

MEDICO-DERMATOLOGICAL NOTIONS IN MESOPOTAMIAN CUNEIFORM SOURCES

NOCIONES MÉDICO-DERMATOLÓGICAS EN LAS FUENTES MESOPOTÁMICAS CUNEIFORMES

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ABSTRACT:

In the last decades the study of ancient Mesopotamian medicine has enjoyed a considerable popularity among Assyriological studies. The recent publications of both primary sources and secondary literature have shed new light on a field previously unknown to the general public. Among such activities, also contributions on dermatology have been provided. However, the theme is still lacking a comprehensive study offering, on the one hand, updated references on dermatological technical terms and considering, on the other, dermatological information from both scientific texts and sources outside the medical corpora. From this rich gamut of references, it is possible to reconstruct not only medical information concerning dermatological diagnosis, but also Mesopotamian common beliefs on skin ailments and diseases. The wide variety of genres displaying such data provides good arguments for the cultural-historical importance of skin appearance among ancient Mesopotamian civilizations. By comparing both medical and non-medical content, it will be shown how common beliefs on skin ailments and diseases were spread and shared among scholars and laymen.

RESUMEN:

En las últimas décadas el estudio de la antigua medicina mesopotámica ha gozado de una considerable popularidad entre los estudios asiriológicos. Las recientes publicaciones de fuentes primarias y literatura secundaria han arrojado nueva luz sobre un campo previamente desconocido para el público en general. En estas actividades se han proporcionado contribuciones también sobre dermatología. Sin embargo, el tema sigue careciendo de un amplio estudio que ofrezca, por un lado, referencias actualizadas sobre términos técnicos dermatológicos y, por otro, considerando la información dermatológica tanto de textos científicos como de fuentes fuera de los corpus médicos. De esta rica gama de referencias es posible reconstruir no sólo la información médica relativa al diagnóstico dermatológico, sino también las creencias comunes mesopotámicas sobre las anomalías y las enfermedades de la piel. La gran variedad de géneros que muestran tales referencias proporciona buenos argumentos para la importancia histórico-cultural de la apariencia de la piel en las antiguas civilizaciones mesopotámicas; además, al comparar tanto el contenido médico como el no médico, quedará claro cómo las creencias comúnmente diferentes sobre anomalías y enfermedades cutáneas fueron difundidas y compartidas entre eruditos y laicos.

KEY-WORDS: Babylonian Medicine, Mesopotamia, Skin, History of Dermatology, Leprosy

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I. Mesopotamian medicine: an introduction

The archaeological excavations carried out in the so-called “Land between the Rivers” have provided us with an enormous number of clay tablets written in cuneiform script. Since the first discovery of the Assyrian capitals (1845-1855) and the decipherment of Akkadian cuneiform (officially recognised as decoded in 1857) many archives have emerged from the soil and have been shipped to the main European collections.

The bounty of material has been subject to study from the early beginning of the philological discipline known today as Assyriology. The work conducted in the study rooms of the museums worldwide, mainly at the British Museum, started in very short time to shed new light on a civilization which has been previously silent for millennia. The cuneiform sources were reporting on historical events, everyday economic transactions, judicial trials and letters, but also attested a cultural and scholarly stream of tradition which experienced no break from the age of Sumer to the first centuries C.E. The vivid and rich background disclosed by this new documentation allowed shortly first core reassessments on the history and culture of ancient Mesopotamian civilizations, which previously were only known by secondary sources, namely: the Greek historians and the Bible (with its predictable biases connected with the events occurred during the Neo-Babylonian empire).

Such reassessments regarded also the subject of ancient Mesopotamian medicine. Lacking primary documentation, both historians of antiquity and historians of medicine had to rely on a statement by Herodotus, who declared that there were no physicians in Babylonia². However, soon after the decipherment of cuneiform script, assyriologists discovered not only that Babylonians had incantations to eradicate demons responsible for their illnesses, but also relied on medical remedies *strictu sensu*, in the form of therapeutic instructions and recipes³.

These first notions have been later confirmed by the advancements of philological work. Such activities comprised the edition of tablets representing individual collections for different remedies. Such texts display the activity of individual physicians which compiled tablets choosing remedies on the basis of their practical needs. In these compositions, several recipes aimed at curing the same ailment have been registered, together with relevant rituals and incantations. Reginald Campbell Thompson, before, and Franz Köcher, more recently, have undertaken the task of collecting, studying and publishing such fragments, at least in the form of hand copies⁴. However, the in-depth study of single tablets and fragments led scholars to identify far more elaborated compositions, ranging from lists of *materia medica* (such as plants, stones and animals) to actual medical series composed by several tablets (or chapters). Particular attention has been dedicated to reassembling the diagnostic-prognostic series *Sakikkû*, “Symptoms”, from the activity of René Labat up to most recent years⁵, and the therapeutic series *Šumma amēlu muḥḥašu umma ukāl* “If the crown of a man’s head is feverish” (in short, UGU), whose identification is still ongoing⁶. To make a long story short, assyriologists came to realise that diagnostics, prognostics, therapy and pharmacology were realms of scientific knowledge fully covered by Mesopotamian scholars

² Cf. Hdt. I 197.

