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**The Notion of Body and Illness in the Healing Rituals of the  
1st Millennium BCE Mesopotamia: The Case of Fever**

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I state that I have written this thesis on my own, that I cited all sources used, and that I have not used this thesis in any other curriculum or to obtain any other university degree.

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# I. INTRODUCTION

## I.1. BODY, DISEASE, FEVER

The body rightfully became one of the most discussed topics in anthropology of the last century. It is our primary medium of perception and activity<sup>1</sup> and it is through our bodies that we actualize our culture in this world. At the same time, the body, as we understand and experience it, is not an entity entirely independent of culture, which keeps changing and creating our bodies and our notions of them. There is a wild variety of bodily concepts and experiences in different cultures, different periods, and in different contexts. Disease and healing belong to the contexts most significant, as they represent an area where the human body encounters its limits, and therefore they bring any culture to high creativity in building bodily notions. We are lucky to have the chance to read through a great amount of such materials from ancient Mesopotamia.

Disease was just one possible form of a variety of evils that were lurking in the world for the Mesopotamian people. Ways to fight it were similarly varied. It included the help of divination, omnipresent in Mesopotamia, efforts to calm the supposedly dissatisfied deities that might have caused the problems, and also practical healing procedures and rituals using different cures, substances and symbolic acts. It will be especially the latter strategies that the present thesis chooses as its main focus, as a specific context of bodily treatment and conceptualization. This kind of medicine, using different methods such as potions, bandages, but also incantations or amulets, is represented and defined by a particular group of sources, conventionally called the “therapeutic” texts. These tablets provide voluminous lists of prescriptions for various health problems and body parts. Together with the so-called “diagnostic” texts, listing symptoms and their causes, and “pharmacological” texts, listing substances for different health problems, they constitute the three main genres of the Mesopotamian canonical medical compendia. While they were not the first professionally created medical texts in Mesopotamia, the history of this specific tradition started probably in the latter half of the second millennium BCE and their copies known to us today were mostly created and stored in official libraries and archives in the first millennium BCE.

In the following pages, I would like to analyse what concepts of body and disease these sources presented. These cultural images, shared by a certain group of experts and potentially presented also to the treated patient, are the only levels of Mesopotamian bodily experience that are available for us today, as we are so distant in time from the living and experiencing humans. After I introduce my method and the primary sources in greater detail, I shall discuss the general cultural context relevant to these topics, that is how body and disease were presented in other than medical sources and what was their general conceptualisation. In the final part, I will work directly with the therapeutic texts to analyse the procedures they prescribe and the language they use. Since the large volume of available sources would be impossible to encompass in an MA thesis, I have decided to focus on a specific problem – the fever, a condition interesting for its quite surprising variety of meanings as well as the solutions prescribed. Fever has been a relatively popular topic in modern analyses of Mesopotamian medicine. They usually cover the basic meaning of a high temperature as well as several specific diseases, which seem to have been related to the condition of heat in the emic understanding. I will follow this tradition and include some of these related diseases in my analysis.

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<sup>1</sup> As it was described by Marcel Mauss (1934).

## I.2. MEDICINE IN ASSYRIOLOGY

The kind of healing central to this thesis and the sources which relate its procedures have been among the most studied in Assyriology under the keyword “medicine.” Medical texts have quickly drawn the attention of scholars, who composed the first editions already at the beginning of the 20<sup>th</sup> century.<sup>2</sup> The early twenties brought two important editions of medical texts: Erich R. F. Ebeling’s two-volume *Keilschrifttexte medizinischen Inhalts I+II* (1922–1923) and the 1923 autographies of R. C. Thompson *Assyrian Medical Texts*, abbreviation of which (AMT) is used as one of the text designations until today.<sup>3</sup>

Ebeling is also the author of various related entries in RIA, which he has been composing since the 30s, followed by René Labat, who started his work on Mesopotamian medicine in articles and many RIA entries two decades later. Labat took part in the growing text production on this topic seen by the second half of the 20<sup>th</sup> century, when healing in the ancient Near East drew the attention of scholars such as A. L. Oppenheim, J-M. Durand or Walter Farber. An important collection of autographies called *Die babylonisch-assyrische Medizin in Texten und Untersuchungen* (its title was also abbreviated in one of the primary text designations – BAM) was published by Franz Köcher in six volumes between 1963 and 1980. This series was resumed in 2005 by other authors (M. J. Geller, Ulrike Steinert, S. P. Panayotov and J. C. Johnson), who have so far published five new volumes.

Many authors chose medicine as one of their primary topics in the last decades of the previous millennium, and most of them are active until today. Among them are for example Markham J. Geller, Irving Finkel, or Marten Stol, all of them since the 1980s. Since the 90s Barbara Böck has been active in this field, known especially for her editions (see below) and a book studying Mesopotamian medicine through a focus on the healing goddess <sup>d</sup>Gula (2014); similarly also Jo Ann Scurlock, known for editions (see below) and relevant articles. Nils P. Heeßel, an important author on this topic in general, published an extensive book on Mesopotamian diagnostics (2000). Several extensive anthologies of different articles discussing Mesopotamian medicine and related topics were published since the beginning of the new millennium<sup>4</sup> and so were new editions. JoAnn Scurlock published an edition of sources for Mesopotamian diagnostics together with B. R. Andersen (2005) and a general sourcebook illustrating various kinds of medical texts (2014). A German compilation of editions by different authors, composed also as a summarizing illustration of medical literature, was edited by B. Janowski and D. Schwemer (2010). J. Wee (2012) contributed with an edition of commentaries on the diagnostic series SA.GIG. The year 2018 brought Ulrike Steinert’s edition of the emic scholarly text catalogues for magic, divination and medicine, and also a voluminous work by A. Bácskay editing specifically Mesopotamian medical texts that mention different kinds of fever.

The published works approach Mesopotamian medicine from various points of view. Many focus on different body parts or diseases in shorter editions or even in the synthesis of the data given,<sup>5</sup> which is an approach following the emic structuring of many of the original medical texts. A much-discussed problem is the possibility of connecting the described symptoms and named diseases to modern diagnoses, both for the purpose of correct analysis and translation. Attempts along these lines have been problematized for various reasons (see below).<sup>6</sup> The actual practice of

2 See e.g. F. Kūchler (1904).

3 R. C. Thompson was very active in editing various medical texts in individual articles up until the late thirties.

4 For example Horstmanshoff & Stol (2004), Battini & Villard (2006), Finkel & Geller (2007), Attia & Buisson (2009), Panayotov & Vacín (2018).

5 See for example T. R. Kämmerer (2000) or J. V. Kinnier-Wilson (e.g. 1966 or 1994). The RIA includes entries on various body parts, but also on the specific diseases affecting them – see the list given for the entry “Krankheiten” in *RIA Band VI. Klagegesang – Libanon*, p. 223.

6 These problems are well summarized in Barbara Böck’s 2009 reaction to the 2005 work of J. A. Scurlock and B. R. Andersen, in which the authors attempted to pursue this uneasy goal.

medicine was studied especially in the last few decades, often with emphasis on other than insider medical sources, as they include additional information, for instance on social context and practical issues.<sup>7</sup> Another question which aroused differing interpretations is the opposition of “medicine” and “magic,” ranging from blurred boundaries, to a relation or differences, depending on the authors opinions. This problem was very often studied through the difference between two basic terms for a healer, *asû* ((LÚ.)A.ZU; commonly translated as “physician”) and *āšipu* or *mašmaššu* (commonly (LÚ.)MAŠ.MAŠ; usually translated as “exorcist” or “incantation priest”), which were for a long time understood as representing a more “rational” medicine vs. magic, respectively. Certain authors, however, have problematized this approach (see below).<sup>8</sup> Nevertheless, diseases and healing had a strong connection to supernatural forces in Mesopotamia, therefore the gods related to them are a popular topic as well.<sup>9</sup> Importantly for the present work, the general concept of disease and of healing has often been analysed, with focus on the phrases and symbolism used.<sup>10</sup> Fever itself in its different meanings also drew a lot of attention in Assyriology.<sup>11</sup>

## II. THEORY AND METHOD

### II. 1. THEORETICAL POINTS OF DEPARTURE

A long-standing discussion exists in the humanities on the relationship and hierarchy between the body as a biological system on the one hand and as a constructed concept on the other, in the ways they form the bodily experience as well as its physical existence. It is not the goal of this thesis to solve this problem once and for all. For the purpose of analysing the Mesopotamian body concepts in the context of disease and healing, I will take a relatively moderate approach. It is moderate only now, of course, after a long century of discussions on this topic has taken place. The basic methodological problem of the present thesis is that the physical bodies of Mesopotamian patients are neither liquid and changeable, nor unconditionally given; they are unreachable. Nevertheless, it is important to state their assumed relation to other levels of bodily existence, the ones of interpretation and construction. Those are the levels which we can grasp to some extent today, as they present themselves in the sources.

My approach is that of a mutual interaction and influence of a certain human physicality on the one hand, and the concepts of the body on the other. By “concepts” I mean notions constructed by the individual as well as the shared ones provided by culture. The individual experience emerges from a constant process of perception and interpretation. The physical reality and practice influence the individual concepts, which in turn affect the cultural ones. In the other direction, the cultural concepts can influence the processes of the physical body and the ways experience is formed. It is important for my approach that the individual concept consists not only of abstract notions, but also of physical experience, of perception, movement, and of the so-called *habitus*.<sup>12</sup> The cultural and individual notions are, as is the popular term today, “embodied,” meaning they are actualized in the world through the medium of our bodies, and through bodies we live and experience them. From

7 See M. Stol (1991–1992), N. P. Heeßel (2000), M. Worthington (2009), E. K. Teall (2014).

8 See for example E. Ritter (1965, where she first established the difference between the two healers), J. A. Scurlock (e.g. 1999 or 2006), N. P. Heeßel (2009).

9 See e.g. W. A. Jayne (1925), T. Ornan (2004), B. Böck (2014).

10 See e.g. S. Maul (2004); W. Farber (2004); N. P. Heeßel (2007); S. Salin (2015).

11 “Fieber” is one of the independent disease entries of RIA, composed by R. Labat in 1957–71; see also M. Coleman & J. A. Scurlock (1997); M. Stol (2007). As for editions focusing on fevers, see B. Böck’s section in B. Janowski & D. Schwemer (2010); J. A. Scurlock in her 2014 sourcebook (p. 407–428); A. Bácskay (2015 and 2018); Finkel (2018).

12 A term introduced by Marcel Mauss (1934).

another point of view, our cultural notions, but also our minds and our cognition are embodied, because they are based in material experience.<sup>13</sup>

My work is inspired by the scholarly turn of the 20<sup>th</sup> century that moved away from the body as a biological given. Judith Butler famously questioned the original position, asking “how and why ‘materiality’ has become a sign of irreducibility?”<sup>14</sup> As the physical body became more fluid, individual descriptions of bodily experience ceased to be taken as a source of empirical facts, since the influence of thinking started to be considered.<sup>15</sup> Up until today, numerous works focus on the influence of learned structures on bodily processes.<sup>16</sup>

Nevertheless, it is the physical body’s *invariability*, and not its reality, that needs to be reduced here. Although the Mesopotamian physical bodies are indeed out of our reach, their physicality had influence on the experience recorded in the preserved sources, and I will consider them as such. Marcel Mauss described the body as humanity’s tool of perception and worldly activity, and bodily practice as a source of knowledge already in his 1934 essay “Les Techniques du Corps.” He has also introduced the term *habitus* describing the internalization of bodily behaviour, which I understand as a part of the bodily concept. *Habitus* is important for studying physical experience, the practice and the idea of bodily behaviour, movement, interaction and spatial existence.

It is also important to realize that the idea of body does not always use human skin as its borders, and admits a broader area of influence on the body in the sense of an abstract physicality, or at least of identity. In “Les Techniques du Corps” Marcel Mauss introduced the concept of a “triple man,” consisting of the biological, the social, and the psychological man; it is through body that we learn and it is through the bodily learning that we socialize according to Mauss.<sup>17</sup> Mary Douglas in her *Natural Symbols* works with the concept of two bodies, the physical and the social one, which she then compares to the self and the society. She says: “(...) sometimes they are so near as to be almost merged; sometimes they are far apart.”<sup>18</sup> The body has a physical and a social existence, which broadens its field of interaction, influence and influenceability over the borders of an individual in the social and in the spatial sense. This also holds true for disease and other evils in many cultures. Some societies work with an explicit notion of contagious evil and pollution, but even those which do not hold such concepts know very well the general disruption in the household of a diseased person.

Disease is a very suitable topic for analysing the bodily concepts, for it is a moment out of norm, both in the physical and in the social sense. Disease brings any person, no matter the usual level of their contemplativeness, to reflection on the lost times of health and normality and of the ways the current illness has disrupted them. The moment of healing encourages even more reflection, especially if it includes an interaction with a healing specialist. The problem must first be formulated by the patient, as much as they are capable of it, and also by the healing professional, based on their observation and interpretation of the patient’s statements. The healing process is based on pre-existing notions common to the culture in question. Some of them, however, are only shared by a community of healing experts, who have to learn this specific mode of understanding the body and disease to become a part of the “guild.” Such communities of experts existed also in

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13 For literature summarizing this complex discourse, see e.g. Frances E. Mascia-Lees (2011), an anthology of essays on different modes and contexts of embodiment, see for instance an explanation of “cultural phenomenology of embodiment” by Thomas Csordas, p. 137; on “embodied mind” and “embodied cognition” see especially George Lakoff, e.g. with Mark Johnson (1999) or his essay from 2012. Margaret Lock and Judith Farquhar (2007) edited an anthology of texts illustrating the development of the topics of body and materiality in the history of humanities.

14 Judith Butler (1993, the edition quoted was published in 2011), p. 4.

15 See for example Joan W. Scott (1991).

16 See for example Thomas Csordas’s examples of phenomena on the borders of the body and the psyche (2011, p. 149–152) or Kristofer Schipper’s work on the learned forms of such a basic bodily function as breathing (1993, p. 136–139).

17 See e.g. the English translation in M. Lock & J. Farquhar (2007), p. 53.

18 M. Douglas (1970, edition 1996), p. 87.



Mesopotamia, and their shared knowledge is accessible to us in the form of compendia that they composed. The concept of “medical gaze,” as a thoroughly trained method based on a discourse, rather than an entirely “factual” method of observing the body, was formulated already by Michel Foucault in *The Birth of the Clinic*.<sup>19</sup> Nevertheless, all participants of the process of healing, that is the patient, the healing expert, and the patient’s close ones, remain individuals with past experience of their own, which they bring to the space of healing in the form of concepts and expectations. The moment of healing itself becomes a new experience for all the participants.

The common problem of the humanities and of every analysis of cultural concepts is the reflection on the author’s self. For the present topic, it is likewise relevant to ask, whether I can ever consider myself independent of my own concepts of body and if I can truly comprehend another culture’s notions. Our topic can make the matter even more acute, since we are talking about the body, the basis of all experience and perception for the studied subjects as well as for the scholar. In the end, we are left with nothing more than an effort to stay reflective of and open about our views and to accept that even academia is always an interaction of embodied humans.

## II. 2. APPLICATION

### *II. 2. 1. Primary Sources*

The main sources of the present thesis, the so-called canonical medical texts, were composed by healing professionals and include the categories of diagnostic, therapeutic, and pharmacological tablets, occasionally complemented by commentaries. The therapeutic texts will be the most important of these, as they describe the healing procedures themselves.

