

LETTERS TO THE EDITOR

Mezizah be-Peh

ḤAKIRAH is to be commended for publishing Shlomo Sprecher's outstanding article on *metẓitzah ba-peh*. In today's environment I am sure it took a good deal of courage to do so, and your readers are grateful. Sprecher's article has now become the place to turn for those who want information on this topic. I would therefore like to call attention to some other relevant sources, in order to round out the picture. Since Sprecher has focused on the Lithuanian Torah world and its attitude towards the practice, let me note the following.

R. Avraham Yitzhak Kook, whose stringency in ritual matters is well known, had no difficulty recommending that a tube be used for *metẓitzah*. He also testifies (in 1914) that this was done in Jaffa (*Da'at Kohan*, no. 141, and see also *ibid.*, no. 142).

R. Yitzhak Herzog, first chief rabbi of the State of Israel, in a responsum to Bernard Homa (author of the pamphlet *Metẓitzah* [London 1960]), states the following: ברור לענ"ד כשמש בצהרים שאין המציצה חלק מהמצוה לא לכתחילה ואצ"ל לא דיעבד. He further notes that even if only some experts declare that *metẓitzah be-peh* creates a danger, העומד על כך שהמציצה תיעשה דווקא בפה הרי הוא לדעתי טועה ומטעה בדבר שיש בו חשש של סכנה . . . ועליהם לחזור מדעתם זו ואדרבה לדאוג לכך לצאת ידי הרופאים הגדולים. As for the Hatam Sofer's controversial responsum on the topic, R. Herzog states that the

former did not intend to keep it hidden, for if so, he would have written that it was intended only as a *hora'at sha'ah*. According to R. Herzog, since in those days so few problems arose with *metẓitzah ba-peh*, the Hatam Sofer had no reason to abolish the practice *in toto*. Without actual evidence of specific danger, the principle of *shomer petaim Hashem* applied (*Pesakim u-Khetavim, Yoreh Deah*, no. 84).

One would have expected R. Jehiel Jacob Weinberg to share these sentiments, but that was not the case. Surprisingly (to me at least), he gives credence to the view that *metẓitzah* is not only an essential component of the *mitzvah*, but that it might even be *halakhab le-Moshe mi-Sinai*. He concludes his responsum, which was sent to Rabbi Oscar Fasman, president of the Hebrew Theological College in Chicago, by urging him not to get involved in any controversy regarding *metẓitzah*. He is very concerned that if Fasman expresses an opinion against *metẓitzah*, it will be picked up by the Conservatives, and at the same time lead to attacks on HTC by the *haredim*. He adds: ולצערנו התגברה מאוד הקנאות ואי הסבלנות בחוגי החרדים וכל מי שיש לו דעה אחרת משלהם פוסלים אותו ויורדים לחייו (*Kitvei ha-Gaon Rabbi Yehiel Yaakov Weinberg*, vol. 1, no. 9).

As part of his discussion of the Lithuanian practice, Sprecher notes that R. Hayyim Soloveitchik permitted *metẓitzah* without oral contact. R. Moshe Sternbuch recalls being told the same thing by R.

Isaac Ze'ev Soloveitchik, and that R. Hayyim's ruling took place during a tuberculosis epidemic (*Teshuvot ve-Hanbagot*, vol. 1, no. 588). Yet the story as recorded by R. Sternbuch is hardly proof that R. Hayyim did not regard *metzitzah ba-peh* as important, since in such a circumstance all *poskim* would agree that it must be waived. What is significant is that R. Sternbuch quotes other Lithuanian *poskim*, including R. Isaac Elhanan Spektor, who, barring extreme circumstances, were unyielding when it came to *metzitzah ba-peh*. This shows that even in Lithuania there was never anything approaching an absolute consensus that *metzitzah ba-peh* can be easily waived.

