

Magic and Medicine in Ancient Mesopotamia— A New Collection of Translations

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Evaluation of a volume of English renderings of Akkadian-language texts concerning treatment of illness in ancient Assyria and Babylonia.

This *Sourcebook for Ancient Mesopotamian Medicine* is a welcome new contribution to the field of Mesopotamian medicine and magic. It is well structured and contains a wide variety of diagnostic, pharmacological, and therapeutic documents. Also included are their associated commentaries and several healing rituals. Further welcome is the fact that Scurlock has edited some texts for the first time (p. xiii). The *Sourcebook* accomplishes its purpose in illustrating Mesopotamian healing texts, reflecting the fact that Scurlock knows the material in great detail. Of course such an ambitious contribution to the field will elicit additions and corrections from colleagues.

There are several areas of particular concern, general and specific. After some discussion of the book's general contents we will consider Scurlock's edition of the Assur Medical Catalog (hereafter AMC; UGU in the *Sourcebook*, pp. 295–306). Furthermore, we will make some observations relevant to AMC.

Scurlock's self-referential citations occasionally overshadow the abundant and useful information in the *Sourcebook*, since Scurlock and Andersen 2005 appears multiple times on every single page with notes, while other relevant literature has been ignored.

In the introduction, Scurlock leads the reader into the problematic discussion of the two healing professions: *asû* and *āšipu/mašmašu*. Scurlock is confident that she has given an accurate description of the two Mesopotamian healing professions (p. 2 n. 3). Nevertheless, Scurlock's analysis of *asû* as 'pharmacist' and *āšipu* as 'physician' is anachronistic, based on her own work, but never really substantiated. Different points of view and description of the *asû*'s and *āšipu*'s healing areas may be found in Heeßel (2009: 13–15), Geller (2010: 43–55), and Schwemer (2015: 26–27).

Chapter 1 is devoted to the standard diagnostic and prognostic series known as the Diagnostic Handbook. It was used to identify a condition, disease, or agency and whether it is fatal or not. The first two tablets of the Diagnostic Handbook, however, are not included in the *Sourcebook*.

Chapter 2 provides a good sample of different drug lists. These are handbooks containing plants, minerals, *Dreckapotheke*, alternative/foreign names, or prescriptions of drugs for specific illnesses. Both the *asû* and the *āšipu* used such drug lists for learning and teaching purposes, or for consultation (Attinger 2008: 27; see the references to BAM 1[*asûtu*] and KAR 44 [*āšipûtu*]). This illustrates only one problematic aspect of the strict division of the healing professions, since they used similar techniques and working materials.

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Chapter 3 lists therapeutic texts that were presumably in use mostly by the *asû*. Scurlock's edition of the first part of AMC is also included here. This work is crucial since it has long been a desideratum. AMC is the only known catalog of medical compositions (or series) from the first millennium BC. Therefore, it is central for understanding the organization and serialization of medical knowledge in first-millennium Mesopotamia. Scurlock relies upon medical compositions mainly from Nineveh for the reconstruction of the broken AMC lines. The fact that manuscripts from Nineveh have been used by Scurlock to reconstruct AMC, which comes from a different city—Assur—might seem strange at first sight, but it is methodologically appropriate and will be clarified below.

Chapter 4 deals with medical commentaries, in which difficult phrases have been explained. But it is perplexing that Scurlock does not refer to Frahm's standard work on the subject (2011).

Chapters 5–10 provide a wide range of interesting texts demonstrating what we assume to be the *asû*'s work. However, *āšīpus* also copied such texts, as occasionally noted in the *Sourcebook* (pp. 389, 410, 430). This illustrates once more not only the similarities connecting both healing professions, but also the difficulties of drawing a clear dividing line between them. The source material (chapters 5–10) seems to have been ordered according to an ancient anatomic principle: from head to foot, which resembles the order of the first part of AMC. It is noteworthy that in chapters 5–10 there is no therapy for “hands.” It also seems that there are so far no extant therapeutic texts dealing exclusively with hand problems, although “hands” are a topic of the Diagnostic Handbook Tablet 11 (*Sourcebook*, pp. 82–93). This is presumably due to the chance of discovery, but wound treatments (*Sourcebook*, pp. 438–40) might refer to “hands” as well.

