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# Yeshu the Physician and the Child of Stone: A Glimpse of Progressive Medicine in Jewish-Christian Polemics

MICHAEL MEERSON

The title *Toledot Yeshu* refers to several different compositions about Jesus, written from an anti-Christian perspective in Aramaic, Hebrew and Yiddish.<sup>1</sup> Most of the extant manuscripts containing these stories were produced in the last five hundred years; however, a summary of *Toledot Yeshu* in Agobard's *De Judaicis superstitionibus* was published in 826 CE,<sup>2</sup> and a few Aramaic fragments can be dated on paleographical grounds as early as the tenth century.<sup>3</sup> These fragments<sup>4</sup> and the summary in Agobard contain a story that at the first glance presents nothing more than an inventive satire ridiculing the virgin birth of Jesus. However, provided that an effective satire did not choose its tools at random, particulars of the story may, on the one hand, convey impor-

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<sup>1</sup> Until the completion of the Princeton Toledot Yeshu Project, the most comprehensive scholarly treatment of the *Toledot* is Samuel Krauss, *Das Leben Jesu nach jüdischen Quellen* (Berlin: S. Calvary, 1902; repr. Hildesheim: Olms, 1977); see also Riccardo Di Segni, *Il vangelo del ghetto* (Rome: Newton Compton, 1985).

<sup>2</sup> See Schäfer, "Agobard's and Amulo's *Toledot Yeshu*," in *Toledot Yeshu* ("The Life Story of Jesus") *Revisited*, ed. Peter Schäfer, Michael Meerson and Yaacov Deutsch (Tübingen: Mohr Siebeck, 2013) 30.

<sup>3</sup> See (in the order of editorial process and publication) Samuel Krauss, "Fragments araméens du Toldot Yéshou," *REJ* 62 (1911) 28–37; Elkan N. Adler, "Un fragment araméen de Toldot Yéshou," *REJ* 61 (1910) 126–30; Louis Ginzberg, ed., *Genizah Studies in Memory of Doctor Solomon Schechter (Ginze Schechter)* (3 vols.; New York: Jewish Theological Seminary, 1928) 1.329–38; William Horbury, "The Trial of Jesus in Jewish Tradition," in *The Trial of Jesus: Cambridge Studies in Honor of C. F. D. Moule*, ed. Ernst Bammel (Naperville: Allenson, 1970) 103–21; Zeev Falk, "A New Fragment of the Jewish Life of Jesus," *Imm* 8 (1978) 72–9; Daniel Boyarin, "A Revised Version and Translation of the 'Toledot Yeshu' Fragment" (Hebrew), *Tarbiz* 47 (1978) 249–52.

<sup>4</sup> Namely, four fragments: St. Petersburg RNL EVR 105.9, Cambridge Univ. Lib. T–S Misc. 35.88, New York JTS 2529.2 (Adler 2102) and Cambridge Univ. Lib. T–S Misc. 35.87 – the most complete of these manuscripts.

tant historical information, and, on the other hand, also help to associate the narrative in question with a specific culture and time period.

The story goes as follows:

Yeshu and Yohanan (that is, Jesus and John the Baptist) had been arrested and brought to Caesar Tiberius. They were then interrogated and accused of using magic. Yeshu tried to vindicate himself, arguing that he was not a magician but a healer, and as such, he could impregnate a barren or “constricted” woman without the agency of a man. Tiberius offered his virgin daughter as a candidate and challenged Yeshu to show his skills. Yeshu whispered magical words into the girl’s ear, and she conceived. However, when twelve months had passed and the girl had not given birth, Tiberius permitted Yeshu to “split her bowels” and deliver the baby. So Yeshu did – but what he found was a cold stone inside the girl’s belly.

The reader with an inquisitive mind, who admits the possibility of finding real-life roots behind a myth, may ask whether the magical events described in the above story might have medical precedents, and if so, what exactly Yeshu claimed to be capable of and what he did. A modern physician might say that Yeshu was an obstetric surgeon who performed a caesarean section, and that the stone child was a lithopedion – the pathological outcome of extra-uterine pregnancy (to be described in greater detail below). The present paper will test this hypothetical opinion; and, if it turns out that medieval physicians were indeed familiar with the caesarean section and the lithopedion, we will address the question of where and when those physicians practiced their skills. The answer will give us a clue to the date and provenance of the story of the stone child in *Toledot Yeshu*.

## I

A magician with a specialization in gynecology and obstetrics is not surprising. A brief look at any collection of magical spells shows that people resorted to magic most frequently when a sickness was allegedly induced by supernatural or autonomous agencies (as opposed to a “normal” disease, which was considered to be the result of an imbalance of the four humors in the human body<sup>5</sup>). Skimming the texts, one’s eye would catch a large group of spells and amulets for curing bites of

<sup>5</sup> For a brief discussion of this theory and its extensions, see Stephen D’Irsay, “Christian Medicine and Science in the Third Century,” *Journal of Religion* 10 (1930) 538–39.

snakes and scorpions;<sup>6</sup> for curing headaches (induced by various demons, like Jewish Berokit and Greek Antaura);<sup>7</sup> for eliminating periodic and seemingly causeless disorders, such as “quartan fever” (now known as a symptom of malaria)<sup>8</sup> and the “sacred disease” (epilepsy);<sup>9</sup> and for curing various psychic illnesses.<sup>10</sup> Another large group of spells was dedicated to women’s diseases, especially those associated with pregnancy. This is easy to explain, given the high risk for women in childbirth and the peculiarity of the dominant concept of women’s reproductive organs: the womb was considered to be an autonomous creature living inside the body of a woman.<sup>11</sup> This animal, if not properly treated,

<sup>6</sup> For Jewish spells, see, e. g., *Sefer Shimmush Tehillim*, ed. Bill Rebigier (Mohr Siebeck: Tübingen, 2010) 184, 293 (S1551, §152), advising to recite seven times the passage from Ps 120:1 as a means of protection from snakes and scorpions. On Greek spells, see Marcus N. Tod, “The Scorpion in Graeco-Roman Egypt,” *JEA* 25 (1939) 55–61; Oliver Phillips, “Singing Away Snakebite: Lucan’s Magical Cures,” in *Ancient Magic and Ritual Power*, ed. Marvin Meyer and Paul Mirecki (Leiden: Brill, 1995) 391–400; Jon Dalrymple, “Snakes and Scorpions in Late Antique Egypt: Remarks on Papyri Documenting Envenomation,” in *Proceedings of the 24th International Congress of Papyrology Helsinki*, ed. Jaakko Frösén et al. (2 vols.; Helsinki: Societas Scientiarum Fennica, 2007) 1.205–13. For examples of magical treatment, see *Papyri Graecae Magicae: Die Griechischen Zauberpapyri*, ed. K. Preisendanz (Berlin, 1928) (PGM) VII 193–96, PGM XXVIIIa 1–7, PGM XXVIIIb 1–9, PGM XXVIIIc 1–11, PGM CXII 1–15.