As for the Hazon Ish, Sprecher mentions that he consented to serve as a *sandek* even when *metzitzah ba-peh* was not performed. He further rejects R. Shmuel Vosner's attempt to turn the Hazon Ish into an opponent of using a glass tube (although the reference given is mistaken, since nothing about the Hazon Ish appears there). Sprecher does not note that in *Shevet ha-Levi*, *Yoreh Deah*, vol. 6, no. 148, R. Vosner reports that he heard from the Hazon Ish that for those places that still practice *metzitzah ba-peh*, one should fight to keep it that way. Only with regard to those communities that had abandoned *metzitzah ba-peh* did the Hazon Ish believe that it was not a battle worth fighting. It therefore makes perfect sense why the Hazon Ish would have no problem serving as a *sandek* when there was no *metzitzah ba-peh*, but that doesn't mean

that he would support abolishing it, since at the very least he regarded it as an important *minhag*.

I would also like to point out an error on p. 51. Here Sprecher refers to "repulsive practices that certainly are not part of any mitzvah, but were thought to be therapeutic." He cites the Hida, *Mahazikot ha-Berakhot*, *Yoreh Deah* 79:2, as permitting the practice of providing the freshly removed foreskin to barren women as a cure for their condition. In fact, the Hida does not permit the practice but states that it appears to be forbidden (although he acknowledges that according to the Tosafists it would be permissible).

The unfortunate fact is that we live in a world where many *poskim* are unfamiliar with basic science. Whether it be the sad spectacle of *poskim* who insist on the reality of spontaneous generation or deny the efficacy of DNA, one can only hope that Sprecher's article, and others like it, will finally shine some light on this problem, and perhaps help rectify matters.

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I AM WRITING in response to the article that appeared in your journal, "Mezizah Bepeh — Therapeutic Touch or Hippocratic Vestige?" by Shlomo Sprecher. First, I congratulate Dr. Sprecher on his diligent research and outstanding presentation. I also stand corrected, as Dr. Sprecher has demonstrated that there is reasonable evidence that there were infections

such as syphilis and tuberculosis transmitted through *metzitzah bepeh* in the 19th and early 20th century. Dr. Sprecher quoted a statement that I had written in a letter to the Forward that there has not been a documented case of death attributed to *metzitzah bepeh*. Dr. Sprecher agrees that “absolute laboratory corroboration” had not been done, as the technology was not yet available. However, it is certainly reasonable to accept that there were fatal cases of syphilis and tuberculosis transmitted through *metzitzah bepeh*. (One has to wonder what kind of *mobel* was suffering from syphilis, a sexually transmitted disease.)

I would like to comment on several points made by Dr. Sprecher. First, the possible transmission of syphilis and tuberculosis was caused by *mobelim* who had active disease. No *posek* would ever allow *metzitzah bepeh* to be performed by a *mobel* with active infectious lesions. The last of these reports appeared in 1946, and there have been no reported cases since then.

Dr. Sprecher refers to “a state of fatalities among the newly circumcised infants” in Vienna in 1837, observed by Dr. S. Wertheim. This was the outbreak that led to the famous letter of the Hatam Sofer that Dr. Sprecher discusses in detail in his article. Dr. Wertheim, “although he could not identify any lesions in the *mobel*’s mouth ... attributed the outbreak to *metzitzah bepeh*, since the afflicted all suffered initially with incurable rashes on the *brit-milah* wound.”

From the description given, it is not clear why *metzitzah bepeh* was perceived to be the source of the presumed infection, rather than the circumcision itself. If Dr. Sprecher believes that this episode led to the Hatam Sofer’s recommending that *metzitzah bepeh* should not be practiced, perhaps the Hatam Sofer should have reevaluated the whole practice of circumcision.

