

DIAGNOSIS AND THERAPY IN BABYLONIAN MEDICINE*

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Modern students of Babylonian medicine are confronted with a large corpus of texts that consists of two main groups, the “diagnostic” and the “therapeutic” texts. The “diagnostic” texts are also termed “medical omina” because they predict the future of the patient after having given the symptoms of his illness. They are followed by the “physiognomic omina” forecasting the future of healthy persons on the basis of the outer appearance of their bodies. Most of the omina in what we will call “The Diagnostic Handbook” give the source of illness (“diagnosis”), often the “Hand” of a supernatural being, and add the patient’s outlook (“prognosis”), most often either “he will live”, or “he will die”. The expert who consults this handbook in determining the patient’s life expectancy is the “conjurer” (*āšipu*). When there is hope that the patient “will live”, he, or the physician (*asû*), has the numerous therapeutic texts at hand in order to find a fitting remedy. The Diagnostic Handbook itself, in its classic form, only rarely adds a therapy: a few times we find, after the symptoms, “he [the conjurer] will cast an incantation upon him [the patient] and he will live”¹⁾, or: “he will perform his art of the conjurer for him and he will live”²⁾. In other instances we find for a baby an ointment “in order to heal him”³⁾ and for various “epilepsies” caused by “hands” the composition of magical leather-bags “in order to save him”⁴⁾. These bags served as apotropaic amulets.

Two diagnostic handbooks

It is little known that there actually were two different Diagnostic Handbooks. The first, the well-known one, was published by R. Labat as “Traité akkadien de diagnostics et pronostics médicaux” (*TDP*) and bears the title “When the conjurer approaches the house of a sick man”. This is the first line of the two tablets that open this **Handbook**: they are not medical because they do not discuss disease but

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¹⁾ *TDP* 42:37; 169:68; 222:38-9.

²⁾ *TDP* 196:69; F.R. Kraus, *ZA* 77 (1987) 197 Omen 4. — Note the unusual prescription in *TDP* 26:76, *a-na BÚR Ú x TI ni-ši* (= *inēš*).

³⁾ *TDP* 222:42-3 (cause: *nikipti Šin*).

⁴⁾ *TDP* 192:37-54.

describe all kinds of fortuitous events that might happen on the way to the patient's house. It has the character of the omen series *Šumma Alu*⁵⁾. We might add that quite another text gives an incantation intended to protect a conjurer on his way to his work⁶⁾. Only in Tablet III of the Handbook does the careful observation of the patient's condition begin; its first line is "In your approaching the sick man". This incipit also is the title of the first of the five "divisions" of the Handbook, this one consisting of tablets III-XIV. Clearly, the real Handbook begins only here and tablets I-II have been added to the beginning. Indeed, there was a second Diagnostic Handbook, as R. Labat has seen, this one with the title "In your approaching a sick man" which suggests that it started with our Tablet III. Hardly anything has been said about this composition; we will make some remarks.

Labat published a fragment of its Tablet 2, found in Nippur, O.R. Gurney of its Tablets 23 (?) and [24] (?), found in Sultantepe⁷⁾. We suggest that this was an earlier form of *TDP* starting with its real beginning, Tablet III. The two fragments show that it was an independent piece of work. Entries in Labat's fragment can be found in *TDP*, but in other contexts. We suppose that this older Handbook remained in existence and that *TDP* was based on it. The first half of the large fragment published by Gurney (Tablet 23) gives symptoms of illness caused by human agents: Hand of Cutting-off-Life (*qāt zikurrudê*), Machinations by black magic (*ipšū*), Hatred (*zīru*). Of many of these forms of sorcery the exact day in the year on which or the star before whom it was performed are given. The later, main Handbook gives other forms of sorcery as diagnosis ("Hand of Man"; *kišpū*; *ru'tu*)⁸⁾. The second half of the Gurney fragment (Tablet [24]?) deals with forms of epilepsy and ends with sundry matters. Its last section with cases all diagnosed as "Hand of Sîn" begins with an entry that we find back as first line of Tablet XIX of the other Handbook⁹⁾.

As a rule, the Labat and Gurney fragments do not recommend a therapy. There is one exception: the Gurney fragment prescribes what to do in some cases of epilepsy (167-186). In two cases of its severest form, "Spawn of Šulpaëa", the patient is to be killed¹⁰⁾. Such a prescription is unheard of in the medical corpus. Another peculiar feature of the 24th (?) tablet (= lines 103-204) is that after a first diagnosis without prognosis, two sets of subsidiary symptoms follow, each ending in a prognosis. A clear example is the first section where every entry begins with

⁵⁾ Sally M. Moren, *The omen series Šumma Alu: a preliminary investigation* (Diss. University of Pennsylvania 1978) 31f.

⁶⁾ *KAR* 31.

⁷⁾ R. Labat, *Syria* 33 (1956) 119-130; O.R. Gurney, *STT* 1 89.

⁸⁾ *TDP* 24:51; 88:10; 176:1-5 (!); 180:24; 218:15-19; 232:16 (read *lu-'a-tū šu-[kul]*; cf. *TLB* 2 21:21 (OB).

⁹⁾ *STT* 1 89:205 = *TDP* 168:1, cf. 244 E 6. — Line 209 = *TDP* 34:24.