Chapter 11 has the anachronistic title “Neurology,” but for the Mesopotamians such conditions were held to be due to external agencies such as ghosts and demons.

Chapter 12 deals with female medical care. For another perspective on the view of female conditions and how they were viewed, the reader may also find the systematic overview in Couto-Ferreira (2014) to be useful.

The final two chapters (13–14) in the therapeutic section address pediatrics and poisoning.

The third and last part of the *Sourcebook* (chapters 15–16) presents a choice of texts in which healing was done in a more magical manner. Here, in addition to therapeutic recipes, a major part of the healing process was achieved with the help of incantations, charms, and rituals.

THE FIRST PART OF AMC AND THE MEDICAL COMPOSITIONS

(*SOURCEBOOK*, PP. 295–306)

Scurlock has edited here for the first time AMC (UGU CATALOG, pp. 295–306, notes pp. 333–35), but there are two drawbacks to Scurlock's edition: First, the author has overlooked a fragment housed in Chicago, which was already mentioned in earlier literature (Pardee 1985: 75; Attinger 2008: 8, 26–27; Loretz 2011: 199). Crucially, this fragment puts in order the medical compositions, into which Scurlock introduces a superfluous new sequence. Secondly, there is no discussion of the second part of AMC. There is now a new edition of both parts of AMC by the BabMed group, as well as discussions of medical serialization in Mesopotamia (Steinert 2018: 209ff.). Many issues I treat in this review are discussed in greater detail there.

Several things might be added to Scurlock's introduction to AMC (pp. 295–96). AMC will take a significant place not only in ancient Mesopotamian medicine but also in the gen-

eral history of medicine, since it reflects a carefully edited corpus for healing from the first millennium BC. It is not evident from Scurlock's introduction that the fragments of AMC date back to seventh- or eighth-century BC Assyria. However, the manuscript had an earlier origin, since a "young physician" *asû* (A.ZU) *šehru* (TUR) from Assur copied and collated AMC from an already broken tablet (YBC 7123, Beckman and Foster 1988: 11, 9a rev. 7'; Attinger 2008: 8). This fact is reinforced by the remark *he-pí* 'broken' in the second part of AMC (YBC 7139, Beckman and Foster 1988: 14, 9d rev. 17), suggesting an earlier *Vorlage*. This notation illustrates that AMC is a faithful copy of an older text (Frahm 2011: 319), whose contents were in use for a certain period of time and then later transmitted as a copy of a damaged tablet.

Thematically, we assume that AMC represents the work of the *asû*. It consisted of therapeutic recipes, rituals, and incantations organized into dozens of logically connected medical compositions (series)—"subseries" for Scurlock—but the structure of AMC does not in fact show any subseries. Part 1 is anatomical and edited in the *Sourcebook*, consisting of around twelve medical compositions (series). It displays not only a vertical organization (from head to foot), but also a multilayered approach, listing the medical compositions (series) ordered according to external and internal body parts: "cranium," "eyes," "ears," "neck-tendons," "nosebleed," "teeth," "bronchia," *suālu* (lungs, cough, fever), "epigastrium" (an unclear body part affected by witchcraft), "kidneys" (incl. penis and testicles), "anus," and "hamstring" (foot problems). Part 2, which will be outlined in detail below, consists of around eleven medical compositions (series). It has a thematic organization of the material, for instance "lesions," "wounds," "depression," "potency," and "sex."

After the "canonical" medical compositions (series), both parts of AMC add additional material, which is introduced by *adi*(EN) "until, including." This additional material might be a "table of contents" (p. 296) or perhaps what is otherwise known as *ahû* "non-canonical, extraneous" (Panayotov 2018).

