Medicine is not the first topic that one expects to encounter when studying Talmud. The Babylonian Talmud, or Bavli, is primarily a collection of rabbinic laws and stories structured as a commentary on the Mishnah. But as scholars have emphasized in recent years, it is also an anthology of overlapping genres: laws, stories, court cases, rituals, folklore, and magic—these are just some of the categories that Talmudists interrogate. Although redacted side by side, each of these categories exhibits distinctive literary features and content. In this book, I focus on a small but significant genre of Talmudic text that experts often neglect to study—namely, healing therapies for specific ailments, or what I will call Talmudic medicine.

The rabbis of Sasanian Babylonia were clearly invested in the healing arts. Indeed, the Bavli is by far the largest repository of texts on healing and illness in ancient Jewish literature before the rise of Islam. Unfortunately, there are few synthetic studies on this topic by specialists in late antique Judaism. As a result, scholars who rehabilitate the medical tradition—which, like magic, has been forced to the margins of Jewish normativity since the Middle Ages—are in a position to illuminate new aspects of Babylonian rabbinic culture. How did the Jews of Sasanian Babylonia think about, classify, and treat illnesses? Did the rabbis engage in medical observation and practice, and if so, what does this imply about their expertise in medical science? And finally, in what ways is Talmudic medicine a Babylonian rabbinic invention, stimulated by exegesis and law, and in what ways is it an appropriation of Greek and Babylonian scientific knowledge? It is these types of questions that I address throughout this book.
AILMENTS AND THERAPIES

The Talmud refers to over seventy different afflictions in Jewish Babylonian Aramaic. This number of Aramaic terms would increase were one to include ailments that are attested exclusively in non-Talmudic magical sources like the Jewish incantation bowls and the Sword of Moses. The majority of these are commonplace problems, such as toothaches and headaches, while others are more serious conditions like pleurisy and liver or lung malfunction. Despite the rabbis’ restrictions against human autopsy, the Talmud is familiar with diseases of the internal organs, including the kidneys, spleen, heart, and intestines. The rabbis gained some of this knowledge from inspecting slaughtered animals. The rabbis were also aware of the dangers that nature poses to one’s health—from the perils of scorpion stings and thorn piercings to the risks of consuming spoiled food—and had a nuanced understanding of the deleterious effects of climate and the environment on human health.

Although the Bavli routinely mentions ailments in the context of law, it also contains a set of sources that discuss illnesses and their remedies on their own terms. The richest of these are medical clusters found in b. Git. 68b–70b, b. ‘Abod. Zar. 27a–29a, and b. Šabb. 108b–111b. These pages are comprised of detailed therapies for dozens of afflictions: nosebleeds, strangury, earaches, and anal fissures, among others. To heal them, the Talmud recommends a range of options—from spells and amulets to natural drugs and baths. In general, the Bavli endorses human treatments over divine intervention. In other words, faced with the dilemma of whether to trust one’s health to God, as the Bible advocates, or to human physicians and plant-based drugs, Babylonian rabbis were in favor of the latter.

There exists contradictory evidence regarding the extent to which the Babylonian Jews and rabbis created (or strove to create) a comprehensive and organized medical system. On the one hand, the Talmud does not embrace any uniform theory about etiologies or healing, nor does it construct an elaborate taxonomy of diseases on par with earlier cuneiform or later Arabic medicine. Redactionally, the therapies are scattered throughout various tracts in the Bavli, especially Berakot, Šabbat, Ketubbot, Giṭṭin, and ‘Abodah Zarah, meaning that there is little coherence to the subject matter as a single topic of inquiry. Healing was not a central concept in rabbinic ideology, at least relative to the importance of the idea within early Christian beliefs. True, the Bavli records many detailed remedies; but qualitatively, as the his-
torian of medicine Samuel S. Kottek indicates, most of them are “incidental and informative” or so “brief, fragmentary and/or unclear that they remain obscure.” The rabbis were, after all, first and foremost legal thinkers, not physicians. The Talmud’s lack of systemization could be the result of several factors, including the relative dearth of biblical and Tannaitic precedents on which the rabbis could expound via exegesis. From a societal perspective, there were no institutions of medical learning or practice in Jewish Babylonia around which centralization might occur. It is also possible that the rabbis did not want to compete in this arena of society with Christians, Greeks, and Babylonians. For all these reasons, it appears that the rabbinic movement was not focused on creating a comprehensive and organized medical system.

