Ancient Babylonian Medicine
Ancient Cultures
These enjoyable, straightforward surveys of key themes in ancient culture are ideal for anyone new to the study of the ancient world. Each book reveals the excitement of discovering the diverse lifestyles, ideals, and beliefs of ancient peoples.

Published

Ancient Babylonian Medicine
Markham J. Geller

The Spartans
Nigel Kennell

Sport and Spectacle in the Ancient World
Donald G. Kyle

Food in the Ancient World
John M. Wilkins and Shaun Hill

Greek Political Thought
Ryan K. Balot

Sexuality in Greek and Roman Culture
Marilyn B. Skinner

Theories of Mythology
Eric Csapo

In preparation

Science in the Ancient World
Daryn Lehoux

Ethnicity and Identity in the Ancient World
Kathryn Lomas

Roman Law and Society
Thomas McGinn

Economies of the Greek and Roman World
Jeremy Paterson

Economies of the Greco-Roman World
Gary Reger

The City of Rome
John Patterson

Family in Greek and Roman Culture
Emma Griffiths and Tim Parkin
Markham J. Geller

Ancient Babylonian Medicine
Theory and Practice
To Florentina
Contents

List of Illustrations viii
List of Abbreviations x
Acknowledgments xii

Introduction to Babylonian Medicine and Magic 1

1 Medicine as Science 11

2 Who Did What to Whom? 43

3 The Politics of Medicine 56

4 Medicine as Literature 89

5 Medicine and Philosophy 118

6 Medical Training: MD or PhD? 130

7 Uruk Medical Commentaries 141

8 Medicine and Magic as Independent Approaches to Healing 161

Appendix: An Edition of a Medical Commentary 168

Notes 177
References 202
Subject Index 211
Selective Index of Akkadian and Greek Words 217
Index of Akkadian Personal Names 220
Illustrations

Map


Figures

1.1  Medical tablet from Babylon mentioning Hammurapi’s mother (BM 41293-44866; copy M. J. Geller)  16
1.2  Exorcists performing a ritual, dressed as fish-men *apkallu* sages (Vorderasiatisches Museum, Berlin; drawing Tessa Rickards)  32
1.3  Clay model of a sheep liver used for divination, from Mari in Syria, second millennium BC (Musée du Louvre; photo Florentina Badalanova Geller)  38
2.1  Ceramic plaque from the Assyrian period (c. 700 BC) showing an exorcist dressed as an *apkallu* sage (photo Florentina Badalanova Geller)  47
2.2  Exorcism ritual carried out in a reed *šutukku*-hut, with one woman fumigating and another wailing; early first millennium BC (Collon 1987: No. 803; photo courtesy D. Collon)  52
2.3  Exorcists trying to heal a patient in bed, Lamaštu-amulet (Wiggermann 2007: 107, No. 2; drawing F. A. M. Wiggermann)  55
3.1  Bust of Hammurabi, king of Babylon (Musée du Louvre Sb 95; photo Florentina Badalanova Geller)  57
3.2 Seal of physician Ur-lugal-edina (Collon 1987: No. 638; drawing courtesy D. Collon) 59
3.3 Bust of an Assyrian courtier (Musée du Louvre; photo Florentina Badalanova Geller) 74
3.4 Ceramic plaque showing healer and patient, second millennium BC (Musée du Louvre AO 6622; photo Florentina Badalanova Geller) 78
4.1 Healing goddess Gula with her dog, holding a scalpel in her right hand and a tablet in her left hand (Collon 1987: No. 793; photo courtesy D. Collon) 93
4.2 Assur recipes BAM 116 and duplicate recipes (Babylonisch-assyrische Medizin) 99
4.3 Duplicate recipes (Babylonisch-assyrische Medizin) 100
4.4 BAM 104 and duplicates (Babylonisch-assyrische Medizin) 105
4.5 AMT 56,1 and duplicates (Assyrian Medical Texts and Babylonisch-assyrische Medizin) 106
4.6 Healing goddess Gula with her dog, seated before the god Latarak (R. Ellis, Fs. J. J. Finkelstein, figure no. 3; drawing F. A. M. Wiggermann) 110
5.1 Patient being healed (Wiggermann 2007: 107, No. 1; drawing courtesy F. A. M. Wiggermann) 126
6.1 Scribes and officials from Til Barsip (ninth century BC) showing scribes writing on both leather and clay (photo Florentina Badalanova Geller) 131
A.1 Photo of MLC 1863 taken by A. T. Clay (photo courtesy Ulla Kasten, Yale Babylonian Collection) 170
Abbreviations

