JEWISH MIDWIVES IN LATE RENAISSANCE
VENICE AND THE TRANSITION TO MODERNITY

Leonard A. Rothman

There appears to be no currently accessible literature about midwifery practices in the Venetian Jewish ghetto. A hypothetical construct is created herein, based on biblical references, practices of the local Christian and various other European Jewish communities, Jewish customs and mystical beliefs, and contemporary standards and observations. After the barrier of the Jewish ghetto was removed by Napoleon, the entire Venetian community became equally affected by the newly developing standards for the medical care of childbirth.

Introduction

Although there are descriptions of childbirth and midwifery in late Renaissance Venice, the Venetian Ghetto’s practices during that period have not yet been considered as a separate entity.1 The late Renaissance was a period of major changes in childbirth and midwifery practices for both Christians and Jews throughout Europe. In “La Serenissima”—the Serene Republic of Venice—this transition coincided with the 281-year era during which the Jewish Ghetto existed as a separate entity (1516–1797). In the following pages, I will endeavor to reconstruct midwifery and childbirth practices in the Jewish Ghetto within the broader context of the transition to modernity of childbirth practices throughout the Venetian Republic.

Locating well-documented information on this subject proved to be well-nigh impossible. Although there is information from various sources regarding midwifery in Venice, there appears to be no easily accessible direct historical information about these practices in the Ghetto. Neither the Fondazione Centro di Documentazione Ebraica Contemporanea in Milan nor the Libreria Archivio Renato Maestro in Venice (the repository of the history of the Venetian Jews) could offer any information on the subject.2 A review of available literature from American and Italian sources was also unrevealing, except, as we shall see, for the information available in the writings of Leone Modena. Speculation suggests at least two possible reasons for this dearth of information: (1) Jewish midwives might have been illiterate, as were many Venetians,
especially women, during this period; and (2) writers in the male-dominated society may not have considered midwifery and childbirth appropriate subjects.

However, our knowledge of the life-cycle events of Jews living in the Ghetto of Venice during this period would be incomplete without information about their birthing practices. I have therefore drawn upon a number of sources to propose a hypothetical reconstruction of Jewish midwifery in the Ghetto, in the hope of providing an initial framework for discussion and stimulating further research on this vital piece of Jewish history.

Information on Jewish midwifery and childbirth practices in other countries of Europe at the time is available, and it is known that Jews from these countries immigrated to the Ghetto of Venice during this period. Jewish laws and traditions relating to childbirth practices were followed in all traditional Jewish communities, and much is known about Jewish customs surrounding childbirth during the Renaissance in western European countries. Although the Jewish community of the Ghetto has been described as the umbrella organization for all Ghetto residents, Jews who immigrated to the Republic of Venice from Spain and Portugal, Italy, Germany and the Levant established their own synagogues and followed the practices and religious rituals they brought with them. These probably included practices, customs and rituals related to childbirth, some grounded in religious practice and others in tradition or handed-down knowledge. Sources from these Jews’ countries of origin can provide a picture of childbirth and midwifery practices that were likely to have been followed in the Venetian Ghetto.

The widely circulated autobiography and treatise on the rites and customs of the Jews by Leone Modena (1571–1648), who served as the Chief Rabbi of Venice, is another source of information on this subject. Leone composed his *Historia de'Riti Hebraici* in 1616 at the request of an English nobleman who wished to present it to King James I of England, but also, perhaps more personally, in reaction to Christian historians’ derogatory descriptions of Jewish customs and ceremonies. The book contains two important items relating to childbirth in the Venice Ghetto. Leone states that paper amulets, called “Adam-hava hut Lilith” and inscribed with the names of angels, were placed in the four corners of the birthing room, in order to protect the newborn from witchcraft and from seizure by the she-demon Lilith. He also says that a godfather and godmother were assigned to the newborn. If it was a boy, the godmother, along with other women, would bring him to the door of the synagogue and hand him to the godfather for the circumcision ceremony. After the circumcision, the godfather would bring the baby back to the synagogue door and return him to the godmother, who was then charged with returning him to his mother.