<sup>7</sup> For a Jewish demon of headache, see, e. g., *Sefer ha-Razim I* §176, in Bill Rebigier and Peter Schäfer, ed., *Sefer ha-Razim I und II. Das Buch der Geheimnisse I und II* (Mohr Siebeck: Tübingen, 2009). On Antaura, see A. A. Barb, “Antaura. The Mermaid and the Devil’s Grandmother: A Lecture,” *Journal of the Warburg and Courtauld Institutes* 29 (1966) 1–23; for spells against headache, see PGM VII 199–201, PGM XVIIIa 1–4, PGM XX 1–4, PGM LXV 4–7, PGM XCIV 39–60, PGM CXXII 51–55, and one of the earliest Greek magical papyri, PGM XX 13–19 – the spell of the Thessalian Phellina: P. Maas, “The Philinna Papyrus,” *JHS* 62 (1942) 33–38.

<sup>8</sup> Jewish spells, e. g.: *Sefer Shimmush Tehillim*, 164 (S1551, §114, Ps. 105:1), Amulet 19, line 2, in *Magic Spells and Formulae*, ed. Joseph Naveh and Shaul Shaked (Jerusalem: Magnes, 1993) 60–64. And Greek spells: PGM VIIIb 1–7, PGM XXXIII 1–25, PGM LXXXIII 1–20, PGM LXIMVII 1–11, PGM CXXX.

<sup>9</sup> Hippocrates (*De morbo sacro*) explains and criticizes the association between the puzzling nature of epilepsy and the prevalent concept of epilepsy as a “sacred disease.” Because of this concept, epilepsy was usually treated with magic. For example, see Roy Kotansky, “Two Amulets in the Getty Museum: A Gold Amulet for Aurelia’s Epilepsy: An Inscribed Magical-Stone for Fever, ‘Chills,’ and Headache,” *J. Paul Getty Museum Journal* 8 (1980) 181–88.

<sup>10</sup> See, for example, PGM VI 1227–64, “an excellent rite for driving out demons”; and Jewish spells with a similar purpose: Amulet 20, Bowl 15, and T-S K 1.143 (Geniza 18), in Naveh and Shaked, *Magic Spells*, 67, 115, 196, 203.

<sup>11</sup> On this doctrine, see Plato, *Timaeus* 91c and Hippocrates, *De natura muliebri* 3.4.14; Ann Hansen, “Continuity and Change: Three Case Studies in Hippocratic Gynecological Therapy and Theory,” in *Women’s History and Ancient History*, ed. Sarah B. Pomeroy (Chapel Hill: University of North Carolina Press, 1991) 81–87; Lesley Dean-Jones, *Women’s Bodies in Classical Greek Science* (Oxford: Clarendon, 1994) 69–77; and Helen King, *Hippocrates’ Woman: Reading the Female Body in*

could “wander” and “suffocate,” then harming the body, with consequences as minor as hysteria or as grave as death.<sup>12</sup>

Medical and magical treatments against these threats were hardly distinguishable from each other. Therefore, Yeshu’s promises and actions would be quite suitable for a skilled physician with a few “trademark” tricks in his repertory. It was not unusual for famous doctors to try and convince their patients of their almost supernatural mastery of treatment and diagnosis. Galen, for example, describes how he diagnosed an elusive post-partum problem only by taking the woman’s pulse. Everybody was impressed (except for the woman’s husband, because he was “beastly,” as Galen says).<sup>13</sup> Many physicians’ prescriptions that were supposed to help a barren woman to conceive, in fact, were no different from magical formulae. For example: “Take bile of a bull, wind wool around it and place it in her uterine orifice, a short time [after] her menstruation. She will remove it at night and sleep with her husband, and she will become pregnant, with God’s help.”<sup>14</sup>

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*Ancient Greece* (London: Routledge, 1998) 205–46. The doctrine of the wandering womb was somewhat modified in the Middle Ages: the womb still could “suffocate,” not as a result of her autonomous wandering, but rather “when the [female] semen abounds in them [i. e., in women] a lot, which nature wishes to draw out by means of the male”: Trotula, I 47 (*Liber de Sinthomatibus Mulierum*); see *The Trotula: A Medieval Compendium of Women’s Medicine*, ed. and trans. Monica H. Green (Philadelphia: University of Pennsylvania, 2001) 85. – The application of these theories can be found in multiple magical spells (for example, *PGM* VII 260–71) and amulets published and discussed in A. A. Barb, “Diva Matrix: A Faked Gnostic Intaglio in the Possession of P. P. Rubens and the Iconology of a Symbol,” *Journal of the Warburg and Courtauld Institutes* 16 (1953) 193–238; Jean-Jacques Aubert, “Threatened Wombs: Aspects of Ancient Uterine Magic,” *GRBS* 30 (1989) 421–49; R. S. O. Tomlin, “‘Sede in tuo loco’: A Fourth-Century Uterine Phylactery in Latin from Roman Britain,” *ZPE* 115 (1997) 291–94; Christopher A. Faraone, “New Light on Ancient Greek Exorcisms of the Wandering Womb,” *ZPE* 144 (2003) 189–97. – A substantial number of Jewish magical spells also offer various ways of treating “women’s diseases.” In contrast to Greek and Latin material, Jewish spells and amulets deal only with obstetrics, not gynecology per se; that is, only with a woman’s condition related to childbirth and pregnancy. T–S K 1.91 fol. 2 (Geniza 16, in Naveh and Shaked, *Magic Spells*, 177–78) is especially relevant for the present study: it provides instruction “for a child who dies in his mother’s belly” and “for a woman whose afterbirth is delayed.”

