

***The Life and Work of Dr. Menachem Mendel
Yehudah Leib Sergei: A Torah U-Madda Titan
in the Early Twentieth Century***

By: EDWARD REICHMAN

Which names survive the test of time? Who merits inclusion in the eternal archives of history and who is relegated to its trash bin? Today, virtually all of us leave a footprint of varying size on the Internet, such that those in the future will at least know of our existence. Such was not the case in the past. If you were not deemed worthy of inclusion in history books, and family records did not survive, it is quite possible that we today would never know of your existence.

What is the fate of those already included in the history books of centuries gone by? If they are fortunate enough to be included in a volume uploaded to the Internet by Google Books or the like, their legacy is safe. However, if their hardcopy book entry literally or figuratively falls between the cracks, and somehow evades scanning and uploading, they too may vanish from our collective memories. In this essay, I extend my hand to one who has fallen between the proverbial cracks and pull him from obscurity into the light, where, as we shall see, he clearly belongs.

Dr. Menachem Mendel Yehudah Leib Sergei is not a familiar name to our generation. To wit, he entirely escapes mention in Koren's comprehensive biographical index of Jewish physicians.¹ Dr. David Margalit does include him in an essay on the history of Jewish physicians who were also Torah scholars, but devotes precisely one sentence.²

A biographical entry during his lifetime, however, indicates the extent to which he was respected and revered:

¹ Nathan Koren, *Jewish Physicians: A Biographical Index* (Israel Universities Press: Jerusalem, 1973).

² D. Margalit, *Derekh Yisrael bi-Refuah* (The Academy of Medicine: Jerusalem, 5730), 255.

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would assiduously write them down in a designated notebook, despite his practice not to commit his own ideas to writing. In fact, Sergei adds a parenthetical note that he still possesses this childhood notebook that he hopes to organize and ultimately publish.⁶

At age seventeen, Sergei's father died. Keeping his father's teachings and personal example in mind, he opted not to make the rabbinate his source of income. In contemplating a proper profession, he chose medicine, as not only did the Torah sanction its practice, but in many ways the rabbis equated the study and practice of medicine with the study of Torah. For example, *pikuah nefesh*, saving the life of a human being, supersedes almost all the Torah's laws. Sergei points out that many great Torah sages throughout history were also physicians. Indeed, he lists many by name in his introduction.

To be sure, Sergei was not the first to share these sentiments, both regarding the desire to find sustenance outside the world of Torah, as well as the choice of medicine in particular. In the late 12th century, the anonymous translator (known by the pseudonym Do'eg ha-Edomi) of a series of Latin medical works into Hebrew intended for the training of Jewish medical students, cited the Gemara *Kiddushin* in his introduction, "A man should teach his son Torah, [but also] he should teach him a craft." This dictum was the primary justification for his translation endeavor.⁷ In the 13th century, the physician Natan ben Yoel ibn Falaquera (1224–1290) wrote in his *Sefer ha-Mevakesh*, "I too have heard that the sages enjoin one to learn a wholesome occupation which can serve as protection against the vagaries of fate... Wise men have stated that the practice of medicine is superior to all other occupations, for it is both a profession and science and is closest to the science of nature."⁸

Sergei himself cites a source for this notion later in the introduction. In his biographical dictionary (see below), Sergei includes Yosef Shlomo Delmedigo (1591–1655), one of the greatest Jewish physicians, who was also a renowned Torah scholar.⁹ The quote that he includes from Delmedigo is instructive:

⁶ To my knowledge, this was never published.

⁷ See R. Barkai, *A History of Jewish Gynaecological Texts in the Middle Ages* (Brill: Leiden, 1998), 21.

⁸ Shem Tov Ibn Falaquera, *The Book of the Seeker (Sefer ha-Mevaqqesh)*, M. H. Levine, trans. and ed., (Yeshiva University Press: New York, 1976), 39.

⁹ On Delmedigo, see I. Barzilay, *Yoseph Shlomo Delmedigo (Yasbar of Candia): His Life, Work and Times* (E. J. Brill: Leiden, 1974); D. B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe* (Yale University Press: New Haven, 1995); T. Langermann, "An Alchemical Treatise Attributed to Joseph Solomon Delmedigo," *Aleph: Historical Studies in Science and Judaism* 13:1(2013), 77–94.

A wise man will seek out for his son to obtain knowledge that is associated with a respectable and honest profession that will earn him money as he grows. For one will not find in the annals of history any city whose salvation was achieved through the wisdom of Torah scholars. One would be better served with craftsmen and builders. This is even truer for the Jewish people, as we do not possess fields or vineyards or property. Thus, my advice is that in all the lands except for Poland (which treats its clergy well), one should choose a profession outside the world of Torah, and the field of medicine is superior to all others. Other professions are simply a waste of time and money, and ultimately yield no benefit. In medicine, one can draw on the books of medicine in the Jewish tradition...¹⁰

This choice of citation is completely consonant with Sergei's personal life philosophy. Not only did he refuse to choose the rabbinate as a profession, consistent with his father's teachings, but the profession he did choose was medicine.

At nineteen, Sergei attended medical school in Germany, though he does not specify which. After completing his studies, he established his medical practice in Riga, Latvia (Russia), where he apparently spent the rest of his life.

His other recorded major life events include the marriage of his daughter Luba to Yitzchak Kramer on March 18, 1902, and the publication of his book in 1906.

Sergei died on December 11, 1918.¹¹ His grave's location is unknown. According to Professor Shnayer Leiman, given the 1918 date of death, he could only have been buried in the old Jewish cemetery in Riga, which was later destroyed by the Nazis. In the following sections we attempt to fill some gaps in Sergei's biography.

Correspondence with Torah Scholars

Sergei maintained a correspondence with a number of prominent rabbinic contemporaries. This correspondence is recorded in their respective halakhic works. Here we find evidence of the great regard and esteem in which Sergei was held.

¹⁰ *Meshiv Nefesh*, 42.

¹¹ See Leyb Ovchinsky, *די געשיכטע פון די אידן אין לעטלאנד* (Riga, 1928) pp. 152–153. According to Dr. Shnayer Leiman, whom I thank for this information, if not for Ovchinsky, we would not know the exact date of Sergei's death. Dr. Leiman further also informs me that this date appears only in the Yiddish edition of this work, and not in any other versions.

Amongst the more prominent personalities with whom he corresponded, we find R' Chezкия Medini, author of *Sedei Hemed*, and R' Chaim Ozer Grodzinski,¹² author of *Teshuvot Ahiezer*. Sergei served together with the latter on a committee of Agudat Yisrael in 1911.¹³

His *halakhic* interchange with Rabbi Mordechai Horowitz regarding a topic covered in the latter's work is included in a volume of Horowitz's *Mateh Levi*.¹⁴

Rabbi Avraham Kahan-Shapira cites the expert opinion of Sergei in a responsum on the different *halakhic* categories of blood (*dam ba-nefesh*, *dam tamtziit*) as they relate to the laws of *shebitah* (ritual slaughter), *niddah*, and *hakaazab* (bloodletting):

When I sat and discussed this matter with haGaon Moreinu haRav Menachem Mendel Yehudah Leib Dr. Sergei of Riga, he elaborated based on anatomy and his interpretation of the Talmudic passage in accordance with the positions of Rashi and Rambam. We concurred on a number of points.¹⁵

Sergei's Clinical Practice

We fortunately have two unique accounts of Sergei's medical practice. The first appears as a footnote to a *halakhic* work. R' Chaim Dovid Ha-Levi, writing on the topic of physician compensation in *halakhab*, includes the following remarkable letter he received:¹⁶

When I saw your discussion on compensation for physicians, I was reminded of a wonderful conversation I had with the great, expert physician, Torah scholar, righteous in his actions, author of *Meshiv Nefesh* on *halakhab li-Moshe mi-Sinai*, and *metziutzah*, Dr. Sergei (who is mentioned in *Da'at Koben*, p. 260).