³ Von Oefele 1902, 5; Heeßel 2004b, 2-3.

⁴ Thompson 1923, Köcher 1963-1980.

⁵ Labat 1951; Heeßel 2000; Scurlock 2014, 13-271.

⁶ See, most recently, Bácskay – Simkó 2017.

and physicians⁷. Moreover, excavations carried throughout the wider geographical region, from the beginnings of Near Eastern archaeology until most recent times, have attested a spread of related knowledge to the areas in the closest proximities of Assyria and Babylonia. In the meantime, assyriologists devoted themselves to monographic studies, focusing on specific themes or subfields of medical relevance⁸.

The outlined furtherance of the study of medical materials has led to the recognition of a large scientific corpus which is now the field of study of an independent sub-discipline in the framework of Assyriology. However, methodological and epistemological problems are still preventing scholars from understanding fully Babylonian medical lore. The poor state of conservation of many medical clay tablets, often reduced to the size of tiny fragments (a common fate for most sub-fields of Assyriology), makes even harder the recognition and reconstruction of series' chapters.

Even when the philological reconstruction of the textual sources turns out to be practicable, the understanding of its contents can prove to be of outstanding complexity. Most of the names of medical ingredients are far from being correctly read: some of them are *hapax legomena* or written with logograms instead of syllabic script. In addition, it has been understood that the recurring mentions of filthy ingredients (like bodily parts and waste products of man or animals) may, as a matter of fact, represent code names for other ingredients; following a principle which would be later adopted e.g. by Greek philosophical esoteric teachings, Babylonian physicians aimed at shielding their secret remedies from the knowledge of the laymen⁹.

A further and more puzzling problem is represented by the understanding of Akkadian medical terminology. The description of symptoms employs a wide lexical range of verbs, e.g. indicating various shades of pain¹⁰, or the way an ailment could actively affect the patient; moreover, a precise and rich terminology is used to name different ailments. In this respect, also the problem of understanding such symptoms and translating them into modern medical parameters has been raised. Such approach is known as retrospective diagnosis: known as a pastime for medical practitioners aimed at identifying diseases of historical or fictional characters, it is also applied to ancient medical texts¹¹. However, in the field of Assyriology most scholars argue that – despite the objective problems in leaving those terms without a translation – such identifications tend to go beyond what the texts actually represent and therefore reveal themselves to be misleading¹². Additionally, it has been observed that the recognition of diseases described in ancient texts remains a purely academic notion, without further use to our comprehension of the history of medicine, society and culture of ancient Mesopotamia¹³.

On the contrary, other lines of enquiries might be followed, including investigations conducted on texts outside the medical corpora, which so far has proven to be particularly fruitful¹⁴. Such methodology is particularly indicated for the study of dermatological notions, as the insurgence of cutaneous ailments and anomalies was deeply surrounded by religious and popular beliefs. Those cultural-historical ideas had a strong impact on social interactions among Mesopotamian populations, and medical texts devoted much attention to the observation and cure of dermatological manifestations.

The present article will firstly address the concept of skin in relation to the human body and will proceed by shortly pointing out the main dermatological features of diagnostic observation, together with their inner difficulties. This section will be followed by a wider consideration of ideas and beliefs surrounding the appearance of skin and its ailments and

⁷ On medical specialists and their textual heritage, see Fales 2016, 20-31.

⁸ See Heeßel 2004b, 4-5.

⁹ Köcher 1995, 204.

¹⁰ See, most recently, Salin 2017.

¹¹ Muramoto 2014, 1-3.

¹² Robson 2008, 461; Geller 2010, 41.

¹³ Heeßel 2004b, 6.

¹⁴ See Worthington 2009, 47-49.

their repercussions on the social life and interactions of the affected individuals. To better illustrate these themes, relevant passages drawn from a wider choice of sources will be presented: the examples will feature extracts from both medical and non-medical documentation, and also from different geographical and chronological origin.

II. Recognising dermatological notions in cuneiform sources

Before pursuing such enquiry, it is crucial to define how Akkadian dermatological terminology could have been isolated. Of course, such process presents the same problems which can be faced when dealing with medical *termini technici* in general. The identification and the attempt at recognizing illnesses mentioned in the sources have revealed to be deceiving activities. However, it is possible to assess at least the type of ailment and its nature, on the basis of the part of the body involved.

