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# Newborn Care and Survival among Jews in Early Modern Poland

ZVI ECKSTEIN AND ANAT VATURI

While there were discrepancies between Jewish law and custom and actual practice, the customs, beliefs, and norms governing post-partum breastfeeding and wet-nurse employment that were standardized as 'good' among Jews in early modern Poland favoured infant survival. In particular, the fact that Jewish religious precepts enjoined maternal breastfeeding from shortly after birth gave the newborn the benefit of the first milk, known as colostrum, which contains a range of antimicrobial elements as well as substances strengthening the immune system, of which medical knowledge only became aware in the nineteenth century. These practices thus constituted one of the factors that reduced infant and child death rates among Jews, which seem to have been lower than the corresponding rates among Christians. This contributed to the rapid rise of the Jewish population in Poland–Lithuania.

## Introduction

In seventeenth-century Europe, between one-third and one-half of children born did not reach the age of 10,<sup>1</sup> and the estimated infant mortality rate in Poland was 350 per 1,000 live births. At the same time, child mortality among Jews was significantly lower for all ages, and, on average, from birth to 5 years old it was 23 per cent lower. According to the earliest available statistical data for the province of Posen (1819–63), during the first year of life the infant mortality rate among Jews was 27 per cent lower than among the general population.<sup>2</sup> Although historians have noticed this difference, they have not provided sufficient explanation for it.<sup>3</sup> This chapter takes up the challenge and attempts to explain the lower infant mortality rate among Jews as resulting from, among other factors, the care provided to newborns in the first twenty-eight to thirty days of life known as the neonatal period. In modern medical practice, neonatal care supports physiological processes which assist the neonate in the transition from intra-uterine to extra-uterine life. It helps to establish proper feeding and sleeping habits,<sup>4</sup> to avoid high-risk infections, and to recognize birth or congenital defects, and is thus pivotal to the baby's survival at least during the first year of life.<sup>5</sup>

This chapter outlines the major traditions and concepts that governed neonatal care among Jews in early modern Poland and discusses their impact in the light of modern medicine. It raises the hypothesis that the customs, beliefs, and norms governing post-partum breastfeeding and wet-nursing that were standardized as 'good' among Jews in early modern Poland supported infant survival and thus contributed to lower infant and child death rates.<sup>6</sup>

Despite this awareness of the importance of neonatal care and the wealth of

scholarship on the history of childhood, these topics have aroused little scholarly interest.<sup>7</sup> More has been written on delivery and the almost parallel period of the new mother's life, known as the puerperium, that is, the four to six weeks during which she recovers after giving birth. Here we partially fill this scholarly lacuna and discuss the ideas that governed neonatal care among Jews in early modern Poland as they appear in the major halakhic sources and in seventeenth-century Jewish ethical guides and community rulings.<sup>8</sup> While acknowledging that there were discrepancies between law and norms, on the one hand, and practice, on the other,<sup>9</sup> the basic assumption of this research is that social and cultural norms partially shaped by religion were influential in how early modern Jews took care of their newborns. Consequently, the first two sections of this chapter lay out the traditional Jewish religious rulings that influenced early modern attitudes. In the third section, we first discuss the concepts present in early modern halakhic rulings and then adduce literary sources and information derived from legislation and from the existence and activities of community institutions related to children and their well-being.<sup>10</sup> Since Jews did not live in a vacuum, the study is supplemented with information from non-Jewish legislation and popular non-Jewish medical treatises. The fourth section presents some findings of modern medicine regarding infant care and mortality in order to help understand the impact of these concepts and norms on Jewish infant mortality rates. It shows that the early modern Jewish concepts were surprisingly close to modern practice, and thus, although mostly unconsciously, they aided infant survival.

## Biblical and Talmudic Concepts Governing Neonatal Care

The ideal of fulfilling a child's basic physical, emotional, and intellectual needs is deeply rooted in Judaism. This is evident from biblical references to the importance of child-rearing and newborn care. The Bible imposes a commandment to procreate<sup>11</sup> and suggests that a family's fruitfulness is proof of God's blessing.<sup>12</sup>

The Bible prescribes special care for a newborn. First, it ruled that the umbilical cord should be ligatured and cut immediately after birth. Then the baby should be bathed, rubbed with salt, and wrapped in swaddling clothes: 'And as for your birth, when you were born your navel cord was not cut, and you were not bathed in water to smooth you; you were not rubbed with salt, nor were you swaddled. No one pitied you enough to do any one of these for you out of compassion for you.'<sup>13</sup>

Although the Bible does not specify when the first feeding of the newborn should occur, it does emphasize the importance of breastfeeding.<sup>14</sup> The sages interpreted the prayer of the childless Hannah as implying that the female breast had been created solely for breastfeeding.<sup>15</sup> The Bible views milk-producing breasts as a blessing and dry breasts as a curse.<sup>16</sup> It also gives priority to the infant's nutritional needs, and thus states that breastfeeding outweighs all of a woman's other domestic duties<sup>17</sup> and, if a woman cannot nurse her baby, that a wet nurse should be employed, and treated with respect.<sup>18</sup>

In the book of Genesis, circumcision of the newborn male was a sign of the covenant between God and Israel: 'And throughout the generations, every male among you shall be circumcised at the age of eight days.'<sup>19</sup> Although there is no explanation why the eighth day was chosen, it is likely that the stabilization of the blood-clotting mechanism that occurs from that day onwards was taken into account.

The talmudic literature followed in the footsteps of the Bible. It praises procreation and discusses a child's needs at the different stages of its development. Marriage is emphasized as the ideal, and a man who does not marry and has no children is described as committing a sin of omission. A talmudic saying from the second century about Rachel's lament over her barrenness claims that a man with no children is considered dead.<sup>20</sup> According to Beit Shammai, a man is obliged to have a minimum of two sons; Beit Hillel ruled that the minimum was one son and one daughter.<sup>21</sup>

The Mishnah lists three major principles in nurturing an infant's development as reflected in the advice given by a nanny of Abaye: personal hygiene, proper nutrition, and developmental play: 'The care and development of the infant requires first that he be bathed and anointed with oil; later, when he grows older, that he be given eggs and dairy products; and when he grows older still, that he be given the freedom to play with toys.'<sup>22</sup> In regard to the care of a newborn, the Talmud accepts the biblical and mishnaic approach and does not add many further details:

We learned in the Mishnah: And one may tie the umbilical cord of a child born on the sabbath. The sages taught similarly in the Tosefta and even added to it: One may tie the umbilical cord of a child born on the sabbath. Rabbi Yosei said: One may even cut the umbilical cord. And one may insulate the placenta as a healing remedy so as to warm the newborn.<sup>23</sup>