When my saintly father ז"ל [Rabbi Avraham Yitzchak ha-Kohen Kook] visited Sergei as a patient, he offered to pay for his examination and consultation. Sergei adamantly refused to accept payment under any circumstance. I was then a child not yet 13 years of age, and I told him that he should consider the words of Chazal [*Bava Kamma* 85a], which I was learning at the time, that a physician who heals for nothing, is worth nothing. He responded that, "this

¹² Surasky, אהייעור: אגרות קובץ (Bnei Brak, 1970), vol. 1, p. 277. I thank Dr. Shnayer Leiman for this source.

¹³ <https://isheisrael.wordpress.com> (accessed October 8, 2018).

¹⁴ *Mateh Levi* v. 2, O. H., n. 48.

¹⁵ Devar Avraham 2:9.

¹⁶ *Aseh Lekha Rav* 3:31. My translation.

statement applies only to non-believing, irreligious physicians, for whom their entire value of life is measured by material gain. For them, if they do not receive financial compensation, they are indeed healing for nothing. For me, however, the merit of treating such a great Torah giant is worth far more than any monetary gain. I am therefore decidedly not healing ‘for nothing.’”

Tzvi Yehuda Ha-Kohen Kook¹⁷

This story is quoted a number of times elsewhere, unfortunately omitting the names of the honorable patient and his intellectually precocious son.¹⁸

Rabbi Zalman Sorotzkin recounts the following story about his brother-in-law R’ Aharon Wolkin of Pinsk’s medical interaction with Sergei:¹⁹

He [R’ Aharon Wolkin of Pinsk] was once examined by the physician, Dr. Sergei (a Torah scholar and fearer of God, author of a work on the Raavad and Rambam, and on *metzitzah* that should be exclusively done orally with the mouth). The exam took a number of hours in order to identify the nature of the internal illness. My brother-in-law asked him, “Why do average physicians examine the patient for a just a few minutes, while you, an expert physician to the masses, take hours for your examination?” Indeed this was his practice with all his patients. Regarding the practice of physicians in general, to suffice with a brief examination, he offered the following explanation.

There are indeed other “physicians” who perform lengthy and detailed examinations like him- and they are... the rabbis, who examine *treifot* [animals to determine kashrut status]. They also have

¹⁷ R’ Halevi added a comment contemplating the practical application of Sergei’s novel idea. If the patient (*nizak*) is a Torah scholar and the tortfeasor (*mazik*) summons a physician who is a religious Jew who will treat for no money, yet considers the treatment of the Torah scholar to be valuable to him, can the patient refuse based on the principle of “a physician that heals for nothing is worth nothing.” R’ Halevi writes that he will leave this tangential question for another time. See *bi-Shevilei Halakhab* (AKA *Shevulin*) *Kislev* 5737 vol. 29-30, year 16, pp. 22–23.

¹⁸ See, for example, Rav Y. Zilberstein, *Shiurei Torah li-Rofim* 1(5772), 199. This might perhaps be an example of the censorship of Rav Kook. On this topic, see M. Shapiro, *Changing the Immutable: How Orthodox Judaism Rewrites Its History* (Littman Library, 2015). In the edited versions of the story, it is the scholar himself (not his son) who inquires based on the Talmud as to the propriety of refusing compensation.

¹⁹ *Aznayim li-Torah, Parashat Mishpatim*.

a “Sefer Refuos” [book of remedies] (i.e., Shas and *poskim*), and we rely on them to determine whether the animal will be able to survive with a particular illness or disease [if it will live less than 12 months, it is a *treifah* and prohibited to eat.] They bring before the rabbi a lung, and he observes for an irregularity, a bubble, or abscess. They do not request a cure from him, rather through visual inspection to make a diagnosis. Furthermore, this is not a matter of life and death, rather just a monetary issue. Yet, despite this, the rabbi sits hour after hour, sometimes sleeping on his decision to review again the next day, delving into numerous halakhic works, receiving testimony from the *shohet* [ritual slaughterer] and other *shohetim* of the city. We even sometimes see the rabbi pacing back and forth contemplating the issue, pausing, then reevaluating.

Whereas, the physician is presented with a living human being, complaining of an internal illness hidden from the naked eye; and only through percussion with the finger and auscultation with the ears must he discern the cause of illness; arriving not only at a diagnosis, but also on a course of treatment. Furthermore, this is not merely a monetary concern, but a genuine matter of life and death. Yet, despite all this, the physician takes but only a few moments to decide both the nature of the illness and its treatment, hastily writing (*vi-kehosev vi-hoseim*) a prescription to complete the transaction... We never hear of a physician consulting the medical books, or saying that the matter needs further contemplation and analysis, so that only tomorrow will he render his final decision. We never see the physician anguished or disturbed about medical knowledge that may have eluded him...

One might think that it is the rabbi who sits idle, gambling and visiting the houses of games, therefore not maintaining the requisite knowledge for his profession; while the physician sits hunched over his medical texts all day and night such that he knows all diseases and treatments by heart. From experience we know that the exact opposite is true.

The explanation to this is that the rabbi fears God, deeply concerned and afraid of even a small financial loss for the animal’s owner. The physician, on the other hand, who does not fear God in his heart, is not even concerned about the life of a human being, rendering a solution to complex life and death matters in but one moment.

From here we glean not only an insight into Sergei’s careful diagnostic approach, but we incidentally learn the public perception of both physicians and rabbis of his time.

Involvement in Community Activities

Sergei was not only a genuine Torah scholar, and an accomplished physician, he was also a community activist. In the first decade of the 20th century, the seeds were sown for the foundation of Agudat Yisrael. Sergei developed an interest in this organization. As a well-known Orthodox Jewish physician and Talmud scholar, and one of the most famous Russian Jewish personalities, Sergei was invited to participate in a congress in Hamburg in August, 1909 in the formative days of the organization. Below is an excerpt from his presentation at this conference:²⁰

The state of Jewish religious life and childhood education in our country that I report to you today is not pleasant. Our situation is dire. The knowledge of Torah has declined significantly in our time amongst the masses... In places where only thirty or forty years ago there was great Torah learning, today those who learn Torah are few and far between....

The future of the people of Israel is dependent on the elevation of the learning of Torah and in childhood education. Many times we found ourselves on the doorstep of destruction, appearing as if we had lost all hope, with salvation always coming through the learning of Torah and performance of *mitzvos*. When Rabban Yochanan ben Zakkai witnessed the destruction of the state of Israel, he saw no other alternative except, “Yavneh and its Torah scholars.”

I therefore see the primary mission of Agudat Yisrael as being to raise the level of Torah learning throughout all the lands where the people of Israel dwell...

I would like to touch on another problem. Many here have raised the question of how to increase the level of secular studies for our children, in addition to their Torah study. In truth, the question should be the opposite. In our day, there is no lack of opportunities to acquire secular knowledge. The value of secular knowledge is praised everywhere and it reaches every child through multiple avenues. The question is, how do we create the necessary conditions to unite/combine the learning of Torah, the ideal Jewish knowledge, with the study of secular knowledge.

Regarding the *yeshivas*, the overwhelming majority of the rabbis and leaders of the generation oppose the entry of secular studies into their halls. Few are the number of institutions where the Torah is

²⁰ Yaakov Rosenheim, *Zikbronot*, 2nd ed. (Netzach Publishers: Bnei Brak, 1979), 160–161. Translation is mine.

still learned in its full depth and sharpness (*harifut*). If we allow secular studies into these institutions, our rabbis are justifiably concerned that it would further weaken and dilute the study of Torah. Our experience thus far with students who have left the walls of the yeshiva and turned to secular studies has not been positive. From the words of Chazal about King Hizkiyahu (*Sanhedrin* 94) we learn, that between the walls of the Beit Ha-Midrash one should study only the words of Torah.

