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Halacha Berurah

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THE METZITZAH B'PEH CONTROVERSY

A HISTORICAL & HALACHIC PERSPECTIVE

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The Bris Milah Procedure

The Torah commands that every healthy Jewish boy must undergo *bris milah*, circumcision, on the eighth day after he is born.¹

There are several steps in the *bris milah* process. The tip of the *aiver* on which the *bris* is performed has two coverings. The outer covering is a thick layer of skin called the foreskin or *orlah*. The *mohel*, using a sharp surgical knife called the *izmal*, completely removes that entire layer. This step is called *chituch* - excision. Beneath the foreskin lies a thin membrane. The *mohel* tears the membrane and pulls it back, thereby exposing the corona completely. This step is called *priah* - uncovering. It is beyond the scope of this article to discuss whether these two procedures can be performed simultaneously or must be performed consecutively. After the *chituch* and *priah* have been completed, the *mohel* performs *metzitzah* - the act of drawing

out blood from the wound. Once these steps are performed, the *mohel* dresses the wound.²

The main theme of this article is to discuss in detail, the purpose of *metzitzah*, the manner in which it is performed, and the medical issues involved.

Bris Milah and Medical Healthiness

Bris milah is a delicate surgical procedure and is normally the first surgical treatment performed on such a young infant. A *mohel* is very cautious and is in close contact with the physicians to determine whether the infant has physically matured and achieved stability or if a postponement of the *bris* is necessary. Although the Torah requires that the *bris* be performed on the eighth day - and even if the eighth day occurs on *Shabbos* one is obligated to desecrate the *Shabbos* to perform it - nonetheless, even the slightest ailment or the smallest amount of unnecessary pain could be a reason to postpone the *bris*. Quite often, a *mohel* is even more cautious in performing

the *bris* than the physician, and after consultation with *rabbonim* may choose to postpone the *bris* until there isn't even the slightest risk of injury. Maintaining the infant's health is first priority.

As an aside, many medical professionals throughout the ages have acknowledged that the circumcision process itself is medically advantageous for the patient. Circumcision has been reported to reduce the incidence of urinary tract infections in children, genital cancer, infection of the glands, among other diseases. Additionally, a study has been performed that showed the transmission of HIV to be more common amongst uncircumcised gentiles than circumcised ones.³

There are two types of illnesses that may cause a *bris* to be delayed. A systemic illness that affects the entire body, such as a fever, causes the *bris* to be delayed until the infant has been completely cured for seven full days. A baby who required a blood transfusion or was placed in an incubator must wait seven full days from the time he is released, even if medical opinion maintains that the *bris* can be performed sooner. A *bris* is also delayed if the infant has a localized ailment which could place its health in jeopardy if a *bris* would be performed on the eighth day. However, once an infant is cured, a *bris* may be performed immediately and no seven-day waiting period is needed. The *bris* of an underweight baby is delayed until the desired

Please Note: Due to the intricacy of the material discussed in each issue, and the brevity of its treatment, a *Rov* should be consulted for a final *psak halacha*. In addition, this publication does not intend to be מכריע on issues that are a *machlokes haposkim*. Although we have usually brought the dissenting views in the footnotes, we have selected for simplicity sake to incorporate into the main text the views of the *Mishnah Berurah*, R' Moshe Feinstein, R' Shlomo Zalmen Auerbach and several other preeminent *poskim*. Please send all questions and comments to 1341 E. 23rd Street, Brooklyn, NY 11210 or email to hbinfo@thekosher.net

weight has been gained, at which point a *bris* should be performed immediately.

The most common cause for delay is a condition called jaundice. This manifests itself by the skin of the infant possessing a shade of yellow. Every human body contains millions of red blood cells. These cells have an approximate life span of one-hundred-and-twenty days. After this period, the cells break down and form a substance called bilirubin. The bilirubin gets processed by the liver and is excreted as part of the urine. Until birth, the mother's liver processes the bilirubin. Occasionally, the infant's liver has not matured to function properly. Consequently, the excess bilirubin is deposited in the skin and the skin takes on a yellowish shade. In such an instance, a bilirubin test would result in a high count and the *bris* is delayed until the count drops and the normal color appears. A liver that is not fully functional can cause the infant to be prone to infection, and a wound may not heal as quickly and the blood may not clot properly. Once the bilirubin level declines, a *bris* may be performed immediately and no seven-day waiting period is necessary, as this occurrence is not due to any illness but lack of maturity. In certain rare instances where the infant is severely jaundiced and requires hospitalization, the *bris* would be delayed for an additional seven days after the normal color appears.⁴

The Metzitzah Controversy

We mentioned above that one of the integral steps in the *bris milah* procedure is *metzitzah* - drawing out blood from the wound. Traditionally, this practice has been performed by the *mohel* orally suctioning the blood.⁵ This practice is still performed at an overwhelming percentage of religious *brisos*.

The *Gemara* in *Maseches Shabbos* states that *metzitzah* must be performed following circumcision and refraining from doing so endangers the life of the infant. It states further that any *mohel* who refrains from doing so (or having someone else do so) should be demoted from his position as a *mohel*.⁶

Recently, this practice has been denigrated and ridiculed by some in the media and by certain individuals who wish to modernize ancient traditional practices.

Although time has past since this story made headlines, and many people are probably under the impression that, since in the public eye the issue quieted down, everything must have settled and it could not have been a major concern to begin with, this is far from accurate. Behind the scenes, there is much deliberation taking place and the opposition to this practice remains dangerously steadfast and strong.