This lack of pragmatic instruction can be interpreted in two ways: first, as a result of the scholastic approach of the Talmud, which is not interested in neonatal care per se but discusses it as part of other subjects, for example, observance of the sabbath;<sup>24</sup> second, as a testament to the prevalence of and familiarity with biblical procedures and the consequent redundancy of explanations.<sup>25</sup> During the rabbinic period, among both Jews and non-Jews the newborn was usually salted (to strengthen its skin) and wrapped (to straighten its limbs),<sup>26</sup> as described in the Bible. The Talmud treats the wrapping and binding of the newborn's head as a vital procedure and an important skill required of a good midwife.<sup>27</sup> While discussing the laws of the sabbath, the Talmud rules that the care of a mature newborn justifies the desecration of the sabbath,<sup>28</sup> except for wrapping, which, when intended to straighten out limbs deformed during delivery, should be forbidden as manipulating the spinal column.<sup>29</sup>

Regarding nutrition, the talmudic literature disseminates the prevailing view that it is natural for a woman to breastfeed her child<sup>30</sup> and discusses the qualities of breast milk, patterns of breastfeeding, and the status of the breastfeeding mother. It stresses the desirability of breastfeeding as the best possible source of nourishment in infancy and justifies even the employment of non-Jewish wet nurses, when the mother cannot breastfeed. Regarding neonatal care, the Talmud refers to the practice of giving 'children's herbs' (*asubei yanuka*) to the newborn infant in order to cause it to

vomit and clean its mouth of mucus before breastfeeding.<sup>31</sup> While the Talmud does not prescribe a specific time for the first feeding of the newborn, it accepts the norm prevailing among contemporary Jews, which, according to Preuss, was 'for the newborn to be placed at the mother's breast immediately after birth, but in any event before twenty-four hours have elapsed, even if the navel has not yet been cut.'<sup>32</sup> This practice of post-partum breastfeeding was contrary to the Christian model, which was deeply influenced by the Greek physician Soranus of Ephesus (second century CE), who believed that the child should not be given the mother's breast until it was 20 days old, because the earlier milk was not healthy.<sup>33</sup> The reason for the Jewish approach was probably the prevailing belief that delay in relieving the mother of her milk might constitute a danger to the mother and consequently to the infant requiring her care.<sup>34</sup>

The Talmud prescribes that a baby should be nursed for twenty-four months. If the mother was ill or had died or was wealthy enough not to have to, then a wet nurse was to be hired. The Tosefta permit a non-Jewish wet nurse to be used, on condition that she is brought into the domain of the baby's father, 'for safety's sake.'<sup>35</sup> Moreover, the halakhah rules that, if possible, a wet nurse should be hired during the neonatal period before the infant is able to recognize its feeder and thus respond negatively to the change in the source of breastmilk. Acknowledging babies' attachment to the source of milk, the rabbis advised avoiding changing the nursing woman.<sup>36</sup> It is not clearly stated whether the danger was due to the change of milk, the risk that the baby might refuse to suck from a strange woman, or the separation from its mother and her care.<sup>37</sup> Consequently, it was recommended that any change or employment of a wet nurse should be done during the neonatal period.

The talmudic literature does not mention nursing from vessels. It mentions the nursing of an infant by an animal,<sup>38</sup> and, in extreme circumstances, even nursing from a non-kosher animal is permitted.<sup>39</sup> It is known that in talmudic times women expressed their milk into a glass or a bowl, but nursing in this way was considered a kind of play.<sup>40</sup> Women also expressed their milk into an animal horn in order to feed their babies.<sup>41</sup>

In talmudic times, babies were bathed and anointed with oil. They were probably placed in a small bed, in which they were rocked.<sup>42</sup> At night they slept with their mother.<sup>43</sup> Then during the day, they were carried on the bosom.<sup>44</sup>

## Neonatal Care in Medieval Ashkenazi Communities

In medieval Ashkenazi communities, the sages continued to elaborate on the approaches found in the Bible and talmudic literature. The prevailing attitude was that the birth of a child and childcare were central to a woman's life. It was believed that a barren woman could not be happy, because a woman's role was to have children.<sup>45</sup> Consequently, a woman was expected to be concerned for the child's welfare during pregnancy, especially after she felt movement in her womb.<sup>46</sup> A man was considered pious if he had children.<sup>47</sup>

Although men were not present during the actual delivery, the sages did know a lot about the process of childbirth, and included it and neonatal care in their discussions of various other activities.<sup>48</sup> For example, they accepted the ruling that one could desecrate the sabbath in order to facilitate the birth of a fully developed foetus.<sup>49</sup> Thus even on the sabbath, the umbilical cord was ligatured and cut right after the birth, and the baby was bathed and rubbed with salt. Then it was wrapped in swaddling clothes,<sup>50</sup> but only in a way that was not intended to alter the infant's body. If swaddling was done 'to straighten the delicate limbs, which have been pressed upon and bent during delivery', it was postponed until after the sabbath.<sup>51</sup>

During the first days after the birth, the baby and the mother were waited on by other women.<sup>52</sup> If it was a boy, he was bathed by the women of the community every day, starting from the third day, in preparation for circumcision. The washing of a baby boy was even done on the sabbath but within sabbath restrictions. The woman who received the honour of washing the neonate or supervising the bath before the circumcision was usually chosen from the family.<sup>53</sup> After the ceremonial bath, a baby boy was beautifully dressed. He was then taken to a specially prepared synagogue where the circumcision took place right after the morning prayer.<sup>54</sup> As part of the ritual, the baby was given his name, publicly recognized by his father, and accepted into the Jewish community.

Medieval sources do not state clearly whether the mother was present at the circumcision or stayed at home.<sup>55</sup> When possible, it was customary to isolate a woman and baby during the neonatal period to avoid infection. The sources mention the first post-partum visit of the mother to the synagogue, which took place on the sabbath approximately a month after the birth and was called *shabat yetsiat hayoledet*. This event was accompanied by a ceremony known in Germany in the fourteenth century as *Hollekreish*, during which a baby girl got her name and a baby boy got his additional, non-Hebrew, name.<sup>56</sup>

Contemporary sources contain little information about the practice of breastfeeding in medieval Ashkenazi society. The sages followed the Bible and Talmud on the subject and mentioned them in their discussion of the parental responsibility for feeding infants, the special status of a nursing woman, the use of contraception by a nursing woman, and the employment of non-Jewish wet nurses. Their rulings varied, probably depending on time and place. Still, deducing from the frequency of wet nurses' appearance in the sources, their employment was a widespread practice, especially among wealthier families.<sup>57</sup> Contemporary sources reveal two additional points which most probably also influenced the care of the newborn: wet nurses were allowed to breastfeed only one baby, and parents were anxious to avoid harming the baby by changing wet nurses.<sup>58</sup> While, in the fourteenth-century Sephardi compendium *Zeidah laderekh*, there is the advice that after the birth of a child the mother 'should not nurse him until eight days pass, so that her milk stabilize[s]';<sup>59</sup> there is no such prescription in the known Ashkenazi texts.

## Care for the Newborn in Early Modern Poland

Jewish society in early modern Poland generally accepted the halakhic approach to breastfeeding, care of a nursing mother, and childcare, and believed that 'raising children is essential, and much depends on it.'<sup>60</sup> By and large, it followed the rulings in the *Shulḥan arukh* with Rema's glosses known as the *Mapah*, which adopted the above-mentioned talmudic and medieval Ashkenazi tradition regarding neonatal care.