While Sergei was well trained and versed in secular knowledge, a fact most evident from his medical practice and writing, he clearly considered Torah study to be one's primary life goal.

II. Meshiv Nefesh

Of his manifold accomplishments, Sergei is most well-known for his work, *Meshiv Nefesh*. Published in Vilna in 1906, it is comprised of three sections.

Section 1: The first section is an expansive and learned treatise on the topic of *halakhab l-Mosheb Mi-Sinai* (Torah laws transmitted to Moses orally and not written explicitly in the Torah), focusing on the positions of Rashi and Rambam.

Section 2: In this section, Sergei addresses a number of *halakbic* aspects of *milah*. Here he asserts that the primary and *halakbically* significant blood associated with *milah* is the blood from the oral suction (*metitzah*) and not the blood that flows from the incision (*bitukh*). Furthermore, the *metzitzah* must be done orally and not through a sponge or the like.

Section 3: In the final section, which is entirely medical in nature, Sergei marshals medical evidence, with profuse and detailed citations of contemporary renowned medical experts, to support that there is no concern for contagion, neither for the *mohel* (circumciser) nor the child, in the procedure of *metzitzah bi-peh*.

During his lifetime, germ theory had become prevalent. An understanding of bacteriology, with the developments of the likes of Koch and Pasteur, had begun to take root. Cases had been reported in the medical literature of *metzitzah* causing tuberculosis or syphilis transmitted from the *mohel* to the child, and *metzitzah* was under attack. There was also concern of reciprocal transmission of disease from infant to *mohel*. In light of these discussions, Sergei devotes the third section of his work entirely to a medical analysis of oral suction, concluding that there is no medical basis whatsoever for concern of transmission of disease in either direction between *mohel* and infant.

Sergei's conclusion is an accurate assessment of the latest medical theories and is not a misrepresentation of the contemporary science. He cites multiple research studies in support of his position. In addition, research in the pre-Modern era was associated with the individual personalities performing the research. This is contrary to the 21st century where research involves a collaborative effort involving sometimes hundreds of people across the globe, and writers cite research from the likes of the *New England Journal* or *Lancet*.

As such, Sergei cites dozens of names, most of whom the contemporary reader would not recognize. A few, however, may be familiar. Theodor Billroth, an Austrian surgeon, was one of the most famous medical figures of the 19th century. His name is perpetuated in the gastric surgical procedures still performed today. Sergei neglects to mention, however, that Billroth was embroiled in controversy after publishing overtly derogatory remarks about the Jewish medical students in Vienna in his book on medical education in German universities.²¹

Sergei also mentions "Yosef" Lister, the pioneer of antiseptic surgery, though he does not include the scientist upon whose microbiology research Lister relied—Louis Pasteur.²² Pasteur is known for his development of the rabies vaccine, which relates to dog bites and wound care. We do however have testimony from elsewhere regarding Pasteur's view specifically on *metzitzah bi-peh*. A Jewish scientist who worked with Pasteur at his institute in Paris inquired of him directly regarding the risk to the *mohel* in performing oral suction during circumcision.²³ Pasteur assured him that under no circumstances would the person performing the oral suction be harmed (unless he had an oral lesion), and that the same is true with respect to dog bites or any other wound containing poison. This account is very much in consonance with the consensus medical opinion so thoroughly reviewed in part three of Sergei's work.

In this essay, I would like to focus on the introductory section of Sergei's book, entitled *Sha'ar ha-Torah vi-ha-Hokhmah*. Here he discusses several key topics in the field of *Torah U-Madda* that have caught the attention of scientifically minded Jews over the centuries. He occasionally references some of his predecessors, but mostly offers his own novel interpretations. This reflects a centuries old endeavor by Jews of medical and scientific background to align Torah teachings with scientific theories.

²¹ For treatment of this topic, see T. Buklijas, "Surgery and National Identity in Late Nineteenth Century Vienna," *Studies in the History and Philosophy of Biological and Biomedical Sciences* 38:4 (December, 2007), 756–774.

²² Elie Metchnikoff, Nobel Prize winner and pioneer in immunology is also mentioned in this section.

²³ See *ha-Meilitz*, year 39, n. 237 (October 29, 1899).

What makes this contribution remarkable is that it comes from the pen of a university-trained physician, steeped in Torah learning on par with the great Torah scholars of his time. No one could be more equipped to tackle these topics than Sergei. The choice of topics is also noteworthy. The modern reader will recognize some of these topics, which are still discussed today.

These topics however are not the primary focus of the introduction; rather, they arise secondarily in the context of Sergei's main introductory intent. After his few autobiographical notes and recounting of his decision to become a physician, Sergei points out that many rabbinic scholars throughout the centuries were also physicians or possessed extensive medical knowledge.

To discuss all the Jewish physicians of the past would require its own treatise, Sergei asserts, but to illustrate his point about the integral link between Torah and medicine, he proceeds to enumerate some physicians who were as well-versed in the world of Torah as they were in the world of medicine. The remainder of the introduction is a selected biographical dictionary of these personalities.²⁴

Sergei was obviously unfamiliar with the work of David Holub, who published two volumes entitled *Pardes David* (Vienna, 1880 and 1882) devoted to the history of Jewish physicians beginning with antiquity up to the Rambam.²⁵ Holub likewise focuses on the Torah learning and writings of these physicians in the broader context of Jewish medical history. These volumes, spanning some 250 pages, are divided by geographic region and are fairly comprehensive and well researched. I dare say that had Sergei been aware of this work, his introduction would have been written very differently.

Be that as it may, Sergei begins his list with Noach and Moshe, then turns to the rabbis of the Mishnah and Talmud followed by the rabbi physicians of the Middle Ages and Renaissance. Using this format as a literary vehicle, Sergei takes us on a historical journey not only of remarkable personalities, but also of the history of ideas and passages in rabbinic literature that touch on the relationship of Torah and medicine. This latter aspect was ignored by Holub.

²⁴ This work preceded the publication of Julius Preuss' magnum opus, *Biblical and Talmudic Medicine*, by 5 years. While Sergei organized his introduction by personalities, Preuss, though limiting himself to the Biblical and Talmudic periods, did so by topic.

²⁵ At the end of his introduction to volume one, Holub states that the work will be comprised of five volumes. Only two were published. Both volumes appeared initially in the periodical *Ha-Shahar*.

Below are some of the names on his list:

Noah; Moshe Rabbeinu; Shlomo Ha-Melech; rabbis of the Talmud: Rabbi Akiva, Rabbi Yishmael, Rabbi Maier, Rabbi Haninah ben Dosa, ben Ahiya (who treated the intestinal diseases of the priests in the Temple); Amoraim: Abayei, Shmuel Yarhina'a; Geonim: Yitzchak ben Shlomo (Isaac), Hasdei ibn Shaprut; Rishonim: Yehudah ben Shmuel Ibn Tibbon, Rambam, Avraham Ibn Ezra, Ramban, Rabbi Ovadiah Sforno;²⁶ Aḥaronim: Yaakov Zahalon,²⁷ R Shimon ben Tzemach Duran, Yosef Shlomo Delmedigo. He concludes the list with R Yitzhak Lampronti, who merits the lengthiest entry.

If you are curious about the medical connection of these figures, I recommend consulting the text. Below I address selected topics that appear in the biographical entries, some of which earn footnotes three to four pages long.

