

## Reading and Interpreting Medical Cuneiform Texts - Methods and Problems

Nils P. Heeßel (Heidelberg)

In many fields of cuneiform research the archives and libraries of Nineveh are still the main source of relevant texts. This is especially true of medical texts and the importance of the Kouyunjik-Collection for the history of Mesopotamian medicine can scarcely be overestimated. As early as 1902 an attempt to give an overview of the medical texts of the Kouyunjik-Collection - no other medical texts except one were known at the time<sup>1</sup> - was presented by the medical practitioner Felix Freiherr von Oefele. His booklet "Keilschriftmedizin. Einleitendes zur Medizin der Kouyunjik-Collection" was nothing less than a complete overview of what was known at the time. Around one hundred years later even a short assessment of the medical texts from the Kouyunjik-Collection would fill many pages. Therefore, the aim of this paper is much smaller, as it will give a very brief overview of the history of research in Mesopotamian medicine and address some of the problems that occupied the scholars in this field since von Oefele's times and are still relevant in today's research.

Since Felix von Oefele's time much has been done in the field of cuneiform medicine. In 1904 Friedrich KÜchler published the texts on the disease *suālu* "coughing with phlegm" in his book "Beiträge zur Kenntnis der assyrisch-babylonischen Medizin". This, however, was not the first edition of a medical series in hand-copy of the cuneiform texts, transliteration and translation since an *editio princeps* of the texts belonging to the *suālu* corpus had already been published by Archibald Henry Sayce in 1885. A similar edition of the series *šumma amēlu šinnīšu maršā* "if the teeth of a man hurt" planned by Leopold Messerschmidt was never published.<sup>2</sup> In the following years single medical tablets were published by Felix von Oefele, Victor Scheil, Morris Jastrow and others.<sup>3</sup> Erich Ebeling published several important medical tablets from Assur in his book "Keilschrifttexte aus Assur religiösen Inhalts". But the real starting point for a broader understanding of Babylonian and Assyrian medicine can be seen in the editing of a large medical tablets and fragments from the Kouyunjik-Collection by Erich Ebeling and Reginald Campbell Thompson.<sup>4</sup> Both scholars worked simultaneously on this collection, and Ebeling published his results slightly earlier to the great distress of Thompson.<sup>5</sup> Whereas Ebeling lost his interest in cuneiform medicine after that publication, Thompson continued his studies by publishing translations and sometimes also

<sup>1</sup> F. von Oefele, *Keilschriftmedizin. Einleitendes zur Medizin der Kouyunjik-Collection*, AGM 3, Breslau 1902, 38 notes only the Middle-Babylonian medical text from Nippur, partly transliterated by V. Scheil, *Recueil de Travaux* 23, 134-138, which was re-edited by F. Köcher as BAM 398.

<sup>2</sup> F. von Oefele, *Keilschriftmedizin*, p. 43.

<sup>3</sup> Literature referred to but not cited in detail can be found in the bibliography of N.P. Heeßel, *Babylonisch-assyrische Diagnostik*, AOAT 43, Münster 2000, 385-401.

<sup>4</sup> E. Ebeling, *Keilschrifttexte medicinischen Inhalts I-II*, Berliner Beiträge zur Keilschriftforschung, Beiheft I-II, Berlin 1922-23 und R. Campbell Thompson, *Assyrian Medical Texts*, London 1923.