In addition to halakhic writings, people could learn the concepts governing childcare from the growing body of Yiddish ethical books. Whether written by representatives of the learned rabbinical elite or by less educated women, these books viewed giving birth and childcare as the central elements of a woman's life and her primary religious purpose.<sup>61</sup> Addressed mainly to women but also 'to men . . . who cannot read and understand books in the holy tongue and the sermons delivered on the sabbath',<sup>62</sup> they disseminated the belief that a woman who gives birth, nurses her babies, and provides for all their needs was following the way of the Creator and was deserving of eternal life.<sup>63</sup> Following the recommendations of the ethical literature, women prayed to become mothers and to breastfeed,<sup>64</sup> and were expected to think about their pious children when conceiving them<sup>65</sup> and during pregnancy to 'improve herself with good deeds, and distance herself from evil deeds . . . if she wants to have pious, upright children who will be raised to serve God and be God-fearing.'<sup>66</sup>

If the baby was born in the seventh or ninth month, it was regarded as viable and care for it started right after delivery: 'For the newborn, we take care of all of his needs. We wash him, salt him, hide the placenta so that the child will be warm, and cut the umbilical cord.'<sup>67</sup> The procedure of cutting the umbilical cord was not described in ethical books, as it belonged to a midwife's duties and was probably similar to the practices in the past or in the surrounding society, in which they 'cut the navel cord right after the little baby is born and three fingers away from the body, then tie it while sprinkling it with powder', usually made of local herbs.<sup>68</sup>

Although the *Shulḥan arukh* states that—except for immediately after the birth—in its first days the baby is not washed at all, and 'the laws regarding washing [a baby boy] are the same as the laws of washing any man', according to Rema, in Poland, the Jews followed the tradition from the time of the sages and did wash the newborn in warm water before and after circumcision as well as on the third day after that.<sup>69</sup> If the circumcision was scheduled for the sabbath, the water had to be heated the day before, and the bathing following the circumcision was to be performed after the end of the sabbath.<sup>70</sup> In addition to the halakhic rulings concerned with the ceremonial bath on the sabbath, the ethical books gave additional practical instructions, probably in view of the various methods of washing the baby prevailing in the surrounding Christian society:<sup>71</sup>

One should not bathe the child in water that is too hot, since it makes the child weak and sluggish. And one should not wet its head at all, because its brain is soft, and much bad,



God forbid, comes of it, so that I will not write here what, God protect us, comes of it. When one takes it out of the bath, one may wash it carefully. One should also not leave it in the bath for too long.<sup>72</sup>

In contemporary halakhic texts and ethical guides, one of the major issues related to neonatal care discussed at length is breastfeeding, its source and duration. The *Shulḥan arukh* advocates breastfeeding as the best source of nutrition. It does not state clearly the time of the first feeding; however, Rema's indirect comments on the pain caused by milk accumulating in a new mother's breast and the lack of recommendations to avoid nursing in the first days support the claim that the prevailing norm was to start nursing a few hours after the birth.<sup>73</sup> Yemima Chovav claims that in the early modern period Ashkenazi rabbis believed that the first milk was harmful and mothers were advised not to breastfeed for the first ten hours.<sup>74</sup> A similar time for the first feeding is recommended in *Meynekes rivko*, which advises new mothers to breastfeed their newborn after they rest for a while: 'as soon as the child is born, she must watch over the child, and be careful not to give the child to anyone else for nursing. She herself should begin the next day.'<sup>75</sup>

Neither in *Meynekes rivko* nor in any other contemporary source is there any discussion of the benefits of the first milk known as colostrum. Instead, the emphasis is on the advantages of early breastfeeding to the mother and on its effect on the establishment of nursing habits, the mother's future ability to breastfeed, and the infant's willingness to nurse from her. According to *Meynekes rivko*, early nursing ensures a good flow of milk. If the mother postpones breastfeeding 'her milk goes bad and becomes bitter, and then she no longer wants to nurse the child at all. Moreover, if the mother gives in to the pain and passes the newborn to a wet nurse, her 'milk [is no longer] good but watery and bitter', and she may never nurse well.<sup>76</sup>

Despite having a different goal, those recommendations established a norm of feeding with colostrum, which was contrary to the prevailing Christian practice of avoiding 'the impure, thick stuff which is very unhealthy to the baby', as recommended in, among other sources, the popular sixteenth-century treatises by Stefan Falimirz and Marcin Siennik.<sup>77</sup> This concept of early nursing not only protected Jewish mothers from the risk of breast congestion and mastitis (milk fever)<sup>78</sup> but also provided their neonates with the advantages of colostrum, which was critical for the infant's proper development and survival in pre-modern times, as we will discuss in the next section.

In *Meynekes rivko*, as in the halakhic writings, the discussion of early breastfeeding is related to the practice of hiring a wet nurse. The author claims that a woman who is able to nurse the baby herself merits a good reputation, and is 'upright and straight'. However, a woman who turns to a wet nurse is undutiful and will always regret not nursing, because 'as soon as the child tastes another, it will not want to suckle from the mother again.'<sup>79</sup> This recommendation is based on a rather free interpretation of a ruling of the *Shulḥan arukh*, which follows the talmudic tradition<sup>80</sup> and claims that a child of nursing age, used to one source of milk, cannot have its nursing woman

changed.<sup>81</sup> More precisely, it states that if the baby already knows its mother, then she cannot give it to a wet nurse, because ‘the trauma of separation might cause the child physical harm.’<sup>82</sup> She must continue breastfeeding the baby until it is twenty-four months old:

She may [choose to] not breastfeed it until it [is old enough that it] recognizes her, but if it recognizes her [Rema: and does not want to breastfeed from another], even if it is blind, we do not separate it [from her], because of the danger to the infant, but rather we compel her and she breastfeeds it until it is twenty-four months old. [Rema: And he pays her the hire of breastfeeding.] And some say that even another woman, if she breastfeeds a baby until it [is old enough that it] recognizes her, we compel her [to continue] and she nurses it for hire, because of the danger to the infant.<sup>83</sup>

The rabbis recognized the developmental changes at different stages of childhood and were aware of the individual pace of some of the transitions. Thus, they did not set down unambiguously when the infant recognizes its source of milk and ruled it could happen around the age of two to six weeks. *Meynekes rivko* views the change of milk source as problematic in the neonatal period. This is introduced by the author to support her argument against the hiring of wet nurses, especially by rich families.

In Jewish communities in Poland–Lithuania during the early modern period, wet nurses were primarily employed when a mother died, when she could not breastfeed herself, or when she refused to breastfeed. Such ‘refusal’ was common among rich families that did not want to wait twenty-four months between pregnancies, which was required if the mother was breastfeeding. Those families often secured alternative sources of breastmilk during the neonatal period or even before the birth, so that the baby would not get used to the mother and she be compelled to breastfeed it.

