

METZITZAH B'PEH

Metzitzah B'peh, Rabbinic Polemics and Applying the Lessons of History

By N. Daniel Korobkin

Some time ago, a series of babies became infected with serious, life-threatening sores in their groin areas shortly after they were circumcised. It was alleged both by physicians and by some local rabbis that the sores were the result of the mohel performing *metzitzah b'peh*—the ancient tradition of orally suctioning the wound after incision. The mohel, it was alleged, may have had a communicable disease and passed it on to the children, who, because of their underdeveloped immune systems, were more susceptible to the severe effects of this disease. As a result, some doctors condemned the practice of *metzitzah b'peh*, and sought government involvement to ban or at least regulate the practice. Some rabbis in the community reacted by defending

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the practice, and argued that A. This was a religious rite and therefore not within the purview of the medical community, B. That there was no conclusive proof that the children had been infected by their mohel and C. Under no circumstances could a religious Jew deviate from this age-old tradition of *metzitzah b'peh*.

All these details may sound familiar, because they have appeared in one form or another recently in our media. *But the above is not a depiction of recent events—all this occurred in the 1830s.*

As we hope to demonstrate, in this particular area of Jewish life, “There is nothing new under the sun.”¹ As a matter of fact, so much has been written about *metzitzah b'peh* in the last century and a half that it is difficult to condense all the material into one short article. Despite the voluminous material, we will still be left with the question of how much we can or cannot learn from the past. Although the facts of the present day seem identical to what went on in the nineteenth century, sometimes “the devil is in the details,” and certain details may drastically alter our percep-

tions and conclusions about this component of *brit milah*.

The Situation Today

We are presently facing a significant divide within the Orthodox community over this practice. In the summer of 2004, a clinical study from Israel appeared in *Pediatrics*, the journal of the American Academy of Pediatrics, apparently demonstrating that the practice of *metzitzah b'peh* increases the risk of an infant contracting the herpes simplex virus (HSV).² Early in 2005, news broke that a prominent mohel in the New York area had allegedly transmitted HSV to a small number of infant patients through his practice of *metzitzah b'peh*. The mohel in question was ordered by the New York City Department of Health and Mental Hygiene to immediately desist from performing *metzitzah b'peh*. In December 2005, the commissioner of the same New York City department issued an “open letter to the Jewish community.” After documenting the statistically high number of HSV infections in infants who had had *metzitzah*

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CONTROVERSY

The View from Israel

By Mordechai Halperin

Translated from the Hebrew by Yocheved Lavon

The second commandment written in the Torah is that of *brit milah*. A covenant between Israel and its Father in Heaven, *brit milah* is a mitzvah that is tied to the very identity of the Jewish nation. Throughout the generations, many of our people have put their lives on the line to fulfill it. Jews began sacrificing themselves for the sake of *brit milah* more than two millennia ago during the tyrannical leadership of Antiochus and the period of *shemad* under the Romans. Testimony to this can be found in the *Mechilta*¹ and in the Midrash.²

“To those who love and keep My commandments.” *This means those who*

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dwell in Eretz Yisrael and give their lives for all the mitzvot. For what are you being beheaded? For circumcising my son. For what are you being burned? For studying the Torah. For what are you being crucified? For eating matzah. For what are you receiving a hundred lashes? For fulfilling the mitzvah of lulav.

During the past two centuries war has been waged from time to time against the mitzvah of *brit milah*. Ironically, the chief antagonists have been members of our own people. Activists from the Reform movement of the nineteenth century sought to abolish *brit milah* through various stratagems, often calling upon the local authorities to help their cause. At times they tried to erode the Jewish people's commitment to *brit milah* by whittling away at the mitzvah itself. In other words, by eliminating certain aspects of the practice of *brit milah*, they hoped to eventually call for its outright abolishment. One such aspect was *metzitzah*, which was more vulnerable to attack, since the original knowledge upon which *Chazal* based the requirement had been lost, rendering it inexplicable.

By attacking *metzitzah*, the Reformers sought to gradually erode the Jewish nation's deeply rooted commitment to *brit milah* itself.

In recent years, private organizations dedicated to fighting the practice of *brit milah* have cropped up in Israel. As in the past, these organizations begin their attack by trying to get the government involved. In the early stages, they appeal to health institutes and judicial authorities to ban *metzitzah*. Next, an aggressive propaganda campaign is launched with the aim of shifting public opinion. Recently, the Israeli television program *Politika*, broadcast by the government network, ran an interview with a couple that is waging a bitter fight against *brit milah*.³ Aside from making appeals to the health authorities and filing lawsuits, they have created two web sites to disseminate misinformation about circumcision. On their web sites *metzitzah b'peh* is also a focal point.

The *posekim* have always concerned themselves with the halachic as well as the medical aspects of *brit milah*. However, when the very institution of

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b'peh the letter concluded:

During metzitzah b'peh the mouth of the mohel comes into direct contact with the baby's circumcision cut, risking transmission of herpes simplex virus to the infant. While severe illness associated with this practice may be rare, because there is no proven way to reduce the risk of herpes infection posed by circumcision which includes metzitzah b'peh, the Health Department recommends that infants being circumcised not undergo metzitzah b'peh. To help protect their baby, parents should understand the risk of metzitzah b'peh—BEFORE the day of the bris, while there is time to explore other options....

The Department has reviewed all of the evidence and there exists no reasonable doubt that metzitzah b'peh can and has caused neonatal herpes infection. We have always maintained that it is our preference for the religious community to address these issues itself as long as the public's health is protected. While some medical professionals and others in the Jewish community have called on the Department to completely ban metzitzah b'peh at this time, it is our opinion that educating the community through public health information and warnings is a more realistic approach.³

The negative response by the *Chareidi* community to this governmental position was swift and passionate. Articles, signed open letters and *kol koreh* posters accused the Department of Health of overstepping its authority; as a religious rite, *brit milah* was within the purview of the rabbis, not the government. Additionally, there were insufficient data to correlate *metzitzah b'peh* to HSV. It was also argued that the motivations of the Department of Health were less than pure; the city department was comprised of secular, anti-religious Jews who had a much larger agenda: The recommendation to refrain from *metzitzah b'peh* was only one step removed from banning *brit milah* altogether, or at least banning non-physician *mohelim*. An editor in a *Chareidi* newspaper wrote:

Will we become like our Russian brethren in the past century who were forced under the Communists to conduct sacred bris[es] in underground bunkers with sentries standing guard.... Are we about to revisit those days in our own country?⁴

If anything, the attack on *metzitzah b'peh* only strengthened the practice within the *Chareidi* community, as now this was viewed as a *milchemet mitzvah*—a religious war to defend a centuries-old tradition.

In the meantime, the Rabbinical Council of America had already issued its own public policy statement, recommending, but not requiring, that *mohelim* desist from doing *metzitzah b'peh*, and instead suction the blood through

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other, safer methods. The article, quoting Rabbi Hershel Schachter, a *rosh yeshivah* of Rabbi Isaac Elchanan Theological Seminary, stated the following:

Rav Yosef Dov Soloveitchik reports that his father, Rav Moshe Soloveitchik, would not permit a mohel to perform metzitza b'peh with direct oral contact, and that his grandfather, Rav Chaim Soloveitchik, instructed mohelim in Brisk not to do metzitza b'peh with direct oral contact.⁵

And so, for the time being, two camps remain within our people: those who are pro-*metzitzah b'peh*, the most extreme of whom will not permit a *brit milah* unless it includes *metzitzah b'peh*, and those who are anti-*metzitzah b'peh*,

the most extreme of whom will not permit *metzitzah b'peh* under any circumstances.

Back to the Source

To better understand the issues, we first need to examine the reason why blood suctioning is a part of *brit milah* in the first place. The *mishnah* in *masechet Shabbat* states: "We perform all necessary acts for the *milah* on Shabbat: We circumcise, tear the mucosal membrane [*peri'ah*], we suction, and we place upon the wound a bandage with cumin powder."⁶

In the ensuing *gemara*, Rav Papa states: "Any mohel that does not suction creates a health danger [*sakanah*], and we therefore remove him from his post."⁷

The simple understanding of the *gemara* is that *metzitzah* is not part of the actual *mitzvah* of circumcision; instead, it is done to avoid any health hazard to the child after the circumcision.⁸

Rambam confirms this reading of the *gemara* by stating explicitly: "After [circumcision and *peri'ah*], the mohel suctions the area sufficiently until blood flows from places far away from the wound; he does this in order that the child not be endangered."⁹

It is implicit from the Talmudic and post-Talmudic discussions that the method being advocated for suctioning the blood is via the mouth, that is, *metzitzah b'peh*.¹⁰ No one entertained an alternate method for *metzitzah* until the nineteenth century. At the same time, no special designation was given to the mouth by the halachic authorities other than that it was the most obvious and convenient method of suctioning.

However, sources in kabbalistic literature do make reference to the benefit of using specifically the mouth in the *mitzvah* of *brit milah*. For example, the seventeenth-century kabbalist Rabbi Avraham Azulai stated that man possesses a foreskin because of Adam's sin in the Garden of Eden.

