

Whatever Possessed Them?: Progress and Regress in the History of Medicine

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**The following day they came down from the mountain and a large crowd met them. Suddenly a man from the crowd exclaimed: "Teacher, I beg you to look at my son; he is my only child. A spirit takes possession of him and with a sudden cry throws him into a convulsion and makes him foam at the mouth, then abandons him in this shattered condition." ... Jesus then rebuked the unclean spirit, cured the boy, and restored him to his father.¹

This passage from the Gospel of Luke is evidence for what was, from the point of view of Hippocratic medicine, a novel interpretation of certain aberrant aspects of human behavior as the manifestations of possession of the afflicted individual by an evil spirit. This interpretation seemed confirmed when the spirit in question actually engaged in conversation with the healing expert, giving his or her name, making demands, and agreeing to be expelled.

**When he came to land, he was met by a man from the town who was possessed by demons. For a long time he had not worn any clothes; he did not live in a house, but among the tombstones. On seeing Jesus, he began to shriek; then he fell at his feet and exclaimed at the top of his voice, "Jesus, Son of God Most High, why do you meddle with me? Do not torment me, I beg you." By now Jesus was ordering the unclean spirit to come out of the man. This spirit had taken hold of him many a time. The man used to be tied with chains and fetters, but he would break the bonds and the demon would drive him into places of solitude. "What is your name?" Jesus demanded. "Legion," he answered, because the demons who had entered him were many. They pleaded with him not to order them back to the abyss. It happened that a large herd of swine was feeding nearby on the hillside, and the demons asked him to permit them to enter the swine. This he granted. The demons then came out of the man and entered the swine, and the herd charged down the bluff into the lake, where they drowned.²

To deal with such cases, Church authorities devised a canonical method to exorcise the possessory spirit who was deemed to be responsible as in the following excerpt from a Greek Orthodox manuscript in the library of a monastery on Mount Athos.

**Instructions for those possessed by demons: How to ask so that the demon will tell you its name. At this point, seek to find out the name of the evil spirit. Seek to make him tell you: how many are with him, and to which class he belongs, and what the name of his leader is; under which power and authority he is; in which place he dwells; to whom he is subordinate; when he comes out; and what sign does he make when he comes out of the person?³

Examples of patients and their cures accumulated gradually over time so that when the author of the *Compendium Maleficarum* sat down to describe demoniac possession and to distinguish it from witchcraft, he was able to include an extensive list of characteristic symptoms of those who, in 17th century Germany, would have been diagnosed as "possessed" of which the following are a representative sample.

**Some say that they hear a voice speaking inside them, but that they know nothing of the meaning of the words. Others, when they are asked what they have done or said, confess that they remember nothing afterwards.

**Some demoniacs have terrible eyes; and the demons miserably destroy their limbs and kill their bodies unless help is quickly brought them.

¹ Luke 9.37-42.

² Luke 8.27-33.

³ Xiropotámou 98.133, apud Charles Stewart, *Demons and the Devil: Moral Imagination in Modern Greek Culture* (Princeton: Princeton University Press, 1991), p. 255.

**When some inner power seems to urge the possessed to hurl themselves from a precipice, or hang or strangle himself, or the like.

**Sometimes they become as if they were stupid, blind, lame, deaf, dumb, lunatic, and almost incapable of movement, whereas before they were active, could speak, hear and see, and in other respects acted sensibly.⁴

No modern physician would, obviously, ascribe these symptoms to possession by an evil spirit. The boy in the first passage from Luke was experiencing seizures and the man of the second was apparently insane. As for the 17th century examples, although there are cases of obvious fraud, and of would-be preachers or prophets who used this technique to get their message to an otherwise hostile public,⁵ witch-hunters handbooks include some clear descriptions of hysterics and mentally ill individuals, including those with what must have been a common problem among hard drinking German peasants, the sensation "as if ants were crawling under their skin" (delirium tremens).

Hippocratic physicians of the Hellenistic period would certainly not have ascribed these symptoms to possession by an evil spirit either.

They attributed epilepsy to the congealing of phlegm in the brain aggravated by a wind blowing from the south,⁶ depression (melancholy) to an excess of black bile⁷ and hysteria to the alleged wandering about of the womb. This sounds rather silly to modern ears, but it at least represents an attempt to attribute diseases to natural rather than supernatural causes. Given that the Gospel of Luke was written in the Greek east, one might, then, be excused for thinking that the interpretation of mental disorders as demoniac possession represents a step backwards from the heights of Hippocratic medicine and a reversion to supernatural causes and magical healing.