Sefer Refuot

According to the Gemara Sanhedrin, King Hezekiyahu received approbation from the sages for burying a text called *Sefer Refuot* (Book of Remedies). Post Talmudic literature has addressed two questions regarding this work- its authorship and its content.²⁸ The exact identity of this volume remains a mystery, and many will be familiar with the debate between Rambam and Rashi regarding its content. While Rashi believed the work to contain conventional medical cures to human disease, Rambam believed that the book was an astrological or magical treatise containing therapies of a possibly *halakhically* illicit nature. While

²⁶ For discussion on Sforno, including his medical practice and desire to establish a *yeshiva* combining Torah study and medical training, see A. D. Berns, "Ovadiah Sforno's Last Will and Testament," *Journal of Jewish Studies* 58:1 (Spring 2017), 1–33.

²⁷ It is remarkable that Sergei does not mention Zahalon's *Otzar Ha-Hayyim*, an expansive medical work in Hebrew including an oath for physicians.

²⁸ On *Sefer Refuot*, see D. J. Halperin, "The Book of Remedies, the Canonization of the Solomonic Writings, and the Riddle of Pseudo-Eusebius," *Jewish Quarterly Review* 72:4 (April 1982), 269–292; Zev Zicherman, *Otzar Pela'ot Ha-Torah. Shemot* (Brooklyn, NY 5775), 413–415; F. Rosner, "The Illness of King Hezekiah and the 'Book of Remedies' Which He Hid," *Koroth* 9:1–2(1985), 190–197; Yaakov Zahalon, *Otzar Ha-Hayyim* (Venice, 1683), introduction; Hazon Ish, *Emunah U- Bitabon*, Chapter 5; Shlomo Halperin, *Sefer Ha-Rofim*, in *Sefer Assia* 2 (Reuven Mass: Jerusalem, 5741), 78–79; M. Hirt, *Kuntres Ve-Rapo Y-Rapei* (Bnei Brak, 5763), 17–22; Mordechai Gumpel Schnaber, *Solet Minhah Beluluah* (5557), 31b–33b.

permissible to study as an academic endeavor, once its Biblically prohibited content was clinically applied, its disposal became necessary.

Sergei, like his predecessors, deals with authorship and content issues, but frames the discussion with a more fundamental query. According to rabbinic tradition, illness was only introduced into the world with Yaakov, and curable disease began during the times of the prophet Elisha.²⁹ According to all accounts, the author of *Sefer Refuot* preceded Elisha by centuries (possible authors include Noah and Shlomo Ha-Melech). If, according to our tradition, diseases were not curable prior to Elisha, what purpose would a “book of cures” possibly have had when it was written? One suggestion Sergei offers is that the book presented effective remedies for minor ailments, but was not effective for terminal or fatal diagnoses. Alternatively, *Sefer Refuot* indeed did not contain complete cures to medical ailments, but prescriptions for symptomatic relief to lessen the suffering associated with diseases while not altering the ultimate prognosis. According to this approach, this would be the first historical example of palliative medicine.

Cesarean Section

Sergei asserts that the rabbis of the Talmud were experts in human anatomy, citing as evidence the Mishnah in Ohalot as enumerating the 248 limbs and the dissection of a human body by the students of Rabbi Yishmael. He further adds that the rabbis were well ahead of the world of medicine in being familiar with and perhaps performing cesarean sections with the survival of the mother. While postmortem cesarean section was already performed in antiquity, cesarean section with maternal survival was not known to have occurred until the 17th century.³⁰ He quotes from the textbook of a contemporary professor of gynecology, Karl Ludwig Ernst Schroeder,³¹ who discusses that the Jews may have been performing living cesarean section in antiquity. Sergei neglects to mention the additional notes found in Schroeder’s original work, which references the dissertation of a Dutch Jewish medical student, Abraham Hartog Israels, on gynecology in the Talmud. An entire chapter of this work is devoted to the discussion, based on Mishnaic and Talmudic texts, as to whether

²⁹ *Bava Metzri’a* 87a.

³⁰ Today, conventional teaching dates the earliest Cesarean section with maternal survival to the early 16th century, though a recent article pushes the dates back almost two centuries. See H. de Goeij, “A Breakthrough in C-Section History: Beatrice of Bourbon’s Survival in 1337,” *New York Times* (November 23, 2016).

³¹ *Lehrbuch der Geburtshilfe* (Max Cohen and Son: Bonn, 1871), 349.

the Jews were performing living cesarean section in the times of the Talmud.³²

Pasteur's Cure for Rabies Preceded by Rabbis of the Talmud

It was only in the mid-1880s that Pasteur developed his vaccination for rabies, some twenty years before Sergei's book was published. However, Sergei steals Pasteur's thunder by claiming that the principle behind the treatment (though not the exact therapy) was already known to Talmudic rabbis,³³ who discuss the ingestion of a rabid dog's liver as a possible cure for a dog bite. As to why we have not made use of this treatment, Sergei attributes this to the fact that the Talmud is not a medical or pharmaceutical textbook, and the treatment of rabies was not written in the Talmud in the form of a practical prescription.

Klayot Yo'atzot- The Kidneys Give Advice

There is one Talmudic passage to which Sergei devotes an inordinate amount of space:

The Rabbis taught is a *baraita*: A person has two kidneys, one counsels him to do good and one counsels him to do evil. And it seems likely that the good counsel comes from his right side, while the evil counsel comes from his left side, as it says: "The heart of the wise man is to his right, and the heart of the fool is to his left.

The rabbis taught in a *baraita*: The kidneys counsel, the heart consider *which counsel to accept*, the tongue articulates, the mouth concludes *the process by giving utterance to his decision*, the esophagus takes in and out all types of food, the windpipe gives voice, the lung draws all types of liquids, the liver becomes angry (i.e., it is the root of anger in the body), but the gall (bladder) injects a drop into it and calms it, the spleen laughs, the gizzard grinds food, the stomach sleeps, the nose awakes, if the sleeping one (i.e., the stomach) wakens and the waking one (i.e., the nose) sleeps, then he languishes away. We learned in another *baraita*: If both the stomach and the nose sleep or if both awaken, he dies forthwith.³⁴

³² For discussion of Cesarean section in rabbinic literature, see E. Reichman, "A Matter of Life 'in' Death: Post Mortem Cesarean Section in History and Halakhah," K. Collins, E. Reichman and A. Steinberg, eds., *In the Pathways of Maimonides: Studies in Maimonides, Medical Ethics, and Jewish Law- A Tribute to Dr. Fred Rosner* (Maimonides Research Institute: Haifa, 2015), 195–226.

³³ *Mishnah Yoma* 8:6.

³⁴ *Berakhot* 61a.

This passage became a touchstone for discussion of the relationship of rabbinic literature to medicine and science and specifically of the rabbis' understanding of these fields. Detractors of Chazal found this passage an easy target to highlight the rabbis' ignorance of medicine, while generation after generation Talmudic scholars interpreted and reinterpreted the content not only to defend, but to praise the insight and scope of rabbinic knowledge. Some leaned towards a metaphorical interpretation, while others opted for detailed physiological and anatomical explanations. Sergei falls into the latter category (though he does supplement his discussion with a metaphorical approach). Among those preferring the physiological approach, each author's analysis invariably invokes the latest scientific research of their time, demonstrating how Chazal's words presaged or were in consonance with then-modern medical understanding.

This topic remains on the *Torah U-Madda* discussion list and Rabbi Dr. Natan Slifkin has surveyed the literature surrounding this passage from medieval to modern times³⁵ (though Sergei's discussion is not included). It is most remarkable that Sergei makes no mention of any of his Jewish predecessors and how they dealt with this unique passage. Given the breadth of his knowledge of rabbinic literature, I assume that he was aware of them. His approach incorporates the very latest and most recent medical research on nutrition, anatomy and physiology; he may have thought it irrelevant to cite "outdated" theories. He does cite the prominent scientists of his generation, such as Joseph Hyrtl and Ludwig Traube, the Jewish founder of experimental pathophysiology.

