

Hilchot Niddah and Gynecological Procedures

Eliyahu C. Rosman

Abstract

The laws of family purity (Hilchot Niddah) are central to Orthodox Judaism. These laws forbid a husband and wife to have intimate physical contact during a woman's menstrual period. Throughout the generations, there has been much discussion regarding what other vaginal bleeding aside from normal menstruation would place a woman in the category of a niddah, cause her to separate from her husband, and eventually necessitate her to follow the steps that return her to a state of cleanliness when she would again be permitted to her husband. These laws are very pertinent in this day and age, when gynecological procedures have become widely used and are becoming more technologically advanced. While it would take a heroic effort to discuss each procedure and its application to the above laws, what follows is a brief highlight of the issues that serve as the background and basis for these issues.

Beginning with an overview of the laws of *niddah*, we will discuss the rabbinic understanding of the female reproductive anatomy that serves as the template for which the rabbis categorized different areas of bleeding and bleeding from wounds inside the reproductive tract. Next we will explore whether or not any uterine opening is considered to be associated with bleeding (even if it goes unnoticed). This topic encompasses the questions of what is the halachic-anatomic opening of the uterus and how big the opening needs to be dilated in order to be considered open. Finally, we will touch on the

Dr. Elly Rosman is a second year resident at Schneider Children's Hospital and former president of the AECOM Synagogue.

question of whether a doctor is trusted to state where and what is the source of any blood that woman may see.

This article will hopefully serve as a guide to anyone who desires to understand the material that serves as the basis of the questions that Orthodox women may ask their gynecologist when undergoing a procedure or test. This article is not intended to serve as the basis upon which any halachic (Jewish legal) decisions are made, and as always a competent halachic authority must be contacted when any question arises.

INTRODUCTION TO THE LAWS OF *NIDDAH*

When a woman has a discharge (*zavah*)—her discharge from her flesh being blood—she shall be in her state of separation (*niddah*) for a seven-day period.¹

If a woman's blood flows for many days outside of her period of separation, or if she has a flow after her separation, all the days of her contaminated flow shall be like the days of her separation.²

Biblically, a woman who sees a flow of blood can be placed into two categories. The first one, *niddah*, refers to a woman who has a flow of blood that comes from natural physiological bleeding.³ The *niddah* period lasts for seven complete days. The second category, *zavah*, refers to a woman who sees blood in the eleven days between two *niddah* periods.

The rabbis taught that there are two conditions that must be met in order to render a woman either a *niddah* or *zavah*. First, the blood that the woman sees must emanate from the uterus.⁴ They derived

¹ Leviticus 15:19.

² Ibid. 15:25.

³ Rabbi Shlomo Zalman Auerbach, quoted in *Nishmat Avraham* Yoreh Deah 187:5, states that a woman “only becomes a *niddah* when bleeding is a natural phenomenon.”

⁴ *Torat Kohanim- Metzora Parashat Zavim* 4:6.

this law from the verse concerning the punishment for one who lies with a woman who is a *niddah*. The verse states: “A man who shall lie with a woman in her affliction [i.e., during her menses] and has uncovered her nakedness, he will have bared her source (*makor*) and she has bared the source of her blood; the two of them will be cut off from the midst of their people.”⁵ The rabbis understood the term *makor* to refer to the uterus, and consequently, only blood that comes from the *makor* will transform a woman’s status to that of a *niddah* or *zavah*. Second, in order for a woman to become a *niddah* she must see the blood in the normal way that one would see natural uterine bleeding. Consequently, if she were to insert a tube into her uterus and extract blood, she would not become a *niddah*.⁶

Rabbi Yaakov ben Asher (ca.1275–ca.1340), in his classic legal code *Arbah Turim*,⁷ explains that a woman must feel the blood leaving her uterus in order to become a *niddah*. Additionally, even if the blood has not traveled outside her body, once it passes a place called the *beit hachitzon*, the “external chamber,” she becomes a *niddah*. After seeing any bleeding, even a spot smaller than the size of a mustard seed, a woman must count seven days (including the day on which she first saw the blood), examine herself to make sure that her bleeding has ceased, and on the eighth day she may immerse in the ritual bath, the *mikvah*, thereby returning to her initial state of cleanliness.