But what about this alleged Oriental connection? If the concept of demoniac possession indeed emerged in the East, was this a spontaneous development or under the influence of local traditions? R. Ritner and other Egyptologists have argued persuasively for an Egyptian pedigree for the idea that demons entering the body were the cause of epileptic seizures and forms of mental illness,⁸ but what about ancient Mesopotamia? A Middle Assyrian text found at Nimrud contains descriptions of treatments for retained placenta, two of which note the possibility that the patient might become delirious as a grave prognostic sign. In both cases, delirium is described in the same way as follows:

**If she does not experience delirium, she should recover.⁹

The word I am translating "delirium" means literally "wind", but it is not the most commonly used expression for an actual breeze and is also used of possessory spirits of ecstasies and, interestingly, defective slaves.¹⁰ If you purchased a person in ancient Mesopotamia, he came with a warranty allowing you your money back if you discovered within one to three months that he had *bennu*, was a thief or was possessed by a spirit. This would seem to indicate the presence in the Ancient Near East of an idea of demoniac possession as a cause for mental aberrations antedating Alexander's arrival on the scene. It comes as a bit of a shock, then, when one comes to examine ancient Mesopotamian texts from the Neo-Assyrian period and later, texts actually contemporary with the emergence and flourishing of Hippocratic medicine, to discover that the language of possession has been completely replaced in scientific writings

⁴ The full list of descriptions of symptoms appear in Francesco Maria Guazzo, *Compendium Maleficarum*, E.A. Ashwin, trans. (New York: Dover Publications, 1988), Book 3, Chapter 2.

⁵ For a discussion of the phenomenon of demoniac possession in the age of the witch burnings, see D.P. Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries* (Philadelphia: University of Pennsylvania Press, 1981).

⁶ *The Sacred Disease* 16.

⁷ *Diseases* I.30. For further references, see P. Potter, *Hippocrates VI* (Cambridge: Harvard University Press, 1988), p. 336.

⁸ See R. Ritner, "An Eternal Curse upon the Reader of these Lines" in *Ancient Egyptian Theology and Demonology* (Rhodes: School of Archaeology, Classics and Oriental Studies of the University of Liverpool, forthcoming)

⁹ *še-ḥa NU IGI-mar-ma TI* (Lambert, *Iraq* 31 pl. 5:18, 26). The CAD interprets this specific passage as "catching a draft" although the verb means literally "to see" and not, as might be expected, "to seize" or the like.

¹⁰ See CAD S/II 266.

not by imaginary substances and wombs gone on walkabout but by a series of terms indicating an appreciation of the mental processes involved.

The word for "mind" or "thought process" in Akkadian was *ṭēmu*. In describing febrile delirium, shock and mental illnesses including mania and senile dementia, the ancient Mesopotamian *āšīpu* (physician) noted that the patient's *ṭēmu* was "altered" or "failed him" or that he was not "in full possession" of it as in the following examples.

**If his head continually afflicts him and fever (has) its seat equally all over (and) when his illness leaves him, he has dizziness (and) if, [when a confusional state] comes over him, his *ṭēmu* is altered so that he wanders about without knowing (where he is) as in affliction by a ghost, Lamaštu (typhoid) afflicts [him]. He will come through. (febrile delirium).¹¹

**If derangement seizes a person [so] that his *ṭēmu* alters, his words are unintelligible, his thinking continually fails him and he continually talks a lot, to restore his mind to him ... (mania).¹²

**[If] his [*ṭēmu*] is continually altered, what he says is continually unintelligible and he forgets whatever he says, a wind¹³ from behind afflicts him; he will die alone like a stranger. (senile dementia).¹⁴

**If (it is the first day he is sick) and he was wounded on his left kidney, he is not in full possession of his *ṭēmu* (and) he wanders about without knowing (where he is), "hand" of the twin gods; he will die. (shock).¹⁵

**If his tongue hangs out and he is not in full possession of his *ṭēmu* ... (Down's syndrome).¹⁶

**If a person drinks beer and as a result his head continually afflicts him, he continually forgets his words and slurs them when speaking, he is not in full possession of his *ṭēmu*, and that person's eyes stare, to cure him ... (alcoholism).¹⁷

Ancient Mesopotamian physicians also spoke of one's sense of self (*ramānu*) as something that could become confused.