On the other hand, as we will see, the Babylonian rabbis did much more than just dabble in therapy. To the contrary, they debated treatments, identified drugs, explained etiologies, and performed remedies on themselves and one another. Exegetically, the rabbis took advantage of any earlier authoritative tradition from the Bible and the Mishnah that they could find through which to unpack their own ideas about health and illness. At the same time, they innovated and invented concepts and terms not found in other Jewish languages or cultures, and when they did borrow ideas from external medical systems, they often rabbinized them. Finally, the best evidence of the Talmud’s efforts to create a medical system is its inclusion of the medical therapies that this book will analyze.

THE GITTIN BOOK OF REMEDIES

The Talmud contains several lengthy medical sources. These include a handbook called the Gittin Book of Remedies (b. Git. 68b–70b) and two other compilations of therapies (b. 'Abod. Zar. 27a–29a and b. Šabb. 108b–111b). In addition to these, there are shorter texts on bloodletting, pediatrics, brain surgery, and other relevant subjects. As I show below, these sources mention the same ailments, share a set of unique motifs and literary forms, and prescribe similar therapies.

The Gittin Book of Remedies is the most complete medical work in ancient Judaism. In a series of important publications, the Assyriologist and historian of medicine Markham J. Geller argues convincingly that this work “was probably based upon an Akkadian vademecum” and “employs a significant number of Akkadian loanwords or calques of Akkadian medical expressions,”
especially for plants. Talmudic medical plants stemmed from the botanical standards of the time and were only infrequently inspired by biblical precedents. The Gitin Book of Remedies is part of a broader medical culture in Sasanian Iran. Although seamlessly redacted into the Bavli’s tractate on divorce deeds, the handbook’s style and content stand out from typical Talmudic discourse. Totaling approximately one thousand words, it is comprised of over forty remedies to treat over two dozen afflictions arranged from head to toe. The ailments in the Book of Remedies are the following:

- blood of the head
- migraine
- cataracts
- night-blindness
- day-blindness
- nosebleed
- blood coming from the mouth
- molar (pain)
- larynx (pustules/pimples in?)
- pleurisy
- arrow (injury by)
- (drinking) uncovered water
- abscess/boil
- heart palpitation
- heaviness of heart
- intestinal inflammation (or: “sickness of the heart”)24
- dysentery
- sting (or: “worms”)
- fierce sting (or: “white worms”)?
- to stop (diarrhea)
- (diseased) spleen
- illness (perh. “hemorrhoids,” “anal worms,” or “gall-bladder disease”?)27
- malady/hip-disease
- strangury
- outer strangury29
inner strangury

skin disease

In terms of treatments, many of these afflictions are remedied through potions or mixtures of materia medica that the sick person eats, drinks, or applies to the affected area—such as smearing salves of acacia and aloe to treat hemorrhoids, bathing in boiled plants to cure strangury, or stanching a bloody nose by inserting tampons with medicine on them. The empirical background to these techniques is notable. In an article on observation in rabbinc literature, Richard Kalmin contends that a process of trial and error, along with a recording of failures, fueled the production of these types of therapies. Giuseppe Veltri agrees, noting that the “rabbis insisted on empirical and pragmatic criteria to judge customs, medical procedures, and remedies.” These aspects of Talmudic medicine make these therapies relatively unique within the ancient Jewish tradition. Yet whether the rabbis participated in or were aware of the testing procedures behind the therapies is hard to determine. The Talmud usually does not describe how or why a given therapy works or was invented; it simply presents them in their final form. Or, as David L. Freeman puts it: “No rationale, theory, example, or proof is offered in support, no authority or tradition is quoted, the remedy is just assumed to be effective.”

There are different ways to interpret this. It may reflect the fact that the Talmud adopted the therapies, and perhaps even translated them, from an authoritative outside source or community of experts. If so, then the rabbis were neither responsible for nor witnesses to the testing or the creation of the remedies. Geller’s emphasis on the Akkadian context is supported by this interpretation. Alternatively, it may be the case that the rabbis did not feel that it was necessary to explain the therapies because they believed that their origins and efficacy were rooted in exegesis, word-play, popular folklore, or God’s creations. Either way, scholars today bear the burden of trying to unmask the processes that lie behind the creation of the Talmudic therapies.