<sup>5</sup> R. Campbell Thompson, *Assyrian Medical Texts*, London 1923, iii-iv.

transliterations of the text he had published in cuneiform copy. Indeed, his book "Assyrian Medical Texts" with copies of more than 500 medical fragments is one of the two main sourcebooks on medical therapeutic texts to this day, and his translations of medical texts, published in numerous articles and facilitated by countless joins he had made, remain the only treatment of most medical texts hitherto. Furthermore, Thompson realized the importance of identification of the ingredients in the prescriptions and he spent much time working on this resulting in his books "The Assyrian Herbal"<sup>6</sup> from 1924, "A Dictionary of Assyrian Chemistry and Geology"<sup>7</sup> from 1936 and especially his posthumously published "A Dictionary of Assyrian Botany" from 1949.<sup>8</sup> Unfortunately, "The Assyrian Herbal" was published in handwritten form without any table of contents and no apparent structure with the result that it was little used and Rykle Borger noted for it in his "Handbuch der Keilschriftliteratur": "praktisch unlesbar".<sup>9</sup> The later dictionaries on chemistry and botany rectified this and are much easier to use. They represent the first and until now only attempt of Assyriology to cope with the problems of identifying the ingredients of the medical therapeutic texts. Both books were and are still intensively used, yet Thompson results were never completely accepted for they are plagued with two basic methodological problems: Thompson had too small a knowledge of the plants attested in Iraq nowadays and furthermore he based his identifications solely on the grounds of etymology. While etymology is a very important part of any attempt to identify parts of nature it is not conclusive if not backed up by additional evidence.

In 1938 Georges Contenau published the book "*La médecine en Assyrie et en Babylonie*". Despite the promising title the book proved to be a disappointment for scholars of ancient medicine. Contenau was no specialist in the field of cuneiform medicine and devoted - after a long general introduction - the major part of the book to divinatory practices with little connection to medicine. The diagnostic and therapeutic texts of Mesopotamia - the proper medical texts - were discussed superficially in 26 pages at the end of the book. No wonder the book made no impact on the study of Babylonian and Assyrian medicine. Even at its time it was seldom cited.

After the Second World War the French scholar René Labat worked on the medical diagnostic texts and published his "*Traité akkadien de diagnostics et pronostics médicaux*" in 1951. Contrary to Contenau's book on medicine, Labat's work was a great success, generally recognized as a big contribution to the history of medicine. It inspired several contributions on the theoretical medical knowledge of the Babylonians and is usually referred to by historians of medicine when writing on Babylonian medicine. The impact it made on the study of Mesopotamian medicine is illustrated by the fact that most assyriologists refer to the medical diagnostic series not by its name SA.GIG or *sakikkû* but call it simply TDP after its edition. Not only were the diagnostic texts edited, work on the therapeutic texts was continued. The Berlin scholar Franz Köcher devoted his

---

<sup>6</sup> London 1924.

<sup>7</sup> Oxford 1936.

<sup>8</sup> London 1949.

<sup>9</sup> R. Borger, *Handbuch der Keilschriftliteratur* I, Berlin 1967, 537.

life to the study of these texts. In 1955 he edited the plant lists<sup>10</sup> and from 1963 to 1980 he published six volumes of cuneiform copies of therapeutic texts. Most of the texts in these volumes were unpublished texts from the Assyrian capital Assur which added substantially to our knowledge of Assyrian medicine. However, in the last two volumes of "*Babylonisch-assyrische Medizin*" the therapeutic texts from Nineveh, already edited by Campbell Thompson were republished, now joined and identified as parts of the medical series. Unfortunately, Köcher neither finished the publication of the Nineveh-texts, nor did he publish transliteration and translations of the numerous texts he edited. The few articles he did publish show a remarkable insight and a deep knowledge of the material, as demonstrated, for example, in his last one from 1995 on BAM 409, where he discusses the use of cover names in Babylonian medicine.<sup>11</sup>

Apart from Labat and Köcher other scholars furthered the understanding of cuneiform medicine. James V. Kinnier Wilson wrote several informed articles on Babylonian diseases as did Walter Farber and Robert D. Biggs. Dietlinde Goltz, not only Assyriologist but a historian of medicine compared Greek and Babylonian medicine on a structural level. Sadly, her books on "Studien zur Geschichte der Mineralnamen in Pharmazie, Chemie und Medizin von den Anfängen bis zu Paracelsus" (1972) and "Studien zur altorientalischen und griechischen Heilkunde: Therapie - Arzneibereitung - Rezeptstruktur" (1974) did not get the attention they deserved.<sup>12</sup> Apart from medical historians, medical practitioners took an interest in Mesopotamia, too. From 1969 onwards P.B. Adamson produced more than a dozen articles on various aspects of ancient Babylonian medicine from a medical point of view and his research has been resumed along the same lines by Martha Haussperger in recent years.