Rabbi Zechariah Mendel (d. 1706)⁸ explains that the *Tur*’s requirement of a woman to feel the blood leave her uterus is only necessary for a woman to become a *niddah* according to Biblical law;⁹ however, according to rabbinical law she may become a *niddah* without any sensation if other specific criteria are met.

⁵ Leviticus 20:18.

⁶ *Arbah Turim* Yoreh Deah 188:3, *Shulchan Aruch* Y.D. 188:3.

⁷ Y.D. 187.

⁸ *Baer Heiteiv* Y.D. 183:3.

⁹ Rabbi Tzvi Hirsch Eisenstadt (1812–1868) in *Pitchei Teshuva* explains that there are three different sensations that would cause a woman to become a *niddah* under Biblical law: (1) she feels her body shaking (*nizdazeah gufah*), (2) she feels her uterus opening (*niftach mikorah*), (3) she feels a wet flow (*zivat davar lach*).

The criteria for which a woman becomes a *zavah* are relatively complex and are beyond the scope of this work. One important detail, however, is that if a woman sees blood for more than three consecutive days during the *zavah* period, she becomes a *zavah gedolah* and has to wait for seven days in which no blood is seen before she may enter the *mikvah*. The *Tur* explains that through the generations the women of Israel have taken upon themselves to wait seven clean days (as would a *zavah gedolah*) whenever they see a drop of blood the size of a mustard seed (even during the *niddah* period) so that no mistake would be made between a *niddah* and *zavah*.¹⁰

Rama (Rabbi Moshe Isserles, 1530–1572) states that the custom in all of the Eastern European lands (and followed by all Ashkenazi Jews today) is that a woman waits five complete days after seeing any flow of blood before beginning the counting of her seven clean days.¹¹ While in the *niddah* state, a woman is forbidden to have coitus or any intimate physical contact with her husband until she immerses in the *mikvah*.

ANATOMY

Jewish law is based upon a long history of legal decisions beginning with the Bible and continuing until the present day. One major issue that presents itself in our current discussion is the correlation between the anatomic terms used by the early rabbis and those found in current anatomical textbooks. What follows is a brief discussion touching on the Talmudic sources upon which the rabbis based their understanding of the female anatomy and the opinions of latter-day rabbis on how to mesh the views of many centuries ago with the ongoing discoveries in the field of medicine.¹²

¹⁰ Y.D. 183.

¹¹ *Shulchan Aruch* Y.D. 196:11.

¹² For a lengthy discussion of the many opinions on this subject, see *The Laws of Niddah* by Rabbi Binyomin Forst, vol.1 pp. 423–428. and *Nishmat Avraham* Y.D. pp. 76–79.

The Mishnah states:

The sages spoke of a woman in metaphor: [There is in her] the chamber (*cheder*), the antechamber (*prozdor*), and the upper chamber (*aliyah*). The blood of the chamber is unclean, that of the upper chamber is clean. If blood is found in the antechamber, and there arises a doubt about its character, it is deemed unclean, because it is presumed to have come from the source.¹³

The Talmud comments:

The chamber is within, the antechamber is without, and the upper chamber is built above them, and a duct (*lul*) communicates between the upper chamber and the antechamber. If blood is found anywhere from the duct inwards, and there is any doubt about its character, it is deemed unclean, but if it is found anywhere from the duct outwards, and there is doubt about its character, it is deemed clean.¹⁴

A later Mishnah demarcates the point in a woman which blood must pass in order for her to become unclean: “All women are subjected to uncleanness [if blood appeared] in the outer chamber (*beit hachitzon*).”¹⁵

The Talmud questions the location of the outer chamber: ¹⁶ “Which is the outer chamber? Reish Lakish replied: All that part which, when a child sits, is exposed.” After rejecting the view of Reish Lakish, Rabbi Yochanan offers his own explanation, “As far as the *bein hashinayim*.”¹⁷

¹³ Niddah 17b.

¹⁴ Ibid.

¹⁵ Ibid., 40a.

¹⁶ Ibid., 41b.

¹⁷ Rashi explains that the *bein hashinayim* is a type of sphincter that resembles teeth.

The Talmud concludes that the *bein hashinayim* is an internal place corresponding to the location that the male organ reaches during coitus.

Two medieval commentators attempt to explain the anatomy referred to in the above Talmudic passages. *Rashi's* (Rabbi Shlomo Yitzchaki 1040–1105) opinion, as explained by Professor Yehudah Levi,¹⁸ is that the *makor* refers to the uterus, the *aliyah* to the urinary bladder,¹⁹ the *cheder* to the vagina, the *prozdor* to the vestibulum vaginae (between the labia minora), the *lul* to the urethra, and the *bein hashinayim* to the hymen/ residual hymen.

