Introduction

This monograph approaches ancient medicine through the study of a single individual who practiced magico-medical healing in ancient Mesopotamia. The healer's name was Kišir-Aššur and he was the grandson of Bāba-šuma-ibni, the patronymic ancestor of a family of exorcists. We know nothing about Kišir-Aššur's birth and death, except that he lived around the middle of the 7th century BCE in the ancient city of Assur, located some 100 kilometres south of Nineveh, present-day Mosul. Here he resided in the family home, the so-called "N4 house", and practiced the family trade, namely the exorcist's craft. Little is known about his personal life, but due to an abundance of textual sources relating to his profession it is possible to reconstruct and evaluate aspects of his education, career and practice as an exorcist (Akkadian *āšipu/mašmaššu*).

By the 7th century BCE, Assur was the religious centre of the Neo-Assyrian (NA) Empire whereas Nineveh was the political and intellectual capital. Although Assur had earlier been the political capital as well, it retained a special position, as it was still home to the temple of the national deity Aššur and the burial site of the NA kings. It was within this old city that Kišir-Aššur and his family practiced their trade as exorcists for private individuals and possibly also for official institutions. Here, the Bāba-šuma-ibni family assembled a large and private text collection pertaining to their profession as *āšipus*, which provides information about their education, practice, and professional interests. In particular, the texts from this collection provide information regarding Kišir-Aššur's career.

This study focuses on how the Mesopotamian healer Kišir-Aššur was educated, how he practiced his craft, and how he produced and organized his knowledge, as revealed by his texts. Although some information is now lost, and although the N4 collection spans several generations and does not only contain texts that exclusively concern Kišir-Aššur's training and practice, the texts assigned to him can be allocated to specific phases of his career. They therefore provide information about his education and practice that can be used to discuss his production and use of scholarly texts. Through this mode of investigation, this study provides a rounded analysis of all aspects of an ancient healer's profession, and in turn assesses the socio-cultural aspects of healing in combination with analysing the magico-medical content. The monograph will thus improve our understanding of the functional aspects of

texts in their specialist environment. The microhistorical description of Kişir-Aššur's education and career offered here is the first analysis with this level of detail of a single Mesopotamian healer's training and practice. Furthermore, to my knowledge, this work situates Kişir-Aššur as the earliest healer in world history for whom we have such details pertaining to his training and practice, which originates from his own time.

1.1 Colophons

Before examining the Mesopotamian magico-medical sources, practices and beliefs, as well as the problems related to studying Mesopotamian scholarship, it is necessary to understand how Kişir-Aššur is identified as a copyist and owner of the source material. Kişir-Aššur's cuneiform tablets can be identified through a subscript at the end of the texts called a colophon.¹ Colophons consisted of more or less formulaic elements describing from what manuscript the text was copied,² who copied, checked or owned the tablet, and what titles these individuals held at the time.³ It is assumed that the copyists themselves wrote them.

Colophons from private text collections tend to be less formulaic than their official counterparts, for example, from the library of Assurbanipal, even though they do in some cases employ somewhat formulaic expressions.⁴ As Kişir-Aššur is the subject of this study, the elements of his colophons are investigated throughout this work. The colophons enable us to examine the knowledge that was part of Kişir-Aššur's education and career and are therefore the basis for this work. For the purpose of this study, I use the terms "education", "training", and "career". The first two terms are used interchangeably to refer to Kişir-Aššur's written and practical schooling. The term "career" is used to designate progression in Kişir-Aššur's titles.

1.2 Mesopotamian Medicine

Any history of ancient medicine must be written on the basis of surviving manuscripts. Ancient Mesopotamia has left us a large corpus of medical and

1 For colophons in general, see Hunger 1968 and Leichty 1964.

2 Colophons can also provide a fictional history of a text, see Heeßel 2011: 171–76.

3 For the elements in colophons, see George 2010; Cavigneaux 1996; Pearce 1993; Cavigneaux 1981: 37; Borger 1970b; Hunger 1968: 1–15; Leichty 1964. See also Maul 2010a: 215; Gesche 2001: 153–66; Foster 1991: 18.