The author of *Meynekes rivko* opposed this practice not only on ideological grounds but also by pointing to the instability of people’s economic situations. She suggests that ‘even if she is rich—one never knows what the future holds’, and she might find herself unable to continue paying for a wet nurse but also unable to breastfeed herself. Although *Meynekes rivko* does not elaborate on this point, it can be supported with the contemporary recurrent rulings against bankrupts.<sup>84</sup>

Wet nurses were hired in the neonatal period if the mother was a widow and planned to remarry. According to the ruling *meineket haveru*, a woman nursing her child couldn’t remarry until the child reached the age of twenty-four months.<sup>85</sup> However, if she hired a wet nurse before the baby ‘knew her’ and there was no need to switch the milk source, which could harm the baby’s will to suck, she could marry again. As Jewish women were not permitted to employ a wet nurse on the sabbath but had to feed their baby themselves, it was difficult to find a Jewish wet nurse. Hence, although milk from a non-Jewish woman was generally deemed to be less pure, the *Shulḥan arukh* followed the earlier tradition and permitted the baby to be breastfed by a non-Jewish woman, but only in the mother’s home, not the wet nurse’s. Presumably when possible Jews followed this ruling and avoided sending their babies to a wet nurse’s home, as practised by Christians, who were not restricted by similar religious norms.<sup>86</sup> Though permitted, the employment of non-Jewish wet

nurses was criticized in the ethical literature, which testifies to the popularity of the practice: 'And those, who have non-Jewish wet nurses commit a great injustice, if they could have a Jewish [wet nurse]. The milk of a non-Jewish wet nurse comes from the food she eats, which is *treyf* [non-kosher], she blocks the heart of the child that drinks of her.'<sup>87</sup>

The Church fought against the Jewish employment of Christian wet nurses because they had to lodge in Jewish homes.<sup>88</sup> It denied the wet nurses Communion, and used the help of municipal authorities to impose fines on Jews who hired them: 'It is forbidden for the Jews to keep Christian servants especially Christian wet nurses and governesses under penalty of a 100 grzywna fine for the Jew and of arrest for the Catholic who served him.'<sup>89</sup> The Sejm and the king (probably under the influence of the Church) also introduced laws to prohibit the employment of Christian wet nurses by Jews.<sup>90</sup> Despite criticism and prohibitions, the Jewish authorities (which usually followed the law in order to avoid a backlash from the non-Jewish authorities) followed the halakhah and allowed the hiring of Christian wet nurses, although within limits. For example, according to the regulations of the Kraków community, in 1595 it was prohibited for a Christian female servant (including wet nurses) to be lodged in the home of a Jewish employer because of 'the confusion arising out of this.'<sup>91</sup> The response of the Jewish authorities testifies to the recognition of both the importance of breastfeeding and the necessity of wet nurses.<sup>92</sup>

The important ceremony during the neonatal period was circumcision. In the early modern period it took place either in the synagogue or at home.<sup>93</sup> On the sabbath before the ceremony, there was a ceremonial meal to mark the baby's first commandment (observing the sabbath). In the mid-seventeenth and eighteenth centuries (and perhaps earlier) it was customary to gather in the baby's home on the night before the circumcision in order to pray,<sup>94</sup> and in some places it was customary for the men to eat a meal with the mother and the baby.<sup>95</sup> In other places, the women had a meal together with the mother and baby. For many couples the circumcision of the first son signalled their independence and transformation into a family.<sup>96</sup> Community sumptuary laws testify to the importance of the ceremony and of the feasts accompanying circumcision, which were often used as a means of exhibiting social status.

During pregnancy and labour, a woman was assisted by a midwife. The midwife was also responsible for the earliest care of the newborn. The attitude of Jewish communities towards the institution of the midwife testifies to the high appreciation of the profession and, in turn, to Jewish emphasis on and investment in childcare. Midwives were licensed by the community administration. Following a successful trial period, the midwife and her family would receive authorization by the community and even tenure for a long period or even for life, as recorded in the minute book of the Jewish community council of Tiktin (Tykocin) in the early eighteenth century.<sup>97</sup> Big urban communities, such as Poznań, employed two or more midwives. In addition to what they received from the families they assisted, the community gave them a respectable annual salary and housing or partial payment of rent.<sup>98</sup>

Everyday care for a neonate included swaddling. In early modern Poland, Christian babies were usually tightly swaddled so that only the head could be seen.<sup>99</sup> This was done in order to avoid deforming parts of the body, to protect the baby, and to prevent it from putting things in its mouth. The material for swaddling was usually linen. However, the rich also used cotton, while the poor were advised to swaddle with used clothing.<sup>100</sup> Jewish sources accepted the talmudic norms and did not elaborate on the practice of swaddling. The first wrappings were probably done by the midwife. In *Meynekes rivko*, young women were advised to ‘take care of the child like a shell [of an egg], because one can, God forbid, harm the child very quickly’.<sup>101</sup> This could testify to the awareness that swaddling could be done too tightly. According to modern research, swaddling is one of the earliest procedures that sets up communication between the adults and the baby.<sup>102</sup> Thus, although in pre-modern times swaddling was done as part of the care for a child’s physical needs, it unconsciously exposed a neonate to its parents’ attitude to childcare.

During the vulnerable post-partum period, the mother and newborn were taken care of by women from the family. The close assistance usually lasted for seven days, and when possible, the mother and the baby stayed at home for four weeks until *shabat yetsiat hayoledet*.

## Jewish Infant Care in Early Modern Poland in the Light of Modern Medical Knowledge

The previous sections laid out the traditions and concepts that governed the practice and forms of parental handling that were viewed as good and necessary by the Jewish community. Actual methods might have been different, but no information is available. Still, these concepts and supporting evidence reveal what the religious elite viewed as best practice, which certainly had an impact on community practice. Today also, medical advice is not always closely followed, but it does have an impact on actual practice. The main argument of this chapter is that the religiously based Jewish rules and norms promoted practices and attitudes that modern medicine recognizes as supporting the infant’s survival: breastfeeding the newborn with colostrum, isolation of the mother and the neonate, employment of home wet nurses, and not changing wet nurses.

According to modern medical knowledge, an infant is born with a passive immunity which helps it fight micro-organisms and some viruses present in the mother’s body. However, to develop its own, adaptive immune system, a newborn needs, among other things, a boost of IgA antibodies. These can be found in colostrum. Concentrated and easy to digest, colostrum has as much as 20 to 40 mg/ml of IgA antibodies and contains a range of antimicrobial elements and substances that may boost the immune system: for example, the iron-binding antimicrobial protein lactoferrin, the antibacterial enzyme lactoperoxidase, and lysozyme. Moreover, colostrum contains leukocytes and growth factors that may boost neonatal intestinal development and provide a source of energy which may improve IgG absorption in the

newborn and stimulate effective immune responses.<sup>103</sup> Before the invention of milk formula and vaccinations, it was colostrum that provided the infant with the first adaptive barrier against pathogens and certain illnesses of early infancy, especially intestinal and respiratory diseases, which often led to the infant's death.