What might not be obvious from Scurlock's work on AMC is that the first part of AMC lists the incipits (the first line or words on a tablet) of medical compositions (series), which are, importantly, the actual texts known from Nineveh (seventh century BC), and are not known until now in such editions from Assur, where AMC was actually copied. This raises an important methodological question: Can we use exclusively Nineveh material for the reconstruction of AMC, or any other text known only from Assur? This is vital since the majority of texts used by Scurlock to reconstruct the first part of AMC come from Nineveh (see p. 296, for instance).

So, which "medical" tradition does AMC follow? In order to narrow down this question we first need to look at the structure of the medical compositions (series) in Nineveh, which are the best-attested examples to date of these texts. Each medical composition (series) from Nineveh consists of tablets or "chapters" (*tuppu*), which are designated and numbered in a proper sequence. Each tablet is standardized in two columns, consisting of ca. 250 lines, and has a name, its incipit. The tablets were organized sequentially into series, and the incipit of the initial tablet was used as a designation for the whole medical composition (series). Furthermore, an incipit could also be used as a catch-line, meaning that the incipit of the next tablet appeared in the colophon of the previous tablet. Thanks to these catch-lines, we are informed of the proper sequence not only among the tablets within each individual medical composition (series), but also to a certain extent of the sequence among the parallel medical compositions (series) in Nineveh. Therefore, we know that certain medical compositions (series) in Nineveh were organized anatomically (from head to foot) into one large "Therapeutic Encyclopedia" (referred to in the *Sourcebook* as UGU), and, importantly, that this

so-called “Nineveh Medical Encyclopedia” is mirrored in the first part of AMC (Panayotov 2018). In other words, comparison of AMC with the series from Nineveh shows that the names of the incipits from the first part of AMC are the same as the incipits of the medical compositions (series) from Nineveh. Furthermore, not only the sequence of tablets (within an individual series), but also the sequence of the medical compositions (series) themselves within AMC mirror almost entirely the Nineveh medical corpus as a whole, judging by Nineveh incipits and catch-lines. This can hardly be a coincidence.

If we compare the Nineveh manuscripts with those from other cities, we see basic differences—disregarded by Scurlock—showing even closer affinities between AMC and Nineveh medical composition (series). Importantly, the known medical compositions from Assur show different constructions of medical knowledge in comparison with the first part of AMC and with the Nineveh material, respectively. Medical texts from Assur (from the late second millennium to the seventh century BC) are also structured into tablets (*tuppu*), but the sequences of known incipits and often the rubrics on the tablets are different. On the other hand, medical knowledge in Assur was often labeled alternatively as *nishus* ‘excerpt (tablets)’, designated as coming from Babylonia or from the temple of the Healing Goddess Gula in Assur. This temple has not been excavated and we do not know what to expect there. However, the fact that multiple manuscripts are designated as copied from tablets of Babylonian origin illustrates that Babylonian “healing” tradition was intentionally introduced into Assur, through the import of tablets and scribes (Wiggermann 2008: 215; Heeßel 2009). This observation is important, since it seems that AMC might also have followed Babylonian tradition incorporated into that of Nineveh; see below.

Scurlock does not mention that known Late Babylonian medical compositions (series) from Uruk, Babylon, and Sippar (fifth century BC) show a different organization of medical knowledge, constructed into *pīrsus* ‘divisions’ (‘chapters’), or into *nishus* ‘excerpt (tablets)’, while some manuscripts were even designated as coming from the family-houses (*bitū*) of healers (Panayotov 2018). These differences in organization of medical knowledge could be explained as differences between Mesopotamian local traditions. Notably, the medical compositions (series) from the political capital of the Assyrian empire (Nineveh) are more elaborate than “provincial” medical texts. However, different cities show similar medical compositions (series) that follow a “common” Mesopotamian pattern of medical knowledge. This is illustrated by the fact that a medical composition (series) named *šumma amēlu muhhašu umma ukāl* “If a man’s cranium contains fever” (UGU for Scurlock) was used in Assur, Nineveh, and the Late Babylonian cities (Uruk and Babylon), but importantly in variant editions and recensions. This particular medical composition (series) received a standard canonical edition in Nineveh, in the library of Assurbanipal (seventh century), which is, importantly, reflected in the first part of AMC.

