Socratics* (Indianapolis and Cambridge: Hackett Publishing Company, 2002), 164-5.

(Laws 1.631c).¹⁶ Elsewhere, Plato has Georgias claim the superiority of rhetorical skills: “And I tell you that by virtue of this power you will have the doctor as your slave, and the trainer as your slave” (Georgias 452a-b).¹⁷ Nevertheless, even rhetoricians such as Isocrates emphasized that they had enjoyed a fair share of divine blessings amongst which health ranked supreme (Panathenaicus 12:7).

Greek and Roman authors knew that health was inherently unstable. The balance could easily shift towards illness and disease.¹⁸ When addressing Augustus’ nephew Marcellus, Cicero refers to “the uncertain events of health and the frail tenure of our common nature” (For Marcellus 7.22). In 23 C.E. an illness was spreading in Rome which afflicted both Augustus and Marcellus and led to the latter’s death in the same year. Cicero’s speech was meant to alleviate Marcellus’ anguish by declaring the instability of health a shared human experience. Nonetheless, even authors outside of the Hippocratic tradition discussed measures to cultivate health at great length. Their recommendations ranged from taking walks and training one’s body to hot baths and restricted diets. The general rule was moderation in drink, food, and exercise. Diogenes Laertius transmits Aristippus’ succinct statement in this regard: ““As those who eat most and take the most exercise are not better in health than those who restrict themselves to what they require, so too it is not wide reading but useful reading that tends to excellence” (Lives of Eminent Philosophers: Aristippus 2.8.71).¹⁹

Together with the biblical foundation, the Greek philosophical and medical tradition is the basis of discussions of health-related matters in Jewish texts from the Hellenistic period onwards.

¹⁶Translation: *Plato*. Plato in Twelve Volumes, vols. 10 & 11 translated by R.G. Bury (Cambridge, MA: Harvard University Press; London: William Heinemann Ltd. 1967 & 1968).

¹⁷Translation: *Plato*. Plato in Twelve Volumes, vol. 3 translated by W.R.M. Lamb (Cambridge, MA: Harvard University Press; London: William Heinemann Ltd., 1967).

¹⁸On the ancient understanding of health as the proper balance between different forces in the body see already Alcmaeon of Croton (6th/5th c. B.C.E.): “Health... is a harmonious blending of the qualities” (Aetius, *On the Opinions of the Philosophers* 5.30.1), quoted in V. Nutton, *Ancient Medicine* (2nd ed. London and New York: Routledge, 2013), 47-8.

¹⁹ Translation: *Lives of Eminent Philosophers*. Diogenes Laertius, translated by R.D. Hick (Cambridge, MA: Harvard University Press, 1972; reprint of 1925).

This context is most evident in Philo of Alexandria's writings, where references to health of the body and soul proliferate (see chapter 1 below).²⁰ Since Alexandria was the centre of Greek medicine and Philo an intellectual who was well-read and acquainted with the philosophical and scientific currents of his time, his preoccupation with health may not be amazing. In light of the scarce biblical discussion of this matter, Philo's emphasis on health is remarkable, though. Similarly remarkable is the discussion of health-related issues in rabbinic literature of late antiquity, in both Palestine and Babylonia, which needs to be understood in this context (see chapters 2 and 3). The Greek philosophical tradition and Hippocratic medicine were not only known in Roman-Byzantine Palestine but also in Sasanian Persia. As Gignoux has pointed out, "[h]ealth and medicine are clearly defined in Pahlavi literature in the philosophical and moral tradition already taught by the fifth-century B.C.E. Greek "father of medicine," Hippocrates ... and after him by Aristotle... Thus, for the Pahlavi scholars, too, health is a result of the "right" measure (Mid. Pers. *paymān* ...) of the elements of humor, while sickness is defined by their excess or deficiency (Mid. Pers. *frehbūd, abēbūd*").²¹ In the future, it would be interesting to compare Palestinian rabbinic with patristic and Babylonian rabbinic with Zoroastrian adaptations of the Greek tradition on health. For rabbis and church fathers this would have involved a reinterpretation of biblical notions of God as the purveyor and guarantor of health in light of the Greek philosophical and medical environment they lived in. For Zoroastrians it meant adapting traditional dualist ideas about body and soul to scientific medicine.²²

²⁰For an earlier study see O. Kaiser, "Gesundheit und Krankheit bei Philo von Alexandrien", 9-34 in *Medizin, Gesellschaft und Geschichte*, Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung 33, edited by R. Jütte (Stuttgart: Franz Steiner Verlag, 2015).

²¹P. Gignoux, "Health in Persia I: Pre-Islamic Period", *Encyclopaedia Iranica* XII/1 (2004) 102-4, available online at: <http://www.iranicaonline.org/articles/health-in-persia-i> (accessed on 3 April 2020). On the notion of proper balance see idem, "On the Notion of Good Measure (*paymān*) and Other Related Philosophical Concepts from the Dēnkard III", 278-86 in *Third International Congress Proceedings (6th to 9th January 2000)*, edited by K. R. Cama (Mumbai: Oriental Institute, 2000).