While there is evidence for different strategies of healing preserved since the third millennium BCE, texts related in character or through direct parallelism to the later canonical traditions emerged in greater numbers at the end of the second millennium. A native Mesopotamian tradition ascribes the great diagnostic series SA.GIG to a certain Esagil-kīn-apli in the 11<sup>th</sup> century BCE.<sup>20</sup> It was also the Middle Babylonian period which saw the start of canonization and serialization of the therapeutic corpus, although the systematic series are not certainly documented before the 7<sup>th</sup> century, when the corpus of the library of Nineveh emerged.<sup>21</sup>

The diagnostic series are composed as lists of symptom descriptions with a prognosis, which can give the expected length of the disease, in some cases even details of its development, but mostly just a basic statement of expected survival or death of the patient. Their structure strongly resembles Mesopotamian omen compendia, which has aroused a debate on the relation of the diagnostic genre to divination.<sup>22</sup> The therapeutic corpus, on the other hand, lists symptom descriptions together with possible solutions. Therefore, they are the main sources for gaining insight into the actual healing procedure. The therapeutic texts are focused on problems with at least some hope of recovery, death is therefore rarely ever mentioned as a possible outcome – yet, a great deal of prescriptions leaves out any prognosis whatsoever. It is also relatively common, that diagnosis is stated at the end of the symptom description, in the sense of identification of a specific disease, which is not a rule for the diagnostic genre. The pharmacological tablets contain lists of herbs and other healing substances together with symptoms or named illnesses for which they can be used, and usually also with a brief description of the procedure. All three genres were most

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19 M. Foucault (2003, originally published in 1963), p. 9.

20 I. Finkel (1988).

21 B. Janowski & D. Schwemer (2010), p. 31–32.

22 See for instance M. J. Geller (2015), p. 39–40.

commonly structured according to the symptoms and problems that they treated, or according to body parts.

Individual tablets, which copy the structure of canonical therapeutic texts, have been preserved in small amounts. The canonical therapeutic series are accompanied also by the so-called extract tablets, picking specific recipes from the rather voluminous therapeutic series. There is an extract series preserved, which was composed for the long therapeutic UGU series.<sup>23</sup> Incantations are commonly included in the procedures described in therapeutic texts – in some cases the prescription offers the whole text of the incantation, but often they are only referred to by their incipits. Relevant incantations can also be found in independent sources, on individual tablets, or on amulets – several of these have been found which refer to fever, as we shall see below.<sup>24</sup>

The mutual relationship of the canonical genres, especially the therapeutic and diagnostic texts, is not a set issue – were they coming from similar or related sources? To what extent do they disclose the same tradition of healing? Similarities, but also differences, appear both in structure and contents of these texts, or rather in their focus. According to N. P. Heeßel, it is more common for the diagnostic texts to identify the supernatural causer or sender of the disease, than it is for the therapeutic texts. At the same time, however, they do sometimes include a basic prescription, while the therapeutic texts occasionally mention the sender in a similar way. Textual arguments have also been identified for the interrelatedness of these genres, as potential parallels or mutual references.<sup>25</sup>

As one of the goals of this thesis is to approach the actual healing process, an essential problem is the relevance of the canonical texts, especially the therapeutic genre, to reality, in terms of their creation and their use. It is beyond possible proof, whether the writing down of all the numerous prescriptions in the therapeutic corpus emerged from a real life experience. For instance, it is possible that, based on a certain amount of practice and observation, the authors of the collections could create the content of the long prescription series by imagining possible variations based on a number of actual cases. This procedure is common for certain law systems, as it is in some traditions of the classical Islamic law, but also of the law in Mesopotamia.<sup>26</sup> Still, the similarity in content to the few specific prescriptions shows a certain continuity between the nature of healing in these texts and actual cases. M. J. Geller assumes that the therapeutic corpus emerged from original “small single tablet formats that may have actually represented prescriptions from the practice of medicine,” which were later copied to become compendia – unlike the *Diagnostic Handbook*, which to his mind was more of a “scholarly or theoretical composition.”<sup>27</sup> There are also several indications that the recorded prescriptions were of use even after they were written down and did not just lie in the dust of archives without notice. For instance, Jo Ann Scurlock draws such a conclusion from the existence of individual extract tablets from the UGU series: “Although much is missing,” she says, “the general outlines and parts of the original composition can be reconstructed using the UGU catalog, copies of individual UGU tablets identified by incipit, contents and/or colophon as belonging to the series, and the UGU extract series. Isolated treatments also appear in tablets extracted by the *āšipu* for a specific patient or set of patients. The existence of these isolated extract tablets demonstrates that UGU was in active use by practicing physicians.”<sup>28</sup>

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23 J. A. Scurlock (2014) discusses this phenomenon and its implications in pages 295 and 329, before she offers an edition of BAM 156, a text belonging to the UGU extract series (p. 329–336).

24 See I. Finkel (2018), who discusses amulets against fever and edits and translates their incantations in pages 232–271.

25 N. P. Heeßel discusses these problems (2007), see pages 125–126 for the focus of diagnostic texts on supernatural sender; also pages 127–129 on textual evidence for interconnection. Heeßel also discusses the problem of phrases for supernatural senders being possibly set terms for specific diseases, e.g. 121–124.

26 Westbrook describes this method in Mesopotamian law (1989, p. 298); Johnson (2015) considers their creation as a possible parallel to the production of the therapeutic compendia. Still his point is that a number of the recipes comes from actual cases, which were driven off personal specifics and can, in his opinion, be identified to some extent, based on the logic of the text.

27 Geller (2015), p. 42.

28 J. A. Scurlock (2014), p. 295.

Some prescriptions in the compendia are marked as “tested” or “checked,” most often with the word *latku* (a passive verbal adjective from the verb *latāku*), less commonly *amru* (from the verb *amāru*) or *barû* (verb *barû*), both from verbs with the basic sense “to see,” which, however, bear a lot of other meanings, including “to test,” “to check” etc.<sup>29</sup> There is not much beyond indirect evidence, as to what exactly was meant by this “testing” and how much of it came from experience and observation.<sup>30</sup> These phrases could just as well express an authority gained through long tradition and not through immediate practice, as Steinert reminds us.<sup>31</sup> Yet the fact that only some prescriptions were awarded with this label indicates that healing experts might have expressed a certain professional opinion by assigning them the label *latku*.

The canonical medical texts present only a part of Mesopotamian healing and therapy, and more broadly of protection from evil. Genres concerning other kinds of protection from disease or other evils are of great importance for comparison. Texts of this sort, such as rituals against evil from bad omens, curses, and witchcraft, are often similar to the medical therapeutic texts in structure, even in treated problems, the kinds of professionals working with them, as well as in the chosen solutions. These are some of the reasons why the border and common ground between Mesopotamian magic and medicine has been a topic of scholarly discussion.

Other sources must be used to provide general context, both in the sense of cultural notions of body and illness and in the sense of medical practice. For one, it is the literary sources: a very common example used in discussions of disease concepts is the tragic story of *Ludlul Bēl Nēmeqi*, where diseases appear among the issues troubling the protagonist. Mythical narratives concerning destruction of humanity by gods can also be of use, for instance the *Atram-hasīs* myth, where the god <sup>d</sup>Enlil strikes the loud humanity with a disease first (I. tablet, vii. column), before famine, drought, and, finally, flood. Literary texts can provide interesting insights into medical practice as well. Among these are the stories from Mesopotamian every-day environment, which sometimes mention a healing professional – or someone pretending to be one, like in the story of *The Poor Man of Nippur*.

Both kinds of information can be gained from sources of actual every-day life, especially correspondence or administrative texts. There are letters with professional medical advice to members of the court, as well as with general discussion of diseases, epidemics, and measures taken by lay people.

Material evidence, especially images depicting scenes of healing and related kinds of therapy and rituals, found e.g. on plaques or seals, is of great interest for practical details and the general spatial layout of these moments. Healing amulets have been discovered, and luckily several of them are meant for fever specifically. These amulets often carry written evidence as well, since they were commonly inscribed with incantations.

## II. 2. 2. Information Available in the Primary Sources

To work out the bodily concepts of the healing rituals, I will analyse four kinds of information in the sources.

The first will be the general cultural context: references to disease and healing in other than medical sources, the contents of which will overlap in various ways with the professional canon.

Secondly, I will work with the facts known or concepts imagined (the border is not for me to

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29 On this topic, see especially Ulrike Steinert (2015), p. 103–145. Also M. J. Geller (2015), p. 17–18.

30 Steinert (2015) mentions another three important points to this: 1) The “check” phrases were used for all kinds of procedures, including those, which would not make it through a modern laboratory (p. 110). 2) Similar phrases were also used in related genres, like rituals and magical procedures treating other problems than disease (p. 118). 3) Concept of efficacy and trustworthiness of procedures is a culturally variable matter (p. 110 or 114).

31 Steinert (2015), p. 114, also more in detail on the matter of experience vs. tradition in these genres see p. 120–132.

judge) which were explicitly stated in the prescriptions. These include diagnoses (if they are described with more than just a technical term, often unintelligible for us), detailed information on symptoms, sources of disease, sources of healing (power), the way the disease leaves, etc.

Thirdly, I will try to analyse the language used to describe all the phases of a disease and its healing in its symbolism and implied meanings. Even basic terms that consist of nouns, adjectives and nominal phrases and which describe the body and its parts, symptoms, diseases, and fevers specifically, are of interest in their context, etymology, metaphoric meanings etc. The other important part of the medical language is the description of processes and states, the verbs and phrases used, and the metaphors built of them. The symptom descriptions are rich in these, as the illness enters in specific ways and inhabits the patient's body; and it also later leaves, in sometimes interesting ways. Language will be analysed mostly in prescriptions, but also in related genres, such as incantations written and uttered for the purpose of healing.

The last group of information will be the physical treatment of the body and the material and spatial context of the healing procedure. The form and use of medicaments will be of interest, as well as matters such as activity and passivity of the patient, changes which the body goes through in the healing process, matters of location and space, and the role of physical contact in healing, but also in metaphors of becoming ill. A great deal of this information will be gained from the therapeutic prescriptions. However, the recipes tend to be scarce on certain information, especially those of general context (maybe because this was well-known to the experts), and this is where other than canonical sources will be utilized.

Before I start the analysis, it is also important to consider *whose* ideas the sources actually disclose to us. Most of our information comes from insider sources of the healing professionals, who belonged to the intellectual and social elite of the time. Therefore, these texts may provide us with some information on the concepts shared mainly by this specific group, that is the healing experts. The individual professionals must have reflected on the content of the sources, although they mostly copied the canonized compendia for centuries and changes were relatively rare. What remains is mostly a shared tradition.

It is even more complicated to access the patient's ways of thinking. It is truth that the symptoms do not only consist of objective observations, but also include the patients' feelings and subjective experience (physical or psychological), which they must have shared with their healers. The example of fever includes both. The healer may have checked the objective temperature of certain body parts, for instance by touch. Sometimes, however, the temperature fluctuations are formulated as subjective feelings, fever is often said to emerge in the inside of the body, and it can also be accompanied by other subjectively experienced symptoms. While I have already discussed the uncertain connection between the therapeutic corpus and actual cases of disease, it is possible that the included symptomatology were inspired by views and feelings that were shared with healers by many patients through their careers, and concentrated in a kind of a "general patient," That means, however, that even these statements of the patients would be filtered through the personal and professional concepts of the person who wrote them down in the compendia. On the other hand the experts' formulations were not entirely isolated from the patient, not only through overlap with common speech, but also directly during the ritual. Certain incantations, some of which describe the problem, were probably meant to be recited by the patients themselves, as sometimes the prescriptions explicitly say so, on other occasions this can be concluded from the incantations being written in the first person.<sup>32</sup>

The part of the patient's experience that can be reached more easily consists of the concepts and images offered to the patient by the healer and by culture. Descriptions of healing procedures provide information on how the disease was described and symbolized in general speech and in verbal treatments, such as incantations, as well as how the patient's body was treated physically,

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32 Such is for instance the grammar of an incantation which accompanies a procedure using a frog as a substitute to carry the disease away in AMT 53, 7, lines 1–9. The patient addresses the frog and asks it to undo their trouble.

how it was moved and touched, how it was connected to the surrounding space, etc. It is not possible to assume the patient's individual experience, but we do know bits of the situational and cultural context that shaped this experience. It remains doubtful, however, how much of the healing procedure (and the images included) actually reached the patient's perception in the very moment of healing. Fever belongs to the kind of conditions which blur a person's perception, and some of the accompanying symptoms probably made the situation even worse. Nevertheless, when working with BCE periods, personal experience remains hypothetical even for a mild runny nose.

### III. MESOPOTAMIAN CONTEXT

#### III. 1. MESOPOTAMIAN MEDICINE

The complex canonized literature that forms the majority of our sources points to a medicine connected to an intellectual elite. The insider medical sources formulate the prescriptions in the second person, by which they addressed the experts as the expected readers and, importantly, also performers of the procedures. The prescriptions appear to have belonged to secret knowledge of the professional community, which was secured for instance by using often repellent code names for the healing substances.<sup>33</sup> A healing professional presumably enjoyed a significant authority and trust,<sup>34</sup> therefore, their presence might have been an important aspect of the healing process, as it is across various periods and cultures, including ours. The scale of social positions of the healers themselves and of the people to which they offered their services must have been broad, and there were experts of different reputation and affordability throughout Mesopotamia. However, it is logical to assume that the present sources, consisting of texts canonized in part for official libraries, were related more closely to the elite edge of the scale, which reached as high as the royal court. At the same time, since the exact process of canonization is not clear, there is a certain probability of a continuum of knowledge and experience between the canonized texts and the procedures performed by less renowned healers independently – the extent is, however, not known.<sup>35</sup> Similarly, the relation to non-expert healing is not clear either, although laypeople who without doubt took care of their close ones (as the experts might not always have been available, affordable or even considered necessary) came from the same cultural environment as the healing professionals.<sup>36</sup>

The therapeutic texts themselves are scarce on information about the context of practice and other sources must be consulted for help.<sup>37</sup> An important aspect of healing for the issue of embodiment or habitus is location. It can be assumed that different space would enforce a different impression of the procedure on the patient, as well as staying still vs. moving between different places. Prescriptions occasionally mention the matters of space, for example when a procedure is to be performed outdoors,<sup>38</sup> the patient is ordered to leave the place in a different way than he came,

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33 Geller (2015), p. 53–54).

34 To some extent, of course. Mesopotamian literature included satire on the craft of healers. M. J. Geller (2015, p. 53–54) mentions an example of a humorous anecdote, which refers to the secret code of Mesopotamian pharmacology, used to keep the knowledge secret from outsiders and fake healers. The story of *The Poor Man of Nippur* is based on a potential danger of being at the mercy of such a person.

35 See e.g. M. Worthington (2009), p. 54.

36 Occurrences of non-expert healing are recorded, as in an Old Babylonian letter noted by Martin Worthington, where a possible lay person plans to heal a wounded man on their own and begs the recipient for some oil for this purpose. There is no mention that this person would follow a professional prescription and the letter probably records the area of folk healing.

37 Martin Worthington published an article focusing on this topic, see M. Worthington (2009), p. 47–78.

38 This is a method quite common for other texts with rituals to fight evil of some kind, like evil of bad omens, attacks of witchcraft etc.

location is a factor for healing substances (medicaments are left outside overnight, sometimes under the stars, location of obtaining is specified for the ingredients etc.), the bed of the patient is treated in some way, and so on. It is, however, mostly from external sources (with some exceptions) that we know that the patient's bed was usually at their own place. M. Worthington presents some information of this kind: first, the *Diagnostic Handbook* mentions an *āšipu* coming to the patient's house as a common occurrence. Similarly, in the story of *The Poor Man of Nippur* the protagonist comes to the house of the mayor, on whom he wants to take revenge disguised as an *asû*; and there are also letters that invite a healer to the patient's place.<sup>39</sup> On the other hand, there is evidence for patients coming to the healer to be helped, and Late Babylonian attestations of a certain *bīt asê*, that is a "house of *asû*-healers," could possibly point to the existence of an institutionalized healing space.<sup>40</sup> M. J. Geller suggests that temples of the healing goddess <sup>d</sup>Gula could possibly bear a similar function.<sup>41</sup> Hector Avalos also considers this possibility, although he does not find any direct evidence for the temples serving as the space for healing procedures of neither long-term, nor short-term duration.<sup>42</sup>

The role of supernatural forces and magic in the healing process is in Assyriology often connected to the discussion of the two common healing professionals recorded in the canonized texts – the *asû* ((LÚ.)A.ZU) and the *āšipu* or *mašmaššu* ((LÚ.)MAŠ.MAŠ). Former attempts to interpret the activity of the *asû* as closer to the modern Western medicine with procedures using various substances for medicaments, salves and similar, while the *āšipu* would be standing more on the "magical" side of healing, are often considered problematic. While there may have been some difference between these two professions in the ancient Near East, our data do not seem to uncover its exact nature, with plausible arguments existing for different views.<sup>43</sup>

Let us explore what can be discerned about the magic vs. medicine problem from the texts themselves. Different texts, tablets, or collections of the therapeutic corpus, seem to prefer different means of healing and protection from evil. The canonized therapeutic texts, as well as some of the known independent texts of similar structure, operate extensively with procedures which seem familiar to our own environment, such as herbal, mineral, and other medicaments used internally or externally, including potions, rubbing, salves, ointments, bandages, etc. Even these individual categories can be grouped together in the texts sometimes, with one tablet listing mostly forms of external healing, while another focuses more on potions. However, this can be often connected to the tablet's focus on a certain body part, for which a certain form of healing seems to have been used more often.