¹⁰⁾ Translated by Erica Reiner in *Le monde du sorcier* (= Sources Orientales, 7) (1966) 92.

šumma enūma iḫiṭaššu (DIŠ UD-*ma* UD.DU-*šú*) (103-140); after the diagnosis "Lugalgirra has seized him", more symptoms follow, introduced by *šumma - šumma* (written BE-*ma*). We take the seemingly independent entries concerning the right and the left cheek (*lētu*) interrupting the sequence (120-127) as secondary symptoms written on new lines, only looking like separate entries. More is unusual in this text. In one case the patient is "hit" by a scalpel in order to see how he reacts; this determines the outcome of the illness (152-158); in another case the diagnosis is different for a commoner and a patrician (190-1). Elsewhere a section ends with the recommendation "do not be negligent", using the Old Babylonian expression (*aḫka la tanamdi*, 140), again unique and possibly an indication of an Old Babylonian origin.

We note in the margin that it is remarkable that the only elaborate therapeutic prescriptions that we find in *TDP* again occur in the sections on epilepsy¹¹). It is possible that the major therapeutic standard works did not have "chapters" on epilepsy and that our Handbooks covered therapy for it. Did they know that epilepsy is incurable and are the prescriptions in *TDP* only atropaic?

In contrast, the omnia in *TDP* are normalised in a formal style. It is my opinion that the Gurney text with its diverse, if not "wild" contents, was an older version and that the editor of the classic Diagnostic Handbook composed his book in reaction to this. When comparing both works one can indeed appreciate the system and conciseness in *TDP*. One example: he did not add subsidiary symptoms but started a new entry, taking up the first symptoms as "the same, and" (KI.MIN-*ma*), then giving the additional symptoms. Quite exceptionally, we know who the author of *TDP* was and we have the text where he tells us what he, Esagil-kīn-apli, did¹²).

Hands of gods

Let us now discuss the work to the conjurer. His first task was to find the cause of illness.

Much has already been written about what the Babylonians considered causes of disease. Prayers are most informative in this respect. Limiting ourselves to the medical text corpus, we first note that the Diagnostic Handbook is specialized in this matter. Abundant are the "Hands" of supernatural beings. A few times, the texts add the human sin that had made this hand to strike: they are introduced by the word "because of" (*aššum*, rarely *ana*). Thus, some Hands are followed by the remark "Because of the wife of a man" (Šamaš once, Ninurta once, and, three times and exclusively, Uraš)¹³). This must refer to adultery; other passages speak

¹¹) *TDP* 192:37-54 (one Hand changing into another); Tablet XXIX (Lugal-urra; unpublished).

¹²) I.L. Finkel, *A Scientific Humanist* (Studies A.J. Sachs) (1988) 148.

¹³) *TDP* 42:32; 56:16; 170:16; cf. *ana aššat awīli iḫe*, 160:32. Note "Hand of the wife of a man" (*qāt aššat amēli*) in the commentary *SpbTU* I 27 rev. 9, commenting on Tablet I 23: "If he (the conjurer) sees

of a man having “approached” his sister or a priestess¹⁴). Being found in bed with just “a woman” does not lead to a fatal disease but can manifest itself by boils appearing on the skin¹⁵). The Hand of Ištar (and only this Hand) sometimes is followed by MU TAG TE which I interpret as “Because of touching the cheek (*aššum lipit lēti*)”¹⁶). Why did the compiler of the handbook add these occasional remarks on the cause of the Hand? Perhaps this way he makes it possible to find a ritual that absolves the wrongdoing indicated.

In all other cases we have to infer from the symptoms why a particular Hand was in play — a hopeless undertaking for the modern scholar. The only clear cases are those of the Hand of Dilbat (= Venus): the few references invariably have to do with problems of a man’s lower abdomen, as far as we see: painful testicles, etc¹⁷). The Hand of Ištar is behind a lack of potency¹⁸) but in most cases we would never associate the symptoms with the goddess of love.

It is virtually impossible to discover by what method the conjurer linked symptoms with particular Hands. We regularly see that the Hand of Ištar is associated with the left side of the body whereas that of the Sungod Šamaš is associated with the right side. Elsewhere this opposition is marked by colours: white for the Sungod, black for Ištar. Ištar also is opposed to Šulpaea as left to right. Although a few references blur this general picture, we can safely conclude that the association of the most important female deity in Mesopotamia with the left side fits the universal idea that the right side has to do with “male” (and good) and the left side with “female” (and bad). To give one example from a Babylonian ritual: “He holds the male (bird) in his right hand, the female in his left hand”¹⁹). One may call this folk wisdom. Another example, specific for Babylonia, is the association of ear-ache and related troubles, like migraine, with the Hand of a Spirit. This “popular” Hand is widely attested in the texts and only here we notice

a white donkey: that patient: Hand of the wife of a man; he will die”; see A.R.George, *RA* 85 (1991) 142 and 148.

¹⁴) *TDP* 108:17 (“Hand of Šin” follows; inadvertently omitted by R. Labat); 112:24; 136:65, 66; 138:67.

¹⁵) *TDP* 28:91. Also in 170:21-23; *KAR* 211:20.