²²See *ibid.* with reference to Dēnkard III (ed. Madan, p. 160, ll. 4-7): "The medicine of the body consists in keeping the body in good health and in curing the body of sickness, and in like manner the medicine of the soul in preserving the soul from sin and in curing it".

Perhaps the different theological viewpoints -- Jewish monotheism, Christian trinitarianism, Zoroastrian dualism, Graeco-Roman polytheism -- were less relevant than the shared notion of divine intervention in matters of health. While Jews would have prayed to God for keeping them healthy and healing the sick from disease, Greeks prayed to and worshiped Zeus, Apollo, Artemis and -- from the fifth century B.C.E. onwards especially Hygieia, the goddess who personified health.²³ Statues of Hygieia emerged in connection with the cult of Asklepios at Epidaurus but proliferated in the Greek and Roman world. Hymns to Hygieia persisted in late antiquity.²⁴ In the Zoroastrian Avesta, health and illness are also traced back to supernatural forces, whether Ahuramazda or the demons (illness).²⁵ Like Zoroastrian priests, Graeco-Roman philosophers, and Christian authors, rabbis of Roman Palestine and Sasanian Babylonia had to reconcile Greek medicine with the traditional religious beliefs of their constituencies. Since classical rabbinic literature constituted the basis for later Jewish discussions on health, the ways in which late antique rabbis accomplished this task would have informed the health advice provided to Jewish communities in medieval and early modern times.

Whereas the literary sources tell us about Jewish scholars' theoretical deliberations on health, as far as actual health maintenance was concerned, many other factors played a role. Whether and to what extent a person is able to live healthily, that is, optimize his or her physical and mental well-being, depends on the actual political, social, economic, and environmental

²³See, for example, Demostenes, *Against Midias* 21.52: "For health sacrifice and pray to Zeus Most High, to Heracles, and to Apollo the Protector"; Plato, *Cratylus* 406b: "Artemis appears to get her name from her healthy (ἄρτεμής) and well-ordered nature...".

²⁴See E. Stafford, "'Without You No One Is Happy': The Cult of Health in Ancient Greece", 120-35 in *Health in Antiquity*, edited by H. King (London and New York: Routledge, 2005). Ariphton's Hymn to Hygieia as the "greatest of the blessed gods" was written around 400 B.C.E. (Athenaios 15.702), see *ibid.* 120. Stafford refers to "evidence for the hymn's use in an official cult context in Late Antiquity" (122). On the statue of Hygieia see, e.g., Pausanias, *Description of Greece* 1.23.4: "Near the statue of Diitrephes—I do not wish to write of the less distinguished portraits—are figures of gods; of Health, whom legend calls daughter of Asclepius, and of Athena, also surnamed Health".

²⁵See Ginoux, "Health".

circumstances that person lives in.²⁶ A situation of war and uprisings is different from peace time. As far as antiquity is concerned, the early Roman period (1st c. B.C.E. to 1st c. C.E.), and especially the time of the first (66-70 C.E.) and second revolts against Rome (132-135 C.E.), would have been more difficult in terms of staying healthy than the late antique period in which amoraic rabbis lived. The Roman seizure of land and enslavement of parts of the Jewish population, repeated provocations and military attacks, food shortages and unemployment would have impacted the health of the Jewish population.²⁷ In rabbinic times, and especially from the late second century C.E. onwards, Palestinian Jews would have become more used to Roman imperialism. The Pax Romana would have brought relatively calm and settled conditions to the province.²⁸ Rabbis could now devote their attention to halakhic issues including health maintenance.

Another crucial aspect to consider is the socio-economic situation of individual Jews. Those who belonged to the wealthier sections of the population not only enjoyed better housing conditions; they could also afford more plentiful and diverse foodstuffs than the poor. In places where proper “sewage systems, fresh water supply and preferential food supplies were available only to the elites and their households”, the latter would clearly have an advantage over the rest of the population.²⁹ The conditions for food preparation and personal hygiene were better in villas than in the crowded *insula* buildings, where access to wells and ovens was shared and toilets

²⁶C. Roberts et al., “Health and Disease in Greece: Past, Present and Future”, in *Health in Antiquity*, edited by Helen King (London and New York: Routledge, 2005), 34-5, points to the impact such wider conditions had on skeletal remains.

²⁷On the situation in Roman Palestine in the early Roman period see especially A. Keddie, *Class and Power in Roman Palestine: The Socioeconomic Setting of Judaism and Christian Origins* (Cambridge and New York: Cambridge University Press, 2019). On Roman enslavement of Jews see C. Hezser, *Jewish Slavery in Antiquity* (Oxford: Oxford University Press, 2005), 221-33, with reference to Josephus.