4 Stevens 2013: 212; Hunger 1968: 1, 15; Leichty 1964: 147.

magical literature, mostly dating to the first millennium BCE (Pedersén 1998). In general, studies in Mesopotamian medicine have increased since the early publications by Küchler (1904), Thompson (1923), Labat (1951), and Köcher (1955),⁵ and the previous decades have seen a growth in publications on Mesopotamian medicine, healing practices, and professions.⁶ Although many texts related to Mesopotamian healing have been passed down to us, these manuscripts are snapshots of specific times and particular places (Nutton 2004: 12). Therefore, tendencies to write overarching histories of medicine on the basis of preserved manuscripts must be nuanced with localized studies such as the present one. Furthermore, considerable information is lost today. Manuscripts have perished, oral traditions disappeared, and some knowledge was never committed to writing. Furthermore, specialist knowledge was not necessarily widely available, political upheaval could result in the disappearance of entire libraries, and the written medium and primary vernacular changed in the first millennium BCE (see Robson 2011a; Nutton 2004: 5–7). It is therefore necessary to consider when and where individual sources were copied, as well as what purpose the knowledge may have served to the copyist.

Another problem relates to the temporal distance. Over two and a half millennia separates the knowledge preserved in the surviving texts from the present day. In Assyriology, Landsberger's understanding of the "Eigenbegrifflichkeit" of Mesopotamian cultures, namely that Mesopotamian cultures cannot be adequately described by western terminology and definitions based on the Greek understanding of our world, is still justifiably discussed as a sound approach for examining the ancient texts.⁷ In order to bridge the gap between the medicine of the modern and ancient world, this study draws on the works of Unschuld (2009: 2–6; *ibid.* 1980: 13–16), who saw illness as a subjective assessment of poor health influenced by a socio-political context. Yet, a society can operate with multiple explanatory models, of which some may have an objective medical factor defined by the respective culture. In some areas of medical anthropology, the term "disease" implies a biological understanding of the cause of illness and carries connotations of modern Western medicine.⁸ However, Eisenberg (1977: 13) stressed "the discrepancy between disease as it is conceptualized by the physician and illness as it is experienced by the patient", and such a division of "disease" and "illness" may exist regardless of the culture in question (see also Kleinman 1980: 72–80). This view on the term "disease"

5 Also, e.g., Köcher 1963a–1971; Kinnier Wilson 1965; Biggs 1967; Golz 1974; Herrero 1984; van der Toorn 1985.

6 E.g., Böck 2014a; Scurlock 2014; Geller 2010; Scurlock and Andersen 2005; Heeßel 2000; Stol 1993. See the bibliography in Verderame 2012.

7 Landsberger 1926 and 1976; see Sallaberger 2007.

8 Kottak 2010: 63; see also Avalos 1995: 27.

is not completely anachronistic in regard to ancient Mesopotamia, seeing as cuneiform medical texts can contain traits of professional conceptualisations, which designate states of poor health. Another term useful for describing poor health is “sickness”, describing “the process through which worrisome behavioural and biological signs, particularly ones originating in disease, are given socially recognizable meanings, i.e. they are made into symptoms and socially significant outcomes” (Young 1982: 270). Furthermore, terms such as “disorder” (e.g., Kleinman 1998: 389, 393) and possibly “syndrome” (e.g., Arbøll 2018a: 278–279) may be applied carefully to some aspects of ancient Mesopotamian medicine. Nonetheless, the words “illness” or “malady” are preferred throughout the present study, although I acknowledge that other terms concerning poor health can be applied to ancient Mesopotamian medicine.