AIPHOS Annuaire de l’Institut de Philologie et d’Histoire Oriéntales et Slaves (Brussels)
AMT R. Campbell Thompson Assyrian Medical Texts (London, 1923)
ARM Archives royales de Mari
ArOr Archiv Orientální
AuOr Aula Orientalis
BAK H. Hunger, Babylonische und assyrische Kolophone (Neukirchen-Vluyn, 1968)
BAM F. Köcher, Babylonisch-assyrische Medizin in Texten und Untersuchungen, 1–7 (for 7 see Geller 2005)
BE Babylonian Expedition (BE 17/1 = H. Radau, Letters to Cassite Kings from the Temple Archives of Nippur [Philadelphia, 1908])
BRM Babylonian Records in the Library of J. Pierpont Morgan (see Clay 1923)
BSOAS Bulletin of the School of Oriental and African Studies
CAD Chicago Assyrian Dictionary
CBQ Catholic Biblical Quarterly
CH Codex Hammurabi
CH E Codex Hammurabi Epilogue
CRRAI Compte Rendu, Rencontre Assyriologique Internationale
JCS Journal of Cuneiform Studies
JESHO Journal of the Economic and Social History of the Orient
JMC Journal des Médecines Cunéiformes
JANES Journal of the Near East Society of Columbia University
JNES Journal of Near Eastern Studies
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEOL</td>
<td>Jaaericht ex Oriente Lux</td>
</tr>
<tr>
<td>JRAS</td>
<td>Journal of the Royal Asiatic Society</td>
</tr>
<tr>
<td>KAR</td>
<td>Keilschrifttexte aus Assur religiösen Inhalts</td>
</tr>
<tr>
<td>LKA</td>
<td>Literarische Keilschrifttexte aus Assur</td>
</tr>
<tr>
<td>MAOG</td>
<td>Mitteilungen der Altorientalischen Gesellschaft</td>
</tr>
<tr>
<td>MLC</td>
<td>Tablets belonging to the Pierpont Morgan Library (now in the Yale University Babylonian Collection)</td>
</tr>
<tr>
<td>MSL</td>
<td>Materials for the Sumerian Lexicon (Rome)</td>
</tr>
<tr>
<td>Or</td>
<td>Orientalia</td>
</tr>
<tr>
<td>RA</td>
<td>Revue d’assyriologie</td>
</tr>
<tr>
<td>SAA</td>
<td>State Archives of Assyria (see Parpola 1993)</td>
</tr>
<tr>
<td>SBTU</td>
<td>Spätbabylonische Texte aus Uruk</td>
</tr>
<tr>
<td>STT</td>
<td>The Sultantepe Tablets, ed. O. Gurney, J. J. Finkelstein, P. Hulin (London)</td>
</tr>
<tr>
<td>TCL</td>
<td>Textes cunéiformes du Louvre (see Thureau-Dangin 1922)</td>
</tr>
<tr>
<td>TDP</td>
<td>See Labat 1951</td>
</tr>
<tr>
<td>Ut. Lem.</td>
<td>Utukku Lemnūtu incantations (see Geller 2007c)</td>
</tr>
<tr>
<td>WZKM</td>
<td>Wiener Zeitschrift für die Kunde des Morgenlandes</td>
</tr>
<tr>
<td>ZA</td>
<td>Zeitschrift für Assyriologie</td>
</tr>
</tbody>
</table>
This book was made possible by a grant from the Wellcome Trust, which allowed me to spend the 2005–6 academic year at the Collège de France and École Pratique des Hautes Études, Paris, through the invitation of J.-M. Durand. Further work on the manuscript was carried out during two research visits to the Max Planck Institut für Wissenschaftsgeschichte, Berlin, courtesy of Peter Damerow and Jürgen Renn. These visits were funded by grants from the Alexander von Humboldt-Stiftung (Wiederaufnahme Stipendium) and the TOPOI Excellence Cluster of the Freie Universität Berlin, with Eva Cancik-Kirschbaum as my Betreuerin.

The manuscript received a thorough and highly critical reading from Irving Finkel, which resulted in a major redrafting of the text. I would like to thank a number of colleagues who have generously helped in providing illustrations for this volume. Frans Wiggermann and Dominique Collon kindly sent along their original drawings as well as photos from their own archives, and Tessa Rickards provided her drawing of an object in the Vorderasiatisches Museum, Berlin. Ulla Kasten supplied an old photo from the Yale Babylonian Collection taken by A.T. Clay, with permission to publish it. Béatrice André-Salvini graciously granted permission to publish photos from the Louvre taken by Florentina Badalanova Geller, to whom this volume is dedicated.