THE SECOND PART OF AMC

Scurlock ignores the second part of AMC, which is another encyclopedic collection for “healing,” containing eleven or twelve medical compositions (series)—ten or eleven for humans and one for horses and oxen. This part of AMC shows commonalities with the *āšipūtu/mašmašūtu* genre, exemplified by the Exorcistic Handbook (KAR 44, Geller 2000). The second part of AMC is impossible to reconstruct, since many manuscripts are not yet known or systematized, but see the BabMed edition (Steinert et al. 2018).

No. 1. The series “lesions” consists of at least three tablets and deals with skin complaints, including additional cures and incantations against pustules, itching of the flesh, swellings, skin-flecks, boils, moles, and wounds (Beckman and Foster 1988: 14, 9d obv. 18’–rev. 3; Heeßel 2008). It is worth noting that some of the afflictions also appear in the first medical composition (series) “cranium” (UGU) of the first anatomical part of AMC. Thus, we can assume that this part of AMC starts with illnesses often found on the head but continues to other parts of the body.

No. 2. The series “hazards and surgery” consists of one tablet, which was devoted to hazards and injuries, possibly called “if a man was attacked by a lion.” Notably, this incipit might be recorded much earlier on a Middle Babylonian catalog BM 103690; 17 (Finkel 2018: 27). The additional material of that series deals with injuries and wounds caused by spears, falling from a boat or a chariot, scorpions, arrows, and drugs against snakebite (Beckman and Foster 1988: 14, 9d rev. 4–12; Worthington 2003: 7 n. 35). In other words, in this medical composition (series) we have accounts of what the Greeks and the Romans will refer to as Gr. *cheirurgia*, Lat. *chirurgia* ‘hand-work’ (Leven 2005: 194–98). This considerably enlarges our knowledge of Mesopotamian surgery, as Finkel has argued (2014: 44–46).

No. 3. The series “protective and healing incantations” (Beckman and Foster 1988: 13–14, 9c rev. 2’–6’ (+) 9d rev. 13–17). The incipit seems to be an incantation whose title is eroded. Its additional material includes cures against “eyebrow twitching” and against fears. It mentions the incantation series Hulbazizi, “get rid of that evil.” The latter is also known from the Exorcistic Handbook (KAR 44). These incantations were especially used for amulets and, in Mesopotamian exorcism, were connected with a major incantation series known as *udug-hul* (Geller 2000: 244: 7: id. 2016: 498). Hulbazizi clearly displays parallels between *asûtu* and *āšipûtu/mašmašûtu* techniques.

No. 4. The series “divine anger” (*kimiltu*) consists of four tablets and deals with divine anger and fear and includes prescriptions against *kadabbidû* ‘aphasia’ (Beckman and Foster 1988: 13–14, 9c rev. 7’–11’ (+) 9d rev. 18–22).

No. 5. The series “predictions” is devoted to oracles and other predictions. It consists of two tablets. Additional material deals with observation of stars and the behavior of oxen (Beckman and Foster 1988: 13–14, 9c rev. 12’–13’ (+) 9d rev. 23–24).

No. 6. The series “depression and epilepsy” consists of three tablets. Additional material also includes prescriptions presumably against demons such as *Lamaštu*, but the text passage is too fragmentary to be certain (Beckman and Foster 1988: 13–14, 9c rev. 14’–19’ (+) 9d rev. 25–27; at the end of the section p. 12, 9b rev. 1’).

Nos. 7–10. The series “potency-sex-pregnancy-birth.” The following four series are thematically and logically connected. They treat the basic principles of human reproduction in the proper sequence: starting with prescriptions for potency, continuing with prescriptions for sexual intercourse, proceeding to prescriptions for pregnancy problems, and ending with prescriptions for giving birth (Beckman and Foster 1988: 12, no. 9b rev. 2’–22’ (+) A 7821 rev. 1’–10’).