<sup>12</sup> Harold Merskey and Susan J. Merskey, “Hysteria, or ‘Suffocation of the Mother,’” *Journal of the Canadian Medical Association* 148 (1993) 399–405; this article researches the history of the concept of hysteria against the concept of the “wandering womb” breathing or choking.

<sup>13</sup> Galen, *On Examinations by which the Best Physicians are Recognized*, ed. and trans. Albert Z. Iskandar (Corpus Medicorum Graecorum; Supplementum Orientale 4; Berlin: Akademie, 1988) 13.6–8.

<sup>14</sup> An excerpt from the Hebrew translation of Soranus’ *De passionibus mulierum* (Ms. Montefiore 440.53v–59v; 12th c.), here mistakenly attributed to Galen. This pre-

In the stone child story, Yeshu said he could provide offspring to a “constricted” woman, presumably a woman with too narrow a pelvis. Today such women have the option of a relatively safe caesarean section, but in medieval Europe it was better for them to avoid or terminate pregnancy, as this mode of delivery was almost always a deadly ordeal.<sup>15</sup> So Yeshu took on quite a challenge when he promised a healthy baby for such a woman, and the emperor gave him the even more challenging task of making a virgin pregnant. Yeshu whispered magical words, and the girl conceived. But when her due date had long since passed and the girl was still pregnant, Yeshu faced an unexpected problem: he had not only promised to put a boy into the girl’s womb, but also to take him out. So he decided to risk surgery; but what kind of surgery?

In addition to the summary in Agobard, the relevant narrative is fully preserved in three manuscripts, two of which contain a Hebrew version of the Aramaic stone child story. St. Petersburg RNL EVR 1.274, copied in 1536, is written in a Byzantine hand, meaning that its provenance might be Asia Minor, Greece or Southern Italy.<sup>16</sup> New York JTS 6312, dated to 1653, comes from Yemen, in margins of the section *Re’e* (Deut.) of the *Midrash ha-Gadol*.<sup>17</sup> Although these are both much later than Cambridge Univ. Lib. T–S Misc. 35.87 from the Cairo Geniza (ca. 10th century), they are still the earliest dated manuscripts containing *Toledot Yeshu*.<sup>18</sup>

Following are translations of the three relevant excerpts.

*St. Petersburg* 25v.13–19

“I will tear open her intestines and take out the child, and it will be male. And our Lord Caesar will know that we are the sons of the God of heaven and earth. And there are those amongst the Jews who do this.” Then Caesar ordered him to tear them open. Yeshu the wicked arose and tore her intestines, and there was a stone in her intestines. The virgin died at that time.

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scription does not appear in the Latin original of Galen. See Ron Barkai, *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998) 179.

<sup>15</sup> Cases of success were very rare; it took an exceptionally fortunate patient. George Ginson describes one such case: in 1776, Dr. Osborne and four colleagues administered delivery in a patient whose pelvis had an antero-posterior dimension of only 2 cm. in the left half and 3 cm. in the right half. The baby’s head emerged 84 hours (!) after the onset of labor; both woman and child survived; see George B. Ginson, “Caesarean birth,” *Ulster Medical Journal* 31 (1962) 60.

<sup>16</sup> For the classification of script patterns of Hebrew manuscripts, see Malachi Beit-Arié, *Unveiled Faces of Medieval Hebrew Books* (Jerusalem: Magnes, 2003) 67–81.

<sup>17</sup> There is a twin text of this manuscript: Tel Aviv Gross 67.2, written in 1689.

<sup>18</sup> See full transcription in Yaacov Deutsch, “Remnants of the Early Recension of *Toledot Yeshu*,” *Tarbiz* 69 (2000) 177–97.

## JTS 68v

“We shall tear open the girl’s belly and take the baby out of its mother’s intestines, and you will know that we are the sons of God, while there are some among the Jews who play on you and delay her so that she is unable to give birth.” Caesar said to him, “Rise, and do as you said.” And while the king was looking, Yeshu the wicked rose and split her intestines, and a stone went out of her, and she died at that moment.

*Camb.* 1v.20–24

“I will tear open her belly for it, and take it out from his mother’s intestines while alive (*kad hai*); and my lord Caesar shall remember and know that we are sons of the God of heaven and have in us the power to [fulfill] all the words we pronounce.” Caesar said to him, “Rise, do so.” And Yeshu the wicked rose and split the belly of Caesar’s daughter, and that child was found to be a stone in the intestines of the virgin.

There is only one important discrepancy in these excerpts: in the Cambridge manuscript, the life of the fetus is mentioned, and neither Caesar nor Yeshu mentions a danger to the life of the girl, who presumably survived the surgery.<sup>19</sup> In the later manuscripts, St. Petersburg and JTS, Yeshu does not claim that Caesar’s grandson will be delivered alive, and the story tragically ends with the death of the virgin. These two different accounts of the surgery are in fact consistent with two different courses of treatment that might be provided in the case of *dystocia* (abnormally difficult labor) in ancient and medieval times.

The first course of treatment focused on saving the mother. There were two options. The more conservative was to fasten the patient to her bed, then lift the legs of the bed and let the foot-end fall to the floor.<sup>20</sup> This semi-reclining position offered some prospect of success, but increased the possibility of rupture or prolapse of the uterus. Soranus of Ephesus (first-second c. CE), a renowned pioneer in gynecology, describes a different procedure, which was safer for the mother but offered no chance for the fetus: surgery that consisted in pushing aside or cutting off any tumor or other obstacle around the cervix and removing the fetus, which had first to be decapitated and dismembered.<sup>21</sup> This practice is reported in the Mishna (*Ohalot* 6.6): “A woman who was

<sup>19</sup> Agobard’s testimony also is silent about the girl’s fate, saying just this: “he was thrust back in jail according to the verdict of Tiberius (when) he had thrown into his daughter – to whom he had promised a male offspring without (the agency of) a man – a stone fetus.” See Schäfer, “Agobard’s and Amulo’s *Toledot Yeshu*,” 33.

<sup>20</sup> Soranus, *Gynecology* 4.7.