On the other hand, the therapeutic texts also offer prescriptions to which the current biomedicine is not able to ascribe any potential function, apart from the placebo effect. Among these are the use of amulets, recitation of incantations, use of substances of a more symbolic character (e.g. objects and materials noted to be obtained from specified places or persons), symbolic protection of space, occasional use of objects substituting an involved person, and other symbolic procedures. While some tablets in the canonized compendia focus on these techniques

39 Worthington (2009), p. 56–57.

40 Ditto, p. 57–58.

41 Geller (2004), p. 610.

42 Avalos (1995), especially p. 192ff.

43 See e.g. Heeßel (2009), p. 14–15. Heeßel notes that the colophons of the known canonized medical tablets, which consist for a big part of precisely the seemingly "rational" kind of healing formerly ascribed to the *asû*, mostly mark the tablets as belonging to *āšipūtu* (the work of an *āšipu*), making the original theory even more problematic. He also notes, however, that only two private libraries of *āšipus* and none of *asûs* were found, which can make our sources inconclusive. Still it would prove an interest of *āšipus* in similar practice, if not their own performance of it. On the other hand, M. J. Geller finds partly corresponding differences in the work of both professionals in the 7<sup>th</sup> century Assyrian letters, saying that "(...) *asû* provides technical advice about procedure, such as having the correct tampon for a nosebleed, while the *ashipu* on the other hand questions the king regarding his diet and general health, taking a much more holistic view of the king's therapy" (Geller, 2004, p. 606). It is also true that the title *āšipu/mašmaššu* is widely attested from texts for magical protection from various evils.

more than others, they are generally less common. By contrast, they are typical for certain genres of texts fighting various evils, for example those discerned from bad omens. The problems to which these texts react often include symptoms of diseases, problems physical, psychological, and social, and through these the “magical” texts can partly overlap with the medical prescriptions.<sup>44</sup> Therefore, it seems that similar problems can provoke different kinds of reaction and these are partly divided in categories even by the emic texts, although they do not separate them entirely. In fact, in the medical prescriptions these categories sometimes overlap even within an individual recipe.

The problem of distinguishing “magic” and “supernatural” in any technique or procedure is our definition of these terms as things that are not real to us, that is as using non-existent powers in the case of magic. In this sense, no magic exists in a world of a fantasy book from the view of its characters, since it is natural to them, and our world could be very magical to people who, for instance, do not believe in electro-magnetic fields. If both kinds of solving a disease were believed in by the Mesopotamian people, to them their difference was not (necessarily) in rationality vs. irrationality, or in natural vs. supernatural. The categories posed by us today seem to have been recognized by emic authors, but to what extent can we truly distinguish them as complementary, but different fields, and where would be the line? Moreover, the similarity to our own medical procedures does not itself ensure “rationality.” Possible relation of prescriptions to actual observation and experience was discussed above, and it would be rather dismissive from us to not recognize that Mesopotamians could gain considerable knowledge of substances and healing procedures through years of experience, just like other healing systems. At the same time, we can never identify all the various diseases and all medicaments used, and therefore we cannot tell, if they were effective in the sense of modern medical chemistry. And if they were effective in the empirical sense, how was their power to heal perceived and in what way was it different from the power of an amulet? Let us remember that the symbolic power of healing is also known to the modern Western society, as it complements the empirical properties of medicaments in reaching the desired effect.

Another manner of healing, often interwoven with the previous kinds, was addressing the gods directly for help, which is a procedure used by far not only in healing. Gods are mentioned in incantations, where they are often explicitly asked for help,<sup>45</sup> offerings are presented to them so that they would decide favourably for the patient,<sup>46</sup> and in some cases they were asked for omens which were supposed to help with diagnosis.<sup>47</sup> N. P. Heeßel distinguishes the formerly described methods as those treating symptoms with corresponding procedures, and an effort to find out which deity or other being was angry and to appease them.<sup>48</sup> These two could also differ in applying a certain form of logical causality versus entrusting the patient’s fate to the uncertainty of the deities’ decision. Of course, we cannot know, how certain the patients were about the securing of the gods’ benevolence through an offering, and it was in the gods power to influence the success of any business, including practical healing.

The texts usually only treat problems that have already emerged. M. J. Geller says: “While apotropaic magic may have been used to keep demons at bay, no medical recipes were designed to promote healthy living or prevent disease from occurring.”<sup>49</sup> Preventive apotropaic measures in the sense of amulets and similar protection were probably taken instead. Contagion was also a well-

44 The overlap is often quite significant. See for example the series *Ana marši ina teḥēka* – a Middle Babylonian diagnostic series focusing on evil magic. The described symptoms are mostly physical, in fact, Tzvi Abusch (2011), who edits part of this series in the pages 434ff., notes that some of these descriptions even seem to be drawn from certain therapeutic texts (p. 434).

45 Incantations also often describe the symptoms. See e.g. Finkel (2018).

46 See e.g. Oshima (2018).

47 Worthington (2009), p. 66–67. As already mentioned, the diagnostic texts themselves aroused a debate about their possible relation to divination texts, due to their corresponding structure (see e.g. Geller, 2015, p. 39–40) and the fact that they very often identify the divine sender (see Heeßel (2007), p. 125–126).

48 Heeßel (2007), p. 126–127.

49 Geller (2015), p. 119.

known phenomenon, and quarantine and avoidance of contact were applied in case of serious illness in the household or when great epidemics occurred. As far as I know, there is no evidence that Mesopotamian people would keep a healthy life-style or eat specific herbs to prevent diseases (similar to our eating of vitamins and minerals in tablets), apart from the mythical story of the plant of life that brings immortality in the epic of Gilgameš.<sup>50</sup> Line 71 in *The Instructions of Šuruppak*, an earlier Sumerian collection of life advice, connects long-lasting life to standing with “the Hero,” meaning the sun god <sup>d</sup>Šamaš. Bendt Alster suggests that getting up early is proposed,<sup>51</sup> but of course keeping by the gods is always a good idea in a world ruled by them. Since disease, like other problems, was often understood as a result of the gods’ anger, which could have been caused by the patient’s transgression, it was advisable to avoid improper behaviour, which was itself a kind of prevention. The lines 19–29 of *The Instructions of Ur-Ninurta*, another Sumerian wisdom text, actually describe how fortunate a pious person will be, including a long life and good health of their descendants.<sup>52</sup> The early 2<sup>nd</sup> millennium text *Ludlul Bēl Nēmeqi* finds the righteous sufferer describing his good conduct towards the gods (lines 23ff.), *despite* which he suffers from a terrible disease. While the protagonist apparently finds his misfortune rather surprising, he proposes thereafter that knowing what the gods want is not easy, and nor is this kind of prevention certain.

### III. 2. PERSON AND BODY IN MESOPOTAMIA

#### III. 2. 1. *Person and Body in Assyriology*

RIA lacks entries such as “Mensch” (“human”), “Körper” or “Leib” (both terms denote “body”). However, there is an entry for “Person” composed by M. P. Streck, which includes a brief section on the corporeal and spiritual aspects of a person (“Leib und Geist oder Seele,” that is “Body and Spirit or Soul”).<sup>53</sup> In 2012 Ulrike Steinert published *Aspekte des Menschseins im Alten Mesopotamien. Eine Studie zu Person und Identität im 2. und 1. Jt. v. Chr.*, an important work analysing the whole of the human person, going through its various components and spending a considerable amount of space on its bodily aspects.<sup>54</sup> Steinert herself comments on the scarcity of literature on this topic, but she mentions several publications that discuss the nature of human beings.<sup>55</sup>

Several works exist on the general human nature, the notion of an individual person and of its constituting aspects in Mesopotamia.<sup>56</sup> Especially in the earlier period of Assyriology several studies were published on the philological, etymological and semantic characteristics of related terms.<sup>57</sup> The human body, as well as the human existence in general, are often studied in comparison with different kinds of beings, such as the gods.<sup>58</sup> Several authors discussed the body in the context

50 Standard Babylonian version, tablet XII, lines 281ff. – see e.g. the edition by A. George (2003), p. 721f.

51 B. Alster (2005), p. 134.

52 B. Alster (2005), p. 228–230.

53 *RIA Band X. Oannes – Priesterverkleidung*, p. 429–430.

54 Steinert also published a variety of shorter works on different topics related to the Mesopotamian body, and also on the Mesopotamian medicine. We shall mention some of them below.

55 Steinert (2012), p. 2.

56 Streck’s above mentioned RIA entry belongs in this category. Steinert mentions for instance Tzvi Abusch (1998), Gebhard Selz (2004, 2005 and 2006) or Manfred Dietrich (2008 and 2010). Her bibliography does not include the anthology of texts on the concepts of human and human body in the broader area of the ancient Near East, edited by Angelika Berlejung, Jan Dietrich and Joachim F. Quack, probably because it was published in the same year, that is in 2012.

57 H. Holma wrote a book on Assyrian and Babylonian terms for body parts as early as 1911. As for other works on this topic, see for example P. Dhorme (1923); A. Deimel (1946); or F. R. McCurley (1968).

58 See for example Steinert (2014) or A. Wagner (2014).



of violence and corporal punishments.<sup>59</sup> The body is of course also an important aspect in discussions of the Mesopotamian gender and sexuality.<sup>60</sup> And, indeed, the present thesis is hardly the first to focus on the body in the area of Mesopotamian illness and medicine.<sup>61</sup>

### III. 2. 2. *The Structure of a Mesopotamian Person*

The common term *awīlu* (later *amē/īlu*) denotes a “human” as a kind of being, as opposed to other creatures, such as animals or gods. It can stand for a human as a person – it is often used as a general term for person, being semantically close to an indefinite pronoun. Besides, it can also carry the specific meaning of an adult man or an individual of a certain social class.<sup>62</sup> The term mostly denotes a person as a whole, with an occasional nuance of a particular social identity. The Mesopotamian human, however, consisted of various parts and aspects.

In discussing human nature in different cultures, the Euro-American authors usually stress the importance of breaking free from the presumed dichotomies embedded in our thinking, such as body and soul, body and mind, material and spiritual, etc. This is an important part of the above-mentioned scholarly effort to take distance from oneself. As for the Mesopotamian thinking, a final verdict on the applicability of the aforementioned binaries has not yet been set in Assyriology. Approaches that present the Mesopotamian human as “two-fold” in one way or another do appear, yet they are often exposed to critiques by authors who consider the Assyro-Babylonian person to be more complex.

In her 2003 publication on the Mesopotamian ideas of death and the netherworld, Dina Katz seems to work with a clear body vs. soul concept, when she describes the moment of death – another useful point for definition of ontological borders. “Thus, a human being is composed of two elements,” she writes, “a solid and visible body and the ethereal soul, which would later become a dead spirit.”<sup>63</sup> Yet, even in her description, the non-material human part can bear certain surprisingly material characteristics: “The soul that leaves the body during the ritual to become a dead spirit is designated *im* ‘wind.’ This wind image indicates that the soul was actualized in the breath. (...) The breath is unseen but can be felt, and so the soul is as tangible and concrete as the body.”<sup>64</sup> Dina Katz works with Sumerian, and therefore much older sources than those of the present thesis. Nevertheless, the occasional ontological overlapping of material and non-material aspects in a human is relevant for later periods as well, and so is the symbolic connection of a person’s vitality to their breath, a nice illustration of the former.

It is clear that the Mesopotamian human consisted of several components of different nature and, so to say, of different density. Usually the current discussion mentions more than two such fundamental constituents. The golden trio typically listed by Assyriologists are the material body, the non- or semi-material *napištu*, and the mostly, but not entirely non-material *eṭemmu*. There are two most common terms for the material body: *zumru* (SU), which refers to the trunk or the whole physical body of various creatures, and also to a “body” of an object;<sup>65</sup> and *pagru*, which can mean “body” or “trunk,” as well, but usually denotes a corpse.<sup>66</sup> Both terms can also in some cases stand

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59 See for example R. Haase (1963); Eckart Otto (1991); Z. Bahrani (2008).

60 See for example J. M. Asher-Greve (1997); J. Assante (2002); Z. Bahrani (2001); Steinert (2015).

61 Some of these works are also related to other mentioned topics, such as the works of R. D. Biggs (2006) or N. P. Heeßel (2006) that are both related to the theme of gender and sexuality, or J. Wee (2017), who addressed bodily metaphors in medical sources. Steinert (2016) treated the body knowledge in medical circles. N. H. Walls (2007) published a book on bodily disability in Mesopotamia.

62 See “*amīlu*” in CAD A II, p. 48–57.

63 Dina Katz (2003), p. 198.

64 Ditto.

65 CAD Z, p. 157–160.

66 CAD P, “*pagru* A,” p. 12–17.

for the whole person (see below). The component called *napištu* is related to the notions already described above by Dina Katz – while its basic meanings are “life” or “throat,” it also represents a certain kind of spirit, which does not survive the death of the physical body and is connected tightly to living and breathing. Breath in general is a sign of living and health, and so the related verb *napāšu* (“to breathe,” but also “to calm down” or “to expand”) is also often used in medical texts for expressing the final recovery of the patient. The *eṭemmu* on the other hand, is a kind of spirit somewhat complementary to *napištu*, as it relates to the time *after* death, and only then it usually represents what remains of a person, apart from their corpse. The term *eṭemmu* can express a spirit with a clear relation to the person they used to be, an anonymous human ghost, or a kind of being of a rather demonic nature. Interestingly, the term is used slightly differently in the famous creation scene of the *Atram-hasīs* myth. Here the *eṭemmu* represents a spirit given to humankind together with the flesh of the slaughtered god, as a part of the creation. This use is, however, unique.<sup>67</sup> As for the physicality of *eṭemmu*, the spirit is also connected to air and wind, even if in a different sense than *napištu*, and it can keep some connection to the formerly living body.<sup>68</sup> Some authors suggest that there was a relation to the corpse so tight that while *eṭemmu* survives the body’s death, it cannot survive its destruction.<sup>69</sup>

According to some interpretations, the human was a being even more complex than just *three-fold*. In her book, Ulrike Steinert approaches a Mesopotamian person as consisting of many components, making the human “pluralistic;” even if they are all integrated in the unified, “holistic” person.<sup>70</sup> Zainab Bahrani, who works with a similar approach (and who is quoted by Steinert), also emphasizes that the various human components are not ordered in a hierarchy, as they are all equally important in their specific functions.<sup>71</sup> Steinert includes components of bodily, spiritual, mental, and even social nature. All these parts have their share in constituting a person, and also their identity, which they can represent.