For the past 60 years, other than the sporadic cases of herpes infection temporally related to *metzitzah bepeh*, no other infections have been reported associated with *metzitzah bepeh*. This includes viral infections such as hepatitis and HIV, as well as bacterial infections. This is a remarkable safety record. With regard to herpes, it is certainly possible that there are rare cases of transmission. Until there is DNA evidence of transmission of a single case, the possibility still remains that the infections in question were contracted in a manner other than *metzitzah bepeh*. Herpes virus is easily transmitted. It has been reported that 100% of children in lower socioeconomic groups, probably because of close living quarters, are infected with herpes by puberty.

Other religious practices are associated with slight risk. There appears to be a point that risk is so small that modification of religious practice would never be considered. Two men have died as a result of accidents related to crossing the street in front of my synagogue following services in the past five years. I do not think that the *poskim* would consider ending communal

prayer in the synagogue. Children have perished as a result of accidents related to lit candles in the home. I cannot imagine the *poskim* ending the practice of lighting Shabbos and Chanukah candles. It is for the *poskim* to decide what degree of risk warrants modifying religious custom.

There should not be separate camps of pro *metzitzah bepeh* and anti *metzitzah bepeh*. *Poskim* should decide for families on how to proceed. However, it should be clear to all that the government's reaction has been severe and inconsistent with its response in other health hazards affecting children. The Centers for Disease Control (CDC), entrusted to guarding public safety on a national level, in response to outbreaks of life-threatening bacterial infection linked epidemiologically and genetically to three petting zoos across the United States; involving 108 persons, including many children, recommended only stronger infection control measures in these zoos. The CDC's report said nothing about closing *these* petting zoos, *all* petting zoos, or strongly recommending that children no longer go to petting zoos. The CDC also reports that each year an average of 384 children die from bicycle-riding accidents. The CDC's response is to increase bicycle helmet usage. There is no consideration to stopping children from riding bicycles.

The heavy-handed approach of the government in this matter out of proportion to its response in other situations should be of great

concern to the Jewish community. There is a realistic fear that the government may come after other Jewish religious practices. Among ourselves, we can discuss whether to continue a custom that may carry slight risk. I believe it is our obligation to determine through DNA testing if there is any risk. The *poskim* can then make recommendations based upon full knowledge of the subject. In the meanwhile, there is an urgent need to resist the forces on the outside who are acting in what appears to be an unusually harsh way against the Jewish community.

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I READ Dr. Sprecher's article on *mezitzah ba-peh* with great interest, especially because I spent a lot of time studying the issue from a halakhic standpoint, and read much of the halakhic material on the subject. Dr. Sprecher's article added greatly to my understanding of the medical issues, the medical background, etc. For example, I was familiar with Dr. Halperin's claims, but would not have been able to determine how valid they were. I was familiar with some of the early cases of infant mortality due to MBP, but some of the cases that Dr. Sprecher cited moved me to tears, because I am so pained that, as if we don't have enough enemies who harm us, there are those among us who will not learn from mistakes of the past, and Dr. Spre-

cher pointed out more such cases than I was aware of. In Israel, where I live, the practice is still very common, and not just among *haredim*, but among many people who are simply unaware, or among people who think that it is always better to do things the way their ancestors did (and remember that there are many people whose roots are in places that did not have an enlightenment), and among many newly religious who seem to be attracted to any practice that someone tells them is “*mehadrin*.”

Following my study of the issue, which was initially done and written as a paper as part of my requirements towards a master’s degree in Jewish studies, I wrote a paper entitled “*Metsitsa Ba-peh*—the Legacy of the Orthodox Controversy with Reform Judaism.” I think that my paper has some perspectives that have not appeared in the other, vast literature on the subject, including discussion of how contemporary *poskim* like Rav Elyashiv are influenced by the continuing polemics and political issues. With your permission, I’d like to copy here some of the opening paragraphs:

Now, over thirty years following that publication (the article by Dr Shields which was cited by Dr Sprecher), we find that the practice is still common, and that it is mainly the fear of AIDS, and recently, the fear of herpes, that seems to have had any significant impact on the attitudes in halakhic literature towards the practice. Nevertheless, rabbinic leaders shy away from forbidding direct

oral suction, in spite of its health hazards. The Rabbinical Council of America’s (RCA) latest statement, which included summaries of four opinions, among which is the opinion that direct oral suction is a requirement of halakhic circumcision, came so far as declaring that: “Those who wish to follow their customs in accordance with the above-noted authorities are certainly entitled to do so, but the RCA is firmly of the opinion that in light of current realities and medical knowledge it is proper, and preferable, to use a tube.”