As noted, we also have information about contemporary Christian midwifery practices in Venice and about the major changes that occurred in them toward the end of the period, with the development of obstetrics and gynecology as a medical specialty. Jews and Christians in Venice had contact with one another and communicated extensively throughout this entire era. The gates of the Ghetto were opened each day, and people flowed through them in both directions until sunset, when the gates were closed.
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to all who did not have special permissions. Descriptions of midwifery in Christian Venice thus give us additional grounds for constructing a probable picture of childbirth and midwifery in the Ghetto. Further documentation that might be derived from the study of local Venetian census records, birth and death notices, court records, letters, family histories, tax records and other data awaits future investigation.

Midwives in the Ancient and Medieval World

Midwifery, the ancient term for assisting in childbirth, almost certainly began well before the existence of written records, with primitive midwives actually being the first practitioners of medicine. In the Middle East, for example, midwifery has been documented among the ancient Egyptians and Sumerians, some 6,000 to 5,000 years ago, and it is mentioned in several places in the Hebrew Bible. Midwifery was also recognized as an independent profession in ancient Greece, where midwives were divided into two categories, Ordinary, and Senior (midwife surgeons). Soranus of Ephesus, a noted Greek physician who lived around the first or second century CE and moved from Greece to Rome, wrote many medical treatises, including one entitled Gynekia, which included standards for a superior midwife and for the care of women in labor. The Mishnah, which codified Jewish oral traditions into written form around 200 CE, described the midwife as a “wise woman.”

The Trotula, a group of essays on female medical care written in Salerno in 1150 CE, was followed by many physicians until the 1500s, while Jewish physicians tended to follow Soranus’s Gynekia. Midwifery was the most important female occupation throughout all of medieval and Renaissance Europe. In the Jewish community, the only two occupations listed on women’s gravestones were “midwife” and “prayer leader.”

Midwifery Practices in the Ghetto of Venice

Based on data from other communities in Europe, it can be assumed that most if not all of the people who lived in the Ghetto were traditionally observant. Thus, in all probability Jewish midwives followed Jewish traditions and customs as practiced in their time and place, as well as the laws developed from biblical and rabbinic sources as interpreted by the rabbis of the various Ghetto communities. Midwifery practices in the Ghetto would have included health-related, traditional and religious responsibilities, and would have required that the midwife be familiar with several fields of knowledge: some anatomy, the childbirth processes, emergency resuscitation procedures, customs, traditions, prayers, rituals and Jewish law.

Midwives were probably trained informally by more experienced midwives in the Ghetto, using methods similar to midwifery training practices in Christian Venice. In Jewish communities in other areas of Europe, it was usual for women to have close
female friends and family members also in attendance at the births of their infants. Males were not allowed into the room during labor and delivery, but they were present in an anteroom, praying and receiving messages from the midwives and women in attendance.\textsuperscript{14} We may assume that these customs were followed in the Ghetto.

**Risks of Labor**

A woman in labor was considered to be critically ill. Venetian Jewish women tended to record their last wills and testaments when severely ill, and to include within them statements describing their condition. Many wills and testaments were written as labor commenced. A statement of possible impending death at the time when the testament was written enabled a person, according to Jewish law, to leave gifts that did not follow the normally prescribed rules of inheritance. Since childbirth was, and still is, considered a critical illness under Jewish law, the woman’s stated wishes would be valid. One such example has been reported: Anzola Filamegnia, a dying maid in a Jewish household, wrote her will during the fourth day of her labor, leaving her back-wages to her Jewish mistress and requesting a memorial plaque for herself in the synagogue.\textsuperscript{15} In all probability, the midwife functioned as a witness during the will and testament-writing process, and could attest to it in court if this became necessary.\textsuperscript{16}

Because of the significant risk of death in childbirth and the high value of human life in Judaism, midwives, midwife-assistants and physicians are not obligated to adhere to the laws of the Sabbath. This practice was surely followed in the Jewish Ghetto in late Renaissance Venice as well.