Opposition by certain individuals towards *metzitzah* is not new at all. The tumult regarding *metzitzah* began in the early nineteenth century and was addressed by virtually all *gedolei Yisroel* from that time on. There are more responsa, proclamation letters, and journal articles written about this subject than most areas of *halacha*.

It is the intention of this article to present an overview of the historical dialogues that took place, expound on a *halachic* analysis of the procedure, discuss the scientific and medical issues involved, deliberate on the recent claim of new statistical medical evidence, and present the views of contemporary *gedolei Yisroel*.

Historic Overview

In 1831, Professor Wolfers, a German professor, published a *mohel's* guidebook. In it, he attempted to demonstrate that the sole purpose of the *metzitzah* procedure is to serve as a therapeutic measure for the medical safety of the infant and that it is not an integral part of the *mitzvah* of *bris milah*. Consequently, he asserted that since, to his knowledge, modern science does not recognize any health advantages in such a procedure, and on the contrary, it invites the transmission of diseases between the *mohel* and the infant, it should not be performed.

In his book, Dr. Wolfers alludes to a venereal infection, which plagued that generation. He speculates that a number of children contracted the bacteria from the *mohel* at their *brisos*. He further elaborates that such an act is utterly uncivilized and repugnant.

In 1837, Rav Eleizer Horowitz, *rov* of Viena, author of the *sefer Yad Eliezer*, and a close disciple of the *Chasam Sofer*, was approached by an individual named Dr. Wertheim who was the chief doctor of the Jewish Vienna Hospital and a university professor. Dr. Wertheim related to him his uneasiness with the *metzitzah* practice, since

there were a number of local infants who experienced a skin eruption on the *milah* area after their *brisos* were performed by a particular *mohel*. The lesions were first localized at the *milah* location, but then spread to the rest of the body. This resulted in a number of fatalities. The *mohel* was examined and no sign of the disease was noticed on him. Still and all, the doctor speculated that it originated from the *mohel*. The *Yad Eliezer* asked the *Chasam Sofer* in a letter, whether, in light of the tragedies allegedly resulting from this *mohel*, one is permitted to alter the *metzitzah* procedure, and instead of performing an oral suction, use a gauze to squeeze out the blood.

The *Chasam Sofer* responded that the *Gemara* does not specifically mention that *metzitzah* be done orally. Moreover, even if the *Gemara* had specifically mentioned that it is to be performed orally, one would not be limited to performing it in the traditional manner, since *metzitzah* is not an inherent part of the *mitzvah* and is only performed as a therapeutic measure. Consequently, it is not the 'act' that matters, but the 'result' of having the blood drawn out. The *Chasam Sofer*, however, strongly emphasized that there must be reliable attestation that the squeezing of the gauze performs the identical suctioning as when performed orally.

The *Yad Eliezer* writes that the doctors assured him that the result of the gauze is identical to oral suction.

Dr. Wertheim, overjoyed with this ruling, started campaigning amongst doctors and *rabbonim* to outlaw *metzitzah b'peh*. It was at that time that many leading personalities in the reform movement began broadcasting the opinion of several medical professionals that the *metzitzah* process is dangerous. They sought to abolish the practice, with the ultimate goal of putting an end to *bris milah* altogether, as well as other religious practices. There were many doctors who joined this movement, attempting to portray such ancient practices as barbaric. In their eyes, such an act defied all precepts of cleanliness, hygiene and health precautions. This revved them up and helped them galvanize others to join their campaign.

The dialogue with the *Chasam Sofer* was first published in a journal in 1845. This ruling of the *Chasam Sofer* created somewhat of an alarm in religious circles throughout Europe, as it weakened the dis-

crediting of the reform movement. The *teshuva* was never printed amongst the rest of the *Chasam Sofer's* responsa, and there were those who therefore questioned the authenticity of the letter.⁷

The *Chasam Sofer* was *niftar* six years earlier and they had no way to authenticate it. Later, it became known that there were a number of *talmidim* who were familiar with the writing of the letter. They maintained that the *Chasam Sofer* did not wish to publicize this responsum, since he did not issue it as a general ruling, but as a response to a specific incident where there was a concern that the *mohel* was contagiously spreading the disease. He never intended that *metzitzah b'peh* be curtailed under general circumstances. Indeed, the original manuscript of the *teshuva* is now in the possession of a descendent of the *Chasam Sofer* living in London, and on the margin appears the writing of one of the disciples of the *Kesav Sofer* (the *Chasam Sofer's* son) which states that it is forbidden to publicize this letter since it was intended only for the specific situation in Vienna.⁸

To counter the distorted views of the reform movement and those of the secular doctors, many responsa and proclamation letters were published.

In 1844, the *Tiferes Yisroel* published his *perush* on *Mishnayos*. In his commentary to the *Mishnah* in *Maseches Shabbos* that deals with *bris milah*, he strongly upholds the practice of *metzitzah b'peh* and counters the arguments of the opposition.⁹

The *Aruch L'ner*, *Maharam Schick*, *Avnei Neizer*, Rav Yehuda Assad, Rav Shamshon Rafael Hirsch, Rav Yitzchok Elchonon Spector, and many other European *rabbonim* also published extensive *teshuvos* on the matter.¹⁰

In 1900, a proclamation letter was released bearing the signatures of 42 prominent Hungarian *rabbonim*. In the letter, these *rabbonim* forbade and condemned any slight alteration of the traditional procedure of *metzitzah b'peh*. In 1901, a similar letter was released by the *gedolei Eretz Yisroel* of that time bearing the signatures of Rav Shmuel Salant, Rav Yaakov Alishar, and Rav Shneur Zalmen Ladiar.¹¹

A Halachic Analysis

The *Mishnah* in *Maseches Shabbos* states that one may perform all the necessities of *bris milah* on *Shabbos*. We may circumcise (*milah*), uncover the corona (*priah*), draw blood (*metzitzah*), and place a bandage and cumin upon the *makom hamilah*.