The second opinion, that of Rambam (Rabbi Moshe ben Maimon, 1135–1204)²⁰ is adopted by most modern rabbinic authorities. Rambam states that the terms *rechem*, *makor*, and *cheder* all refer to the place where the fetus develops, the uterus. He continues that the neck of the uterus is called the *prozdor* and is the place where the head of the fetus is “gathered” during pregnancy and which opens wide during labor. The *aliyah* refers to the fallopian tubes, and the *lul* refers to a hole that opens from the fallopian tubes into the *prozdor*.

There is much discussion regarding how to understand the details of Rambam's description. Rabbi Moshe Sofer (1763–1839) asserts that Rambam is correct in his description of the female anatomy and that the opinion expressed by Rashi and others are inconsistent with the information accepted by physicians of his day.²¹ He explains that according to Rambam, the *bein hashinayim* is the same place as the opening of the uterus and corresponds to what is today known as the external os. Dr. Abraham Abraham echoes this opinion and writes that it is clear that according to Rambam that the *prozdor* includes

¹⁸ *Assia* vol. 63–64 (December 1998), p. 169.

¹⁹ Rabbeinu Chananel, Baba Batra 24a, quoted in *Nishmat Avraham* Y.D. p. 77, from *Sinai*, vol. 23 (Nissan 1948), states explicitly that the *aliyah* refers to the place from where the urine comes.

²⁰ *Mishnah Torah* Hilchot Issurei Biah 5:3–5.

²¹ *Respona Chatam Sofer* Y.D. 177.

the cervix and the vagina, and that the *bein hashinayim* is the external os.²²

Rabbi Feivush of Krakow gives an alternative explanation of *Rambam's* description.²³ He maintains that *prozdor* corresponds to the cervix, the *bein hashinayim* to the internal os, and the external compartment is the area from the external os to the external opening of the vaginal canal. Additionally, he states that the *aliyah* refers to the ovaries and fallopian tube, and the *lul* is the ligaments that hold the *aliyah* in place.²⁴

NONMENSTRUAL BLEEDING

Only blood that is due to menstruation or any cause that physiologically mimics the consequences of menstruation, namely the shedding of the uterine endometrial lining, will cause a woman to be a *niddah*.

The Talmud explains how a woman is to ascertain whether the blood that she sees is coming from her normal hormonal flow or from an alternative source:

How does a woman examine herself? She inserts a tube within in which rests a painting stick to the top of which is attached an absorbent cloth. If the blood is found on the top of the cloth, it is known that the blood emanated from the source (*makor*), and if no blood is found on the top, it may be known that it emanated from the sides. If, however, she has a wound in that place, she may attribute the blood to her wound. If she has a fixed period, she may attribute it to her fixed period, but if the nature of the blood of her wound is different from that of the blood of her observation, she may not so attribute it. A wom-

²² *Nishmat Avraham* Y.D. 183: introduction to the laws of *niddah*, p. 77. He questions the *Rambam's* description of the *aliyah*, *lul*.

²³ Quoted in *Responsa Bach HaChadashot* 34.

²⁴ Perhaps the suspensory ligament of the ovary, the round ligament of the uterus, or the broad ligament of the uterus.

an, furthermore, is believed when she says, “I have a wound in the source from which blood is discharged”—so says Rebbi. Rabbi Shimon ben Gamliel ruled: The blood of a wound that is discharged through the source is unclean.²⁵

Both the *Tur* and the *Shulchan Aruch* quote the preceding passage.^{26, 27} Rabbi Meir of Lublin (1558–1616), rejecting the view of Rabbi Shimon ben Gamliel, explains that the ability to attribute blood to a wound applies even if the wound is in the uterine lining itself, and the blood that is being discharged is the same blood that would be discharged during menstruation.²⁸ The *Beit Yosef*, however, maintains that one may only attribute blood to wounds that are outside the uterus.²⁹

R. Yoel Sirkis (ca. 1561–1640) states that one could only ascribe the blood to a wound if one knows that there is a wound in the exact place from where the blood is coming.³⁰ The *Beit Yosef*, quoting Rashba (Rabbi Shlomo ben Aderet, 1235–1310), disagrees and states that a woman is believed if she says that she has a wound even if she does not know that the wound is bleeding.^{31, 32} R. Shabtai

²⁵ Niddah 66a.