Why the hesitation to state that in light of the current realities and medical knowledge, it is forbidden to use direct oral suction and that the opinion of the authorities who required it is not applicable? Why are people still “entitled” to follow an opinion that puts their child at risk? Isn’t the commandment of **אל תעמד על דם רעך** applicable? Further, in reaction to the recent events surrounding the death of an infant from herpes, some *poskim* hardened their views and returned to forbidding that which they permitted previously in light of the advent of AIDS.

The reaction of nineteenth century and early twentieth century *poskim* to proposals for change has been well documented. Because the concerns about *metzitzta* were raised by people whose loyalty to halakha was questioned (even though at times they were observant Jews) and/or their motives were confused with those of the opponents of circumcision in the nineteenth century, most of the

poskim at the time either opposed any change, even if proving their case required using creative halakhic methods, or reluctantly allowed use of an implement, while making it clear that this was a compromise and that oral suction was the preferable method.

Much evidence suggests that as a result of the nineteenth century controversy, most *poskim*, even today, view *metzitzta ba-peh* as the ideal practice, in spite of obvious hygienic problems, and in spite of halakhic justification for *metzitzta* by other means. Many of the *poskim* today who allow non-oral *metzitzta* at all, are willing to allow it as a compromise, only because of the threat of AIDS, and very recently, because of the dangers of herpes. And some *poskim* recently reacted to the leniencies that were expressed after the herpes incident in the same manner that the strict nineteenth century rabbis reacted to proposals to use non-oral methods in their time. We therefore find some *poskim* who allowed non-oral suction because of the fear of AIDS and who have hardened their view during the last year.

Further, though the fear and danger of gonorrhea, syphilis, and tuberculosis were probably at least as great as the fear and danger of AIDS today, rarely, if ever, is it granted that the *poskim* of the nineteenth century who opposed non-oral *metzitzta* were in a similar position to *poskim* today who make the allowance because of AIDS or herpes, and thus should have allowed non-oral *metzitzta* then. Though ruling differently from

these earlier *poskim* in light of new medical concerns and awareness is a step towards better protection of Jewish infants, recognizing the errors of the past would help adjudicators today base their decisions on the halakhic issues without feeling obligated to incorporate or defend the misguided rulings of their predecessors.

Rather than recognizing the influence of nineteenth century polemics on their predecessors, present-day adjudicators have continued to treat what is a technical addendum to the rite of circumcision as if its change would have ramifications for the overall halakhic validity of the performance of the ritual. It is my hope that there are, today, some religious leaders who will have the courage to clearly state that following the opinion of those who said that direct oral suction is a requirement, no matter how great those rabbis were, is, in fact, forbidden. Michael Broyde recently wrote that one of the characterizations of a modern Orthodox Jew is that s/he can recognize that “even the best of Torah scholars or rabbis can make mistakes.”

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Shlomo Sprecher responds:

Prof. Marc Shapiro’s insightful comments and corrections are much appreciated. However, I have to disagree with his apparent acceptance of R. Isaac Ze’ev Soloveitchik’s characterization of his

father's lenient ruling as a *Hora'at Sha'ah* promulgated during a TB "epidemic." Tuberculosis was en-
demic to 19th century European cities, which means there were no episodic flare-ups of TB that would lead a *posek* to declare a temporary ruling. Rather, the situation was one of a static rate of infection (much like HSV, though, of course, resulting in a far greater number of fatalities). I also thank Dr. Debby Koren for her encouragement, and I commend her scholarship.

