

Essay Review

A Babylonian Perspective on Greek Medicine

MARK GELLER*

Philip J van der Eijk, *Medicine and philosophy in classical Antiquity: doctors and philosophers on nature, soul, health and disease*, Cambridge University Press, 2005, pp. xiv, 404, £55.00 (hardback 0-521-81800-1).

Although this volume presents previously published articles, two of which (chapters 4 and 5) originally appeared in German and Dutch, new ideas emerge from this important collection of material. The introduction draws together common threads between the articles, especially the connections between medical and philosophical writings in Greek. Some key issues in Greek medicine have been deftly treated in these essays, such as the perception of cognition in either the brain or heart (chapter 4), the properties of dreams and their divinatory functions (chapter 6), and a re-assessment of the theological questions in the much-discussed Hippocratic treatise *On the sacred disease* (chapter 1). The present review will take the liberty of considering this material from a different perspective, probing to what extent Greek medicine may be comparable to Mesopotamian medical practice.

Van der Eijk describes the philosophical and theoretical basis of much of Greek medical writing as the concept of a “comprehensive theory of nature, the world and the universe”, upon which Greek medicine depended (p. 19). The philosophical nature of Greek medicine (in contrast to the “folk medicine” of recipes, etc.) constitutes one of the unique characteristics of Greek scientific literature.

Why was there no philosophy before the Greeks? Babylonians had no word for “philosophy” nor does any other Semitic language for that matter have a “lover of wisdom”. On the other hand, the concept of “wisdom” does exist, and the closest equivalent phrase in Akkadian to “philosopher” would be *bel nemeqi*, meaning “master of wisdom”, which happens to be a title applied to the god Marduk, but never given to any Babylonian scholar or savant. Within the Babylonian *Weltanschauung*, only a god could be a real “master of wisdom”, since no human could attain to such intellectual heights. In fact, not only is the god Marduk *bel nemeqi*, “master of wisdom”, but he is also *bel shipti*, “master of exorcism” par excellence. This accords well with the general idea of healing in Babylonia, since the Babylonian *ashipu* or exorcist never puts himself forward as a charismatic healer in his own right, but viewed himself solely as representative of Marduk, god of healing; the *ashipu* claims to have been sent by Marduk himself as his agent. Hence, gods heal, man is only the conduit. Man possesses knowledge, gods possess wisdom.

This points to a primary difference in form of medical writings between Greeks and Babylonians, but it does not mean that questions about nature or the universe were absent in Babylonian thought. It is true that we lack a

*Professor Mark Geller, Department of Hebrew and Jewish Studies, UCL

comprehensive theory of nature in Babylonia, such as the atomic structure of matter described by Lucretius, nor do we find schools of thought in Babylonia comparable to the Empiricists, Dogmatists, or Methodists in Greek writing (van der Eijk, p. 28). At the same time, we also encounter no comprehensive theory of medicine, such as the use of diet and regimen—or later phlebotomy—in Babylonian medical thought. What we have in Mesopotamia is a system of medicine which appears to be essentially non-theoretical or unphilosophical, consisting of long lists of diagnostic symptoms and equally lengthy lists of recipes, without any explanatory theses or treatises explaining how and why these remedies were conceived and developed. The lack of any discussion of theory, however, may simply mean that theory was never recorded in writing for posterity.

This problem of assessing what was preserved or not preserved in written form is a problem within Greek medicine as well, as pointed out by van der Eijk in his discussion on “orality” versus “literacy” (pp. 35–6). He points to a number of Hippocratic treatises containing recipes and “folk medicine” which appear to be based upon orally transmitted medical lore. One of the characteristics of such “oral literature” (or oral traditions later committed to writing) was the anonymous nature of these texts, which has always troubled Classical scholarship. It is easy to forget, however, that for most societies, anonymous writings were the norm, just as anonymity was a dominant feature of both Babylonian and Egyptian medicine. It was the Greeks who invented polemical writing in which one author, under his own name, could freely criticize or dispute the writings of others, by name. Among their neighbours, scholarly literature consisted of canonical texts being composed and copied, usually without any specific information about who composed them, or why, or how the ideas were conceived. However, this does not mean that orally transmitted knowledge was necessarily ever committed to writing, either in Greece or elsewhere. There is a great preponderance of ancient knowledge which will remain unrecoverable because it was never written,

which is the essence of “orality”. Much knowledge was transmitted only orally. The very act of composing a text conferred upon it a certain status and fixed character which distinguished it from orally transmitted knowledge. It is quite easy to imagine that within Babylonian scribal schools, the “professor” explained his personal theory of how medicine works without ever writing it down, nor did his students ever write it down, unlike the students of Aristotle.