The same parts of the body which caused this distortion must restore the body

to its natural perfection. Adam's hands took the forbidden fruit and his mouth ate it, so the hands of the mohel remove the foreskin and the blood is removed with the mouth.¹¹

The Chatam Sofer and the Sponge

In 1837, Rabbi Eliezer Horowitz, the chief rabbi of Vienna, was presented with a dilemma. A number of children had become infected with sores after their circumcisions, and some had even died. It was believed that their mohel had transmitted a disease to them, and so a certain Dr. Wertheim of Vienna asked Rabbi Horowitz if, instead of suctioning orally, it could be permitted to squeeze out blood from the *brit milah* area using a moistened sponge. Rabbi Horowitz's inclination was to permit the use of a sponge for *metzitzah*, but he did not want to dispense the *heter* without first consulting with his revered *rebbe*, Rabbi Moshe Sofer, the Chatam Sofer. In a letter to Rabbi Horowitz, the Chatam Sofer wrote:

We only find metzitzah b'peh as a requirement by the kabbalists, who assert that one must mitigate the strict attribute of justice with the mouth and lips. However, we have no dealing with hidden matters if there is at all even the slightest concern of a health hazard.... Therefore, as long as we can draw out the blood from the faraway places, it may be done in any way possible. We should believe the experts regarding which act is as effective as oral suctioning. I will go even further: Even if the Talmud had explicitly stated that one must suction with his mouth [I would still maintain that one may use a sponge], since the act of suctioning is not an integral part of the mitzvah of milah, but is rather merely done to avert danger to the child. To wit, according to the halachah, if one circumcises and does peri'ah but neglects to suction, he has completely fulfilled the mitzvah....¹²

The Chatam Sofer went on to demonstrate that applying cumin powder is also listed in the Mishnah as something done even on Shabbat, yet no one argues that only cumin must be used as a salve for the area. Since the

Talmudic era we have found more effective methods of achieving homeostasis and protecting the wound from infection, and this is why halachic authorities do not require the use of cumin alone. Similarly, contended the Chatam Sofer, based on the Mishnah, no one could argue that the mouth alone had to be used to suction the blood.

But here's where the waters become murky. What was the true motivation for wanting to abolish *metzitzah b'peh* in the Viennese community? From a later letter from the same Dr. Wertheim who initiated the query to Rabbi Horowitz, it seems the doctor had another agenda. In communicating to the Jewish community Rabbi Horowitz's and the Chatam Sofer's ruling, he is motivated to abandon *metzitzah b'peh* by "the wish to remove from this important religious act any ugliness, which affronts the eye of the expert as it does the emotions of the layman."¹³

It is possible that Dr. Wertheim's motives were fueled by a desire, like so many Jewish Reformers of the time, to abolish certain traditional practices that appeared unsightly or primitive to the non-Jewish world. During much of the nineteenth century, there was a concerted effort in many communities that were under the influence of the Reform movement to either abolish *brit milah* entirely, or to have it done only by physicians, or to at least eliminate *metzitzah b'peh*. During this time, an alarming number of communities were doing away with *metzitzah* or *brit milah* entirely.

However, none of this changes the ruling of the Chatam Sofer. Apparently oblivious to the motivations of the questioner, the rabbi ruled, based on the cold facts of the *halachah*, that *metzitzah* could be performed in any way that would accomplish the health directive.

Metzitzah B'peh: Another Battlefront Against the Reform Movement

Dr. Wertheim's and others' motivations are important because the issue

of motive may raise questions about those who disagreed with the Chatam Sofer and maintained that *metzitzah* was specifically with the mouth. Was the often-fierce defense of *metzitzah b'peh* based purely on halachic considerations, or was it also out of a sense of duty to preserve the *mesorah* (tradition) against the attacks of the Reform movement? Was there a sentiment that a concession on the *metzitzah* issue would open a slippery slope that would eventually do away with *brit milah* entirely? If so, we must look at the responsa of the era with a discriminating eye, and try to see where the halachic arguments end and rabbinic rhetoric and polemics begin. As we shall see, this may prove to be a difficult task.

While we cannot provide here an exhaustive list of authorities who fiercely debated this issue,¹⁴ we will cite one example of where anti-Reform rhetoric and halachic arguments are intertwined. Rabbi Yaakov Ettlinger, in his famous responsa work, *Binyan Tzion*, wrote two responsa on the issue of *metzitzah*, and in both he strongly defended the practice, calling *metzitzah* (not *b'peh* per se, just the act of suctioning) a "*halachah leMoshe miSinai*," a necessary tradition dating back to Moses at Sinai.¹⁵ In his second responsum, he prefaces the issue with the following:

Ever since my ruling on metzitzah, they have come to fight against me. They furiously shoot arrows of falsehood and lies at me. Their words reveal three agendas: A. They speak arrogantly and disparagingly against the words of our Sages of blessed memory. B. They pour out humiliation and ridicule against me, and have made me the brunt of their injurious speech, both covertly and overtly. C. They are continuing with full intensity their deceitful campaign to abolish metzitzah.

Note that the issue of *metzitzah* is the third on a list of three grievances against the "enemy." Clearly, the issue of the day was not only *metzitzah*, but also the general war against Reform Judaism and the Haskalah. *Metzitzah* was a major battlefront in this ongoing war.

Halachah LeMoshe MiSinai?

This is perhaps why we find that *metzitzah* is for the first time called “*halachah leMoshe miSinai*” only in the nineteenth century.¹⁶ Until then, there was no need to strongly defend it from its detractors. By maintaining that the practice was something dating back to Moshe Rabbeinu, it occupied an elevated status of being a halachic imperative. Additionally, once something is a Mosaic tradition, it is much more difficult to suggest an alteration to that tradition. This was one further reason not to tamper with the age-old tradition of doing *metzitzah* orally.

We also find a number of rabbis of the era challenging the authenticity of the Chatam Sofer’s letter to Rabbi Horowitz, which permitted *metzitzah* with a sponge. One anonymous source went so far as to charge that the letter was forged or adulterated.¹⁷ Others minimized the significance of the ruling in that it applied only to a situation where the city’s mohel was known to have a communicable disease. Others suggested that had the Chatam Sofer known the motivation behind the query and that the Jewish Reformers were seeking to abolish *metzitzah* entirely, he never would have issued a lenient ruling; the Chatam Sofer was, after all, one of the most ardent opponents of the Reform movement. Yet others argued that the fact that this *pesak* of the Chatam Sofer did not appear in his book of responsa, *Shu”t Chatam Sofer*, was proof that it was not to be taken seriously or applied to other situations.¹⁸

Since the students of the Chatam Sofer followed their *rebbe’s* tradition of battling against the Reform movement, it is ironic that they were faced with the task of minimizing their *rebbe’s pesak*. As Jacob Katz, author and editor of many books in medieval and modern Jewish social history, maintains:

Metzitzah by mouth, which to the observer appeared to be a part of the circumcision rite, was challenged for reasons that were tainted with reformist ideas. Whatever the purpose of metzitzah according to its original halachic categorization,

*when it became the target of attacks by innovators, it aroused a defensive reaction by the Orthodox, irrespective of its halachic status. The Chatam Sofer advocated the “elevation of the prohibition,” that is, giving a higher status to any practice under attack than its original status in the halachic hierarchy, as one of the means of defending rituals and customs.... In the time of the Chatam Sofer, metzitzah was not yet a controversial subject, so he could deal with it on its own terms, and did not need to employ the means of defense which he himself outlined. In the days of his descendants and students, metzitzah was drawn into the whirlpool of confrontation between innovators and conservatives, and those who followed in the Chatam Sofer’s footsteps needed his method of defense.*¹⁹

Public vs. Private Policy: Rabbi Hirsch’s Pesak

The Metzitzah Tube. This diagram first appeared in 1888 and was reprinted in the journal HaMayan, no. 5 (1965).

In 1888, reacting to a pervasive negative attitude toward *metzitzah b’peh*, Rabbi Samson Raphael Hirsch and Rabbi Azriel Hildesheimer, chief rabbis of Frankfurt and Berlin respectively, came out with a joint ruling that advocated doing *metzitzah* using a newly invented device, the *metzitzah* tube. This was a glass tube, about 6.5 centimeters long, that was wide on one end and narrow on the other (see diagram). It could be placed over the area of the *brit milah* and the mohel could place his mouth over the narrow end of the tube and suction the blood with his mouth, without there being any physical contact between the mohel and the infant or the infant’s blood. This method was viewed as more in keeping with the tradition of suctioning

with the mouth than the Chatam Sofer’s previous dispensation of using a moist sponge, and at the same time it protected both the infant and the mohel. In their public announcement to the Jewish community, the two rabbis emphasized the need for using the tube for medical reasons, and did not even intimate that it was any less desirable than *metzitzah b’peh*.²⁰ The glass tube is used by many *mohelim* to this day.

Curiously, Rabbi Hirsch, in a scholarly responsa, permitted the *metzitzah* tube in a much more subdued tone. As a combatant against Reform Judaism, Rabbi Hirsch first attacked those elements within the community that sought to abolish *metzitzah* entirely.²¹ He then clearly stated that his endorsement of the tube was not meant for those who felt comfortable doing *metzitzah b’peh*, but only for those who have not to date been performing *metzitzah* at all, either because of a fear of contracting disease from the mohel, or because of governmental intimidation.²²

Why the change in tone between the public announcement and the scholarly ruling? We can only speculate that on the one hand, Rabbi Hirsch felt duty-bound to the German community, which was already under tremendous pressure to abolish *metzitzah*, to find some solution that would make everyone feel comfortable again with *brit milah* practice. On the other hand, he may have felt a need to preserve the *mesorah* of *metzitzah b’peh* within a smaller enclave, as a means of combating the Reform movement. In other words, he may have taken a broader communal stance that was different from what he advocated for those in his inner circle.