The *Gemara* quotes Rav Papa who maintains that one who does not draw blood from the wound is responsible for creating a danger to the person being circumcised, and we should dismiss him from his duties. The *Gemara* questions the novelty of this statement, for since we desecrate the *Shabbos* to draw the blood, it is obvious that not doing so is dangerous and is reason enough to dismiss the *mohel*.

The *Gemara* explains that without Rav Papa's statement one might have thought that we are dealing with blood that is not absorbed in the body; a case where drawing it out would not involve making a wound, which would not be a violation of *Shabbos*. Thus, there would be no proof that failure to do so poses a danger. Rav Papa therefore teaches us that we are dealing with blood that is absorbed in the body, where drawing it out indeed constitutes *Shabbos* desecration and failure to do so constitutes a danger. The *Gemara* concludes that the reason for the *Mishnah's* law of drawing blood is the same as that for the application of a bandage and cumin - they are all to prevent a potentially fatal condition from developing.¹²

The *Rambam*, in codifying the *Gemara*, mentions that one must draw blood from the distant locations (i.e., an excessive suction is required). Apparently, he derives this from the *Gemara's* answer that we are not dealing with surface blood, but blood that is deeply contained in the body. The *Rambam* writes that failure to draw such blood poses a danger.¹³

Medical Advantage of Metzitzah

There are several explanations by the *poskim* as to what danger *Chazal* refer to.

Drawing out blood prevents the blood from clotting and coagulating under the skin, which may result in inflammation and swelling.¹⁴ This is analogous to various situations in which modern surgeons utilize leeches to draw off excess blood that has accumulated under the skin. This oc-

curs predominantly in limb reattachment surgery where arterial flow can be reestablished, but venous channels are too small to be reattached and must develop naturally. Leeches are used as a temporary measure to remove accumulated blood.

Additionally, drawing blood flushes out any infection present which commonly occurs during surgical procedures.¹⁵ Prior to the invention of post-operative antisepsis, sepsis infection accounted for the death of almost half of all patients undergoing major surgery.¹⁶

Metzitzah B'peh

It is not mentioned in the *Gemara* nor in the *Rambam* that *metzitzah* is to be performed orally. Nonetheless, it is mentioned in countless *Rishonim*, and such has been the *minhag* for centuries. It is mentioned in the *Itur*, *Machzor Vitri*, *Avudraham*, *Shibolei Haleket* and other *Rishonim*.¹⁷

The *Rama* himself alludes to this *minhag* when he writes that prior to making the *brachos* following the *milah*, one should wash his hands and *mouth* so that they are clean. Additionally, the *Rama* maintains that one should spit out the blood on the earth prepared to place the foreskin in.¹⁸ The *Taz* quotes the custom of Rav Feivish of Krakow who would perform the *bris milah* on *Rosh Hashana* prior to *tekias shofar* and not rinse out his mouth; thus, the blood of the *bris* combined with the *shofar*, unifying the two *mitzvos*. Clearly, the universal tradition at that time was to perform *metzitzah b'peh*.¹⁹

In *Kabbalah*, the concept of *metzitzah b'peh* plays a very important and significant role. In the *Tikunei Zohar* it states that the strong correspondence between the actual *bris milah* and the *metzitzah b'peh* which follows is rooted in the very *gematriya* of the word *milah*, which is 85 or פה—*peh*—the mouth.²⁰ Rav Chaim Vital writes that the *gematriya* of *Hashem's* name, אלהים, is 86, and he expounds deeply on the correlation and the significance of that number. The *mekubalim* write that it sweetens all bad judgments that may be coming to a person.²¹

The question that much of the controversy revolved around is whether, despite the fact that it has been the custom and possesses much hidden significance in

Kabbalah, *metzitzah* has to be performed orally or it can be substituted with a different method or perhaps discontinued altogether.

The issue really hinges on the following question: What role does *metzitzah* have in performing a *bris milah*? Is it a therapeutic measure to prevent any fatal condition from occurring or an integral part of the *mitzvah*?

This question dates itself back to the *Ran*, who lived in the fourteenth century.²² A straightforward, simple reading of the *Gemara* mentioned above would definitely indicate that the sole purpose of *metzitzah* is as a therapeutic measure. This, indeed, is the opinion of many *poskim*, including the *Chasam Sofer* mentioned above, the *Aruch L'ner*, *Maharam Schick* and others.²³ The *Avnei Neizer*, *Rav Yehuda Assad*, *Levush Mordechai* and others maintained that it is an integral part of the *mitzvah*.²⁴

The entire discussion of whether one can substitute a different form of *metzitzah* or perhaps do away with it completely is only applicable if it is deemed a therapeutic measure, in which case it is the *result* that matters, not the act itself. It is obvious, however, that if *metzitzah* is an integral part of the *mitzvah*, it must be performed orally and cannot be changed.