¹⁶) *TDP* 60:46; 88:5, 17; *ana* in 170:19, K. 8673:11 (unp.), variant of *ša* in 182:39. We reject the reading TAG-te = *lipte* because instead of the consistent *te* one would expect *ti*. The meaning of *lipit lētim* is unknown and seems to have sexual connotations. “Touching the cheek” is related to marriage ceremonies in *VAS* 18 77; see M.Stol in *Marchands, diplomates et empereurs* (Mélanges Paul Garelli) (1991) 339.

¹⁷) *TDP* 134:38 (“If his penis and his testicles are swollen: Dilbat has reached him in his lying down”); 232:14 (navel); 236:53, 140:47 (burning *ribūtu*); cf. 142:1; 244 E 10 (fragmentary). In *ABL* 203 rev. I a venereal disease?

¹⁸) *TDP* 126:41; cf. 178:14-15 (*muṣ nāki*, venereal disease?); *KUB* 37 82:4 with Biggs, *Ša.zi.ga. Ancient Mesopotamian Potency Incantations* (1967) 61; *KAR* 70:9 with Biggs, 46.

¹⁹) References will be given in the author’s forthcoming book “Epilepsy in Babylonia” (1993), Chapter III, “Hand of the Goddess”.

how the experts introduced refinements such as "Seizure by the Hand of a Spirit" (next to the simpler "Seizure by a Spirit")²⁰, "Touch by the Hand of a Spirit"²¹ — not to mention the various kinds of "roving" and "murderous" Spirits of the waste lands. So an elaborate "theology" was developed on Hand of a Spirit. Very frequent is also the Hand of a God — possibly the patient's personal god. Here, the refinements are found in the verbs: this Hand "is heavy", "reaches him", "is pressing upon him" (*emēdu* D and N), "is upon him".

There are a few passages mentioning Hands of supernatural beings, qualified as "demon, deputy of (*šēdu šanē*) god NN". Thus, the Spirit is "demon, deputy of Ištar", the epilepsy Bennu that of Sîn. Two texts give as their names what look like epithets (like *Munnišu*, *Šamru* "The Weakening / Fierce One"), often deputies of Anum²²). These supernatural beings are no gods and we suppose that the major gods work through these intermediary *Augenblicksgötter*.

Human sin

Illness also could be due to a sin committed by the patient; breaking a taboo also belongs to this category. For example, a person stepping (*kabāsu*) into unclean water or on holy ground will contract a foot disease. We read this in the chapter on foot diseases in the therapeutic texts and a few times the Handbook mentions this fault. In one section of the Handbook simply "sin" and "oath" (perhaps: unconsciously committed sin) are given as the cause²³). Cases such as these, as attested in the diagnostic texts, have been investigated by Karel van der Toorn²⁴). We add that the Diagnostic Handbook, in the few cases it mentions human sin, has a marked interest in illicit sexual contacts — see above — and in not fulfilling vows made to the gods (*ikribū*, *kaspu*). One unusual sin can be traced back to popular wisdom: diagnosis "He stole [from] (?) a boat; the god of the harbour has seized him; he will ... and recover"²⁵). This reminds us of a "proverb" preserved in a scribal exercise: "The god of the harbour will seize the thief of a boat, the gods (?) will seize the thief of a man (?)"²⁶).

²⁰ *AMT* 76. 1:11, 15; 95.1:14; *SpbTU* I 49:33; *BAM* 2 216:12, cf. 55; 5 503 I 11, cf. 30 (*šibit qāt eṭemmi*). — Note *šibit* (?) *qāt Sîn* in *TDP* 38:57 (cf. also the "lu" in lines 58, 64).

²¹ K. van der Toorn, *Sin and Sanction in Israel and Mesopotamia. A Comparative Study* (1985) Pl. 8 K. 3937:9.

²² A concentration of these "deputies" is found in *BAM* 4 407; *CT* 14 38 K. 14081; J.V. Kinnier Wilson, *Iraq* 18 (1956) Plate XXV ND 4368 II 4-12 (seem to duplicate *BAM* 4 407:6-13), VI (cf. *Iraq* 19 41).

²³ *TDP* 180:28-32.

²⁴ Karel van der Toorn, *Sin and Sanction in Israel and Mesopotamia ...* (1985) 78 ff.

²⁵ 28:87 (copy: *JCS* 2 307 rev. 27), read with the help of an ancient commentary, *SpbTU* I 29:3. Cf. van der Toorn, 199 note 320.

²⁶ *UET* 7 156 rev. I 9-15 (LÚ *šar-ra-qu* GIŠ.MÁ DINGIR *ka-a-ri i-šab-bat-su* LÚ *šar-ra-qu a-me-lu* DINGIR.MEŠ *i-šab-bat-su*). Possible emendation: God Sîn (d¹XXX) will seize the thief of a slave (*a-me-lu-ti*!).

Turning now to the therapeutic texts, we observe that human behaviour is very rarely given as the cause of disease. In a case of dropsy: “he has approached his [s]ister, he has set fire to the temple of Sebeti”. This could be a quotation from a diagnostic text²⁷). Human trespass as cause of foot-diseases is also found in therapeutic texts²⁸). A woman receiving the seed in her womb but not giving birth suffers from “wrath of the god” (*šibsat ili*)²⁹) and a man whose beard is thinning out has similar problems³⁰). This is popular wisdom.