As the descriptions of *eṭemmu* suggest, this entity could in some cases carry a part of the identity of the deceased person forward, such as their appearance or a connection to their close ones.<sup>72</sup> Although *napištu* is not a typical bearer of the self, as we usually understand our “souls” to be, and it represents rather an aspect of vitality, in the Akkadian language it was also used for a general reference to a person, in a similar pronoun-like manner as the word *awīlu*.<sup>73</sup> In these formulations, *napištu* could stand for a whole person, like *zumru* and *pagru*, which could bear a similar metonymic function in the sentence. *Pagru* was commonly used with a possessive pronoun to refer to a person, often in a reflexive construction, with a sense similar to the English -self pronouns.<sup>74</sup> On the other hand, the sentences indicated by the CAD as examples for *zumru* as an identity referent often speak about action or movement directed from or towards the body/person. They refer more to an interaction, as opposed to the reflexive use of *pagru*. Formulations about attack of a disease as well as about evil and demons appear among these.<sup>75</sup> Certain body parts could

67 The actual nature of *eṭemmu* in this passage is not clear and depends partly on the translation of a single preposition. One of the passages mentioning *eṭemmu* (I. tablet, line 215) reads “*i-na ši-i-ir i-li e-ṭe-em-mu li-ib-ši*” (as presented by W. G. Lambert and A. R. Millard (1969), p. 58). *Ina* is a preposition of contradictory meanings – the most common one is “in(to),” making the phrase “*in the flesh of god there shall be eṭemmu,*” which would suggest that *eṭemmu* is the special ingredient added to divine material to create human. The preposition can, however, mean “from,” just as well, leading to an interpretation of the *eṭemmu* as inherited from the deities together with their flesh and blood. The former understanding was chosen e.g. by Jiří Prosecký in his Czech translation of the myth (2010, p. 269). The latter is chosen for example by Lambert and Millard (1969, p. 59) or also later by Stephanie Dalley (2000, p. 15).

68 Steinert (2012), p. 332.

69 Ditto, p. 333.

70 Ditto, p. 121.

71 Z. Bahrani (2001), p. 118.

72 Ditto, p. 332.

73 Ditto, p. 285.

74 See CAD P, “*pagru* A, 4.,” p. 16–17. This meaning and reflexive function is similar to the Akkadian term *ramānu*.

75 CAD Z, “*zumru*, a) 4,” p. 159.

also represent the identity in Mesopotamia, they, however, often referred to a specific aspect. A typical example is *qātu*, a hand, which, usually accompanied by a possessive pronoun or the owner's name, could symbolize the whole person in their actions and influence. Body parts such as *šēpu* (foot), *qaqqadu* (head), *pū* (mouth) and others are used similarly as common language metaphors, with regard to their functions.<sup>76</sup>

It is not possible to say to what extent all these phrases were deprived of their literal meanings, and how strong was the idea of an actual physical body taking action or being left, touched, or attacked. With metaphors and metonymies, the truth can be somewhere in between, as both levels of meaning take part in the final concept; especially if the Mesopotamian body was not entirely separated from other aspects of a person, and their identity.

The body was also considered the carrier of feelings and thoughts. Terms referring to the internal organs or general insides of the body are used to express the seat of mental functions and various emotions. The most common among these are the words *libbu*, *kabattu*, *karšu*, and *qerbu*.<sup>77</sup> All of these can refer to the general insides of the body as well as to specific organs; *libbu* denotes various internal organs, especially the heart or the stomach; *kabattu* is usually used with the meaning "liver;" *karšu* refers to stomach; *qerbu* can mean "intestines." Akkadian texts connect them quite directly to psychological phenomena, and so their secondary meaning is often translated to modern languages with terms such as "mind," "mood," and similar. Again, the question of metaphor and awareness of its literal meaning arises. An English speaker can just as well talk about "heartache" and the feelings in their "guts," even though they "know" from biology classes that that is not where feelings emerge. Given that this thesis is about feeling and experiencing the body and about the embodiment of cultural concepts, it is relevant to ask: do we not press our chest when we are moved by a romantic film as well? Moreover, while human anatomy was clearly known to some extent to people in Mesopotamia (and especially to people of certain professions), it is hard to say how familiar they were with the neurological and hormonal systems.

The symptoms of diseases or of evil attacks (which sometimes overlap) often combine physical, mental, and emotional problems, and sometimes they include social disruptions as well. In the canonized medical texts, physical symptoms are by far the most common, yet the psychological and social ones appear among physical symptoms without differentiation and from the view of healers they seem to have been of the same diagnostic value. Social transgressions and the related anger of gods, as well as magical aggression of another person could be the cause of problems. The healing procedures often worked with broader surrounding space, and the help of gods was commonly sought. However, a question about this unity lingers: if the person's or even the body's sphere of influence and influenceability transcends the body's physical borders, to what extent is this sphere considered a part of the person, not to mention how "physically" is this sphere understood and experienced as related to or as a part of the material body itself. These nuances would be difficult to figure out even with living respondents and they will not be resolved in this thesis. Still, the metaphors of physical interaction in the language of disease, which will be discussed later, can be an interesting contribution to this matter.

Like the whole person, the physical body also consisted of different components in the view of Mesopotamian people. In medical texts, disease was in many cases ascribed to a problem with a specific internal organ, which implies that the healing professionals did perceive the body's anatomy as consisting of various parts with specific functions. M. J. Geller notes that even if human autopsies probably were not common, there must have been a rather good knowledge of animal anatomy based on the practice of sacrifice and extispicy.<sup>78</sup> The knowledge of the bodily interior being structured in organs may have been common among general population as well, considering the described metaphors referring to organs and used in common speech. Nevertheless, the

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76 See e.g. Steinert (2012), p. 133.

77 Ditto, p. 133, also p. 232 and 292.

78 Geller (2015), p. 21–22.

mentioned terms very often referred to general insides of the body and could carry a more blurred sense expressing a broader bodily area or even a notion of general internality.

Steinert suggests an interesting interpretation of the corporeal makeup, when she notices that in the two most famous Mesopotamian creation narratives, those in the *Atram-hasīs* myth and the myth of *Enūma Eliš*, human is created of matters of opposite characteristics. Man, as she explains, is built up from substances white or light (like bones or spit) and red or dark (like flesh and blood). The other possible view is that human is made of matters solid and liquid, to which the “aerial” can be added in the form of a spirit.<sup>79</sup> This concept recalls the well-known notions of the body consisting of elements as interacting substances of different nature in the Hippocratic medicine. However, if there was a similar concept of bodily composition of different substances, according to M. J. Geller, Mesopotamian medicine would not manifest any relation of their state and proportion to health, as does the mentioned theory.<sup>80</sup>

The Mesopotamian creation narratives take place after a settled rebellion of the gods and describe the creation of humanity from the “organic” matters taken from a slaughtered rebellious god, sacrificed for the sake of peace. In the *Atram-hasīs* myth, which provides more detail on the creation procedure, the gods add clay to the mixture as a fundamental ingredient, as well as the above discussed *eṭemmu* (spirit) and indirectly also *ṭēmu* (reason, thinking), as a characteristic of the slaughtered god.<sup>81</sup> Clay appears as a substance also in other creation narratives, including the older Sumerian myth *Enki and Ninmah*.

### III. 3. DISEASE IN MESOPOTAMIA

In Akkadian, there were two main terms for illness in general – *murṣu* and *sili'tu* (or the related term *masla'tu*), derived from the verbs *marāṣu* and *salā'u* respectively. The meaning of the former verb belongs in the area of general problems – besides the meaning “to be(come) ill,” the CAD lists translations including “to be cause for annoyance,” “to become troublesome,” “to be difficult,” but also “in difficulty.”<sup>82</sup> The latter verb, *salā'u*, expresses the sense of “to be ill” in stative form or with the 4<sup>th</sup> verbal stem, which is usually passive. In its first, basic stem the verb most commonly means “to sprinkle,” and it can also be translated as “to infect” – according to AHW,<sup>83</sup> although the CAD leaves out this meaning. It is tempting to read a metaphor into this, similar to our concept of droplet infection. The evil, which could be “sprinkled” on a person was, however, not limited to a disease, and included even such things as critical words.<sup>84</sup> In some cases there seems to have been a difference in meanings of the two nominal terms, *murṣu* and *sili'tu*, since they are used as opposing variants in certain sources; the kind of difference is not entirely clear, however, and the terms were often used as synonymous.<sup>85</sup>

The variety of problems expressed by both verbal roots included also psychological disturbance. The noun *murṣu* could be used in a phrase *murṣ libbi* referring to “worry” or “preoccupation,”<sup>86</sup> and the 4<sup>th</sup> stem of *salā'u* could besides physical illness also refer to being upset

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79 Steinert (2012), p. 131.

80 Geller (2015), p. 11.

81 Tablet I, line 223. For the Akkadian text, see W. G. Lambert & A. R. Millard (1969), p. 58. Lambert and Millard translate the term as “personality” (ditto, p. 59); S. Dalley (2000) translates as “intelligence” (p. 15); J. Prosecký (2010) uses the Czech term “rozum,” meaning “reason” (p. 270).

82 “*marāṣu*” in CAD M I, p. 269.

83 Von Soden, M-S (1972), p. 1014.

84 Stol (2009), p. 30.

85 Ditto, e.g. p. 39–40 or 45.

86 See “*murṣu*” CAD M II, p. 224. Literally, the phrase could be translated as “illness of the insides” or of an internal organ like the heart or stomach – for meaning of *libbu* see above.

or depressed.<sup>87</sup> Physical symptoms of disease were grouped, with no further distinction, with their psychological, and sometimes even social counterparts in apotropaic prescriptions, as well as in the diagnostic and therapeutic texts. It is possible to conclude that disease was a phenomenon belonging to a broader category of evil of different kinds. Yet, as the border between mental and physical parts of a person was not entirely clear, or at least it was elsewhere than we would expect it to be, it is probable that disease was a term describing a wider area than that of physical problems. A diagnosis of a specific illness was based on evidence from all the mentioned symptoms, physical, psychological or other, which all equally belonged to the diagnosed problem. It should be noted, however, that high temperature does not represent a good illustration of this phenomenon, as it is, first, in principle a condition of the flesh (i.e. it is usually described simply as heat of the body or a body part, most open to holistic interpretation is heat of the whole person), and second, explicit symptoms concerning feelings and the mind almost never appear together with fever in a symptom description. A couple of prescriptions for the related condition of *ṣētu*, on the other hand, include symptoms such as stress, unrest, depression, and similar.

No matter its exact nature, an illness and its symptoms were an occurrence of evil, a manifestation of a generally bad condition of the patient, which could emerge for different reasons. Among these were acts of dark magic and witchcraft, but also activities of supernatural beings such as ghosts, demons, or deities. Considering the importance of divine protection and that deities were the ones to decide every person's fate, the gods were ultimately behind every evil happening to a person. They could attack directly, make an unfavourable decision or withdraw their protection, which made the person vulnerable to dark forces. This also made the gods important participants in the healing process.

Some earlier literary texts present disease as a punishment by the gods for improper behaviour (as in the mentioned Sumerian wisdom texts or in *Ludlul Bēl Nēmeqi*), or even for bare existence. Disease is one of the means of destruction of humanity for being too loud in the *Atram-hasīs* myth, and later, in the rather broken column vii of tablet III, certain conditions, such as miscarriage, become tools for keeping the numbers of humanity low for good. In these latter cases the evil leaves the area of human control and adds a more chaotic aspect to the life of a Mesopotamian person who seeks to avoid evil, than a simple notion of punishment for specific transgressions. As Heeßel explains, it is not clear to what extent was a transgression necessary to bring misfortune to the person, which also relates to the question of the role of deities in inflicting disease.<sup>88</sup>

Medical texts rarely ever mention specific transgressions as reasons for the treated problems. N. P. Heeßel says that the whole *Diagnostic Handbook* only lists about thirty such "sins" of the patient in all its entries, which most commonly fall to the areas of not keeping a vow to the gods and of prohibited sexual intercourse.<sup>89</sup> It is much more common for the diagnostic texts to search for a supernatural cause or causer. Therapeutic texts indicate this kind of information quite rarely, but when they do, they also usually refer to a divine being, a ghost, a demon,<sup>90</sup> or some kind of black magic.

Whereas matters of black magic are formulated relatively freely in the syntax of medical texts, the activity of gods and other supernatural beings is often stated in set phrases. It is especially the genitive constructions of the word *qātu* ("hand;" often written with logogram ŠU), followed by its owner, usually a deity (either "god" in general or a specific divine name) or a "ghost" (expressed by logogram GEDIM). This regularity of formulation made some scholars identify these phrases as disease names rather than spontaneous explanations of the origin of the illness, even if the illness would still bear some connection to the entity in its title.<sup>91</sup> On the other hand, the variety of specified deities in the *Diagnostic Handbook* (much bigger than in the therapeutic texts) could mean

87 "salā'u" in CAD S, p. 96.

88 N. P. Heeßel (2007), p. 125–126.

89 N. P. Heeßel (2007), p. 126.

90 The *Amtram-hasīs* myth also expresses the miscarriage as a work of a certain demon.

91 Heeßel (2007) sums up several opinions on this matter, p. 121.

that identifying the deity was the goal of these texts, necessary for solving the problem (as Heeßel suggests),<sup>92</sup> and therefore that deities had an active role in the emergence of sickness, and in its healing.

It should be recalled here that “hand” was a common metonymic expression for power and activity of a personal entity (including a human being). Although the rich metaphor of a “hand” evokes physicality and touch, the “hand of-” phrases bear a relatively general meaning. Yet the metaphor of physical activity of- and contact with the cause or causal agent appears also elsewhere in the language of disease. As N. P. Heeßel explains, several verbs were used for an “attack” of the gods on a human: most commonly *šabātu*/DAB (“to seize” or “to capture”), *maḥāṣu*/SĪG (“to beat” or “to strike”), *kašādu*/KUR (“to reach” or “to seize”) and even *lapātu*/TAG, which literally means “to touch.” Heeßel concludes from this that becoming sick “apparently required physical contact between the god and the human being.”<sup>93</sup> Walter Farber reminds us that a whole area seized by an epidemic could also be marked as “touched” or rather “affected” (*laptu*), as it is the case in letters from Mari, where also the epidemic itself was called *ukulti ilim*, in Farber’s translation “devouring by the god.”<sup>94</sup> If all these phrases present the causal agent as an active entity, it is of great significance for understanding the concept of illness that a disease, including fever specifically, could become the subject of these verbs just as well in the medical texts.

Spatial closeness and physical contact were also the mediators of contagion. Although the therapeutic texts mention such measures quite sporadically (several occurrences for fever will be discussed below), isolation and avoidance of the sick person were well-known necessities in the case of certain diseases. Such is the evidence of the court correspondence from Mari, which provides several interesting examples of quarantine measures, collected by Farber.<sup>95</sup> The elite of Mari knew that it was advisable to avoid a region affected by an epidemic,<sup>96</sup> to avoid infected people and their belongings, which could also be destroyed, for example burned.<sup>97</sup> Farber stresses that although all this evidence indicates a clear notion of contagion, it must have focused more on the idea of contagious evil and divine anger than on a world of microorganisms.<sup>98</sup> Of course, inhabitants of the ancient Near East could not have had any direct knowledge of these issues. Besides, avoidance was a safety measure also for other evil occurrences than disease, and even in the case of illness it could become rather symbolic – for instance when it took the form of not uttering the patient’s name.<sup>99</sup> Nevertheless, the general parallels of these measures to modern quarantine are striking, and it is hard to avoid thinking that they were to some extent based on experience. Of course, let us not forget that modern people do not base their protective measures on scientific knowledge exclusively either. According to Ulrike Steinert, demons and diseases often choose the head of the victim as their starting point for entering, but also for leaving the body, especially because of all the orifices present.<sup>100</sup> Steinert also notes that in the view of Mesopotamian people diseases could enter the body with food, water, and also breath – which is connected to the concept of illness as an aerial being –, but also with anointing oil, a substance connected more to the bodily surface, than the orifices.<sup>101</sup> The notion of contagion probably included both the knowledge of the natural rules of infection and the matters of contact magic, which in the end could have had very similar effects on practice as well as on results.