**Religious Rituals**

Religious rituals and practices were surely an essential element of Venetian Jewish childbirth practices. From Jewish records in Germanic countries, we know that midwives recited prayers and hymns and used amulets inscribed in Hebrew as well as other religious objects during labor. The midwife might encourage the parturient to perform a charitable act during labor, such as making a donation to the synagogue; she might rest a fragment of parchment from a Torah or other holy book on the woman’s abdomen, or wrap it with an elaborately embroidered and decorated wimpel (a Torah scroll binder); or she might have the parturient recite prayers, including one for a “safe journey,” before sitting on the birth chair. She might also have a Torah brought from the synagogue to the labor room.\textsuperscript{17} Howard Adelman, writing about women in Italy during this period, reported that midwives brought the Torah into the room for the woman to hold—notwithstanding rabbinic objections.\textsuperscript{18} This might have been considered a desecration of the Torah because of the vaginal discharges that occur during labor and delivery.

Special consideration was given to protection against the legendary demon Lilith, who was thought to endanger newborn infants. A tray of fruit and incense placed under the labor bed was thought to distract her.\textsuperscript{19} Amulets with special prayers enlisting the three angels Sanoi, Sananoi, and Semangalof were used to convince Lilith to stay out of the house of the parturient.\textsuperscript{20}
Delivery
In many other countries in Europe, having the parturient lying in the supine position prior to delivery was gaining acceptance and popularity in this period. The midwife, who brought with her a birthing chair, would sit on a stool at the foot of the parturient’s labor bed until the full dilation of the cervix, then stand the woman upright and lead her to the chair. Venetian midwives, however, would place the woman on the chair for the entire period of labor.21

The birthing chair is known to have been traditionally used by Jewish women. Its use is depicted in the “Sarajevo Haggadah,” written around the second half of the fourteenth century, in a picture of Rebecca, wife of Isaac, sitting on a chair and being delivered by a midwife who is kneeling in front of her.22 This haggadah was used in medieval Spain prior to the expulsion of 1492 and was brought to the Ghetto in Venice before reappearing in Sarajevo.23 Women in the Ghetto probably used birthing chairs, though at present there is no way of knowing whether Jewish midwives followed the Venetian practice of having the woman sit on the chair during the entire period of labor and delivery, or the general European practice of allowing the parturient to labor in bed until the actual delivery.

The risks of inflammation and infection to both midwife and parturient were considerable. Gloves were not worn. Bernardino Ramazzini (1633–1714), Head of Practical Medicine at the University of Padua and later President of the College of Venice, asserted that the dripping vaginal discharge pre- and post-delivery was irritating and poisonous and inflamed the hands of the midwife. He suggested frequent hand- and face-washing with water or wine and wrapping the midwife’s examining hand with gauze for protection.24 This is especially interesting as it was then known that syphilis could be transmitted through contact with vaginal fluids, although the specific process and organisms of transmission had not yet been discovered.

Postpartum Care
The Jewish midwife was also responsible for postpartum care. After delivery, she would clean both mother and infant and, if needed, resuscitate the infant. She rubbed the newborn’s skin with a dilute salt solution to dry it, and she swaddled it, wrapping the baby tightly in linen to prevent crooked feet. The midwife was also responsible for preparing a male infant for circumcision.25

Mothers remained in bed for a time after delivery and at home for a longer period. Midwives were also responsible for supervising and instructing new mothers in the ritual laws of purification after birth. The time periods during which a woman was considered ritually unclean after birth differed according to the gender of the child. After the birth of a male child, the mother was considered unclean for at least the first seven days, after which the midwife brought her to the mikveh, the community’s ritual bath of purification. After the birth of a female child, the mother could not go to the mikveh for at least fourteen days.26