<sup>21</sup> Soranus, *Gynecology* 4.7; Celsus, *De Medicina* 7 29.4–5. See the quotations and discussion of these passages in Ralph Jackson, *Doctors and Diseases in the Roman Empire* (London: British Museum Publications, 1988) 104–105.

having difficulties in bearing – the fetus is cut up and withdrawn piece by piece, the parent's life taking precedence over the fetus's life." Although it may be presumed that at the moment of surgery, the fetus was already given up for dead, Tertullian testifies to different circumstances: "An infant is sometimes by an act of necessary cruelty destroyed when yet in the womb, when owing to an oblique presentation at birth delivery is made impossible and the child would cause the death of the mother unless it were doomed itself to die."<sup>22</sup> The mothers, of course, were subject to severe psychic and physical trauma but were likely to survive. Saving the infant would be an extraordinary success – possible with the help of obstetric forceps (instead of the hooked knives of Soranus and Celsus), which were unknown to European physicians before the 17th century<sup>23</sup> but used by Arabic surgeons at least by 1000 CE.<sup>24</sup> Inventing this tool and mastering its usage could not guarantee the survival of the infant, but made it at least possible in the hands of a skilled surgeon. Yeshu's assertion (in *Camb.* 1v.20–24) that he would deliver the baby alive might convey the claim of being such a surgeon, who, in accordance with the most progressive medical knowledge of his time, could extract a live fetus directly from the mother's womb despite any obstacle.

The other course of treatment option open to Yeshu, in order to save his life and reputation, was the caesarian section. The post-mortem caesarean section as means of salvaging an infant from the body of a dead mother was well-known in antiquity. In fact, Justinian's *Digest*, referring to the *Lex regia* of Numa Pompilius (716–672 BCE), forbade the burial of an undelivered woman "until the fetus would be taken out" and added that "a person who has done otherwise should be considered as one who let a promise of life go together with the pregnant [woman]."<sup>25</sup>

<sup>22</sup> *De Anima*, 25.4: *atquin et in ipso adhuc utero infans trucidatur necessaria crudelitate cum in exitu obliquatus denegat partum, matricida, ni moriturus.*

<sup>23</sup> In fact, there is no evidence that this dismembering of fetuses for the sake of their mothers' lives was performed in medieval Europe. Trotula does not mention this. Instead, she (?) prescribes bathing, fumigation, magical amulets, for example the famous *sator arepo* (1.90–112 [*Liber Synthomatibus*]), and finally a procedure resembling the aforementioned "conservative" treatment in Soranus (1.145): "On Extracting the Dead Fetus. Those who labor excessively in giving birth to a dead fetus we assist thus: Let us place the patient on a linen sheet and let us have it held by four strong men at the four corners, the head of the patient a little bit elevated. We make the sheet be pulled strongly this way and that at the opposite corners, and immediately she will give birth." See Green, *Trotula*, 99–103, 123.

<sup>24</sup> Gerard of Cremona translation of Avicenna's *Canon*, 3.21.2.28; S. Luire, "The Forceps of Albucasis," *Bulletin of Israel Society of Obstetrics and Gynecology* 2 (2004) 41–42.

<sup>25</sup> *CJC* 11.8.2: *Negat lex regia mulierem quae pregnans mortua sit, humari, antequam partus ei excidatur: qui contra fecerit, spem animantis cum gravida peremisse videtur.*



Scipio Africanus, Julius Caesar and Manius Manilius (the Roman general who invaded Carthage in 149 BCE) were believed to be salvaged from dead mothers.<sup>26</sup> Thus, Galen justly credited the invention of this operation – “in which the abdomen of the pregnant woman must be cut open and the child helped out” – to physicians of the preceding generations.<sup>27</sup> However, a caesarean section on a living mother never appears as an option in the works of Greek and Roman physicians – Hippocrates, Celsus, Soranus or Galen.<sup>28</sup> The risk of lethal hemorrhage and sepsis must have been too high.

The only indication that a woman could undergo a c-section and live is found in Jewish talmudic sources. Two of these address the question of primogeniture in light of Exod 13:2, which states that the firstborn is “whatever opens the womb among the Israelites, whether human or animal.” Assuming that a woman who is pregnant for the first time (*primigravida*) could survive a c-section and then give birth to another child, the rabbis discovered a legal paradox: “the first is neither the first-born, since it does not ‘open the womb,’ nor the second, since another came after him” (*m. Berakhot* 2.9). Though this ruling refers to cattle-breeding and veterinary practice, by extension it also applies to women: “that which goes from the side (*yotse dofan*, meaning probably a c-section) and that which comes after it – both of them are neither a firstborn in respect to inheritance nor in respect to [the redemption from] the priest” (*m. Berakhot* 8.2).<sup>29</sup>

Another passage, *m. Niddah* 5.1, addresses the period of time that had to pass between child-bearing and sacrifice (according to Leviticus 12): “That which is delivered from the side: for this they do not observe the days of uncleanness and cleanness, and are not liable to an offering. Rabbi Simeon says, ‘No! This counts as a birth.’” Since the days in question add up to forty for boys and eighty for girls, the above ruling may imply that a woman who submitted to a caesarean section was expected to recover within forty days after the operation.

<sup>26</sup> Pliny, *Historia Naturalis* 7.9 (47).

<sup>27</sup> Quoted in Donald Todman, “A History of Caesarean Section: From the Ancient World to the Modern Era,” *Australian and New Zealand Journal of Obstetrics and Gynaecology* 47 (2007) 357–61 (with reference to K. G. Kühn, *Claudii Galeni Opera Omnia* [5 vols.; Leipzig: Car. Cnobloch, 1821–1833]).

<sup>28</sup> Dyre Trolle, *The History of Caesarean Section* (Acta Historica Scientiarum Naturalium et Medicinalium 33; Copenhagen: C. A. Reitzel, 1982) 17.

<sup>29</sup> *b. Bekhorot* 47b elaborates on account of the legal primogeny for the purpose of inheritance as distinguished from the redemption of the firstborn with five *sela*. It adds nothing to our discussion of the actual possibility of the c-section. See also *b. Niddah* 26a.

The importance of these references for the history of the c-section has been a topic of scholarly discussion for almost two hundred years, and still no consensus has been reached. Opinions range from denying any possibility that these laws were drawn from real-life cases to asserting that “it was common among the Jews, for a mother to recover from a caesarean section.”<sup>30</sup> In line with the former opinion, it was not unusual for the halachic literature to account for cases with the barest possibility of occurrence, or even just a theoretical possibility. However, even if such surgeries were more than theoretically possible, they were not common, as Greek and Roman medical literature does not mention caesarean sections among Jews.