In the eighties interest in Babylonian medicine revived as new textual material was becoming increasingly available. Hermann Hunger and Egbert von Weiher published the late Uruk tablets,<sup>13</sup> the cataloguing of the Babylonian texts in the British Museum by Erle Leichty and others<sup>14</sup> made many more texts accessible, the medical background of the Old-Babylonian Mari-texts were analysed by André Finet and Jean-Marie Durand<sup>15</sup> and texts bearing on medicine have lately been discovered by Pelio Fronzaroli and Marco Bonechi<sup>16</sup> among Ebla-texts dating to the third millennium B.C. Using the new material as well as the long-known texts from Nineveh and Assur Marten Stol researched the Babylonian concepts of conception, pregnancy and birth as well as

<sup>10</sup> *Keilschrifttexte zur assyrisch-babylonischen Drogen- und Pflanzenkunde*, Berlin 1955.

<sup>11</sup> F. Köcher, "Ein Text medizinischen Inhalts aus dem Neubabylonischen Grab 405", in: R.M. Boehmer et al.: *Uruk - Die Gräber*, AUWE 10, Mainz 1995, 203-217.

<sup>12</sup> Also noted by E. Reiner, *Astral Magic in Babylonia*, TAPS 85/4, Philadelphia 1995, 45.

<sup>13</sup> H. Hunger, *Spätbabylonische Texte aus Uruk I*, ADFU 9, Berlin 1976; E. von Weiher, *Spätbabylonische Texte aus Uruk II-V*, ADFU 10 and 12, AUWE 12 and 13, 1983-1998.

<sup>14</sup> E. Leichty et al. (eds.), *Catalogue of the Babylonian Tablets in the British Museum VI-VIII, Tablets from Sippar 1-3*, London 1986-1988.

<sup>15</sup> A. Finet, "Les médecins au royaume de Mari", in: *AIPHOS* 14 (1954-57) 123-144; J.-M. Durand, "Maladies et médecins", *AEM I/1 = ARM* 26 (1988) 541-548.

<sup>16</sup> P. Fronzaroli, "A Pharmaceutical Text at Ebla (TM.75.G.1623)", *ZA* 88 (1998) 225-239; M. Bonechi, "The Second Prescription in the Pharmaceutical Text TM.75.G.1623 (III Millennium Ebla)", *NABU* 2003/26.

studying epilepsy in great detail.<sup>17</sup> Mark Geller investigated the kidney and rectal diseases in addition to the transmission of Babylonian medicine to the Jewish and Greek tradition,<sup>18</sup> and Irving Finkel<sup>19</sup> published several articles on late-Babylonian medical texts. In recent years several new books appeared on medical themes like Jeanette Fincke's analysis of eye diseases,<sup>20</sup> Hector Avalos' examination of the health care systems in Babylonia, Israel, and Greece from a sociological perspective,<sup>21</sup> and the author investigated the medical diagnostic texts.<sup>22</sup> More books on Babylonian and Assyrian medicine are in print.<sup>23</sup>

To review the history of a very small field of study such as Babylonian medicine within a small field like Assyriology - as I have just done in a very cursory manner - is by no means merely a passing curiosity. A sound knowledge of the achievements of our predecessors is essential if we are to understand what has been achieved already. Here the dictum by Heinrich Heimpel comes to mind who noted that the imagination of one's own ingenuity is most often the result of a lack of diligence in reading. On the other hand, only the history of research shows the blind spots of previous scholarship and leads to the problems that are our tasks to address. While embarking on our own mission to interpret the ancient texts in a way appropriate to our times we carry the burden of previous unsolved problems that affect our own understanding of Babylonian and Assyrian medicine. However, not all of the problems that troubled our predecessors should still bother us today. Two of these I will address now, trying to show that through looking at them with a different perspective one might not solve them, but one can see them in relative terms.

