Markham J. Geller, *Ancient Babylonian Medicine: Theory and Practice*, Chichester: Wiley-Blackwell, 2010. Pp. xii + 221 £80.00 / €96.00. ISBN 978 1 4051 2652 6.

Merely 15 per cent of the written documentation on ancient Babylonian medicine is available in updated translations; most of the cuneiform material can only be found in edited hand copies of cuneiform inscriptions, and a considerable amount still remains unpublished. This is one of the principal reasons why little is known about the ancient Mesopotamian healing systems. M. J. Geller is one of the few Assyriologists who have specialised in this very field. For more than twenty years he has contributed to the study of different aspects of magical and non-magical healing therapies, focusing in the last years on renal and rectal diseases. With the present study, bearing the ambitious subtitle *Theory and Practice*, Geller intends to examine 'how medicine (and to a lesser extent, magic) evolved in Babylonia' and 'to view the state of art of Babylonian medicine in its final period of maturity, in the second half of the first millennium BC' (p. 10). Geller illustrates the interaction between these two ultimately inseparable aspects by discussing the scope of activities and range of responsibilities of the two main endemic healing professions of ancient Mesopotamia, usually translated as 'physician' (*asû*) and 'exorcist' (*mašmaššu* or *aššipu*), on the basis of the written documentation from the second and first millennium BC. Here he follows the traditional approach, going back to the influential article by Edith Ritter, published in 1965. Ritter came to the conclusion that non-magical practices can be attributed to the 'physician' while the 'exorcist' covered the magical realm. Geller understands both approaches to healing as independent and competing systems, concluding that the two professions 'can be described as 'magic' versus "medicine"' (p. 167). There is a lot to say about this dichotomous view: on the basis of the textual documentation from first millennium Mesopotamia we learn that 'exorcists' practised 'medicine' too—a fact which Geller thoroughly discusses. But in contrast, he stresses, 'physicians' did not seek a supernatural explanation of disease. One of the principal arguments for this assumption is the apparent lack of 'magic' in medico-therapeutic recipes. However, it is arguable that different co-existing explanatory models led to a clear-cut Weltanschauung (worldview) and consequently division of labour. One of the main problems is that medical recipes were practical texts aimed at giving proper medication. The lack of example aetiologies does not imply that 'physicians' did not share with 'exorcists' an encompassing concept of disease. More often than not scholars overlook the magical aspect in therapy. This is best illustrated by the example which Geller uses to advocate his postulation that recipe texts of the first half of the second millennium BC do not contain magic. The text in question is given in full translation on pp. 66–68. Lines 8–13 dealing with toothaches show that medical practice was by no means free of magic: an aching tooth on the right side of the jaw is relieved by treating a tooth on the left side and vice versa. On the other hand, we do not know whether some of the ingredients in this text were not used above all because of their magical and purifying effects such as soap plant (*maštakal*), or tamarisk-seed, rather than because of their possible medicinal properties. Another aim of Geller's book is to show the close relation between ancient Babylonian and ancient Greek medicine. However, not all the comparisons to illustrate similar traits and developments are conclusive: for example the Greek term *physis* is compared with Akkadian *šiknu* which Geller translates as 'nature' or 'character' (p. 20). While the Greek term can relate to both physical aspects and the nature of things, the Akkadian word refers exclusively to external features of objects and is principally used to describe 554 Book Reviews the growth and shape of plants, colouration and size of stones or the appearance of skin lesions. I am not so much concerned with the coherence of the comparisons but with the assumption that 'Hippocratic medicine as a general system departed from traditional

Babylonian medicine in the fifth century BC by developing a new approach to both diagnosis and therapy' (p. 116). Would we not have to first show possible social interaction and intellectual exchange between the two ancient civilizations, for which we admittedly do not have sufficient sources?

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