The responsibilities of the midwife continued until the mother became ritually pure, and she probably accompanied the mother upon her first visit to the synagogue after
delivery. The wimpel used during the birth might be offered to the Congregation, and special prayers in the mother’s honor were said by her husband. After the service, the new mother returned to full functioning within the Ghetto community, and the midwife’s services came to an end.27

The midwife was probably also responsible for breast care and supervision of the medical care provided by wet-nurses. Jewish custom supported breastfeeding. While the poor probably breastfed their own children, more affluent mothers tended to use wet-nurses. The Catholic Church allowed Christian midwives to care for Jewish women in labor, but it disapproved of Christians serving as wet-nurses for Jewish infants. A wet-nurse might move into the infant’s home for up to two years, and the Church feared that such prolonged and intimate contact might lead to Judaization.28 Urban Christians tended to send their newborns to a wet-nurse in the country, where the milk was believed to be richer, because there were fewer distractions for the wet-nurse. It was also thought that sexual intercourse inhibited the flow of milk.29

**Jewish/Christian Midwifery Issues in Venice**

Christian midwives in Venice performed very similar functions to those of their Jewish counterparts, with, of course, a different religious emphasis. Female friends and relatives of the parturient were also invited to attend the birth. Crosses were often placed on the walls of bedrooms in Christian homes during this period, and the parturient might have been encouraged to focus upon the cross. Incantations and Christian prayers to the Virgin Mary and to St. Margaret, the patroness of childbirth were recited during labor and delivery. Christians, too, sought to protect both mother and infant against demons.30 Like Jewish new mothers, Christian women also remained at home for a period of time after delivery, and the midwife brought the new mother to church for the first time, a practice known as “churching,” which included special prayers and ceremonies honoring the mother. Christian midwives, too, performed a wide range of functions and remained involved with mother and baby until the mother rejoined the community and resumed her usual responsibilities.31 These common practices may have had similar origins and may also have been influenced by social interactions between the Ghetto and the surrounding Christian community.

Assisting at the labor and delivery of a mother of a religion different than one’s own was a complex issue in late Renaissance Venice. Neonatal death was not an infrequent occurrence; thus, Christian midwives were required to have their own baptismal certificates and to have Church approval for baptizing a newborn in such situations. This requirement alone would have excluded Jewish midwives from delivering Christian women, unless another person qualified to baptize the newborn infant was also present during delivery in case of an emergency.

There were no Jewish proscriptions against a Jewish midwife delivering a Christian, and, in fact, Jewish midwives were known to have done so when this was requested of
them. In Spain, before 1492, there were cases of Jewish midwives delivering members of the Christian nobility. However, the delivery of Christians was discouraged by the rabbis and Jewish elders in Germany, because of the risk to the Jewish community as a whole if the midwife were to be held responsible for a maternal, fetal or neonatal death. A Jewish midwife could also potentially be accused of witchcraft if she used any Jewish rituals, traditions, incantations or charms at a Christian birth. In previously tolerant Marseille, in the early fifteenth century, a Jewish midwife was accused of malpractice, though she was later acquitted of all charges. We may assume that the Jews of the Venice Ghetto may also have felt at risk when a Jewish midwife attended a Christian woman in childbirth.

Jewish law does not proscribe a Jewish woman being attended by a gentile midwife, but it states that another Jewish woman should always be present during labor and delivery to avoid infanticide, pre-death Caesarian section or baptism of the baby. In Spain, a converso midwife delivering a converso woman might declare that she had baptized the baby at delivery for fear of impending neonatal death, thus negating the necessity of a church baptism for the infant. Issues with baptism were well known among Jews of the Venetian ghetto as well.

Art Related to Childbirth

In Christian Italy, childbirth was documented in religious paintings, painted ceramic bowls and plates, decorated wooden trays and birth chairs, special clothing for labor and delivery, embroidered sheets and pillow cases, amulets, illuminated manuscripts and personal writings. Examples in Mussachio’s *Art and Ritual in Renaissance Italy* include scenes of the mother in bed with her newly delivered infant, with midwife and assistants standing by, as well as scenes of the mother on the birthing chair with the midwife kneeling at her feet. There are also woodcut prints of the birth stool, of the parturient on the birth stool and of Caesarean section, and illuminated manuscripts with prayers to St. Margaret, for display in the labor room. A fertility belt with religious inscriptions was also used.