The Akkadian term which corresponds best with our concept of human skin is *mašku* and can be also written with the logogram KUŠ. However, such term is far widely attested with reference to animal skins and tanning, being KUŠ itself a determinative sign identifying leather products and materials. Furthermore, the attestations of *mašku* in Akkadian sources basically reveal that the term, when referring to men, actually indicates the skin as an object, severed from the body, as the many instances of Neo-Assyrian Royal Inscriptions show¹⁵.

The same can be said for the case of medical texts. Explicit references to the skin are generally lacking, and no tablet explicitly states that a remedy is specifically designed for dermatological ailments. However, it must be noted that medical texts prove to be ambiguous also on this matter. As the same cuneiform sign KUŠ identifying skin can also be read as SU, i.e. *zumru*, “body” (widely attested in the corpus), the entries presenting clear dermatological symptoms allow both interpretations (see e.g. SA.GIG III, 100-104, cf. § III.1.)¹⁶. It is remarkable that ancient Mesopotamians seem to have linguistically distinguished among “living” skin and “dead” skin in a similar way as the ancient Greeks and Romans did: the former appears to be featured in the concept of *zumru*, that is the body and its integrity; the latter, being severed from its owner, presents the status of a common hide object¹⁷.

Therefore, a topographical approach, based on the indication of the parts of the body, reveals to be just partially helpful, as skin was not understood as an independent organ as we do nowadays. Moreover, being an organ covering the whole body, dermatological ailments can be experienced accordingly, and were therefore registered in tablets devoted to other specific areas of the body. Most of the cutaneous conditions are attested in therapeutic tablets with remedies for the head and the eyes. Such fact can be easily explained with references to the wider exposition to weather and external agents of these areas and the immediate visibility of their cutaneous anomalies. Additionally, skin anomalies were registered also for other areas of the body, as extremities and genitalia¹⁸.

Skin abnormalities have been so far identified in different ways, mainly by noting the presence of guide-verbs, such as *malû* “to be full, to be fully covered” or *ašû* “to protrude, to come out”¹⁹. Attestations of terms associated with *malû* in physiognomic texts have provided the first lexical group of dermatological anomalies at the beginning of Assyriological studies. However, the understanding of such terms was prevented by three main reasons. Firstly, some provisional readings for the signs later turned out to be wrong; in some cases, those readings are still misleading scholars today²⁰. Secondly, the etymological analysis based on

¹⁵ See CAD M/1, 377-379.

¹⁶ See CAD Z, 157-160.

¹⁷ Connor 2004, 10-11.

¹⁸ See, e.g., the texts edited by Worthington 2006; Bácskay – Simkó 2017; Attia 2015; Eypper 2016; Geller 2005.

¹⁹ See CAD M/1, 177, sub 1.c.2', and CAD A/2, 368-369 sub, 2.j.1'; see also Scurlock – Andersen 2005, 217.

²⁰ See, for example, the case of *muššu / širšu*, as highlighted in CAD M/2, 281 and Heeßel 2007a, 26.

Semitic parallels had various fortunes. Lastly, the whole search appears to have been unconsciously oriented to find a Mesopotamian parallel to Biblical leprosy²¹. The results of these first lexical enquiries can be observed in the entry dedicated to leprosy in the *Reallexikon der Assyriologie*²². When comparing these conclusions with the current acquisitions of the history of Babylonian medicine, it will be clear how few of these terms are still related to the value originally suggested.

These later acquisitions in the field rely on many observations. Beside the aforementioned verbs, other terminology has revealed to be dermatology-related. One relevant case is that of pigmentation: the change of body (and therefore skin) appearance in terms of colour is noted frequently in both diagnostic and therapeutic texts²³. Words deriving from stems associated with colours (most frequently red and black, but also yellow-green and other shades) describe the pigmentation of the body or smaller areas of it, and even of skin lesions, revealing an inner classification among lesions and diseases on the basis of their appearance. Also, terms deriving from colours are employed to designate specific skin lesions, most probably flat lesions, as marks²⁴. In addition, change of colour is employed also to describe the evolution of an ailment, as a therapeutic criterion²⁵. Furthermore, the presence of verbs implying specific dermatological features has been of invaluable help; moreover, from these verbs has derived also specific dermatological terminology. This is the case of itching and scratching, respectively indicated by the verbs *rašû* and *ekêku*, and their derived nomenclatures, *rišûtu* and *ekkêtu*²⁶.

The diagnostic observations registered in the sources allow us to recognize some of the current criteria at the core of a modern dermatological exam. Not only colour, but also localization and dimension are widely registered; additionally, hints on surface texture and dimension of the lesions are taken into consideration. Beside these basic parameters, medical texts demonstrate that Babylonian physicians distinguished also among flat and elevated lesions; in the latter case, they noted their consistency – if solid, hard, or watery – and the nature of the fluid they contained (such as a neutral fluid or pus)²⁷.