Sorcery

Sorcery might be called sins committed by other persons, one's enemies. The Old Babylonian texts give the simple diagnosis “that man has been bewitched”³¹); later texts differentiate between the ways by which the witch has reached his / her goal. Most frequent is the administration of bewitched food or drink leading to intestinal troubles. I suppose that the sorcerer has spat his spittle (*ru'(a)tu*) into the food. We find the variant “he has been given spittle to eat and drink” as a method of bewitching³²). “Spittle has seized him” is equivalent to “sorcery has seized him”³³). In one instance, the Sumerogram for “sorcery” stands for “spittle”: “sorcery flows in his mouth”³⁴). Generally speaking, “throwing spittle” (ÚĜ.ŠUB.BA) was an evil requiring a *namburbi* ritual³⁵). Another word used in similar ways is *lu'atu* “dirty matter”; note that it sounds like *ru'atu* “spittle”³⁶). A third word is *nullātu*. All are “given” to a man “to eat” (*šukul*). Sometimes, figurines of the patient were laid in a grave by the witch, or even his semen. The latter trick brought about impotency, of course³⁷). The most dangerous form of sorcery was Cutting-off-Life, intended to kill the patient. And all techniques could be used together (*šabāsu*). We cannot go into all this but note that sorcery had three clearly distinguished effects, treated in separate texts: physical disease, psychosomatic disorders, and social alienation³⁸). The latter also meant that the patient incurred financial losses, that his children, cattle and slaves died, etcetera; a true Job figure³⁹).

²⁷) *BAM* 2 174 rev. 34; cf. the diagnostic text *TDP* 112:20-1 and 24.

²⁸) *CAD* K 6 *kabāsu* mng. 1

²⁹) *BAM* 3 240 rev. 70. In contrast, a woman giving birth to a son (?) enjoys the “favour of the god” (*gimilli ili*), 69.

³⁰) *BAM* 5 480 III 48, with van der Toorn, 203 note 412.

³¹) *BAM* 4 393:1; *AMT* 85,1:1, etc. This text is a faithful copy of an OB original.

³²) *AMT* 87,7:10. Compare *TDP* 64:46 with 176:5. Cf. A. Falkenstein, *ZA* 45 (1939) 19 f.

³³) *TDP* 88:10.

³⁴) *KAR* 211:16.

³⁵) R. Caplice, *Or.* NS 39 (1970) 136 no. 40 rev. 8-13.

³⁶) Read in *TDP* 232:16 *lu-'tú šu-[kul]*. Cf. *lu-'a-tum* = *kiš-pu*, *STT* 2 403:44 (not in the dictionaries).

³⁷) Biggs, *Ša.zi.ga* 69, dupl. 53.

³⁸) Physical effects of sorcery: *BAM* 3 231; *TDP* 176. Social effects: *BAM* 3 316; *AMT* 71-72.

³⁹) Cf. the translation of *BAM* 3 234:1-9, given by J.V. Kinnier Wilson in *Anatolian Studies* 30 (1980)

The method of the conjurer

According to the wisdom text Ludlul it was the task of the conjurer to "clarify (*apû Š*) the nature of disease" (II 110). "Nature", *šiknu*, primarily means "appearance" and actually can refer to the patient's appearance; most of the references in the medical texts have this meaning⁴⁰). The colour of the skin can be a determinant⁴¹). The expert has to draw his conclusions from the symptoms observed. Once, we read about the foot: "If a man is ill with an illness of the *kabbartu*, and the nature of the disease is confused (*ešû*)" (therapy follows)⁴²). One medical text lists four symptoms and then gives this unique remark: "The nature of his disease is not known; that man is bewitched: figurines of him have been made and been given (*paqādu*) to (...) Ereškigal (= goddess of the Netherworld)". This is one method of black magic. Then the text continues: "In order to loosen the sorcery, four figurines of him have been made and given to Ereškigal"⁴³). We assume that "In order to loosen the sorcery" does not belong here. We further suggest that the four figurines represent the four unidentified symptoms. One wonders how the conjurer could reach his diagnosis "sorcery" when he was unable to identify the "nature" of the symptoms. The exact meaning of the word *šiknu* eludes us here, as it does in Ludlul: one expects that "diagnosis" should be the meaning there but in the other contexts "appearance" is better. Meanwhile, the vague and provisional translation "nature" fits all passages.

A doctor who could not establish the "nature" (*šikin murši amāru*) of the king's disease nor diagnose it (*sakikkê šuhkumu*) advised his lord to turn to the diviners; meanwhile, he continued prescribing a lotion⁴⁴).

For impotency, we are given some insight on the way the conjurer determined the Hand that had caused the disease. He made figurines of a man and a woman, put them one upon the other, and observed the behaviour of a pig: if the pig approaches the figurines, the impotency is due to Hand of Ištar, if it does not, sorcery had seized that man — Hand of Man⁴⁵). So a scene in the style of *Šumma*

24-26 (read at the end of 5: *i-zi-ir* (!)-*tú* KA UN.MEŠ ĦI.A.M[EŠ], "the cursing by the mouth of man is much").