In Jewish Italy, and in all probability in the Ghetto of Venice as well, amulets appear to have been the principle type of decoration in the labor room. These could be metal discs worn around the neck, parchments with special prayers for a safe pregnancy, or prayers and admonitions to Lilith hung around the bed of the parturient. Special clothing and wimpels were also used. Italian Jews utilized silver extensively, creating silver boxes to hold the parchments and large amulets at the beds of mother and newborn. Levantine Jews used silver amulets, jewelry and talismans such as the hamsa; German Jews made woodcut prints; and Polish Jews crafted paper cutouts. Amulets were often inscribed with kabbalistic symbols or letters, or with the word Shaddai, one of the names of God.
Midwifery Education and Training

In the *Gynekia*, Soranus described the midwife as wise, respectable, learned and able to work with other women and physicians. He also noted that she should be literate, have a good memory, be physically strong, have long fingers and love work, and that she should be knowledgeable about conception, pregnancy, birth and postpartum care. Soranus also believed that the midwife should have three helpers, and be able to manage difficult deliveries, such as those involving the removal of a dead fetus or of the placenta. The Hebrew version of the *Gynekia*, *Sefer hatoledot* (the Book of Generation), includes a further requirement—not found in the Greek or Latin versions—that the midwife be “God-fearing.” It does not include Soranus’s recommendation that midwives remain virgins, as well as his claim that pregnancy is harmful to a woman’s health.

There are at least sixteen medieval Hebrew treatises from which the Jewish physician or midwife, if literate, could study. These included the fourteenth-century *On Difficulties of Birth*; based on the *Gynekia*, it is the only medieval Hebrew gynecological treatise to include sketches, sixteen in all, of the fetus *in utero*. A later Jewish midwife could also study the *Shevet Mussar* (the Book of Ethical Sermons, 1712), which included a prayer for the midwife to recite that she not cause any harm, used in the Ottoman Empire, Germany and Italy.

In the late Renaissance, midwifery training was not academic; an aspiring midwife learned through apprenticeship to an older, more experienced one. If the midwife was a mother or grandmother herself, it was believed that her personal experiences would greatly enhance her learning process. There were no formal midwifery schools, nor any formal surgical training for midwives. They were expected to learn how to deal with dehydration, weakness, the need for a spiritual connection, conduct of normal labor, dysfunctional labor, uncomplicated delivery, postpartum care and the resuscitation of newborn infants. Midwives could perform manual rotation of the fetus’s head, and apply traction tapes to the head or feet. They determined if and when a physician might be called in for urgent medical or surgical treatments beyond their training and ability to manage.

Anatomical Study and the Physician

Dissection of human cadavers was performed in ancient Greece and Rome but was prohibited when Rome became Christianized under the reign of Constantine in 312 CE; after that, ignorance of internal human anatomy prevailed. Galen, the Greco-Roman anatomical authority for 1400 years, based his teaching on animal dissection.

Despite the religious ban, human dissection was still being performed sporadically, and in the early sixteenth century, Vesalius’s study of human anatomy, based on cadaver dissection, provided a significant scientific advance in the study of the
human body. This enabled medical schools, whose students were male, to graduate physicians who understood both male and female anatomy, and who thus were able to perform successful surgical operations on both men and women. The University of Padua’s School of Medicine, located in metropolitan Venice, also had the distinction of admitting and graduating Jewish medical students.48

While a physician usually had no hands-on experiences in caring for a woman in labor during medical school, he was presumed to have training that enabled him to prescribe non-herbal drugs, perform Caesarian sections, utilize the latest medical knowledge, and apply the forceps, which had been secretly invented in England in the seventeenth century and were well known by the eighteenth.49 The Jewish physicians in Venice who practiced in the Ghetto had, in all probability, attended the University of Padua School of Medicine and also had dispensation to treat Christian patients outside the Ghetto.50 These were the physicians that Jewish midwives in the Ghetto likely called upon for assistance.