1.2.1 *Magico-medical Healing*

The Mesopotamians did not distinguish between what we today label as “magic” and “medicine”, instead believing that illnesses were caused by supernatural forces, such as gods or demons.⁹ Once a patient was seized by an illness, healing could be achieved through identifying the ailment and the agent causing the malady and subsequently applying therapeutic or ritual treatments to cure the illness and its symptoms, as well as ritual actions to appease the god in question.¹⁰ Some terms for ancient illnesses could refer to both the malady and the demon believed to be responsible for the affliction.¹¹ Mesopotamian healing therefore consisted of both magical and medical treatments, and some texts that researchers label “medical” contain a mix of diagnoses, symptom descriptions, prescriptions, incantations, and prayers, as well as religious

9 Scurlock 2014: 7; Böck 2009b; Scurlock 2006: 5–20; Heeßel 2000: 11–12, 49–53, 81–90, 94–96; Stol 1991–92: 42; Biggs 1995; Biggs 1987–90; van der Toorn 1985: 68–70. The body could perhaps malfunction on its own, see Scurlock 2014: 7. On the question of “natural” illnesses, see Collins 1999.

10 Koch unpublished; Heeßel 2000: 81–87, 94–96; see Böck 2014a: 3, 165, 171–72, 180; *CMAwR* 1: 1–2; Geller 2010: 9, 24–42; Stol 1991–92: 44–46. For therapeutic treatments, see Böck 2009a; Herrero 1984: 43–114; Golz 1974: 1–95. Note that the symptoms specified in such texts as appearing on the left/right side of the patient may have been described from the perspective of the healer, as suggested by Scurlock and Andersen (2005: xxii–xxiii). However, this suggestion remains a hypothesis.

11 Böck 2014a: 179. Few ancient illnesses can with certainty be identified as a modern disease, and applying retrospective diagnoses to ancient Mesopotamian medicine is generally problematic (see Arbøll 2018a: 261). Caution is therefore advised when drawing on studies of Mesopotamian medicine primarily employing retrospective diagnoses.

rituals.¹² Among the reasons for falling ill were sins committed in the past or witchcraft performed against the patient.¹³ Illness, however, was not the only type of divine punishment and other examples include economic ruin or social ostracism.¹⁴ All of these problems could be diagnosed and healed by the *āšipu*.¹⁵

Three generalized subcategories of texts are often recognized within the magico-medical corpus, namely diagnostic, therapeutic, and pharmaceutical texts (e.g., *CMAwR* 1: 8–9). There are no theoretical works on healing from ancient Mesopotamia (Geller 2010: 11; see Section 3.2). Diagnostic texts usually contain a symptom description, formulated as a conditional “if”-clause (*šumma*-clause), and an illness diagnosis or information on the cause of the illness and occasionally a prognosis.¹⁶ The therapeutic texts typically contain prescriptions with lists of ingredients for, e.g., potions, poultices, enemas, or amulets, and occasionally ritual instructions as well as incantations. Some prescriptions open with a symptom description or a diagnosis formulated as a *šumma*-clause and others end with the name of the symptom or illness against which the prescription is considered useful (see, e.g., Johnson 2015: 308; Wee 2012: 198–200). The pharmaceutical texts provide information about individual plants or other ingredients against certain symptoms or illnesses, how they are administered, their appearance, or alternative names.¹⁷ It is often unknown how much of the written material related to the *āšipu* was actually put to use.¹⁸ Although the above grouping of magico-medical texts places manuscripts with magical and medical content together, it is clear that these could serve specific purposes as approaches to achieve healing.¹⁹

12 See references in Ch. 1 note 10. A prime example combining both approaches remains the “rubbing” *muššu’u* ritual (Böck 2007; Böck 2003).

13 Böck 2014a: 193; *CMAwR* 1: 2–8; Maul 2004: 93; Stol 1991–92: 46–47; van der Toorn 1985. A proper study of what it meant to be ill (*marāšu*) is still a *desideratum*; for now, see Stol 2009b.

14 This is described alongside various other maladies in *Ludlul bēl nēmeqi* (Lambert 1996: 32–36; see Annus and Lenzi 2010: 31–33). See also *CMAwR* 1: 3, 5; Schwemer 2007a: 132, 147, 168, 170, 178, 181–82, 252, 279.

15 The *āšipu* is occasionally advised not to provide a prognosis of the patient’s illness in Sa-gig (Scurlock 2014: 188, 208). In the literary text *Ludlul bēl nēmeqi*, the exorcist cannot diagnose the patient’s illness, and, thus, he cannot bring about its cure (Lambert 1996: 38–39, 44–45; Annus and Lenzi 2010: 35, 37).