III. The observation of skin in ancient Mesopotamian sources

As mentioned above, assyriologists acquainted with medical Babylonian lore have engaged in the study and edition of groups of tablets pertaining to the same medical subspecialty or referring to the same ailment. Such activity has led not only to the reconstruction of specific tablets / chapters of the diagnostic and therapeutic series, but also to monographic studies. To date, it is possible to consult and learn in a quite accessible way about diseases of the head, ophthalmology, renal and rectal problems, seizures and other neurological ailments, gynaecology and birth²⁸. Another sub-specialty of contemporary medical practice to which Babylonian physicians have devoted attention appears to be that of dermatology. Scholars so far have addressed this field with various contributions, consisting in a systematic survey on a single cutaneous manifestation or in the edition of relevant sources. A comprehensive study of such material – comprising not only medical tablets, but also other kinds of documentation – is still lacking²⁹.

²¹ From the first attempts at studying relevant terms for the body and skin diseases (e.g. Holma 1911; Holma 1913) several terms have been interpreted as such.

²² Ebeling 1928, 231b.

²³ See Heeßel 2004a, 104.

²⁴ Scurlock – Andersen 2005, 217-220.

²⁵ See Tsukimoto 1999: 197 II. 72-84, now also in Scurlock 2014: 437 and Scurlock 2017, 292.

²⁶ Cf. CAD R, 207, 381; CAD E, 63-64, 69-70; Haussperger 2000: 445; Geller 2004: 33; Scurlock – Andersen 2005: 214, 222.

²⁷ Cf. SA.GIG XXXIII: 13-15, 29-32, 57-58 in Scurlock 2014, 236-238.

²⁸ See, e.g., Worthington 2006; Fincke 2000; Attia 2015; Geller 2005; Stol 1993; Stol 2000; Fales 2010; Couto-Ferreira 2014.

²⁹ See, e.g., Geller 2010; Böck 2003; Fincke 2011; Heeßel 2008; Scurlock – Andersen 2005, 208-246.

The need to feature also information drawn from sources external to the medical corpora reflects a basic assumption of historians of dermatology. Being the skin the most extended and visible organ of the human body, men have devoted much attention to its observation and noted its differences when confronting the appearance of each other's skin. Also, they have been bothered by the insurgence of cutaneous anomalies and suffered dreadfully the discomforts implied by such dermatological ailments³⁰. This statement is particularly true in the case of ancient Mesopotamia: skin lesions and diseases reveal to have been one of the major concerns not only in medical texts, but also in many other types of cuneiform documentation. Letters, but also law codes and trial records provide us with hints on the social perception of – and reaction to – skin diseases; peculiar curses are featured in closing sections of economical transactions (such as Middle-Babylonian *kudurrus*) and treaties. Sparse references to dermatological ailments appear also in literary compositions.

The variety in nature of these documents is striking and should be ascribed to the important part played by the normal appearance of the individual in everyday social interaction among Mesopotamian population. As reflected by Mesopotamian divination texts, everything diverging from what was considered “normal” represented a bad omen, and was subject to observation, interpretation (in terms of future consequences) and study (in order to find ways to counteract foreseeable consequences). The appearance of a person was also subject to be examined, as physiognomic sources demonstrate; however, skin anomalies and diseases appear to be generally associated with bad *omina* and stigmas both of social and ritual nature. These beliefs were, as a matter of fact, connected with sins and guilt of the individual, on the one hand, and with the concept of purity and cleanliness, on the other. In either case, they involved social isolation, feelings of repulsion and confinement.

III.1. Sins, repulsion and social responses

Guilt was believed to be the implicit cause that lead an individual to suffer from a disease. Good and bad fortune, as well as health and illness, were understood as directly connected with the good or bad favour of the personal god of the individual, and therefore such contingencies mirrored the status of told relationship. As long as a person complied with his societal and ritual duties, his god would bestow on him wellbeing and shield him from any evil. To the contrary, negligence in the fulfilment of those duties or committing criminal and sinful acts could arouse divine anger. Such contingency could lead not only the aforementioned protection to cease, but also involve a call for punitive measures, such as diseases inflicted by the personal god himself, or by other divine and demonic agents³¹. These influences played a major part in Babylonian diagnostics, as a set of symptoms was associated with the touch of the “hand” of a specific god or another supernatural entity. To give an example³²:

100. [DIŠ TA SAG.D]U-šú EN GÌR^{II}-šú U₄.BU.BU.UL SA₅ DIRI u SU-šú BABBAR KI MUNUS
ina KI.NÁ KUR ŠU^{d30}

101. [DIŠ TA SAG.D]U-šú EN GÌR^{II}-šú U₄.BU.BU.UL SA₅ DIRI u SU-šú GI₆ KI.MIN KI.MIN

102. [DIŠ T]A SAG.DU-šú EN GÌR^{II}-š[ú] U₄.BU.BU.UL DIRI u SU-šú SIG₇ KI.MIN ŠU^{d15}

103. [DIŠ T]A SAG.DU-šú EN [GÌR^{II}-šú] U₄.BU.BU.UL BABBAR DIRI u SU-šú GI₆ KI.MIN ŠU^{dUTU}

104. [DIŠ TA] ṽSAGṽ.DU-[šú] ṽEN Gṽ[ÌR^{II}-šú] U₄.BU.BU.UL GI₆ DIRI u SU-šú SA₅ KI.MIN ŠU^{d[UTU]}

100. [If from] his ṽheadṽ to his feet, he is full of red *bubu`tu*-vesicles and his skin/body is white, he was “gotten” in bed with a woman; “hand” of Šin.