The Present

Let us return to the present, where the division continues within our own community. If we look at how the two camps have reacted to HSV, we find history repeating itself ... almost. Granted, one side seeks to abolish—or to at least diminish—the practice of *metzitzah b’peh*, and the other side



argues that *metzitzah b'peh* is being maligned for all the wrong reasons. But is this really so? Can it be argued with the same vigor and conviction that medical professionals in the twenty-first century are motivated by a desire to sanitize *brit milah* (and Judaism by extension), and are therefore misrepresenting the results of the clinical studies? 2006 is not 1836. The war against the Reform movement is long over (or at least it has changed from war to frosty *détente*). Accordingly, using the often-rhetorical arguments of the nineteenth-century rabbis may be a misapplication of historical precedent.²³

In 1989, a *kol koreh* (public announcement) was issued by *gedolim* in both Israel and the United States regarding the practice of *metzitzah b'peh* in light of the new AIDS virus. The letter called upon all Jews to continue the practice of *metzitzah b'peh*, unless the mohel or the infant was known to be a carrier of a communicable disease. It was signed by both *admorim* in the Chassidic community and respected *roshei yeshivah* in the *Litvishe* community.

This *kol koreh* is being cited again as a defense for *metzitzah b'peh* despite the new health concerns, and that may be a perfectly appropriate defense. On the other hand, it may also be that a new assessment is called for in light of the new medical data, not having to do with AIDS, but with HSV, which, although not as lethal, is much more prevalent within the adult population.

When Torah and Science Clash

One more matter deserves consideration. Around the same time of the Chatam Sofer's responsum about *metzitzah b'peh*, the *Tiferet Yisrael* Mishnah commentary was first published. In it, Rabbi Yisrael Lipschutz initially argued that based on modern medicine, not only did the practice of *metzitzah* not reduce *sakanah* to the newborn, if anything, it endangered the child's life further by increasing the risk of unstoppable bleeding. But does this mean that the rabbis of the Mishnah were wrong? How do we reconcile Talmudic science with modern science? Rabbi Lipschutz answers with the widely used principle of "*nishtaneh hateva*"—nature has changed since Talmudic times, and so what was dangerous then may not be dangerous today, and vice versa. Although the author concludes by defending *metzitzah*,²⁴ his own conflict over the discrepancy between the medical knowledge of the Sages and that of modern physicians becomes clear.

While the medical arguments today against *metzitzah b'peh* are different from those of the *Tiferet Yisrael*'s time, the tension between tradition and modernity is just as real. This, too, is part of the modern-day *metzitzah b'peh* controversy: How much credence should be invested in modern science when it contradicts rabbinic wisdom, and how are discrepancies between the two

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The Truth About HSV

Over one hundred years ago, tuberculosis and syphilis were associated with metzitzah b'peh. Today, it is mostly viruses like herpes and HIV that are of concern to the Jewish public.

What is herpes?

While herpes simplex virus, otherwise known as HSV, was scientifically investigated and described in the twentieth century, the disease has been around for thousands of years. Indeed, the Greeks were the first to use the term *herpes*, meaning creeping or crawling, in describing a variety of skin lesions, both infectious and non-infectious.

Herodotus (484-425 BCE), the Greek historian, associated mouth ulcers and lip lesions with fever, calling them *herpes febrilis*.

HSV is a part of the herpes virus family. There are over one hundred viruses in this family, including chickenpox (varicella), Epstein-Barr (EBV) and Cytomegalovirus (CMV). HSV can cause infections of the skin, the central nervous system and even organs.

Who is susceptible to contracting HSV? How it is transmitted?

Anyone can contract HSV, of which there are two types. During close contact, HSV-1 is transmitted from person to person via infected saliva. HSV-2 is transmitted through infected genital secretions. However, oral-genital contact may cause infection with either type in the oral or genital areas. About 80 percent of all adults in the United States are infected with HSV-1, and about 50 percent of children in the US are infected with HSV-1 by age five. HSV-2 affects approximately 20 percent of the US population.

HSV can infect newborn children (neonatal herpes) in a few ways. A fetus can be infected in utero if a mother who doesn't have antibodies to HSV gets infected during pregnancy (5 to 8 per-

cent of cases); infection may also occur as the infant passes through the birth canal and is exposed to infected secretions (90 percent of cases). The overall risk of neonatal HSV infection is about .03 percent or 1 in 3,000 deliveries.

In highly rare cases, a newborn may contract the infection *after* birth. HSV-1 can be acquired from exposure to infected family members, friends or hospital personnel. For instance, an older sister who has a skin lesion on her hands and decides to change the diaper of her newly circumcised baby brother might unwittingly infect the infant.

What are the symptoms?

As stated above, infected individuals can spread the disease via oral or genital secretions. To infect another individual, these secretions must come into contact with damaged or broken skin (or mucous membranes). The virus then multiplies at the site of the infection before heading to the spine, where it hibernates and enters a latent phase. At times, a stimulus may provoke it. The virus is then awakened from latency and travels back to the skin where it produces the characteristic skin lesion—a small, fluid-filled skin blister that breaks open, crusts over and then disappears. This virus is responsible for the lesions seen around the mouth, eye and genital areas.

Some people develop lesions around their lips while others never develop signs of infection. Once infected, an individual has HSV for life and can continue to shed the virus intermittently (although this probably declines with old age). Thus, one can be infected and not realize it and can transmit the infection and not know it.

How is it treated?

HSV cold sores in children and adults usually don't need to be treated; however, there are creams or tablets with anti-viral medication that can be taken to alleviate the symptoms.

HSV in the newborn population

As opposed to the youth and adult populations, newborn HSV infection can be a devastating disease. Newborns nearly always require hospitalization and intravenous antibiotics.

1. In a third of cases, the disease localizes to the skin, eyes or mouth.

2. In a third of cases, the disease enters the central nervous system. (Thus, HSV can cause encephalitis.)

3. In a third of cases, HSV infects multiple organs (brain, lung, liver, et cetera.)

Babies with widespread infection have the worst prognosis; 60 percent die before their first birthday, regardless of treatment. Nearly 50 percent of babies with herpes encephalitis will have impaired neurological function. Even in babies with localized infection where the mortality rate is zero, 9 percent of infants will end up with neurological impairment. Once a baby is infected, one cannot predict if he will develop the worst clinical scenario. Clearly, neonatal HSV infection is not a benign illness.

How is it diagnosed?

HSV can be diagnosed by reliable blood tests. A viral culture can also be taken—that is, a sample from a herpes sore—and sent to the lab for testing. However, a viral culture can be misleading: Even if the result is negative, one could still have herpes since the virus survives in the blister for only a short time.

How is HSV prevented in the newborn?

A pregnant mother can protect her newborn child with her maternal HSV antibody for about six months (providing that the mother's initial infection didn't occur during that pregnancy). Hand washing with soap and water before touching a newborn is pivotal. The New York State Department of Health recommends not kissing a baby if one has cold sores on the mouth or lips.

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resolved? Is reliance upon today's physicians a betrayal of our tradition, or is it in keeping with the Talmudic teaching that health issues supersede all other considerations? This thorny issue may also have contributed to today's formation of two separate camps within the Orthodox community on the *metzitzah b'peh* issue.

Final Thoughts

It is important for *mohelim* and parents to always remember the *Shulchan Aruch's* instruction that the baby's health is the prime directive for the mohel:

*One must be very cautious in these areas, and not circumcise any child when there is even a suspicion of illness. Danger to life is the overriding concern, for it is possible to delay a brit [milah], but it is impossible to restore a Jewish life.*²⁵

Accordingly, the burden of proof is on those who would practice *metzitzah b'peh* to effectively demonstrate that the clinical studies are flawed, that their conclusions of a health hazard are not supported by the evidence and that the alarms being raised are unfounded.²⁶

While there is definitely basis for an insistence on *metzitzah b'peh*, primarily from kabbalistic sources, one should carefully consider the risks involved when contemplating the practice for one's own newborn son. Certainly, it is worthwhile to consult one's rabbinic authority. Additionally, one should pay careful attention to the reason *why metzitzah b'peh* is being advocated so strongly within certain circles. If the reason is predicated on halachic and kabbalistic imperatives, that is one thing. If, however, the reason to stand firmly on this practice is to preserve the greater good of a pristine *mesorah* for Klal Yisrael's future, unadulterated and protected from a potential slippery slope, then a new parent may wish to consider: Do I wish to expose my newborn son to the minor infection risks, not because of a halachic imperative, not because it is really "*halachah leMoshe miSinai*," but rather for the sake of protecting tradition in Klal Yisrael? The

former is for the direct benefit to my own son's soul; the latter is for the nation of Israel. Clarity on the issues, in this situation as in so many others, is one's greatest ally. **IA**