The influence of illness was physical and broad in terms of space and social relations. The

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92 Ditto, p. 125.

93 Ditto, p. 125.

94 Farber (2004), p. 119.

95 Ditto.

96 Ditto, p. 119.

97 Ditto, e.g. p. 121–122.

98 Ditto, p. 121 or 124.

99 This is prescribed in a Late Assyrian therapeutic text AMT 88, 2, one of the examples of the patient diseased with fever and related problems being isolated in various ways, which will be discussed later. See Finkel (2018), p. 269.

100 Steinert (2012), p. 167.

101 Ditto, p. 169 – see also the note 132.

perils of physical contact were known to Mesopotamian people, but touch did not only have negative connotations. It was an important part of healing as well, occasionally including even the touch of the gods.

#### IV. ON THE CASE OF FEVER

The purpose of this final section is to analyse notions of illness, of the body, and their interaction, with a focus on cases of fever in the therapeutic texts and in relation to general context. The greatest advantage of fever as a chosen focus is the diversity of its forms in a significant amount of available material, which brings an insight into a relatively broad area of healing forms and disease concepts. At first, the nature of “fever” itself will be discussed and defined for this study and its differing forms in the texts will be addressed. Thereafter, the process of becoming sick, of healing, and of recovery will be presented chronologically as it is described in the texts.

##### IV. 1. FEVER

The English term “fever” bears two different meanings (similarly to its Czech parallel): more commonly “fever” is a symptom of higher than standard body temperature, but it can also be a kind of disease – as for instance in the “Ebola haemorrhagic fever.” Both of these meanings are often used together under the term “fever” in Assyriological studies as well. When explained this way, this approach looks like a cultural projection, yet the internal Mesopotamian sources seem to provide support for it, through the etymology of the discussed disease names and their relation to the condition of heat in the texts. Therefore, I include here the two best attested conditions of this kind, which mostly appear as diagnoses in the primary texts: the diseases called *ṣētu* (UD.DA) and *li’bu*.

The most common Akkadian term for a high temperature is *ummu*, derived from the verb *emēmu*, meaning basically “to be(come) hot,” which can also designate a fever, with the person or the concerned body part as its subject. Both the noun and the verb are often written with the logogram KÚM, a sign which can be also read as IZI – *išātu* (“fire”); BIL – *qalû* (“to roast,” “to burn”); DĒ – *ṭikmēnu* (“ashes”) etc. The term *ṣirihtu* sometimes appears together with the logogram in the phrase *ṣirihti KÚM* (e.g. BAM 579, line 34; BAM 146, lines 37–38). As an independent term, *ṣirihtu* is translated as “inflammation.” As in its English parallel, the etymology of *ṣirihtu* also comes from an area of heat and fire, since the original verb *ṣarāhu* means “to flare up” as intransitive and “to heat up” as transitive.<sup>102</sup> A. Bácskay translates its use with KÚM as “flaring-up heat.”<sup>103</sup> The logogram KÚM is also sometimes translated as “inflammation” in the therapeutic texts.<sup>104</sup> In many cases this translation could actually make sense as well as “heat.” Less common terms marking a high temperature are the verb *hamātu* (“to burn”) and the derived noun *himtu* (both can be substituted with the logogram TAB), which is also often used together with the disease name in a genitive construction *himiṭ ṣēti*. Fever can be accompanied by adjectives to express its variations: quite often the heat is “strong” (*dannu*), less commonly “burning” (*ḥaḥḥašu*; in the phrase *ḥaḥḥaš*) or contrarily “mild” (in the phrase *lā ḥaḥḥaš* – literally “not burning”); a long lasting or chronic heat is marked as *kajamānu* or *lazzu*.

Symbolic descriptions of fever as a high temperature usually work with relatively straightforward metaphors. The known incantations on this topic compare fever to the hotness of

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102 Translations from CDA, p. 334.

103 For instance in the mentioned lines A. Bácskay (2018), p. 89 and 185.

104 As for instance in M. Worthington’s translation of BAM 3 (2006).

sunlight, in contrast to the desired state of coldness of a shade,<sup>105</sup> or to fire as a destructive natural element turned against a human individual, as in the series of “fire incantations” from the late second millennium published by W. G. Lambert.<sup>106</sup> Some of them choose a more dramatic description of the fire, such as “fire of storm, fire of battle, fire of judgement, consuming fire.”<sup>107</sup> Like other diseases, fever could also be the work of supernatural beings, or it could be even personified in them. According to A. Bácskay, the term *IZI/išātu* (“fire”) may have referred in some cases to fever as a personified disease or a demonic being causing it, even though other demons were related to fever as well – among the most famous, for instance the demon Asakku or the demoness Lamaštu.<sup>108</sup> Lamaštu also appears in several fever prescriptions of the therapeutic corpus – she is addressed in incantations prescribed against heat as a singular symptom for instance in BAM 148 (line 38) or BM 42272 (lines 42–43), where also a “plant of <sup>d</sup>Lammaštu” is added to an amulet in rev. 36. The demon *mukil rēš lemutti* is mentioned for instance in the first line of the Middle Babylonian text BAM 39 (its Neo Assyrian parallel AMT 49, 4 leaves out the demon), and according to A. Bácskay this demon might also be related to fever in a medical commentary.<sup>109</sup>

High temperature most commonly appears as a symptom. Sometimes it is on a long list of various problems and does not seem to be particularly significant among them. However, heat is very often the one and only symptom to be treated or the main one in a small group listed. It happens very rarely that one of the common terms for heat would appear as a diagnosis. It seems to be the case in one of the prescriptions in BAM 578, a text focusing on stomach problems, mostly of epigastrium and gall bladder, where a bandage is taken off after a few days to analyse the colour of a blister – a red blister signifies that the patient’s stomach “holds fever/heat” (*ŠÀ KÚM ú-kal*; line i 9).<sup>110</sup> Heat could affect the whole body of a person, which was expressed either as located in the “body,”<sup>111</sup> or more often by not stating a specified location of the fever. However, a great number of prescriptions locates the heat in a specific body part. By far the most common options recorded were the heat of head and of different parts of stomach – however, this might be caused by the discovery of long therapeutic texts focusing on these body parts, such as BAM 480 for head diseases or BAM 575 on problems of the stomach. Apart from these, fever afflicted body parts including the chest, the feet, the ears, the neck, the penis, and even the eyes. However, heat of smaller body parts was much less commonly treated in therapeutic prescriptions. The question arises, what exactly was meant by locating the heat in internal body parts – was this a feeling stated by the patient? Did the healing expert check the temperature through touch on the surface close to the specific internal area? Or could the used term actually mean something different from a common heat?

Lower temperature was the ideal state, as in the incantation recorded in BAM 147, or in one of the incantations published by Lambert, which includes an utterance towards the heat: “May cold confront you, may frost quieten you.”<sup>112</sup> Nevertheless, coldness could also be recorded as a symptom and part of the feverish state. It could take turns with the heat,<sup>113</sup> and cold and heat could afflict different parts of the body simultaneously, as it happens in text BAM 146 and its parallel BAM 145. In these cases, the body’s insides and outsides bear a different temperature, expressed in the opposition of the patient’s “flesh” (*UZU.MEŠ*) and “bones” (*ešen/mtu*).<sup>114</sup> Coldness and

105 BAM 147, rev. 10”. See A. Bácskay (2018), p. 150 for transliteration, 154 for translation.

106 W. G. Lambert (1970).

107 Ditto, p. 40.

108 A. Bácskay (2017), p. 51.

109 A. Bácskay (2018), p. 93–94.

110 See e.g. J. A. Scurlock (2014), p. 506 for transliteration, p. 518 for translation.

111 For instance with the logogram *SU*, as in AMT 49,4, line iv 2’, or in BAM 520, line ii 9’. See e.g. A. Bácskay (2018), p. 93 for the former, 95 for the latter example.

112 Lambert (1970), p. 41.

113 E.g. in BAM 578, line i. 28, where the patient is first hot (*KÚM*), then cold (*ŠED<sub>7</sub>*), see J. A. Scurlock (2014), p. 507 for transliteration, 519 for translation.

114 For instance in BAM 146, rev. 8–9 and rev. 18–19 (see A. Bácskay (2018), p. 182–183). The logogram *UZU.MEŠ*



shivering were also listed as independent symptoms, as for instance in AMT 14, 7, where these are among symptoms of the disease *ṣētu*, just like heat is in another prescription of the same tablet.

The etymology of the term *ṣētu* might point to some connection to heat and fever. Apart from the condition itself, the word refers to “light” and, as CAD states, “shining appearance of the sun, moon and stars, weather, sultry weather, air, open air, open sun.”<sup>115</sup> CDA suggests (with a question mark) that the term could be related to the verb *ṣuā’u*, meaning “to dry.”<sup>116</sup> Its logographic form reads UD.DA, of which the sign UD itself signifies “sun” or “day.” In prescriptions, it is most often used with the verb *ḥamātu*, “to burn,” in a verbal or a nominal form of the root. *Ṣētu* is usually stated as a diagnosis, but it can also be listed among symptoms or as one of several diagnoses in the same prescription. Its textual context relates it also to fevers, as it quite often appears listed together with conditions where heat is the main symptom<sup>117</sup> – it is, however, hardly a rule, see for instance BAM 188 where *ṣētu* appears among gall bladder problems. A common theory, reflected by the main Akkadian dictionaries, interprets *ṣētu* as a kind of sunstroke. A. Bácskay usually translates the term as “heat radiance” and the phrase *ḥimiṭ ṣēti* as “inflammation of heat radiance.” J. A. Scurlock interprets some occurrences of the term as “enteric fever” (referring to a specific condition known in our times). The fact is, however, that the condition appears as a diagnosis to a great variety of symptoms in various combinations, which often, but not always, included a high temperature – for illustration see e.g. BAM 516 (ii 6–7) where a single symptom of blindness is given this diagnosis. Therefore, it is very difficult to understand the actual nature of *ṣētu*. As a matter of fact, it is sometimes hard to believe that the term was used for one specific condition in general consensus.

The etymology of *li’bu* does not evince any connection to heat – the term is derived from the verb *la’ābu*, meaning “to afflict” or “to pursue,” which is sometimes used with demons as well. Nevertheless, heat is its common, even if not regular symptom, and it is also often listed together with feverish cases. In the first prescription of BAM 147 (lines 1–5) it seems to be almost synonymous to it, since “strong fever” (KÚM *dannu*) is named as the only problem in the symptom description, while the removal of *li’bu* is expressed as the prognosis. It is also sometimes grouped with *ṣētu* (as in the double diagnosis in BAM 146 rev. 20).

#### IV. 2. FEVER ENTERING, FEVER DWELLING

We spoke earlier of demons and illnesses entering through the head and especially through orifices. Therapeutic series usually do not mention these as the entrance for fever, but the healing procedure uses them as ways to reach the deeper regions of human body, as we shall see in the next subsection.

The most common phrase for the entering of fever used with the term KÚM or *ummu* as its subject is *ṣabātu* (logographically DAB), which appears occasionally also with the *li’bu* disease. This verb means “to seize,” “to capture,” and, as was discussed earlier, it was also used for attacks of gods or, also in the therapeutic texts, of demons, which gives the illness a more active, almost personified, role. The fever “seizes” virtually only the whole person or their body, with rare exceptions – for instance in the very first line of BAM 579, where the “stomach” or the body’s “inside” (ŠÀ) is “seized.” Heat in individual body parts tends to be phrased differently: the given organ “holds” (verb *kullu*/DAB) or just “has” (verb *išû*/TUKU) a fever, or it simply “is hot” (verb

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could also refer to “bones” and not to flesh, but it is opposed to the phonetically spelled term *eṣemtu* and both terms are complemented with adjectives *ṣaplānu* (“lower”) and *elēnu* (“upper”) respectively to make their meaning clear. Bácskay offers possible interpretations of this opposition as metaphorically expressing the surface of the body and its insides or the trunk and the legs (Bácskay 2018, p. 10).

115 “*ṣētu*” in CAD Š, p. 150.

116 CDA, p. 337.

117 For instance in the head-centred collection of BAM 480.

*emēmu*/KÚM). In these cases, the grammatical agent is the body. A rather unusual opposite use appears in BAM 575 – the phrase KÚM.MEŠ *ina kal ūme ukīl-šu* (var. *ukāl-šu*) in line iii 32 apparently presents the fever to be the one to “hold” the patient.<sup>118</sup> This image is unique in the therapeutic texts, but not otherwise – a demon could take hold of the victim’s body, as in an incantation presented by Steinert (in CT 16, 16), where a being with an “invisible body” takes various body parts of the person as its own (a different verb is used here).<sup>119</sup> Farber describes a procedure for a man seized by a ghost, in which the being is supposed to marry a clay figurine and leave the house together with the new wife.<sup>120</sup> The procedure makes the *patient* treat the figurine as a wife to seal this marriage, and thus the patient presents the evil himself, possibly, in my opinion, because the evil has possessed his body. This is an especially interesting connection, as the verb *šabātu*, enjoyed both by demons and fevers, also bears the meaning “to capture” or “to take hold/possession,” in the sense of capturing a person, but also taking hold of objects and cities. Similarly, the *šētu* disease often appears with the verb *kašādu* (KUR) as its predicate. While it is undoubtedly possible to translate the verb as “to reach” in these phrases, it is also used in the context of warfare as “to conquer.” One of the “fire incantations” asks the “fire” to “depart like a snake” from its “hole” and “like a partridge” from its “lair.”<sup>121</sup> These phrases seem to present the fever as hidden in the insides of the body, possibly making the body its dwelling. Both the verbs *šabātu* and *kašādu* are also describing a situation of physical contact, yet the verb *lapātu*/TAG (“to touch”) is not used for cases of fever and I have only been able to identify one case with *šētu* as its subject in a prescription.<sup>122</sup> *Šētu*, on the other hand, does not seem to “seize” a person – it rather “burns” its victim, even more often than it “conquers” them (*kašādu*/KUR). The sources express this by the verb *hamātu* (TAB) or its derived nouns, and these are also often translated in the sense of “inflammation,” rather than burning. Among the less common verbs are those of general occurrence, such as *maqātu*/ŠUB (“to befall”); others expressing heat or burning (transitive or intransitive) such as *napāhu* (MÚ), *šarāhu* or *šarāpu*; or also verbs describing development, such as *lazāzu* (“to persist,” “to endure”) and possibly *napāšu*, “to live” or “to breathe,” but also “to expand” and possibly “to spread,” i.e. to another body part, as in the case of fever.

The “fire incantations” present the symbolic fire of fever as literally “consuming” the flesh of the human, using the verb *akālu* (“to eat”), which is also used as a metaphor of general devastation (by fire, but also for instance by grief). This symbolism recalls the above mentioned term for an epidemic, *ukulti ilim*, translated by Farber as “devouring by the god.”<sup>123</sup> In one of the incantations, the fire is told to consume trees and aromatic plants instead, as the incantation is probably recited during fumigation, in the desire to make the fire “like smoke ascend to heaven of Anu.”<sup>124</sup> In another one it shall eat “the ox in the stall” and “the sheep in the pen,”<sup>125</sup> which might point to a sacrifice, although various objects without such a clear connection are presented to the fire as a better meal in the incantations. One of the fire incantations contains another example of fever (literally “fire”) “seizing” the insides of the body.<sup>126</sup> Certain incantations inscribed on amulets protecting from fever express other changes which fever has caused to the patient’s body (*zumru*), using the verb *masāku*. This verb means mainly “to be(come) bad,” and in the 3<sup>rd</sup> stem, used in these incantations, its meaning shifts to “consider as bad” (CDA, p. 199) or “give a bad name” (CAD M I, p. 322). Irving Finkel translates these phrases in the sense that the fever makes the body

118 A. Bácskay (2018) translates the phrase as “he is suffering (var. he suffered) from heat all day long” (p. 79). J. A. Scurlock (2014) translates a parallel phrase in BAM 55 also as “he is gripped by fever all day” (p. 484).