The Book of Remedies was likely an independent written or oral composition that the editors of the Talmud inserted into tractate Gitin immediately after some magico-medicinal traditions on qordiaqos, fevers, the Exilarch, and the Solomon-Ashmedai tale. It is also possible, as Dan Levene has suggested, that the Solomon-Ashmedai tale is the introductory myth for the handbook, in a style reminiscent of other magical works. Such insertions of independent sources—including, for example, a folkloric cycle about pious men and a
dreambook—are not uncommon in the Bavli. These independent sources often exhibit influences from nonrabbinic contexts. One can speculate regarding the motives for incorporating the Gitin Book of Remedies in the Talmud and in the tractate on divorce deeds, as parallels to the incantation bowls show: that is, the bowls’ numerous references to divorce deeds—which separate clients from demons—are an interesting point of connection and possible explanation for why the remedies appear in this tractate. Beyond that, its inclusion does not appear to have been for the sake of legal inquiry, since most of the handbook’s medical information and terms do not get recycled and become fodder for specific legal discussions elsewhere in the corpus. Moreover, it is difficult to discern any sort of didactic message behind the therapies. All that said, to the extent that the rabbis preserved and commented on the handbook, they accepted its authority on several grounds. The rabbis probably considered the Gitin Book of Remedies to be a collection of therapies that “serve as paradigmatic examples of aesthetic value and achievement,” or as “an exemplary canon,” to borrow language from Moshe Halbertal. The Book of Remedies is, in other words, a distinctive genre composed in the form of an instruction manual, with its authority conceived “from its unique intrinsic merit, like that of a great book,” rather than from any potential normative or curricular aspects. Indeed, it is noteworthy that the Talmud does not make it obligatory for Jews or rabbis to practice or study the medical therapies. The Talmud does not frame the remedies, in and of themselves, in terms of whether they are permitted or forbidden, as they do with other rituals. As Rav Sherira Gaon, the head of the Pumbedita academy in the tenth century, understood, the Talmud’s medical therapies are not commandments.

A second reason that the Book of Remedies was included in the Talmud was in the spirit of having the Oral Torah be a comprehensive repository of all known traditions. The integration of medical knowledge, often originating from an outside source, into canonical or, in the case of the Talmud, legal discourse is common in ancient corpora. The merging of science into canons of law and theology is reminiscent of how the Zoroastrian work the Dēnkard describes the third-century Sasanian King Shapur I collating Indian and Greek medicine, physics, and other sciences with the Avesta. Third, the rabbis likely included the Book of Remedies as a practical way to fulfill commonplace needs in Jewish society, including ones that halakha was unable to satisfy. As Daniel Boyarin has shown, in contrast to Hellenistic Jewry and Christians, the rabbis were focused on the importance of the human
body. The rabbis recorded the remedies as a way to help their fellow Jews follow the requirement to protect one’s health or to save a life, core Jewish values. The art of healing physical afflictions thus became part of the rabbis’ mission to serve Jewish society. By transmitting the medical handbook, the rabbis were also able to assert control over this aspect of everyday life by regulating the practices such that they conformed to the rabbinic worldview.

Part of the ambiguity surrounding the medical handbook’s purpose is a result of its anonymity. Its first six remedies do not refer to the rabbis at all. This feature of the work complicates scholars’ attempts to date it, since many anonymous traditions in the Bavli are the products of later redactors, the Stammaim. Geller is correct when he maintains that the medical handbook “probably reflects the art of folk medicine in the third century c.e.” though I would add that a fourth- or even fifth-century dating is also reasonable. It is conspicuous that the third-generation Amora Rabbah bar Rav Huna, who died circa 322 c.e., offers the remedy for a toothache in b. Git. 69a, followed by a remedy for pustules in the larynx attributed to the second-generation Palestinian Rabbi Yoḥanan, who died circa the end of the third century. Before the beginning of Bavli Gittin 70a—where there is an obvious stylistic switch away from the introductory formula that begins by naming the ailment—there are Babylonian Amoraim from the early fifth century who respond to the anonymous therapies. For these and other reasons, the core of the Gittin Book of Remedies (before 70a) likely dates to the third or fourth century c.e. If this is correct, then the anonymous therapies may reflect a different transmission stream than other unattributed materials, which are often thought to be products of later editors. Kalmin has proposed a similar thesis:

Medical and magical recipes and dream interpretations are different from the unattributed statements so ubiquitous throughout the Talmud, which are virtually always argumentational in character. The unattributed remedies, magical cures, and dream interpretations are also atypical in that with relative frequency, named Amoraim comment on them, suggesting that they tend to be earlier than typical unattributed statements, and that they were transmitted differently than attributed statements, perhaps with less exactitude, or in a less formally published form.

The unusual transmission of the medical therapies can help to further unravel the complexities of the Bavli’s redactional history (see chapter 5). As this book will show, the Talmudic medical therapies are distinctive in content, style,
aim, transmission, and redaction in large part because they are an “epistemic
genre,” or “texts that develop in tandem with scientific practices.”

In my opinion, the anonymity of the Gittin Book of Remedies is in part a result of its origins from within a nonrabbinic group of—presumably at least—Jews. As I already mentioned above, there is little evidence to suggest that the rabbis considered the therapies to be obligatory practices that satisfied a divine commandment incumbent on a Jew. Except for the appearance of some rabbis, the Gittin Book of Remedies does not often overtly advertise its affiliation with the Jewish religion—such as, for example, by referring to the Patriarchs, invoking God, or quoting or even alluding to the Bible.

Although it is mostly anonymous, the medical handbook is, however, not entirely unattributed, as over twenty rabbis make an appearance. From beginning to end, the work becomes increasingly rabbinic, especially starting in b. Git. 70a, once the handbook’s formulaic structure changes. Except for Rabbi Yoḥanan and several others, the sages in this work are Babylonian Amoraim from the first through the seventh generation. Many are associated with the rabbinic academy at Sura, near Babylon. The list of sages is a veritable who’s who of rabbis who surface in other medical texts—save for, unexpectedly, Rav, Shmuel, and Rava, who are not featured prominently in the handbook. In the Gittin Book of Remedies, the rabbis engage in all sorts of medical practices—they offer treatments, establish drugs, perform remedies, and debate etiologies. In the following text, for instance, Rabbah bar Rav Huna is the purported transmitter of a remedy for molar pain:

For a [painful] molar. Rabbah bar Rav Huna said: Bring a clove of garlic, crush it with oil and salt, put it on the thumbnail on the side that hurts, and surround it with a rim of dough, but be careful of the flesh because it can cause leprosy.

Except for the attribution to a rabbi, this remedy’s style conforms to the formula of the classic anonymous therapies that I examine in this book. Its last line—a warning against the side effects of an incorrect procedure—is a refrain in the medical therapies and demonstrates their empirical background.

Babylonian rabbis sometimes identify medicinal plants as well. For example, in a treatment for delareya—which Marcus Jastrow’s Dictionary defines as “diarrhea”—the Palestinian sage Rabbi Yehoshua ben Levi recommends thistle, which the Babylonian rabbi Abaye identifies as prickly safflowers.

Our rabbis taught in a baraita: One who has sex while standing is seized with spasms; [one who has sex] while sitting is seized with delareya [perh. “diarrhea”]
or “abdominal spasms(?);[53] [one who has sex] with her on top and him on the bottom is seized with delareya. What is delareya? Rabbi Yehoshua ben Levi said: “The drug for delareya is thistle.” What is thistle? Abaye said: “Prickly safflower.”"54

This text begins with a baraita that teaches that having sex while sitting down or with her on top can cause delareya (diarrhea?), a Greek word.55 In response to the question of what delareya is, the Talmud, instead of answering directly, identifies the drug that treats it, according to Rabbi Yehoshua ben Levi. This Palestinian Amora is an authority in medical matters who, according to b. Ketub. 77b, was not afraid to study Torah with men afflicted with ra’atan, a contagious skin disease. To cure delareya, Rabbi Yehoshua ben Levi recommends thistle as the drug of choice—which Abaye, a Babylonian sage, then identifies as prickly safflower.