Notes

1. Kohelet 1:9.
2. Benjamin Gesundheit et al., "Neonatal Genital Herpes Simplex Virus Type 1 Infection After Jewish Ritual Circumcision: Modern Medicine and Religious Tradition," *Pediatrics* (August 2004): 114; 259-263, DOI: 10.1542/peds.114.2.e259. The article has come under considerable criticism by some physicians and rabbis. Daniel S. Berman, MD, FACP, an infectious-disease specialist, wrote a well-reasoned article arguing that the *Pediatrics* study was fraught with inaccuracies and unsubstantiated conclusions.
3. The open letter is available online at <http://www.nyc.gov/html/doh/downloads/pdf/std/std-bris-commishletter.pdf>. A fact sheet entitled, "Before the Bris: How to Protect Your Infant Against Herpes Virus Infection Caused by *Metzitzah B'peh*," is a follow-up to the open letter, and is also available online at <http://www.nyc.gov/html/doh/html/std/std-bris.shtml>.
4. From *Yated Ne'eman*, 18 February 2005; also quoted in an article by Eric J. Greenberg in the 4 March 2005 issue of the *Forward*. For more quotes, articles and photos of posters, go to http://hydepark.hevre.co.il/hydepark/topic.asp?topic_id=1287989.
5. The full policy statement can be found on the RCA web site at <http://www.rabbis.org/news/article.cfm?id=100605>.
6. *Mishnah Shabbat* 19:2.
7. *Shabbat* 133b.
8. See *Shu"t Avnei Nezer, Yoreh Deah*, sec. 338, where the author acknowledges that this is the simple understanding of the *gemara*, but then offers an alternate interpretation, which would define *metzitzah* as an integral part of the mitzvah. See also *Shu"t Meshiv Nefesh* 2, sec. 6. Regardless, the vast majority of authorities agree that if *metzitzah* is not performed, the circumcision is still kosher. How does suctioning the blood remove the health hazard? The following opinions are offered by *Sdei Chemed* 8 in *Kuntres Hametzitzah: Metzitzah* prevents infection by cleaning the wound after contact with unclean fingers or an unclean blade; *metzitzah* also prevents swelling and closes the blood vessels, therefore reducing bleeding.
9. *Mishneh Torah, Hilchot Milah* 2:2. See, however, *Shu"t Meshiv Nefesh* (ibid.), who—remarkably—provided a novel argument that even Rambam maintained that *metzitzah* is an integral part of the mitzvah and is not done merely because of *sakanah*.
10. See *Shulchan Aruch, Yoreh Deah* 265:10, Rema's commentary: "We spit the *metzitzah* blood into dirt." This clearly indicates that the mohel had sucked the blood into his mouth.
11. From *Chesed LeAvraham*, quoted in Rabbi Y. Goldberger, *Sanctity and Science* (Jerusalem, 1991).
12. This letter was first printed in 1845 by Menachem Mendel Stern in the periodical *Kochvei Yitzchak*. It is quoted in a number of secondary sources, including Rabbi Rami Cohen, *Bris Avraham HaKohen* (New York, 1993), 192.
13. Quoted in Jacob Katz, *Divine Law in Human Hands* (Jerusalem, 1998), 362. It is also possible that Dr. Wertheim mentioned this reason not because of any Reform leanings, but rather because he wished to divert attention from the mohel who was alleged to have infected children. Perhaps he simply wished to save the mohel from embarrassment and loss of livelihood.
14. We refer the serious student to a number of compilation sources. One of the more important sources in Hebrew is *Sdei Chemed* 8, *Kuntres Hametzitzah* (pp. 236-450), which reviews the various opinions to date and forcefully defends *metzitzah b'peh*. Also extremely helpful is Katz (pp. 357-402). See also Rabbi Yosef Weisberg, *Otzar HaBrit* 4, "*Milchemet Hametzitzah*."
15. *Shu"t Binyan Tzion*, sec. 23 and 24.
16. See also *Shu"t Maharam Shick, Orach Chaim*, sec. 152 and *Shu"t Mahari Asad*, sec. 258. Katz (p. 401), quoting from a letter written by the Chatam Sofer to Rabbi Tzvi Hirsh Chajes, writes that under certain circumstances, the Chatam Sofer advocated the "elevation of the prohibition," that is, overstating the prohibited nature of a certain practice when it had come under attack as one of the means of defending the practice against the Reform movement. It should not be surprising that this term can

be used hyperbolically, for we find that *Chazal* themselves attributed certain practices as “*halachah leMoshe miSinai*” when these practices were in reality only of later, rabbinic origin. See commentary of Rabbi Chajes to *Chagigah* 3b; see also *Tiferet Yisrael* commentary to *Mishnah Yoma* 2:2 (end of note 12). Accordingly, the nineteenth-century rabbis were merely following *Chazal*’s example.

17. Katz (pp. 376-377) quotes from an anonymously penned article, “*Metzitzah* from the Medical and Religious Perspective,” published in *Der Treue Zions-Wächter*, no. 46, 24 November 1846. The author warns against relying on the names of authorities like the Chatam Sofer, whose ruling was “forged or distorted.” This argument apparently caught on, as it was also cited in the 1870s by Rabbi Chaim Hirsch Mannheimer (a student of the Chatam Sofer), in his *Ein HaBedolach*, 13.

18. See Katz, who calls this final argument “specious” because it was the Chatam Sofer’s family and students who compiled the *rav*’s responsa posthumously and chose what to include and what to exclude. Since

by the time of the Chatam Sofer’s death *metzitzah b’peh* had become a battlefield issue, it is more likely that the family omitted it to avoid the controversy.

19. Katz, pp. 401-402.

20. This point is emphasized by Mordechai Breuer in *Modernity Within Tradition: The Social History of Orthodox Jewry in Imperial Germany* (New York, 1992), 259.

21. *Anyone who has the audacity to suggest that the Sages’ ruling that “any mohel who does not perform metzitzah [endangers the child and] is removed from his post” (Shabbat 133b) no longer applies to us ... places himself on the side of the Reform. If one subscribes to this, then instead of bringing his son into the covenant of Avraham Avinu, he is bringing him into the covenant of the Reform.*

Once again, we are faced with a halachic responsum that is intertwined with polemical rhetoric against the Reform movement.

22. *Shu”t Shemesh Marpei*, sec. 55.

23. The counter-argument to this is that, indeed, the war is not over. It may be more than coincidence that the New York City Department of Health, which is comprised mostly of secular Jews, is the most vocal in its anti-*metzitzah b’peh* stance, while the New York State Department of Health, which is mostly non-Jewish, has not taken a position on the matter. This point was conveyed to me by a prominent Chassidic mohel who performs *metzitzah b’peh*. Perhaps because of its less oppositional stance, the state’s health department has been more successful in brokering a compromise, taking into account the health concerns of the medical community and the religious concerns of the *Chareidi* community. In June 2006, the Central Rabbinical Congress of the USA and Canada, a Chassidic group in Williamsburg, agreed to the state’s health commissioner’s order to self-regulate community *mohelim* with new standards. The standards entail that all *mohelim* sanitize their hands similarly to surgeons, clean their mouths with a sterile alcohol wipe and rinse for at least thirty seconds with mouthwash, cover the circumcised area with antibiotic ointment and sterile gauze and agree to be tested for HSV if a baby shows evidence of HSV following a *brit milah* where *metzitzah b’peh* was used, along with his parents and health care workers. As

of this writing, negotiations are still ongoing with the New York City Department of Health, but it appears that the city’s more public opposition to *metzitzah b’peh* has made it difficult to broker such a compromise.

24. *Tiferet Yisrael to Mishnah Shabbat* 19:2. Although he advocates the preservation of *metzitzah*, the author also concludes with a novel halachic position regarding *metzitzah* on Shabbat, which indicates some level of equivocation. See *Shu”t Binyan Tzion* (sec. 23 and 24) for a response to *Tiferet Yisrael*. While *Tiferet Yisrael* is prepared to argue *nishthaneh hateva*, he does not go so far as to argue that *Chazal* were simply relying on imperfect medical knowledge. This is in contradistinction to Rabbi Avraham ben HaRambam’s position on such matters. For more on this subject, see Yehudah Levi, *The Science in Torah* (Jerusalem, 2004).

25. *Yoreh Deah* 263:1.

26. All authorities agree that when the *sakanah* factor is clear and present, such as when either the baby or the mohel is known to have a communicable disease, *metzitzah* should not be done orally. Even Rabbi Yosef Shalom Elyashiv, who has been widely quoted as a defender of *metzitzah b’peh*, has ruled accordingly. The point of dispute is merely whether or not there is a *sakanah* when no known contagion is present. It has been communicated to me both by my beloved teacher, the late Rabbi Yosef Weisberg, former chief mohel of Jerusalem, and by several *mohelim* who meticulously perform *metzitzah b’peh* within the Orthodox community, that as a matter of course they do not perform *metzitzah b’peh* when the parents are not observant, *even when there is no knowledge that either parent possesses a communicable disease*. Apparently, in these cases the risk factor is too great even for the most ardent *metzitzah b’peh* advocates. Another issue to consider is that many authorities permit *metzitzah* to be done by someone other than the mohel (see *Ketzot HaChoshen* 382:2). Accordingly, a father who wishes to minimize risk and at the same time preserve the practice can perform *metzitzah b’peh* himself on his son (of course, after consultation with the mohel on how the procedure is done). It has been my personal practice as a mohel to offer this alternative to any interested parent.

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brit milah is under attack and *metzitzah* is being used as ammunition in the assault, the *posekim* need to take a different approach. Therefore, any comprehensive discussion of *metzitzah* should deal not only with the medical/halachic issues but also with some aspects of the ideological battle against *metzitzah*, which is linked to the effort to uproot the practice of *brit milah*.

A Medical Overview

Circumcision is the most common surgical procedure performed on males in the United States⁴ and in Israel. It is performed as a religious obligation on nearly 100 percent of Jewish males and on more than 90 percent of Muslim males. In former times, circumcision was performed exclusively for religious reasons, but since the Second World War,⁵ millions of newborns (between 60 and 90 percent of newborn males in the United States)⁶ have been circumcised for medical or cosmetic reasons. The most striking medical advantage of removal of the foreskin is its association with a drastic reduction in the risk of penile cancer.⁷ In the second half of the twentieth century, about 11,000 uncircumcised American men died of penile cancer,⁸ and nearly all of these deaths could have been prevented by a simple procedure of excising the foreskin at an early age.

During the past year, another medical advantage of circumcision was discovered. In a controlled prospective study, circumcision was shown to protect against contagion with AIDS by a factor of about 60 percent.⁹

Admittedly, circumcision is not totally risk-free; however, the risks are extremely low. In the second half of the twentieth century, only four deaths caused by complications resulting from the procedure occurred in the United States, compared to the 10,000 deaths that it prevented during the same period. Since *Chazal* were, characteristically, aware of the possible risks associated with the performance of *brit milah*, they laid down medical rules with the force

of *halachah* for the procedure, rules that were designed to decrease the minimal risk even further. These rules include detailed guidelines for the entire procedure, from the preparatory stage through the performance of the surgery itself and the post-operative stage, until the follow-up care.¹⁰ They also include the necessary preconditions for *brit milah* as regards the baby's health condition. Rambam's medical/halachic guideline is a typical example:

*Only an infant free of any illness is circumcised, for danger to life precludes other considerations; brit milah can be performed after the specified time, but the life of an individual can never be restored.*¹¹

Stages of the Milah Procedure

Halachic *brit milah* involves four main stages: 1. Preparation before the *brit milah*—these preparations may be characterized essentially as preventive medicine; 2. Performance of the surgery—incision and splitting of the membrane; 3. *Metzitzah* and 4. Supportive care after the circumcision.