²⁸On the Pax Romana see A. Goldsworthy, *Pax Romana: War, Peace and Conquest in the Roman World* (London: Hachette, 2016). On the impact of the Pax Romana on Jews in Roman Palestine and rabbis of the second to fourth centuries see, e.g., L. Feldman, *Studies in Hellenistic Judaism* (Leiden: Brill, 1996), 466.

²⁹R. Arnott, “Disease and the Prehistory of the Aegean”, in *Health in Antiquity*, edited by H. King (London and New York: Routledge, 2005), 30.

existed in the public domain only.³⁰ The wealthy were also more likely to have access to physicians and various types of remedies that one had to pay for. They did not have to carry out arduous physical work and could spend their leisure time in thermal baths that also offered opportunities for bodily exercise and massages.³¹ On the other hand, a too rich diet could lead to overeating and a filled wine cellar to debauchery, practices that are derided by Philo of Alexandria and in Graeco-Roman philosophical texts. Luxurious and exotic foods, imported from abroad, might cause stomach problems, whereas cheap local food produced in the countryside could be the most healthy.³² Life in multi-ethnic cities with harbours and a high degree of mobility was more prone to the spread of infectious diseases than life in less populated rural areas.³³ Although Caesarea was much smaller than Rome, its position within the communication network of Roman Palestine and the Roman Empire at large may have attracted diseases that threatened its inhabitants' health.

An important issue that is already evident in the ancient sources is the gendered approach to health. Whereas Plato has both Socrates and Meno insist that “health is the same, both in man and in woman” (Meno 72d-e), in general, “women are seen as physically more at risk of disease than men”.³⁴ In the Hippocratic tradition health was seen “as an acquired condition which had to

³⁰On the infrastructure and living conditions in the cities of late Roman Palestine see D. Sperber, *The City in Roman Palestine* (New York and Oxford: Oxford University Press, 1998), 150. On insulae in Sepphoris see Z. Weiss and E. Netzer, “Hellenistic and Roman Sepphoris: The Archaeological Evidence”, in *Sepphoris in Galilee: Crosscurrents of Culture*, edited by R. Martin Nagy et al. (Winona Lake, IN: Eisenbrauns, 1996), 30-4.

³¹On the hot baths of Roman Palestine see M. Jacobs, “Römische Thermenkultur im Spiegel des Talmud Yerushalmi”, 219-311 in *The Talmud Yerushalmi and Graeco-Roman Culture*, vol. 1, edited by P. Schäfer (Tübingen: Mohr Siebeck, 1998).

³²See Plutarch, *Moralia* 123d already: the least expensive foods are best for health; King, “Introduction”, 9.

³³N. Morley, “The Salubrity of the Roman City”, in *Health in Antiquity*, edited by H. King (London and New York: Routledge, 2005), 196, argues that high levels of immigration brought new diseases and pathogens to large cities such as Rome. The improved road and shipping network of the Roman Empire “eased the passage of pathogens” (ibid.) and caused higher mortality rates in the best-connected cities.

³⁴H. King, “Women’s Health and Recovery in the Hippocratic Corpus”, in *Health in Antiquity*, edited by H. King (London and New York: Routledge, 2005), 156.

be worked at”.³⁵ Since women were considered less capable of self-control than men and weaker in body and spirit, they were believed to be less able to remain healthy. Their bodies were considered unbalanced and in constant flux. Therefore, they were “seen as physically more at risk of disease than men”.³⁶ This gendered perspective on health is particularly evident in Philo of Alexandria’s writings, where “female” can stand for disease and “male” for health (cf. Allegorical Interpretation 2.24.97 and chapter 1 below). Women’s health was also closely linked to fertility, pregnancy, and childbirth: “female health would normally be thought to include fertility”.³⁷ A regular menstrual cycle with heavy bleeding was considered one of the main signs of health in young women, whereas those who could not bear children were seen as imperfect and unhealthy.³⁸ This notion may have been even stronger in Jewish society, where to “be fruitful and multiply” (Gen. 1:28) was a religious commandment mentioned in the creation story already.³⁹ In the Middle Ages pregnant women were encouraged to pay special attention to their nutrition and to eat food that was considered healthy.⁴⁰ The link between women’s health and fertility and “the notion of woman as a procreative vessel” is criticized from a feminist perspective nowadays.⁴¹

In the Middle Ages, Jewish scholars knowledgeable of the ancient biblical and rabbinic traditions increasingly integrated Greek and Arabic medicine in their writings. In the regions under

³⁵Ibid. 155, with reference to the Hippocratic tractate, *On Ancient Medicine* 3.

³⁶Ibid. 156.

³⁷Ibid. 158.

³⁸S. Niditch, “Portrayals of Women in the Hebrew Bible”, in *Jewish Women in Historical Perspective*, edited by J.R. Baskin (2nd ed. Detroit, IL: Wayne State University Press, 1998), 32, points to the reference to Rachel’s menstruation in Gen. 31:34-35 “with its implicit emphasis on the woman’s authority grounded in her fertility”.