101. [If from] his ṽheadṽ to his feet, he is full of red *bubu`tu* and his skin/body is dark, ditto (=

³⁰ Sierra 1994, 13; Da Fonseca 1997, 13-14.

³¹ Heeßel 2000, 60-68.

³² On the “hands” in the framework of Babylonian medicine, see Heeßel 2007b.

he was “gotten” in bed with a woman); ditto (= “hand” of Šin).

102. [If] “from” his head to his feet, he is full of *bubu`tu* and his skin/body is yellow, ditto (=he was “gotten” in bed with a woman), “hand” of Ishtar.

103. [If] “from” his head to [his feet], he is full of white *bubu`tu* and his skin/body is dark, ditto (=he was “gotten” in bed with a woman), “hand” of Shamash.

104. [If from his] head to [his] “feet”, he is full of dark *bubu`tu* and his skin/body is red, ditto (=he was “gotten” in bed with a woman); “hand” of [Shamash]³³.

As showed by these lines, changes in skin appearance and the insurgence of *bubu`tu* -vesicles were connected to a sexual encounter with a woman and ascribed to various gods. Such case wouldn't constitute a sin itself; however, it was associated with visible changes on the skin, which were there for everyone to see³⁴. The fact that *bubu`tu*-vesicles were both discomfoting and unpleasant to sight is confirmed also by the following bilingual literary passage, where they find good use to describe the appearance of a demon: ù (var. u₄)-bu-bu-ul è-a-bi nu-du₁₀-ga / bu-bu-`tú šá a-šu-šu la ʔa-a-bu, “[Asakku] is *bubu`tu*, whose insurgence is unpleasant”³⁵.

That such visibility may have also implied reactions in people surrounding the affected individual appears to be a possible event. A striking example can be derived from a trial record registered on a tablet from the site of Nuzi (near modern Kirkuk)³⁶. The case involved a certain Aqawatil who sued some Akkulinni for having apostrophized him on the street in the following manner: *ep-qa ma-la-ta-mi bir-ka a-na muḥ-ḥi-ia la te-zi-ir-ib*, “You are fully covered by the skin disease *epqu*, don't approach me with your penis!”³⁷.

From the text it is not clear if Aqawatil was really sick or if the naming of the disease constituted an insult such serious to lead someone to act in court. The core of the case was the actual naming of the disease rather than the alleged sexual approach, as the trial record registers the case with the following rubric: “*umma* ^mA-qa-wa-til-ma / ^mAk-ku-li-en-ni a-na ia-ši iq-ta-bi / *ep-qa ma-la-ta-mi*, Akawatil (spoke) thus: «Akkulinni said to me: 'You are full of *epqu*'»³⁸. However, without further elements for an in-depth understanding of the case, it can still be argued that Akkulinni's reaction with repulsion and insults reminds of common idiomatic phrases in modern languages about “feeling”, “avoiding” or “treating someone like a leper”. In conclusion, the judges remarkably decided in favour of Aqawatil.

The trial record from Nuzi is not the only instance of the administration of law directed to socially shield people afflicted by skin ailments. The *Code of Hammurabi*, for example, reports the following interesting laws:

§ 148. *šum-ma a-wi-lum aš-ša-tam i-ḥu-uz-ma la-a`-bu-um iṣ-ša-ba-as-sí a-na ša-ni-tim a-ḥa-zi-im pa-ni-su iṣ-ta-ka-an i-iḥ-ḥa-az aš-ša-sú ša la-a`-bu-um iṣ-ba-tu ú-ul i-iz-zi-ib-ši i-na É i-pu-šu uš-ša-am-ma a-di ba-al-ḥa-at it-ta-na-aš-ši-ši*

§ 149. *šum-ma MÍ ši-i i-na É mu-ti-ša wa-ša-ba-am la im-ta-gàr še-ri-ik-ta-ša ša-iš-tu É a-bi-ša ub-lam ú-ša-lam-šim-ma it-ta-al-la-ak*

§ 148. If a man has married a wife and she falls ill with the *la`bu* disease, and he has made plans to marry someone else, and does marry, he shall not leave the wife who has fallen ill with the *la`bu* disease. She shall live in the house which he has built and he shall support her as long as she lives.