Nevertheless, since the likelihood of salvaging a living child after the complete cardiac arrest of the mother is close to zero,<sup>31</sup> it seems logical that a pregnant woman might be subjected to a c-section if she was already given up for dead but still alive. Maimonides’ commentary on *m. Bekhorot* 2.9 confirms this, saying that the fetus might be plucked out from the mother’s flank, “if she has been in difficult labor and was at death’s door.”<sup>32</sup> This indicates that Jewish surgeons, in fact, might have practiced the same post-mortem c-section as Greek and Roman practitioners.

Could the woman, despite all odds, survive? Modern research shows that this operation, surprisingly, can save not only the infant but also the dying mother:

During the 1980s, several authors reported unexpected maternal recoveries after postmortem caesarean deliveries. This led to the possibility that PMCD [Perimortem Caesarean Delivery] might actually improve, rather than worsen, a mother’s chance of survival during a collapse. The reason the term “perimortem” caesarean section (C-section) has replaced “post-mortem” C-section is to emphasize the need to do the procedure as early as possible.<sup>33</sup>

<sup>30</sup> See the overview of scholarship on this topic in A. H. Israëls, *Tentamen Historico-Medicum, Exhibens collectanea gynaeologica quae ex talmude babylonico* (Groningen: Apud P. van Zweeken, 1845) 160–84; and Jeffrey Boss, “The Antiquity of Caesarean Section with Maternal Survival: The Jewish Tradition,” *Medical History* 5 (1961) 118–19; quoted is the opinion of Boss.

<sup>31</sup> There is not enough time for the surgery to save the child, who stops breathing immediately after the cardiac arrest of its mother. See Renate Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture* (Ithaca: Cornell University Press, 1990) 38; and Rachana Saha, “Perimortem Caesarean Delivery PMCD,” *Kathmandu University Medical Journal* 5 (2007) 534–37.

<sup>32</sup> Quoted by Boss, “Antiquity,” 121.

<sup>33</sup> Saha, “Perimortem,” 534; see also Nicholas L. DePace, “‘Postmortem’ Cesarean Section with Recovery of Both Mother and Offspring,” *Journal of the American Medical Association* 248 (1982) 971–73.

Nevertheless, before the modern period, a perimortem c-section was subject to the overwhelming dangers of hemorrhage and sepsis, and cases of maternal survival must have been exceptionally rare. Therefore, “expectorant” drugs were used more frequently than a surgical knife, in an effort to expel the fetus, whether dead or alive.<sup>34</sup> *B. Bava Qamma* 85a refers to this: “They think, how much does a man whose hand has been condemned by authority consider whether it [the fetus] should be cut off by the *sam* or by the sword?” – the *sam* denotes a non-invasive way of extracting the fetus and not just a doping drug.<sup>35</sup>

During the Middle Ages, the perimortem c-section was still practiced by surgeons in both Christian and Muslim countries,<sup>36</sup> but only the Oriental literature refers to the woman’s recovery after the operation. In Europe the first successful c-section *in vivo* was documented as being performed by Nicollo Falcucci around the beginning of the 15th century<sup>37</sup>; yet in the 16th century the possibility of such an operation still met with disbelief on the part of the distinguished surgeon Ambroise Paré:

I am surprised that there are people who claim to have seen women who, in order to be delivered of their children, had their abdomen cut open, not only once but several times. This seems impossible to me, since, in order to extract the child, a large incision has to be made in the muscles of the epigastrium and also in the uterus, which is so imbued with blood that a fatal hemorrhage would be the result. In addition, once the wound closes, the scar

<sup>34</sup> For example, the medieval gynecological treatise, *Head’s Shield*, by Sheshet Ben-veniste, prescribes the following “bandage” to expel the dead fetus: “Take half a liter of rue, three dirhems of myrrh powder, enough colocynth ... prepare a wet bandage and put it on her belly” (Barkai, *History*, 206–7). Rue, known as a strong abortifacient, must be a pharmaceutically active ingredient in this formula. An obviously stronger concoction, described in the Hebrew translation of *Trotula*, had to be taken internally: “give her juice of rue and absinthe with pepper in wine ... it expels the fetus alive [!] or dead” (Barkai, *History*, 188).

<sup>35</sup> Pace Boss, “Antiquity,” 127; see the quotation from Rashi cited there.

<sup>36</sup> Persons salvaged from the dead mothers – *ingeniti* (unborn) – are mentioned in European literature and documents: e. g., Bishop Gebhard II (b. 949 in Constance), Abbot Burchard, *Ingenitus* (b. 959), King Sancho III of Navarra (b. 965). See Heinrich Fasbender, *Geschichte der Geburtshilfe* (Jena: Gustav Fischer, 1906; repr. Hildesheim: Olms, 1964); J. H. Young, *Caesarean Section: The History and Development of the Operation from Earliest Times* (London: H. K. Lewis, 1944); Trolle, *History*, 20. A dogmatic reason subjoined a humanitarian goal of saving an infant: “should a woman die during childbirth her body should be opened immediately and the child be baptized if it is still alive” (Council de Trèves, 1310). The first Church official who recommended a post-mortem c-section if there was a chance to save the baby was the Parisian archbishop Odon de Sully (1196–1208); see Blumenfeld-Kosinski, *Not of Woman*, 26.

<sup>37</sup> Trolle, *History*, 33.

would prevent the uterus from ever dilating again .... I will never advise this procedure, which involves great danger and offers no hope.<sup>38</sup>

Ferdowsi's *Shah-nameh* (c. 1010) stands in contrast to this statement of disbelief. The baby Rustam was so large that his mother Rudabeh was unable to deliver. Therefore, his father Zal summoned a wise man who, using wine for anesthesia, cut out the child from Rudabeh's flank. In twenty-four hours Rudabeh woke up and exclaimed: "Rustam!" which means, "I delivered!"<sup>39</sup> The *Chronology of Ancient Nations* (10th c.) of Al-Biruni provides another testimony: the very first graphic description of a caesarean section.<sup>40</sup>

Certainly, these descriptions in the works of literature cannot prove that the c-section on living women in Muslim countries was common or even universally accepted by physicians.<sup>41</sup> Saving a pregnant woman by means of abdominal surgery must still have been considered an extremely dangerous task. In the two aforementioned manuscripts of the *Toledot* (St. Petersburg and JTS), Yeshu tried and failed.