The *Chasam Sofer* mentioned above maintained that since, in his opinion, *metzitzah* is a therapeutic measure, it can be performed with a gauze. He emphasized, however, that the gauze must be proven to perform the identical suction.²⁵

The *Aruch L'ner* strongly criticized those who use a gauze, since he maintained that, according to the *Rambam's* opinion, one must suction the blood from the distant parts and such an extreme suction is only achieved orally. Additionally, he writes that who knows if *Chazal* had other reasons in mind for *metzitzah* and only listed one of them. He therefore forbids anyone from changing the tradition. However, the *Aruch L'ner* maintains that if a *moהל* is infected with a contagious disease, he should not perform the *metzitzah*, but should have someone else perform either the *metzitzah* or the whole *bris milah*.²⁶

The *Maharam Schick* also writes that perhaps *Chazal* had other reasons in mind besides the therapeutic measure. There-

fore, he writes, we cannot change the *minhag*. He adds that he himself was a *moהל* for over forty years and never encountered a case where a child contracted a disease.²⁷

In 1886, *Rav Shamshon Rafael Hirsch* vehemently criticized those who wanted to change the traditional form of doing an oral *metzitzah* and stated that he agrees with the *Aruch L'ner* that gauze cannot sufficiently squeeze out the blood.²⁸ In 1888, the government intervened and outlawed the performance of direct oral suction due to the health risks they claimed were involved. At that time, someone introduced a glass pipette with which one can still perform an oral suction, but without direct contact. The blood gets suctioned up through the tube into a gauze separating the blood from the mouth. *Rav Hirsch* sent a question to the *Kovna Rov*, *Rav Yitzchok Elchonon Spector*. *Rav Yitzchok Elchonon* responded that being that the government does not allow any other method, the glass pipette is the best available option and may be used, but under general circumstances, he would not permit it.²⁹

Experts claim that the pipette, although better than the gauze which the *Aruch L'ner* prohibited, also cannot perform a suction that is as effective as direct oral contact. Often, air enters the tube while performing the *metzitzah* which prevents sufficient blood from being drawn. Only in a vacuum sealed suction, such as suction with one's mouth, can this be accomplished.³⁰

Additionally, there are medical advantages for the wound to come into direct contact with the saliva in the *moהל's* mouth. Saliva is known to have certain wondrous chemical properties and is widely reported as a natural antiseptic. Additionally, the proteins contained in saliva are said to aid in the healing of wounds. Indeed, it is the instinctive reaction of a person who cuts his finger to put it into his mouth which alleviates the pain.³¹

We would be remiss if we were to imply that the opinion of all *gedolei Yisroel* was that *metzitzah b'peh* is required, and only in pressing situations of imminent danger or under coercion from tyrant dictatorships were they lenient. There were definitely *rabbanim*, albeit few, who main-

tained that since *metzitzah* is a therapeutic measure, it may be performed in another manner, even under general circumstances. Nonetheless, the vast majority of *rabbanim*, which included the leading *poskim* of the generation, all maintained that *metzitzah* should be performed orally and forbade changing the procedure under normal circumstances.³²

Recent Medical Developments

Recently, an article was published in a secular medical journal, authored by eleven physicians and one individual with a PhD, attempting to insinuate a connection between *metzitzah b'peh* and neonatal (infant) herpes.

Prior to analyzing the claims made in that article, it is imperative to be familiar with some background information regarding the herpes simplex virus.³³

There are two types of herpes, referred to as HSV-1 and HSV-2. The two forms of herpes are very similar, although HSV-1 generally results in oral infections while HSV-2 generally occurs on the *milah* area. Herpes is not a new virus; cold sores on the lips were referred to by the herpes name for close to a thousand years.

Once the body is infected by the virus, it produces antibodies that control the virus. After fighting the disease, these antibodies circulate in the bloodstream and can easily be the source for a lab technician to detect whether an individual once carried herpes.

Approximately 90 percent of adults over the age of 50 possess antibodies for herpes, indicating that they were infected by the virus at some time.

In addition to the primary phase of the virus, it is quite common for people to suffer from a reactivation phase at different intervals, often stimulated by illness or sun exposure. Some individuals never experience any reactivation phase. The reactivation phase generally produces a cold sore on the lip which can shed the virus. However, at times, it is possible to shed without the occurrence of a reactivation phase and without displaying any obvious signs. This is called asymptomatic shedding. The virus is too weak to produce any obvious signs, but is still capable of shedding. The overall incidence of asympto-

matic shedding is between 5% to 10% of the time.

Herpes that is contracted by an infant under the age of six weeks can be fatal 65% of the time. Generally, treating it appropriately in a timely manner can help. Most neonatal HSV infections result from infectious maternal secretions at delivery. Infants can also contract the virus from contact with a caregiver, including a parent or nursery personnel who are experiencing, at the time of contact, an active form of the virus, manifesting as oral lesions or shedding asymptomatically. Hospital environments are documented to be a substantial source for the contraction of many infectious diseases including the herpes virus.

The aforementioned medical journal article attempts to establish a connection between eight infants who experienced an outbreak of herpes on the *milah* area shortly after their *brisos* which was done by a *mohel* who performed *metzitzah b'peh*. This pretense was surmised without any corroborating evidence, and was based on mere speculations as the article itself inconspicuously admits.

The eight infants were collected from personal communication with the doctors involved. It spanned a time period of six years from 1997-2003. The study did not seem to look at all cases of neonatal herpes in these institutions over this time period to see if other cases were discovered which did not involve *metzitzah b'peh* and must have originated from elsewhere. Rather, it seems that only the few isolated incidents involving *metzitzah b'peh* were sought after and collected to impress upon the reader the danger involved.