By attacking *metzitzah*, the Reformers sought to gradually erode the Jewish nation's deeply rooted commitment to *brit milah* itself.

What is Metzitzah?

The original technique for the performance of *metzitzah* employs the human mouth. The mohel brings the baby's organ into his mouth immediately after the excision of the foreskin and sucks blood from it vigorously. This action lowers the internal pressure in the tissues of the organ, in the blood vessels of the head of the organ and in the exposed ends of the arterioles that have just been cut. Thus, the difference between the pressure in the blood vessels in the base of the organ and the pressure in the blood vessels at its tip is increased. This requirement has deep

religious significance as well as medical benefits.

Metzitzah as a religious obligation is mentioned in the mystical portions of the Torah.¹² In the last two centuries, as well, a number of famous *posekim* have declared that an attack on the tradition of *metzitzah* is tantamount to an attack on the mitzvah of *brit milah* itself.¹³ Nevertheless, many *posekim*, including the Chatam Sofer, the Ketzot Hachoshen, the Netziv of Volozhin,¹⁴ the Avnei Nezer¹⁵ and, more recently, Rabbi Shlomo Zalman Auerbach and the Tzitz Eliezer, have ruled that the purpose of *metzitzah* is solely medical.

Some have pointed out that even the *posekim* who maintain that *metzitzah* is a religious obligation (that is, that *metzitzah* is part of the mitzvah of *brit milah*) may not have based their statements purely on halachic reasoning, but to a large extent were responding to attacks against *brit milah*. Those who make this claim are supported by the halachic literature on *metzitzah*, which indicates rather clearly that *metzitzah* is a medical requirement instituted by *Chazal* because of the risk involved in neglecting to perform it. In addition, one cannot ignore the difficulty of defending a medical guideline imposed by *Chazal* in the absence of sufficient medical knowledge to explain it. Furthermore, proclaiming that *metzitzah* is an inseparable part of the commandment of *brit milah* is an effectual means today, as in the past, of fending off attacks against the Divine covenant of circumcision.¹⁶

The Gemara states that the requirement of *metzitzah* stems from medical considerations; it is meant to minimize risk to the infant's life and health¹⁷:

Rav Pappa said, "A mohel who does not perform metzitzah endangers the baby and is dismissed."

Is this not obvious? Since we desecrate the Shabbat for it, it obviously must be a danger to omit it [and thus it is proper to dismiss someone who fails to do it. What does Rav Pappa's statement add?]

You might say [had Rav Pappa not

made this statement] that this blood is stored up [so sucking it out is not a desecration]. Now we have learned [from Rav Pappa] that the blood is the result of a wound [thereby sucking it out is desecrating the Shabbat].

From this *gemara* 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 *pikuach nefesh*.¹⁸

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 Rambam, the Shulchan Aruch,¹⁹ the Chochmat Adam²⁰ and, as mentioned above, the Chatam Sofer, the Ketzot Hachoshen, the Netziv of Volozhin,²¹ the Avnei Nezer,²² Rabbi Auerbach and the Tzitz Eliezer.

Rambam's Approach—"Until Blood in the Further Reaches Is Extracted"

From a simple reading of Rambam,²³ one can conclude that the reason for *metzitzah* is medical: "How is circumcision performed? One cuts through the entire foreskin covering the crown, and then splits the soft membrane under the skin with one's fingernail, pulling it this way and that way until the flesh of the crown is revealed. And then one sucks the circumcision until blood in the further reaches is extracted, so that [the infant] will not be endangered, and any mohel who does not perform *metzitzah* should be dismissed. After *metzitzah*, he should apply a dressing or bandage or something of that nature."²⁴

Rambam's statement "And then one sucks the circumcision until blood in the further reaches is extracted, so that [the infant] will not be endangered" has been interpreted in two different ways.

1. "Extraction of blood from the

further reaches" of the organ is the goal of *metzitzah* and the reason for it; i.e., the very fact that blood stays in the further reaches poses a danger to the infant (perhaps because of concern that infectious agents harbored there should be drained away and drawn out).

2. "Extraction of blood from the further reaches" is merely an indication that *metzitzah* was performed with the required level of force, and a flow of blood from this area tells us that the *metzitzah* has achieved its purpose. (A physiological explanation for this interpretation will follow.)

Whichever way we understand Rambam, the physiological process by which *metzitzah* prevents endangering the infant is not elucidated in Rambam,

Since Chazal did not specify the nature of the risk prevented by *metzitzah*, the medical information upon which they based their ruling was lost over time.

just as it is not elucidated in the Gemara. A decisive interpretation of Rambam may be derived from studying the words of other Rishonim, such as those of Rabbi Yaakov Hagozer.

Rabbi Yaakov Hagozer—"Blood Will Clot Within the Organ, and This Is Dangerous"

In the *sefer* of Rabbi Hagozer,²⁵ who lived in Germany during the period of the Ba'alei HaTosefot, explicit guidelines are given for the performance of *metzitzah*, and this time with a clear medical explanation of the practice:

"How is *metzitzah* performed? After splitting the membrane, one takes the organ into his mouth and sucks blood out with all one's strength, because blood coagulates within the top of the organ, and a danger is posed if one does not perform the sucking. As it says in *Perek Rabbi Eliezer*, Rav Pappa said, 'A mohel who does not perform *metzitzah*

endangers the infant and is dismissed' because *blood will clot within the organ and this is dangerous*."

(These words clearly cannot be referring to coagulated blood at the urethral opening, for any experienced mohel will realize that such blood can be wiped away easily, and there is certainly no need for forceful sucking to remove it. Furthermore, sucking blood for the purpose of removing the coagulated blood is not a *melachchah*, while the Gemara states that the sucking of blood [for the purpose of *metzitzah*] is a *melachah*, and is only permitted because it prevents a potential *sakanah*.)

Explaining Metzitzah

Rabbi Hagozer's explanation might be translated into modern medical terms as follows²⁶: Immediately after incising or injuring an artery, the arterial walls contract and obstruct, or at least reduce, the flow of blood.²⁷ Since the arterioles of the *orlah*, or the foreskin, branch off from the dorsal arteries (the arteries of the upper side of the organ), cutting away the foreskin can result in a temporary obstruction in these dorsal arteries. This temporary obstruction, caused by arterial muscle contraction, continues to develop into a more enduring blockage as the stationary blood begins to clot. The tragic result can be severe hypoxia (deprivation of the supply of blood and oxygen) of the glans penis.²⁸ If the arterial obstruction becomes more permanent, gangrene follows; the baby may lose his glans, and it may even become a life-threatening situation. Such cases have been known to occur.

Only by immediately clearing the blockage can one prevent such clotting from happening. Performing *metzitzah* immediately after circumcision lowers the internal pressure within the tissues and blood vessels of the glans, thus raising the pressure gradient between the blood vessels at the base of the organ and the blood vessels at its distal end—the glans as well as the excised arterioles of the foreskin, which branch off of the dorsal arteries. This increase in pressure

gradient (by a factor of four to six!) can resolve an acute temporary blockage and restore blood flow to the glans, thus significantly reducing both the danger of immediate, acute hypoxia and the danger of developing a permanent obstruction by means of coagulation. How do we know when a temporary blockage has successfully been averted? When the “blood in the further reaches [i.e., the proximal dorsal artery] is extracted,” as Rambam has stated.

According to the explanation of Rabbi Hagozer, which is supported by current medical knowledge, it is easy to understand why *Chazal* viewed the failure to perform *metzitzah* with such severity, and ruled that one may violate Shabbat in order to carry it out. Additionally, we can understand why it is that a mohel who omits it should be dismissed and deprived of the right to perform *britot*.

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

The Chatam Sofer—“*Metzitzah Is Not an Intrinsic Part of the Mitzvah; It Is Practiced Only Because of Sakanah*”

In 1836, Rabbi Eliezer Horowitz, author of *Yad Eliezer* and a student of the Chatam Sofer, posed the following question to his teacher: Is it permissible to circumcise without doing *metzitzah*, and to use a sponge for the purpose instead of the mouth? Rabbi Horowitz explained his question as follows:

There have been cases here in our city [Vienna] of children who were circumcised by an expert mohel, and a malignant tzara'at broke out on their skin, covering the whole area of the circumcision, and then spread over their entire bodies, and many children have died of

this illness. . . . In the doctors' judgment, this evil came upon them as a result of the metzitzah performed by the mohel's mouth, and yet the mohel was examined and found to be clean and uncontaminated by any trace of the illness. Nonetheless, there is cause for concern. . . .