³⁹In fact, this notion appears 15 times in the book of Genesis, as a commandment and blessing, at the most important stages of Israelite history: in connection with Noah (9:1, 7), Abraham (17:6), Isaac (26:22); Jacob (28:3; 35:11); Joseph (41:52; 49:22). In the case of Sarai, Abraham’s wife, her initial barrenness and eventual childbirth is presented as God-willed, however, see Gen. 16:2 (“the Lord has restrained me from bearing”) and 17:19 (God telling Abraham that Sarah shall bear a son).

⁴⁰See E. Baumgarten, “Pregnancy and Childbirth: Jewish Women”, in *Women and Gender in Medieval Europe: An Encyclopedia*, edited by M. Schaus (London and New York: Routledge, 2006), 668.

⁴¹R. Irshai, *Fertility and Jewish Law: Feminist Perspectives on Orthodox Responsa Literature* (Waltham, MA: Brandeis University Press), 78.

Islam, Greek philosophical texts and the medical writings of the Hippocratic corpus and Galen were translated into Arabic: “Blending the knowledge of Greece with the wisdom of the East, the Arabs further developed the arts and the sciences; under their rule medicine attained a status in some aspects unsurpassed until modern times”.⁴² Jews who lived under Islam, either under the Eastern Caliphate with Bagdad as its capital or in the Western Caliphate centring on Cordoba in Spain, adopted this interest in medicine and health and blended it with the Jewish traditions they had grown up with.

Some Jewish doctors became prominent figures of international reputation who advised royalty and clergy on health related matters.⁴³ In the East, Lewis points to Abu’l-Barakāt (1077-1164) in Mosul as an example: he “reached greatness through the practice of medicine, serving as physician both to the Abbasid caliphs in Bagdad and to the Seljuk sultans.”⁴⁴ For fourteenth-century Aragon in the West, collections of letters written by King Juan I and his family reveal “the health problems, anxieties, and fears of these magnates”.⁴⁵ In connection with the Black Death of 1348, interest in public health and hygiene increased and Jewish physicians served as advisers to municipal authorities in France and Italy.⁴⁶ Shatzmiller speaks of the “medication” of medieval society between 1250 and 1450, with a growing interest in scientific medicine and the preservation of health in all strata of society.⁴⁷ In this context Jewish doctors became prominent figures whose services were not limited to members of their community. Shatzmiller refers to a health contract “made in Manosque in the year 1310 between a Jewish doctor named Isaac and an unassuming

⁴²A. Bar-Sela et al., “Moses Maimonides' Two Treatises on the Regimen of Health: Fī Tadbīr al-Sihhah and Maqālah fi Bayān Ba'd al-A'rād wa-al-Jawāb 'anhā”, *Transactions of the American Philosophical Society* 54: 4 (1964), 3-50, *ibid.* 3.

⁴³I. Abrahams, *Jewish Life in the Middle Ages* (3rd ed. Philadelphia and Jerusalem: Jewish Publication Society, 1993), XX, 236, 331, 428.

⁴⁴B. Lewis, *The Jews of Islam* (Princeton and Oxford: Princeton University Press, 1987), 98.

⁴⁵J. Shatzmiller, *Jews, Medicine, and Medieval Society* (Berkeley: University of California Press, 1994), 65.

⁴⁶See *ibid.* 112.

⁴⁷*Ibid.* 2.

citizen named Raimundus Saunerii”.⁴⁸ The contract seems to have served as a medieval form of health insurance in which the doctor was paid an annual fee for his potential services to the family.

A new literary form of this period was the so-called “Regimen of Health” (*regimina sanitatis*). A famous Jewish example is Maimonides’ *On the Regimen of Health*, originally written in Arabic at the end of the twelfth century at the request of the Egyptian sultan Afdal Nur al-Din Ali, son of Saladin.⁴⁹ The text was repeatedly translated into Hebrew in the thirteenth century already, a phenomenon that indicates its popularity in Jewish circles. Bos points out that Maimonides’ *Regimen on Health* “is frequently mentioned, consulted and quoted in Hebrew literature” from that time period onwards.⁵⁰ By being both a Jewish philosopher and a physician Maimonides was able to bridge the worlds of medicine and Talmud scholarship. The *Regimen on Health* was one of his many medical writings. Like other *Regimens of Health*, written in the Middle Ages, it did not focus on the healing of illness but on the preservation of health.⁵¹ The new focus on health maintenance can be traced back to the Persian physician and polymath Avicenna (c. 980-1037), who “held that hygiene and medicine were two complementary practices. The former teaches one how to care for one’s body and to maintain it in good health”.⁵² Besides proper hygiene, recommendations were given on diet, breathing, exercise, and sleep. Bos has identified Galen’s treatises, *On Hygiene* and *On the Powers of Foods* as well as Arabic medical writings amongst Maimonides’ mostly quoted sources.⁵³ In the first chapter of his *Regimen on Health* dietetics and exercise are discussed, while the fourth and final chapter is devoted to environmental

⁴⁸Ibid.