Childbirth Practice in Transition

How Many Midwives Were There in Venice?
The population of Venice in 1799 numbered around 150,000. The live birth rate was approximately 3.3%, resulting in about 5,000 live births per year. A typical midwife in Europe during the late Renaissance delivered between 30 and 50 infants annually. Thus, there were probably between 100 and 165 midwives functioning in Venice at any one time.51 The Ghetto’s population, at its maximum, was around 5,000, and if the birthrate there was around the same, there would have been around 165 live Jewish births per year and around three to five Jewish midwives working in the Ghetto at any one time. There may have actually been more, given that infant mortality rates were high and midwives also assisted at the births of non-viable infants.

The Transition to Modern Childbirth Practice
The advent of modern medicine, sparked by Vesalius’s human anatomical dissections, swept like a wave across Europe, reaching Venice in the late seventeenth century. From then until well into the eighteenth century, Venetian physicians attempted to assert their authority over midwives and over the process of childbirth in order to become accepted as the trained “experts.”52 As a group, they were successful in asserting their authority in education and licensing, including the area of childbirth. While “man-midwives” did not become as dominant and successful in replacing female midwives assisting at childbirth as they did, for example, in Britain,53 their presence engendered new education and training requirements for all Venetian midwives.

Lacking any “official” status or formal education, the midwives were at a distinct disadvantage. The physicians, already organized both academically and politically, demanded that they be granted official status as qualified to aid in childbirth and
that midwives be limited to the status of non-independent assistants licensed by the Republic.\textsuperscript{54} They maintained that the high maternal and fetal mortality rates were due to poor training and lack of knowledge, and they promised that this would be improved when they gained control over the process of childbirth.\textsuperscript{55} As midwives were paid for their services, the physicians may well have had a pecuniary interest in this regard: The licensing requirement would limit midwifery significantly.

The physicians therefore recommended that the government require midwives to attend midwifery school for two years and then be apprenticed to experienced midwives for an additional one to three years. In addition, they recommended that midwives not be allowed to perform manual procedures, use instruments, manage difficult labor alone or use drugs.\textsuperscript{56} Venetian midwives, who were often illiterate or semiliterate and had to work to support themselves and sometimes their children, found this requirement extremely difficult to meet. Under pressure, many enrolled in midwifery schools. However, a large number of them attended irregularly or did not complete their programs.\textsuperscript{57}

Venetian government officials were influenced by the educated, powerful and already licensed physicians. The government was also in competition with the Church, which had previously exercised control over the midwives. If the government could control and regulate education, licensing and practices around childbirth, it could potentially decrease the power of the Church over this aspect of medical care. A Department of Health, the Magistratura di Sanita, was established and became the official government authority charged with overseeing childbirth practice, licensure, training and services.\textsuperscript{58}

Exemplary Midwives: Two Stories

Two midwives who advanced to the forefront of the obstetrical field in this transitional period serve as excellent examples of the continuing importance of the midwife’s position in Italian society.

Benedetta Fedeli Trevisan, an experienced midwife in Venice around 1800, was determined to proceed through the mandated educational process and obtain a certificate as an “Obstetrical Surgeon.” She attended an approved midwifery school in Venice for two years. During that time, she invented a birthing chair that allowed the parturient to lean slightly backward, a more comfortable position for labor and delivery. She won a prize at the school for her invention and obtained her certificate, which allowed her to perform minor procedures and internal manual rotation of the fetus.\textsuperscript{59}

In her practical experience prior to entering midwifery school, Trevisan most likely had learned to use instruments to remove a dead fetus and to use gauze tapes, rather than forceps, to aid in delivery. Caesarean sections were not a contentious issue, as they were not done if the mother was alive and well or in the process of dying, as had been more common in Roman times, but only immediately post-mortem, if the fetus was still alive. In this period in Venice, a physician-surgeon would already have been present in the case of a parturient who was dying and would, if needed, have
performed the post-mortem Caesarean section. In the case of sudden, unanticipated death in labor, resuscitative procedures would probably have been attempted and the fetus would most likely have died in the process.