§ 149. If that wife does not agree to live in her husband's house, he shall pay back the gift she brought from her father's house and she shall depart³⁹.

This is not the only rule of medical relevance comprised in the *Code of Hammurabi*, but

³³ SA.GIG III, 100-104. Translation by Scurlock 2014, 23-24.

³⁴ Stol 1991-1992, 44-45.

³⁵ Lugal-e 268, V 32. See Van Dijk 1983, 85, who translates *ašú* as “suppuration”. Translation by the author.

³⁶ Gadd 1926, 105-106, no. 28. See also the comment of Van der Toorn 1985, 74.

³⁷ Gadd 1926, 106, ll. 21-22. Translation by the author.

³⁸ Gadd 1926, 105, ll. 4-6. Translation by the author.

³⁹ CH §§ 148-149. Translation by the author based on Richardson 2004, 87.

it emerges as it aims at legally protect someone affected by a disease, namely *la'bu*, which featured dermatological discomforts⁴⁰. The laws state that if a married woman is affected by such ailment, her husband cannot divorce from her for this reason. It can be argued that such condition could have had such repercussions on the health and appearance of the woman to the point that a normal and fair nuptial life was prevented. Even in the case the husband chooses another woman for a second marriage, he is not allowed to leave the first one without sufficient means to live properly: either he has to ensure to her support in his own house or return the marriage dowry he received from her family, thus allowing her to live on her own. Therefore, this regulation should be considered together with other rules devoted to the safeguard of the socially weak female population, especially on the matter of marriage.

To sum up, the occurrence of skin anomalies and diseases appear to have implicated in ancient Mesopotamia, as today, a considerable discomfort not only from the medical point of view, but also on the social level. The appearance of individuals suffering from such ailments experienced more or less explicit acts of repulsion and rejection from their peers. Additionally, they were invested also by social stigma, in the view of alleged sins associated with the signs they were carrying on their skin: told stigmas tended to put into effect forms of social exclusion and isolation.

III.2. Cleanliness, purity and healing

Marginalization of individuals affected by skin conditions was not only a matter of social stigmas but was also concerned with common hygiene measures to avoid the spread of epidemics by direct contact. As the disease names of the “hand” type themselves display, the sense and act of touching were believed to play an important role in the matter of health and illness. Moreover, some diagnostic entries explicitly state that someone encountered a specific ailment because he was touched by “dirty hands”: DIŠ MUNUS *ina* GIG-šá ŠU¹¹-šá ú-na-aš-šak ŠU.MEŠ *lu-u'-a-ti* TAG, “If a woman during her illness chews on her hands, dirty hands have touched her”⁴¹.

Dirt was understood as playing a major part both in medical and ritual view. By dirt ancient Babylonian referred to a transitory lack of cleanliness, which could also feature skin lesions. In this sense, it is striking that some of these present a name directly associated with the lexical realm of uncleanness. This is the case of *lūtu*, but also *uršu* and *urāšu*⁴²: DIŠ U₄ u G[I]₆ NAM.ÉRIM DIB-su: *lu-'a-ti* DIB-su, “If (it afflicts him) day and night, a curse afflicts him (var. dirty substances afflict him)”⁴³.

The presence of dermatological lesions was also relevant on a ritual point of view, as such imperfections were believed to be anomalies which could not comply with the standards of purity required by religious practices. This is the case of men carrying burn scars, whom access to a temple should be denied⁴⁴. Therefore, not only the community of men, but also gods were believed to marginalize people affected by cutaneous lesions. A further confirmation in this sense is provided by a striking omen with a detailed symptom description of dermatological nature:

42. DIŠ LÚ *pa-ga-ar ši-ru-šu pu-ša-am ku-ul-lu-u[m]-ma*

43. *ù nu-uq-di i-ta-ad-du*

44. LÚ *šu-ú it-ti i-lí-šu sà-ki-ip*

45. *it-ti a-wi-[u-ti]m sà-ki-ip*

42. If the skin (or) the flesh of a man exhibits *pūšu*-white spots

43. and are full of *nuqdū*-nodules,

⁴⁰ See CAD L, 34-35.

⁴¹ SA.GIG XXXVII, 16. Translation by Scurlock 2014, 256.

⁴² Sallaberger 2003-2005, 295-296.

⁴³ SA.GIG XXII, 24. Translation by Scurlock 2014, 189.

⁴⁴ Cf. CAD Q, 68, sub *qalû*, lex. section.

44. such a man has been rejected by his gods,
 45. (such a man is to be) rejected by mankind⁴⁵.

This symptom description is not only remarkable in the view of the fate associated to the affected individual, but also because it has been interpreted as a description of a main stage of leprosy⁴⁶.