²⁶ Y.D. 187:5–6.

²⁷ Ibid.

²⁸ Quoted in *Pitchei Teshuva*, Y.D. 187:22, and *Torat Shelamim* 187:15.

²⁹ Y.D. 188:3.

³⁰ *Bach*, loc. cit. He bases this on the above Talmudic passage (Niddah 66a) that states “a woman is believed if she says that she has a wound in her uterus (*makor*) from which blood is discharged.” He points out that the wording of the *braita* is that she specifically states that the wound is in the *makor*, and not just that she has a wound. If she were vague in her description of the wound, *Bach* rules, she would not be believed and would be considered a *niddah*.

³¹ Ibid. 187:5b; *Darchoi Moshe* (187:7), *Bach* (187:4) agree with *B”Y* explanation of Rashba.

³² *Beit Yosef* explains that the Tosefta (Niddah 8:2) which is the source of the Talmudic statement quoted above does not include the words “from which the blood is flowing.” Consequently, the law is that a woman is believed if she says that she has a wound regardless of whether she has any evidence that it is the source of the blood.

Hakohen of Vilna (1622–1663) argues with the *Beit Yosef's* interpretation of Rashba and maintains that Rashba opines that while she does not need to know that the wound is currently bleeding, she must be certain that the wound is one that generally bleeds.³³

R. Yaakov Lorberbaum (1760–1832) explains that a woman must know that she has a uterine wound only if she feels the sensation of blood being discharged from her uterus.³⁴ If, however, she has no such sensation, as long as she knows that she has a wound in any location (inside her reproductive tract) that is discharging blood, she may attribute the blood to the wound and would not be a *niddah*.

Rama, in his gloss to the *Shulchan Aruch*, explains that a woman may only attribute blood to a wound if she has a fixed menstrual cycle (*veset kavuah*).³⁵ Such a woman can attribute any blood to such a wound even if she is unsure that the wound is bleeding.³⁶ Likewise, a woman with a variable menstrual cycle (*veset she'aino kavuah*) who is unsure of the source of the blood (it may not be from the uterus) may ascribe it to the wound without knowing if the wound is bleeding. However, a woman who is sure that she has a wound in her uterus may only ascribe the blood found to the wound if she is certain that the wound is bleeding. He limits the application of these criteria to bleeding that occurs at a time other than her expected menstrual period. If, however, she sees bleeding around the time that she normally expects to see blood, she would become a *niddah* even if the above criteria apply.³⁷

³³ *Shach* Y.D. 187:24. See *Responsa Chacham Tzvi* 46 quoted in *Aruch Hashulchan* Y.D. 187:51, who explains Rashba in the same manner.

³⁴ *Chavot Daat* 5:4 quoted in *Pitchei Teshuvah*, Y.D. 187:22.

³⁵ Y.D. 187:5.

³⁶ The *Shach* (187:21) explains that she may attribute the blood to the wound even if she has no reason to believe that it is bleeding.

³⁷ This point is very relevant to numerous gynecological procedures that are performed around a woman's expected period. According to Rama, even if one is certain that a wound is the source of a woman's bleeding, she would still be considered a *niddah*.

Rabbi David Halevi (1586–1667)³⁸ and R. Lorberbaum³⁹ reject the first opinion of Rama and state that a woman who sees blood may never attribute the blood to a wound unless she is sure that the wound is bleeding.⁴⁰

While Rama is of the opinion that when a woman attributes bleeding to a wound, she is completely clean,⁴¹ R. Mendel states that while such a woman is permitted to her husband,⁴² she must count the requisite seven clean days just like any other woman who sees blood.⁴³ Rabbi Avraham Yeshaya Karelitz sides with Rama and writes, “Blood that comes from a scratch in the lining of the uterus in which the blood is spouting in the same manner as would a cut/wound in any other part of the body is pure,”⁴⁴ and thus the woman would not have to separate from her husband or count seven clean days.

What If a Woman Sees Blood from a Wound during Her Seven Clean Days?

R. Yechiel Michel Epstein (1829–1908),⁴⁵ R. Shalom Mordechai Schwadron (1835–1911),⁴⁶ R. Moshe Feinstein,⁴⁷ and R. Shlomo

³⁸ *Taz* Y.D. 187:10.

