the *Iṣṭamāṭīs*, but wrong in suggesting that the borrowing took place at a "pre-Arabic" stage (p. 69). The first of the parallels she points out (ibid.) is so close in the actual wording of the Arabic texts as to make it far more probable that it was the *Arabic* version of the *Iṣṭamāṭīs* which was used in compiling the *Arabic* version of the *Sirr*.

A similar query, but one of greater consequence, arises in connexion with (b). Weisser observes that there are parallels to Nemesius even in the shorter version *A* (p. 65). The most important of these parallels – let me call it *NS* – occurs at pp. 399.4–400.10 of her edition of version *A*. It is here that version *B* offers its longer extract from the *De nat. hom.*, which I shall call *NL*. It is not entirely clear from her edition, which relegates *NL* to an appendix, whether *B* has *NL* in addition to *NS* or in its stead. The question is crucial, for *NS* is included in *NL* almost verbatim (a fact not sufficiently appreciated by Weisser). Hence if *NS* were duplicated in *B*, the secondariness of the longer version would, of course, be beyond doubt. But if, as one would expect, *A* simply has *NS* where *B* has *NL*, there is no earthly reason why *A* should not be an abbreviation of *B*. Indeed, this would then be the only natural assumption to make: for in no way can *NS* be regarded as anything but a minimally adapted extract from the beginning of *NL* (*contra* p. 65). In either case, the shorter version of the *Sirr* no less than the longer postdates the Arabic version of Nemesius on which they both draw.

Prima facie, therefore, the most reasonable assumption would appear to be that the *Sirr* was first composed in Arabic, from sources including the *Iṣṭamāṭīs* and a translation of the *De nat. hom.*, by the translator of the latter. For the *Sirr* as a whole shares with *NL* some striking pecularities of diction (for examples see Ullmann, loc. cit., pp. 172f.). Minor differences (unduly emphasized by Weisser, p. 65) will be explained if we assume that much of the *Sirr* is a product of free composition. This would also go a long way to explain the deviations of *NL* from the text of Nemesius, which are clearly tendentious and cannot (*pace* W., p. 67) be passed off as fortuitous.

The date of the *Sirr* remains uncertain. It must have been put together at the same time, as, or a little later than, the Arabic version of the *De nat. hom.* underlying both *NL* and *NS*. A *terminus post quem* will be provided by the appearance of the *Iṣṭamāṭīs* – if it can be dated. On general grounds of style, one would be disinclined to consider a date later than the middle of the ninth century. To clarify this and other issues, much further study will be needed. In this the present book will prove immensely helpful.

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FRANZ KÖCHER, *Die babylonisch-assyrische Medizin in Texten und Untersuchungen*. Band V: *Keilschrifttexte aus Ninive 1*, pp. xliii, plates 123, 1979; Band VI: *Keilschrifttexte aus Ninive 2*, pp. xl, plates 175, 1980. Berlin and New York, Walter de Gruyter, DM.360.00.

Professor Köcher of the Institut für die Geschichte der Medizin, Berlin, continues his magnum opus with the collection of Babylonian and Assyrian medical texts now in the British Museum but originally found in the ruins of the ancient capital city of

Nineveh. There they had been copied or collected (note the five texts in Neo-Babylonian script) for the royal library developed by Ashurbanipal, King of Assyria *c.* 659–627 B.C., and survived the sack of the city in 612 B.C.

The texts are typical of the corpus of knowledge first compiled in the seventeenth century B.C. for use by two classes of healers: (i) the *āšipu*, "exorcist-psychologist", the learned and literate scholar who sought to restore the patient's health in harmony with the universe and primarily attempted cure by incantation, ritual, and the laying-on of hands, and, as such, was regarded by some as a "member of the clergy". The texts contain many insights into the contemporary folkloristic medical practices. On the other hand, (ii) the *asû*, "physician", was a skilled and experienced technician concerned with the preparation of drugs – potions, bandages and poultices, cataplasms, lotions, suppositories, enemas, and purgatives – and their application but not with "magic". The relative status of these two groups of magical (*āšipūtu*) and therapeutic (*asūtu*) workers is still much debated, and they have been compared with the physician and barber-surgeon of medieval ages. It is likely, however, that in practice they complemented each other.