These facts led historians to claim that in traditional societies 'a mistrust of colostrum deprived the child of important immunities and exposed its mother to the risk of milk fever':<sup>104</sup> we assume that a newborn nursed with colostrum had a better chance of survival than an infant left hungry or fed in other ways, and post-partum breastfeeding was one of the reasons why Jews in early modern Poland had a lower infant mortality rate than the surrounding Polish society, in which colostrum was viewed as impure and harmful and the baby was given honey for the first few days after birth instead.<sup>105</sup>

Modern medicine claims that, as long as the infant remains in the environment to which the mother was exposed during pregnancy, it is protected by the passive, transplacental immunity which continues for the first few weeks after birth and is conditioned by, among other things, the diseases to which its mother has been exposed and the environment she lives in.<sup>106</sup> Consequently, if the infant is sent away (for example, to a wet nurse in the country) where different strains of bacteria exist, then the immunity acquired from the mother cannot protect it.<sup>107</sup> These findings support the conclusions of historical research, that in pre-modern times sending babies away for nursing was hazardous,<sup>108</sup> and not only due to possible negligence by the wet nurse. In the early modern period, in western Europe, 'the pattern was not only for the rich to breed and the poor to lactate, it was also for the cities to send their children out to nurse and for the country to feed and care for them until they were two or three years old.'<sup>109</sup> In Poland, sending babies away was less popular than in France or Italy. Yet, as it was not forbidden by religious norms, it did occur;<sup>110</sup> although not usually among wealthy families, who hired live-in wet nurses and nannies, or poor farmers, who breastfed their own babies or passed them to nursing neighbours or family members.<sup>111</sup> Sara Matthews Grieco's observation that, in the early modern period, 'those nursed by their mothers or by a live-in wet nurse at home had a much better chance [of survival] than those sent out to nurse'<sup>112</sup> means that the hiring of live-in wet nurses not only allowed Jewish mothers to supervise the wet nurse (and protect their babies from negligence and non-Jewish customs and food) but also protected the newborn from exposure to a different environment, which, in turn, contributed to some degree to the difference in infant mortality rates between Jews and the surrounding Polish society.

As well as hiring live-in wet nurses, Jews confined the mother and newborn and limited their contact with visitors. According to modern medical knowledge, despite the psychological damage it can do to the mother, isolation reduces contact with germs and illnesses, improves levels of hygiene, and increases the baby's chances of survival during the high-risk neonatal period. Thus, although Jewish communities usually practised isolation for protection against 'forces of darkness', they unconsciously contributed to lower infant mortality.

In Polish society, the upper class also practised isolation for up to six weeks after birth and ended it with a ceremonial visit to the church called ‘churaching’, which was usually followed by a feast. Resting mothers were visited only by other women, neighbours, friends, and family, who brought gifts and sometimes helped in the house. However, according to repeated Church condemnations, many such visits turned into celebrations by the women. Despite advice to mothers on diet and rules imposed by magistrates, it was often the case that too much alcohol was consumed at such gatherings.<sup>113</sup> According to one account: ‘In the villages alcohol is given to women after delivery (a common habit), in noble houses wine or other tinctures, this sends many mothers away from this world.’<sup>114</sup> Isolation and churaching were not practised in the countryside. There, poor women had to return early to work in the fields or leave the infant with other mothers in the family or village and seek employment as a wet nurse.

As well as hiring live-in wet nurses, not changing wet nurses has been shown to contribute to the survival of infants.<sup>115</sup> While Jewish writings advocated hiring a single wet nurse for two years, early modern Christian society—although aware that a change of wet nurse might influence an infant’s willingness to feed—recommended switching them in cases of the wet nurse’s pregnancy, menstruation, or illness. Moreover, when an infant became ill, the wet nurse’s milk was blamed rather than the change of wet nurse, and again the nurse was replaced. In 1782 Teodor Tomasz Weichardt—the author of a popular guide for mothers—advised that a wet nurse should not nurse during her menstrual period, because ‘babies that nursed during that time often got sick.’<sup>116</sup>

## Conclusion

Children and childhood have been one of the central elements in the social organization of the Jewish people, and childcare is embedded in the various religious obligations of Judaism. Although understood differently, depending on time, place, and surrounding cultures, the positive attitude towards childcare remained one of the pillars of Jewish life for centuries.

This chapter has described the norms mentioned in the Bible, the Mishnah, the Talmud, their later commentaries, and early modern popular ethical guides, which prescribe how children’s physical, emotional, and cognitive needs should be addressed in the first thirty days after birth. It has acknowledged their influence on the concepts and patterns prevailing in neonatal care in Jewish communities in early modern Poland.

We have emphasized that the adaptation of those norms in the Ashkenazi community of early modern Poland testifies not only to the importance of childcare in traditional society but also to the influence that religiously based norms had on attitudes towards it. Concentrating on first feeding and the hiring of wet nurses, we have shown that the concepts that the Jewish community in early modern Poland viewed positively were surprisingly close to those that modern medicine recognizes as

contributing to the survival of infants. Consequently, we claim, the norms prevalent among Jews contributed to their lower infant mortality rate. To strengthen this argument, we juxtaposed those norms with attitudes dominant in non-Jewish society and showed that in light of modern medical knowledge the latter made a significant contribution to higher infant death rates.

One of the main questions arising from this study is the reasons for the differences in practices between Jews and non-Jews. Our main hypothesis follows Mari-stella Botticini and Zvi Eckstein,<sup>117</sup> and suggests that when children's education became the main religious norm among Jews during the talmudic period, Jews also began developing a unique corpus of norms and practices related to the care of infants and children and followed them throughout the subsequent centuries. The emphasis on the ability to read at an early age led the sages to follow the outcomes of early childcare practices closely. Their observations in turn provided the recommendations that most likely resulted in practices that promoted the development of high cognitive abilities at an early age. While these recommendations also influenced infant care, they also probably contributed to lower infant mortality among Jews. Clearly, the importance and methods of neonatal care in Jewish culture are not the only explanation for the low infant mortality rates observed among Jews in Poland, and therefore this analysis should be viewed as a starting point for further research.