³⁹ *Shach* Y.D. 187:22.

⁴⁰ See *Pitchei Teshuva*, Y.D. 187:28, who writes that *Responsa Noda b'Yehudah* 41 and 47, *Responsa Heishiv Rabbi Eliezer 2*, and *Responsa Brit Avraham*, Y.D. 44, 53, 54 all side with Rama.

⁴¹ The *Bach* agrees with Rama. See *Pitchei Teshuvah* 187:27, who quotes *Responsa Noda b'Yehudah* 41, who quotes the position of Rama but writes that he cannot rule like Rama because the *Shach* disagrees.

⁴² *Baer Heitev* Y.D. 187:16. He quotes that the *Shach* agrees with his position.

⁴³ The law states that a woman who bleeds three times after coitus must get divorced from her husband. Since this woman has found that her bleeding is due to a wound, it would not require her to divorce her husband.

⁴⁴ Letter to Dr. Moshe Taub in *HaPardes* vol. 35 no.6 (March 1961).

⁴⁵ *Aruch HaShulchan*, Y.D. 187:61.

⁴⁶ *Responsa Maharsham* 1:25.

⁴⁷ *Responsa Igrot Moshe*, Y.D. 2:69.

Wosner⁴⁸ state that as long as she was able to complete her *niddah* days with a clean checking (*hefsek taharah*) and does one more check on the first day of her seven clean days, she is able to attribute any subsequent bleeding to a wound, as explained above. However, R. Mendel states that one may not attribute any blood to a wound if it is found during the first three days of the seven clean days.⁴⁹ R. Elchonon Ashkenazi (late 18th cent.) has the most stringent opinion and states that one may not attribute blood to a wound during the entire seven clean days.⁵⁰ Consequently, the requisite seven clean days would be broken and the woman would need to start counting a new set of days.

BLEEDING DUE TO UTERINE OPENING

The Mishnah states: “If a woman aborted a shapeless object, if there was blood with it, she is unclean, otherwise she is clean. R. Yehudah rules: in either case she is unclean.”⁵¹

The Talmud comments: “Explains R. Nachman ben Yitzchak: The point at issue between them is the question whether it is possible for the uterus to open without bleeding (*ee efshar l’ptichat hakever b’lo dam*).”⁵²

The Rosh (R. Asher ben Yechiel, 1250–1327) explains that the rabbis (the first opinion brought in the Mishnah) are of the opinion that it is possible for the uterus to open without bleeding, while R. Yehudah opines that any uterine opening is accompanied by bleeding (even if it is not seen) and would render a woman a *niddah*.⁵³

⁴⁸ *Shiurei Shevet Halevi*, Y.D. 187:5:3. He quotes *Chavot Daat*, Y.D. 196:3 and *Responsa Avnei Miluyim* 23, who both are of this opinion. Rabbi Wosner quotes the opinion of *Responsa Chatam Sofer* 177 that all one needs is a clean *hefsek taharah*, but R. Wosner says that practically one may not rely on such a lenient opinion.

⁴⁹ *Baer Heiteiv*, Y.D. 187:20.

⁵⁰ *Sidrei Tahara*, Y.D. 187:14.

⁵¹ Niddah 21a.

⁵² Talmud Niddah 21a.

The Rosh decides the law according to R. Yehudah. R. Yom Tov Lipman Heller (1579–1654) qualifies the opinion of R. Yehudah to apply only to large pieces that are discharged.⁵⁴ He states that small pieces would not lead to a sufficient opening of the uterus to cause bleeding. Rambam explains the disagreement in the Mishnah in a similar manner as does the Rosh but decides in favor of the rabbis' opinion.⁵⁵

What is Considered the Opening of the Uterus?

While the Talmudic discussion of whether or not there is inevitable bleeding with uterine opening is limited to uterine opening from an internal stimulus, R. Yechezkel Landau (1713–1793) expands the above idea to even include an opening of the uterus by an external stimulus.⁵⁶ He writes that it makes no difference whether a doctor opens the uterus with his finger or an instrument, or whether the woman is young or older (post-menopausal); anytime the uterus is opened there will be bleeding. R. Landau himself writes that the *Tefilah L' Moshe* disagrees and states that only an internal opening of the uterus will cause bleeding.^{57, 58}

R. Moshe Sofer writes that a finger is unable to reach the opening of the uterus, and therefore, if a doctor uses his or her finger to do an

⁵³ Niddah 3:1.