⁴⁰) Cf. Edith Ritter, *Studies in Honor of Benno Landsberger* (1965) 301 note 11 (a), "nature or form of the disease, perhaps its syndrome; it is an enduring quality of the disease". See also V. Hurowitz, "The etymology of Biblical Hebrew 'ayin 'appearance' in light of Akkadian *šiknu*", *Zeitschrift für Althebraistik* 3 (1990) 90-94.

⁴¹) *BAM* 6 409:18 (black); etc.

⁴²) *BAM* 2 124 I 26, cf. Ritter, 307b ("is unclear"). "Confused" could refer to an undetermined colour! Note I 33, "If the illness of the *kabbartu* — the nature of his [!] illness (GIG) is black" (therapy follows). Does GIG stand here for *simmu* "sore"?

⁴³) *BAM* 3 214 I 1-13; cf. M.-L. Thomsen, *Zauberdiagnose und schwarze Magie in Mesopotamien* (1987) 53; 83-4 Anm. 128. Col. IV: "ritual for Hand of Sorcery".

⁴⁴) *ABL* 391 = *LAS* 246:9, 12, 17-19; cf. Ritter, 319a.

⁴⁵) *KAR* 70:6-10; with R.D. Biggs, *Šà.zi.ga* (1967) 46. Dupl. *SpbTU* I 9:5-7.

Alu is organized; compare Gideon's test of the ways his soldiers drink water (Judges 7:4-7). We need not repeat that in most cases the motivation for the choice of particular Hands escapes on us.

In several therapeutic texts, we find a number of diseases grouped together. This is always one specific group, attested a dozen times in different contexts: disease caused by heat of the sun (*himiṭ šēti*), by blowing wind (*šibiṭ sārī*), two kinds of paralysis, often mentioned together (*šimmatu* and *rimūtu*), a muscle disease (*šaššaṭu*), Hand of a Spirit, Hand of an Oath, (sorcery), rectal problems (DŪR.GIG), and "all kinds of illness"⁴⁶). One gets the impression that we have here an exemplary list for all possible illnesses. If this is true, we have before us the main categories of disease as distinguished by the Babylonians. We add that the two kinds of paralysis are one entity because the second, *rimūtu*, is never attested as an independent ailment. This needs further investigation. We are reminded of the Seleucid text of capital importance studied by F. Köcher: it lists a number of diseases according to their location in four parts of the body: belly (?) (*libbu*), stomach (*karšu?*), lungs, kidneys⁴⁷).

Use of the Diagnostic Handbook in therapeutic texts

Once he has established the cause of the illness and as long as the prognosis is not "he will die", the conjurer will consult the relevant therapeutic texts and try to heal the patient. A conjurer such as Kišir-Aššur had those texts in his library. The principal handbook was here a series of 45 tablets, with the title "If the skull of a man's head holds fever". It had a number of subdivisions⁴⁸). This handbook follows the human body from head to toe. This handbook was completely independent of *TDP* and only a few times can we detect correlations between both Handbooks. Labat already gave most of them in footnotes and J.V. Kinnier Wilson thought it possible that there was a therapeutic "companion series" going with *TDP*. The fact that identical groups of entries can be found together in both handbooks made him assume this⁴⁹). However, the sequence of the lines often is different and we would expect more traces of such a companion handbook. In our opinion, the Diagnostic Handbook was available to the compiler of the therapeutic texts and a few times he quoted one, two, or a few more omnia from it — mostly for no obvious reasons.

⁴⁶) Often in a therapy involving ablution (*marḥaṣu*); see *CAD* M/1 280a and Goltz, 78 note 472; add *BAM* 1 68-69:1-3; 216:27-8; 6 579 II 54-5, III 18-9. See F.Köcher, *BAM* 3 p. XVII ad no. 228:14-16. Note the translations given by Ritter, 316b.

⁴⁷) Köcher, *Medizinische Diagnostik in Geschichte und Gegenwart* (Festschrift Heinz Goerke) (1978) 22 ff., ad *SpbTU* I 43.

⁴⁸) F.Köcher, *Festschrift Heinz Goerke* 18-20.

⁴⁹) Kinnier Wilson, *Iraq* 19 (1957) 44-46.

Survey:

- TDP 42:39 = BAM 5 482 I 60.
 TDP 36:31 = BAM 5 482 II 62.
 TDP 36:32 = BAM 5 482 III 1.
 TDP 34:17 = BAM 5 482 III 5.
 TDP 34:13 = BAM 5 482 III 7.
 TDP 34:18 = BAM 5 482 IV 40 (?).
 TDP 34:15 = BAM 5 482 IV 44.
 TDP 32:8, 10-12 (all "he will die") = BAM 5 482 IV 49, 47, 48, 46 (in all no therapy given).
 TDP 36:35 = AMT 19,1 I 9-10 (?) (related to BAM 5 482).
 TDP 68:10 (two omens; ears) = BAM 5 506:8-10 and dupls.
 TDP 140:39 = CT 23 1:1 (definition of SA.GAL).
 TDP 154:15-16 = BAM 4 416 rev. 8-10.
 TDP 170:24 = BAM 6 578 III 7 (definition of *amurriqānu*).
 TDP 72:13 = BAM 6 578 IV 26 (definition of *ahhāzu*; variants).
 TDP 188:1, 5-13 = AMT 77, 1 I 1-10 (no therapy given).
 TDP 192:35-36 = BAM 5 471 II 21-22, and dupls.
 TDP 168:3-4 = BAM 3 323:65-67 (more symptoms in BAM 5 471 II 26-28)
 TDP 190:16-17 = Kinnier Wilson, Iraq 19 (1957) 40 ND 4368 I 3-4.
 TDP 190:14-15 = ibidem, I 10-12 (with minor variants)
 TDP 82:21 = ibidem, I 15-19 (with minor variants)
 TDP 190:18 = ibidem, I 26; Labat, *Semitica* 3 (1950) 11 AO 7760 III 7-8 (= Nougayrol, RA 73 65).
 TDP 220:28 = K. 3628+ :8 (Diss. I.L. Finkel, 268).
 TDP 224:60 = K. 3628+ :9.
 TDP 230:112 = K. 3628+ :10.
 TDP 230:113 = K. 3628+ :11.
 TDP 112:20-21, 24 seem to be related to BAM 2 174 rev. 33-34.
 TDP 88:8-10 has much in common with BAM 4 397 rev. 33-36 (MB!).
 TDP 80:10 = BAM 2 129 IV 3 (definition of SA.DUGUD or *šaššatu*; variants).
 TDP 80:11 = BAM 2 131:9⁵⁰).
 TDP 80:12-13 has much in common with KUB 37 87:13-16 (MB).
 STT 1 89:18-22 = BAM 5 449 III 18-22
 STT 1 89:23-27 = BAM 5 449 III 24-27
 STT 1 89:48-51 = BAM 4 361:40-43
 STT 1 89:52-56 = BAM 4 361:45-48
 STT 1 89:38-42 = KMI 76:12-14⁵¹).

⁵⁰) Read in BAM 2 131:9 instead of *i-ba-al: i-zu-úr*; cf. also 129 IV 6. Probably an ancient corruption.

⁵¹) Cf. T. Abusch, *Babylonian Witchcraft Literature* (1987) 62 f., note.

Two of these passages deserve closer attention, those where no therapy is added. They are true quotations.

AMT 77, 1 is the first column of a large tablet on *mišittu* (“stroke”; of various parts of the body). This tablet begins with an almost full quotation of the first thirteen lines, those on stroke, in the chapter of the Diagnostic Handbook on epilepsy-related diseases, *TDP* 188. Characteristically, it skips the lines (= symptoms) in the handbook predicting *la paṭer* “it will not stop”, and *imât* (!) “he will die”. These entries were of no help to the healer. The author of this therapeutic tablet deemed it useful to prefix his recipes with what he considered to be basic guidelines, taken from *TDP*. Therapies follow only in line 11, and not of the kinds of stroke discussed in the preceding ten lines, but of stroke “of the rear”⁵²). “Stroke” indeed was to the Babylonians a well-defined concept and its effects (*šipru*) could easily be confused with other disorders. That is why another chapter in the Diagnostic Handbook, summing up two sets of symptoms of paralysis, warns in both cases: “(this is) not stroke!”⁵³). Such a negative diagnosis is unique in the handbook. On the other hand, elsewhere in the handbook “Hand of Stroke” is defined as follows: “If his face is pinched (*pānūšu šap-ru*), his trunk is without feeling, his left hand is hanging down so that he cannot raise it, he drags his feet: Hand of Stroke; his days will be long, he will not fare well”⁵⁴). These two passages are more or less isolated insertions in other chapters of the handbook: the first context discusses new symptoms in an already existing disease (*ina muršišu*), and the second abnormalities of the face. In these contexts, the author wished to set stroke apart. These definitions are not repeated in the thirteen-line section on stroke beginning the chapter on epilepsy-related diseases. Similarly, a therapeutic text gives symptoms of facial palsy other than those listed here⁵⁵). Also, we find here a definition of stroke other than that quoted above, and only in line 8: “If he is heavy and he has bent (*kanānu*) either his hand or his foot: stroke has struck⁵⁶) him; he

⁵²) The contents of the fragmentary tablet on stroke, K.2418+, in *AMT* 77-79, are roughly as follows: col. I, quotation from *TDP* and therapies for “effects (*šipru*) of stroke that has touched the rear”; also of “the front” (GABA.RI = *mihru*; misread by *CAD* M/2 125b as *qab-ri*?); col. II, fragmentary (facial palsy expected?); col. III, aphasia; col. IV, stroke of the cheek, the neck, the hips, the trunk, the arm, the foot.

⁵³) *TDP* 160:30-31. Prognosis: “his disease will pass (*etēqu*) (and he will recover)”.

⁵⁴) *TDP* 78:72-3. Compare this with the preceding entry, where the face is *šep-ru*: the same symptoms are given in almost the same words but no diagnosis follows and the prognosis is “he will die” (71). We take 72-73 as an insertion: the scribe knew that a squinting eye (*inšu išappar*, cf. *SpbTU* I 46:16) is a sign of facial palsy and wished to differentiate *pānūšu šep-ru* in 71 from *pānūšu šap-ru* (72). The inability “to raise his left hand” is phrased in 71 as ŠU-su šá CL na-šá-a NU ZU-e but in 72 as ŠU-su šá NÍG.GIG-ti-šú (= *maruštīšu*) ŠUB-ma NU ÍL-ši. The unusual wording of 72 expressing the same as 71 suggests that the editor took this omen from another source.