\*\*\*

One of the biggest problems of interpreting ancient medicine has always been the question of diseases. The early Assyriologists encountered an abundance of disease names in the medical texts. These names were not simply translated - for example on an etymological basis - but the disease in question had to be "identified" which means that its symptomological range had to be studied and its modern counterpart be named. This led to various identifications of ancient diseases.

---

<sup>17</sup> M. Stol, *Epilepsy in Babylonia*, CM 2, Groningen 1993 and id., *Birth in Babylonia and the Bible. Its Mediterranean Setting*, CM 14, Groningen 2000.

<sup>18</sup> Apart from the articles cited in N.P. Heeßel, *Babylonisch-assyrische Diagnostik*, AOAT 43, Münster 2000, 385-401 see M. Geller, "An Akkadian Vademecum in the Babylonian Talmud", in: S. Kottke and M. Horstmanshoff (eds.), *From Athens to Jerusalem. Medicine in Hellenized Jewish Lore and in Early Christian Literature*, Rotterdam 2000, 13-32; id., "West Meets East: Early Greek and Babylonian Diagnosis", AfO 48/49, 2001-2002, 50-75; id., "Hippocrates, Galen and the Jews: Renal Medicine in the Talmud", American Journal of Nephrology 22 (2002) 101-106.

<sup>19</sup> See especially "On Late Babylonian Medical Training", in: A.R. George and I.L. Finkel, *Wisdom, Gods and Literature*, Fs. W.G. Lambert, Winona Lake 2000, 137-223.

<sup>20</sup> Jeanette C. Fincke, *Augenleiden nach keilschriftlichen Quellen*, Würzburg 2000.

<sup>21</sup> H. Avalos, *Illness and Health Care in the Ancient Near East. The Role of the Temple in Greece, Mesopotamia, and Israel*, Harvard Semitic Museum Monographs 54, Atlanta 1995.

<sup>22</sup> N.P. Heeßel, *Babylonisch-assyrische Diagnostik*, AOAT 43, Münster 2000.

<sup>23</sup> A book by JoAnn Scurlock on the texts dealing with diseases attributed to Ghosts is announced for the series Ancient Magic and Divination (no. 3) and books on the *suālu* texts by Danielle Cadelli and on the kidney-diseases by Mark Geller are in preparation.

As early as 1893 Max Bartels identified the disease *di'u* as erysipelas,<sup>24</sup> and later the proposed identifications were criticized and new identifications were put forward.<sup>25</sup> The disease *bu'sānu*, to give an example, has been identified over the years as scurvy, diphtheria and leprosy.<sup>26</sup> Even scholars specializing in Babylonian medicine sometimes lose track of the various proposals.<sup>27</sup>

All these different identifications suffer from the problem of retrospective diagnosis, much discussed in the field of the history of medicine.<sup>28</sup> The difficult situation is well-known: diseases change over time, some vanish, some come into being, descriptions of symptoms are not systematic enough for a differential diagnosis, diseases are categorized differently over time and space, names of diseases can change over time or the same name denominates different diseases, diseases that originate in a specific area are transmitted to more distant regions and finally and most importantly modern diseases are defined on micro-bacteriological or pathological-anatomical grounds whereas in ancient times diseases were defined solely on a symptomological basis.

