INTRODUCTION
“OEIL MALADE ET MAUVAIS OEIL”

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The present group of papers resulted from a colloquium at the Collège de France in June 2006, on the theme of “œil malade et mauvais œil” (the sick eye and the evil eye), intending to highlight both the magical and medical aspects of ancient medicine. The papers all address some of the most important issues within ancient Babylonian and Greek medicine from different perspectives. Some papers discuss the social aspects of healing, trying to determine who the healers were and in what context they operated, while other authors examine the technical aspects of therapy, such as the type of plants used and how they were treated. As with every new publication, it is a good idea to assess what progress has been made in understanding ancient medicine, even if our assessment is likely to be provisional, since it is easy to lose sight of the general picture when concentrating upon the essential details and data.

There are three elusive and rather thorny themes to bear in mind while evaluating the present collection of papers and the information presented in them. The themes are basic ones and concern 1) comparisons between Babylonian medicine and other contemporary systems of medicine in the region 2) the relationship(s) between magic and medicine, and 3) the social role of medicine/therapy within Babylonian society.

What we have from Mesopotamia, however, is an extremely valuable and large corpus of medicine which needs to be edited, translated, and explicated, as well as exploring any connections with other systems of medicine in the Ancient Near East. Egyptian medicine is certainly one candidate for comparison, since Egypt has its own corpus of medical texts, most of which are, however, much earlier than those in Akkadian, dating from an era corresponding to the Old Babylonian period in Mesopotamia, when medical texts are only sparsely attested. Nevertheless, Egyptian medicine contains much in the way of therapeutic texts and recipes, although we find nothing in the way of prognosis or diagnostic texts comparable to the Babylonian Diagnostic Handbook.
Furthermore, Egyptian texts dating from the second millennium B.C. have no late copies indicating that they were transmitted and studied in later periods, either in oral or written form. This makes precise textual comparisons between Akkadian and Egyptian medical texts problematic, since we would ideally prefer to compare texts from the same period.

With Greek medicine, however, the situation is much more promising, since much of Akkadian medicine from the latter first millennium B.C. has contemporaneous Greek counterparts showing many similar features. The Hippocratic corpus, in particular, has examples of prognosis and proverbial medical literature which look very much like Akkadian medicine, and there is a certain amount of therapeutic literature from this same corpus which also resembles Akkadian recipes. Paul Demont’s article ends on this very note, citing examples of texts from the Hippocratic treatise *Diseases II*, which is known to come from an early stratum of the Hippocratic corpus, and these texts look remarkably similar to what we find in Akkadian, although these comparisons have never been studied systematically.

The complex relationship between magic and medicine is arguably better attested in Mesopotamia than in most other ancient sources, judging by the sheer quantity and variety of both incantations and medical texts which the cuneiform tablets have to offer. The relationships between magic and medicine in Mesopotamia are both complex and subtle, since the configuration of therapeutic practices is divided between magic and medicine, divination, exorcism and recipe-based treatment, with an extensive literature in all genres of texts.

The roles of the two main healing professionals, the ḫšp and šs, sufficiently overlap to prevent a clear determination of their respective roles. Within the royal court, for instance, both the exorcist and šs appear to offer similar treatments, as pointed out by Barbara Böck in the present volume. The ḫšp-exorcist appears to have a good deal of medical knowledge and in fact is responsible for prognosis and diagnosis (which to us would appear counter-intuitive), while the šs was equally responsible for copying incantations into his medical recipes. Furthermore, we have no idea about the training of such personnel, a point which Geoffrey Lloyd takes up in reference to ancient Greek and Chinese physicians. He points out that:

None had legally recognized qualifications, such as exist for modern biomedical practitioners, who receive licenses to practise only after they have finished thier training in approved medical schools. But they had clearly