Ancient Babylonian Medicine: Theory and Practice by Markham J. Geller

Chichester/Malden: Wiley-Blackwell, 2010. Pp. xii + 221. ISBN 978-1-4051-2652-6. Cloth £82.50, \$131.95

Reviewed by John M. Steele Brown University john steele@brown.edu

The study of ancient Mesopotamian medicine has expanded dramatically over the past couple of decades. In addition to the publication of major editions and studies of cuneiform medical works, several monographs have appeared which study particular illnesses or methods of healing in Mesopotamia, and a number of conferences have been held and published exploring both Mesopotamian medicine itself, its role within wider cuneiform scholarly traditions, and its relationship with later, particularly Greek, medical traditions. The field even has its own journal, the Journal des Médecines Cuneiformes, which has appeared twice yearly since 2003. Mark Geller has been one of the scholars to play a key role in this growth of interest in Mesopotamian medicine. This makes it appropriate that he should be the first to attempt to write a general introduction to the subject which will be both accessible to the nonspecialist (which includes historians of medicine in other ancient cultures, Assyriologists who know little about the cuneiform scientific traditions, and even doctors and medical students who are interested in the ancient origins of their discipline) and at the same time makes a contribution to our understanding of medicine and scholarship more generally in Mesopotamia. The result, Ancient Babylonian Medicine: Theory and Practice, is in my opinion a huge success.

There are several approaches that could be utilized in writing a book of this kind. One would be to provide a survey of works in cuneiform that deal with aspects of medicine. Another would be to catalogue Babylonian designations of illnesses and their modern equivalents, and to compare Babylonian knowledge and treatment of these illnesses with modern knowledge and treatment. Geller takes a much more interesting approach. His aim is to try to understand what 'Babylonian medicine' is, both in its underlying theoretical framework and as a healing practice. As a consequence, the

64 Aestimatio

reader will not find in this book lists of illnesses or medical ingredients and their modern equivalents (which would be impossible anyway as in many cases the specific plant or mineral referred to cannot be identified), nor will he or she find a discussion of whether specific ingredients had identifiable medicinal properties as defined by modern science. Instead, Geller discusses issues such as the relationship between magic and physical methods of healing, who were the groups that provided medical care and what was their training, the role of medicine in society and who had access to medical care, and the interrelationships between cuneiform medical texts and what this tells us about how they were written and used. The book is much more rewarding as a result.

The book begins with an introduction providing background information on ancient Mesopotamia, the sources for studying Babylonian medicine, and the terminology of ancient medicine. Geller here also poses one of the central questions of the book: 'Is Babylonian medicine magic and is Babylonian magic medicine?' This question is a valid line of enquiry for the study of many traditions of medicine in ancient and even modern societies. It is particularly relevant to the study of Babylonian medicine because many illnesses were attributed to the action of gods or ghosts and methods of treatment often combined what we might consider 'magical' means such as incantations, amulets, and so on, with the administering of medicines made from plants, minerals, and the like. Indeed, the line of demarcation between magical and medical healing is even more blurred than just described. For example, we have examples of herbal or mineral medicines that are activated through magical means such as exposure to the light of a star.

In chapter 1, Geller raises the issue of whether Babylonian medicine is a science. For Geller, to qualify as a science there must be an underlying theory to a practice which is therefore not founded simply upon technological thinking. He lists three necessary conditions for the existence of a theory in an ancient context [12–13]: imagination (the idea that natural events are not just random but have an explicable structure), deductive logic, and observation. Geller then demonstrates the presence of all three of these conditions in Babylonian medicine. Some historians will certainly disagree with Geller's definition of what makes a practice 'science'—for example, I am uneasy with his rule of thumb [18] that the more mathematical a practice

John M. Steele 65

is, the more scientific it is—but Geller raises some interesting questions of how we should classify ancient knowledge.