⁴⁹For a new edition and translation of the text see G. Bos, *Maimonides, On the Regimen of Health: A New Parallel Arabic-English Translation*, with critical editions of medieval Hebrew translations by G. Bos and Latin translations by M.R. McVaugh (Leiden and Boston: Brill, 2019). On the text see also F. Rosner, *The Medical Legacy of Moses Maimonides* (Hoboken, NJ: KTAV Publishing House, 1998), 15-6. On Maimonide and the context in which this treatise was written see Bar-Sela et al., “Moses Maimonides’ Two Treatises”, 1-7.

⁵⁰Ibid. IX.

⁵¹On the tradition of Regimens of Health see P.G. Sotres, “The Regimens of Health”, 291-318 in *Western Medical Thought from Antiquity to the Middle Ages*, edited by M.D. Grmek (Cambridge, MA and London: Harvard University Press, 1998).

⁵²Ibid. 298.

⁵³Bos, *Maimonides*, 24.

issues such as air quality and the healing power of nature. Other recommended practices are hot baths followed by sleep (4.19). Even the allegedly healthiest raw materials for human clothes are discussed in some detail (cf. 4.17, 21, 28).

The close connection and collaboration between Jewish and Arabic scholars in the Middle Ages is revealed by another *Regimen of Health* attributed to the Spanish physician Ibn Zuhr (“Avenzoar”).⁵⁴ Whereas the original Arabic text is lost, Latin and Hebrew translations exist. The process is described in the colophon to the Latin version: Profatius, a member of the prominent Jewish Tibbonid family, had read the Arabic out loud in a Romance vernacular at Montpellier in 1263 and Giovanni da Brescia wrote it down in Latin.⁵⁵ The editors assume “that the Hebrew translation of the *Regimen* is also a work by Profatius”, with “the Latin and Hebrew texts to be very similar in detail, close complementary reflections of the same lost Arabic original”.⁵⁶ Content-wise, the first twenty chapters of this *Regimen* are “an account of how to maintain or restore the health of particular part of the body ... from the head downwards”, whereas the following chapters “present a more typical *regimen sanitatis*”, including instructions on a proper diet, sleep, and exercise.⁵⁷

A political, social, and religious phenomenon that would have been detrimental to Jews’ health, especially in Central Europe, where Jews’ rights were severely restricted, was Antisemitism. Hatred against Jews was expressed in blood libels, personal attacks, and discrimination in many areas of daily life.⁵⁸ General conditions such as settlement restrictions, life in crowded areas, high taxation, lack of access to Christian hospitals, unemployment and poverty would have affected Jews disproportionately. The stressful situation of living without

⁵⁴See M.R. McVaugh, G. Bos, J. Shatzmiller, *The Regimen sanitatis of “Avenzoar”: Stages in the Production of a Medieval Translation* (Leiden and Boston: Brill, 2019).

⁵⁵The text of the colophon is quoted in Latin *ibid.* 5.

⁵⁶*Ibid.* 8.

⁵⁷*Ibid.* 9-10.

⁵⁸See the contributions in J. Adams and C. Heß (eds), *The Medieval Roots of Antisemitism: Continuities and Discontinuities from the Middle Ages to the Present Day* (London and New York: Routledge, 2018).

citizen rights, being subjected to harassment and threatened with the loss of one's livelihood or even one's life would have had dire consequences for the well-being of the Jewish population. In addition, blood libels, accusations of well poisonings, and the allegedly Jewish responsibility for the outbreak of infectious diseases show that non-Jews often considered Jews a threat to public health.⁵⁹

In public consciousness, Jewish "otherness" was associated with disease -- or the desire to inflict disease on non-Jews -- whereas members of one's own community were believed to be healthy. This phenomenon was evident, for example, in the fourteenth century, when the Black Death was virulent in Europe. According to Anna Foa, "Jews were the special victims of these events and processes, devastated during popular violence that accompanied the passage of the plague".⁶⁰ Jews were held responsible for the outbreak of the plague and accused of having poisoned wells. To restore public health, it was claimed that Jews had to be eliminated: "Thus, the image of the Jew intent on ritual murder supported the idea of the Jew poised to take revenge on Christians, poisoning them en masse during the Black Death... it was therefore necessary to eliminate him... to protect the physical and spiritual health of Christian society and the Christian state".⁶¹

The antisemitic notion that Jews threatened public health and represented disease within society continued in modern times and is still evident in some racist circles nowadays.⁶² While Jewish doctors of the nineteenth century pointed to the low Jewish infection rate with the sexually transmitted disease of syphilis, non-Jewish authorities "placed the Jew in a 'special' relationship

⁵⁹On the blood libel in medieval and early modern times see M. Teter, *Blood Libel: On the Trail of an Antisemitic Myth* (Cambridge, MA: Harvard University Press, 2020). E.M. Rose, *The Murder of William of Norwich: The Origins of the Blood Libel in Medieval Europe* (Oxford: Oxford University Press, 2015).