As for Dr. Dan Berman's letter, I believe his great zeal for the cause of MBP leads him to unfortunate error. For example, his comparison between the morbidity/mortality of infants harmed by MBP and accident victims struck down en route to attending *Minyan* is imprecise, to say the least. Of course nearly every human activity entails some aspect of risk, but these risks are tolerated, because of the desired purpose of the action in question. Contrast that with MBP, whose sole purpose was intended to be a therapeutic one, but now is clearly understood to present only risk, with no therapeutic benefit whatsoever. Clearly, a purposeless action that provides only risk, with no attendant benefit, cannot be justified.

The other *Hareidi* physician advocate of MPB, Dr. M. Halperin, unfortunately did not respond to, or comment on, my article. However, he did recently publish (in the current issue of Jewish Action, [release date 11/06], Winter 5767/2006, Volume 67, No. 2, pp.

25, 33–40) an article entitled, "The *Metzitzah B'Peh* Controversy: The View from Israel." His article confirms several of my contentions. For example, on page 34 he writes:

From this *gemara* [Talmud Bavli, Shabbat 133b] it seems fairly clear that medical considerations are the only reason for *metzitzah*, for the *gemara* states that the very fact that *metzitzah* is permitted on Shabbat indicates that failing to perform it poses a risk to life. From this we can derive that *metzitzah* cannot be defined as part of the ritual of *brit milah*, which overrides Shabbat in and of itself, independent of the laws of *pi-
kuach nefesh*.

This *gemara* seems to be the source of the interpretation (i.e., that *metzitzah* is performed because of medical reasons) adopted by many *posekim*, both Rishonim and Acharonim, including the Rambam, the Shulchan Aruch, the Chochmat Adam and, as mentioned above, the Chatam Sofer, the Ketzot Hachoshen, the Netziv of Volozhin, the Avnei Nezer, Rabbi Auerbach and the Tzitz Eliezer.

The article was also courageous for its acknowledgement that as early as May 2002, he and his staff, reacting to the data gathered by Dr. Gesundheit (which would not be publicly disseminated until its August 2004 publication in Pediatrics), attempted to modify the risk of HSV transmission from *mohel* to

infant. Dr. Halperin also documents his lengthy (mostly failed) negotiations with Rabbi Wosner, and he concludes (p. 38),

In the course of these discussions, it became evident that at the time in Israel an ideological war [!] was being waged against the performance of traditional *brit milah*. During an ideological war of this nature, great dedication and self-sacrifice [!] as well as absolute insistence on observing tradition are demanded of us.

(I cannot help but wonder who exactly is called on to endure the “self-sacrifice.”)

These positives aside, I am disappointed by the article, because it continues to promote Dr. Halperin’s theory that, infectious possibilities notwithstanding, MBP is the most effective method of preventing a rare but dreaded complication of *Milah*—penile necrosis. His persistence calls for some additional refutation, beyond the discussion in my original article. I will begin with Dr. Halperin’s textual basis for this insight, which he somehow finds lodged in the very simple and clear words of Rabbi Yaakov HaGozer (see p. 34). Perhaps Dr. Halperin assumes that Rabbi Yaakov, an otherwise unknown 13th-century *Mohel*, was not medically sophisticated enough to articulate the actual medical function of MBP. But then, in a stunning extension, Dr. Halperin writes (on p. 35),

Likewise, the words of Rambam may now be interpreted unequivocally. “Until blood in the further reaches is extracted” constitutes only an indication that *metziṭzah* has been performed with the requisite exertion of force. Extraction of blood from the further reaches tells us that the *metziṭzah* has achieved its purpose, and any existing blockage of the dorsal arteries has been cleared.”