Regarding these impediments, some scholars choose a different method of approach by looking for modern diseases in Babylonian descriptions of symptoms. A number of symptoms is seen as representing a Babylonian description of a modern disease, for example what we call haemorrhagic fever.<sup>29</sup> The problem of this method is twofold: first, there is no discussion on the selection of the symptoms described, that is to say why some symptoms are selected out of several thousand when the Babylonians did not connect them via the same diagnosis or through grouping them together in a paragraph. But, secondly, even if we assume that such a method can be successful and we know for sure that a certain modern disease existed in ancient Mesopotamia, this would tell us nothing about Babylonian culture as we cannot connect such knowledge with the people from our texts. Therefore, even if we could find modern diseases described in Babylonian texts this knowledge would remain academic, without further usage. Such an approach is only feasible when it is connected to single historical persons. It would be interesting, for example, to have a modern diagnosis of the disease of the Assyrian king Asarhaddon, who according to several

---

<sup>24</sup> ZA 8 (1893) 179-184.

<sup>25</sup> Cf. F. von Oefele, Keilschriftmedizin, AGM 3, Breslau 1902, 6 for a critique of Bartels. A. Ungnad, ignorant of von Oefele's remarks, identified *di'u* as "black smallpox (variola vera)" in AfO 14 (1941-44) 276.

<sup>26</sup> Initially in RA 60, 1966, 52 J.V. Kinnier Wilson identified this disease as scurvy, but later in D. Brothwell and A.T. Sandison (eds.), *Diseases in Antiquity. A Survey of the Diseases, Injuries and Surgery of Early Populations*, Springfield/Illinois 1967, 205 he associated it with diphtheria. F. Köcher, in: Chr. Habrich et al. (eds.), *Medizinische Diagnostik in Geschichte und Gegenwart*, Fs. H. Goerke, München 1978, 20f. misunderstood Kinnier Wilson, whom he insinuates incorrectly to have identified *bu'sānu* with leprosy, and argued like Kinnier Wilson for a connection with diphtheria. Actually, Kinnier Wilson had only cited CAD B 351a, where it is stated "that the designation *bū'sānu* refers to a type or stage of leprosy".

<sup>27</sup> To give another example: in her recent book *Augenleiden nach keilschriftlichen Quellen* (Würzburg 2000) 99-103 J. Fincke notes that the disease *ašū*, which formerly had been identified as vertigo (R. Labat and Tournay, RA 40 (1945/46) 117), is reminiscent of chickenpox without discussing that F. Köcher, BAM 6, p. XXXI identified chickenpox as a disease called *šibiṭ šāri*.

<sup>28</sup> Conveniently summarized by K.-H. Leven, "Krankheit - historische Deutung vs. retrospektive Diagnose", in: N. Paul und Th. Schlich (eds.), *Medizingeschichte: Aufgaben - Probleme - Perspektiven*, Frankfurt/New York 1988, 153-185.

<sup>29</sup> M. Coleman and J. Scurlock, "Viral haemorrhagic fevers in ancient Mesopotamia", *Tropical Medicine and International Health* 2 (1997) 603-606.

letters of court physician suffered heavily from a prolonged disease which even impeded the governing of his realm. Simo Parpola has tried to identify Asarhaddon's disease as *lupus erythematosus disseminatus* and although Parpola underlines the problems of this identification and stresses its tentative character it has been generally accepted.<sup>30</sup> A glance at the described symptoms (fever, feebleness, lack of appetite, stiffness, eye and ear affection, blisters and chills) shows that these symptoms are much too general for a real "identification" of Asarhaddon's disease, even disregarding for a moment the mentioned problems of any retrospective diagnosis.

Since the "linguistic turn" in the cultural studies and its problematization of language it has become common to reflect on the words used to describe non-western cultures. Regarding this, even the usage of the word "identification" is problematic. For utilizing it means that the identity of two things is assumed as pre-existing; a self-evident identity in nature is presupposed. The modern scholar has only to discover the two matching parts like children do in a memory game. But, employed with Babylonian and Assyrian diseases, this presupposes that the Mesopotamians had the same concept of disease as we have today and defined them along the same lines, which they did not as illness and disease are culturally determined. Any attempt to identify a Babylonian disease rests, therefore, on the implicit presupposition that ancient Mesopotamian and modern western culture are essentially identical, an axiom that - made explicit - few scholars would agree with.