119 Steinert (2012), p. 168. The verb used is *šakānu* (generally “to place,” “to set” and many other meanings) with the preposition *ana*, meaning “to change into” or “to use as” (see CDA, p. 348).

120 Farber (2004), p. 128–129.

121 Lambert (1970), p. 40. Lambert marks the translation “hole” (of the word *asurru*) with a question mark.

122 AMT 23, 5 + 45,6 + 48 1 + 48, 3 + 78, 3, line i 20.

123 Farber (2004), p. 119.

124 Lambert (1970), p. 41.

125 Ditto, p. 42.

126 Ditto, p. 42.

“repellent.”<sup>127</sup>

Regarding fever or disease in general as a problem extending beyond the physical body, one incantation mentions the fire “entering the house.”<sup>128</sup> It is, however, a rare image, and it may only express the general destructiveness of fire.

#### IV. 3. THE HEALING PRACTICE

In the therapeutic compendia, fever prescriptions are phrased in the second person, referring to the healing experts. These were supposed to perform the described procedures, thus actively fighting the fever, often by physical contact with the patient. Therefore, even the fever procedures included the important aspect of professional authority.

Unfortunately, as in the whole genre, there is little information in the fever prescriptions on the spatial setting, which must have had a great influence on how the patient (or any other participant) perceived the situation. Specific locations are mentioned very rarely. The texts refer to the outer space most often in the context of preparation of medicaments, when these shall be left outside overnight, “under the stars” in general, or sometimes under a specific star. Of all the encountered fever prescriptions, there were only a handful that referred to the patient’s whereabouts in some way. The patient must not “enter via the gate through which he had left” and to “[take] the (previously) taken street” in a Neo Babylonian prescription against the *li’bu* disease.<sup>129</sup> Choosing a different road on the way from the location of a therapeutic ritual performance is a common practice for instance in *namburbi* rituals, used for protection from the evil caused by bad omens. It seems that in this prescription the patient had previously left their home and now they shall return. A prescription against fever of the head, in the lines i 20–22 of BAM 480, a text of the UGU series, orders the patient to stay in a house for three days.<sup>130</sup> The nature of this house is lost in the fragmentary line, so the phrase might also express a general precaution of staying indoors. Some procedures, which were not always recorded in the compendia, speak of a kind of isolation of the patient. BM 64526 advises that the patient shall not see “the brightness of dawn,” shall not speak to other people and no one shall enter the place, where he “has been set down.”<sup>131</sup> This text is a Late Babylonian copy of earlier second millennium texts treating the so-called “seizure of the mountain” (*šibit* KUR.RA), which is related to *li’bu*.<sup>132</sup> Late Assyrian text AMT 88, 2, with probable, yet uncertain relation to fever, prescribes similar measures of staying in a dark house without light or fire for three days, where no one can enter – apparently apart from the healer, who continues with the treatment. In addition, no one can utter the patient’s name, which deepens the aspect of social isolation already caused by the spatial one.<sup>133</sup> The isolation also has a connection to the idea of contagion, since it separates the person from others spatially and socially to prevent infection by direct or symbolic contact.

Another prescription from the UGU text BAM 480 makes the patient stay in a “house with awning” (*É ša tarānam*), as Scurlock translates, in the final part of a longer procedure performed repeatedly for three days.<sup>134</sup> This prescription, recorded in the lines ii 4–9, is the last of a long list of prescriptions for the same condition, the description of which is unfortunately lost in a preceding fragmentary part. Some sort of shelter appears also in different prescriptions in the form of *šutukku*,

127 Finkel (2018) – e.g. amulet CBS 3992, p. 245.

128 Lambert (1970), p. 42.

129 BM 42431 + BM 43196, line 6. The translation is by A. Bácskay (2018), p. 163.

130 See e.g. J. A. Scurlock (2014), p. 319.

131 Finkel (2018), p. 264.

132 Ditto, p. 261.

133 Ditto, p. 269.

134 Scurlock (2014), p. 310 for transliteration, 321–322 for translation.

a reed hut known from some apotropaic rituals. In BAM 150 it becomes part of a complex procedure against heat, which also uses an object called *urigallu*. This item is generally interpreted as a reed standard to mark the ritual space.<sup>135</sup> An unrelated early first millennium seal shows us the setting of a ritual performance inside a hut.<sup>136</sup> The patient is lying on a bed, two persons are standing on opposite sides of the bed inside the shelter, one of them holding an object and bowing to the patient – according to M. J. Geller this person is performing fumigation.

It was probably a common position for the patient to lie in bed during the procedure, as other images of therapeutic rituals also depict the patient in bed, with two healers standing on either side of it.<sup>137</sup> By contrast, a second millennium ceramic plaque shows a patient standing or walking by the healer, which, however, may not be the case for a feverish patient.<sup>138</sup> The phrase with a “house with awning” from BAM 480 describes the patient’s activity with the verb *wašābu*, which could mean generally “to stay” or “to dwell,” but also “to sit,” and Scurlock chooses this translation. However, the mentioned prescription from BAM 150 speaks of the patient’s bed, which is probably placed in the *šutukku*. The healing expert puts a bowl of ashes on the bed and later draws a circle of flour around it. The latter is a common measure of protection against evil in various rituals. It is occasionally used in the therapeutic prescriptions as well, when the flour surrounds the bed or also the medicament, while it is being prepared. Barbara Böck explains that the roundness of the protective ornament is intentional, as it builds an opposition to corners and sharp shapes, spaces preferred by demons and evil powers as places of intrusion and hiding.<sup>139</sup> It seems that these prescriptions present the space of the bed as special in some way, by being set for performing the procedure, as a protected area for fighting the evil. A similar characteristic could work also for the time spent in the bed: a prescription against the *li’bu* disease in AMT 53, 7 tells the patient to rub themselves with a frog (which later becomes a substitute carrying the patient’s problem away) in the morning, *before* they put their feet from their bed on the ground.<sup>140</sup> These sources, as well as some of the depictions, present the bed as the spatial centre of healing. S. Panayotov, in his article on depictions of the sickbed scene on Lamaštu-Hulbazizi amulets, translates an incantation of different purpose, where the patient complains that a supernatural intruder transgressed the “privacy” of their bed.<sup>141</sup> This presents the bed also as the centre of the attack of evil, showing that the status of the bed as a safe space is not automatic and it must be earned by proper treatment of ritual protection.

These are the general settings, in which the healing procedure itself took place, beginning with the diagnosis. It seems logical that body temperature could be checked by touch, although there is no direct evidence to my knowledge. It is known, however, that touch was used for diagnosis of other conditions – S. Salin mentions an example from the *Diagnostic Handbook*, where the body is hard “to the touch” (*ana TAG*) as a symptom.<sup>142</sup> Touch was also often the means of healing itself. A high temperature was usually healed externally, that is with rubbing and anointing with different substances, applying salves, bandages and so on.

When fever appears just as one of many symptoms, it is not clear, which symptom was decisive in choosing the manner of treatment. The dominance of external treatment, however, holds true for cases, where fever is the only or the main symptom. A general heat received external treatment almost exclusively, and so it was also for most fevers located in specific body parts, such as the head or extremities. An exception is the heat of the stomach, internal organs, or the general interior of the trunk. While external treatment still appears in many prescriptions, internal treatment predominates in these cases, both when heat is the only or main symptom, as well as when it is one

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135 Bácskay (2018), p. 139 for the text, 140 for discussion of *urigallu*.

136 M. J. Geller (2015), p. 52.

137 See for instance M. J. Geller (2015), p. 55 and 126.

138 Musée du Louvre AO 6622; see M. J. Geller (2015), p. 78.

139 Barbara Böck (2003), p. 14–15.

140 See e.g. Scurlock (2014), p. 176 for transliteration, 178 for translation.

141 Panayotov (2020), see p. 144 for the incantation.

142 S. Salin (2015), p. 321.

of many. The heat of the belly often stemmed from the digestive system (and could be accompanied by corresponding problems), therefore letting a substance pass through it might have been effective. It was most probably also clear to the Mesopotamians that digestive problems were connected to consumption. Nevertheless, this points to the healer's effort to physically reach the core of the problem, which is too deep inside in these cases, and so it is necessary to use the orifices. However, in other than stomach-centred variations, the healers aimed to reach the fever through the body surface. Supposedly, fever could either be a matter of surface, or the skin was expected to absorb the substances, so they could enter the body. The cure was rubbed and smeared on the skin by the healer, or soaked in a bandage to be absorbed gradually. Application usually focused on the afflicted body part. The cures were made of herbs and minerals (and occasionally of living lizards) cooked mostly in water, beer or milk. The patient's skin could also be covered in clay, the key material of Mesopotamia, of which the people believed to have been created and which may have had a cooling effect.

External treatments are based on direct physical contact, which also mediated the disease. It was the powerful touch, performed or at least prescribed by the healing professionals in their authority, that enabled the fever to leave. This principle mirrors the image of the healing goddess <sup>d</sup>Gula, whose touch should bring well-being according to certain healing incantations.<sup>143</sup> Direct contact of the skin and the substance was desired as we can see from instances when the head suffered from fever or other symptoms, and it had to be shaved before the treatment. This step was probably taken for practical reasons, but it was by no means a neutral experience. Shaving of the head belonged to a milder kind of sanctions in the *Code of Hammurabi*, where it was used as a punishment for slander and other transgressions,<sup>144</sup> and the head as a body part was the carrier of representation and identity. The patient thus went through various physical changes during the healing procedure – and it was the expert who changed the state of their body.

A Neo-Assyrian prescription for continual fever presents a wonderful, even if rare, symbolic work with the body surface. The healer smears clay mixed with water from the canal on the patient's skin and then makes a figurine out of it. The healer decorates the figurine and writes "figurine of anything evil" on its left shoulder. Thereafter, they take it to the steppe and organize a little trial, in which the figurine is confronted by the sun god <sup>d</sup>Samaš, who is also the god of law and justice. In the end, the figurine is bound and left behind.<sup>145</sup> Use of substitute figurines that represent the afflicting evil, is quite common in other genres, even if it is much rarer in the therapeutic compendia. Rituals against witchcraft include binding and wounding of figurines that represent the attacker. They also often set a diagnosis to listed symptoms that some unknown person had buried or otherwise harmed a figurine of the patient. Such a statement also appears as a rare occurrence in tablet XXII of the *Diagnostic Handbook*.<sup>146</sup> For one, these practices in general constitute a great example of body symbolism: they include a transfer of wounds from the substitute to the original or a figurine in the shape of a human body as a carrier of identity. The former example of the fever prescription is, however, unique, to my knowledge, in that it includes an act clearly symbolizing the evil as being drawn from the patient's body through the surface and absorbed by the clay. The clay then gains the identity of the evil and can be disposed of. The prescription that uses a green frog as a substitute<sup>147</sup> works with the same principle, as the patient wipes their body with the frog. Apart from this, they shall also put their saliva in the frog's mouth, so the orifices come into play here as well. In the end, the frog is tied up and left in the steppe, just like the clay figurine. This prescription treats the *li'bu*-disease and its main symptom in this text is the darkening of the patient's skin, to which the interaction with the body surface might relate.

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143 See e.g. a Late Babylonian incantation published by Barbara Böck (2014, p. 97), where such a phrase is part of the goddess's epithets.

144 Steinert (2012), p. 153.

145 BAM 147, prescription in lines 25–33. See J. A. Scurlock (2014), p. 409 for transliteration, 411 for translation.

146 See J. A. Scurlock (2014), p. 188.

147 AMT 53, 7 – see e.g. Scurlock (2014), p. 176 for transliteration, 178 for translation.

We could also consider amulets a kind of external treatment. Amulets, in the sense of various objects and substances wrapped for instance in leather and hanged on the patient's neck, or occasionally their hand, were used virtually only for high temperature which, first, afflicted the whole body, and second, was the only or sometimes the main symptom. An amulet could provide a holistic protection from evil, and apparently a general fever needed this kind of help, unlike fevers of specific body parts or unlike *ṣētu*.

In cases of internal treatment, the substance entered mostly through the mouth, but also the rectum was used quite often (mostly for problems with the stomach). The ears could be used as well, but only when the heat afflicted them specifically. In AMT 49, 4, in a prescription for general heat accompanied by problems of stomach and chest (its Middle Babylonian version mentions an attack by the demon *mukīl rēš lemutti*), there is even a new artificial “orifice” open by a knife in between the patient's ribs.<sup>148</sup> Afterwards, water and blood are mentioned, but the rest of the sentence is, unfortunately, broken, therefore its exact purpose is unclear. Bloodletting comes to mind first, which also appears in another context. STT 95+295, a text combining very different manners of therapy, contains a prescription, which advises that a sacrifice of a golden dog and cutting oneself with an obsidian blade should calm the anger of the healing goddess <sup>d</sup>Gula.<sup>149</sup> No such reference is made in the former prescription, however, and a cut in the ribs corresponds to a mention of ribs in the symptom list. Nevertheless, in both of these cases, wounding oneself is part of the healing procedure. In general, the orifices were not only used for putting substances in, but also for letting anything bad come out. Vomiting, in some cases a symptom, becomes a desired goal in many prescriptions. The healer tries to provoke it by making the patient consume different substances, by grabbing the patient's tongue,<sup>150</sup> or sticking a feather in their throat.<sup>151</sup> This would indeed represent a rather intense physical contact of the healer and the patient. It is possible that vomiting could be effective against certain digestive problems, and it appears in fact mostly as a cure for such. It was, nevertheless, also occasionally used in other situations, such as the heat of the upper part of the head<sup>152</sup> or of chest and back (although the latter is connected to gall bladder problems)<sup>153</sup> and it could also cure the *ṣētu* disease.<sup>154</sup>

The difference between external and internal treatment is less clear for *ṣētu*, although there seems to be a corresponding tendency in different treatment of different body parts. As explained, *ṣētu* is an illness very difficult to define, for it is connected to a variety of symptoms. In prescriptions without a clear connection to a specific body part there was, as opposed to fever, a slight preference for internal treatment. *Ṣētu* accompanied or defined by head-centred symptoms (depending on the formulation) was much more often treated externally, however, in contrast to the stomach-centred *ṣētu* with a greater share of internal cures. These show tendencies similar to the cases of heat.

When the text prescribes that the healer should recite an incantation, it mostly takes place during the preparation of the medicament and the incantation is supposed to enhance the cure's power. The used ingredients are sometimes mentioned in the incantation. It is not clear, if the healer prepared the cure in the patient's presence, or not, in which case the patient would not even hear the recitation. In other procedures the recitation became part of the healing itself, therefore, it presented the metaphors to the patient directly. Naming and calling different deities were also supposed to be

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148 Bácskay (2018), p. 93–94.

149 Lines 63–65. See Scurlock (2014), p. 660.

150 AMT 23, 5 + AMT 45, 6 + AMT 48, 1 + AMT 48, 3 + AMT 78, 3, line i 14'. See Bácskay (2018), p. 218 for transliteration, 220 for translation.

151 For instance BAM 174, line 24. See Bácskay (2018), p. 213–216. The phrase uses logogram *Á* for the object stuck in the patient's mouth, which could also refer to “an arm.” It does not refer to “a hand,” though, which maybe would make more sense, if the text actually spoke of sticking one in the patient's mouth.

152 BAM 480, lines i 10–12. See e.g. Scurlock (2014), p. 319.

153 BAM 578, lines i 50–52. See e.g. Bácskay (2018), p. 95–96.

154 E.g. BAM 174, line 24. See Bácskay (2018), p. 213–216.

of help and were prescribed in certain procedures. The spatial context of the casting of the incantation was also of significance. The incantations enhanced the power of the cures by being specifically recited “over” them. Unfortunately, I have not identified any incantation for fever with this instruction, but therapeutic incantations could be similarly recited “over” the patient. In BAM 480, a recitation takes place over the head of a patient, who was troubled with their hair falling out.<sup>155</sup> The patients wore the incantations on their bodies, written on clay amulets, which they hanged on their necks for protection. AMT 88, 2 prescribes the healer to touch the lower side of the patient’s feet with an inscription on an amulet, before it is hanged on their neck.<sup>156</sup> This explicitly presents the power of physical contact between the body and powerful words.