⁵⁵) *SpbTU* I 46:16-17 (dupl. *AMT* 76,5:11-12; joins 79,4:2-3) (it could be that in 18 the prescription begins; contrast H. Hunger), as compared with *TDP* 188:1.

⁵⁶) *mašādu* is equated with *mahāsu* in the commentaries *SpbTU* I 47:7 and *CT* 41 31 rev. 20. This

will recover"⁵⁷). Does "heavy" refer to aphasia? Clearly, the thirteen lines on stroke quoted in the therapeutic text are not a complete survey of all variants of stroke but nevertheless they are systematic in that they follow the symptoms from the face (*mišitti pāni*) to the trunk (*pagru*). The unusual feature of stroke is indeed that it affects various parts of the body whereas a "chapter" in the therapeutic corpus treats only one part. This may be the reason why we find this introduction here. In a way, this introduction reminds me of the casuistry on the poor and the rich man exchanging goods from private to public domain, at the beginning of the Mishnah tractate Sabbath: again an isolated section, but considered to be basic and meant to set the scene of the tractate.

The second example is *BAM* 5 482, a large text giving prescriptions against ailments of the temples and the forehead. The last column, IV, ends with a group of symptoms of "migraine" taken from *TDP* 32. The diagnosis of the first entry in *TDP* is: Hand of a Spirit, and no prognosis is given. For this reason, our therapist, quoting this entry, felt free to give a prescription, hoping that the prognosis would be good. Then, however, after a dividing line, follow four lines taken from *TDP* all ending with the prediction "he will die". So at the end of our therapeutic text a number of hopeless cases are given. Note that the text on stroke *omitted* the hopeless cases; it consciously started with a number of hopeful cases.

Death in the therapeutic texts

Normally, the therapist promises recovery; his recipes end in "he will live (= recover)", or this is implied by prescribing a treatment (like: "you will bandage him [with this]"). The times that he sums up symptoms and concludes by the sobering remark "he will die" are very few⁵⁸). Above, we have discussed those concerning migraine. We come across another concentration of them in the tablet on gall diseases: of the jaundice *amurriqānu* that has expanded to the eyes, it is said: "that man is ill with all kinds of 'wind'; his disease will be protracted and he will die"; the next entry speaks of another aggravation of this jaundice and concludes: "its 'work' will last long and he will die"⁵⁹). The message is that any treatment will be futile in the long run. The word "protract" (*zabālu* D) is typical of the diagnostic,

meaning "to hit, to strike" seems to fit *BAM* 1 32:5, dupl. 4 417:4, *BE-ma* GIG (= *simmu!*) *im-šid-ma* SA.MEŠ-šú A.MEŠ-ú-šal-la-ku, "if it (?) hits the wound and his blood vessels circulate water". The open wound shows the presence of water.

⁵⁷) *TDP* 188:8, cited *AMT* 77,1:5. In sum, we find in the therapeutic texts (fragmentary!) only two definitions of forms of stroke: "stroke of the face" (translated here), and "stroke of the hips": "he is not able to walk" (*atallukam la ide*), *BAM* 2 136 II 3-5, dupl. *AMT* 79,1 IV 11.

⁵⁸) Cf. Ritter, 304 f., P. Herréro, *La thérapeutique mésopotamienne* (1984) 25 note 40.

⁵⁹) *BAM* 6 578 III 4-6. Note that in the next line a "definition" of simple *amurriqānu* follows: "If a man's body is yellow, his face is yellow, he acquires 'falling out of the flesh' (*šihhat širi*): *amurriqānu* is its name". Many prescriptions follow.

not the therapeutic texts. At the end of this text, closing the section on another jaundice named *aḥḥāzu*, we again find two incurable forms with the same extra symptoms as the hopeless *amurriqānu*⁶⁰). The first entry ends with the remark on the disease being protracted and death; the second has this formula: “The physician should not lay his hand on that patient; that man will die, he will not [live]”. The statement on the physician is taken from hemerological contexts; the expression “he will die, he will not [live]” — if rightly restored — is unique⁶¹) and reminds one of this same seemingly redundant phrase in some sections of the Ešnunna Code⁶²) and in particular of Isaiah’s prophecy to Hezekiah, “Set your house in order, for you shall die, you shall not live” (Is. 38:1, 2 Kings 20:1). A few times the medical texts give the prognosis “he will not live” instead of the expected “he will die”⁶³).

The tablet discussing foot diseases has a large section on the part of the foot named *kabbartu*. Almost at its end the following two hopeless cases are given: “If an Oath has seized it, he will have rest (*ipaššah*); in the remote future he will die — If it has formed ‘mud’ (*ruḫibtu*, var. *rušumtu ibtani*), he will die”⁶⁴). The second observation probably was common knowledge, empirical. The effect of the Oath reminds us of a similar effect of a “debilitating (*šahḫihu*) Oath” affecting the digestive tract: “After a long time that man will die (*irrikma imāt*)”⁶⁵).