The desire to know from which diseases the Mesopotamians suffered, what hardships they had to bear is comprehensible as this would give us insight into the medical problems of the Ancient Mesopotamians according to our own medical terminology. However, the Mesopotamian medical texts are quite unsuited to answer this kind of question, which can be much better rejoined by paleo-anthropological examination of skeletons.<sup>31</sup> The Mesopotamian medical texts on the contrary show the cultural awareness of diseases, sickness, and suffering and, therefore, the special Babylo-Assyrian way to come to terms with this fundamental human problem. They can be much better used to examine the way the Babylonians defined diseases, to analyse the etymology of the words they used as disease-names or the grouping of diseases considered as similar by the ancient healers, or to investigate the order of disease-lists for inherent hierarchies. All this would tell us more about the Assyro-Babylonian culture and its understanding of disease than describing the diseases mentioned in the ancient texts in modern terms.

\*\*\*

Another question that prays on scholar's minds since quite a time is the problem of distinguishing the medical texts into "rational" and "irrational" texts. In practice, this has led to describe texts as "magico-medical" or "medico-therapeutical" in order to mirror the observed

---

<sup>30</sup> S. Parpola, Letters from Assyrian Scholars to the kings Esarhaddon and Assurbanipal, AOAT 5/2, Neukirchen-Vluyn 1983, 230-234.

<sup>31</sup> For an assessment of paleo-anthropology in the Ancient Near East see M. Krafeld-Daugherty, "Archäologie, Philologie und Anthropologie", in: O. Loretz et al. (eds.), *Ex Mesopotamia et Syria Lux*, Fs. M. Dietrich, AOAT 281, Münster 2002, 245-287.

predominating more "magical" or more "rational" approach. However, this concept, which in recent times has been both criticized and defended by scholars of Mesopotamian medicine,<sup>32</sup> cannot be judged by referring to Assyriological literature alone. For criticism of this concept has been formulated by scholars of the philosophy of science and others working on epistemological problems.<sup>33</sup> However, rather than referring here to the different views expressed on the subject, it might be useful to draw attention to where this concept originally comes from - for it was not formulated within Assyriology for the first time. Indeed, it is the very concept which Henry Sigerist, the well-known historian of medicine, used in his book on "Primitive and Archaic medicine" from 1951. Assyriologists owe Sigerist a debt for describing Mesopotamian medicine with a great knowledge of details and good insight - one might almost say passion - and therefore he did much for the knowledge of Babylonian medicine in the history of science. And yet, Sigerist describes pre-Greek medicine along the lines of colonial discourse prevailing at his time: "magico-religious" medicine is played off against "empirico-rational" medicine and only the later is considered interesting for the history of medicine. Paradoxically, Assyriology has adopted this terminology and categorizes its texts similarly to this day. Thereby, it robs itself of its power of innovation and hands down the old-fashioned state of research to the history of medicine. Especially his terminology betrays Sigerist as imbedded in a much older time. The concept of "Primitive Medicine" is based on Edward Burnett Tylor's book "Primitive Culture" published in 1871 and the idea of distinguishing between "rational" and "magical" beliefs and practices is reminiscent of James George Frazer's concept of differentiating "religion", "magic", and "science" first attested in the second edition of his "Golden Bough". It is high time to stop describing medical cuneiform texts in a terminology that is more than one hundred years old and start to look afresh for connecting and separating elements within the texts. Furthermore, if one does not want to describe texts by their own terminology - and there are good reasons for this - then one has to look for more up-to-date terminology, which will also enable us to start a discourse with neighbouring fields like the history of medicine and the history of science.