Among the variety of possible examples, the skin disease which has been considered by the Babylonians as the most impure is *saḫaršubbû*. The term represents a loanword from the Sumerian SAḪAR.ŠUB.BA.A, which roughly can be translated as “stricken by powder”; moreover, lexical lists provide equivalences among this designation and other relevant terms, such as *garābu* and *epqu*⁴⁷. The identification of *saḫaršubbû* with leprosy (together with its equivalents) has been quite early in the field of Assyriology, as the information which could be gathered from lexical equivalences, symptom descriptions and the connection with divine punishment closely reminded of Biblical parallels. This last feature emerged in the framework of the pioneering editions of Middle-Babylonian stelae called *kudurru*, which reported on land grants and acted as boundary stones. Since they were exposed and played an important practical role, such documents were provided by a closing curse section, aimed at preventing individuals to destroy or alter the content of the reported transactions. In this context emerges a terrifying cursing motif invoking the god Šin and the affection *saḫaršubbû* on any possible culprit, such as the following:

16. ^d30 *na-an-nar* AN-e SIKIL.MEŠ SAḪAR.ŠUB.BA-a *la te-ba-a*
 17. *gi-mir la-ni-šu li-lab-biš-ma a-di u-mi* NAM.MEŠ-šu a-a *i-bi-ib*
 18. *u ki-ma* ANŠE.EDIN.NA *i-na ka-mat* URU.KI-šu *li-ir-tap-pu-ud*
 16. May the god Šin, light of the pure skies, with a *saḫaršubbû*-disease which never leaves
 17. cover his whole body, so that he shall never be pure until his dying day,
 18. but instead be forced to lie as a wild ass outside the walls of his own city⁴⁸.

Such curse features the main *topoi* of the *saḫaršubbû* curses: the appeal to the moon god Šin; the disease, described as impure, generalized to the whole body and incurable; the isolation of the affected individual from urban society; the comparison with a wild animal, generally an onager, to stress the loss of humanity implied by this marginalization⁴⁹. Such themes are not only presented in *kudurrus'* curse sections, but can be found also in later documentation, as in Neo-Assyrian treaties⁵⁰. However, the belief that who suffered from *saḫaršubbû* was fated to an unfortunate lot is also mentioned in other sources, like the Sumerian tale of *Bilgameš, Enkidu and the Netherworld*:

285. *lú saḫar šub-ba igi bí-du₈-àm igi bí-du-am a-na-gin₇ an-ak*
 286. *gud-gin₇ al-bulu₅ uḫ im-da-gu₇-e*
 286a. *ú-ni al-bar a-ni al-bar ú gíd al-gu₇-ea-šeš al-na₈-na₈ uru bar-ra-a al-tuš*
 285. «Did you see the man who has been “befallen by dirt”?» «I saw him» «How does he fare?»
 286. «he swells like an ox, while the lice are eating him»
 286a. «His food is set aside, his water is set aside, he eats uprooted plants, he drinks bitter water, he lives outside of the city»⁵¹.

At first glance, even from Sumerian times the affliction of *saḫaršubbû* was perceived as

⁴⁵ VAT 7525, ii 42-45. Köcher – Oppenheim 1957-1958, 66. Translation by the author.

⁴⁶ Kinnier Wilson 1966, 50; cf. Köcher 1986, 30, n.1 and Stol 1987-1988, 23-24.

⁴⁷ See CAD S, 36-37; CAD G, 46; CAD E, 246.

⁴⁸ BBSt. 7, 1, ll. 16-18; Köcher 1986, 27. Translation by the author.

⁴⁹ See Watanabe 1984, 101-104 for a thorough analysis of the *saḫaršubbû* curses and Kitz 2004 for their interpretation.

⁵⁰ See, e.g., SAA II, 2, iv 4-7 in Parpola – Watanabe 1988, 11.

⁵¹ *Gilgameš, Enkidu and the Netherworld*, 285-286a. Translation by Gadotti 2014, 115-116.

a dreadful event in the personal and collective life of men. What is even more striking in this passage is that it doesn't fit into the *contrappasso* (or retaliation) logic which can be appreciated in the case of other categories of deaths presented in the literary composition. Apparently, it was believed that the disease *saḥaršubbû* wouldn't leave someone's body even in death, so that also his afterlife as a soul in the Netherworld would continue living in the same state of pain and marginalization.