16 E.g., Heeßel 2000; Labat 1951.

17 E.g., Attia and Buisson 2012; Böck 2011; Kinnier Wilson 2005; Köcher 1955.

18 Robson 2008: 474; Heeßel 2000: 92–4; for a discussion of the astrological-astronomical literature used in practice, see Veldhuis 2010.

19 Geller (2016: 30) saw these approaches as complementary, in which medicine could “alleviate the symptoms and distress of disease”, whereas “magic was required to elucidate

The term “healing” is used here to describe the ancient magico-medical approaches for diagnosing and treating illness as well as ensuring social, physical, or mental wellbeing.²⁰ This provides us with a holistic term that can account for the incongruous, but practical, division of healing into “magical” and “medical” practices, as long as we disregard any loaded meaning of the term.²¹ Nonetheless, the analytical terms “medicine” and “magic” are unavoidable when analysing Mesopotamian healing practices,²² although they have several connotations. Medicine implies rationality and an empirically based Western medical science (Heeßel 2009: 13–14; Scurlock 1999: 69), whereas the term “magic” is a polemic concept with connotations of irrational and superstitious ritual practices.²³ However, there is no equivalent to the term “magic” native to Mesopotamia.

In the early days of studying Mesopotamian medicine, this dichotomous division of the healing arts was transferred diachronically onto two main healing disciplines: the craft of the “physician” (*asû*) and the “exorcist” (*āšipu*, Ritter 1965; see Section 1.2.3). Today, it is clear that medicine and magic in the first millennium cannot be assigned to either profession exclusively (see recently May 2018). Yet, magico-medical material is still occasionally assigned to these disciplines according to various principles.²⁴ However, such divisions are rarely reflected in the context of the manuscripts investigated.²⁵ Medical and magical approaches to healing in ancient Mesopotamia are therefore still discussed as separate entities, although the abandonment of such a distinction has been recommended (Robson 2008: 476–477). Though the form and content of these approaches may have differed, they were clearly intertwined

the nature and cause of illness”, i.e., it functioned as theory (see also Geller 2007b; Geller 1999). However, the view on magic’s role in healing differs between researchers (see, e.g., Böck 2014a: 185–186).

20 A concise definition can be found in Ember and Ember 2004: xxxi. See Unschuld 2009: 6–7; Robson 2008: 276–77; see also Koch unpublished.

21 See discussion with references in Koch unpublished.

22 Geller 2016: 33; Böck 2014a: 176–85; Schwemer 2011: 419; Geller 2010: 8–10; Heeßel 2009: 13–14; Geller 2007b: 389.

23 Schwemer 2015: 17; Sørensen 2013: 230–32; see Böck 2014a: 176–78; Sørensen 2007: 32.

24 E.g., in discussions of Mesopotamian magic, high-prose incantations have been suggested to belong to the lore of the *āšipu*, while crude spells belong to the lore of the *asû* (van Binsbergen and Wiggermann 1999: 29–30; cf. Böck 2014a: 186ff.). Johnson (2018) recently suggested a difference in disease aetiologies between the two disciplines.

25 Although the AMC may have been linked to the craft of the *asû* (see Steinert 2018c: 178ff.), it included many magical elements (see Section 9.3.2). Furthermore, May (2018: 71) has suggested that the copyist of the AMC was related to Kišir-Aššur.

approaches for healing in Kišir-Aššur's texts. Thus, at his time we may see them as part of a healing system with a fusion of views (Böck 2014a: 180).

As a result of the inherent biases, some researchers consider the term “magic” best abandoned (e.g., Smith 2004: 218), while others have argued for the validity of “magic” as a scientific concept,²⁶ also within Assyriology (e.g., Schwemer 2011: 419–420). In relation to Mesopotamia, magical acts are part of rituals, which in turn are cultural practices often considered to be part of the religious sphere.²⁷ Although magic is often considered to be something predating or operating between religion and science, resembling as well as contrasting elements of both (Smith 2004: 215–18; see Sørensen 2013: 242), magic must be considered as being linked to ritual and thereby to religion in Mesopotamia (Farber 1995: 1895–96). However, medicine in Mesopotamia must also be considered interrelated with both religion and magic (Böck 2014a: 176).