**If a person's eyes continually stand still while he is looking, a confusion of self has come down over him.¹⁸

¹¹ DIŠ SAG.DU-su DIB.DIB-su u KÚM TÉŠ.BI UNU-su GIG-su TAK₄-šum-ma NÍG.NIGIN TUKU šu[m-ma KI] [LAL]-šu LAL-šu UŠ₄-šu KÚR-šum-ma ina NU ZU-u u-*rap-pad* GIN₇ DIB-it GIDIM₇ DIM₈.ME [DIB]-[su uš]-te-zib (DPS III C obv. 36-37 = TDP 22:36-37). See JoAnn Scurlock and Burton Andersen, *Diagnoses in Assyrian and Babylonian Medicine* (Champaign: University of Illinois Press, 2005), Text 3.25.

¹² DIŠ NA DIMMA.KÚR.RA DIB-su-[m]a ṭe-en-šu iš-[a-nu] a-ma-tu-šu KÚR.KÚR-ra ṭe-em-šu ŠUB.ŠUB-su u ma-gal DUG₄.DUG₄-ub a-na ṭe-me-šu tur-*r*[i]-šu ... (BAM 202:1-3/STT 286 ii 14-16). See Scurlock and Andersen, *Diagnoses*, Text 16.43

¹³ This is *šāru*, the normal word for "wind".

¹⁴ [DIŠ UŠ₄]-šu MAN.MAN-ni DU₁₁.DU₁₁-šu KÚR.KÚR mim-mu-u i-qab-bu-u i-ma-aš-šu IM ku-tal-[i] DIB-su 1-ma KÚR-iš GAM (DPS XXII:49-50 [AOAT 43.255]). See Scurlock and Andersen, *Diagnoses*, Text 13.252.

¹⁵ DIŠ KIMIN-ma ina ÉLLAG-šu ša 15 SĪG-iš UŠ₄-šu NU DIB ina NU ZU u-*rap-pad* ŠU MAŠ.TAB. [BA] GA[M] (DPS XV:39 [AOAT 43.152]; cf. DPS XII D iii 21/E iii 22 = TDP 104 iii 21). See Scurlock and Andersen, *Diagnoses*, Text 14.33.

¹⁶ DIŠ EME-šu i-tal-lal u UŠ₄-šu NU DIB [...] (DPS VII A 22 = TDP 62:22). See Scurlock and Andersen, *Diagnoses*, Text 18.34.

¹⁷ DIŠ NA KAŠ.SAG NAG-ma SAG.DU-su DIB.DIB-su INIM.MEŠ-šu im-ta-na-aš-ši ina DUG₄.DUG₄-šu u-pa-aš-šaṭ ṭe-en-šu la ša-bit NA BI IGI^{II}-šu GUB-za ana TI-šu ... (BAM 575 iii 51-52/BAM 59:21-24). See Scurlock and Andersen, *Diagnoses*, Text 15.24.

¹⁸ DIŠ LÚ i-na na-ap-lu-si-šu i-na-šu it-ta-na-za-az-za di-li-ih ra-ma-ni-šu na-di-i-šu (Köcher and Oppenheim, *AfO* 18.65 ii 18-19 [physiognomic omens]). See Scurlock and Andersen, *Diagnoses*, Text 16.91.

Interesting to see, then, what would later be described as spirit possession not being understood as a demon arguing with the physician from inside the patient and having to be driven out, but instead as a febrile illness accompanied by disintegration of personality.

**If when it afflicts him, he continually cries out: "My insides, my insides!", he opens and shuts his eyes, he has *li'bu*-fever, he rubs the bulb of his nose, the tips of his fingers and toes are cold, he can see the illness which afflicts him, he talks with it and continually changes his self, infectious "hand" of *lilû*.¹⁹

The ancient Mesopotamian physician did not need to ask the demon his name; that was obvious from the symptoms the *lilû* had produced in his patient. Moreover, it was the illness caused by the demon rather than the demon himself that was actually inside the patient and the patient not the physician who was engaging in conversation with it.

Epileptic seizures and alterations in mentation ought to qualify as natural causes. It follows that when Greek physicians took the "magic" out of medicine and ousted such supernatural causes as gods, ghosts and demons, descriptions of psychological conditions such as those we have been describing should have come through intact, with only the spirit attacker omitted. Unfortunately, this is not the case. Neurology is one area in which Greek practitioners had their own traditions and borrowed very little from Mesopotamia.²⁰ Moreover, for ancient Greeks "mind" or "thought process", *nous*, was, by definition, something possessed only by men. It was impossible to describe a delirious or hysterical woman as experiencing the alteration of something that she did not have; in her case, at least, some other explanation had to be proffered. Last but by no means least, Hippocrates, did not actually take the magic out of medicine. Indeed, it would, as we have argued elsewhere,²¹ be more accurate to say that he took the medicine out of magic.