The Chatam Sofer responded: . . . [My correspondent] has written well, for we do not find a stipulation that *metzitzah* be performed with the mouth exclusively, except among kabbalists who say that the *din* is sweetened through the mouth and the lips, and we do not concern ourselves with these hidden matters in a situation in which there is even the slightest suspicion of danger . . . and furthermore, I say that even if it were explicitly stated in the Talmud that one must do *metzitzah* with one's mouth, in any case this is not an intrinsic part of the *mitzvah* of *brit milah*, but is done because of danger to life, and one who circumcises and splits the membrane and does not perform *metzitzah* has nevertheless completed the *mitzvah*, and the child is eligible for *trumah* [i.e., if he is a Kohen], and his father may bring the *Pesach* offering; the child, however, is at risk until an action is performed to extract blood from the further reaches. And in *Perek Rabbi Eliezer*, *Rav Pappa* learns, “Like a bandage or a medicinal powder to stop bleeding, which is necessary because the circumcised infant is in a situation of danger, *metzitzah*, too, is necessary for a similar reason (since it is done for therapeutic reasons, we need not be particular if the doctors devise a different therapy as a substitute), and this is the law pertaining to *metzitzah*. Even if the *Mishnah* had mentioned *metzitzah* by mouth, one may still use an alternative means to accomplish the aim. But the doctors must be warned that they must be able to testify that the sponge is truly performing the same action as *metzitzah* performed by mouth. Beyond this, there is no concern, in my humble opinion.

It is clear from the question that the situation in Vienna, in which the newborn boys were facing a tangible danger, was a case of *sha'at hadchak* (extenuating circumstances). The Maharam Shick adds, in his response to

the question (*Shu"t Orach Chaim* 152), that because it was difficult to dismiss the Viennese mohel due to his highly respected status, this was truly a case of *sha'at hadchak*. In any case, the Chatam Sofer's understanding of the reason *Chazal* instituted *metzitzah* as a requirement is clear.

The War Against *Metzitzah*

As stated earlier, since *Chazal* did not specify the nature of the risk prevented by *metzitzah*, the medical information upon which they based their ruling was lost over time. (Rabbi Hagozer's *sefer* was first printed only in 5652 [1892], and physiology books explaining the process of constriction of cut arteries were written only in the last half-century).²⁹ The *mitzvah* of *metzitzah*, therefore, became the soft underbelly, subject to attack in the struggle over traditional *brit milah*.

It is no wonder, then, that when the Reformers started waging their war on *brit milah* in the nineteenth century, voices began to be heard in the medical community calling for a ban on *metzitzah*. There were three main arguments against *metzitzah*³⁰: A. Lack of a comprehensible medical reason; B. Concern over transmission of infectious diseases from the person performing the *metzitzah* to the infant and C. Concern that *metzitzah* might increase bleeding in the area of the incision.

The claim that there was no medical reason for *metzitzah* was vigorously rebutted. Since those who made the claim had no way of knowing what medical reason *Chazal* had in mind when they instituted *metzitzah*, they could not point to any “change in nature” in the modern world that would render *metzitzah* unnecessary. But it is not merely *emunat chachamim* that is the basis for rejecting the claim of those who see no purpose for *metzitzah*. A rational assessment of the experience of generations also justifies rejecting this same claim.³¹ History demonstrates that *Chazal* scrutinized medical findings with a critical eye and did not see themselves as bound by Aristotelian dogma.³²

For example, they stated that heredity is not only maternal, but paternal as well, contradicting the Greek sages.³³ Chazal recognized pathological anatomy 1,500 years earlier,³⁴ and were aware of pathological symptoms pertaining to *brit milah* hundreds of years before modern medicine documented them.

As for the concern about the transmission of infectious diseases, three main ways of preventing this have developed over the years:

1. Insistence on a healthy mohel³⁵ (not forgetting the advantage gained by the presence of AGA antibodies in the saliva of a healthy person, which can even contribute to the healing of the wound, a well-known phenomenon in the animal world.); 2. Disinfecting the mouth with antiseptic substances such as alcohol or wine³⁶ and 3. Performing *metzitzah* through a sterile glass tube,³⁷ or with a pump or a sponge.³⁸

From a medical standpoint, the claim that *metzitzah* is liable to increase bleeding at the site of the incision is unsupported. The *isplanit* (bandage) and the *kamon* (a medicinal powder) mentioned in the Mishnah, and the “powder of medications that stop bleeding” mentioned in the *Shulchan Aruch* were intended to prevent prolonged bleeding. Since these measures are taken immediately after *metzitzah* under the mohel’s control, from a medical viewpoint, this claim lacks any validity.

Prioritization of *Metzitzah*

In light of the medical purpose of *metzitzah*, *metzitzah* and its alternatives can be placed in order of preference. From a physiological point of view, *metzitzah* performed with the mouth should be given *first preference*. The pressure gradient created by forceful sucking with the mouth is greater by a factor of six or more than the pressure gradient between the base of the organ and its top when there is local blockage between the two areas. *Metzitzah b’peh* also enables better control over the force exerted, so as to ensure the desired result.

Second preference should be given

to *metzitzah* through a tube. If the dimensions of the tube are suited to the size of the baby’s organ and allow for the required rise in the pressure gradient, then the difference between *metzitzah b’peh* and *metzitzah* through a tube is negligible. *Metzitzah b’peh* is nonetheless preferable, as it does not depend on mechanical adjustment of the tube to fit the organ.

Third preference should be given to *metzitzah* performed by a pumping machine connected to a *metzitzah* tube. In addition to the proportional disadvantages caused by the use of a tube, the use of a machine makes it difficult to control the force of the suction.

Last preference is given to the use of a sponge. A sponge scarcely raises the pressure gradient, and certainly does not raise it enough to open an obstructed artery. Suction applied by hand through a sponge is almost tantamount to willfully omitting *metzitzah*. (Although, it should be noted that such an omission might possibly be required in certain cases where *metzitzah* itself poses a high risk to the infant.)

The Situation in Israel

With the precedents of Vienna and other places, with the increase in public awareness of hygiene and with the loss of our knowledge of the medical benefits of *metzitzah*, we have come to a situation where approximately 90 percent of *britot* in Israel are carried out with a substitute for *metzitzah b’peh*—i.e., suction by means of a tube. Nevertheless, among the *Chareidi* population there is continued insistence upon doing traditional *metzitzah b’peh* while taking appropriate hygienic measures.

In Israel, *metzitzah b’peh* is performed at less than 10,000 *britot* annually (in the *Chareidi* sector) out of some 50,000 *britot* that take place in the total population. It should be noted that in Israel, no harm had been observed during the past century among babies upon which traditional *metzitzah* was performed—until this past decade. Similar studies carried out in Israel have shown

that *britot* performed by *mohelim* are as safe as those performed by doctors.

The Problem of AIDS

With the spread of AIDS during the past generation, the topic of *metzitzah* has come into question again, but from the opposite perspective. There is concern among *mohelim* about performing *metzitzah* on as-yet-uncircumcised adults who have immigrated to Israel from countries where AIDS is widespread, or on newborns whose mothers’ health conditions are unclear, in view of the fact that the AIDS virus can easily pass through the placenta from the mother’s bloodstream to that of the fetus. Undoubtedly, *metzitzah b’peh* performed on an infected individual poses a danger to the mohel.

Posekim faced with this question could make any of three possible rulings: 1. To continue performing *metzitzah b’peh* despite the risk; 2. To delay the *brit milah* until a blood test confirms that the candidate for *brit milah* (or his mother, in the case of a newborn) is not infected with a deadly virus or 3. To perform *metzitzah* through a tube, so as to avoid direct contact between the subject’s blood and the mohel’s mouth.

When this question came up nearly twenty years ago, both Rabbi Auerbach³⁹ and Rabbi Yosef Shalom Elyashiv⁴⁰ chose the third alternative—that the mohel should perform *metzitzah* through a tube—for cases of infant circumcision. Rabbi Shmuel Wosner⁴¹ wrote a similar *pesak* concerning *brit milah* on adult immigrants. Rabbi Elyashiv clearly explained the reasoning behind his *pesak*: “The *gedolim* of the previous generation already struggled with this problem. HaRav HaGaon Rav Yitzchak Elchanan of Kovno, HaGaon Rav Yitzchak Yaakov [Reb Itchele] of Ponevezh, HaGaon Rav Yechiel Michel [Epstein] of Navardok, HaGaon Rav Chaim Ozer of Vilna and others, all of blessed memory, came to the conclusion that ‘in a situation in which the slightest concern of danger to life exists, one should not insist on meticulous fulfill-

ment of the custom of our ancestors, in the words of Rav Chaim Berlin.” (Note that this response is similar to that of the Chatam Sofer to the *rav* of Vienna.)

New Conditions Among the Israeli Chareidi Population

About four years ago, the following data were brought before Israel’s Interdepartmental Committee on Supervision of Mohelim, an advisory committee composed of *rabbanim*, doctors and *mohelim*: during the three years leading up to that time, seven newborns from the *Chareidi* sector were infected with herpes simplex virus (HSV), all of whom had undergone traditional *metzitzah b’peh*. Five of the mothers were examined to determine if they were carriers of the virus; four of them were not carriers, whereas one mother was found to be a carrier with a low level of antibodies.

In one of the cases, no antibodies at all against HSV-1 were found in the mohel, indicating that he had never been exposed to the virus. In the rest of the cases, in which antibodies were discovered in the mohel, in no case was the subspecies of the virus found in the mohel’s body positively identified by DNA examination with the subspecies found in the infected newborn. Thus in each of the cases there was no proof that the mohel was, or was not, the source of the infection. The question is, How much caution must we take?

The recent occurrence of HSV-infected newborns in the *Chareidi* sector is due to three epidemiological facts: 1. More than 80 percent of the adult population in Israel, including *mohelim*, are latent carriers of HSV-1. 2. Forty percent of young mothers in the *Chareidi* sector are not carriers of the virus, apparently as a result of better hygiene and living conditions that prevail among the younger generation. Thus, fewer women of childbearing age in the *Chareidi* sector are exposed to HSV, and the percentage of mothers with antibodies to the HSV-1 virus has dropped from about 80 percent to about 60 percent. This seems to reflect

a new situation, in contrast to the prevalent situation in the past. 3. An absence of antibodies in the mothers’ blood means that their newborn sons receive no such antibodies through the placenta, and therefore are vulnerable to infection by HSV-1.