Magic and medicine were intermingled in NA healing. They are useful terms for discussing Kišir-Aššur's manuscripts, although they should not be used to force unwarranted meanings of efficacy or rationality onto the texts. Both types of treatments were clearly considered legitimate approaches to healing by the ancient practitioners. This monograph therefore draws on the terms “magic”, “medicine” and “ritual”, while always being conscious of their inherent connotations. Throughout this work, the term “ritual” is mainly used as an analytical category to distinguish between different texts, thereby analytically identifying their content based on primarily “magical” components.²⁸

1.2.2 *The āšipu-/mašmaššu-exorcist*

The *āšipu*, also transcribed as *mašmaššu*, was one of five main scholarly professions throughout the NA period alongside the *asû* “physician”, *ṭupšarru* “scribe” or *ṭupšar Enūma Anu Enlil* “astrologer”, *kalû* “lamentation priest”, and *bārû* “diviner”.²⁹ The *āšipu* was primarily concerned with magico-medical healing and diagnosing causes of problems for clients, and he could perform rituals for the city, the cults, and the court.³⁰ Among his tools were numerous rituals, medical remedies, prayers, and incantations (Schwemer 2011: 423–26). His duties overlapped with the *asû* and *bārû* in terms of medical treatments and

26 See, e.g., Sørensen 2013; Sørensen 2007; cf. Smith 2004: 218.

27 See Bell 1997: 20–21, 80, 164, 267. For a definition of religion, see Lincoln 2003: 5–8; Boyer 2002.

28 See Section 1.2.3. For the term “magic” used in Assyriology, see, e.g., Geller 2016: 27–32; Schwemer 2015: 19; Böck 2014a: 178; Schwemer 2011: 420; Geller 1999; van Binsbergen and Wiggermann 1999; cf. Robson 2008: 476; Scurlock 2002b.

29 Parpola 1993: XIII–XIV.

30 Koch 2015: 20–21; Schwemer 2011: 421–23; Jean 2006: 83–143, 183–84.

diagnostic-prognostic practice.³¹ In accordance with his duties, the *āšipu* is ordinarily translated as, e.g., “exorcist, conjurer” or “Beschwörungspriester”.³² Although such translations are inadequate and often incorrect in describing his competences and duties, this study adopts the translation “exorcist” for the sake of convenience.

The exorcist is typically referred to by the Sumerogram MAŠ.MAŠ in first millennium BCE sources. Yet, it is often uncertain whether MAŠ.MAŠ should be transcribed as *āšipu* or *mašmaššu*.³³ Various texts equate the Sumerogram ¹⁴MAŠ.MAŠ with *āšipu* or *mašmaššu*,³⁴ but it is largely unclear if these readings differed or could be used interchangeably.³⁵ Throughout this study, the transcriptions *āšipu* and *mašmaššu* are used interchangeably because the secondary literature uses both.

1.2.3 Genres of Texts

The ancient Mesopotamians did not group their texts according to modern taxonomies of genres. As a result, modern genres are often applied anachronistically to group the magico-medical texts and rituals studied here.³⁶ Such an approach runs the risk of decontextualizing the formal labels used within the ancient texts to categorize the content, such as incantations or prayers introduced by ÉN (Lambert 2008), ritual instructions introduced by DÛ.DÛ.BI (Maul 2009), remedies as well as some ritual procedures labelled as *bulṭu* (Steinert 2018c: 179 note 112), or particular types of texts such as *namburbi*-rituals.³⁷ Earlier studies divided magico-medical texts into dichotomous groups of knowledge in which the *āšipu* was interpreted as practicing magic to cure “supernatural” causes of illness and the *asû* practiced “rational” medicine to “natural” causes of illness (Ritter 1965; see Herrero 1984: 22–24, 38). This dichotomy was continuously discussed³⁸ and Scurlock (1999: 78–79) suggested the *asû* and *āšipu* could have functioned respectively as pharmacist and physician. Scurlock’s suggestion has been criticized in various recent studies,³⁹ and

31 Koch 2015: 20–21; see Heeßel 2009: 14 and note 6; Robson 2008: 472–74.

32 E.g., Schwemer 2011: 418; Geller 2010: 45ff.; Maul 2010a; Stol 1991–92: 42, 62; Lambert 1967: 107; cf. Jean 2006: 22, 52; Sallaberger and Vulliet 2005. See Koch unpublished.