There was not any conclusive evidence linking the *mohalim* in those cases to the virus transmissions. Generally, DNA analysis is used to establish such a definitive connection. The entire article, however, is replete with biased speculations. The speculations are based on the following indications: exclusive distribution of the herpes virus on the *milah* area, timing of appearance (4-11 days after the *bris*), absence of HSV exposure in mothers and absence of clinical signs consistent with HSV infections among family members.

Firstly, the article itself admits that only four of the infants' *mohalim* were

tested and that one of the mothers tested positive. Consequently, this narrows down the analysis to three out of the eight infants.

Furthermore, documentation has been released from the ministry of health that two of the mothers were not tested. This information is contrary to the claim in the article that all of the mothers, besides for one, tested negative.

Moreover, the article makes no mention whether investigation was performed on any relatives of the infants or people who cared for these infants, when it is well described in the article that postnatal infections are commonly contracted from such individuals. Other than observation for clinical signs, no serology testing was performed on any of the fathers who generally can also be a viable source for the disease.

The article makes no mention of any investigation and testing performed in the hospital where the infants were born, even though, as we mentioned, this is commonly a source for contagious diseases.

The article focuses only on the fact that antibody tests resulted positive for these *mohalim* - for something which 90% of middle-aged people test positive for and does not indicate the ability to shed the virus. As mentioned earlier, no DNA testing was performed linking the transmission of the virus to the babies, nor was there any positive mouth culture demonstrating whether the *mohel* had a reactivation phase of herpes at that time. The timing of appearance and the fact that there was an exclusive distribution of herpes in an area where there is an open wound which has to be treated by caregivers are certainly no attestation. Any caregiver could have treated the wound without cleaning their hands properly after touching their oral cavity. This journal article is a typical example of when a prejudiced result supersedes any investigation.

Recently, a respected New York *mohel* was charged with transmitting a virus to three infants. In mid-October 2004, the *mohel* performed the *brisos* of twin infants in Brooklyn, N.Y. Ten days later, one infant died from herpes and the other tested positive for the virus. A few weeks later, the New York City Health Department

found a third infant in Staten Island who also tested positive for herpes after being circumcised by this *mohel* in late 2003.

The health department has released its side of the story to the mainstream media, pinning responsibility for the transmission on the *mohel*. The *mohel's* version of the story differs and vindicates him from the blame. The health department, although claiming to have proof of their claims, has not produced any evidence corroborating their version. We will present the *mohel's* version of the story which was neglected from being fairly reported by the mainstream media.

Concerning the infant in Staten Island, at the behest of a relative, the *mohel* reports that no *metzitzah b'peh* was performed at the *bris*. Thus, it is difficult to understand how one can even contemplate using that incident as any ammunition to target the *metzitzah b'peh* practice. Clearly, no insinuation can be made from the twins in Brooklyn, since the *mohel* noticed a rash on the rear of the body of one of the infants before the *bris* and refused to do the *bris* until a doctor gave his approval. The doctor thought it was a normal diaper rash and approved the *bris*. After the *bris*, the baby was hospitalized for fever and for larger blisters emanating from the "diaper rash." The second infant only showed signs of the herpes virus three days after the first. This may indicate that there was another source for the herpes virus. Although the *mohel* tested positive for antibodies of herpes, he also took several DNA tests to see if any herpes virus would show up. The test results were negative. The *mohel* also took a test called IGM which can show if a person had the herpes virus in the last several months. The test result was negative. As mentioned, the herpes rash was not even on the *milah* area in this case, which, in addition to all of the above details, quite possibly curtails any grounds for speculation.

Instead of promoting biased views based on prejudice speculations, would it not be more logical—especially if one is resorting to speculations—to conjecture and say that no threat exists after observing thousands of infants undergo *brisos* with *metzitzah b'peh* each year? It is an extreme rarity that herpes is discovered, and even in those isolated cases, no proof

has been supplied linking the contraction to the *mohel*.

Is it that far-fetched to accept the theory of many reputable doctors that saliva is not an efficient way of transmitting viruses? Saliva is known to be a natural antiseptic with components which weaken viruses. In fact, HIV, a highly contagious virus, has never been shown to be transmitted through contact with saliva. Additionally, the placement of wine in one's mouth (which is customarily done at a *bris*) prior to performing *metzitzah b'peh* further dilutes the virus. The time of contact is also very brief. This is all in addition to the small percentage of the *mohel* shedding the virus when no obvious blisters exist in his mouth.

People have surgical operations performed where the potential danger is extensively greater. Shouldn't the *sakana* mentioned in *Chazal* when no *metzitzah* is performed be enough of a reason to perform a proper *metzitzah* despite the very insignificant chance of an inconclusive viral transmission?