To Sergei, the heart is clearly the king of the body by distributing blood to all the organs, without which they would die. It is the brain, however, wherein resides the thoughts, mind, and soul.

Sergei then launches into a medical lecture on digestion, including carbohydrates, fats, and enzymes, such as pepsin. He contrasts organs such as the heart, liver, lungs and intestine, which provide oxygen and

³⁵ N. Slifkin, "The Question of the Kidney's Counsel," self-publication online available at www.rationalistjudaism.com. See his bibliography for references. For an anatomical analysis of this passage by R' Yitzchak Lampronti, see R. Di Segni, "I Reni Consiglieri: Osservazioni su un Insegnamento di Yisbaq Lampronti," in M. Perani, ed., *Nuovi Studi su Isacco Lampronti Storia, Poesia, Scienza e Halakhab* (Fondazione Museo Nazionale dell'Ebraismo Italiano e della Shoah: 2017), 255–258. Sergei discusses another entry of Lampronti's encyclopedia (see below—three vessels), but does not quote him on this topic. The role of the kidney in the Bible has also been addressed in the contemporary medical literature. See, for example, G. Eknayan, "The Kidneys in the Bible: What Happened?" *Journal of the American Society of Nephrology* 16(2005), 3464–3471.

nutrition, to the kidneys, whose purpose is to eliminate and regulate waste. It is this function of the kidneys that Sergei uses to explain the Talmudic statement that “the kidneys give advice.” Their regulation of excretion of waste can lead to the preservation or demise of the body. Their “advice” in this matter is crucial for our existence.

“The heart,” he says, “understands” how to respond to changes in the other organs, such as the kidneys, and how to pump harder or faster in a form of feedback mechanism.

The liver being the source of anger is also explained physiologically. Based on contemporary understanding, Sergei states that it is clear that ultimately it is the brain that is responsible for all the emotions, including love, hate and anger, yet our nutrition and the function of other bodily organs directly impact the brain’s ability to perceive and express these emotions. The liver, being a vascular organ, can impact the brain’s expression of anger if there is nutritional or physiological imbalance.

To conclude his lengthy note focusing on the kidney, Sergei explains the statement of Chazal that if an animal’s kidneys are removed (*nital ha-kelayot*), it is still kosher. If an animal cannot survive without its kidneys, how would it still be kosher? Should it not be considered a *treifah*? He answers this by reviewing kidney anatomy in great detail, including the different tissue layers of the kidney, ureters and bladder. He explains Chazal as meaning that only sections of the kidney had been removed, allowed the remaining parts to retain function. He further differentiates between traumatic/surgical nephrectomy and naturally occurring renal disease.³⁶

Contagion

Sergei’s general approach attributes to Chazal medical notions in consonance with even the latest medical research and understanding of his time. He employs the same approach in explaining rabbinic recommendations regarding infectious disease and contagion:

R’ Yoḥana said: One does not visit a sick person who has contracted *bordam*, and one does not even mention its name. What is the reason that one does not visit such a person? R’ Eliezer said: Because he is like a flowing spring of blood. And R’ Eliezer said: Why is it called *bordam*? Because it is like a flowing spring, i.e., a *bor* of *dam*, a well of blood.³⁷

³⁶ He aligns this anatomical explanation with the approach of the *Kolbo*.

³⁷ *Nedarim* 41b.

Sergei cites Rashi,³⁸ who suggests the disease name is actually *bordas*, with a *semekb* (not a “*mem*”), meaning profuse diarrhea associated with significant water loss. Invoking bacteriology and microscopy, Sergei states that diseases such as dysentery, typhus, cholera, and diphtheria are all caused by microscopic bacilli. He further explains the mechanism of disease transmission. Sergei asserts that the Talmud’s recommendations are perfectly in line with germ theory.

He offers an additional explanation about a seemingly non-medical Talmudic recommendation. During times of epidemic, the Talmud says that “there is a danger in even mentioning the disease.” What possible danger could there be in the mere mention of a disease? This could be a kabbalistic idea, but Sergei explains it in a purely medical fashion.

If disease is spread through the transmission of bacilli, as was understood then, what accounts for varying susceptibility despite similar exposure? Sergei acknowledges genetic and medical factors, such as weakness or illness at the time of disease exposure. However, he adds an additional factor relating to the impact of mental health on disease transmission. Those who are sad, depressed, or fearful are more susceptible to disease. This, to Sergei’s mind, perfectly explains the Talmudic statement that there is danger in mentioning a disease. Spreading the word about the existence of a disease will only spread fear and anxiety. These emotions, in particular for those of delicate temperament, will increase the likelihood of their falling ill.

The Parameters of the License to Heal

One of the personalities listed by Sergei in his biographical dictionary of rabbinic figures with great medical knowledge is Avraham Ibn Ezra.³⁹ Ibn Ezra is known for his minority position that the license to heal is limited to external conditions, but all internal disorders remain in the domain of God. Sergei marshals an impressive series of Talmudic passages that contradict this position and allow, and even sometimes require, the treatment of disease affecting the visceral organs.

According to Sergei, Ibn Ezra was certainly aware of these passages, and his statement was limited to addressing a problematic aspect of the statement of R’ Yishmael, “*ve-rapo ye-rapei*, from here we learn a physician is ‘permitted’ to heal.” According to Sergei, if a person suffers from a life-

³⁸ Ad loc.

³⁹ For information on Ibn Ezra as a physician, see, J. O. Leibowitz and S. Marcus, *Sefer Ha-Nisyonot: The Book of Medical Experiences Attributed to Abraham Ibn Ezra* (Magnus Press: Jerusalem, 1984); M. Micha’el, “Rabbi Avraham Ibn Ezra the Physician,” (Hebrew) *Koroth* 16(5763), 122–19.

threatening illness, one is “obligated” to heal him, and even according to Ibn Ezra, this obligation would include treating internal diseases. By choosing the word “permitted” to heal (Sergei according to Ibn Ezra), R’ Yishmael was teaching us a different point. The license to heal of R’ Yishmael refers only to non-life threatening external wounds from natural or atraumatic causes. Without Biblical license, one might consider the healing of such a wound to be refuting the decree/will of God. This is the intent of R’ Yishmael’s teaching.

For internal disease, however, which is most often fatal in nature, one is surely required to provide treatment, and no verse is needed for this purpose. Indeed, the Talmud states that one who neglects to treat a person with a life-threatening illness is considered to have shed his blood. Although physicians can treat internal illnesses, they must realize that ultimate healing is in God’s hand. They should pray, and appreciate that they are simply messengers. This is what Ibn Ezra meant when he said, “All diseases that are inside the body, it is in the hands of God to heal.” Not that the physician “cannot” heal such conditions; rather, he should be cognizant of God’s role when he practices his art in these areas.

The Three Vessels

Sergei weighs in on another *Torah U-Madda* chapter that has received attention throughout the centuries. The tractate of *Hullin* (45b) discusses criteria that render an animal *treifab* (non-kosher) and is thus comprised of very detailed discussions of animal anatomy. There is one statement about the identification and passage of three large chest cavity vessels that has been the source of ongoing debate for centuries: “Amemar said in the name of Rav Nahman: There are three vessels, one to the heart, one to the lung, and one to the liver.”

To which three anatomical structures is Amemar referring? The three vessels mentioned could possibly refer to the vessels attached to the heart, i.e., the aorta, pulmonary artery, and inferior vena cava. Rashi, however, does not adopt this approach, and offers the following novel interpretation: “There are three vessels; after the trachea enters the thorax, it divides into three.”⁴⁰ According to the simple understanding of Rashi, once the trachea enters the thorax, the trachea itself branches into three parts: one leading to the heart, one to the lung and one to the liver.⁴¹

⁴⁰ Rashi, ad loc., s. v., “*tlata kanei*.”