## II

Not only did Yeshu fail to save the mother; the child was more than just dead – it was a stone, or, as a modern physician would say, a lithopedion. Archeologists date the earliest discovered lithopedion to 1100 BCE<sup>42</sup>; yet medical records have documented cases of lithopedion only since 1582.

This began in Sens with the mysterious pregnancy of Colombe Chatri, forty-year-old wife of a tailor. It was her first pregnancy; no compli-

<sup>38</sup> *Œuvres complètes d'Ambroise Paré revues et collationnées sur toutes les éditions*, ed. J.-F. Malgaigne (3 vols., Paris: J.-B. Baillière, 1840–41) vol. 2, ch. 38. This passage translated and quoted in Blumenfeld-Kosinski, *Not of Woman*, 38–39.

<sup>39</sup> See R. Torpin and I. Vafaie, "The Birth of Rustam: An Early Account of Cesarean Section in Iran," *American Journal of Obstetrics and Gynecology* 81 (1961) 185–89.

<sup>40</sup> Ms. Edinburgh Univ. Lib. 161, fol. 16. See P. Soucek, "An Illustrated Manuscript of al-Biruni's 'Chronology of Ancient Nations,'" in *The Scholar and the Saint*, ed. Peter J. Chelkowski (New York: New York University Press, 1975) 103–68. The earliest surviving manuscript is dated to the 14th century but is based on an earlier medical handbook (Soucek, "Illustrated," iii).

<sup>41</sup> Some trends of Islam forbid the caesarean section (see Young, *Caesarean Section*); some do not (see Mohammed Pickthall, *The Meaning of the Glorious Koran* [New York: New American Library, 1988]).

<sup>42</sup> B. M. Rothschild et al., "Three-millennium Antiquity of the Lithokelyphos Variety of Lithopedion," *American Journal of Obstetrics and Gynecology* 169 (1993) 140–141.

cations were recorded. When the due date came, the woman, still feeling the child's movements, experienced symptoms of approaching labor: she was seized with pains, and her water broke. After a little while, the movements of the child ceased, as well as the pains and contractions, the belly and breasts diminished in size, and the full-term pregnancy ended – without a birth.<sup>43</sup>

Chatri never completely recovered. She stayed in bed for three years, and for the remaining twenty-five years of her life complained of abdominal pain and fatigue. When she died, her husband requested town surgeons to dissect the body in order to quench the gossip that had circulated since his wife's pregnancy: people thought (as had Mme. Chatri) that she was still carrying the baby. Not without difficulty, the surgeons penetrated the secrets of that pregnancy. They cut through the woman's stomach, but their scalpels broke as they tried to open a "prodigious growth." Finally, with the help of mauls and a drill, they cracked the shell of the "tumor" and immediately sent for a physician, Jean d'Ailleboust, to document an amazing discovery: inside the shell there was a stone child. D'Ailleboust depicted the stone child as a fully formed girl with her left arm supporting her head and her right arm extending down toward the navel; almost the same picture was drawn in *Des monstres et prodiges* by the royal surgeon Ambroise Paré, who also had occasion to examine the prodigy.<sup>44</sup>

The Chatri lithopedion was owned by a few private collectors before being purchased by the Royal Museum in Denmark, whence it disappeared in 1826 during the relocation of the museum's collection.<sup>45</sup> More lithopedia had been discovered by then, not all of them as devastating for their mothers' health as Chatri's. In 1674 Anna Mullern, a peasant from Leinzell in Schwaben, became pregnant at the age of forty-eight. At the due time, labor pains started and lasted for seven weeks. As in the Chatri case, the labor did not result in childbirth, and the woman remained with a swollen belly and a sturdy persuasion that she still carried a baby. Nevertheless, she seemed well, worked in the fields, and later gave birth to two healthy children. She outlived her four physicians and died at the age of ninety-four. Only then, an autopsy exposed a calcified fetus that had been buried in her belly for almost fifty years.<sup>46</sup>

<sup>43</sup> Jan Bondeson, *The Two-headed Boy and Other Medical Marvels* (Ithaca: Cornell University Press, 2000) 50.

<sup>44</sup> See the critical edition with the commentary by Jean Céard (Geneva: Droz, 1971).

<sup>45</sup> Bondeson, *Two-headed Boy*, 45.

<sup>46</sup> Bondeson, *Two-headed Boy*, 46–47. Friedrich Küchenmeister, however, says that the duration of Anna's pregnancy was "only" 28 years, and describes another woman

Today, the lithopedion has been fully studied and explained. It is one of the possible outcomes of an extra-uterine pregnancy, in which the fertilized egg implants outside the uterus, usually in the recto-uterine pouch.<sup>47</sup> The mortality rate of both mother and fetus is very high in such pregnancies: Although in the last seventy-five years the survival of mothers has increased from 60 to 93 percent, still only 10 percent of babies survive.<sup>48</sup> The other 90 percent die inside the mother and must be removed; otherwise, the mother's body must find a way either to expunge the dead fetus or to calcify it in order to prevent sepsis. Between the 1582 Chatrri case and 1881, 114 cases of lithopedion were documented by Küchenmeister.<sup>49</sup>

Thus, lithopedion is a very rare pathology. Surgeons could hardly detect it unless they could discern a specific medical condition and perform a specific kind of operation. However, although no scientific record or explanation of lithopedion is attested before the 16th century, this does not mean that surgeons of antiquity and the Middle Ages never witnessed abdominal pregnancies and calcified fetuses. If they did, they would have been amazed and confused. No wonder that story-tellers were more enthusiastic than doctors in passing on "legends" of a stone child in the woman's belly. The authors of *Toledot Yeshu* were such story-tellers; but who were the doctors?

In antiquity, symptoms of lithopedion were not completely unknown to physicians, but they failed to interpret those symptoms and considered the illness of their patients as miraculous. It is not surprising, therefore, to find descriptions of too-long pregnancies in records of incubatory-sanctuaries, where Asclepius was believed to appear to his worshippers in sleep and to cure or at least instruct them:

The god. With good fortune. Cures of Apollo and [his son] Asklepios. Cleo was pregnant for five years. After she had been pregnant for five years, she came as a suppliant to the god and slept in the adytum.

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whom he personally observed in 1880 and who was pregnant for 57 years: "Ueber Lithopädien," *Archiv für Gynäkologie* 17 (1881) 248.