The Views of Our Generation's *Gedolei Yisroel*

Rav Moshe Feinstein and many *gedolei Yisroel* concurred that *metzitzah b'peh* is not an inherent part of the *mitzvah* of *bris milah* and is only performed to prevent *sakana* to the infant. Nonetheless, performing *metzitzah* in another fashion may not effectively achieve this goal. Additionally, the *minhag* in most segments of *Klal Yisroel* has been to perform *metzitzah* orally.³⁴

The *Chazon Ish* was once at a *bris* when he overheard Rav Shmuel Vosner, *ybl"c*, commending the *mohel* for performing a proper *metzitzah*. He encouraged Rav Vosner to do all he can to see to it that in the circles where *metzitzah b'peh* is still performed, the practice should be upheld and not weakened.³⁵ In some communities where *metzitzah b'peh* is not diligently performed, it is a result of the bans placed by the tyrant governments

from where these communities originated from.³⁶

In addition to other *gedolim*, the *Steipler* was very strong in advocating *metzitzah b'peh*.³⁷

In our times, Rav Yosef Shalom Elyashiv has been at the forefront of the movement to protect this age-old practice and has signed the recent letters of proclamation advocating *metzitzah b'peh*. The *gedolim* maintain that only if a particular situation calls for concern, such as if the *mohel* has a blister in his mouth or when performing *brisis* in a degenerated society, should *metzitzah b'peh* not be performed.³⁸

Rav Yaakov Kamenetsky is reported as saying that a *mohel* in Vilna died from a severe oral illness due to his laxity towards *metzitzah b'peh*.³⁹

In the mid-1980's, when the Aids epidemic started spreading like wildfire with no cure, the world was frightened. Ten days before Rav Moshe Feinstein's passing, a family member approached him for a *heter* to discontinue the practice of *metzitzah b'peh*. Rav Moshe Feinstein said,

"*Chas v'shalom* to stop *metzitzah b'peh*. We have a rule that '*Shomer mitzvah lo yeida dovor ra* - if one does a *mitzvah* properly, nothing bad will befall him.' Therefore, if a *mohel* is doing the *bris*, he is assured that nothing bad will happen to him or the baby."

Rav Reuven Feinstein was present and asked, "Doesn't our father hold that *metzitzah b'peh* is only a *minhag*? Why put ourselves into a possible danger for a *minhag*?" Rav Moshe answered, "A *minhag* that *Klal Yisroel* keeps cannot be changed. This, too, is included in the rule that the *mitzvah* will protect a person and no evil will come from it."⁴⁰

This rule applies especially nowadays after no conclusive proof has been established and the potential for risk is extremely minute.

■ *Halacha Berurah* is deeply grateful to Dr. Daniel S. Berman, MD, F.A.C.P., Chief of Infectious-Disease at New York Westchester Square Hospital and to Dr. Shlomo Sprecher, MD for reviewing the medical aspects of this article.

שהיה לו מחלה בפיו והגר"ח אמר שלזמן קצר לא יעשו המוחלים מציצה בפה (אולי משום כבוד הבריות) ובאיהו חדשים חזרו ועשו מציצה בפה. ועי' ספר הברית שם שהביא תשר מהגר"ח ברלין שדו"ר מציצה בכלי אלא כתב שם שאע"פ אין לשנות מנהג אבותינו מעולם שהיו מוציין בפה אבל היכא דאיכא שום שמץ חשש ספק ספיקה לסכנה ח"ו ואי אין לרקוק על קיום מנהג אבותינו ורשאיין לשנותו מחשש סכנה וראיתו תשר מהגר"ח עוזר זצ"ל לבעל שרת שאיתו יעקב (שנת תרס"ו) וז"ל: והנה אמת וכן הדבר אשר המוחלים רובם ככולם פה (וילנא) מוציין ז"ל בפני הדבר ר' שלמה מוילנא לא מיהא על דים, סבת הדבר מתחלה לפי הנראה היתה בולל מוחלים חולים אשר חששו למצוץ בפה, ודבר הזהבית לא הובא בעינינו ז"ל בהכרח סמכו על הספן מצמר נפן ע"פ עידות הרופאים, והתחילו לנהוג כן כמה מוחלים ואין ביד המורים לשנות עוד מנהגם שכבר נהוג רבות בשנים, והנה אין ספק אשר במקום שאין שום חשש מצד מחלות המוחל או הילד שראוי למצוץ בפה, וכל הפחות ע"י זוכיות עכ"ל.

כל מה שהעתיק לקמן שמעתי ממומחים וראיתי בכמה גליונות שהדפיסו איזה רופאים על ענין זה, ובניהם דר. דניאל ברמן שהוציא מכתב נחוץ על ענין זה. עי' שו"ת אנ"מ י"ד סי' רכ"ג, ועי' לקמן מה שצינו בשמו, עי' בשרת ציץ אליעזר כמה תשובות בענין זה, ועי' שרת מנחת יצחק ח"ט סי' צ"ז וצי"ח שהחמיר מאד, ועי' שרת שבת הלוי שיש כמה תשובות ע"ז, ועי' הכרזו שיצא מגדולי א"י וחול.

עי' שרת שבת הלוי ח"ט סי' ר"ו.

עי' לעיל ציון 29.

עי' באורחות רבינו שהאריך שם.

כן כתוב בתשובה שהדפיס בקול קורא וכן דעת שאר גדולי ישראל.

כן שמעתי מהגר"י בעלסקי שליט"א בשמו.

עי' ספר ברית אברהם הכהן (מהמוהל מומחה ר' רמי כהן נ"י) דף קצ"ט.

ר"ה ועוד, עי' קצוה"ח בחר"מ סי' שפ"ב סק"ב ר"ה וכו', עי' תפא"י שם, עי' ישועת יעקב אר"ח של"א, חכמ"א קמ"ט, שרת שר"מ מהדרת ח"ד סי' ז', מהר"ץ חיות סי' ס', חוות דעת סי' ס', בנין ציון סי' כג' וכו', מהר"ם שיק י"ד סי' רמ"ח, שו"ת אנ"מ י"ד סי' רכ"ג. עי' לבוש י"ד סי' רס"ו, עי' מהר"י אסאד בשרת יהודה יעלה י"ד סי' רנ"ח, עי' לבוש מדרכי סי' ל', עי' שרת אבני נור סי' של"ח, ועי' צפנת פענח ח"ב סי' קכ"ב.