⁴¹ Rashi does not reveal which vessels transmitted air, which transmitted blood, and which transmitted both. To be sure, in pre-modern times, this contemporary grade school fact was a matter of debate. In addition, this Rashi

In his biography of R' Yitzchak Lampronti,⁴² Sergei cites the latter's comment on this Rashi:⁴³

I, the young author, question the explanation of Rashi. It appears that he thought that the trachea branches out directly into the heart and liver. Any scholar with even a limited knowledge of anatomy will attest that this is not true.

(and the ones later mentioned) refer to animal anatomy. Chazal have addressed the comparison of animal anatomy to that of humans. Tosafot (*Hullin* 42b, s. v., “*ve-amer*”) states regarding *treifot* that one should differentiate between man and animal, but only in matters where their anatomy differs. The Talmud, however, explicitly prohibits the extrapolation from animal to human anatomy. See *Hullin* 68a, “*adam mi-behemah lo yalif*” and Tosafot, ad loc., s. v., “*shilya*.”

As human dissection was frowned upon during most of antiquity, the great scientists almost uniformly extrapolated from animal anatomy. Aristotle states that the inner parts of the body are unknown; consequently, one must examine the parts of animals which have a nature similar to humans. See Jonathan Barnes, ed., *Complete Works of Aristotle* (Princeton, 1985), 788. Galen is notorious for having extrapolated his anatomy from animals, leading to many erroneous conclusions. See, for example, Charles Singer, “Some Galenic and Animal Sources of Vesalius,” *Journal of the History of Medicine and Allied Sciences* 1:1 (January 1946), 6–24.

⁴² Lampronti was a physician who graduated from the University of Padua. See Abdelkader Modena, *Medici E Chirurghi Ebrei Dottorati E. Licenziati Nell Università Di Padova Dal 1617 al 1816* (Bologna, 1967), 55–57. Much has been written about Lampronti and his work, including his medical practice. See, for example, D. B. Ruderman, “Contemporary Science and Jewish Law in the Eyes of Isaac Lampronti and Some of his Contemporaries,” *Jewish History* 6(1–2) (1992): 211–24; D. Margalit, “Rabbi Yitzchak Lampronti—Rabbi, Physician, and Lexicographer” (Hebrew), in *Hakbmei Yisrael Ke-Rofim* (Mosad HaRav Kook, 5722), 152–74; H. A. Savitz, “Dr. Isaac Lampronti,” in *Profiles of Erudite Jewish Physicians and Scholars* (Spertus College Press, 1973), 29–32. For a recent more comprehensive study, see D. Glasberg Gail, *Scientific Authority and Jewish Law in Early Modern Italy*, Ph.D. Dissertation, Columbia University (2016).

⁴³ While Sergei includes a lengthy entry on Lampronti, he does not mention that Lampronti wrote about the topic of “the kidneys give advice,” nor does he mention what has become the most famous scientific passage from *Pahad Yitzchak*, the discussion about the killing of lice and spontaneous generation (based of *Gemara Shabbat* 107). By his lifetime, the entire *Pahad Yitzhak* had finally been printed, though it took a few hundred years for this to occur. See D. Glasberg Gail, “Three Manuscript Editions of the *Pahad Yisbaq*,” in M. Perani, ed., *Nuovi Studi su Isacco Lampronti Storia, Poesia, Scienza e Halakbah* (Fondazione Museo Nazionale dell'Ebraismo Italiano e della Shoah: 2017), 211–221.

It appears that Lampronti's radical statement impugning Rashi's basic anatomical understanding was taken quite seriously by his Italian peers. Sergei reports the remarkable response to Lampronti's comment.⁴⁴ In the year 5487, Shimshon Chaim Nachman mi-Modena, acting on behalf of his teacher Rabbi David Finzi of Mantua and his Yeshiva, requested to obtain copies of all the research materials of Rabbi Lampronti related to the anatomical matter of the three vessels and Rashi's position so they could judge the matter themselves. Lampronti acceded to the request and eagerly anticipated their response to his findings. On July 17 of that year, the yeshiva representative sent the following letter:

After detailed, careful and meticulous examination of the received documents, we unanimously affirm and accept your conclusions and consider them to be just and correct. Your experimentation clearly proves your position.⁴⁵

Rabbi Finzi added:

The words of the honorable Rabbi are all correct and self-evident truth. Even the words of the Talmud are more precise according to his [R' Lampronti] interpretation. For if all three vessels indeed branched from one single vessel, the Talmud should have written that there is one vessel *and this vessel* [my emphasis] branches into three.

While Lampronti assails Rashi's anatomical acumen, Sergei rushes to his defense. He argues that Rashi was certainly aware that the three vessels, the trachea, aorta and vena cava, were not branches from one source. He therefore postulates that there must have been a scribal error. Rashi intended to write, "there are three vessels... after the trachea enters the thorax *it* (alone) branches into three sub-branches (bronchi or bronchioles)." And in fact, when the right bronchus enters the thorax, it divides into three branches. Rashi only refers to the subdivision of the trachea itself and does not refer to the aorta or vena cava. This approach was accepted by at least one later authority, Rabbi Yekutiel Kamelhar, who cites Sergei's theory approvingly.⁴⁶

⁴⁴ See publisher's introduction to the 1885 edition of *Paḥad Yitzḥak* (Goldman Publishers: Warsaw, 1885), 9–10 of the section on Lampronti's biography.

⁴⁵ On Lampronti and experimentation, see D. Glasberg Gail, *Scientific Authority and Jewish Law in Early Modern Italy*, Ph.D. Dissertation, Columbia University (2016), 191–242.

⁴⁶ *Ha-Talmud u-Mada'ei ha-Tevel* (Lvov, 1928).

I offer a rebuttal to Sergei's theory of scribal error.⁴⁷ Viewing this one comment of Rashi in isolation, it may indeed be possible to consider scribal error. However, when viewing this comment in the context of other related statements of Rashi, the thesis of scribal error rapidly dissipates. It is clear from a number of other statements that Rashi believed that the trachea connected directly to the heart. In fact, in the Middle Ages, the heart was considered a respiratory organ, and Rashi subscribed to the notion that the inspired air ultimately reached the heart, an idea widely held throughout antiquity and the Middle Ages.

While Galen and his followers had postulated an indirect route for the inspired air to reach the heart, it appears that Rashi believed that there was a direct connection between the trachea and the heart. Rashi clearly reiterates this anatomical understanding in a number of passages in his commentary (see note for elaboration).⁴⁸

⁴⁷ The following is an adaptation and expansion from E. Reichman, "The Halachic Definition of Death in Light of Medical History," *The Torah U'Maddah Journal* 4(Spring 1993), 148–174.

⁴⁸ In *Hullin* 49a, the Talmud discusses a case where a needle was found in the large vessel of an animal's liver, and presents a debate as to whether or not the animal is kosher. Rashi, however, addresses the question of how the needle reached its location. In doing so, he details the relevant anatomy and concludes that the needle must have been ingested by way of the trachea. It reached the large vessel of the liver by passing through the branch of the trachea leading to the liver. Rashi here also mentions the branches of the trachea that lead to the heart and lungs.

Another such example appears in *Hullin* 111a. In the context of a discussion on the necessary preparations for eating liver, the Talmud mentions a case where a particular dish was brought before Yanai, the son of Rebbe Ami. The dish was called *kanya bi-kufyah* and Rashi explains it to consist of the trachea and all that is attached to it, namely the lung, heart, and liver. All these organs were cooked together. For reasons related to that passage, the Talmud constructs a scenario whereby the blood of the liver can flow directly out of the pot and not be cooked with the other organs. In explaining this unique circumstance, Rashi (s. v., "*dilma*") elaborates on the anatomy of these organs and postulates a pathway for the blood. He states, "The small vessels of the liver drain into the tube (*kanel*) of the lung (i.e., trachea). From here the blood traverses through the hollow [of the trachea] to the outside of the pot." Here, again, it is quite clear that Rashi believed that the three major organs, including the heart, are directly connected to the trachea.

