When Edith Ritter published her article “Magical-Expert (=Āšipu) and Physician (=Asû). Notes on Two Complementary Professions in Babylonian Medicine” in the widely read Landsberger Festschrift in 1965, the problem of the two healing professions in Ancient Mesopotamia seemed to be solved at last. Ritter argued that the two professions āšipu “exorcist” and asû “physician” could be distinguished along the lines of magic vs. medicine, irrationality vs. rationality. The āšipu was the magical-expert who countered disease by charms and incantations, in other words by magical means. The asû, by contrast, was the physician who healed the sick with bandages and poultices, by his medical craft, which was rational. This rather simple distinction was widely adopted both within cuneiform studies and in neighbouring fields, as it conformed to the Zeitgeist, which still held an unshakeable belief in the possibility of distinguishing between magic and science in ancient healing practices. However, with the paradigmatic shifts in the cultural sciences, there was also a growing uneasiness with that division in medical cuneiform studies, and in time this led to revision of Ritter’s thesis. When Marten Stol addressed the problem in 1992 he showed that studies of Mesopotamian healing must take into account not only the asû and the āšipu, but also the bārû “diviner”, and he stressed the use of popular magic by the asû. Three years
later Robert Biggs directly rejected the distinction in terms of the exorcist practicing magic and the physician being rational, stating that “the distinction is more theoretical than real”. Recently, JoAnn Scurlock dissented from the distinction into opposites with the following words: “If we cannot separate asû and âšipu, it is because we are looking for binary opposites where there are not any.”

The problem of the distinction between the two Mesopotamian healing professions is an epistemological one: any deductive theory can only be as convincing as its premisses are valid, which means that all theoretical distinctions we make between the asû and âšipu rest on the quantity and quality of the available sources. Therein lies the core of the problem, for our material is still too scanty to solve this riddle beyond doubt. Apart from the fact that our sources highlight only certain periods, especially the Old Babylonian and Neo-Assyrian epochs, one of the main parts of the enigma is the insufficient connection between the evidence of documents of daily life like letters and receipts on the one hand and the hundreds of extant medical texts on the other. In letters and receipts we see both the asû and the âšipu as very active healers, sometimes working together, sometimes alone. According to the colophons, however, the medical texts belong almost exclusively to âšipûtu “the art of the exorcist”. This lack of asûtu, the “art of the physician” severely distorts our evidence. However, the paucity of sources for asûtu can be attributed to the accident of discovery: whereas two big private libraries belong-

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5 This problem is also addressed in M. Worthington’s contribution elsewhere in this volume.
7 H. Hunger, Babylonische und assyrische Kolophone, Alter Orient und Altes Testament 2 (Neukirchen-Vluyn: Verlag Butzon & Bercker Kevelaer, 1968), 159 lists only very few tablets that were written by physicians (asû) and most of these are not medical.