Finally, I would like to thank Galen Smith of Wiley-Blackwell for seeing this work through to publication and Clare Creffield for copy-editing the manuscript.
Introduction to Babylonian Medicine and Magic

If a man has pain in his kidney, his groin constantly hurts him, and his urine is white like donkey-urine, and later on his urine shows blood, that man suffers from “discharge” (muṣū-disease). You boil 2 shekels of myrrh, 2 shekels of baluhhu-resin, (and) 2 sila-measures of vinegar together in a jug; cool it and mix it in equal measure in pressed oil. You pour half into his urethra via a copper tube, half mix in premium beer, you leave it out overnight and he drinks it on an empty stomach and he will get better.

Babylonian recipe for disease of the kidneys, BAM 7 35

[If a] man has intestinal colic, he constantly scratches himself, he retains wind in his anus, food and fluids are regurgitated (and) he suffers from constipation of the rectum – its “redness” is raised and troubles him [without] giving him relief – you desiccate a lion skin and mix it with lion fat, you dry (it) a second time, crush and mix it in cedar oil, make a pessary and insert it into his anus.

Babylonian recipe for disease of the anus, BAM 7 151

Medicine today is technological and scientific, often making it difficult to cast our minds back to earlier ages when medicine was less understood and less successful. Actually, we need not go back very far in time, since any physician trained in medicine before the discovery of penicillin would attest to how relatively unsophisticated medicine still was, even by the middle of the twentieth century. As one physician recalls,

I graduated from medical school in 1938. Even in those days, medicine was more a priesthood than a science. A favorite examination question
2 Introduction to Babylonian Medicine and Magic

was, “If you are lost on a desert island with only six drugs, which drugs would suffice for good medical practice?” The answer was arsenicals for syphilis, quinine for malaria, insulin for diabetes, liver for pernicious anemia, digitalis for the heart, and morphine for pain. All other medicines were pure placebo. (Rosenbaum 1988: 198)

After the discovery of modern life-saving drugs, therapy dramatically improved in most aspects of medicine, to the extent that medicine has made more rapid and successful progress during the past 60 years than in the entire cumulative previous history of Western medicine, from Galen to the twentieth century.

Nevertheless, we do not yet have the answers to all medical questions, and in some significant areas we are hardly better informed about human behavior and medical practice than were ancient and medieval practitioners. Medicine remains an art, and tracing back the history of this art can help us better understand the processes of discovery and treatment.

Let us take one example, the problem of diet and health. Obesity has recently been recognized as one of the scourges of modern times, with little overall consensus as to how one should understand and act upon the issues involved. According to one expert, our modern ideas of diet were developed and promoted after the Second World War by the American Heart Association, based upon studies comparing cholesterol and heart attack rates in countries around the world. The research concluded that high levels of fat in modern diets were specifically responsible for obesity and heart disease, and recommended a low-fat, high-carbohydrate diet.

After a low-fat diet did not have the anticipated effect, new diets were introduced to improve health and reduce obesity, one requiring total fat restriction while another recommended exactly the opposite, a high-fat low-carbohydrate diet. Subsequent studies embraced contradictory advice, advocating diets based upon a theory of “good” and “bad” fats as well as “good” and “bad” carbohydrates (Agatston 2003: 16–21).

Our modern scientific world dispenses a great deal of confusing information about health and prevention of disease, which is a trait modern medicine shares with its ancient counterpart. Moreover, diets and trendy medications tend to be the obsessions of wealthier classes in society, and this situation hardly differs from antiquity, when the best medical advice was only on offer to those patients who could afford the costly services.

When we turn to ancient Babylonian medicine, one question often asked is whether any part of Babylonian medicine was actually effective. Did it work? We have hundreds of drugs cited in Babylonian medical recipes, in addition to long lists of plants and minerals used for medicinal
purposes, often with descriptions of the drugs and of the diseases for which they could be used. We have no idea, however, how such data was compiled, since there were no clinical trials. How would ancient physicians know which plants were effective against which diseases? We can surmise that plants were identified over a very long period, perhaps going back to Neolithic times, and the use of such plants was determined by a hit-or-miss means of trying something to see what happens, and then keeping careful records of the results. The crucial point was to remember, later on, if the drug seemed to work.