⁶⁰A. Foa, *The Jews of Europe After the Black Death* (Berkeley: University of California Press, 2000), 3.

⁶¹*Ibid.* 21.

⁶²R. Jütte, *Leib und Leben im Judentum* (Berlin: Jüdischer Verlag im Herder Verlag, 2016), 231, points to the counter-examples of the Protestant theologian and hebraist Johannes Buxtorf (1564-1629), who described Jews as particularly healthy and immune to various diseases, in contrast to Christians, in his work *Synagoga Judaica*, published in 1603.

to syphilis and, therefore, in a very special relationship to the ‘healthy’ body politic...”.⁶³ In the Nazi period “the Jews were compared to various types of bacilli or disease: cancers, plague, tuberculosis. On the basis of these analogies, the extirpation of the Jews would then represent a cure; genocide would in effect be a requirement of public health”.⁶⁴ Today, at the time of Covid-19, social media are full of antisemitic conspiracy theories that link the outbreak of the epidemic to Jews.⁶⁵

The Jewish body was never a neutral physical entity but loaded with perceptions and associations, reflecting the values, prejudice, and ideals of individuals, groups, and societies. This becomes particularly evident in the Zionist image of the New Jew, which developed as a replacement of the image of the Eastern European Yeshiva Bokher in the second half of the nineteenth century. Whereas the yeshiva scholar was perceived as weak, pale, and prone to diseases, the New Jew was presented as a model of health and strength, brought about by physical labour, sports activities, and exposure to the sunny climate of the Land of Israel. The function of these stereotypical images was to contrast the superior value of life in the Promised Land with conditions in the Diaspora, which were considered unhealthy for Jews. Yosef points to “Zionism’s ideological longing for a new kind of strong, healthy, proud, and heterosexual Jewish masculinity that would contradict the image of the diaspora Jew as weak, queer, and ‘feminine’”.⁶⁶

European antisemitic stereotypes were adopted here, as was ideal of a muscular, outdoorsy type of masculinity that was favoured by turn-of-the-century youth movements.⁶⁷ The context

⁶³S. Gilman, *The Jew’s Body* (New York and London: Routledge, 1991), 98.

⁶⁴B. Lang, *Act and Idea in the Nazi Genocide* (Syracuse, NY: Syracuse University Press, 2003), 16.

⁶⁵See J. Judah, “CST report notes ‘chilling’ spread of antisemitic conspiracy theories linked to coronavirus online. Antisemitism watchdog said that conspiracy theorists were linking coronavirus to Jews”, *The Jewish Chronicle* 8 April 2020, available at: <https://www.thejc.com/news/uk-news/cst-report-notes-chilling-spread-of-antisemitic-conspiracy-theories-linked-to-coronavirus-online-1.498956> (accessed 8 April 2020).

⁶⁶R. Yosef, *Beyond Flesh: Queer Masculinities and Nationalism in Israeli Cinema* (New Brunswick, NJ and London: Rutgers University Press, 2004), 18-9.

⁶⁷On the German *Wandervögel* movement with its emphasis to hiking in nature see J.A. Williams, *Turning to Nature in Germany: Hiking, Nudism, and Conservation, 1900-1940* (Stanford, CA: Stanford University Press, 2007), 107-46.

for the development of such ideas were the cities of central and eastern Europe: “At the core of the turn to nature was a desire for better health. Naturists pointed to real physical problems of urban overcrowding, pollution, and public health...”.⁶⁸ Zionist youth movements appropriated and adjusted these ideals to the specific circumstances in which their fellow Jews lived. The German Blau-Weiss movement “followed the models of the Wandervögel and Scouts, but adapted them to the basic tenets of Zionism...”.⁶⁹ Rather than the forests of the German nationalists’ *Heimat*, the sunny Mediterranean coast of Palestine was advertised as the healthiest surroundings for Jews to live and work in.