However, despite what these common beliefs suggest, it has been noted that *saḥaršubbû* was actually a subject of medical attention, as the following prescriptions demonstrate:

5. DIŠ SU NA SAḤAR-ŠUB-BU-U *it-tab-ši ina* ʿx`[...]
 6. ^U*ši-lu* SÚD *iṇa* UGU LAL-*ma* [T1?]
 7. DIŠ KI.MIN ^U*ša-rip-ta-nu ina* UGU SAR-*ár*¹ EN [U₄.BÚ.BÚ.UL HÁD.DU-a]
 8. *ú-kal* U₄.BÚ.BÚ.UL *ta-qàl-lap* MU[N NA]GA.SI LAL-*s[u-ma* T1]
 9. DIŠ KI.MIN *ú-pi-zir* RI.RI *ina* UGU S[AR] EN U₄.BÚ.BÚ.UL HÁD.DU[-a]
 10. *ú-k[ā]* U₄.BÚ.BÚ.UL *ta-[q]àl-lap* ^U*na-ma-nu* LAL-*ma* T[1]
 12. [DIŠ NA SAḤAR.ŠU]B.BA DIRI KU.KU SI DÀRA.MAŠ SÚD-*ki* Ì.UDU UR.MAḤ
 13. [ḤI.ḤI] LAL-*su-ma* T1
5. If *saḥaršubbû* is present on the body of the patient, [...]
 6. *šilu*-plant: crush [the ingredient(s)], bind (it/them) on the surface, and [he will recover?].
 7. If *ditto*, fumigate *šariptānu*-plant on the surface until [the *bubu'tu*-vesicle] contains (l.8) [dryness].
 8. Peel off the *bubu'tu*-vesicle, bind him with salt and “horned *uḥulu*” [and he will recover].
 9. If *ditto*, fumigate the surface with “flying *upizzir*-worm” until the *bubu'tu*-vesicle contains (l.10) “dryness”.
 10. Peel off the *bubu'tu*-vesicle, bind him with *namānu*-plant and he will “recover”.
 12. [If a man] is fully covered with “*saḥaršubbû*”, crush grains from the horn of a deer, mix it (l.13) with “lion suet”,
 13. bind him (with it) and he will recover⁵².

The present excerpt provides us with a series of four different remedies aimed at curing *saḥaršubbû*. The prescriptions imply a combination of various ingredients, which allow us to understand the different shades of understanding of such items: some are recognisable, as salt (MUN = *ṭābtu*); other are only distinguishable from the determinative sign ^U “plant” (as *šilu*, *šariptānu* and *namānu*); some others still present ambiguity in reading (as for the case of *ú-pi-zir*, here translated *upizzir*-worm, but understood by Köcher as ^U*pi-zir*, *pizzir*-plant). We can also appreciate an example of code name, as “lion suet” (Ì.UDU UR.MAḤ = *lipī nēši*) has been recognized as a secret name for a plant⁵³. The therapy itself implies a precise series of curative acts, such as fumigation, peeling, preparation of ointments and binding. These therapeutic recipes demonstrate not only that Babylonians had remedies for *saḥaršubbû* at their disposal, but that such remedies were believed to be effective enough to eradicate this disease from affected patients.

IV. Conclusions

The present paper aimed at addressing various introductory aspects to ancient Babylonian medicine and, more precisely, to dermatology. Despite the advances in the field of study, many methodological problems and investigating difficulties resist to our understanding. For example, the identification of technical terminology – such as names of ingredients, symptoms and diseases – is still eluding an objective identification, as the case

⁵² BAM I 35, ii 5-10, 12-13. Translation by the author based on Köcher 1986, 31.

⁵³ See Köcher 1986, 31-32, n. 32. On the possible readings ^U*pi-zir* / *upizzir*, see Scurlock 1995, 95.

of *saḥaršubbû* and its therapeutic recipes above presented can demonstrate. However, as argued in the introductory assessment on Mesopotamian medicine, the identification of such terminology alone can be of little use to our understanding of cultural-historical aspects of everyday life. The analysis of skin and its ailments offers a good angle on both medical aspects and popular-religious beliefs, thus allowing us to appreciate data of cultural relevance.

Despite sharing the same interpretative difficulties of the wider subject of Babylonian medicine, we can observe how Babylonian physicians observed skin and its appearance with similar criteria currently employed in a routine dermatological diagnostic exam. Such references are mostly implicit, as Babylonians didn't share the same concept of skin as we use today. As shown by the lack of terminology referring to human skin, ancient Babylonians didn't recognise it as a proper part of the body, not to say as an organ. Such contingency reflects a common feature of skin itself, which combine both visibility and invisibility. We notice its appearance, but we tend to refer to its anomalies by identifying them with the individual. If someone is feeling sick, we use to say "he is pale", and not "his skin is pale"⁵⁴. The same occurs in Akkadian, with stative verbs indicating pigmentation. Such observations allow us to deepen our understanding of the Mesopotamian concept of the body as a whole.

Even if medical and cuneiform sources in general don't display explicit dermatological references and mentions of skin are generally lacking, they still reveal how such features were important in everyday life, and how they could virtually interfere with common activities and social interactions. Cutaneous anomalies and discomforts were openly visible and were associated with beliefs concerning cleanliness, ritual purity and sins. Diseases as *saḥaršubbû*, for example, were believed to be a divine punishment with no possible remedy, even in death, although therapeutic recipes demonstrate that it was actually subject of medical attention and actually curable.

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⁵⁴ Connor 2004, 29.
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