But "What?!" you will say, "Did Hippocrates not ascribe diseases to natural causes whereas ancient Mesopotamian physicians believed in supernatural causes?!" Gods, ghosts and demons, i.e. what we would consider supernatural causes, had by no means disappeared between the Middle and Neo-Assyrian periods; on the contrary, alcoholism was caused by a ghost. In addition to these invisible external causes, however, internal causes (usually malfunctioning body parts) were recognized by Mesopotamian physicians. There was also a third category of illnesses whose cause was unknown and which were simply described, given a name, and treated. Included in this third category were seizures of unknown etiology (AN.TA.ŠUB.BA) as opposed to the alcoholic withdrawal seizures which were the work of ghosts and hysterical seizures in adolescents of both sexes which were attributed to a teenaged demon known as the *lilû*.²² As we have seen, the *lilû* also produced mental symptoms of the sort that would be later understood as demoniac possession.

Even when dealing with spirits, moreover, ancient Mesopotamian healing magic was fully compatible with a scientific approach to medicine. The disease-causing spirit identified himself or herself to the *āšipu* by producing symptoms in his patients. Only long experience in observation and careful collection of data would allow the *āšipu* to understand the messages he was receiving and to diagnose the illness correctly, a skill at which he was unmatched until modern times.²³ Once the illness had been diagnosed, the goal of healing magic was to propitiate or exorcise the disease or medical condition by the performance of the appropriate ritual scaled to the status of the trouble causing spirit.²⁴

If he/she was an upper order spirit, he/she was entitled to reverence, to sacrifice, and to respectful address in prayer. Lower order spirits, by contrast, were often mistreated and ordered about. As a sort of foreigner, any spirit was liable to be addressed in what the speaker thought was the spirit's own language,

¹⁹ DIŠ U₄ DIB-šu ŠÀ-bi ŠÀ-bi GÜ.GÜ-si IGI^{II}-šu BAD-te u DUL-am KÚM li-'ba i-šu SAG KIR₄-šu u-lap-pat ap-pat ŠU.SIMEŠ ŠU^{II}-šu u GİR^{II}-šu ka-ša-a GIG DIB-šu ina-ṭal KI-šu DUG₄.DUG₄-ub u NĪ-šu ut-ta-na-kar ŠU LĪL.LÁ.EN.NA la-'bi (DPS XXVI:66'-68' [AOAT 43.284]). See Scurlock and Andersen, *Diagnoses*, Text 19.24.

²⁰ For more details, see J.A. Scurlock, "From Esagil-kīn-apli to Hippocrates," *Le Journal des Médecines Cunéiformes*, 3 (2004): 10-30.

²¹ See Scurlock. "Esagil-kīn-apli".

²² For more details, see Scurlock and Andersen, *Diagnoses*, Chapter 19.

²³ See Scurlock and Andersen, *Diagnoses*.

²⁴ For more on this subject, see J.A. Scurlock, "The Interplay of 'Magic', 'Religion' and 'Science' in Ancient Mesopotamian Medicine" in *A Companion to the Ancient Near East*, ed. Daniel C. Snell (Oxford: Blackwell, 2005), pp. 302-315.

what we call "abracadabra" or "vox magicae". He/she also needed to have any really important instructions acted out in sign language, what we call "magical analogies". The likelihood of a spirit being addressed with either "vox magicae" or "magical analogies" increased dramatically the further down he/she ranked on the social scale of spirits from the great gods of the pantheon at the top, via a sliding scale of ghosts, demons and lesser divinities to the amorphous spiritual essence of a medicinal plant being asked to cure a patient at the bottom.

Some of the resulting rituals are what we would consider "pure magic" (sticking pins in figurines and the like) but the vast majority consisted of the application of what we would recognize as a medical treatment (usually a mixture of plants of proven effectiveness prepared as a bandage, salve, potion or enema) with or without an appropriate recitation attached. In the latter case we would agree that if the medicine worked, it meant that the appropriate ritual had been performed. In short, ancient Mesopotamian medicine worked "like magic", but what that meant was that the patient was expected to experience relief within a reasonable amount of time and if he did not, there was something wrong with the treatment.