⁵⁴ *Maadnei Yom Tov* comment 4.

⁵⁵ *Peirush HaMishnayot* Niddah 3:1.

⁵⁶ *Responsa Noda B' Yehudah* ed. 2 Y.D. 120.

⁵⁷ 188. R. Wosner (*Shiurei Shevet HaLevi* Y.D. 188:3:4) quotes R. Avraham Yeshaya Karelitz (*Chazon Ish* Y.D. 83:1) who, based on the *Beit Yosef*, agrees with the *Tefilah L' Moshe* and writes that R. Baruch Taam interprets the *Beit Yosef* in the same manner.

⁵⁸ The *Aruch HaShulchan* (Y.D. 188:51) quotes the position of the *Tefilah L' Moshe* and states that it is forbidden to say such a thing (*chalilah lomar ken*). He explains that it makes more sense that an external opening of the uterus would cause bleeding than to say that a particle discharged from the uterus would cause bleeding.

internal vaginal exam there is no need to worry about uterine bleeding.⁵⁹ R. Yitzchak Yaakov Weiss (d.1989) writes that even during a bimanual vaginal exam where the doctor presses down on the woman's belly while internally checking the vaginal area, one need not worry about uterine opening as long as four conditions are met: (1) the doctor states that he did not reach the uterus, (2) no blood was found during the examination, (3) she did not feel the uterus being opened, and (4) she examines herself after the doctor's exam and does not find blood.⁶⁰

Most modern authorities rule in concordance with the opinion of R. Yechezkel Landau cited above. They disagree, however, as to what is considered the location of the opening of the uterus. Rabbi Moshe Feinstein⁶¹ and Rabbi Tzvi Pesach Frank⁶² are of the opinion that an instrument of the requisite size must enter the internal os in order to render a woman a *niddah*, while Rabbi Shlomo Zalman Auerbach⁶³ and Rabbi Shmuel Vosner⁶⁴ maintain that entrance into the cervical canal (the external os) would render a woman a *niddah*.

Size of the Uterine Opening

The *Tur* and the *Shulchan Aruch* follow in the footsteps of the Rosh and rule that it is impossible to have uterine opening without bleeding.^{65,66} However, they both explain that this rule only applies to large pieces that are discharged; any piece as small as the diameter of a hollow tube (*shfoferet*) would not lead to bleeding. While

⁵⁹ *Responsa Chatam Sofer* 2:179.

⁶⁰ *Responsa Michat Yitzchak* 3:84.

⁶¹ *Iggrot Moshe*, Y.D. 1:83.

⁶² *Responsa Har Tzvi*, Y.D. 152.

⁶³ Quoted in *Nishmat Avraham*, Y.D. 194:2.

⁶⁴ *Shiurei Shevet Halevi*, Yoreh Deah 188:13:4.

⁶⁵ Y.D. 188:3.

⁶⁶ *Ibid*.

there is no discussion in either work as to the diameter of a *shfoferet*, the *Beit Yosef* maintains that it corresponds to the diameter of the thinnest reed (*dak shebidakin*).⁶⁷

There is disagreement amongst the rabbis as to the size of uterine opening (both internal and external) that would automatically lead to bleeding. As mentioned above, the *Beit Yosef* gives a vague measurement—the size of the smallest reed. R. Avraham Bornstein (1839–1910) writes that any opening greater than the size of a forty-day-old fetus would lead to uterine bleeding.^{68,69} R. Ezriel Dov from Karson quotes from the work *Tiferet Tzvi*, who writes that any opening smaller than the size of a thumb (~1 inch) is not considered an opening.⁷⁰ He himself writes that that the opening may not be any wider than a pinky (~15mm).⁷¹ R. Moshe Feinstein writes that any opening less than the size of the average index finger would not be considered wide enough to render a woman a *niddah*.⁷² He states that the average index finger is 0.75 inches (~19mm).

RELIANCE ON A DOCTOR'S TESTIMONY

As mentioned previously, a woman is believed when she says that she has a wound that is discharging blood. What happens if a physician tells a woman who is bleeding that a wound is the source of the blood? Additionally, to what extent is a physician trusted if he states that the instrument used in a specific procedure never entered the uterus?