I believe this to be the interpretation of Rashi as well in a comment in *Yoma* 85a, s. v. *hakbi garsinan*. For further elaboration of this see, E. Reichman, "The Halachic Definition of Death in Light of Medical History," *The Torah U'Maddah Journal* 4 (Spring 1993), 155–156.

Rashi's anatomical approach does not correlate with contemporary understanding of anatomy, nor is there, to the best of my knowledge, any school in the history of anatomy that described the trachea as directly connecting to the heart.⁴⁹ In addition, anatomical dissection was not routinely performed during this period in history.⁵⁰ One can only fruitlessly speculate as to the source of Rashi's anatomical ideas.⁵¹

While this particular inaccuracy of Rashi was pointed out by Rabbi Lampronti,⁵² the notion of Rishonim, and Rashi in particular, espousing potentially erroneous anatomical beliefs is not without precedent. The Hatam Sofer, in discussing the identification of the terms used by the Rabbis to refer to the human female anatomy,⁵³ makes the following comment:

⁴⁹ Preuss claims that this position of Rashi is consistent with the teaching of Aristotle. See F. Rosner, trans. and ed., Julius Preuss, *Biblical and Talmudic Medicine* (New York, 1978), 103. I have been unable to verify this assertion. Aristotle believed that the air ultimately reached the heart, but it is unclear whether he believed that the trachea connected directly to it. Leonardo Da Vinci postulated a more direct route for the air to reach the heart than did Galen, but it was not as direct as it would be according to Rashi. See J. Playfair McMurrich, *Leonardo Da Vinci: The Anatomist* (Baltimore, 1930), 195. Da Vinci obviously post-dates Rashi by some 400 years.

⁵⁰ There are no clearly documented human dissections from the time of Rashi, although scattered references to autopsies and dissections appear in the thirteenth and fourteenth centuries. Mundinus (1270–1326) is recognized to have been the first to incorporate human anatomical dissection into the medical curriculum. On the history of anatomy in rabbinic literature, see E. Reichman, “The Anatomy of Halakha,” in Y. Steinberg, ed., *Berakha Le-Avraham* (Jerusalem, 2008), 69–97.

⁵¹ Regarding Rashi's relationship with a Jewish physician named Meshulam, and regarding his general medical knowledge, see John R. W. Dunbar, trans., *History of the Jewish Physicians from the French of E. Carmoly* (Baltimore, 1845), 42–43. Note, however, that Carmoly quotes no sources. The veracity of his assertions is in question, and I have seen no other source that corroborates his claims.

⁵² See his *Pahad Yizhak* 10 (Bnei Brak, 1980), 53–54, s. v., “*telata kani*.”

⁵³ I refer here to the terms used in *Mishnah Niddah* 2:5. For further discussion about the identification of these terms, see, for example, Preuss, *op. cit.*, 115–119; Abraham Abraham, *Nishmat Avraham, Y. D.*, 76–79; I. M. Levinger, “*Ha-Mivneh ha-Anatomi shel Evarei ha-Min bi-Isbab u-ve-Ba'alei Hayyim*,” *Koroth* 4: 8–10 (June, 1968), 611–615; Tirzah Z. Meachum, “*Mishna Tractate Niddah with Introduction: A Critical Edition with Notes on Variants, Commentary, Redaction and Chapters in Legal History and Realia*,” (unpublished doctoral dissertation: Hebrew University, 1989), 224–231; E. Sarel, “The History of Ancient Gynecology as a Means to Understanding the Words of Chazal,”

After searching through anatomy books and speaking with experts in anatomy, it is impossible to deny that the reality is not like the explanation of Rashi and Tosafot... But after begging forgiveness from our holy Rabbis, they were incorrect in this matter. The truth is with [the position of] Maimonides,⁵⁴ as proven by experimentation by anatomists and as found in the anatomy books from expert physicians... I have also asked physicians...⁵⁵

Sergei is not alone in his defense of Rashi's anatomical comments, as a number of later physician-authors defend him as well.⁵⁶ In my humble opinion, however, had Sergei, as well as the other defenders, seen the additional passages of Rashi referenced above, where he clearly articulates the position that the trachea connects directly to the heart, liver and lungs, it is doubtful whether they still would have maintained their defenses.

The Reception and Longevity of the Book

We have some evidence reflecting how the book was received by the Jewish community. Sergei's book contains two approbations. One was

(Hebrew) *Bein Bavel li-Eretz Yisrael: Shai li-Yeshayahu Gafni* (Mercaz Zalman Shazar Press: Jerusalem, 2016), 409–416.

⁵⁴ Even Rambam's anatomical description is difficult to understand today. He discusses this matter extensively in his *Commentary on the Mishnah*, Niddah 2:5, and, more succinctly, in his *Mishneh Torah*, Hil. Issurei Bi'ab, Chapter 5. It is difficult to identify the structure called the "lul" according to the interpretation of the Rambam. For a comprehensive discussion on this topic, see M. Halperin, *Realia and Medicine in Seder Nashim* (Schlesinger Institute: Jerusalem, 2011), 3–40 (Hebrew).

⁵⁵ See *She'elot u-Teshuvot Hatam Sofer*, Y. D., n. 167.

⁵⁶ Y. L. Katznelson, like Sergei, defends Rashi by claiming that this statement must have been inserted by a student of his, as Rashi knew too much about anatomy to make such a gross error. See *ha-Talmud ve-Hokhmat ha-Refu'ah* (Berlin, 1928), 131. Katznelson does not cite Sergei and does not appear to have been aware of his work. David Margalit likewise defends Rashi against R' Lampronti and claims that Rashi was actually referring to the major heart vessels, i. e., the aorta, etc. See his "Erkhim Refu'um she-bi-Entzyklopedia ha-Hilkhatit 'Paḥad Yiẓhak' le-R' Y. Lampronti," *Koroth* 2: 1–2 (April 1958), 59. For further discussion on the three "vessels" see S. Sternberg, "Book Review of I. M. Levinger's *Guide to Masechet Hullin and Masechet Bekhorot*," *B. D. D.* 4 (Winter, 1997), 81–102, esp., 88–91; A. Ben David, *Sikhat Hullin al Masechet Hullin (Midrash Bekhorei Yosef*: Jerusalem, 5755), 162–163 (includes diagrams) (Hebrew); P. Roth, "Responsum of R' Yitzchak Kimchi on the Law of a Needle Found in the Liver," (Hebrew), *Yesburun* 29 (*Elul*, 5773), 28–32.

penned by Rabbi Shlomo Ha-Cohen of Vilna,⁵⁷ famed *Av Beit Din* and *posek*, author of *Heshek Shlomo* on Shas:

...When I started to read a few sections of his work on Rambam, I was astounded that a man steeped in the study and practice of medicine to the extent that he has merited a prominent reputation... that such a man would have exceptional expertise of Shas, Tosafot and Rishonim, offering novel interpretations and resolving longstanding questions on Rambam's position on *halakhab li-Moshe mi-Sinai*...