One redeeming feature of Babylonian medicine is the lack of surgery, because of the substantial risks involved. Almost all Babylonian medical texts are limited to pharmacological preparations administered mostly as potions, salves, ointments, fumigations, or suppositories. Surgery would have been dangerous without either proper antiseptics or anesthesia, nor is there any firm evidence from Babylonia of bloodletting. For this reason, the Babylonian physician probably caused less harm to his patient than his later colleagues in medieval Europe.

Dissection and Disease Taxonomy

As we go back in time, the relationship between magic and medicine alters considerably, although not fundamentally. The technological basis for what we know as modern medicine has a long and tedious history, which actually made precious little advancement over many centuries. The major breakthrough leading to a scientific understanding of medicine came relatively late, in the fifteenth century, with dissection of the human body providing more precise knowledge of human anatomy. Meanwhile, autopsies were primarily an academic exercise, carried out exceptionally by some noted Greek physicians in Alexandria in the third century BC (von Staden 1998: 52). There are various practical reasons why the taboo of cutting open the human body was usually observed, even by Galen. First, before the invention of rubber gloves, dissection could have been dangerous since the researcher could easily contract a disease which had been the patient’s cause of death (see Geller 2007: 187f.). Second, religious taboos no doubt played an important role, since disfiguring the human body was thought to have affected how the soul might appear in the afterlife. In Homer, for instance, the soldier in Hades is seen with his battle scars (Bernstein 1993: 30, 65). Apart from the taboo itself, the most probable reason for the lack of interest in
dissection in ancient and medieval medicine was the fact that knowledge of internal anatomy did not actually help in healing the patient. Knowing where the organs were located and how the blood circulated were important discoveries in themselves, but how did one convert this knowledge into effective treatment?

It is not particularly easy to classify diseases within Babylonian medicine, although they fall generally within similar categories in Hippocratic medicine. Some diseases are simply associated with parts of the body, such as head disease, tooth disease, eye disease, nose disease, even foot disease, as well as kidney disease and anus disease. Baldness was treated as a disease. There are varieties of skin diseases, including rashes and pocks, as well as leprosy-like conditions affecting the nose and mouth, but it is impossible to diagnose these conditions according to modern disease terminology.

A major development in understanding disease only came with the discovery of morbid anatomy in the eighteenth century in Padua and at St George’s Hospital, London, where physicians began to realize that autopsies after diagnosis could provide important clues to diagnosing disease correctly (Porter 1997: 263f.). It took centuries, however, for this idea to develop from the days of Egyptian mummification, which was the last period when dissections were carried out on a regular basis as part of embalming, or from third-century BC Alexandria, where a few Greek physicians practiced vivisection on prisoners.

What this effectively means is that ancient and medieval medicine had much in common, and that the fundamental relationship between doctor and patient remained fairly constant over the centuries. The relationship between magic and medicine – the psychological and technical approaches to healing – was always present and was constantly evolving. We will see that although real technological advancement in medicine was slow in developing, knowledge about disease and healing improved over time, and theories about disease and healing were changing as well. Not every new idea is an advancement or an improvement on what came before, but the complex relationship between magic and medicine is usually affected by new theories of healing, or even by skepticism towards accepted theories.

Another factor determining how magic and medicine relate to each other is the complex relationship between doctor and patient, in the ancient world as in our own society. Within Mesopotamia, there is much we do not know about this relationship. Was the doctor paid, and how much? What was his status within society? Would men and women be
treated by the same doctor? Was medical help readily available? How many doctors were there within a community, or was medicine only available to the royal household and those closely associated with either the palace or temple? Although there is much here that we would like to know but will probably never know, it is possible to make some reasonable assumptions based upon the data which we have. But first, it is important to clarify the nature of our sources.

The Sources

Mesopotamian society is better documented over the three millennia than any other ancient society, including Egypt. The many thousands of cuneiform tablets which survive because of the durability of clay provide
an enormous wealth of information, which is still in the process of being painstakingly collected and analyzed by a relatively small group of scholars who read Sumerian, Akkadian, Hittite, and other languages written in cuneiform script. We also have much data from other languages of the region, such as Aramaic, Phoenician, Ugaritic, and Hebrew, written in alphabetic scripts, although anything written on either parchment or papyrus had a much poorer chance of survival. Even cuneiform tablets and stone inscriptions often come down to us in a damaged or broken state, and much of the ancient written record was either destroyed over time or remains to be discovered. In other words, we will never have as much information as we would like and there will always be gaps in our knowledge. This means that we have to make clear distinctions between evidence and inference, by noting what information we have in the form of written or pictographic records, and then being direct about what inferences can be drawn from this data.