No. 11. The series “cows and horses” consists of a single tablet devoted to “veterinary” medicine and deals with plague in the horse stall (Beckman and Foster 1988: 11, 9a rev. 2’–3’ (+) A 7821 rev. 11’–12’). Thus, according to the catalog, there was no significant difference between the human healer and the one who cured cows and horses. This shows the importance of these animals, especially in light of the fact that horses were very precious for the Assyrian army (Panayotov 2015). Another equine series—for beaten horses—is mentioned

in NI 2909 rev. 15 (Finkel 2018: 32–33, where an editorial error failed to provide the complete transliteration of the reverse).

ON THE ORIGINS OF AMC AND THE MEDICAL COMPOSITIONS (SERIES)

Scurlock compares the “new edition” of the first part of AMC with the works of an important Babylonian scholar, Esagil-kīn-apli (p. 295). Apparently Scurlock does not find further comparisons worthwhile, but if one carefully examines the structure of the Exorcistic Handbook-Catalog (KAR 44) and the Diagnostic Handbook-Catalog (CTN 4, 71), both edited by Esagil-kīn-apli, one will find important similarities with AMC. It shares a bipartite structure and phraseology with both KAR 44 and CTN 4, 71, showing systematization and canonization of knowledge used for “healing.” All this suggests that the authority behind AMC might be Esagil-kīn-apli, who lived during the eleventh century in Babylonia. But this conclusion would also then refer to the medical compositions (series) from Nineveh, since the first part of AMC mirrors the Nineveh medical compositions (series). Therefore, one might suspect that both AMC and the medical compositions (series) from Nineveh follow Esagil-kīn-apli’s tradition, the origins of which date to around four centuries earlier.

Accordingly, the canonization of the “healing” texts for *asûtu* and *āšipûtu/mašmašûtu* — as known from the Nineveh medical compositions (series) and AMC, but also from KAR 44 (Assur) and CTN 4, 71 (Kalhu)—is a retrospective product, which found expression in the Assyrian capitals (Assur, Kalhu, and Nineveh) long after the death of its master Esagil-kīn-apli, a “Babylonian Hippocrates” (Geller 2018).

Babylonian influence in Assyria, as shown above, is also visible in Assur manuscripts brought from or designated as coming from the south. Furthermore, such Babylonian influence might also be easily found in Nineveh, where multiple manuscripts were written in a Babylonian hand (Fincke 2003/4). This scenario would suggest a Babylonian origin for the medical composition (series) *šumma amēlu muhhašu umma ukâl*, which was adopted in the Assyrian capital of Nineveh and mirrored in the first part of AMC. This is furthermore supported by the fact that after the collapse of the Assyrian empire (late seventh century) a medical composition (series) with the same name was in use in Late Babylonian variants. This shows that the material in the south was either different from that over use earlier in Assyria, or that the medical composition (series) in Babylonia further developed over the course of time in comparison with that from Nineveh and AMC.

Quibbles and additions aside, Scurlock must be commended for undertaking the compilation of such an extensive *Sourcebook*, and especially for her edition of the first anatomical part of AMC, making it accessible to specialists and a wider public. In this way, she has opened up this crucial text to discussion. In a user-friendly way, she has annotated AMC with relevant material, which helps tremendously with the reconstruction of the therapeutic corpus (see now the relevant studies in Steinert 2018). The *Sourcebook* is doubtless a very useful tool and will certainly remain an important work for subsequent studies on Mesopotamian healing, given its excellent choice of texts representing one of the most ancient and rich medical traditions in human history.

ABBREVIATIONS

- CTN 4 = D. J. Wiseman and J. A. Black. 1996. *Literary Texts from the Temple of Nabû*. London: The British School of Archaeology in Iraq.
 KAR = E. Ebeling, 1915–19. *Keilschrifttexte aus Assur religiösen Inhalts: Erster Band*. Leipzig: J. C. Hinrichs.

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