#### IV. 4. FEVER LEAVING

Since ending the illness is the purpose and a part of the process of healing, certain ways in which it took place already appeared in the previous section. Some procedures aimed to remove the problem through the body surface, letting clay or even a frog absorb the evil by contact with the skin. Others used the orifices, most commonly the mouth, as an exit for the evil. Both of these “exits” were also used for a cure to enter.

The end of illness is usually phrased as a prognosis or as the purpose of the procedure provided in the prescriptions, if it is stated at all. A prognosis does not mostly comment on the manner of departure, as it rather states that the patient will “live” or “recover” with verbs that bear both of these meanings, *nēšu* or *balātu* (TI(LA)/DIN/TIN). Occasionally, it states that the patient or a body part will simply become well, *šalāmu* (SILIM), a verb which can also mean “to calm down” and is also used to state that the angry deity is now at peace and has withdrawn their attack.<sup>157</sup> There are two main categories in the formulations of the separation of illness from the person – in the first, the illness is the active agent, leaving on its own, while in the second it is made to leave in different ways. Verbs such as *alāku* (“to go” or “to walk,” here in the sense “to go away”), *waṣû* (“to leave”) or *elû* (“to go up,” “to rise”) represent the former category. A fire incantation which was discussed earlier includes several similar formulations, as it demands that the fever shall “depart” (using *waṣû*) like various animals from their lairs, “like smoke ascend to heaven of Anu,” but also “scatter like fog, rise like dew.”<sup>158</sup> This whole category of formulations seems to represent a peaceful departure, or even a sort of dispersion of the problem. The second category expresses a more active role of the human participants. The mildest examples use some of the former verbs in a passive form (with the fever as subject) or in the third verbal stem with causative sense, therefore in these phrases the illness is *made* to leave or rise. In addition, there are other formulations with more active and often somewhat physical meaning. The goal of the procedure can be to “cut” or “fell” a fever (*nakāsu*/KUD). *Šahātu* can bear a rather dramatic meaning of “tearing away, off, down,” as phrased by CDA,<sup>159</sup> but it can also speak of a more peaceful kind of removal, such as taking off a piece of clothes. As it can also mean “to flay” skin, which implies that its scope of meaning includes rather various kinds of removal from the surface. A much more common verb, *nasāhu* (ZI), presents a removal from deeper structures, as its primary meaning is to “tear,” “pull” or “uproot,” speaking of plants and roots, but also of building foundations, or tearing of body parts.<sup>160</sup> If we can say that *šahātu* and *nasāhu* constitute an opposition of a removal from the surface and from the inside, they

155 BAM 480, lines iii 34–35. See e.g. Scurlock (2014), p. 326 for translation.

156 Finkel (2018), p. 269.

157 Farber (2004), p. 120.

158 Lambert (1970), p. 41.

159 CDA, p. 347.

160 CAD N II (1980), p. 1. The verb bears many other meanings, referring to different kinds of removal.

could correspond to the two “exits” of the fever described above. However, their use in the prescriptions does not correspond in any way to specific body parts afflicted by fever or to a kind of procedure performed. There is still a possibility that their “aggressive” aspects are at play in the subtle nuances of these formulations.

Many incantations emphasize that the illness shall not return or, similarly, that it shall find some other object to destroy – for example, the “fire” of fever shall “eat the myrtle” or the “sweet reed” instead of eating the flesh of man.<sup>161</sup> Substitute figurines (or animals) include both of these concepts, as they take over the illness and then are removed to an outer area, where they are bound, wounded, or killed to prevent their return. It appears that the fever or an illness in general are treated like a physical phenomenon to be removed from the body and not just extinguished while still dwelling inside. It is in accordance with this statement that all the previously discussed verbs (maybe with the exception of *nakāsu*) speak of departure or removal.

## V. CONCLUSIONS ON BODIES IN INTERACTION

The goal of this thesis was to explore a specific area of Mesopotamian healing procedures in the general context of Mesopotamian medicine and protection from evil and to identify the notions of human body and disease, as they were presented to their participants. I have analysed how the human body, the disease that approached it, and their interaction were understood and expressed in the relevant sources.

For one, the interaction of body and disease is spatial and physical.<sup>162</sup> Fever seizes or captures the person, just like a demon, who takes the person’s body as its own. The illness arises through physical contact and it must physically leave its host. The departure of illness is not always mentioned in the texts, but it is expressed often enough with verbal metaphors (it must walk away, be “torn out” etc.) or with physical symbolism. The kind of medicine recorded in the therapeutic genre and related literature reached its goal through the healer’s physical interference with the patient’s body, which seems to have been quite passive in the procedure. This was not the case for all kinds of Mesopotamian therapy, which included also other strategies, such as negotiations with the gods. Physical interaction of the healer with the patient and their personal space also represented an interaction with the disease itself, since, for the time being, it became a part of the patient – of their social identity and of their physical body. The effort of the healer to reach the disease with their own hands or with an effective cure, was an important aspect of the healing procedures. In the case of fever, the intruder is mostly reached through the bodily surface, and this way it also sometimes has to leave. On some occasions it is hiding so deep in the body that a path through the orifices must be taken to apply the cure, but also to make the disease leave, for instance through vomiting.

Spatial closeness and direct physical contact are of significance for the disease to spread and for the healers to do their job. The patient is told that the fever has physically seized them and dwells in their body, but they are comforted by a different physical contact, the touch of the healing professional. The healer contributes with their authority and power through their touch. The authority of their healing touch and spells are paralleled by the power of deities, especially the healing goddess <sup>d</sup>Gula and her powerful words and touch. The use of substitutes, common for fighting other evils, was relatively rare in treating fever. It was, however, a symbol of the physicality of fever and evil in general, which sticks to the body and needs another material object as a medium for transfer – similar to the fire in incantations that is supposed to choose another object for consumption.

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161 Lambert (1970), p. 41.

162 See also Steinert (2012), p. 33.



It is important to remember here that body was one of the constituting parts of a person, which could represent their whole identity. If we say that the disease stuck to the physical body, it just as well stuck to the whole person, and other aspects of their being were by no means free of problems. The interference of disease and of the healer with the body was an interference with their whole existence; the patient was seized and changed by the disease, then the healer interfered to make them go through another, healing transformation.

Fever usually approached from the outside as a new occurrence in the life of the future patient and it was supposed to leave (and not wither inside). The Mesopotamian conception of disease worked widely with the idea of external causes and attacks of supernatural agents. Nevertheless, the idea of an internal core of the problem was known as well. Ulrike Steinert mentions an incantation which claims that the treated paralysis was “born” in the patient’s flesh.<sup>163</sup> It was most common for a fever to arrive from the outside, although less so in cases, when a body part was simply “hot” (*emēmu*) or “held” or “had” heat. However, given that the disease is a symptom of a generally bad condition of the patient, which becomes their own characteristic for the time being, and given that the heat tends to “take hold” of their body or their whole person, the fever becomes a temporary part of the patient and their identity. It is definitely so from the view of the surrounding people, who have to change their behaviour towards the patient, if they do not want to be seized as well.

The disease is able to take control of the person, because it has a level of its own independent agency. Phrases describing the stroke of fever are not always aggressive, but they are for a great part active and can be even personifying. Incantations can speak to the illness in the second person and convince it to leave, as if it was its own decision.<sup>164</sup> It is true that different non-living objects could be personified in Mesopotamian literature, and the literary personification of illness could just as well originate there. Nevertheless, the unpredictable area of evil and disease specifically was often connected with an explicit personal identity of a lower supernatural being, such as a demon or a ghost. Even in cases without an explicit connection to such a creature, the way fever attacked humans was often described in a corresponding manner, as it “seized” them like a demon would do. It is possible to detect these metaphors of “conquering” in cases of *ṣētu* as well, where the verb *kašādu* (“to reach, to conquer”) is common. The verb *ṣabātu* (“to seize”), partly related in meaning, appears almost only with fever afflicting the whole body, and mostly if it is the main symptom. Such fever is also most often treated with the holistic procedure of amulets, and it is most probably the one compared to fire consuming the body in incantations. A fever of this kind becomes more than just a symptom; it is an entity gaining a level of independence and control over the patient’s body and identity, similar to an explicitly demonic being.

It is then no wonder that the power of such an illness transgresses the borders of a single person. The studied prescriptions against fever occasionally mention ritual protection of space and rarely various kinds of isolation of the patient in terms of space and of social relations. But it is mostly from other sources that we know how far the influence of the disease could reach, in ways similar to other evils which possessed a person and changed their identity in their household. Be it for rules of sympathetic magic, or of contagion, it was a broad area of the patient’s personal space and social relations that needed to be treated and protected.

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163 Ditto, p. 244.

164 See for instance Lambert (1970), p. 41.

## ABBREVIATIONS

AMT	<i>Assyrian Medical Texts.</i>
AHw	<i>Akkadisches Handwörterbuch. Band I–III.</i>
BAM	<i>Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band 1–11.</i>
CAD	<i>The Assyrian Dictionary of the Oriental Institute of the University of Chicago. Volume I–XXI.</i>
CDA	<i>A Concise Dictionary of Akkadian.</i>
RIA	<i>Reallexikon der Assyriologie und Vorderasiatischen Archäologie.</i>

## BIBLIOGRAPHY

*A Concise Dictionary of Akkadian.* J. Black, A. George & N. Postgate, eds. Wiesbaden: Harrassowitz Verlag, 2000.

*Akkadisches Handwörterbuch. Band I–III.* W. von Soden, ed. Wiesbaden: Otto Harrassowitz, 1965–1974.

*The Assyrian Dictionary of the Oriental Institute of the University of Chicago. Volume I–XXI.* A. L. Oppenheim, I. J. Gelb, E. Reiner et al., eds. Chicago: The Oriental Institute of the University of Chicago, 1956–2010.

*Reallexikon der Assyriologie und Vorderasiatischen Archäologie.* E. Otto et al., eds. Berlin, Boston, New York & Leipzig: Walter de Gruyter & Co., 1928–2014.

ABUSCH, Tzvi & Daniel SCHWEMER.

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|------|--|
| 1998 | “Ghost and God: Some Observations on a Babylonian Understanding of Human Nature” in <i>Self, Soul and Body in Religious Experience</i> . A. I. Baumgarten, J. Assmann & G. G. Stroumsa, eds. Leiden: Brill. P 363–383. |
| 2011 | <i>Corpus of Mesopotamian Anti-Witchcraft Rituals. Volume I.</i> Leiden & Boston: Brill.   |
| 2016 | <i>Corpus of Mesopotamian Anti-Witchcraft Rituals. Volume II.</i> Leiden & Boston: Brill.  |

- ALSTER, Bendt.  
2005 *The Wisdom of Ancient Summer*. Bethesda: CDL Press.
- ASHER-GREVE, Julia M.  
1997 “The Essential Body: Mesopotamian Conceptions of the Gendered Body”. *Gender & History* 9/3, p. 432–461.
- ASSANTE, Julia.  
2002 “Sex, Magic and the Liminal Body in the Erotic Art and Texts of the Old Babylonian Period”. *RAI* 47, p. 27–52.
- ATTIA, Annie & Gilles BUISSON, eds.  
2009 *Advances in Mesopotamian Medicine from Hammurabi to Hippocrates*. Leiden & Boston: Brill, 2009.
- AVALOS, Hector.  
1995 *Illness and Health Care in the Ancient Near East. The Role of the Temple in Greece, Mesopotamia, and Israel*. Atlanta: Scholar Press.
- BÁCSKAY, András.  
2015 “Magical-medical prescriptions against fever: an edition of BM 42272”. *Le Journal des Médecines Cunéiformes* 26, p. 1-32.  
2017 “The Natural and Supernatural Aspects of Fever in Mesopotamian Medical Texts” in *Demons and Illness from Antiquity to the Early-Modern Period*. Siam Bhayro & Catherine Rider, eds. Leiden & Boston: Brill. P. 39–52.  
2018 *Therapeutic Prescriptions against Fever in Ancient Mesopotamia. AOAT 447*. Münster: Ugarit-Verlag.
- BAHRANI, Zainab.  
2001 *Women of Babylon. Gender and Representation in Mesopotamia*. London & New York: Routledge.  
2008 *Rituals of War. The Body and Violence in Mesopotamia*. New York: Zone Books.
- BATTINI, L. & P. VILLARD, eds.  
2006 *Médecine et médecins au Proche-Orient ancien*. Oxford: British Archaeological Reports.
- BERLEJUNG, A., J. DIETRICH & J. QUACK, eds.  
2012 *Menschenbilder und Körperkonzepte im Alten Israel, in Ägypten und im Alten Orient*. Tübingen: Mohr Siebeck.

- BIGGS, R. D.  
 2006 “The Human Body and Sexuality in the Babylonian Medical Texts” in *Médecine et médecins au Proche-Orient ancien*. L. Battini & P Villard, eds. Oxford: British Archaeological Reports. P. 39–52.
- BÖCK, Barbara.  
 2003 ““When You Perform the Ritual of ‘Rubbing’”: On Medicine and Magic in Ancient Mesopotamia”. *Journal of Near Eastern Studies* 62/1, p. 1–16.  
 2009 “Diagnose im Alten Mesopotamien. Überlegungen zu Grenzen und Möglichkeiten der Interpretation keilschriftlicher diagnostischer Texte”. *Orientalistische Literaturzeitung* 104, p. 381–398.  
 2014 *The Healing Goddess Gula. Towards an Understanding of Ancient Babylonian Medicine (CHANE 67)*. Leiden & Boston: Brill.
- BUTLER, Judith.  
 1993 (2011) *Bodies That Matter*. London & New York: Routledge, 2011.
- COLEMAN, Mary & Jo Ann SCURLOCK.  
 1997 “Viral haemorrhagic fevers in ancient Mesopotamia”. *Tropical Medicine and International Health* 2, p. 603–606.
- CALE JOHNSON, Justin.  
 2021 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band 11. Gastrointestinal Disease and Its Treatment in Ancient Mesopotamia*. Boston: De Gruyter.
- CSORDAS, Thomas.  
 2011 “Cultural Phenomenology. Embodiment: Agency, Sexual Difference, and Illness” in *A Companion to the Anthropology of the Body and Embodiment*. Frances E. Mascia-Lees, ed. Chichester & Malden: Wiley-Blackwell. P. 137–156.
- DALLEY, Stephanie.  
 2000 *Myths from Mesopotamia. Creation, the Flood, Gilgamesh, and Others*. Oxford & New York: Oxford University Press.
- DEIMEL, P. A.  
 1946 *Zur Etymologie der Namen der Körperteile*. Helsinki: Societas Orientalis Fennica.