His section on *halakhab li-Moshe mi-Sinai* (see below) is referenced extensively in an article on this topic by Rabbi Chaim Biberfeld of Berlin in 1964.⁵⁸

Related to the same issue, Dayan Chanoch Ehrentrau of Munich adds a postscript to a letter addressing the source of the obligation to bury the body after death. In the context of discussing the sources and origins of Torah commandments, he writes the following:

Since we are dealing with these matters, I will copy for you that which I wrote yesterday evening to ha-Gaon Moreinu haRav Menachem Mendel Yehudah Leib, known as Dr. Sergei, *rofeh mumbel vi-gadol ba-Torah* [an expert physician and a Torah scholar], who sent me his valuable work *Meshiv Nefesh* related to the laws of *halakhab li-Moshe mi-Sinai* and the approach of Rambam. He demonstrates a great breadth of knowledge and delves into the complexities of the topic. In order to show the author that I have indeed carefully and thoroughly read through his work, and that his words are dear to me, I will comment on what he wrote on page 86, regarding the prohibition to sit in the courtyard of the Temple being *halakhab li-Moshe mi-Sinai*...⁵⁹

Sergei's writing and position on *milah* and *metzitzah bi-peh*, to borrow an expression from contemporary culture, "went viral." Indeed, citations of Sergei's *Meshiv Nefesh* are virtually ubiquitously found in halakhic works on *milah* appearing after its publication. It was, after all, presented by a man well respected both as a physician and Torah scholar, not to mention that it was thoroughly researched, well written, and copiously referenced.

⁵⁷ The other approbation is offered by Rabbi Moshe Shapira of Riga.

⁵⁸ Moshe Aurbach, *Sefer Zikaron li-Rabi Yitzchak Isaac Ha-Levi zt"l* (Netzach Publishers: Bnei Brak, 1964), 182–186.

⁵⁹ Shimon Tzvi Deutch, *Or ha-Emet* (letters regarding the book *Haye Olam* of R' M. Lerner, *Av Beit Din* of Altona), letter 8, p. 45. My translation.

In the modern era, while the effect of Sergei's book still lingers,⁶⁰ his medical conclusions have been dismissed as outdated, and are no longer considered current.⁶¹ His work has largely faded from the contemporary halakhic literature on *metziṭzah*.

His introduction, *Sha'ar Ha-Torah Vi-ba-Hokhmah*, was well received by Rabbi Yekutiel Kamelhar, who cites Sergei several times approvingly in his *Ha-Talmud u-Mada'ei ha-Tevel* (Lvov, 1928). With the passage of time, however, the introduction has virtually disappeared from the literary radar. Within a few decades after Sergei's book, four expansive works on the relationship of Torah and medicine/science were published: Dr. Julius Preuss' *Biblishe Talmudische Medizin* (1911), Dr. Yehuda Leib Katznelsen's *Ha-Talmud vi-Hokhmat ha-Refuah* (1927), Rabbi Yekutiel Kamelhar's *Ha-Talmud u-Mada'ei ha-Tevel* (1928), and Moshe Perlman's, *Midrash Ha-Refuah*, 2 volumes (Devir: Tel Aviv, 1926 and 1929).⁶² Sergei's valuable introduction was likely overshadowed by these works, all of which gained popularity.

Support for this theory can be gleaned from the introduction to David Margalit's book, *Hokhmei Yisrael ke-Rofim* (The Sages of Israel as Physicians), published in 1962.⁶³ This work, identical in purpose to that of Sergei's introduction, being a series of biographical essays on Torah personalities with medical knowledge or training,⁶⁴ makes no mention of *Meshiv Nefesh*, but does acknowledge the works of Katznelsen, Perlman,

⁶⁰ See, for example, A. Marmorstein, trans., Y. B. Goldberger, *Sanctity and Science* (Feldheim: New York, 1991), 121–126.

⁶¹ See S. Sprecher "Meṭziṭzah be-Peh: Therapeutic Touch or Hippocratic Vestige," *Hakirah* 3(2006), 15–66.

⁶² While Kamelhar cites Sergei approvingly a number of times (including on the topic of the three vessels discussed above), Preuss, Katznelsen, and Perlman make no mention of him. It is possible that they were unfamiliar with the work. Preuss lived in Germany and published his work only a few years after Sergei. The lack of mention is thus understandable. Katznelsen, however, was a fellow Russian and we would expect him to be familiar with Sergei when his book was published some twenty years after *Meshiv Nefesh*. However, Katznelsen died in 1917, and his book was only published posthumously by his son. We do not know how long before his death the manuscript was completed, or whether he was familiar with Sergei personally or through his work.

⁶³ Mosad HaRav Kook: Jerusalem, 1962.

⁶⁴ While Margalit's list is substantially smaller than Sergei's, his biographical essays are more expansive. He includes chapters on Rav, Rav Hai Gaon, Rabbi Yehudah Halevi, Rambam, Ramban, and R' Yitzhak Lampronti, among others.

and Preuss.⁶⁵ Parenthetically, Margalit, like Sergei, appears to also have been unaware of Holub's *Pardes David*.

Conclusion

After recounting the lives and contributions of many people in previous generations who successfully combined their learning of Torah and medicine, Sergei concludes his introduction to *Meshiv Nefesh* by lamenting the precipitous decline in numbers of this true *Torah U-Madda* (my words) type personality in his generation. He attributes this fact to a major deficiency in the methodology of Jewish education. In previous generations, young children studied Torah intensely for years and only after a solid foundation in Torah studies did they venture into the world of secular knowledge. This guaranteed that their Torah learning would forever remain primary. His contention is that “now,” already at a young age before their Torah foundation is solidified, young children are being exposed to secular knowledge. As a result, their Torah knowledge is not properly formed. With this system of education, children never attain the primacy of Torah study required to become a true *Torah U-Madda* Jew.⁶⁶

After reading our brief biography above, it is clear that in describing the ideal Torah U-Madda Jew, Sergei, though perhaps subconsciously, is describing himself. Sergei devoted his early life exclusively to Torah, only later venturing into the field of medicine. His early Torah foundation was exceptional, and for him, the study of Torah forever remained unquestionably primary, being the lens through which he viewed all else.

The biography entry at the beginning of this article indicates that Sergei's contemporaries also observed the historical decline of the Torah U-Madda Jew in their generation, but considered Sergei to represent a resurrection of this ideal. It is therefore appropriate that we raise Sergei from obscurity and resurrect his story in our generation to ensure that it survives in perpetuity.

While a definitive biography for Sergei remains a desideratum, what emerges from this brief contribution is a portrait of a man who was deeply religious and for whom learning Torah was of primary importance, though he, like his father before him, refused to gain sustenance

⁶⁵ He also adds the more recent author, Friedenwald, referring to H. Friedenwald, *The Jews and Medicine* (Johns Hopkins Press: Baltimore, 1944).

⁶⁶ These exact sentiments were expressed by Tuvia Ha-Rofeh Cohen in the introduction to his classic work, *Ma'aseh Tuvia* (Venice, 1708): “It should not enter the mind of any man in all the lands of Italy, Germany, and France to study the art of medicine without first mastering (“filling his belly”) the written Torah, the oral Torah, and all its related wisdom...”

therefrom. He chose the practice of medicine owing to its higher value in Jewish tradition, and gained recognition as an accomplished and well-respected physician. His practice of medicine was clearly informed by his Torah worldview, as reflected not only in his writings, but through his clinical practice as well.

To be sure, the medical realities and the nature of *Torah U-Madda* discussions have evolved since Sergei's time; however, his concern and assessment of the deficiencies inherent in combining Torah and secular knowledge were prescient and are perhaps even more relevant today, with both the explosion of medical knowledge and the medium of its transmission. In an age where more Orthodox Jews are entering the world of healthcare than perhaps ever before in history,⁶⁷ it behooves us to turn to the likes of Sergei for both guidance and inspiration on the nature of the balance and relationship of Torah and *Madda*. ❧

⁶⁷ Both men and women, and including the fields and professions of medicine, dentistry, mental health, occupational therapy, physical therapy, nurse practitioner, and physician assistant.