<sup>47</sup> 1,169 cases of extra-uterine pregnancy were recorded between 1809 and 1993; see Cathy A. Stevens, "Malformations and Deformations in Abdominal Pregnancy," *American Journal of Medical Genetics* 43 (1993) 1189–95.

<sup>48</sup> Alvin M. Cotlar, "Extrauterine Pregnancy: A Historical Review," *Current Surgery* 57 (2000) 484.

<sup>49</sup> "Ueber Lithopädien," 94–99. That is, about 0.0005 percent of all pregnancies; see Arthur C. Aufderheide and Conrado Rodríguez-Martin, *Cambridge Encyclopedia of Human Paleopathology* (Cambridge: Cambridge University Press) 294. To date more than three hundred occurrences of the lithopedion have been reported; see N. M. Spiros et al., "Lithokelyphos," *Journal of Reproductive Medicine* 32 (1987) 43–46.

A three-year pregnancy. Ithmonike of Pellene came to the sanctuary for offspring. After going to sleep here, she saw a vision.<sup>50</sup>

Medical science kept away from these incredible cases, and physicians simply had no chance to account for a calcified fetus that had to be removed from the woman's abdomen.

The closest the antique and medieval physicians of the West approached the problem of lithopedion was marked by their response to the necessity of removing a dead fetus from the woman's uterus. The treatment of this condition is discussed in most extant works on gynecology.

Two gynecological treatises produced by the school of Hippocrates – *On Diseases of Women* 1 and 2<sup>51</sup> – were translated into Latin and included in the early medieval compilation *Liber ad Mecenatem*.<sup>52</sup> But it was the landmark *Gynecology* of Soranus, written at the beginning of the second century, that remained the chief Western handbook in its field until the modern period. This was translated into Latin in the sixth century by Muscio, and his *Genecia* (*Gynaecia*) circulated in multiple copies<sup>53</sup> and at least three adaptations (*De passionibus mulierum*, *Non omnes quidem* and *De naturis mulierum*<sup>54</sup>), all reflecting the heritage of the Methodic school that advocated a practical approach to medicine and unreservedly preferred external treatment to surgery.

Starting in the 11th century, the handbook of gynecology and obstetrics written by the female physician Trotula of Salerno, *Liber de Sinthomatibus Mulierum*, shared the expertise and popularity of Soranus in the Latin West. Removing a placenta and a dead fetus was recognized as critically important by both Soranus and Trotula.<sup>55</sup> Trotula, however,

<sup>50</sup> IG IV<sup>2</sup> 1.121 (Epidauros).

<sup>51</sup> Ann E. Hanson, "Hippocrates: 'Diseases of Women 1,'" *Signs* 1 (1975) 567–84. On these and other Hippocratic gynecological texts, see H. Grensemann, *Hippokratische Gynäkologie: Die Gynäkologischen Texte des Autors C nach den Pseudohippokratischen Schriften De mulieribus I, II und De sterilibus* (Wiesbaden: F. Steiner, 1982).

<sup>52</sup> Innocenzo Mazzini and Giuseppe Flamini, *De Conceptu: estratti di un'antica traduzione latina del Peri gynaikeion pseudoippocratico libro I* (Bologna: Pàtron, 1983). See also Monica H. Green, *The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages* (Princeton: Seeley G. Mudd Library, 1985).

<sup>53</sup> As many as thirteen early medieval copies of Muscio have been preserved! See Barkai, *History*, 45.

<sup>54</sup> Barkai, *History*, 46. *Gynecology* of Soranus was also imitated by other authors in such works as *Gynaecia Cleopatrae* and *Liber geneciae ad Soterix obsetrix*, the latter composed in a form of a dialogue between Soteris the midwife and Soranus himself (Barkai, *History*, 48).

<sup>55</sup> In addition to the discussion above, see Soranus 4.3.9.



resorted only to magic and herbs, ignoring surgery. When the placenta or dead fetus remained inside a woman, a physician was only to provoke muscular contractions – by causing the woman to sneeze or vomit, for example<sup>56</sup> – in the hope that the fetus would be expelled. If this is an indicator of Western achievements in obstetric surgery, by the 11th century it clearly was in decline.

Arabic medicine derived from roughly the same foundations as European medicine. Its development, however, was quite different.<sup>57</sup> The theory-laden rationalist approach of Galen spread throughout the Islamic world and became dominant. Galen's entire medical corpus of 129 works was translated by Hunayn ibn Ishaq in the ninth century, in contrast to only one minor chapter ("According to Questioning") from Soranus' *Gynecology*. Two gynecological treatises of Hippocrates – *On Superfoetation* and *On Diseases of Virgins* – were also translated. Original Arabic writings in the field of obstetrics began to appear in the 10th century with *The Book on the Treatment of Pregnant Women and Young Children* by Abu al-Abbas Ahmad b. Muhammad and *The Book on the Creation of the Foetus and the Treatment of the Pregnant Women and the Newborns* by Arib ibn Sa'id.<sup>58</sup>

Until the conquest of Al-Andalus in the 12th century, by the Berber dynasties of the Almoravides in 1090 and Almohades in 1145, Jewish medical science was largely the same as Muslim; physicians Solomon ha-Yisraeli (850–932) and Maimonides (1135–1204) both wrote their books in Arabic. The conquest put an end to the age of religious tolerance in Islam and forced Jews to settle in the Christian kingdoms, which triggered the translation of medical treatises into Hebrew and the emergence of genuine Hebrew medical books, which were still full of Arabic terminology. Although the first attestation of the stone child story in the *Toledot* appeared a few centuries earlier, the following quotation from

<sup>56</sup> For sneezing induced by frankincense powder, see *Liber de Sinth*. 91 in Green, *Trotula*, 101; for vomiting caused by the juice of leek, borage and pennyroyal oil, see 123. This was the "first-aid" method suggested by physicians, from Hippocrates (*Aphorisms* 5.49) to Albucasis.

<sup>57</sup> Barkai, *History*, 41–43.