The Memo to Mohelim

Although the epidemiological data do not provide a sufficient foundation for an unambiguous medical conclusion, it was agreed that they indicate a possible risk to newborn boys in the *Chareidi* sector. This situation obliges us to take steps to eliminate, or at least reduce, the risk while recognizing the Jewish people’s sensitivity to external limitations placed on the procedure of *brit milah*. In other words, careless action is liable to adversely affect Jewish communities around the world and to limit their freedom to carry out the mitzvah of *brit milah* as prescribed by tradition. Therefore, on May 22, 2002, Rabbi Avraham Babayof, director of the Department of Britot at Israel’s Chief Rabbinate and head of the Interdepartmental Committee on Supervision of Mohelim, issued a memo to *mohelim* on the subject of *metzitzah*. The document pointed out that *halachah* permits *metzitzah* through a tube in cases where there is concern of contagion, and that the mohel has a duty “to inform the parents of the infant, at the time he is engaged to perform the *brit [milah]*, of the two options for carrying out *metzitzah*, and to come to a decision with their participation.”

As more cases of HSV in newborns in the *Chareidi* population emerged, it was decided to conduct further discussions on the matter. The deliberations took place in the office of the general director of the Chief Rabbinate on Thursday, March 13, 2003. The participants included Rabbi Babayof and the members of the Interdepartmental Committee, which included *rabbanim*, *mohelim*, doctors, the legal advisor of the Chief Rabbinate and this writer. The subject under dis-

cussion: the significance of new epidemiological data indicating possible risk of HSV-1 infection among newborns in the *Chareidi* population as a result of undergoing *metzitzah b’peh*.

In light of the Jewish people’s sensitivity to external limitations placed on the procedure of *brit milah*, it was decided that the new epidemiological information should immediately be submitted for halachic judgment, with the aim of considering a temporary halachic ruling (*hora’at sha’ah*) on the proper method of performing *metzitzah* given the new situation.

Meeting with Rabbi Wosner

On Monday, April 7, 2003, a lengthy meeting took place in the home of Rabbi Wosner⁴² and was attended by representatives of the Interdepartmental Committee, including Dr. Moshe Westreich of the Ministry of Health, Dr. Eli Yosef Schussheim, this writer and Rabbi Babayof. After the details of the problem were presented to Rabbi Wosner by the participating doctors, he clearly repeated the main points of the facts he had just heard, and then summed up his halachic opinion in the following principles.

1. “It is not within our ability or power to annul the mitzvah of *metzitzah*, which has been handed down from our ancestors as *metzitzah b’peh*, nor would we ever contemplate it.

2. “The risks of HSV infection are not to be ignored. And therefore, *metzitzah b’peh* is to be carried out only by *mohelim* or other persons who do not harbor the virus in their bodies.

3. “A mohel who is a *talmid chacham* and sees that risk is present in the situation he is in must act according to the *halachah* and not cause endangerment; but if he makes a change in the technique of *metzitzah*, this is to be only as a *hora’at sha’ah* [applicable to the situation at hand].”

These statements were written down by this writer as they were said, and were read back on the spot to Rabbi Wosner, who confirmed their accuracy. But because of the sensitivity

of the issue, a copy of the statements was immediately handed over to Rabbi Wosner's office, and we were asked to delay its publication until we received authorization.

When no authorization was received in the course of a month, I conducted about ten discussions on the issue by telephone with Rabbi Shlomo Gelber, Rabbi Wosner's representative.

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. Throughout 2003, news reports and pseudo-news reports in Israel left a clear impression that a relentless struggle was being conducted by parties interested in shifting the national consensus on *brit milah* and, as a first step, reducing the performance of *britot* by traditional *mohelim*.

In the wake of our continued deliberations, and as a result of Rabbi Wosner's justified assessment that the attack on traditional *metzitzah* constitutes part of a more general war on *brit milah* itself, handling of the issue was entrusted to Rabbi Moshe Shaul Klein, a *moreh tzedek* in Rabbi Wosner's *beit din*.

Rabbi Klein's Letter

On August 19, 2003, Rabbi Klein wrote a long letter to me in which he restated Rabbi Wosner's position. After a short introduction about the importance of *brit milah* in general, and about the mitzvah of traditional *metzitzah* in particular, and after citing the Jewish people's self-sacrifice throughout the generations for the sake of observing this mitzvah as prescribed by *halachah*, Rabbi Klein went on to state a few major principles in the name of Rabbi Wosner, namely⁴³:

1. The mitzvah of *milah*, commanded to us by Hakadosh Baruch Hu, has withstood attack throughout the generations, and *gedolei Yisrael* have

been forced to stand in the breach to prevent any alteration of the laws of *brit milah*, which were commanded to us at Sinai, including any change in the received technique of *metzitzah*.

2. "If it is known that the *mohel* has a particular illness which, by means of *metzitzah b'peh*, could infect the infant, if the harm is prevalent (*shachiach hezeika*), one should exercise leniency in this manner only: by performing *metzitzah* with an implement." In other words, deviating from the traditional method of performing *metzitzah* should be done only in situations defined in *halachah* as "*shachiach hezeika*" (a situation in which the risk is real from an epidemiological point of view).

3. The definition of "*shachiach hezeika*" as it pertains to this issue is a halachic decision of great significance, and therefore it is put into the hands of the *chachmei hador*.

Therefore, the major practical conclusions are as follows:

4. A *mohel* who is known to be infected with a virus in a situation defined as *shachiach hezeika* should not perform *brit milah* using an implement for *metzitzah* if there is another *mohel* who is able to do the *metzitzah* in accordance with tradition, without deviations.

5. If there is no other *mohel*, and the *mohel* infected with the virus in a situation defined as *shachiach hezeika* is performing the *brit milah*, then he is required to carry out *metzitzah* with a sterile implement and he is forbidden to carry out *metzitzah b'peh*.

6. A policy that *mohelim* should check themselves for infectious diseases (when there are no symptoms arousing suspicion) should not be instituted, for this is the beginning of the breach in the battle to abolish *metzitzah b'peh*, and the holy Torah is eternal in every generation, to carry out the mitzvah unchanged, as received by Moshe on Sinai.

Preventive Measures in the Age of Herpes

The medical data include no scientific proof that any particular *mohel*

actually infected an infant he circumcised with a virus. On the other hand, the epidemiological data point to the possibility that there have been cases of contagion of newborns, although it has not been proven who caused the infection. Likewise, even if we attribute all the isolated reported cases of infection to the *mohelim*, it still remains a very rare phenomenon, roughly one case in several thousand *britot*, a substantially lower risk than that posed by other surgical procedures.

In light of these facts, it is imperative to find a balance between the responsibility to prevent even "the slightest concern of danger to life," and the responsibility to avoid leaving any opening for attack upon the mitzvah of traditional *brit milah*. The task of achieving this balance is in the hands of the *posekim*. The following lines, therefore, should be viewed as a halachic/medical deliberation before the *chachamim*.

On the practical level one must differentiate, in my opinion, between five situations.

Situation 1: If the *mohel* has never been suspected of transmitting HSV to an infant he has circumcised, there is no medical or halachic impediment to allowing him to continue performing *metzitzah b'peh* in accordance with the tradition received from our ancestors.

Situation 2: If a medical examination identifying the subspecies of the virus has shown that the *mohel* is the source of the child's infection, then, according to all opinions, this *mohel* is forbidden from this point on to perform *metzitzah* in the traditional manner.

The third, fourth and fifth situations are intermediate.

Situation 3: HSV has appeared in a newborn shortly after his *brit milah*, but the subspecies of viruses found in the baby do not match that of the virus in the *mohel's* system. It is difficult in this case to prohibit the *mohel* from performing traditional *metzitzah* in the future (unless his *rabbanim* have instructed him otherwise), since the

possibility that he is the source of the infection has been to a large extent controverted.

Situation 4: If another possible source for the infection has been discovered (a parent, for example), in this case, too, the mohel should not be prohibited from performing traditional *metzitzah*, since many infants had been circumcised by him without ill effects, and furthermore, there is another plausible source of the infection.


Situation 5: HSV has appeared in newborns shortly after their *brit milah*, yet, while no other likely source for the infection has been found and the possibility that it was transmitted by the mohel has not been negated, there is no proof from a subspecies examination that that mohel is actually the source.

In the last situation, on the scientific level we have no proof that the mohel is the cause, nor do we have proof that he is not. Therefore we must bring into our calculations the rule derived from the *sugya* of “one whose brothers have died as a result of [*brit milah*]” (*Yevamot* 64b), which determines that sometimes, in cases of evident risk, there is no need for absolute proof in order to attribute the illness to a plausible cause.⁴⁴ (In other words, the rules of *chazakah* now enter into the calculations.) The question here is not so simple. Is it proper to prohibit *metzitzah b'peh* in this situation on the grounds that “danger is regarded with more stringency than a Torah prohibition” and we have a responsibility to prevent even “the slightest concern of danger to life,” or is there still room to permit it, with certain limitations?

The New York State Department of Health recently formulated the following solution to the *metzitzah b'peh* controversy. The agreed-upon solution is to permit a subsequent *metzitzah* after situation 5 takes place only if the mohel takes preventive anti-herpes medication on the day of the *brit milah* and for at least three days before it.

Brit milah is a mitzvah that is tied to the very identity of our Jewish nation. Nevertheless, the *posekim* have

always concerned themselves not only with the halachic aspects of *brit milah* but also with its medical aspects.

Therefore the *gedolim* of the previous generation already stated that “in a situation in which the slightest concern of danger to life exists, one should not insist on meticulous fulfillment of the custom of our ancestors.” However, when the very institution of *brit milah* is under attack and *metzitzah* is being used as ammunition in the assault, the *posekim* had to take a different approach. The right balance between these approaches is always the prerogative of the *gedolim*, *bayamim habem* and *bazman hazeh*. 