A good example of evidence versus inference as applied to the ancient world concerns the debate over levels of literacy in an ancient society such as Mesopotamia. The model we tend to use is that of medieval Europe, where levels of literacy are known to be low. The usual assumption is that scribes performed all tasks which required reading and writing. Does the same apply to Mesopotamia?

The evidence from Mesopotamia is quite different from what we find in medieval Europe (see Charpin 2004: 31ff.; Cryer 1994: 138–41). The many thousands of cuneiform tablets dealing with simple transactions, such as loans or purchases, deeds, contracts, letters, and receipts, indicate that there was a sophisticated urban economy, usually based upon the activities of the palace or temple, as well as the business interests of important commercial families. The many documents show a great variety of handwriting, from very formal to very cursive, and from sophisticated accountancy records to simple receipts. One could infer from this data that professional scribes were responsible for all these written records, and that the general population remained illiterate. Moreover, since two prominent kings, Assurbanipal and Nabonidus, boasted of their skills in the art of writing, one jumps to the conclusion that only these two kings in first-millennium Assyria and Babylonia were literate (Beaulieu 2007: 473). Several factors argue against this point of view.

In the first instance, we usually assume that cuneiform script was difficult to learn, much more difficult, in fact, than learning an alphabet. The assumption is that the 600-odd cuneiform-sign repertoire of Sumerian and Akkadian was too cumbersome for traders and merchants, who ultimately invented a much simpler writing system – the alphabet – which
then spread throughout the world. By simply inventing a system of writing consonants rather than vowels, the “original” alphabet boiled down a 600-odd character system into 30 characters or fewer, and this new system of writing is thought to have facilitated the spread of literacy.

If we separate evidence and inference, things appear somewhat differently. It is true that the alphabet drastically reduced the number of characters for writing languages. Nevertheless, the assumption that an alphabet is easier to read than a cuneiform syllabary needs to be challenged. It is not easier. For a native speaker of Akkadian, learning to write cuneiform only required a knowledge of some 100 basic signs, and these signs are clearly phonetic (see also Charpin 2004: 52–60). This means that one has a different sign for BA, BU, BI, or MA, MU, MI, as well as AB or AM, or even BAB. The phonetic nature of the script, once one learns the signs, makes it quite easy to write Akkadian or even to read the Akkadian of a simple business document or private letter. Of course one had to be much better educated in the scribal schools to read more sophisticated court letters, literature, astronomical texts, medical texts, etc., but this is just as true today as then. Second, it is not necessarily easier to read an alphabet as such, despite the fact that it has many fewer characters, since the reader must supply the vowels in order to sound out the script accurately, and readings are not always obvious. The script is not phonetic. Furthermore, the invention of the alphabet did not immediately occasion the abandonment of cuneiform scripts, which kept being used for almost two millennia after the introduction of the alphabet.

There is one other factor which may reflect the levels of literacy in Mesopotamia, namely the easy availability of writing materials. Cuneiform tablets were essentially cost-free, with clay easily available, and the stylus made of reed. Papyrus was relatively cheap but still had to be rolled and treated to make a sheet of writing materials, and writing required ink. Parchment was expensive, being made from animal hide. It is quite plausible, therefore, that once a Babylonian could master the mechanics of reading and writing simple cuneiform without too much difficulty, writing materials were easy to come by, and these two factors encouraged the spread of literacy.

The emergence of writing in Mesopotamia may have also been influenced by the context of an urban rather a predominantly rural society. Large cities, such as Eridu and Uruk, can be traced back to prehistoric Mesopotamia of the fourth millennium BC. Other large cities developed along the alluvial plain of the Tigris and Euphrates, and these cities depended upon a highly developed system of dikes and canals for controlling irrigation,
which was made possible through the use of a large corvée of workers controlled by a central bureaucracy. The landscape itself encouraged the development of urban culture, and the rivers were used as major highways for transporting goods (Algaze 2008: 51ff.). Already by the third millennium BC, we see a society characterized by widespread trading contacts, large-scale building complexes, great walled cities, and many different types of professional and artisan classes. The literature of the time also shows a preference for urban life, viewing the open countryside between cities as hostile territory rife with bandits and demons.

In effect, magical and medical literature from Mesopotamia originates from a relatively literate and urban society, in which some form of medical expertise, offered by either an exorcist, physician, midwife, or barber, was probably available to anyone, either at the temple or in a shop or stall on the street. This may explain the differences in our magic and medical tablets, which range from clear library handwritings, often in many columns, to small tablets in cursive scripts preserving a single prescription or a simple magical spell. There were probably many different healers for different clients, depending upon their social status, wealth, or gender, and perhaps even specialists for different types of medical problems.