The notion and ideal of health figured prominently in the writings of Zionist thinkers. Aaron David Gordon (1856-1922), who moved to Palestine from Eastern Europe in 1904 to work in the vineyards of Petah Tikva, idealized physical labour in natural surroundings as the healthiest way of life for Jews. In his work, *People and Labour* (1911) he wrote: “The Jewish people has been completely cut off from nature and imprisoned within city walls these two thousand years... What are we seeking in Palestine? Is it not that which we can never find elsewhere -- the fresh milk of a healthy people’s culture? ... We seek to create a vital culture ... all growing out of a healthy life and intimately related to it; we shall therefore have created healthy human relationships and living links that bind the present to the past”.⁷⁰ A healthy life in the healthy environment of the Jewish homeland is presented as the very basis for the flourishing of Jewish culture, religion, and learning here. In a similar vein, Ze’ev Jabotinsky (1880-1940), who shared his Eastern European origins with Gordon, stressed that the goal of the Betar youth movement was “to create a ‘normal’, ‘healthy’ citizen for the Jewish nation”, stating that “[t]he greatest difficulty is encountered because, as a nation, the Jews today are neither ‘normal’ nor ‘healthy’ and life in Diaspora affects the intelligent upbringing of normal and healthy citizens...” (*The Fundamentals*

⁶⁸Ibid. 258.

⁶⁹R. Kahane, *The Origins of Postmodern Youth: Informal Youth Movements in a Comparative Perspective* (Berlin and New York: de Gruyter, 1998), 78.

⁷⁰Quoted in: G. Troy, *The Zionist Ideas: Visions for the Jewish Homeland -- Then, Now, Tomorrow* (Lincoln: University of Nebraska Press, 2018).

of the Betarian World Outlook, 1934).⁷¹ In Europe, outside of their native Middle Eastern environment, Jews were believed to deteriorate like fish out of water. Only a return to their homeland could guarantee the physical health and intellectual progress of the Jewish nation.

These ideas close the circle from antiquity, when Jewish intellectuals in Egypt, Roman Palestine, and Sasanian Persia began to think about the nature of health and the preservation of a healthy body, inspired by their Greek philosophical and medical environment, and Zionist thinkers who hoped that a return to the Land of Israel would lead to a national restoration of health that was considered “normal” for people who lived in their “natural” environment. Throughout these time periods, individual and national health remained one of the most important values in Jewish thinking. While the specific ways in which health could be achieved were inspired by the respective surrounding cultures, whether Hellenism, Arabic medicine, or the back-to-nature movements of the *fin de siècle*, they were reformulated on the basis of Jewish traditions and adapted to the specific circumstances in which Jews lived.

The studies of this volume are based on a conference on “Jews and Health: Tradition, History, and Practice”, held at SOAS, University of London, between 26-28 November 2019. The book consists of ten chapters that are arranged chronologically from the Hebrew Bible to contemporary discussions about medical ethics. The first chapter, written by Katherine Southwood, examines the ways in which the biblical book of Lamentations reflects the post-exilic Jewish community’s coming-to-terms with the destruction of the first Temple. Through a detailed analysis of the employed terminology and on the basis of psychological and trauma studies the author investigates how Lamentations helped its readers and audience to alleviate grief and restore spiritual health after the traumatic events they experienced. She points to the poetry’s emphasis on unresolvedness that created a space for processing trauma and enabled the development of resilience.

⁷¹Quoted *ibid.*

The second chapter, written by Catherine Hezser, deals with Philo's discourse on health in the context of Hellenistic philosophical and medical writings. Philo was clearly knowledgeable of the significance of the maintenance of health amongst his Greek -- and Greek Jewish - contemporaries. While he adapted many aspects of Hellenistic writers' advice on healthy living, he also remained true to his biblical basis with its belief in monotheism and divine providence. He therefore refrained from identifying an idealised state of health with the divine, as was the case with the Greek goddess Hygieia, and lowered the impact of scientific medicine and physicians by declaring them a mere tool that God could use. Philo considered the physical body a receptacle of the soul, the two constituting a unity. Therefore, humans had a religious duty to maintain their bodies in good order. Philo provides many recommendations for physical well-being that range from moderation in food and exercise to living in a temperate climate. These recommendations have analogies in Hellenistic texts.

In the third chapter Reuven Kiperwasser investigates how the human body and health are defined in classical rabbinic texts. Is the healthy body (*guf*) seen as the "normal" body by rabbis, and if so, what are the consequences? How are the senses associated with the body? He assumes that rabbis read the body as a text, interpreting its components as words and phrases, full of symbolic meaning. Such a reading can throw new light on the cultural world of rabbis. The aim of the chapter is to explore the relationship between bodily experience and body-oriented concepts in health and disease. An aspect of physicality that is frequently mentioned in rabbinic texts is the distinction between strength and weakness. In the fourth chapter Catherine Hezser examines the use of these physical markers in Palestinian rabbinic discourse and shows that they function as means of social stratification between Jews and non-Jews, men and women, intellectuals, and political and military officials in ancient societies. In Palestinian rabbinic literature of late antiquity references to a weak or strong body are more than mere physical attributes. They must rather be understood within the context of rabbinic Torah-based religiosity and in the framework of Jewish subjection to Roman imperialism at that time.