- DHORME, E. P.  
 1923 *L'emploi métaphorique des noms de parties du corps en hébreu et en akkadien*. Paris: Paul Geuthner.
- DIETRICH, M.  
 2008 “Die Begabung des Menschen mit der ‚seele‘ nach aussage der anthropogonischen Mythen Mesopotamiens” in *Body and Soul in the Conceptions of the Religions. Leib und Seele in der Konzeption der Religionen*. M. Dietrich & T. Kulmar. Münster: Ugarit-Verlag. P. 47–66.  
 2010 “Die Dichotomie ‚Leib‘ und ‚seele‘ in der mesopotamischen Literatur”. *MARG* 20, p. 19–36.
- DOUGLAS, Mary.  
 1970 (1996) *Natural Symbols*. London & New York: Routledge, 1996.
- EBELING, Erich.  
 1922–1923 *Keilschrifttexte medizinischen Inhalts. Berliner Beiträge zur Keilschriftforschung I-II*. Berlin.
- FARBER, Walter.  
 2004 “How to Marry a Disease: Epidemics, Contagion, and a Magic Ritual against the 'Hand of the Ghost'” in *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine*. H. F. J. Horstmanshoff & Marten Stol, eds. Leiden & Boston: Brill. P. 117–132.
- FINKEL, Irving L.  
 1988 “Adad-Apla-Iddina, Esagil-Kin-Apli, and the Series SA.GIG.” In *A Scientific Humanist: Studies in Memory of Abraham Sachs*. Erle Leichty & Maria deJ. Ellis, eds. Philadelphia: Samuel Noah Kramer Fund, The University Museum. P. 143–59.  
 2018 “Amulets against Fever” in *Mesopotamian Medicine and Magic: Studies in Honor of Markham J. Geller*. Strahil V. Panayotov & Luděk VACÍN, eds. Leiden & Boston: Brill. P. 232–271.
- FINKEL, Irving L. & GELLER, Markham J., eds.  
 2007 *Disease in Babylonia*. Leiden & Boston: Brill.
- FOUCAULT, Michel.  
 1963 (2003) *The Birth of the Clinic*. London: Routledge, 2003.

GELLER, Markham J.

- 2004 "Ancient Medicine: The Patient's Perspective". *Journal of Nephrology* 17/4, p. 605–610.
- 2005 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band 7. Renal and Rectal Disease*. Berlin: De Gruyter.
- 2015 *Ancient Babylonian Medicine. Theory and Practice*. Chichester: Wiley-Blackwell, 2015.
- 2016 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band 8. Healing Magic and Evil Demons. Canonical Udug-hul Incantations*. Boston: De Gruyter.

GELLER, Markham J. & Strahil V. PANAYOTOV

- 2020 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band 10. Mesopotamian Eye Disease Texts*. Boston & Berlin: De Gruyter.

GEORGE, Andrew.

- 2003 *The Babylonian Gilgamesh Epic. Volume I*. Oxford & New York: Oxford University Press.

HAASE, Richard.

- 1963 "Körperliche Strafen in den altorientalischen Rechtssammlungen. Ein Beitrag zum altorientalischen Strafrecht". *RIDA* 10, p. 54–75.

HEEBEL Nils P.

- 2000 *Babylonisch-assyrische Diagnostik*. Münster: Ugarit-Verlag.
- 2004 "Reading and Interpreting Medical Cuneiform Texts – Methods and Problems". *Journal des Médecines Cunéiformes* 3, p. 2–9.
- 2006 "Der verschwiegene Unterschied. Die Geschlechterdifferenz in medizinischen Texten aus dem Alten Mesopotamien" in *Krankheit und Heilung. Gender – Religion – Medizin*. B. Heininger & R. Lindner, eds. Berlin: LIT.
- 2007 "The Hands of the Gods: Disease Names, and Divine Anger" in *Disease in Babylonia*. Irving L. Finkel & Markham J. Geller, eds. Leiden & Boston: Brill. P. 120–130.
- 2009 "The Babylonian Physician Rabâ-ša-Marduk. Another Look at Physicians and Exorcists in the Ancient Near East" in *Advances in Mesopotamian Medicine from Hammurabi to Hippocrates*. Annie Attia & Gilles Buisson, eds. Leiden & Boston: Brill, 2009. P. 13–28.

HOLMA, Harri.

- 1911 *Die Namen der Körperteile im Assyrisch-babylonischen. Eine lexikalisch-etymologische Studie*. Leipzig: Druck von August Pries.

- HORSTMANSHOFF, H. F. J. & STOL, Marten, eds.  
 2004 *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine*. Leiden & Boston: Brill.
- JAYNE, Walter A.  
 1925 “The Healing Gods of Babylonia and Assyria” in *The Healing Gods of Ancient Civilizations*. New Haven: Yale University Press. P. 89–128.
- JANOWSKI, Bernd & Daniel SCHWEMER (et al.).  
 2010 *Texte zur Heilkunde (TUAT.NF 5)*. München: Gütersloh.
- JOHNSON, J. C.  
 2015 “Depersonalized Case Histories in the Babylonian Therapeutic Compendia” in *In the Wake of the Compendia. Infrastructural Contexts and the Licensing of Empiricism in Ancient and Medieval Mesopotamia*. J. C. Johnson, ed. Boston & Berlin: De Gruyter. P. 289–315.
- KÄMMERER, Thomas R.  
 2000 “Pathologische Veränderungen an Leber und Galle. Das Krankheitsbild der Gelbsucht”. *Revue d'Assyriologie et d'Archéologie Orientale* 94, p. 57–93.
- KATZ, Dina.  
 2003 *The Image of the Netherworld in the Sumerian Sources*. Bethesda: CDL Press.
- KINNIER WILSON, J.V.  
 1966 “Leprosy in Ancient Mesopotamia”. *Revue d'Assyriologie et d'Archéologie Orientale* 60, p. 47–58.
- KINNIER WILSON, J.V.  
 1994 “The sāmānu Disease in Babylonian Medicine”. *JNES* 53 (1994), p. 111–115.
- KÖCHER, Franz.  
 1963a *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band I. Keilschrifttexte aus Assur 1*. Berlin: Walter de Gruyter et Co.  
 1963b *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band II. Keilschrifttexte aus Assur 2*. Berlin: Walter de Gruyter et Co.  
 1964 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band III. Keilschrifttexte aus Assur 3*. Berlin: Walter de Gruyter et Co.  
 1971 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band IV. Keilschrifttexte aus Assur 4, Babylon, Nippur, Sippar, Uruk und unbekannter Herkunft*. Berlin: Walter de Gruyter et Co.

- 1980a *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band V. Keilschrifttexte aus Ninive 1.* Berlin: Walter de Gruyter et Co.
- 1980b *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band VI. Keilschrifttexte aus Ninive 2.* Berlin: Walter de Gruyter et Co., 1980.

KÜCHLER, Friedrich.

- 1904 *Beiträge zur Kenntnis der assyrisch-babylonischen Medizin: Texte mit Umschrift, Übersetzung und Kommentar.* Leipzig: J. C. Hinrichs'sche Buchhandlung.

LABAT, René.

- 1957–1971 “Fieber” in *Reallexikon der Assyriologie und Vorderasiatischen Archäologie. Band III. Fabel – Gyges.* E. Weidner & W. von Soden et al., eds. Berlin & New York: Walter de Gruyter. P. 61.

LAKOFF, George.

- 2012 “Explaining Embodied Cognition Results”. *Topics in Cognitive Science* 4, p. 773–785.

LAKOFF, George & Mark JOHNSON.

- 1999 *Philosophy in the Flesh. The Embodied Mind and Its Challenge to Western Thought.* New York: Basic Books.

LAMBERT, Wilfred G.

- 1970 “Fire Incantations”. *Archiv für Orientalforschung* 23, p. 39–45.

LAMBERT, Wilfred G. & A. R. MILLARD.

- 1969 *Atra-ḫasīs. The Babylonian Story of the Flood.* Oxford: The Clarendon Press.

LOCK, Margaret & Judith FARQUHAR, eds.

- 2007 *Beyond the Body Proper. Reading the Anthropology of Material Life.* Durham & London: Duke University Press.

MASCIA-LEES, Frances E., ed.

- 2011 *A Companion to the Anthropology of the Body and Embodiment.* Chichester & Malden: Wiley-Blackwell.

MAUL, Stefan.

- 2004 “Die 'Lösung vom Bann': Überlegungen zu altorientalischen Konzeptionen von Krankheit und Heilkunst” in *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine.* H. F. J. Horstmanshoff & Marten Stol, eds. Leiden & Boston: Brill. P. 79–96.



- MCCURLEY, F. R.  
1968 *A Semantic Study of Anatomical Terms in Akkadian, Ugaritic, and Biblical Literature. PhD. Dissertation.* University of Pennsylvania.
- ORNAN, Tallay.  
2004 “The goddess Gula and Her Dog”. *Israel Museum Studies in Archaeology* 3, p. 13–30.
- OSHIMA, Takayoshi M. & Greta Van Buylaere.  
2018 “Divine Privilege of the Rich and Powerful? Seeking Healing of Illness by Presenting a Luxurious Gift” in *Mesopotamian Medicine and Magic: Studies in Honor of Markham J. Geller*. Strahil V. Panayotov & Luděk VACÍN, eds. Leiden & Boston: Brill. P. 232–271.
- OTTO, Eckart.  
1991 *Körperverletzungen in den Keilschriftrechten und im Alten Testament: Studien zum Rechtstransfer im Alten Orient.* Kevelaer & Neukirchen-Vluyn: Verlag Butzon & Bercker, Neukirchener Verlag.
- PANAYOTOV, Strahil V.  
2020 “Healing in Images and Texts: The Sickbed Scene.” In *Patients and Performative Identities: At the Intersection of the Mesopotamian Technical Disciplines and Their Clients*. Cale Johnson, ed. University Park, Pennsylvania: Eisenbrauns. P. 129–58.
- PANAYOTOV, Strahil V. & Luděk VACÍN, eds.  
2018 *Mesopotamian Medicine and Magic: Studies in Honor of Markham J. Geller.* Leiden & Boston: Brill.
- PROSECKÝ, Jiří.  
2010 *Slova do hlíny vepsaná.* Praha: Academia.
- RITTER, E. K.  
1965 “Magical-Expert (=Āšipu) and Physician (=Asû). Notes on Two Complementary Professions in Babylonian Medicine” in *Studies in Honor of Benno Landsberger on his Seventy-Fifth Birthday, April 21, 1965*. H. G. Güterbock & T. Jacobsen, eds. Chicago: The University of Chicago Press, p. 299–321.
- ROBSON, Eleanor.  
2008 “Mesopotamian Medicine and Religion: Current Debates, New Perspectives.” *Religion Compass* 2/4, p. 455–483.

- SALIN, Silvia.  
 2015 “When Disease “Touches”, “Hits”, or “Seizes” in Assyro-Babylonian Medicine”. *KASKAL* 12, p. 319–336.
- SCOTT, Joan W.  
 1991 “The Evidence of Experience”. *Critical Inquiry* 17/4, p. 773–797.
- SCURLOCK, Jo Ann.  
 1999 “Physician, Exorcist, Conjuror, Magician: A Tale of Two Healing Professionals” in *Mesopotamian Magic. Textual, Historical and Interpretative Perspectives*. T. Abusch & K. van der Toorn, eds. Groningen: Styx Publications, p. 69–79.  
 2006 *Magico-Medical Means of Treating Ghost-Induced Illnesses in Ancient Mesopotamia (AMD III)*. Leiden & Boston: Brill.  
 2014 *Sourcebook for Ancient Mesopotamian Medicine*. Atlanta: SBL Press.
- SCURLOCK, Jo Ann & Burton R. ANDERSEN.  
 2005 *Diagnoses in Assyrian and Babylonian Medicine. Ancient Sources, Translations, and Modern Medical Analyses*. Urbana & Chicago: University of Illinois Press.
- SELZ, Gebhard.  
 2004 “Composite Beings: Of Individualization and Objectification in Third Millennium Mesopotamia”. *Archiv Orientalní* 72, p. 33–53.  
 2005 “Was bleibt? i. ein versuch zu tod und identität im alten Orient” in *Von Sumer bis Homer. Festschrift für Manfred Schretter zum 60. Geburtstag am 25. Februar 2004*. R. Rollinger, ed. Münster: Ugarit-Verlag. P. 577–594.  
 2006 “Was bleibt? ii. Der sogenannte ‚totengeist‘ und das Leben der Geschlechter” in *Timelines: Studies in Honor of Manfred Bietak*. E. Czerny, ed. Leuven: Peeters Publishers. P. 87–94.
- SCHIPPER, Kristofer.  
 1993 *The Taoist Body*. Berkeley, Los Angeles & London: University of California Press.
- STEINERT, Ulrike.  
 2012 *Aspekte des Menschseins im Alten Mesopotamien. Eine Studie zu Person und Identität im 2. und 1. Jt. v. Chr.* Leiden & Boston: Brill.  
 2014 “Synthetische Körperauffassungen in akkadischen Keilschrifttexten und mesopotamische Götterkonzepte” in *Synthetische Körperauffassung im Hebräischen und den Sprachen der Nachbarkulturen*. K. Müller & A. Wagner, eds. Münster: Ugarit-Verlag. P. 73 – 106.

- 2015a “‘Tested’ Remedies in Mesopotamian Medical Texts. A Label for Efficacy Based on Empirical Observation?” in *In the Wake of the Compendia. Infrastructural Contexts and the Licensing of Empiricism in Ancient and Medieval Mesopotamia*. J. C. Johnson, ed. Boston & Berlin: De Gruyter. P. 103–145.
- 2015b “Von inneren Räumen und «blühenden» Landschaften. Der weibliche Körper in der babylonischen Medizin”. *AW* 2, p. 19–25.
- 2016 “Körperwissen, Tradition und Innovation in der babylonischen Medizin”. *Paragrana* 25/1, p. 195–254.
- 2018 *Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Band 9. Assyrian and Babylonian Scholarly Text Catalogues: Medicine, Magic and Divination*, ed. Berlin: De Gruyter, 2018.
- STOL, Marten.
- 1991–1992 “Diagnosis and Therapy in Babylonian Medicine”. *JEOL* 32, p. 42–65.
- 2007 “Fevers in Babylonia” in *Disease in Babylonia*. Irving L. Finkel & Markham J. Geller, eds. Leiden & Boston: Brill. P. 1–39.
- 2009 “To Be Ill” in *Advances in Mesopotamian Medicine from Hammurabi to Hippocrates*. Annie Attia & Gilles Buisson, eds. Leiden & Boston: Brill. P. 29–46.
- STRECK, M. P.
- 2003–2005 “Person” in *Reallexikon der Assyriologie und Vorderasiatischen Archäologie. Band X. Oannes – Priesterverkleidung*. E. Otto & M. P. Streck et al., eds. Berlin & New York: Walter de Gruyter. P. 429–431.
- TEALL, Emily K.
- 2014 “Medicine and Doctoring in Ancient Mesopotamia” *Grand Valley Journal of History* 3/1, p. 1–8.
- THOMPSON, Reginald Campbell.
- 1923 *Assyrian Medical Texts from the Originals in the British Museum*. London: Oxford University Press.
- WAGNER, Andreas.
- 2014 *Göttliche Körper – Göttliche Gefühle. Was leisten anthropomorphe und anthropopathische Götterkonzepte im Alten Orient und im Alten Testament?* Fribourg & Göttingen: Academic Press Fribourg.
- WALLS, N. H.
- 2007 “The Origins of the Disabled Body: Disability in Ancient Mesopotamia” in *This Aabled Body: Rethinking Disabilities in Biblical Studies*. H. Avalos, S. J. Melcher & J. Schipper, eds. Atlanta: Society of Biblical Literature. P. 13–30.

WEE, John Z.

- 2012 *The Practice of Diagnosis in Mesopotamian Medicine: With Editions of Commentaries on the Diagnostic Series Sa-gig*. PhD. Dissertatoin. Yale University.
- 2017 *The Comparable Body - Analogy and Metaphor in Ancient Mesopotamian, Egyptian, and Greco-Roman Medicine*, ed. Leiden & Boston: Brill.

WESTBROOK, Raymond.

- 1989 "Cuneiform Law Codes and the Origins of Legislation". *Zeitschrift für Assyriologie und Vorderasiatische Archäologie* 79, p. 201–222.

WORTHINGTON, Martin.

- 2005 "Edition of UGU 1 (=BAM 480 etc.)". *Journal des Médecines Cunéiformes* 5, p. 6–43.
- 2006 „Edition of BAM 3“. *Journal des Médecines Cunéiformes* 7, p. 18–48.
- 2009 "Medical Information outside the Medical Corpora" in *Advances in Mesopotamian Medicine from Hammurabi to Hippocrates*. Annie Attia & Gilles Buisson, eds. Leiden & Boston: Brill. P. 47–78.