What is surprising in this latter text is that nevertheless a prescription follows, with the unusual introduction *ana maš-taq-ti-šú* <u> *bul-lu-ti-šú*. The word *maštaq/ktu* remains obscure⁶⁶).

A special case is death due to the Hand of Cutting-off-Life (*qāt zikurrudē*) caused by black magic aimed to kill (*nakās napišti*). “He will die” invariably is the prognosis in the Gurney text giving these omina. Now, it is interesting that these entries are quoted in therapeutic texts, omitting the references to stars, but including the unfavourable prognosis. Nevertheless, these texts go on by giving prescriptions, thus disregarding the “he will die”. This means that they want to prevent death: they are apotropaic⁶⁷). Another passage on the same problem is phrased as follows: “That man, [machinations of black magic have been practised against him] before the Wagon Star: after a lapse of ten days he will die (*ana 10*

⁶⁰) IV 43-46.

⁶¹) Note “Hand of Šulak; he will not live, he will die”, R. Labat, *MDP* 57 (1974) 245 V 5.

⁶²) Sections 12, 13, 28; cf. R. Yaron, *The Laws of Eshmunna* (1988) 259-262. Now also attested in a Mari letter with a legal flavour: M. Ghouti, *Florilegium Marianum* (Mélanges M. Fleury) (1992) 63:25 (*amāt ul aballut*).

⁶³) *TDP* 154:20, 184:20, 208:86; *BAM* 6 578 I 10; cf. *TLB* 2 21:33 (*ul balit*).

⁶⁴) *AMT* 73 II 10-11, var. *BAM* 2 124 II 34-5.

⁶⁵) *BAM* 2 156:1-3.

⁶⁶) See the dictionaries and cf. Herréro, 39: “pour guérir sa meurtrissure”.

⁶⁷) See the Survey, sub *STT* 1 89:18-22 (a potion in *BAM*), 23-27 (therapy at the beginning of *BAM* 5 449 col. IV?), 48-51, 52-56 (amulets in *BAM*).

ūme irrikma imāt”). Then, however, a ritual in the style of a *namburbi* follows “in order to save him” from that Hand⁶⁸). Here, we have before us one of the few examples in medicine where one resorts to a *namburbi* in order to avoid disaster⁶⁹). The kind of disaster that a *namburbi* takes care of is named *lumnu* (HUL), “Evil”, in Akkadian. “Evil has seized him” is rarely attested in the medical texts⁷⁰).

An isolated fragment promises “he will come out of sorcery / hardship / sin; he will walk in straightness”⁷¹).

After this discussion of the prognosis “he will die”, we add that indications on the expected length of the disease, so often attested in the Diagnostic Handbook (terms: *arāku*, *zabālu* D), are never given in the therapeutic texts⁷²). Some of those texts give prescriptions “in order that his disease does not last long”⁷³). Perhaps these texts take up the prognosis “it will last long and he will recover” in the Diagnostic Handbook, and have the intention to shorten this period.

Other omina in therapeutic texts

One might call these lines on death or duration of illness in the style of *TDP* as “intrusions” in the therapeutic texts. There are a few more intrusions from other quarters of omen literature. Let us look now at such unusual predictions. Most of them give the prospects for the patient’s good or bad fortune in later life.

— The exceptional prognosis “Cutting-off-Life will not come near and that man will enjoy old age (NAM.AB.BA *išebbi*)” still has some relationship with health, but this apodosis is not found elsewhere in the medical corpus⁷⁴). Clearly, quite the opposite of imminent death is promised here in emphatic terms.

— Two lines in a therapeutic text on skin problems of the face give non-medical predictions as if we had to do with medically insignificant pimples or the like; this is an intrusion from the physiognomic texts⁷⁵). Physiognomic texts deal with the appearance of healthy persons⁷⁶).

— The Diagnostic Handbook offers these subsequent omina: “If the right ear of a man buzzes all the time, hardship (*mēsiru*) will seize him — If his left ear buzzes all

⁶⁸) *AMT* 44,4; cf. M.-L. Thomsen, *Zauberdiagnose* 42. I supply at the end of line 2 [*ipšū epšušum*], based on *STT* 1 89:26, 42, 46, etc.

⁶⁹) *BAM* 6 580 V 9 (skin diseases); *KADP* 1 V 13 (*šimmatu*?); R.D. Biggs, *Šà.zi.ga* 40 no. 21:15, dupl. *SpbTU* I 9:15 (potency).

⁷⁰) *TDP* 30:97, 190:15-19 (correct Labat’s *gallū*); cf. DIB HUL in *STT* 1 89:190.

⁷¹) *AMT* 87,3 I.

⁷²) The ideogram GÍD.DA in GÍD.DA-*ma iballu* (as in *AMT* 81,1 IV 2; 82,3 rev. 13, 16) stands for *šadādu* “to suck”.

⁷³) Cf. *CAD* A/2 224b.

⁷⁴) *BAM* 5 461 III 28.

⁷⁵) *BAM* 1 35:12-14.

⁷⁶) This means that the man with the swollen belly (etc.) in *STT* 2 324:2-3 still is healthy although illness or death after one year are predicted. Death after one year (and more) is typical of non-diagnostic texts; see J. Bottéro in *Annuaire — Ecole pratique des Hautes Etudes*, IVe section, 1969-1970 95-6.