Geller returns to the question of the relationship between medicine and magic in chapter 2, entitled 'Who Did What to Whom?'. Two professions were involved in healing in Mesopotamia: the mašmaššu, which Geller translates by 'exorcist' (because this is a term loaded with meaning in today's culture, some people, including myself, prefer more neutral translations such as 'ritual expert'), and the $as\hat{u}$, conventionally translated by 'physician'. These two professional titles suggest a strict division of labour in the practice of healing: the *mašmaššu* uses supernatural or magical means to aid the patient while the $as\hat{u}$ uses physical remedies such as medicines made from herbs and minerals—what might be thought of as a split between the spirit and the body. As Geller shows, however, the division of responsibilities between the mašmaššu and the asû is less clear cut: sometimes the maš $ma\check{s}\check{s}u$ would use physical means of healing and sometimes the $as\hat{u}$ would use magical means. Indeed, by the second half of the first millennium BC, the $as\hat{u}$ seems to have disappeared from the cuneiform record and both magical and physical means of healing are associated with the *mašmaššu*. Geller makes the interesting suggestion that because the $as\hat{u}$ was a layman whereas the *mašmaššu* was associated with the temple, and because most scholarly and administrative texts from the late period relate to the temple, the $as\hat{u}$ may simply have fallen under the radar of the cuneiform record and his profession may still have existed in wider society.

In chapter 3, Geller discusses the politics of medicine: legal codes, access to medicine, and the health of the king, as well as the Babylonian approach to public health issues such as epidemics. The Code of Hammurabi is informative for the role of the $as\hat{u}$ (physician) in the Old Babylonian period. Interestingly, the $as\hat{u}$ is one of only a very small number of professionals mentioned in the Code, highlighting the need to regulate the practice of medicine because of its impact upon society as a whole. Even more interestingly, the $ma\check{s}ma\check{s}\check{s}u$ is not named in the Code, suggesting that during the Old Babylonian period there was a clear distinction between their two professions and that only the one dealing with the physical body was deemed to

¹ The situation is somewhat complicated by a third professional title 'āšipu', which also means 'exorcist'. Geller discusses whether the *mašmaššu* and the *āšipu* are synonymous on pages 48–50.

66 AESTIMATIO

require control by law. The $as\hat{u}$ appears in two contexts in the Code. First, in laws concerning physical harm inflicted on an individual, the person who has caused that harm may be required to pay the $as\hat{u}$'s bill. Secondly, malpractice by the $as\hat{u}$ was punishable either by acts such as cutting off the $as\hat{u}$'s hand or by payment of silver.

Royal correspondence provides our main source of information about the relationship between the $as\hat{u}$ and $ma\check{s}ma\check{s}\check{s}u$ as healers and the patient. Although any issue concerning the king inevitably differs from the experience of the rest of society—for example, the king could have multiple healers working either together or in competition to aid in his recovery from illness and to provide advice on day-to-day health matters, something that would be beyond the reach of all but a very small number of the elite of society—these letters provide an insight into the variety of ailments that the $as\hat{u}$ and $ma\check{s}ma\check{s}\check{s}u$ were called on (and felt able) to treat.

In chapter 4, 'Medicine as Literature', Geller discusses the composition, copying, and reading of Babylonian medical texts. This chapter nicely links to chapters 6 and 7 which are concerned with the training of healers, the extent to which medical texts were part of this process, and the tradition of writing commentaries on medical texts. Geller's discussion of the commentary genre is particularly interesting as he makes a plausible argument that these texts provide insight into the process of the creation of medical knowledge. The discussion in these chapters has important consequences not only for the study of Babylonian medicine but also for our understanding of the processes of development and practice of many other genres of Babylonian scholarship.

Geller returns to the question of the relationship between medicine and magic in the final chapter of the book. He concludes that the disciplines of medicine and magic, and the individuals who practiced them, were distinct during most of Mesopotamian history. But these two practices were clearly complementary, magic providing the 'bedside manner', a psychological factor in the healing process that was just as important, perhaps often more important, than the administering of herbs and minerals which sometimes may in themselves have had little or no effect on the patient's recovery. In order to understand the Babylonian approach to healing, it is necessary to consider both aspects of the approach to treating a patient.

Ancient Babylonian Medicine is an important and fascinating book which not only provides a much needed introduction to the theory and practice of John M. Steele 67

medicine in ancient Mesopotamia but also makes a significant contribution to the study of ancient Mesopotamian scholarship. It is clearly and elegantly written, nicely illustrated, and well produced. It is to be regretted, however, that the publishers have assigned such a high list price for the book, making it difficult to assign the text in undergraduate classes. We can but hope that the publishers will consider publishing a more reasonably priced softcover edition in the future.