שם.

שם.

שם.

עי' משמ מרפה בביאורים על ספר בראשית.

עי' ספר הברית דף רכב, ועי' ספר הזכרון להגר"י הוטנר זצ"ל דף תקנ"א שהעתיק תשר שם מהגר"א ספקטור זצ"ל שהחזיר הוא רק אם אין מניחים מן הממשלה, ועי' ספר ברית כרותה לשפתים דף קא דהגר"י יוסף ברורע זצ"ל, אב"ד וואשינגטון הייטס, והגר"ש שוואב זצ"ל אמרו שההיתר היה רק במקום שהמשלה אסור.

מדרשה אצל מומחים.

עי' ספר משיב נפש מובא בספר הברית דף ריד, וכן שמעתי מדרשה אצל מומחים.

עי' מהר"ץ חיות סי' ס', ועי' שרת הר צבי י"ד סי' ריד, ועי' ספר הברית דף רכ"ג.

שהביא תשר מהגר"ש הכהן מר"ן ווילנא, ועי' מה שהביא מבעל ערוך השולחן, ועי' בהל' סי' של"א שנהא שמכריע ביד אליעזר, ועי' שרת שבת הלוי י"ד סי' ק"ל וקל"א שמתמיה עליו, ועי' שרת ציץ אליעזר ח"ח סי' ב"ד דנראה ברור דבעל המשגב זצ"ל לא עיין בגופן של דברים בהספרים הנזכרים, והעתיק רק כפי שמוכא מהם בספר פ"ת על אר"ח שמציין אליו, עי'ש.

ולכא"י יש למידק שאפילו הפוסקים שהתירו לשנות כ"ז דוקא אם פעולותיהם שזה למציצה בפה, ויש לפקפק בזה. ועי' ספר הברית דף רכ"ד שהגר"ח מבריסק זצ"ל צוה את מוחלי קהילתו שלא מציצו עוד בפה, ושמעתי בשם הגה"ר מאיר סאלאוויצק שליט"א שבריסק היה מוחל זקן חשוב

1. בראשית י"ז.
2. עי' שו"ת י"ד סי' רס"ד סעי' ג'.
3. ראיתי כמה גליונות שהאריך בזה.
4. עי' שו"ת סי' רס"ב סעי' ב', ועי' סי' רס"ג סעי' א', ועי' ספר הברית.
5. עי' ספר זכרון ברית לראשונים (ר"י הגורן) עמוד 20 שמכניס אבר בפיו ומוציץ בכל כוחו, ועי' ספר העיטור הל' מילה ח"ד, מחזור ויטרי הל' מילה ט' תק"ה, אבורדמה הל' ברכות ריש שער ט', שבולי הלקט הל' מילה סי' ח', ועי' משיב' לקמן בציון 18 וכו'.
6. עי' גמ' שבת דף קל"ג.
7. עי' ספר אוצר הברית ח"ד במערכת מלחמת המציצה שהאריך בפרטים ההסטוריים, ועי' בספר הברית דף ריד"ב.
8. עי' ספר אוצר הברית דף יד שהביא כן מכמה תלמידי חת"ס, ועי' שרת שבת הלוי ח"ב סי' ק"ל קל"א.
9. עי' תפארת ישראל מס' שבת פ"ט מ"ב.
10. עי' לקמן שהבאנו דבריהם.
11. עי' שרת שבת סוף קונטרס מציצה.
12. עי' גמ' שבת דף קל"ג.
13. עי' רמב"ם הל' מילה פ"ב ה"ב, ועי' שו"ת רס"ד: כלשון הרמב"ם.
14. עי' תפא"י במס' שבת שם, ועי' יד אליעזר סי' נה.
15. עי' שו"ת במילואים לקונטרס המציצה שהביא מס' קובץ דם ברית שזו אחד מהטעמים, ועי' יד פשוטה על הרמב"ם מילה ב' ג', עי' תתקע"ד שהביא שבספר הרמב"ם בענין רפואה איתא לענין פגיעה מכלי מתכות וז"ל שם: "כדי למנוע התפשטות הסם ימצוץ בפה בכח חזק מאד".
16. עי' ברית כרותה לשפתים פ"ז.
17. עי' ציון 5 לעיל.
18. עי' רמ"א סי' רס"ה סעי' א' וסעי' י'.
19. עי' ט"ז אור"ח סי' תקפ"ד סק"ב.
20. עי' תיקוני זוהר תיקון י"ח.
21. עי' טעמי המצות (ההגות) על ספר ליקוטי תורה מהאר"י"ל סוף פרשת לך לך.
22. עי' ר"ן במס' שבת קל"ג ד"ה אלא.
23. עי' תשר חת"ס ליד אליעזר שהעתיק בספר הברית, עי' חידושי חת"ס מס' שבת דף קו

Ask the

Gedolei Haposkim

שאל וזקנד דיאמרו לך

Horav Dovid Feinstein

Rosh Yeshivah, Mesivta Tiferes Yerushalayim

Horav Yisroel Belsky

Rosh Yeshivah, Yeshivah Torah Vodaas

Horav Shlomo Miller

Rosh Kollel, Kollel Avreichim - Toronto

In addition to the limud hatorah that is generated by this column, the purpose of this column is twofold. Firstly, it is to provide the general public with an available forum to present questions in all areas of halacha to the leading poskim of our time. Secondly, it serves to alert readers of common shailos that some people are bothered by and may go unnoticed by the general public.