The rabbis did not always agree on the particulars. For example, some rabbis in the Book of Remedies offer alternative etiologies for an affliction called frailty:

Mar Ukva said: “One who drinks white tilya-wine is seized by frailty.” Rav Hisda said: “There are sixty types of wine. The best is red aromatic [and] the worst is white tilya.” Rav Yehudah said: “One who sits near a fire on the mornings of Nissan, rubs oil [on oneself], and goes out and sits in the sun is seized by frailty.”56

Mar Ukva here states that drinking a certain type of white wine makes one frail, with Rav Hisda clarifying that this is the cheapest of sixty types of wine. Rav Yehudah, however, gives a second possible cause of frailty—namely, that it seizes overheated bodies. Again, it is important to note that this debate between rabbis is in the supplemental medical section immediately after the anonymous therapies in the Book of Remedies’ end, at the beginning of b. Git. 70a.

THERAPIES IN ‘ABODAH ZARAH 27A–29A AND ŠABBAT 108B–111B

In addition to the Gitūn Book of Remedies, the Babylonian Talmud has two other collections of therapies. The first one, in ‘Abodah Zarah 27a–29a, begins as a debate over m. ‘Abod. Zar. 2:2’s statement regarding under what circumstances it is permitted for a Jew to be healed by non-Jews. The Gemara’s answers tend to center on if the non-Jewish physician is a reputable expert (in which case he will not purposefully harm the Jewish patient) and on whether
or not the affliction is life-threatening. The medical therapies in *b. 'Abod. Zar.* 27a–29a are more entwined with *halakhic* and *aggadic* discourses than the *Gitṭin Book of Remedies*. Beginning in 28a, the passage discusses particular diseases and remedies. Some of the ailments referenced include a crack in the skin, anal fissures, earaches, and eye diseases. This collection of remedies rabbinizes and expands on the anonymous remedy format found in the *Gitṭin Book of Remedies* and also contains a greater variety of literary formats. Rabbis appear prominently throughout it, offering medical-legal opinions, listing drugs, and warning of mortal dangers. On multiple occasions, Palestinian sages are depicted as suffering from ailments—Rabbi Yoḥanan from scorbutic disease, Rabbi Yaakov from an anal fissure, and Rabbi Abbahu from an earache. True to its character within the tractate on idolatry, *b. 'Abod. Zar.* 27a–29a also depicts the rabbis learning therapies from outsiders, such as when Rabbi Yoḥanan and Abaye are taught remedies from a *matrona* and an Arab, respectively. In sum, although this collection of therapies is similar to the *Gitṭin Book of Remedies* in a number of ways and likewise influenced by Akkadian medicine, its contents are more rabbinized and integrated into legal and narrative discourses.

A third cluster of medical traditions is found in *Bavli Šabbat* 108b–111b. As Geller has shown, some of these therapies were similarly influenced by Akkadian thought. Similar to *b. 'Abod. Zar.* 27a–29a, these therapies are interwoven into *halakhic* and *aggadic* discourses, with a strong presence of rabbis. This collection is a commentary on *Mishnah Šabbat* 14, which probes whether one is permitted on the Sabbath to consume foods or drinks with medicinal properties. *Mishnah Šabbat* 14:2–4 itself alludes to some simple cures: purgative water or a cup of root-water helps jaundice, and vinegar alleviates a toothache. In its commentary on these traditions, *b. Šabb.* 108b–109a considers the use of wine and vinegar as cures for eye illnesses and the swelling of injured hands and feet. Later, the Talmud gives therapies for fluke worms and the threats of snakes, which are followed by related short stories. Finally, *b. Šabb.* 110a–b presents a lengthy series of options for fertility, zaba, and jaundice.

The similarities between the three main medical sources point to an organic connection between them, as well as between other shorter therapies attested elsewhere in the Bavli. These therapeutic traditions exhibit distinctive literary, lexical, and thematic features. Most prominently, they repeat variations of the same formula—namely, a specific ailment followed by a list of *materia medica* and instructions (see below). The therapies also often rely on identical appli-
cation methods—such as “tearing open” an animal (e.g., a donkey womb, pig, black hen, or hornless buck),\textsuperscript{59} or using “worn-out linen rags in the summer and cotton [rags] in the winter” (e.g., for \textit{zaba}, hemorrhoids, and anal fissures).\textsuperscript{60} Some therapies share the same ingredients, including cumin and worm-colored alkali, as well as preparatory directions, like crushing drugs in a mortar.\textsuperscript{61} Finally, the same four Babylonian Amoraim figure prominently in the three main collections of therapies—namely, Mar Ukva, Shmuel, Abaye, and Rav Ashi.