The fifth chapter, written by Carmen Caballero Navas, looks at recommendations for the preservation of health in the medieval Hebrew medical corpus of the twelfth to fifteenth century. Regimens of Health constitute a popular genre of medical literature and practice in the medieval Arabic and Latin traditions of medicine that were studied and practiced by Jews. The Hebrew genre of *Shemirat ha-bri'ut* or *Hanhagat ha-bri'ut* mainly consists of translations from Latin and Arabic texts, some of them written by Jewish authors such as Maimonides, echoing contemporary medical trends. Jewish attitudes helped shaping a genre of medical literature which relied heavily on diet and lifestyle and paid considerable attention to the mutual influence of body and soul, at least in some contexts. The author also examines the gendered nature of these texts. Written by men and focused on male health, some of them claim that women are unable to prevent disease.

Maria Diemling's sixth chapter deals with early modern Jewish responses to the Plague. As Susan Einbinder has noted recently, "in Jewish social, cultural, or literary history, the Black Death has hardly been treated as an epidemiological event".⁷² Scholarly interest has typically focused on the violence against Jews that "often accompanied its journey across European lands".⁷³ Diemling's contribution examines Jewish communal and individual responses to outbreaks of the Plague in the early modern period in Central Europe by studying the social history of these frequent crises. She explores prevention, treatment and care from medical and religious perspectives and contextualises Jewish perceptions and actions in a wider Central European framework with a focus on Jewish-Christian relations.

In the seventh chapter, Magdaléna Jánošíková examines how Regimens of Health popularized medical theory amongst late Renaissance Jews in Italy and Central Europe. In pre-modern Western medicine, a pro-active attitude towards the body was expressed in the theory of six non-natural things, namely, activities ranging from diet to rest. Their conscious manipulation was believed to put people on a path towards health. From the late Middle Ages to the late

⁷²S.L. Einbinder, *After the Black Death: Plague and Commemoration Among Iberian Jews* (Philadelphia: University of Pennsylvania Press), 3.

⁷³Ibid.

Renaissance, Regimens of Health, based on the theory of the six non-naturals, became accessible to a wider section of the public. They became a bridge between learned and domestic medicine among various professional, social, and religious groups. This chapter traces the reception of this theory among Jews. It explores the ways in which well-being was expressed and re-evaluates historians' assessment of the role of learned medicine in Jewish scholarship north and south of the Alps.

The eighth chapter, written by Nimrod Zinger, investigates the connection between physical and spiritual health in the practical Kabbalah of the eighteenth century. According to the experts in practical Kabbalah (the so-called Ba'alei Shem), the corporal and spiritual aspects of a person's health were interwoven. Moral and religious behaviour had physical effects on the human body. The Ba'alei Shem were familiar with the classical medical theories of Hippocrates, Galen, and their Muslim commentators. These theories are so dominant in their essays that they functioned as synonyms to the term "nature". But what happens when nature changes? Or, to be more accurate, what happens when the basic understanding of the human body changes? Zinger examines the concept of health in the writings of the Ba'alei Shem to gain a better understanding of Jewish approaches to medical science in the early modern period.

In the ninth chapter Catherine Hezser analyses the discourse on "health" in early Zionist writings. She emphasizes the importance of the social and cultural context of late nineteenth-century Europe with its emphasis on national health and development of national health systems. In this context, Zionist writers such as Leon Pinsker, Theodor Herzl, and Rav Kook used the terminology of health versus disease both metaphorically and literally to propagate a national regeneration and revival of European Jews and Judaism in a Jewish national homeland. They expanded the notion of health to encompass all aspects of Jewish life. In this understanding, health concerned body and mind, society and culture, political self-determination, and a sovereign nation state. Herzl's novel *Altneuland* evokes the vision of a Jewish paradise governed by the ideal of health. Solomon Schechter and Mordecai Kaplan adapted the notion of Jewish health to the American Jewish community.

In the tenth and last chapter of this volume, Irit Offer Stark and William Friedman take a comparative look at classical rabbinic texts and twentieth-century halakhic discussions about end-of-life care and the controversial topic of euthanasia. The end of a person's life and death itself are integral parts of the human life cycle. Halakhic decisors (*posqim*) of different time periods have considered how best to maintain physical and mental well-being during the end-of-life period. The authors examine how halakhic decisors have dealt with situations in which the quality of life is compromised so much that patients prefer to die. In such cases a moral conflict arises between the principle of the sanctity of life and the respect for the patient's own will to end his or her life. The chapter starts with an analysis of classical rabbinic texts that are relevant for this halakhic discussion. The main part is a comparison of the rulings of two of the greatest *posqim* of the twentieth century. The last section presents the Israeli Dying Patients Law (2005), demonstrating how value considerations incorporated in halakhic discourse have influenced Israeli legislation on medical issues.

Hopefully, these studies on specific texts, time periods, and issues will inspire readers to engage in further analyses of health-related texts and topics within the broad thematic area of Jews, Judaism and health.

All (ancient) source abbreviations follow the SBL Manual of Style (section 8). Other abbreviations have been avoided.

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