The Hippocratic physician by contrast was applying scientific theory not merely treating symptoms; if the patient experienced relief within a reasonable amount of time, good for him and if he did not, the treatment being infallible, the fault lay with the patient.²⁵

This rather dramatic shift in attitude is the direct result of the interaction between Ionian philosophy and new concepts of divinity introduced to the Near East by Darius and the Persians in the 5th century BCE. Ancient Mesopotamian gods, like their ancient Greek counterparts before philosophy redefined them, were immanent deities in no significant way beyond or outside of nature. Not only did they cause illness but they were also disposed to do favors for mankind in return for appropriate remuneration and allowed themselves to be cajoled or even coerced, with all due respect of course, into keeping their side of a bargain. For Mazdeans, however, only Ahura Mazda was, properly speaking, a god. What this meant was that he was a transcendent principle of light, who could not be held accountable for human problems or be bargained with to solve them. It also went without saying that any form of offering to a spirit other than Ahura Mazda put you under the suspicion of being a follower of the principal of darkness, Ahriman.

In principle, this new attitude to divinity left mankind completely helpless in the face of disease. However, with the help of those Ionian philosophers who first generated the theory of the humors and of the regimen of bleeding and purging used to rebalance them, a compromise was possible.²⁶ Gods could no longer be understood as causing disease, but the old gods were no longer gods. In the process of Mazdeification, they were reduced to a new ultra-low order spirit status that made them an intrinsic part of nature and hence bound to automatic, unquestioning, obedience to natural laws.

One might think that the old rituals would be useless under this new system and, indeed, many Hellenistic philosopher/scientists agreed that the cosmos was deaf to human prayers.²⁷ That the spirits were no longer listening was not, however, a problem. If spirits were bound to automatic, unquestioning obedience to natural laws, it followed logically that the abracadabra and magical analogies traditionally used to communicate with them were not languages at all but processes which actually caused the desired outcome. In short, according to these philosophers, spells involving spirits worked because the practitioner somehow unwittingly tapped into what they called cosmic sympathies.²⁸

Hellenistic philosopher/scientists in the know attempted to exploit this new perspective to suggest new treatments. Of course, only a small percentage of the new magic was actually new; it was much easier to recycle old magical rites, prayers, offerings and all while insisting that they worked automatically by what we now call "homeopathy" or "contagion". In short, the philosophy behind Hellenistic philosopher-scientists' methods of treatment is identical with that of those 16th and 17th century (CE) self-declared magicians who inspired Frazer's definition of "magic" as a false science. Not all Hellenistic philosopher/scientists were content to see the old gods demoted to ultra-low spirit status. Moreover, the new religion invited polarization, whereas they knew the truth to lie somewhere in the middle between the two extremes. To see the world in mechanistic terms would have meant even further polarization and in

²⁵ See *On Wounds in the Head* as discussed in Guido Majno, *The Healing Hand: Man and Wound in the Ancient World* (Cambridge: Harvard University Press, 1975), pp. 166-169.

²⁶ In this category probably belongs the pre-Socratic philosopher Alcmaeon of Croton. See Mirko D. Grmek, *Diseases in the Ancient Greek World* (Baltimore: Johns Hopkins University Press, 1991) p. 40.

²⁷ Note in particular the comments of the Neo-Platonist Plotinus, *Enneads* 4.4.40-44 44 (a good English translation is available in Georg Luck, *Arcana Mundi* [Baltimore: Johns Hopkins, 1985], pp.118-121).

²⁸ See previous note.

the wrong direction towards atheism. In any case, Hellenistic philosopher/scientists such as Plotinus had no quarrel with the notion that the cosmos was animated.²⁹

As we have argued elsewhere,³⁰ the solution to their problem was to rupture the traditional continuum between upper order and lower order spirits. This done, the old upper order spirits (gods and good spirits) became "divine" or what we would call "super"-natural, that is transcendent deities along the lines of Ahura Mazda, whereas the traditional lower order spirits were understood as an intrinsic part of the natural world whom natural magicians maltreated and ordered about. For these magicians, promoting the old gods to a newly defined supernatural status and demoting demons and lower order spirits to natural status seemed the perfect golden mean between the new religion and the old.

Hippocratic physicians agreed that the old gods deserved supernatural status. Thus, they rejected supernatural causes for illness not because the old gods did not exist (which they would have considered atheism) but because supernatural beings would not do that sort of thing.³¹ Instead they favored natural causes. And who were these natural causes? Certainly not the inanimate forces of nature imagined by Descartes but the new ultra-low version of lower order spirits.