Even within written records we see a hierarchy of “less literary” and “more literary” writings, which may reflect the difference between knowledge which had at one time been “oral” and was later committed to writing, as opposed to a written composition which had no oral antecedents. One of the interesting features of Classical medical texts is that they were occasionally composed in verse, although prose became the norm from the sixth century BC (van der Eijk, p. 34). In Babylonia, medical recipes were always prose compositions, although *belles lettres* (including incantations) were poetry, and incantations imbedded within medical texts were often poetic. The distinction between prose and poetry is a significant one, probably reflecting how these texts were intended to be received and used, perhaps to be recited or memorized (as poetry) or as reference manuals (prose). Nevertheless, whatever survives in writing represents only a small selection of medical texts, some of which must have likewise existed in oral form, and this situation can easily distort any general conclusions we seek to make regarding ancient medicine.

One final aspect of this question depends upon who actually composed medical lore, whether written or oral. Van der Eijk mentions several different categories of medical professionals in addition to the *iatros* or physician. “Folk medicine” is perceived as being practised by “rootcutters” and drugsellers, as distinct from “elite physicians” (p. 19), and these can be distinguished from yet another specialist, the “hygienist” or “health specialist” (p. 118). Since we have little surviving medical literature that can be ascribed to rootcutters, drugsellers, or hygienists, the assumption is that these professions operated solely within the realm of

orally transmitted medical knowledge. On the other hand, it may be that our sources are inadequate and incomplete and the library editions of medical literature which come down to us reflect a selection made by librarians and learned physicians, like Galen, but hardly reflect the totality of medical literature and prescriptions which may have circulated in antiquity. The same can be said of Mesopotamian medicine.

Van der Eijk also takes on the thorny problem of the presence of magic and religion within Greek medicine, even with that most rational of Hippocratic treatises *On the sacred disease* (pp. 48ff). The distinction is made in this treatise between diseases which are considered to be “divine” and “human”, which van der Eijk explains as a distinction between disease caused by “divine” factors (beyond human control), such as climactic factors, and diseases caused by “human” factors (the patient’s age, constitution, etc.) (pp. 51–2). There is a tendency in modern scholarship to try to explain away any allusion in this Hippocratic treatise to divine intervention in disease or healing, although van der Eijk acknowledges the author’s reference to the use of incantations against diseases of divine origin (p. 63).

No such difficulty pertains to Babylonian medical texts, since modern scholars assume on *a priori* grounds that Babylonians considered the gods to have been ultimately responsible for both disease and healing. Nevertheless, Babylonian medical texts are in most cases surprisingly silent on this particular point, probably because writers depended upon the extensive Babylonian incantation texts to emphasize the role of the gods and demons as instruments of disease and misfortune. Little mention is made in Babylonian medical texts of how demons or angry gods affect human health, but the texts themselves concentrate on the actual physical symptoms and manifestations of disease and drugs that can be used to alleviate the symptoms. The distinction between “divine” and “human” diseases made in *On the sacred disease* (van der Eijk, p. 48–9) can be found with Babylonian medicine, although it takes on a somewhat different form than in Greek. While certain diseases (such as epilepsy) could be

explained only as caused by a god, there are other Babylonian medical texts which describe the patient’s anxious mental state and physical weakness as being caused by socio-economic factors, such as the loss of property, loss of authority, or loss of status. In general, however, Babylonian medicine was concerned with the character and course of disease, rather than with its ultimate (i.e. “supernatural”) causes. The influence of the gods was always understood but not always mentioned in the texts. Returning to the treatise *On the sacred disease*, the tendency among Classical scholars to try to explain or argue away the theology of the anonymous Hippocratic writer is unnecessary. On the contrary, it is likely that Mesopotamian medicine offers a reasonable model of the type of intellectual framework from which the Hippocratic treatises originally emerged, a framework which combined “scientific” thinking with a respect for divine influence within human affairs. This is not to suggest that the Greek writer was directly influenced by Mesopotamian thinking, but only that some basic notions about religion and medicine were common to both the region and the era, and that one need not be too disturbed by theology within the Hippocratic corpus.

One final comparison with Mesopotamian medicine concerns the famous passage from the Hippocratic treatise *Epidemics* which describes the physician’s duty to note what has happened, what is happening, and what will happen with the patient’s medical condition, and the physician’s ultimate aim is “to help or to do no harm” (p. 101). The same approach could easily describe Mesopotamian medicine, although no such advice to a physician is known to the present writer. The main objective of the Babylonian *Diagnostik handbook*, a long list of symptoms from head to foot, was intended to assist the healer in noting the nature of the symptoms, when they occurred in the past, how they appear in the present, and whether they were likely to persist or not. One phrase occasionally repeated in the *Diagnostic handbook* is that after the treatment, the patient “is healed and there is no harm (or error)”, which reflects the general idea of the Greek passage above. The good advice to the

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Greek doctor could have applied equally well to his Babylonian counterpart, namely to “help or do no harm”. There is much common ground between these two contemporary systems of medicine to be explored.

Van der Eijk’s book is an important contribution to the history of ancient medicine, with much to offer to those interested in Greek

medicine and philosophy specifically, but equally of interest to scholars working on ancient medicine in general. It is to everyone’s great benefit that these articles are collected in a single volume with an explanatory introduction and full index, and this book will take its proper place as a standard work in its field.