In these two volumes Dr. Köcher presents 175 texts, made up of some 471 fragmentary cuneiform clay tablets. He has earlier given similar inscriptions in *BAM* I–IV and promises further texts from the same collection in Vols. VII–VIII. Since these volumes are basically copies of texts in the Babylonian script, their contents are easily available only to a few specialists or, through the earlier publications of R. Campbell Thompson, in *Assyrian medical texts* (1923) and the series of articles he published based on them. Dr. Köcher promises full transcriptions, translations, and notes in future parts of the series (IX ff.). When these appear, he will have provided a major basic and reliable tool for the study of Babylonian medicine similar to that for Egyptian by H. Grapow (editor) *Grundriss der Medizin der alten Ägypter* I–IX (Berlin, Akademie-Verlag, 1954–1973). It would seem, therefore, premature to comment in detail on the excellently presented text volumes under review except to indicate something of the nature of their contents and their relation to the growing knowledge of Babylonian medicine.

Texts 421–9 are additions to the therapeutic Vademecum series URU.AN.NA (see BAM I–IV) which list plants, often with alternatives for medical use. This series will be of historical importance since, like other medical texts, it was copied faithfully by scribes from the seventeenth century B.C. onwards. By the seventh century some of the terms in these and other texts were furnished with commentaries to elucidate the rarer terms. The early origin of some "tried and tested" remedies is duly noted. Drug lists (*tuppi šammi*, 430–1) include plants and minerals and relate to the fourteenth-century B.C. apothecary's inventory which Goltz has shown includes seeds and dried substances which were dissolved in special oils. Since no specific prescriptions are included here, it is assumed that these were the general ingredients for the tablets and potions which would also be prepared with water, beer, or milk. Thirteen texts are remedies for general ailments (e.g. *murus libbi*, "internal complaint"), while another fourteen are treatments for precisely worded, though at present unidentified, complaints. The most frequently mentioned are for the head (including loss of hair). ears, nose (and epistaxis), mouth (including stammer), and teeth. Several texts refer to

symptoms and signs, e.g. "if the upper part of a man's skull is feverish . . ." (480–2); "if a man's back sinews are wasted it is . . ." (473–4); "if a man's eyes are sick it is . . ." (510, 513–22); "if [the breathing through] a man's nose is heavy it is . . ." (547–66); if a man's teeth hurt it is . . ." (538). These include suggested treatments and are therefore a development from the earlier lengthy diagnostic series ("when an *āšipu* enters a patient's house . . .") published by R. Labat, *Traité akkadien de diagnostics et pronostics médicaux* (1951), which makes observations of external parts of the body in sequence from the top of the head to the feet. In this, physical signs are described, e.g. "if the patient's right ear is dark his illness will be severe but he will recover"; "if the patient's right kidney hurts him and he cannot lie on that side, he will die in seven days"; "if his left kidney is attacked and he cannot move and vomits blood . . . it is the hand of the god Sibitti, he will die". It is noteworthy that many of the serious conditions which baffled this healer are ascribed to the "hand of the god X" and the usual prognosis was "he will die".

Though this type of document was covered by Köcher in earlier volumes, these texts provide scant evidence for the identification of diseases except perhaps for bronchitis (554, *kiṣirti haššē*). However, elsewhere Kinnier Wilson has used the evidence of a variety of texts from this same period to suggest a probable recognition of xerophthalmia or xerotic keratitis, oedema, scurvy (*bu'šānu* – "stinking disease"), followed by pneumonia, scabies, bilharzia, "Baghdad boil", tinnitus, various degrees of deafness, suppurative otitis media, and possibly typhoid, diphtheria, leptomeningitis, and angina pectoris.

These volumes do not include references to surgery. The reviewer has elsewhere shown that the case cited in the Laws of Hammurapi (§ 218) in which a physician was condemned to lose his hand for destroying a patient's eye when he cut a *nakkaptu* with a bronze lancet, is a specific judgment for which we are not given, in typical Babylonian legal drafting, the attested evidence or special circumstances. Certainly no general inference can be drawn from this case, which was probably an instance of unsuccessful cleaning of an incision of the lacrymal sac rather than of treatment of cataract or scarification, as was thought earlier. Recently, additional examples of attempted Caesarian sections have come to light.

Köcher's work in presenting these texts is a good step forward for the study of the early history of medicine. It is only on this basis that the many problems, especially those connected with the identification of the ancient terminology employed, can be solved. Certainly, the traditional post-Herodotus view that Babylonian, as opposed to Egyptian, medicine was a frail science, needs reviewing.

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STEPHEN T. ANNING, *The history of medicine in Leeds,* Leeds, W. S. Maney, 1980, 8vo, pp. ix, 218, illus., [no price stated], (paperback).

Local medical history is an area of study which has been remarkably neglected by medical historians in this country. There are medical histories at national level such as Fleetwood's *History of medicine in Ireland,* or Comrie's *History of Scottish medicine,*