**LEXICON OF MEDICAL TERMS**

The Jewish Babylonian Aramaic vocabulary of drugs and afflictions contains terms that appear in nonmedical registers. The blurred line between food and medicine contributes to this overlap. Some common foods, like dates, could have both beneficial and harmful qualities, thereby necessitating debates over when and how to eat (or not eat) them.\textsuperscript{62} Moreover, the verbs that the Talmudic therapies use to describe the preparation or application of drugs are used in other contexts, including, again, in culinary ones. Many Talmudic drugs were prepared and administered like foods and beverages, which was of course common in antiquity.\textsuperscript{63} Some of the names of afflictions are also generic words for a body part (e.g., “spleen” in \textit{b. Git. 69b}). The medical lexicon therefore frequently co-opts and ritualizes commonplace items, actions, and language, rather than being solely in the domain of specialized knowledge.

On the other hand, there are terms that are attested exclusively in medical contexts. For example, the term for ostrich egg appears only once in the Talmud, in a remedy against \textit{zaba}.\textsuperscript{64} Other such medical terms are loanwords from Akkadian, Greek, or Iranian, or have cognates in Syriac and Mandaic. For instance, \textit{b. Git. 69b}’s remedy for hemorrhoids suggests acacia (from Greek) and silver dross (from Iranian). The latter substance also appears in the following text in \textit{b. Git. 86a}, which illustrates a mixture of lexical registers. In the middle of a discussion regarding the sale of slaves, Abaye (or an anonymous tradition)\textsuperscript{65} gives the ingredients for a salve that one can smear on a boil using a goose feather.

Rav Yehudah established the document for the sale of slaves: “Our slave is assigned to slavery, and is exempted from and cleared of claims, and demands, and claims of the king and queen, and no one’s mark is on him, and he is cleared of any blemish or any boil that appears on him within four \{years after sale, regardless of
whether it is new or old.” What are its remedies? Abaye said: “Slag of iron, silver dross, sulfur, wine-vinegar, olive oil, and white naphtha, and one smears it on it with a goose feather.”

Abaye’s remedy here is given in response to a medical-legal conundrum that the sale of a slave must address: is the sale valid if a slave develops boils in the first four years after the sale? Abaye’s salve for boils is, at least implicitly, a solution to the problem. Among the therapy’s ingredients are silver dross and slag of iron, which one smears on the boil using a goose feather. These two metals, which are unique to Talmudic medical discourse, are at the same time juxtaposed with everyday items such as olive oil and wine. This one example demonstrates how the medical lexicon was composed of both technical and commonplace terms and items.

LITERARY FORM OF THE THERAPIES

Many of the Talmudic therapies follow a basic script that begins with the name of the ailment followed by a list of ingredients and instructions on how to prepare and apply them.

For [name of ailment] . . .

bring / let one bring / one should bring [list of materia medica] . . .

prepare [them in this way] . . .

apply [them in this way] . . .

alternative option [if not, do this] . . .

The first step of naming the ailment is a familiar technique in traditional medicine based on a need for classification: one cannot heal what one cannot identify. After the introductory formula, the therapy gives directions on which medicinal ingredients are needed and how to concoct and administer them. To prepare the drugs, one boils, cooks, burns, roasts, soaks, or grinds them, and to apply them, one drinks, eats, or rubs them—among other actions. Tools were sometimes used in this process. For example, offering us a glimpse into how people of this time consumed drugs, the Metropolitan Museum of Art in New York City has an archaeological relic of a Sasanian medicine dropper. As the Talmud describes many times, people often ingested medicine with wine or beer, a common practice in antiquity (see b. Git. 69a–70a). Wine itself was medicinal, as b. B. Bat. 58b expresses: “I, Wine, am the source of all cures.” Drinking