Is Medicine Magic and Is Magic Medicine?

In Babylonia, both magic and medicine served as strategies for healing the sick, marshaling the authority of religion whenever possible. The great English scholar Reginald Campbell Thompson published copies and editions and translations of Babylonian medical texts throughout the 1920s and 1930s, but he never attempted a synthesis explaining how the system actually worked and what made Babylonian medicine tick. The French scholar Rene Labat gave us an edition of the Babylonian manual of diagnosis and prognosis, but his publication made surprisingly little impact on the world of history of medicine, despite presenting much relevant material (Labat 1951). What was obvious from these early studies was that Babylonian medicine contained a fair amount of magic: incantations appeared alongside recipes within the medical corpus, and diseases were often thought to have been brought on by various gods and demons. The vast majority of Babylonian medical texts were published in cuneiform copy only by Franz Köcher from Berlin, which included many texts which could be classified as magico-medicine, inhabiting the grey area between pure magic and pure medicine.
In fact, the complex relationship between magic and medicine persisted within all systems of healing in the ancient and medieval world, although this relationship differs over the course of centuries as healing methods changed and improved. The psychological dimensions of therapy or healing arts, which we will refer to as “magic,” have always played an important role within the practice of treatments which we know of as “medicine.” This fluid relationship between magic and medicine is dynamic, depending upon the level of sophistication of healing therapies. Our attitudes towards magic and medicine today are quite different than those of our great-grandparents, who lived before the invention of penicillin and the invention of drugs which can prolong life. Even today, the patient often feels better once he enters the doctor’s surgery, and the sight of the doctor’s white coat and stethoscope makes an impression on the patient which become part of the healing process.

Our use of the terms “magic” and “medicine” is somewhat misleading, since ancient Babylonian scholars used no such terminology. Healing therapy consisted of a combination of therapeutic recipes and incantations, since recipes were often accompanied by incantations. One modern approach to Babylonian magic and medicine avoids any categorical distinctions between incantations and medical recipes as separate genres, but treats each type of text as a form of “therapy,” usually for different types of illnesses. Incantations are essentially appeals to the psychology of the patient, while medical recipes treat symptoms such as fever, pain, diarrhea, and other physical signs of disease, using potions, pills, salves, ointments, pessaries and suppositories, etc. At the same time, there is also ample evidence that exorcists could treat physical illnesses (Schramm 2008: 26 f.; Böck 2007: 175; Jean 2006: 166), while “medicine” could use *materia medica* against mental illness.5

The overlap between these two complementary methods of healing – recipes and incantations – are different means of achieving similar ends. Incantations frequently appearing in medical recipes provided the patient with confidence that the therapy itself had divine sanction and precedence and would work. Healing rituals used with incantations, in non-recipe contexts, provided for fumigations and massage as alternative means for purifying and healing substances to be applied to the patient. According to this approach, there is no need to assign one set of therapies to an artificial category – magic – and the other to another equally artificial category – medicine.

We can also attempt to imagine the situation from the patient’s perspective: how did one choose between visiting the exorcist and visiting the physician? On what did this decision depend, and was it a free choice...
Introduction to Babylonian Medicine and Magic

or was it determined by social or economic considerations (for which we have little evidence)? Perhaps, by the late first millennium, it made little difference, because an exorcist would have known enough about medicine (in its basic forms) or the physician would have known enough about incantations to be able to handle most ailments. On the other hand, there may have been a difference between primary care and specialist care, which we cannot judge from the evidence; did a patient first visit an exorcist or a doctor? One final possibility is that a patient (who could afford to do so) would ideally visit both exorcist and physician, for treatments covering the full range of physical and psychological conditions. Later systems of medicine paid due attention to both mind and body; Maimonides, for instance, later advocated a balanced state of mind as well as a strict regimen for optimal health.

The scope of the present study examines how medicine (and to a lesser extent, magic) evolved in Babylonia at the end of a long period of gestation and development, during a period extending over some 2000 years. It is not possible to trace every aspect of this development, since many things change over two millennia, including social and political milieux as well as basic scientific knowledge, apart from possible influences from elsewhere (Egypt and Greece). Our task will be to examine the end product of this process, to view state of the art Babylonian medicine in its final period of maturity, in the second half of the first millennium BC.