Hellenistic philosopher/scientists were not practitioners of the traditional demonic magic, but they were still magicians in the original sense of the word. They were in every position to command the lower order spirits that caused disease since they possessed intimate knowledge of the immutable rules of nature that bound them. It also followed that the spirits had no choice but to obey, meaning that the treatment was infallible whether or not it actually worked.

Of course, Hellenistic philosopher/scientists knew better than to try to talk to the deaf and devised their own custom-designed natural magical rituals to supplement new, automatized, interpretations of old ones. Hippocrates was also a minimalist who advised as far as possible letting nature take its course. Nonetheless, however ultra-low, lower order spirits were still spirits and were dealt with as spirits, by exorcism (bleeding, purging, blistering, and starving them out of patients) or by natural magic (manipulation of cosmic sympathies—as for example putting sweet smelling substances to a woman's nose to persuade her prolapsed uterus to crawl back into its place.³²

There was indeed a major step backwards in scientific understanding between the 7th century BCE and the early centuries CE in the Eastern Mediterranean. This was not, however, from the heights of Hippocrates to the depths of demonology. Rather, it was a regression from a point of greatest advancement represented by Neo-Assyrian medicine and occasioned by the unfortunate introduction of Greco-Persian natural magic. For the new humoral healing magic was, despite Hippocrates best efforts to divorce them, wedded to that theory-first methodology dear to philosophers but incompatible with scientific medicine. What was worse, it was dead wrong, as should have been realized at the time.

As we have seen, ancient Mesopotamian medicine achieved, in ancient Greek terms, a golden mean between the potential extreme theories that diseases were to be attributed exclusively to external or internal causes for illness. In choosing to subscribe to even a modified version of humoral medicine, Hippocratic physicians lost this middle ground. Instead, they rejected any possibility of transmission of disease by man-to-man contact on theoretical grounds,³³ recognizing only climate as a valid external cause and attributing diseases almost exclusively to internal causes, principally an imbalance of humors within the system. Nonetheless, the fatal attractions of philosophy, with its promise of certainty and irrefutable truth, ensured the triumph of the Hippocratic physician.

Local folk traditions and, if the Egyptologists are correct, ancient Egyptian physicians proved more resilient with the inevitable result that Hippocratic physicians won their argument in so far as internal causes were concerned but lost on the issue of whether the demons of disease were to be demoted to lower order spirits. Once inside, it was a simple matter for an in-dwelling spirit, like the genie in the bottle, to move back up to full demon status resulting in the late antique to early Modern concept of demoniac possession. Indeed, we have in the Greek Magical Papyri from Egypt an example of a spell, PGM VII.260-271 in which the Hippocratic wandering womb is treated as a full fledged demon.

And logic demanded the promotion of possessory demons to full supernatural status. The spirit which spoke from inside a patient was not an ultra-low lower order spirit. Lower order spirits had no

²⁹ See previous note.

³⁰ For more details, see J.A. Scurlock, "A Weakness for Hellenism" in *If a Man Builds a Joyful House (Fs. Leichty)*, ed. A. Guinan (Leiden: Styx-Brill, forthcoming).

³¹ *The Sacred Disease* 4.

³² *Places in Man* 47.

³³ See Grmek, *Diseases*, p. 400 n. 81.

voice or volition, bowed in unthinking obedience to immutable laws and did not understand, perhaps could not even hear, what was said to them. The idea that malfunctions of the brain or mental illness, particularly of the sort manifesting itself in dissociate states or severe personality disorder, are caused by the invasion of some sentient being is a considerably more logical suggestion than congealed phlegm, excess of black bile or loose body parts. Moreover, in parts of the world such as Morocco or Japan where exorcisms are still practiced and a conciliatory attitude to demons is the rule, the technique of periodically engaging the alleged possessor in conversation and buying him/her off with comfort foods to be eaten by the patient acts as a surprisingly effective mode of psychotherapy.

The development of the concept of demonic possession was, then, less the rejection by an Eastern religion (i.e. Christianity), of Western (actually Greek) science than an attempt to reconnect Greek philosophically rational "truth" with empirically rational reality.

The text of exorcism which we cited above was certainly still a step backwards from the age of Aššurbanipal, but that does not mean that the new healing practices which the Church devised to deal with the situation were not inspired by a sincere desire to help the afflicted, or that this ancestor of the modern "talking cure" was a less effective method of treating mental illness than a regimen of bleeding and purging to eliminate the alleged excess of black bile. Sadly, the Church's healing efforts were hampered in effectiveness by the rift which developed in late Antiquity between religion, magic and science, the very rift from which it had been born.