Now the Rambam, without question the greatest pre-modern Jewish medical authority, certainly utilized, in his own practice, Galen’s sphygmology, i.e. the technique of examining the patient’s pulses in assessing the patient’s overall health. The Rambam’s *Pirke Moshe BeRefuah*, Chapter 1, Sections 3–21 represents his own summary of the seven (!) works Galen composed detailing the pulse’s quality in different disease states. (I am not making the absurd claim that either Galen or the Rambam understood the physiology of the circulatory system, but only that they had the terminology to describe the derangement posited by Dr. Halperin.) Who then, if not the Rambam, should have been able to articulate clearly the true rationale of this practice, which, in Dr. Halperin’s estimation, was apparently well known. Note especially Dr. Halperin’s application of *lomdus* in parsing the Rambam—“Until blood in the further reaches is extracted” represents only a *siman* (indication) and not the *sibab* (in-

tent) of the process. While I am as avid a proponent of *lomdus* as anyone, its goal should be to get at the truth, and not to score points in favor of one's pet theory.

As for Dr. Halperin's physiological basis for the practice—it too appears to be without a shred of rational evidence. Again, I ask, how does a momentary application of suction to the distal capillaries reverse proximal arterial spasm? Where has Dr. Halperin ever encountered this technique in any medical practice? How does Dr. Halperin know that MBP can cause an “increase in pressure gradient (by a factor of four to six!)?” He provides no evidence that he, or anyone else, has ever measured this phenomenon. Furthermore, if this is the desired intention, then why not advocate applying an elastic tubing to seal the freshly cut glans and then attach the tubing to a suction pump, which can achieve a reproducible, quantifiable degree of negative pressure?

Dr. Halperin's other pronouncements also appear to be misleading. For example, on page 35 he writes:

“History demonstrates that *Chazal* scrutinized medical findings with a critical eye and did not see themselves as bound by Aristotelian dogma. For example, they stated that heredity is not only maternal, but paternal as well, contradicting the Greek sages.”

Dr. Halperin cites *Sbu"t HaRibash* (Responsum #447) as his source, and while he is correct that Rabbi Yitzchak Bar-Sheshet does

make that claim, we should have expected Dr. Halperin to verify that contention before promoting it. In fact, Dr. Halperin could have easily done so by reading Dr. Edward Reichman's outstanding article in *Tradition* (Volume 31, No. 1, Fall 1996) entitled “The Rabbinic Conception of Conception; An Exercise in Fertility.” On page 37, Dr. Reichman writes: “It seems clear that the rabbis, similar to Galen and in contrast to Aristotle, clearly acknowledged both a male and female seed, the female seed appearing to be identified with the menstrual blood. It is interesting to note that the [Talmudic] list of organs that are derived from the respective seeds roughly resembles that of Galen.” Although Dr. Reichman concludes that since neither Galen nor Hippocrates is ever explicitly mentioned anywhere in the Talmud, “cross-cultural borrowing remains speculative,” I believe that “highly probable” should replace “speculative.” Proof for this can be found in M. Bar-Ilan's “*ba-Refuah be-Eretz Yisrael be-Me'ot ha-Rishonot le-Sefirah*,” *Cathedra* 91 (1999) pp. 31–78. See also M. Stern's *Greek and Latin Authors On Jews & Judaism* (Jerusalem, 1980) pp. 306–328 for evidence of Galen's personal familiarity with Jewish physicians and Jewish customs; Galen even knew that a conventional Jewish year is comprised of alternating months of 29 days and 30 days for a total of 354 days, and that some years have an additional intercalated month. A century later we have evidence of the *nasi* R. Gamaliel devising special

remedies for splenic ailments. (See P.W. Van Der Horst's essay "The Last Jewish Patriarch(s) and Greco-Roman Medicine" in *Jews and Gentiles in the Holy Land*, M. Mor, editor (Jerusalem: 2003)).