The question of terminology involves a similar, yet slightly different problem of categorizing our texts. While "magico-medical" and "medical-therapeutic" is a problematic eurocentric description of texts, the distinction of *āšipūtu* versus *asūtu* is difficult as well. This differentiation

---

<sup>32</sup> For a critique see N. Heeßel, "Diagnosis, Divination and Disease. Towards an understanding of the rationale behind the Babylonian diagnostic handbook", in: H. F. J. Horstmanshoff and Marten Stol (eds.), *Rethinking the History of Medicine: "Rationality" and "Magic" in Babylonia and the Graeco-Roman World*, Leiden, Brill (Studies in Ancient Medicine), forthcoming. For a defense of this concept, which was especially used by Franz Köcher in his six volumes *Die babylonisch-assyrische Medizin*, see B. Böck, *AfO* 48/49, 2001-2002, S. 228-232.

<sup>33</sup> Apart from the classical R. Horton and R. Finnegan (eds.), *Modes of Thought*, London 1973 and B.R. Wilson (ed.), *Rationality*, Oxford 1974 see S.J. Tambiah, *Magic, science, religion, and the scope of rationality*, Cambridge 1990, the articles in P. Schäfer and H.G. Kippenberg (eds.), *Envisioning Magic*, Numen Book Series 75, Leiden 1997 and H.G. Kippenberg, "Einleitung: Zur Kontroverse über das Verstehen fremden Denkens", in: H.G. Kippenberg and B. Luchesi (eds.), *Magie*, Frankfurt/Main 1978, 9-52.

gained momentum in Assyriology when Edith Ritter published an article on "The Magical-Expert and Physician" in 1965.<sup>34</sup> The magico-medical texts were, according to Ritter, used by the *āšīpu*, the "magical-expert" and represent therefore *āšīpūtu* "the art of the magical-expert" while the rational-therapeutic texts were the domain of the physician (*asû*) and can be described as forming *asûtu* "the art of the physician". The former distinction of "magical" versus "rational", which clearly signifies its external character, its being applied to the texts by modern scholars, is transformed into a contrast of *āšīpūtu* versus *asûtu*, consequently into a difference seen by the ancient scholars themselves. Ritter's article was widely read and cited and in the following period texts were assigned to either *āšīpūtu* or *asûtu*. It appeared as if this distinction was made by the ancient scholars themselves. It was indeed, but not in the way portrayed by Ritter. The words *āšīpūtu* and *asûtu* are used in certain contexts to describe the knowledge of a profession, and are even paired as different yet related fields of study. But the texts themselves are not labelled as belonging to either category. Assigning texts to *āšīpūtu* or *asûtu* presupposes a differentiation which has to be demonstrated, not assumed.

\*\*\*

Within the field of cuneiform medicine numerous interesting questions await to be further explored. The vast problem of understanding the plants used in the prescriptions, the way diseases are categorized by the ancient healers, the role of *asû* and *āšīpu* as presented in letters and economic documents promise interesting results, especially if viewed under concepts like hierarchy, gender and power. The therapeutic series *šumma amēlu muḥḥašu umma ukāl*, which very probably comprised 45 tablets in Nineveh, is still poorly known. What chapters belonged to it and in which sequence are these chapters arranged? Furthermore, developments in Mesopotamian medicine, which is still portrayed too much as unchanging and monolithic, need to be investigated. Many more fields of research can be thought of. And then there is still the problem of the current state of publication of most medical texts. Many are still unpublished, especially the yet insufficiently known Babylonian medical texts. Furthermore, most of the published texts in AMT and BAM are still not available in transliteration or an up-to-date translation. Felix von Oefele remarked in his booklet "Keilschriftmedizin" more than 100 years ago about making text editions that "it is a work full of privation".<sup>35</sup> Indeed, it is. But it is also the kind of work that all other research rests upon.

<sup>34</sup> E. Ritter, "Magical-Expert (=Āšīpu) and Physician (=Asû). Notes on Two Complementary Professions in Babylonian Medicine", Fs. B. Landsberger, AS 16, Chicago 1965, 299-321.

<sup>35</sup> "Es ist das eine entsagungsvolle Arbeit", F. von Oefele, Keilschriftmedizin, p. 40.