Notes

1. *Mechilta Bachodesh*, chap. 6, cited in *Perush HaRamban al HaTorah, Aseret HaDibrot*.
2. *Yalkut Shimoni, parashat Yitro, remez* 292; also in *Vayikra Rabbah* (Vilna), *parashah* 32, starting from “*Vayeitzei ben.*”
3. The interview appeared on Tuesday, 20 June 2006.
4. S.D. Niku, et al., “Neonatal Circumcision,” *Urol Clin North Am* 22, no 1 (February 1995): 57-65.
5. Sharon Bass, “Circumcision Persists Despite Doctors’ Disapproval,” *Maine Times* 29, no. 9 (January 1997).
6. Thomas E. Wiswell, “Circumcision Circumspection,” *New England Journal of Medicine* 336, no. 17 (24 April 1997): 1244-1245.
7. An editorial in the *New England Journal of Medicine*, the world’s most widely distributed medical journal, stated:
Furthermore, circumcision reduces the risk of penile cancer. In uncircumcised men, the lifetime risk of this cancer is about 1 in 500, as compared with a risk of 1 in 50,000 to 1 in 12 million in circumcised men (Thomas E. Wiswell, *ibid.*).
8. *Ibid.*
9. B. Auvert, et al., “Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV

Infection Risk: The ANRS 1265 Trial,” *PLoS Med* 2, no. 11 (1995): e298.

10. See *Shabbat*, chap. 19, *mishnayot* 3-4, and the ensuing *sugyot* in the Gemara, and *posekim*.
11. *Hilchot Milah*, chap. 1, *halachah* 18.
12. Citations are found in *Sefer Habrit, siman* 265, p. 215-16, and similarly in the *Chatam Sofer* quoted in a subsequent note.
13. Among them are the Maharam Shick, the Binyan Tzion, the Mahari Assad, the Divrei Yatziv and the Minchat Yitzchak.
14. *Shu”t Meshiv Davar, chalak* 2, *siman* 55, beginning from “*Michtav...*”
15. *Shu”t Avnei Nezer* 10, *siman* 338.
16. See *Avodah Zarah*, chap. 2, *mishnah* 5; *Talmud Bavli, ad loc.*, 35a and *Perush Rabbeinu Chananel, ad loc.*, citing the *Talmud Yerushalmi*.
17. *Shabbat* 133b.
18. Although some (the Mahari Assad and others) have contrived to reject this conclusion, it is difficult to take the *sugya* out of its simple context.
19. *Ibid.*
20. *Chochmat Adam* 149, 14.
21. *Shu”t Meshiv Davar, chalak* 2, *siman* 55, beginning from “*Michtav...*”
22. *Shu”t Avnei Nezer* 14, *siman* 338.
23. *Hilchot Milah*, chap. 2.
24. I.e., “or a medicinal powder that stops [the] bleeding,” *Shulchan Aruch*, 14, 264, 3.
25. *Zichron Brit LaRishonim* (Berlin, 5652), 20.
26. Mordechai Halperin, MD, David Fink, PhD, and David Rosen, MD, “A New Insight to Mysterious Talmudic Rulings: *Metzitzah* and Bathing in Warm Water in the Performance of Jewish Ritual Circumcision—A Modern Explanation for Their Institution and its Clinical, Halachic, and Legal Significance,” *JME* 5, no 2 (June 2006): 26-44.
27. The constriction is caused in part by a nervous reflex, but principally by a local reaction of the smooth muscle layer of the artery. This apparently leads to induction of an action potential (resulting in contraction) that can travel along several centimeters of the arterial wall. (See A.C.

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Guyton, *Textbook of Medical Physiology*, 5th ed. [Philadelphia, 1976], 99.)

28. It should be mentioned that in most cases, this blockage would have no effect on the alternative blood supply of the glans, which comes from the well-protected and padded urethral arteries. However, in those instances where a congenital anomaly affects the urethral arteries (and there have been not a few such instances), a transient blockage of the dorsal arteries can cause severe hypoxia of the glans.

29. In the absence of a clear tradition on the nature of the danger averted by *metzitzah*, there has been much speculation. See the *Sdei Chemed*, addenda to Rabbi Moshe Bunim Pirotsky, *Kuntres HaMetzitzah*; *Sefer HaBrit* (New York, 5733), *siman* 264; Rabbi Avraham Kahn, *Brit Avraham HaKohen al Rabbeinu Ya'avetz*, *Hilchot Milah* (Brooklyn, 5754), 190-91 and Avraham Steinberg, *Encyclopedia Hilchatit-Refuit* 3 (Jerusalem, 5752), under *milah*.

30. See Rabbi Avraham Yitzchak HaKohen Kook, *Da'at Kohen*, 140-42; *Brit Avraham HaKohen* 191-92 and *Tiferet Yisrael*, *Shabbat* 19, *mishnah* 2.

31. See Rabbi Samson Raphael Hirsch, *Shu"t Shemesh Marpeh*, *simanim* 54-55, cited in *Brit Avraham HaKohen*, 194-195.

32. Rabbi Yitzchak Bar-Sheshet (Ribash), *Shu"t HaRibash*, 447.

33. Ribash, *ibid*.

34. Avraham Steinberg, *Mavo Lefrakim Befatologiah BaTalmud Uvenosei Keilav*, *Sefer Asya* 6, pp. 193-198.

35. *Shu"t Shemesh Marpeh*, *siman* 54; Rabbi Asher Anshil Greenwald, *Zocher HaBrit* (Ozharad-Ungver, 5691), 12, 31.

36. *Zocher HaBrit* 11, 18-19.

37. *Shu"t Shemesh Marpeh*, *siman* 58, cited in *Brit Avraham HaKohen*, 195 and *Da'at Kohen*, 141-142.

38. See Avraham Steinberg, *Refuah Vehalachah—Halachah Lema'aseh*, ed. M. Halperin (Jerusalem, 2006), under *milah*, 253-316.

39. Cited in *Nishmat Avraham* 4, 1st ed., part 14, *siman* 264a.

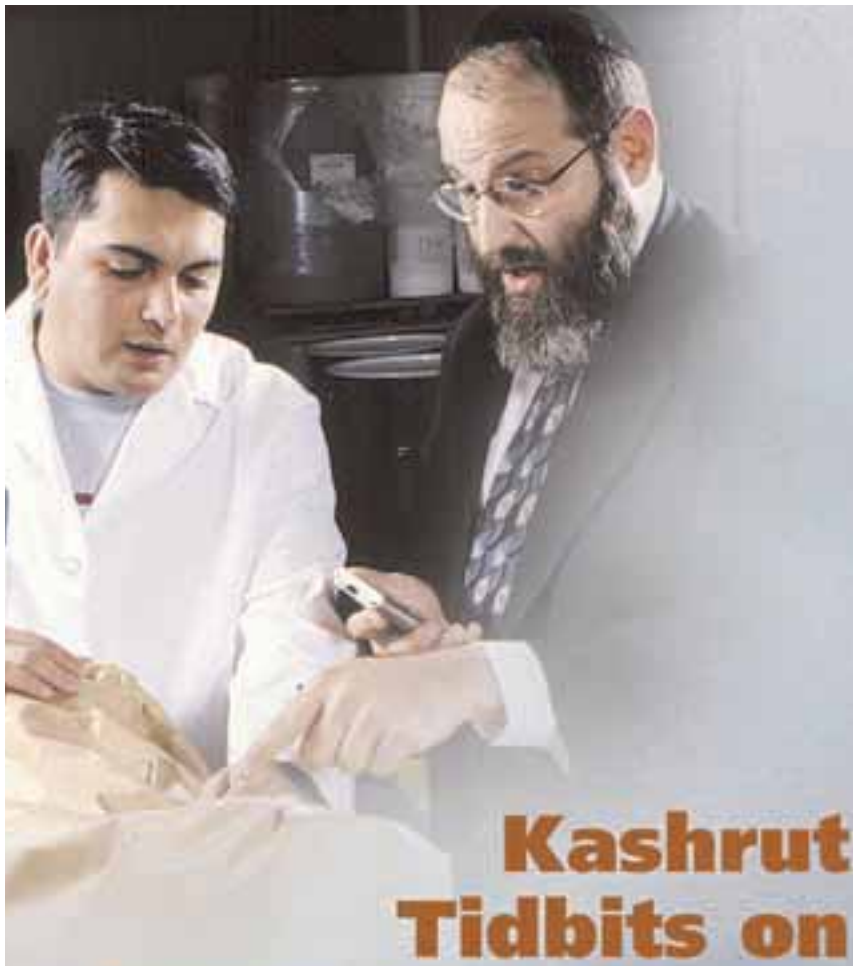
40. *Kovetz Teshuvot* 1, *siman* 102.

41. *Shu"t Shevet HaLevi* 8, *siman* 267.

42. Rabbi Vosner, as a *posek*, is known to be a follower of the Maharam Shick.

43. The words in italics are verbatim quotations; the rest is my synopsis.

44. See also *Avnei Nezer*, 10, 325, *ot gimmel*, which states that even if the child's brothers were endangered, the third son is not to be circumcised; *Shu"t Shem Aryeh*, *siman* 31, which prohibits circumcising even a child whose first two brothers died, but the next two lived; the line of reasoning attributed to Rabbi Chaim of Brisk on the definition of a *chazakah* based on an event that occurred three times and the *Encyclopedia Talmudit* 13, under *chazakah*, pp. 739-760, comments 1, 5 and 7. I have dealt with this issue elsewhere at length, and space prohibits delving deeply into it here.



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