What I find especially ironic is how a simple reading of this entire Responsum of Rabbi Yitzchak Bar-Sheshet should easily refute Dr. Halperin's very argument. The issue placed before the Rivash concerned the tragic case of a young widow whose husband died only one month into their marriage. Just one week shy of nine months after her final cohabitation with her husband, she delivered a seemingly healthy and developmentally mature baby girl. On the twenty-ninth day of her otherwise uneventful life, the newborn baby contracted an illness and died within a few hours. Declaring her a viable child would, of course, spare her mother the travail of having to wait several years for the siblings of her deceased husband to reach *bar-mitzvah*, the minimum age when they could participate in a *chalitzah* ceremony, and so enable her to remarry. As an additional complication, it seems a *Kohen* was a strong contender to be her new spouse. To the horror of the young woman and her family, the Rivash ruled that because of the Talmud's assessment that only seventh-month and ninth-month fetuses are viable, the deceased infant girl cannot be considered a *valad shel kayyama*, and therefore her mother may not marry until after *chalitzah*, which would then make marriage to a *Kohen* impossible.

This Talmudic ruling declaring a child born two days into its twenty-fifth week of gestation as fully viable (and therefore mandating *chillul Shabbat* to preserve its life), whereas a newborn of thirty-five weeks gestational age is to be treated "as a stone" (and therefore considered to be an **object** bearing the *issur* of *muktzeh*, and certainly not a viable human entity for whose behalf one may violate the Sabbath), is itself **fully** reflective of contemporaneous Hellenistic medical science. (For documentation of this claim, please see the Hebrew translation of R.E. Reiss and A.D. Ash, "The Eight-Month Fetus: Classical Sources for a Modern Superstition," *Obstetrics & Gynecology* 71:2, 270–273 (1988), which appeared in *Assia*, No. 45-46, Teveth 5949 (January 1989) (Vol. 12, No. 1-2), pp. 112–117. Dr. Halperin was certainly familiar with this article, since he was then, and still remains, the editor of *Assia* and he referenced the aforementioned article on p. 93 of that issue in his own article on pre-term infants. For insight into how *poskim* of the 20th Century grappled with this disparity between Chazal's pronouncement and current reality, see Rabbi N. M. Gutel's definitive article on pp. 97–111 in that same issue of *Assia*, and his *Sefer Hishtanut ha-Tevo'im*, pp. 77–80.)

Dr. Halperin concludes his paean to *Hazal's* medical pronouncements by stating that they "recognized pathological anatomy 1500 years earlier" (p. 36). I wonder, for example, how he would explain the passage in Talmud

Bavli *Bekhorot* 44b, which posits two pathways in the male genital organ, one for urine and the other for semen. (See pp. 50–52 in Dr. Reichman’s article cited above in regard to how *poskim* of the 20th Century grappled with this disparity between Chazal’s pronouncement and reality.) Dr. Halperin’s approach is typical of this prevalent *Hareidi* methodology that somehow “overlooks” scores of problematic texts while selecting passages that can be shoehorned into proving how scientifically advanced *Hazal* were. While this approach might work for the credulous and the unsophisticated, it certainly does not represent an honest and forthright manner of dealing with these issues.

Finally, I’d like to conclude by citing Dr. Berman’s conclusion—“there is an urgent need to resist the forces on the outside who are

acting in what appears to be an unusually harsh way against the Jewish community.” Again, let me remind Dr. Berman that the officials in the NYC Dept. of Health had difficulty in comprehending why the *Hareidi* community’s own self-policing, which had forced a prominent *Hasidic mobel* to abandon MBP after he was linked to several non-fatal HSV incidents in 1998, should be abandoned, some years later, in the case of another *mobel’s* linkage to a **fatal** incident in October of 2004; and why, in November of 2005, the parents of an infant who contracted HSV Meningo-Encephalitis refused to divulge the identity of their son’s *mobel* so that he could be tested. It appears that it is not “the forces on the outside” that have changed as much as the *Hareidi* community itself.