33 For possible etymologies, see Geller 2010: 43–44; Jean 2006: 19–21.

34 Jean 2006: 22–31; see Geller 2010: 43–50.

35 Geller 2010: 48–50; Attinger 2008: 76; Geller 2007c: 1–4, 8; Jean 2006: 17, 23–24, 35–37.

36 See Michalowski 1999; Vanstiphout 1999; Röllig 1987–90: 48ff.; Vanstiphout 1986.

37 Maul 1994; see *CMAwR* 1: 9–10; Rochberg 2010: 23–24.

38 E.g., Biggs 1995: 1914, 1918–20; Stol 1991–92: 49, 58–62 and note 103; Golz 1974: 9–14; Labat 1952.

39 E.g., Heeßel 2009; Geller 2007c; Zucconi 2007: 19. See also Geller 2010: 43, 50–52; Robson 2008: 475; Jean 2006: 14–15. For recent discussions of magico-medical scholarly knowledge

during Kišir-Aššur's time these professions must have overlapped and functioned complementary.⁴⁰ In Assur at Kišir-Aššur's time the craft of the *āšipu* was a healing art drawing on a multitude of magical and medical approaches, including those of the *asû*, for averting disaster, removing ill omens as well as sickness, and preserving health (Maul 2019: 26 note 3).

Grouping texts according to modern principles is never straightforward. Nevertheless, I assign Kišir-Aššur's manuscripts to groups of texts with "medical", "ritual", or "other" content: medical texts consist of diagnoses, symptom descriptions, prescriptions, ritual instructions and incantations intended to soothe an affliction of the body or the mind; the ritual texts contain incantations, prayers, and ritual instructions for appeasing causes of illness, removing negative omens, and other purposes; and the "other" group comprises texts that do not fit into either of these categories. The terms are solely intended to divide Kišir-Aššur's texts roughly according to content for the reader's convenience. The categories are admittedly problematic, seeing as texts labelled as "medical" can also include incantations and ritual instructions, and texts labelled as "ritual" could in some cases be used to appease the divine cause of an illness or remove omens leading to sickness. Thus, texts in both categories would have been part of a shared framework of healing, although they are grouped differently.

1.3 Authorship

A number of problems associated with the study of Mesopotamian scholarly knowledge concern the lack of known authorship and the anonymity of cuneiform literature. Furthermore, the textual traditions of scholarly knowledge have in recent decades been shown to be more diverse and individually founded than previously imagined. The question is, of course, whether Kišir-Aššur was really the author or merely the copyist of the texts that bear his colophons. We know that Mesopotamian literature was by and large anonymous (Lambert 1957: 1). Authors can rarely be identified (cf. Foster 1996: 20 and note 2), and there are few text-internal references to composers⁴¹ or to a specific editor (George 2003: 28–33; Lambert 1962: 66–67, 77). Catalogues of texts

in relation to *āšipūtu* and *asūtu*, see Geller 2018b; Johnson 2018; Panayotov 2018b: 90–91; Steinert 2018a: 90ff.; Steinert 2018b: 13; Steinert 2018c: 187, 189 and note 165, 190–191.

40 A N4 text (BAM 199 obv. 10) describes the production of a medical "ointment" that is later classified as (rev. 14): "a [sec]ret of the *mašmaššu*". See also Johnson 2018: 56–57; Panayotov 2018b: 90 and note 18; Böck 2014a: 28; Schwemer 2011: 423; Robson 2008: 472–76.

41 Lambert 1996: 63; Foster 1991: 17; see Hecker 1977: 248–49; Lambert 1967; Hallo 1962: 14–15.

and authors show that Mesopotamian scholars of the NA period were concerned with tracing certain texts or text series back to gods, sages and legendary scholars (Lambert 1962), although this information must be considered unrealistic (Foster 1991: 18, 31). Cuneiform scholarship depended on textual transmission through education (Robson 2011a: 562), and evidence of changes occurs regularly as a result (Worthington 2012: 5–7, 16–28). It is possible that oral traditions also played a substantial role in the transmission of knowledge.⁴² A single author of scholarly texts therefore rarely existed and many “authors” were often involved in forming a certain composition (Foster 1991: 17–19 and note 7). Several individuals attributed with “authorship” were probably authors, editors, redactors, or something in between.⁴³

Throughout this work, the words “written” and “copied” are used interchangeably to describe Kišir-Aššur and other scholars’ act of copying and writing a text from, e.g., another manuscript, memory, or dictation onto the cuneiform tablet investigated. Therefore, this monograph explicitly notes whenever questions of authorship, redaction, or creativity are addressed.

1.4 Proof and Possibility

The present study presupposes the existence of a correlation between content and purpose at the point when texts were copied.⁴⁴ To clarify, I do not propose a direct correlation between writing a text and acquiring medical expertise in the relevant area or applying the text directly in practice. The function of a text could vary. As I argue throughout this study, Kišir-Aššur’s texts may generally have been related to practicing the knowledge found therein, as part of a training curriculum he needed to learn regardless of applicability, to improve his understanding of what was described in the text, or a combination of these areas. The purpose has to be evaluated through careful analyses of individual manuscripts and their colophons. Admittedly, only texts with so-called “purpose statements” (Section 7.4) can be directly related to practice. Still, the Bāba-šuma-ibni family were *āšīpus*, who must have been engaged in healing activities. Therefore, it is justifiable to presuppose that texts copied

42 See Worthington 2012: 7–13; Frahm 2011a: 43–45, 87, 322; Foster 1991: 31; Elman 1975; Læssøe 1953: 212–13.

43 Frahm 2011a: 334–32; Rutz 2011: 299 and note 21; George 2003: 32–33; Finkel 1988: 144–45; Hallo 1962: 14–15; see Geller 1990.

44 See, e.g., Section 7.4; cf. Couto-Ferreira 2018: 163. Although the purposes of texts may be elusive, they are important for reconstructing the context and use of ancient knowledge (see Rochberg 2016: 32).

during their training must have served educational purposes with a practical dimension (see Maul 2010a: 216). Each text likely provided concrete knowledge, which could be considered useful in some form for their practice.

A microhistoric approach is employed for investigating Kişir-Aššur's texts (Section 2.1). In microhistory, gaps in the evidence are welcomed as part of the account, by accepting the limitations while exploring the inherent implications (Ginzburg 2012: 208–209). Some microhistorians therefore allow the conditional and the speculative in order to go beyond the information obtained from a given source (Tivellato 2015: 128). By researching sources from similar or contemporary geographical, social and cultural domains to illuminate the subject's world, it is therefore possible to carefully combine “proof” with “possibility” (Ginzburg 2012: 57; Davis 1985: 5).

As outlined in Section 2.3.1, the N4 text collection consists of limited and incomplete textual evidence. Furthermore, the magico-medical corpus of Mesopotamian healing generally comprises prescriptions, diagnoses, rituals and recitations, which are mainly anonymously authored, stylistically locked in rhetoric, and seemingly detached from theory and practice (Sections 1.2.3 and 1.3). Due to the nature of the material, my approach combines “proofs”, i.e., information provided by a source alone, with “possibility”, i.e., rigorously researched hypotheses and carefully argued speculations, in order to outline the otherwise inaccessible contours of an ancient healer's training and practice. Such a method is sure to raise objections in Assyriology, although I hold a distinct line between argumentation and meticulously reasoned hypotheses on the one hand, and wild and free guesswork on the other. Therefore, what some readers may mistake for straightforward conclusions or equivocations are in fact carefully formulated hypotheses and suggestions. As a result of this approach and its caveats, the impact that the identified individual magico-medical focuses might have had on Kişir-Aššur's training and practice is likely to be subject to interpretation in future studies, regardless of how probable specific assessments may be.