<sup>58</sup> See the French and Spanish translations: 'Arib ibn Sa'id, *Le livre de la génération du foetus et le traitement des femmes enceintes et des nouveau-nés*, ed. and trans. H. Jahier et A. Noureddine (Alger: Publication de la Faculté Mixte de Médecine et de Pharmacie d'Alger, 1956); and *El libro de la generación del feto, el tratamiento de las mujeres embarazadas y los recién nacidos*, ed. A. Arjona Castro (Cordoba: Disputación Provincial, 1983). For more bibliography and a description, see Ron Barkai, "A Medieval Hebrew Treatise on Obstetrics," *Medical History* 33 (1998) 96–97, and Barkai, *History*, 43.



the 12-century Hebrew *Record of the Diseases Occurring in the Genital Members*<sup>59</sup> refers explicitly to earlier medical works:

On the swelling of the womb, which is an illness that causes a woman to resemble one pregnant or swollen with malign water .... The reason may also be, as the ancients said, the creation of a formless piece of flesh. The signs resemble those of pregnant women: they do not menstruate, desire declines, and the breasts inflate .... You should know that this illness may last for six years or even more .... Sometimes it may happen that the woman suffers the same phenomenon as in giving birth, accompanied by a fall of water [!]. At times she may give birth to a formless piece of flesh. (20r.15–2)

This passage clearly derives from the Hippocratic tradition, where a similar case is described in *Epidemics* 5: in Larissa, a woman complained that her menstruation had stopped for four years and she “had a troubling and heaviness” in her abdomen “on whichever side she lay.” She became “pregnant and pregnant again” (as in the case of Mullern)<sup>60</sup> and gave birth to a healthy girl, but her belly did not entirely collapse. In fourteen days she aborted a “formless piece of flesh.” The *Record of the Diseases* differs from *Epidemics* by accounting for “pseudo-birth” and by linking the above symptoms to birth defects and pathologies, snake-children and quadruplets, all reported by “just women and midwives.”

The surgeries of Albucasis (912–1013) led to an unprecedented discovery that remained beyond medical understanding for some 700 years. Albucasis, who practiced in Al-Andalus, was the author of a thirty-volume treatise on medicine, *Kitab al-tasrif li-man ‘ajiza ‘an al-ta’laf*.<sup>61</sup> One section on obstetrics includes a description of a patient whose fetus died inside her. Albucasis was able to extract the fetus from an abdominal wound and to testify to a discovery of the abdominal pregnancy. The woman survived, but her fistula never closed:

Now I myself once saw a woman who had become pregnant and the fetus had then died *in utero*; then again she conceived, and the second fetus also died; and after a long while she got a swelling in the umbilicus which grew and eventually it opened and began to produce pus. I was called in to attend her, and I treated her for a long while, but the wound did not heal up. So I applied to it certain very strongly drawing ointments, and then a bone came

<sup>59</sup> See Barkai, *History*, 133.

<sup>60</sup> In this case, however, “pregnant and pregnant again” may refer to a pregnancy with more than one child.

<sup>61</sup> The title can be translated as “The book of enabling him to manage who cannot cope with the compilations”; see *Albucasis on Surgery and Instruments*, ed. and trans. M. S. Spink and G. L. Lewis (Berkeley: University of California Press, 1973) viii. The first Latin translation, *Concessio ei data qui componere haud valet*, was published in 1586.

away from the place; then a few days passed and another bone came out; and I was mightily astonished at this, seeing that the abdomen is a place where there are no bones. I formed the opinion that these were bones from a dead fetus. So I investigated the place and got out many bones belonging to the head of the fetus. I continued this procedure and got a great number of bones out of her, the woman indeed being in the best of health; indeed she lived for quite a while like that, with a little pus being exuded from that place. I bring forward this uncommon occurrence here since it gives knowledge and help about the sort of treatment that the doctor who practices surgery may contrive.<sup>62</sup>

That Abulcasis talks about “bones” and not a stone does not affect the meaning of his testimony. He is clearly describing a case of abdominal pregnancy in which a dead fetus remained inside the woman’s abdomen for “a long while” after the second pregnancy. It seems likely that, had Abulcasis performed his surgery twenty some years after the first pregnancy, he would have found a fully calcified “stone,” or lithopedion, rather than “bones.” It is also clear that the success of Albucasis was not a disparate phenomenon, but rather a testimony to the work of generations of physicians who were able to practice abdominal surgeries for many years before Albucasis documented this extraction of “bones” in his *Kitab al-tasrif*.

It remains to ask, how much weight should be put on the fact that Agobard, who provided the earliest known version of the stone child story, had immigrated to Lyon from the Umayyad caliphate of Hispania, the same region where Albucasis practiced his surgeries 150 years later? Only bits and pieces of Agobard’s life before the year 792, when he first came to Lyon, are known from *Annales Lugdunenses*.<sup>63</sup> He was born in 769 somewhere in “Hispania,” whence in 782 he “came into the Narbonne region,” which then belonged to the frontier ex-Visigothic province Septimania situated between the Frankish kingdom and the caliphate.<sup>64</sup> If all of the above – matchless success of early medieval Andalusian medicine, the documented discovery of abdominal pregnancy by Andalusian surgeons, an account in *Toledot Yeshu* of such a pregnancy with its possible consequences, and finally, the Hispanic provenance of the man who brought this account to light – if all this is not

<sup>62</sup> Albucasis 2:76, quoted from *Albucasis on Surgery and Instruments*, 480–81. See also Cotlar, “Extrauterine Pregnancy,” 485.

<sup>63</sup> See *Monumenta Germaniae historica ... Diplomatum imperii*, ed. Georgius H. Pertz (Hannover: Hahn, 1872) 1.110.

<sup>64</sup> See, e. g., Joseph F. O’Callaghan, *A History of Medieval Spain* (Ithaca: Cornell University Press, 1983) 141–42.

to be attributed to sheer coincidence, it becomes possible to locate one version of *Toledot Yeshu* in time and space. More specifically, it seems to me clear that the surgical background of the stone child story is unlikely to antedate the eighth century and that the home of this background was most likely Muslim Hispania, where a lithopedion “impregnated” the narrative and whence the earliest known version of the *Toledot* reached the Frankish kingdom.

When the second wave of the *Toledot Yeshu* hit Europe in the 13th century, it had a completely different storyline and most importantly, a completely different Yeshu, providing evidence of another route along which this polymorphic narrative had to travel. Although the sources of inspiration – the Gospels and the Talmud – remained the same, the main antagonist became a figure who was hardly reminiscent of that ingenious doctor who claimed too much credit for his mastery. In his place stood the law student of a famous rabbi, ignoble but talented and, perhaps, too proud.