A French midwife, Teresa Ployant, who had trained in Paris and practiced in Naples, was appointed Instructor in Obstetrics at the Hospital for Incurables in Venice. Her obstetrical manual for the education of midwives, *Beave Compendio dell'Arte Ostetrica*, was published in 1787. She advocated for and supported the profession of midwifery, noting the special patience and ability of women in working with labor and delivery, and she fought against the presence of men in the delivery room.

Ms. Ployant also believed that a midwife’s hands, guided by knowledge of feminine anatomy, were the proper “instrument” for delivery, and she thus opposed the use of forceps. Not only did the use of forceps exclude women unnecessarily, she felt, since they were used almost exclusively by male practitioners, but even in the hands of a trained woman, Ployant believed that they were “dangerous and superfluous” compared to the use of hands alone.

*Conclusions*

On May 12, 1797, Venice surrendered to Napoleon’s armies, and the Serene Republic of Venice was no more. On July 7 the old gates of the Ghetto were demolished. Venice had entered a new world, and the lives of its Jews were forever changed.

Jews had entered the Ghetto with childbirth practices that presumably had remained unchanged for many generations. Midwives were trained by older, experienced midwives and had no formal education. Their attendance at childbirth involved not only delivery, but an entire social, cultural and traditional set of practices and methods, which included physical care and management of labor and delivery, spiritual care, pain management, religious traditions and a concern for demons. A woman in labor entered a protected woman’s world, in which she was cared for by her midwife and supported by her closest friends and relatives. Having a baby was a social event, one closely guarded and exclusively managed by women. The postpartum return to the community, to the male/female world, was gentle and slow-paced.

During their time in the Ghetto, the world around the Jews changed. Medical progress brought the knowledge, techniques and practices associated with the new field of obstetrics, and physicians assumed a leadership role, devaluing the midwifery tradition and medicalizing the childbirth process. With the end of the Ghetto, Jewish midwives emerged into this new world, which demanded licensing, education and supervision. It was left to midwives like Benedetta Fedeli Trevisan and Teresa Ployant to take up the challenge of redefining the role of midwife in a way that supports the coexistence of both obstetrical and midwife care.

Interestingly, the neonatal death rate in Venice did not change with the transition to modernity.
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Notes:

1. However, see Roberta Rich’s recent work of historical fiction, The Midwife of Venice (Canada: Doubleday Canada, 2011).
4. Fearing the Holy Office, for nineteen years Leone distributed his treatise only in manuscript. A revised version, approved by the censors, was finally published in Venice in 1638. It was well received and was reprinted in many editions. See Mark R. Cohen, “Leone de Modena’s 17th-Century Plea for Social Tolerations of Jews,” in David Ruderman (ed.), Essential Papers on Jewish Culture in Renaissance and Baroque Italy (New York–London: New York University Press, 1992), pp. 429–473.
8. Ibid., p. 62.
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31. Ibid., pp. 105–110.
33. Ibid., p. 129.
34. Baumgarten, Mothers and Children (above, note 13), pp. 21–54.
39. Ibid., p. 117, plate 107.
45. Klein, A Time to be Born (above, note 10), p. 125.
46. Filippini, “The Church, the State” (above, note 21), p. 155.
47. Encyclopedia Americana (1970), XII, col. 234, s.v. “Galen.”

53. Filippini, “The Church, the State” (above, note 21), p. 152.


55. Ibid., p. 163.

56. Ibid., pp. 162–163

57. Ibid., pp. 155–156.

58. Ibid., pp. 162–164.


62. Ibid.