⁶⁷ Y.D. 188:6b. The *Prisha* (Y.D. 188:8), *Shach* (Y.D. 188:12), *Taz* (Y.D. 188:6), and *Torat Shelamim* (Y.D. 188:8) all quote this opinion of the *Beit Yosef*.

⁶⁸ *Responsa Avnei Nezer* Y.D. 224

⁶⁹ Rabbi Moshe Dovid Tendler, in a lecture given at Yeshiva University in his bioethics class, stated that the size of a forty-day old fetus corresponds to ~19mm.

⁷⁰ *Sifte Levi* 188:12 based on the size of a *pika* (plug) mentioned in Mishnah Oholot 7:4.

⁷¹ *Pri Deah* on *Taz* 188:13.

⁷² *Responsa Igrot Moshe* O.C. 3:100, *Dibrot Moshe* Baba Kama 16:9. He bases the size on the Mishnah Oholot 7:4; see n. 63.

The *Tur*⁷³ quoting the *Sefer Hatrumah*, writes, “A woman who wishes to seek medical treatment must be treated before she establishes herself [as a woman who bleeds during coitus].⁷⁴ However, after she has already established herself, it requires further analysis if we can rely on the treatment and if she can subsequently have coitus with her husband; even if he is an expert physician.”

The *Shulchan Aruch*⁷⁵ adds, “And there is an opinion⁷⁶ that permits [relying on the treatment] if an [observant] Jewish doctor stated that she is healed. Additionally, if the woman sees that her blood flow has ceased due to her treatment, and it is evident that the treatment worked, one may even rely on a gentile physician.”⁷⁷

The *Bach* writes that if the physician has already treated a different woman who has not yet established herself as a bleeder, any subsequent woman may rely on such a treatment as effective and would

⁷³ Y.D. 187:8.

⁷⁴ That is, before three episodes of bleeding. The halacha states that a woman who bleeds secondary to coitus three times is forbidden to her husband and the couple must divorce.

⁷⁵ Y.D. 187:8.

⁷⁶ The opinion quoted is that of the *Ritzva* quoted in *Beit Yosef* Y.D. 187:8 and by R. Yehoshua Falk Katz (d. 1614) in *Perisha* Y.D. 187:8:4.

⁷⁷ R. Yosef Caro (*Beit Yosef* Y.D. 187:8) explains the basis of this ruling. The Talmud Yerushalmi (Shabbath 6:2) states that a physician is believed if he says that a certain amulet is an effective treatment and that he has seen it treat on three separate occasions. He writes that although one could raise questions as to the application of that case to ours, since there the treatment was proven three times, “Nevertheless, my mind leans toward permitting her [to her husband]” even after one effective treatment. He continues that he cannot permit the woman by relying even on the opinion of an expert gentile physician because “Their mouths speak falsehood” (Psalms 144:8).

R. Avraham Sofer (*Responsa Chatam Sofer* 2:158) explains that generally, if a doctor, based on all the information that he could possibly attain, believes that a certain treatment would cure a specific disease, then the only reason that we would be skeptical of using the treatment would be that perhaps he has erred in his analysis of the nature of the treatment or disease. Therefore, as long as the treatment was successful once, we know that his analysis was correct and we can subsequently rely on it for future patients.

be permitted to her husband even after she has been established as one who bleeds following intercourse with her husband.⁷⁸

R. Yaakov Reisher (1670–1733) brings proof from the following Talmudic passage that there is room to rely on the testimony of physicians to state that a woman has a wound in her uterus that is discharging blood:⁷⁹

R. Eleazar ben R. Tzadok stated, “A report of the following two incidents was brought up by my father from Tib’in to Yavneh. It once happened that a woman was aborting objects like pieces of red rind, and the people came and asked my father, and my father asked the sages, and the sages asked the physicians, who explained to them that the woman had an internal sore [the crust] of which she cast out in the shape of pieces of red rind. She should put them in water and if they dissolved she should be declared unclean. And yet another incident occurred . . . and the sages asked the physicians, who explained to them that the woman had a wart in her internal organs and that was the cause of her aborting objects like red hairs.⁸⁰

In his analysis of this passage, R. Reisher writes that the fact that the sages asked the physicians proves that they would rely on their answer and that the decision to place the discharge in water seems to have been upon the advice of the physicians.⁸¹ He concludes that one may definitely rely on the testimony of two separate expert physicians (even if one is a gentile) as long as the one who poses the question to them is a competent rabbinic authority.

