

Anus and kidneys

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During the course of preparing a text edition of medical texts dealing with kidney and rectal disease, the present author encountered difficulties in associating Akkadian anatomical terminology with relevant parts of the nether regions of human body. The problem of terminology, however, is not unique to Assyriology. A British naval surgeon, for instance, once succinctly described the perineum or pelvic floor, which is the short passage between our legs, as that part of the anatomy 'betwixt wind and water'.¹

The question is what Akkadian scribes would have called this same part of the human body, or whether they even distinguished between the 'rectum' and 'anus', since these terms are actually not synonyms. The rectum is attached to the end of the colon; it is the 'waiting room' or repository for faecal matter before it emerges through the anus. The rectum can absorb nutrients to limited extent, which is why suppositories are an effective means of taking medication, commonly used in Akkadian medicine as well. The Akkadian term *šuburru*, therefore, will most likely refer to the anus rather than to the rectum. But the problem of distinguishing between rectum and anus is not new. The Greek word 'archos' is the usual term in the Hippocratic Corpus for 'rectum,' but 'archos' also appears in both Aristotle and in the Hippocratic treatise on epidemics as a word for 'anus'.² The usual Greek term for 'anus' is 'daktulios', meaning a 'ring' and has no Akkadian counterpart.

Akkadian has several terms for this general part of the anatomy. *Qinnatu* seems to be a suitable and even clinical word for buttock, but we also have the general term *arkatu* for 'rear' or, in this case, 'rear end',³ or another word, *šaplātu*, meaning 'lower parts' of the body.⁴ We also have the rather rare word *šuhhu* for 'buttocks'.⁵ Without charts or illustrations, it is difficult to distinguish between *gilšu* and *qinnatu*, i.e. 'hip' as opposed to 'buttock', but where does one begin and the other end? The word *rapaštu* or 'haunch', lit. the 'broad bit', is yet another synonym referring to the same general anatomical region.

The other end of the perineum is no less treacherous, philologically at least. The Sumerian term *úr* has a variety of corresponding Akk. terms, all referring to the same or similar part of the anatomy. