A journalist had to interview an extremely rich lady renowned for her philanthropy. She explained that her fortune had originated from having survived two successive husbands, both multi-millionaires. She said that she got up at around eleven o’clock in the morning when the begging telephone calls began, many from medical charities which focused on particular diseases. Although she had felt irritated by these demands she always gave, she said, as she feared she might get the disease herself.

There must be many reasons for giving to medical causes. What this woman admitted, perhaps with the shamelessness of old age, can not be uncommon. It represents the same impulse that in Babylonian times saw disease as possession by a malign influence.

After all, to fear that snubbing a “disease”, refusing to propitiate it with suitable gifts of money, may cause it to invade your own body is tantamount to ascribing to it an intelligent existence. The disease ceases to be the result of organ dysfunction in the way that pot-holes occur in a road or wear and tear may damage car tyres. It has to be respected as an entity with a mind of its own which makes it not dissimilar to the demon of Babylonian medicine.

Western culture would not permit many people to express themselves in the terms of the rich old lady and no-one would suggest that someone was actually possessed by a demon, but this paper investigates the possibility that these deeper feelings are still present in our perception of illness.

The study of medicine in antiquity primarily has to identify the terminology that our predecessors used, to work out their method of classification and to relate it to our own way of understanding disease.

What is presented here is the reverse of that approach. We will select a contemporary disease and look at it in a manner acceptable to that of the doctor in antiquity. The purpose is to understand what
lies behind modern management, and this may in turn cast some light on the approach of the ancient physician.

In order to do this we have to choose a disease which is as mysterious to us now as those they had to face in antiquity. There is obviously no point in looking at a condition such as diabetes. We know the cause is a dysfunction of certain cells in the pancreas and we can hold it in check with medication. We should examine a disease that baffles us and yet is common enough to observe patterns in the patients’ and doctors’ way of handling it.

A good example is what is now called “chronic fatigue syndrome”. Uncertainty is such that a joint working group of the Royal Colleges of Physicians, Psychiatrists and General Practitioners in Britain recently issued a report to define it.\(^1\) The term itself first appeared in a proposal by the United States Centers for Disease Control in 1988.\(^2\) The disease consists of a collection of prolonged and debilitating symptoms whose association and relationship are ill-defined. No suggested cause has been without controversy and no treatment has been accepted. Our contemporaries are as near to their professional ancestors as they could be in the circumstances, but before looking at our present attitudes we should consider how the ancient physician would approach a disease including debilitating fatigue and little in the way of specific signs.

We can see immediately that the Babylonian physician and the Greek physician of Hippocratic bent would approach it quite differently.

Although there is considerable similarity in the availability of symptom-lists, with the diseases organised from head to foot, the use of incantation seems to be an integral part of Babylonian medicine though not of Greek. The lists which appear in cuneiform tablets dating from the first millennium and which have become known as the “Diagnostic Handbook” were actually used by the incantation-priest (āšipu) rather than the physician (asû). The line which states: “when the āšipu goes to the house of the sick man” suggests that it is the incantation-priest who first visits the sick and makes the

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