## Notes

- 1 N. Zemon-Davis, *Women on the Margins: Three Seventeenth-Century Lives* (Cambridge, 1995), 12, 225 n. 23.
- 2 M. Botticini, Z. Eckstein, and A. Vaturi, 'Child Care and Human Development: Insights from Jewish History in Central and Eastern Europe, 1500–1930', *Economic Journal*, 129 (2019), 2637–90: 2659–60.
- 3 G. D. Hundert, 'Approaches to the History of the Jewish Family in Early Modern Poland–Lithuania', in S. M. Cohen and P. E. Hyman (eds.), *The Jewish Family: Myths and Reality* (New York, 1986), 17–28: 19.
- 4 A. V. Holmes, 'Establishing Successful Breastfeeding in the Newborn Period', *Pediatric Clinics of North America*, 60 (2013), 147–68.
- 5 N. K. Goyal, 'The Newborn Infant', in *Nelson Textbook of Pediatrics*, ed. R. M. Kliegman, J. W. St Geme III, N. J. Blum, S. S. Shah, R. C. Tasker, and K. M. Wilson, 21st edn. (Philadelphia, 2020), 867–76.
- 6 This chapter is a continuation of two other publications: Botticini, Eckstein, and Vaturi, 'Child Care and Human Development'; A. Vaturi, 'Domeh akh shoneh: hanakah bekerev yehudim venotserim bemamleket polin-lita vehashlakhoteiha hademografiyot', *Gal-ed*, 26–7 (2021), 15–36.
- 7 Although Jewish scholarship on the history of childhood had a revival after the publication of Philippe Ariès's *Centuries of Childhood* (P. Ariès, *L'Enfant et la vie familiale sous l'Ancien Régime* (Paris, 1960); Eng. trans.: *Centuries of Childhood: A Social History of Family Life*, trans. R. Baldick (New York, 1962)), only a few studies concentrated on Jewish childhood in early modern eastern Europe (e.g. Hundert, 'Approaches to the History of the Jewish Family in Early Modern Poland–Lithuania'; id. 'Jewish Children and Childhood in Early Modern East Central Europe', in D. Kraemer (ed.), *The Jewish Family: Metaphor and*

- Memory* (New York, 1989), 18–94), and no special attention has yet been given to the neonatal phase.
- 8 In the early modern period more literature on how to raise and educate children appeared (see M. H. Altschuler, *Brantshpigl* (Basel, 1602 [Kraków, 1596]); ‘Mosheh henokhsh alshuler, *Sefer brant shpigl* / Moses Henochs [Yerushalmi] Altschuler, *The Burning Mirror* (1596) [excerpts], in *Early Yiddish Texts: 1100–1750*, ed. J. Frakes (Oxford, 2004), 420–31; Rivkah bat Meir Tiktiner, *Meynekes rivko* (Prague, 1609); Eng. trans.: Rivkah bat Meir, *Meneket Rivkah: A Manual of Wisdom and Piety for Jewish Women*, ed. F. von Rohden, trans. S. Spinner (Philadelphia, Pa., 2009); Isaac ben Eliakim of Posen, *Sefer lev tov* (Jerusalem, 1975 [Prague, 1620])).
  - 9 Halakhic sources, for example, indicate what should and should not be done and thus are more prescriptive than descriptive. They do seem to reflect the norms accepted by the educated male elite.
  - 10 For a similar methodological strategy, see E. Baumgarten, ‘Judaism’, in D. S. Browning and M. J. Bunge (eds.), *Children and Childhood in World Religions: Primary Sources and Texts* (New Brunswick, NJ, 2020), 15–81.
  - 11 Gen. 1: 28; 9: 1–7.
  - 12 Gen. 49: 25; Ps. 127: 3.
  - 13 Ezek. 16: 4–5.
  - 14 Gen. 49: 25.
  - 15 1 Sam. 1: 12–17; see BT *Ber.* 31*b*.
  - 16 Gen. 49: 22; Hos. 9: 14.
  - 17 1 Sam. 1: 21–3; see W. M. Feldman, *The Jewish Child: Its History, Folklore, Biology and Sociology* (London, 1917), 180.
  - 18 Exod. 2: 7, 9.
  - 19 Gen. 17: 12.
  - 20 Gen. 30: 1; see J. G. Schenker, ‘Jewish Law (Halakha) and Reproduction’, in id. (ed.), *Ethical Dilemmas in Assisted Reproductive Technologies* (Berlin, 2011), 343–62: 343.
  - 21 Mishnah *Yev.* 6: 6.
  - 22 Mishnah *Yoma* 78.
  - 23 BT *Shab.* 129*b*.
  - 24 For a discussion of the scholastic approach in rabbinic literature, see J. Rosenblum, ‘“Blessing of the Breast”: Breastfeeding in Rabbinic Literature’, *Hebrew Union College Annual*, 87 (2016), 145–77.
  - 25 J. Preuss, *Biblical and Talmudic Medicine* (New York, 1993), 402.
  - 26 See also BT *Shab.* 147*b*.
  - 27 BT *Shab.* 31*a*.
  - 28 BT *Yev.* 80*a–b*; *Shab.* 129*b*.
  - 29 BT *Shab.* 147*b*.
  - 30 Rashi on BT *Bekh.* 7*b*, s.v. *kol hamolid*.
  - 31 BT *Shab.* 123*a*.
  - 32 Preuss, *Biblical and Talmudic Medicine*, 405.
  - 33 Soranus advised women to leave the newborn hungry for two days and then employ a wet nurse. If there was no wet nurse available, he advised giving the newborn some honey water, possibly enriched with goat’s milk. See Soranus, *Gynecology*, trans. O. Temkin (Baltimore, 1956), 2: 11 (p. 89).