1.5 Scope and Structure

This study comprises ten chapters, which are structured around the various phases of Kişir-Aššur's career and the groups of texts assigned to each phase. Where there are relatively few texts assigned to a phase, several phases have been grouped together in a single chapter.

Chapter 2 provides the framework for the study by defining the microhistorical approach and its applicability here. It furthermore offers an overview of

the previous research on and a description of Kişir-Aššur and the Bāba-šumabni family. This chapter sets the stage for the analysis of Kişir-Aššur's texts within the N4 collection.

Chapter 3 focuses on Kişir-Aššur's earliest attested career phase, the *šamallû šeḫru*-phase. Kişir-Aššur copied a number of medical texts during this period, and the chapter discusses their diagnoses in relation to Kişir-Aššur's medical proficiency. It is proposed here that Kişir-Aššur's anatomical and physiological understanding, as well as his diagnostic capabilities, were trained during this phase.

In chapter 4, I discuss physiological aspects of Kişir-Aššur's training as *šamallû šeḫru* by contextualizing the snakebites, scorpion stings, and horse illnesses treated in *RA* 15 pl. 76. I explore the role of venom in Kişir-Aššur's anatomical understanding by proposing a new framework for the cultural and scholarly understanding of venom in relation to symptoms and illnesses, according to which venom, bile, and saliva may have provided an interspecies conceptual framework for understanding human physiology. Here, I also address the role of veterinarian knowledge in Kişir-Aššur's education.

Kişir-Aššur's *šamallû*-, *šamallû mašmaššu šeḫru*-, and *mašmaššu šeḫru*-phases, for which only a few texts are attested, are studied in chapter 5. The texts from these phases indicate that Kişir-Aššur copied rituals connected to private religion and a text to calm a child. On the basis of the child treatment, the chapter contextualizes the text by discussing paediatricians in Mesopotamia and provides a hypothesis suggesting that Kişir-Aššur may have worked with greater autonomy on animals first and children secondarily, before moving on to adults later.

Chapter 6 scrutinizes the texts from Kişir-Aššur's *mašmaššu*-phase and I argue that he began conducting house calls and organizing healing rituals during this phase. Furthermore, contemporary evidence indicates that he protected households prophylactically from illness and epidemics and that such rituals may have functioned as quarantine measures. Additionally, a number of *namburbi*-rituals from this and Kişir-Aššur's later *mašmaš bīt Aššur*-phase may relate to conducting house calls and supervising rituals. Furthermore, a single lexical text possibly attests to Kişir-Aššur's scholarly training during this phase.

Chapter 7 studies a number of texts with colophons that do not contain titles or are broken, which are relevant for an understanding of Kişir-Aššur's career. On the basis of text-internal features, this chapter argues that a number of texts should be assigned to the *mašmaššu*- and *mašmaš bīt Aššur*-phases of Kişir-Aššur's career. In particular, the addition of so-called "purpose statements", i.e., statements designating the tablet as produced for

preparing a ritual, are argued to stem from his *mašmaššu*-phase and later. The chapter also discusses two texts possibly consisting of commentaries.

Chapter 8 investigates the texts from Kišir-Aššur's final career phase, the *mašmaš bīt Aššur*-phase. The content of three large groups of medical, ritual, and other texts, of which the last group was associated with the Aššur temple, are investigated. In connection with the medical texts, the chapter offers a case study of the prescriptions labelled as "tested". This chapter also discusses a text labelled as a panacea, i.e., a universal prescription, as well as Kišir-Aššur's use of medical incantations.

Chapter 9 provides a general outlook on Kišir-Aššur's overall knowledge production. It is argued that Kišir-Aššur may have focused on certain areas of medicine during his career. This chapter also addresses the question of numbered extract texts and their interpretation, as well as the catch-lines and their relationship to the therapeutic series Ugu and the Assur Medical Compendium. I further examine the relationship between Kišir-Aššur's career and the Exorcist's Manual, which is considered to be a list comprising major works of the *āšipu*'s knowledge base. These preliminary results are contextualized within the larger framework of local knowledge in Assur and Nineveh.

A summary and synthesis of the most important results is presented in chapter 10.