Please note that this column is not aimed at tackling well-known halachic disputes amongst poskim, nor to publicize or promote the view of a particular posek. Additionally, this column clearly does not take the place of local Rabbonim who should be consulted constantly with regard to all shailos.

Paying for a Borrowed Gameboy

Q: A camper lent his Gameboy to another boy who was playing with it in the middle of bentching. A head staff member noticed this and threw the Gameboy into the garbage can. The head staff member's intention was not to destroy it permanently, but to show a sign of extreme disapproval. Ordinarily, the camper could have removed the Gameboy from the garbage can after dismissal, but that day the camp had a fire drill in the dining room and everyone had to leave immediately. In the interim, the garbage was cleared and the Gameboy was thrown out.

Question: Is the borrower responsible to pay back the lender?

Rav Dovid Feinstein's Response:

There are two cases involved. The owner of the Gameboy has the right to collect money from the borrower. The boy playing the Gameboy is a *sho'el* who is responsible even if an *onas* occurs to it. In this instance, playing with it during *bentching* might even be considered a *p'shiah*. He has to pay the owner the amount the item was worth when he borrowed it, not the amount that the owner purchased it for.

The head staff member, however, did not have a right to permanently take it away. He could have taken it away until the end of the summer or given it back to the owner and told him not to lend it to the other boy anymore. Since he threw it out, he is responsible to pay the boy playing with it the money it is worth.

If the two campers are under *bar mitzva*, then the *halacha* is altogether different. A *koton* does not have the ability to be *makneh* an item. Therefore, the borrower never acquired it to be considered a *sho'el*, and is not responsible. Additionally, the *Gemara* says regarding *ketanim* that "פניעתן רעה"—their contact is bad," since they are not responsible if they damage something and their parents are not either. Therefore, the borrower would not have to pay. The head staff member, however, would still be responsible to pay the owner for its worth.

Leaving Magnetic Stripe Parking Ticket

Q: The municipal parking meter requires that you add money to a magnetic stripe ticket for as long as you expect to stay. **Question:** If I am ready to leave and there is still time left on my ticket, can I leave the ticket in or near the machine for the next person to add money to it, so they can use the money I have left on the ticket, or is that considered stealing from the city?

Binyomin Chaim Z.
Brooklyn, NY

Rav Yisroel Belsky's Response:

Why should anybody think that this involves stealing from the city? In the old-fashioned parking meters where you have to put in a quarter or two, if you leave the store where you're shopping in half the time you expected and there's twenty-five minutes left on the meter, it's free for the next person to park there. Why shouldn't the next person be able to use the remainder of the money? It's paid for.

The municipal parking meter is exactly the same as a regular meter that's out on the street, and if you put in a quarter for half-an-hour and twenty-five minutes is left, it is available for the lucky guy who comes along.

Medications on Shabbos for After Shabbos

Q: Is it permitted to take medication on Shabbos for preventative reasons? For example, if there is a *taanis* (e.g., Tisha B'Av) after Shabbos, may one take Tylenol or aspirin on Shabbos to help one fast after Shabbos?

Rav Shlomo Miller's Response:

There are two questions involved; one concerning *refuah* and the second concerning *hachana*. With regard to *refuah*, it is only forbidden to take medication to heal an illness, such as if one has a headache. However, if one will be doing an act in the future which will cause a painful situation or illness to develop,

it is permitted to take medication as a protection to prevent the illness from occurring. This is very common with lactaid pills. People who have a reaction when they eat dairy items take a lactaid pill before they eat dairy and this prevents them from becoming ill. It is permitted to take these pills on *Shabbos*. The same applies to taking pills for a *taanis* that starts right after *Shabbos*.

The only issue that has to be dealt with is *hachana*. However, *hachana* is only forbidden if one prepares an item that will be used after *Shabbos* or one performs an act on *Shabbos* and it is clear that the act is being done for after *Shabbos*. The *halacha* is that one who plans on taking a trip after *Shabbos* is not permitted to walk on *Shabbos* till the end of the *techum* so that he will have a head start to continue from there after *Shabbos*. This is forbidden because of *hachana*, as it is evident that he is preparing for his journey. However, to walk halfway across town where he still is in middle of town and it is not recognizable that he is walking there because of a trip after *Shabbos*, would be permitted. This, however, is also only permitted if one does not explicitly verbalize that he is performing the act to prepare for after *Shabbos*. The act of placing a pill in one's mouth is not an act that is recognizable as being done for after *Shabbos* and would be permitted if one does not verbally reveal his intention.

Please send questions to Ask the Gedolei Haposkim, c/o Halacha Berurah, 1341 East 23rd Street, Brooklyn, NY 11210-5112 or to asktheposkim@thekosher.net. All questions should be submitted in English. Please include contact information, including a name, city, state and phone number, which will be used solely to ensure the accuracy of the shailos submitted. Questions submitted will be selected randomly and presented to one of the gedolei haposkim on the panel. We cannot guarantee that every question we receive will be printed. Questions submitted may be edited for content and will be presented to the posek verbally. The posek's verbal response will be transcribed and reviewed by the posek for accuracy.



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Myself, Yitzchok Ben Dvoshke*

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sister Feigel Bas Yaakov, who was
Niftar on Erev Pesach,
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