- 34 BT *Shab.* 135a; see Preuss, *Biblical and Talmudic Medicine*, 405.
- 35 Tosefta *Nid.* 2: 5; see Preuss, *Biblical and Talmudic Medicine*, 408.
- 36 BT *Ket.* 59b–60a.
- 37 Tosefta *Nid.* 2: 4; see E. Shochetman, ‘Lemahutam shel kelalei hahalakhah besugiyat haḥzakat hayeladim’, *Shenaton hamishpat ha’ivri*, 5 (1977), 286–320: 291.
- 38 Tosefta *BK* 8: 13.
- 39 BT *Ket.* 65a; see A. I. Eidelman, ‘The Talmud and Human Lactation: The Cultural Basis for Increased Frequency and Duration of Breastfeeding among Orthodox Jewish Women’, *Breastfeeding Medicine*, 1 (2006), 36–40: 39.
- 40 Tosefta *Shab.* 9: 22.
- 41 Tosefta *Shab.* 13: 16.
- 42 *Gen. Rab.* 53: 10.
- 43 Preuss, *Biblical and Talmudic Medicine*, 404; Feldman, *The Jewish Child*, 194.
- 44 *Num.* 11: 12.
- 45 This idea was present in biblical commentaries and works of poetry about the matriarchs, Sarah, Rebecca, and Rachel (see E. Baumgarten, *Imahot viyeladim: ḥayei mishpāḥah be’ashkenaz biyemei habeinayim* (Jerusalem, 2005), 42; Eng. edn.: *Mothers and Children: Jewish Family Life in Medieval Europe* (Princeton, NJ, 2004)).
- 46 Rashi on *Gen.* 49: 25.
- 47 Baumgarten, *Imahot viyeladim*, 51; ead., *Mothers and Children*, 28.
- 48 Baumgarten, *Imahot viyeladim*, 69, 73; ead., *Mothers and Children*, 42.
- 49 F. Levin, *Halacha, Medical Science and Technology* (New York, 1987), 3–38.
- 50 E. Baumgarten, “‘Kakh omerot hameyaletot haḥakhamot’: meyaletot umeyaletot be’ashkenaz bame’ah hashelosh-esreh’, *Zion*, 65 (1999), 45–74: 67.
- 51 Rashi on BT *Shab.* 66b, s.v. *leterutsei sugyah*; see also Feldman, *The Jewish Child*, 176; Baumgarten, *Imahot viyeladim*, 86 n. 227; ead., *Mothers and Children*, 52 n. 169.
- 52 Baumgarten, *Imahot viyeladim*, 86, 156; ead., *Mothers and Children*, 53, 107.
- 53 See e.g. Baumgarten, ‘Judaism’.
- 54 It was in the medieval period that the ceremony of circumcision was moved from the home to the synagogue. On the ritual of circumcision, see Baumgarten, *Imahot viyeladim*, 97–8; ead., *Mothers and Children*, 61; ead. ‘Judaism’, 43.
- 55 The obligation of circumcision is on the father, not the mother (*Mishnah Kid.* 1: 7).
- 56 Y. Chovav, *Alamot ahavukha* (Jerusalem, 2009), 116–17. If a baby boy did not get a vernacular name, his Hebrew name was celebrated again.
- 57 Baumgarten, *Imahot viyeladim*, 195, 200; ead., *Mothers and Children*, 128, 133.
- 58 For examples from medieval responsa, see Baumgarten, *Imahot viyeladim*, 196; ead. *Mothers and Children*, 129–30.
- 59 Menahem ibn Zerah, *Zeidah laderekh*, trans. J. Feldman (Warsaw, 1880), 14: 32a.
- 60 Rivkah bat Meir, *Meneket Rivkah*, 152.
- 61 This despite the fact that the commandment to procreate applied only to men (see Chovav, *Alamot ahavukha*, 154, 164; A. Fisher, ‘Patur nashim mimitsvat “peru uveru”’, in T. Cohen and A. Lavie (eds.), *Liheyot ishah yehudiyah*, 6 vols. (Jerusalem, 2001–13), iii. 199–212).
- 62 Altschuler, *Brantshpigl*, title page; see also J. Frakes, ‘Introduction’, in ‘Mosheh henokhsh altschuler, *Sefer brant shpigl*’, 420–3; E. Fram, *My Dear Daughter: Rabbi Benjamin Slonik and the Education of Jewish Women in Sixteenth-Century Poland* (Cincinnati, 2007), 10–11.
- 63 Altschuler, *Brantshpigl*, 170a.

- 64 Ibid. 125–33.
- 65 B. Slonik, *Seder mitsvot hanashim* (Kraków, 1585); trans. in Fram, *My Dear Daughter*, 158–60.
- 66 Rivkah bat Meir, *Meneket Rivkah*, 93; see also Altschuler, *Brantshpigl*, 302.
- 67 *Shulḥan arukh*, ‘Orah ḥayim’, 330: 7. The rabbis were aware that a baby born in the eighth month would probably not survive, although one born in the seventh might (‘For an eight-month infant or one that is possibly seven or possibly eight, we do not desecrate the sabbath unless he has grown hair and nails’ (ibid.)). Even today, it is better for a premature birth to occur during the seventh month than the eighth due to the critical stage of lung development in the eighth month.
- 68 S. Falimirz, *O ziołach i o mocy ich* (Kraków, 1534), 34.
- 69 *Shulḥan arukh*, ‘Orah ḥayim’, 331: 9. In seventeenth-century Worms, a ceremonial bath was performed three days after the circumcision and was attended by the women of the community and the wife of the rabbi (Shames Juspa, *Minhagim dikehilah kedoshah vermaisa*, ed. B. S. Hamburger and E. Zimmer, 2 vols. (Jerusalem, 1988–92), ii. 60).
- 70 Isaac ben Eliakim of Posen, *Sefer lev tov* (Jerusalem, 1975 [Prague, 1620]), 73.
- 71 According to Dorota Żołędź-Strzelczyk, some advised that it be bathed every day, although others claimed this weakened the baby. According to an eighteenth-century guide, the first bath should be prepared with one-third wine and two-thirds water, and the water should be warm. This could be repeated during the first few days in order to strengthen the child. Later on, it was advised that cold water be used. In some circles, it was believed that dirt was not dangerous and that maintaining hygienic standards was not critical in the case of babies. They even believed that urine was healthy, and therefore babies weren’t changed that often (D. Żołędź-Strzelczyk, *Dziecko w dawnej Polsce* (Poznań, 2002), 102).
- 72 Rivkah bat Meir, *Meneket Rivkah*, 155–6.
- 73 Baumgarten, *Imahot viyeladim*, 200; ead., *Mothers and Children*, 133.
- 74 Y. Chovav, ‘Childbearing’, in G. D. Hundert (ed.), *YIVO Encyclopedia of Jews in Eastern Europe* (New Haven, Conn., 2008).
- 75 Rivkah bat Meir, *Meneket Rivkah*, 154–5.
- 76 Ibid.
- 77 Żołędź-Strzelczyk, *Dziecko w dawnej Polsce*, 120; see Falimirz, *O ziołach i o mocy ich*; M. Siennik, *Herbarz, to jest ziół tutecznych, postronnych i zamorskich opisanie* (Kraków, 1568); see also H. Biegeleisen, *Matka i dziecko w obrzędach, wierzeniach i zwyczajach ludu polskiego* (Lwów, 1927), 154. There were only a few lone voices that advised nursing with colostrum: not for its nutritional value but rather to cause the meconium (the first excrement, of material ingested in the womb) to be excreted: ‘Mother’s breast should be served right after some rest after the pain: that is, two hours after the delivery. Mother’s milk because it is still very liquid and whey-like, is the best medicine to expel the meconium and cause bowel movements in the baby’ (*Dykcyonarz powszechny medyki, chirurgii i sztuki hodowania bydłat czyli lekarz wiejski*, 9 vols. (Warsaw, 1788–93), ii. 67).
- 78 In Christian society, the fact that feeding babies after labour reduces the risk of milk fever was first observed and published in the mid-eighteenth century. Until then many new mothers died of it (S. F. Matthews Grieco, ‘Breast-Feeding, Wet Nursing and Infant Mortality in Europe (1400–1800)’, in S. F. Matthews Grieco and C. A. Corsini (eds.), *Historical Perspectives on Breast-Feeding: Two Essays* (Florence, 1991), 15–62: 52).
- 79 Rivkah bat Meir, *Meneket Rivkah*, 155.