⁷⁸ Y.D. 187:8. This opinion of the *Bach* is quoted by the *Shach* (28), *Baer Heiteiv* (21), and *Torat Shelamim* (27).

⁷⁹ *Responsa Shvut Yaakov* 1:65.

⁸⁰ Niddah 22b.

⁸¹ As opposed to *Responsa Rosh* 2:18, who questions why the sages seem to have ignored the advice of the physicians. See *Responsa Chochom Tzvi* 46 and *Responsa Chatam Sofer* 2:158 for answers to the Rosh’s question.

R. Yechezkel Landau⁸² and R. Avraham Sofer⁸³ maintain that as long as there is substantial evidence (*raglayim l' davar*) that the testimony of the physician is correct, one may rely even on expert gentile physicians. R. Sofer elaborates that one may only rely on Jewish physicians to state that a certain condition exists in nature but not to declare that a specific person is afflicted by such a condition.⁸⁴ R. Feinstein adopts the position of R. Sofer but writes that the physician is believed if he states that blood is coming from a wound if he sees the wound, knows that the wound exists, or predicts that bleeding will occur following a certain procedure.⁸⁵

R. Schwadron, quoting from *Responsa Shem Aryeh*, writes that since nowadays doctors have the ability to look inside the vaginal canal and the uterus, they are believed if they say that they see a wound or anything that would cause bleeding.^{86,87} He writes that as long as the statement is not subjective but rather is based on something that he actually witnesses himself, even a gentile physician would be believed in his testimony.⁸⁸ R. Wosner adopts this position

⁸² *Responsa Noda B' Yehudah* ed. 1 Y.D. 55.

⁸³ *Responsa Chatam Sofer* 2:175.

⁸⁴ *Responsa Chatam Sofer* 2:175, 2:173, 2:158, 4:61. R. Sofer in responsum 2:175 entertains the possibility of relying on the testimony of a gentile physician because of the reasoning that he would not jeopardize his professional reputation by lying. He concludes, however, that even though such a rationale would justify reliance on a gentile's testimony, since past rabbinic authorities have not accepted such a ruling, he could not accept it either. Additionally, he explains that an observant physician would not lie because of the severity of unlawfully permitting a woman to her husband—a transgression that carries with it the punishment of *karet* (excommunication).

⁸⁵ *Responsa Igrot Moshe* Y.D. 4:17, 2:69, O.C. 3:100.

⁸⁶ *Responsa Maharsham* 1:24, 1:25, 1:114, 2:72.

⁸⁷ Even HaEzer 12.

⁸⁸ R. Schwadron in responsum 1:24 quoting R. Bachya ibn Pakuda on his commentary on Exodus 21:19 writes that a physician is only believed on external ailments but not on internal ones. He states that now that a physician can see internal structures as well, he may be relied upon for any ailments that he can

as well.⁸⁹ R. Epstein writes emphatically that one could rely on the testimony of expert physicians under all circumstances.⁹⁰

CONCLUSION

As discussed above, there are numerous factors that are important for rendering a decision as to a woman's *niddah* status. A woman should always ask her physician to take note if he or she saw any bleeding prior to any manipulation. If the doctor states that there was indeed blood emanating from the cervical os (and no abnormal pathology is found to be the source of the blood), then chances are that the bleeding is normal menstrual bleeding and the woman would be considered a *niddah*. If, however, no blood was found prior to the procedure, then the following questions need to be clarified:

1. What is the name of the procedure/test that was performed?
2. Where were the instruments inserted (vaginal canal, cervix, external os, internal os, etc.)?
3. What was the diameter of the instruments that were used?
4. Was any wound made (either by scraping, removing, or any other traumatic manipulation)?
5. Having the answers to these questions available at the time that any question is posed to a rabbinic authority would greatly aid the rabbi's rendering an appropriate halachic ruling in a timely manner.

see. Additionally, in responsum 1:13 he writes that since nowadays many Jewish physicians publicly violate the Sabbath, they would lose their credibility when it comes to legal matters. However, as long as two such physicians give the same testimony independently and there is reason to believe that what they say is true, one may even rely on them.

⁸⁹ *Shiurei Shevet HaLevi*, Y.D. 187:8:3.

⁹⁰ *Aruch Hashulchan*, Y.D. 188:65–72. There no mention as to the religion of the physicians to whom he is referring.

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