- 80 BT *Ket.* 59b.
- 81 *Shulḥan arukh*, 'Even ha'ezer', 82: 5.
- 82 *Shulḥan arukh*, 'Even ha'ezer', 82: 1.
- 83 *Shulḥan arukh*, 'Even ha'ezer', 82: 5. Note Rema's addition which emphasizes the danger to the infant of changing wet nurses.
- 84 Both community statutes and the rulings of the Council of Four Lands against so-called *boreḥim* (bankrupts who tried to escape from the community) testify to the growing frequency of the phenomenon (see e.g. A. Jakimyszyn, *Statut krakowskiej gminy żydowskiej z roku 1595 i jego uzupełnienia* (Kraków, 2005), par. 56; *Pinkas va'ad arba aratsot: likutei takanot, ketavim ureshumot*, ed. I. Halperin (Jerusalem, 1945), 45–7, 49).
- 85 'A man may not marry a woman who is pregnant with the child of another man, nor a woman who is nursing the child of another man' (BT, *Yev.* 36b); 'The rabbis decreed that a man should not engage a woman who is pregnant from another, or who is nursing another [woman's child], until the infant is twenty four months old' (*Shulḥan arukh*, 'Even ha'ezer', 13:11).
- 86 According to Baumgarten, in medieval times also Jewish mothers did not send their babies to a wet nurse's home so as to be able to supervise the nursing (Baumgarten, *Imahot viyeladim*, 184; ead., *Mothers and Children*, 121).
- 87 Altschuler, *Brantshpigl*, 137.
- 88 For example, a resolution of the provincial synod of Piotrków in 1542 (*Decretales summorum pontificum pro Regno Poloniae et constitutiones synodorum provincialium et dioecesanarum Regni eiusdem ad summam collectae*, ed. Z. Chodyński and E. Likowski, 3 vols. (Poznań, 1869–83), iii. ch. 10).
- 89 J. A. Lipski, *Epistola* (Kraków, 1737), 73.
- 90 *Volumina legum: Leges, statuta, constitutiones et privilegia Regni Poloniae, Magni Ducatus Lithuaniae*, 10 vols. (St Petersburg, 1859–60), ii. 51 (Sejm 1565); v. 585–6 (Sejm 1678) (which specifies wet nurses among other servants); viii. 50 (Sejm 1775). For royal legislation, see *Pinkas medinat lita*, ed. S. Dubnow (Berlin, 1925), 121 no. 512.
- 91 Jakimyszyn, *Statut krakowskiej gminy*, par. 91: 75.
- 92 See also *Pinkas va'ad arba aratsot*, 483–7; on the problem of Christian wet nurses in Jewish homes, see Vaturi, 'Domeh akh shoneh'; J. Kalik, 'Christian Servants Employed by Jews in the Polish–Lithuanian Commonwealth in the 17th and 18th Centuries', *Polin*, 14 (2001), 259–70; A. Kaźmierczyk, 'The Problem of Christian Servants as Reflected in the Legal Codes of the Polish-Lithuanian Commonwealth during the Second Half of the Seventeenth-Century and in the Saxon Period', *Gal-ed*, 15–16 (1997), 23–40.
- 93 Baumgarten, *Imahot viyeladim*, 98; ead., *Mothers and Children*, 61.
- 94 Chovav, *Alamot ahavukha*, 174–5.
- 95 Rema on *Shulḥan arukh*, 'Orah ḥayim', 640: 6.
- 96 Baumgarten, *Imahot viyeladim*, 133; ead., *Mothers and Children*, 85.
- 97 See T. Salmon-Mack, 'Birth and Birthing', in Hundert (ed.), *YIVO Encyclopedia of Jews in Eastern Europe*.
- 98 See the budgets of the Poznań community for 1637/8 and 1645/6 (B. D. Weinryb (ed.), *Texts and Studies in the Communal History of Polish Jewry* (New York, 1950), 57–60 (Hebrew pagination)).
- 99 Żołądź-Strzelczyk, *Dziecko w dawnej Polsce*, 44.
- 100 *Ibid.* 108.
- 101 Rivkah bat Meir, *Meneket Rivkah*, 156.

- 102 R. Benedict, 'Child Rearing in Certain European Countries', *American Journal of Orthopsychiatry*, 19 (1949), 342–50.
- 103 W. L. Hurley and P. K. Theil, 'Perspectives on Immunoglobulins in Colostrum and Milk', *Nutrients*, 3 (2011), 442–74; on the immunological qualities of colostrum and breastmilk, see J. Akre (ed.), *Infant Feeding: The Physiological Basis. Bulletin of the World Health Organization*, 67 (supp.) (1990), 31–2.
- 104 Matthews Grieco, 'Breast-Feeding, Wet Nursing and Infant Mortality in Europe', 52.
- 105 D. Musiał-Morsztyn, G. Bogdał, and B. Królak-Olejniki, 'Karmienie piersią na przestrzeni dziejów, Część I: Od starożytności do współczesności', *Pielęgniarstwo i Zdrowie Publiczne / Nursing and Public Health*, 4/1 (2014), 59–64: 62; Żołędź-Strzelczyk, *Dziecko w dawnej Polsce*, 119.
- 106 Matthews Grieco, 'Breast-Feeding, Wet Nursing and Infant Mortality in Europe', 43.
- 107 V. A. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (Edinburgh, 1986), 200.
- 108 A study of fifteenth-century Florence showed that the mortality of children sent out to nurse by their families hovered around 17.9 per cent (Matthews Grieco, 'Breast-Feeding, Wet Nursing and Infant Mortality in Europe', 42).
- 109 *Ibid.* 34; see also M. E. Wiesner, *Women and Gender in Early Modern Europe* (Cambridge, 2000), 87.
- 110 See the complaint by Konrad Bitschin (c.1400–c.1464) about mothers who couldn't control their sex drive and hence sent their babies to wet nurses (K. Bitschin, 'Über das Eheleben', in K. Arnold (ed.), *Kind und Gesellschaft in Mittelalter und Renaissance: Beiträge und Texte zur Geschichte der Kindheit* (Paderborn, 1980), 146–53: 151–2).
- 111 Żołędź-Strzelczyk, *Dziecko w dawnej Polsce*, 114; C. Kuklo, *Demografia Rzeczypospolitej przedrozbiorowej* (Warsaw, 2009), 330. In Poland, foundlings were sent to wet nurses in the countryside who were hired by the community.
- 112 Matthews Grieco, 'Breast-Feeding, Wet Nursing and Infant Mortality in Europe', 39.
- 113 Żołędź-Strzelczyk, *Dziecko w dawnej*, 73.
- 114 Jewish sources permitted wine for pregnant and breastfeeding woman, but not more than one cup (BT *Ket. 60b–61a, 65a*).
- 115 David Herlihy and Christiane Klapisch-Zuber examined the cases of a number of infants from wealthy Florentine families who were sent to wet nurses. They discovered that a number of deaths were directly related to the switching of wet nurses (D. Herlihy and C. Klapisch-Zuber, *Tuscans and Their Families. A Study of the Florentine Catasto of 1427* (New Haven, Conn., 1985), 136–48).
- 116 T. T. Weichardt, *Rady dla matek względem zapobieżenia różnym słabościom i chorobom, którym dzieci od urodzenia swego podlegać mogą* (Warsaw, 1782), 48–51; see also Żołędź-Strzelczyk, *Dziecko w dawnej*, 118.
- 117 M. Botticini and Z. Eckstein, *The Chosen Few: How Education Shaped Jewish History, 70–1492* (Princeton, NJ, 2012).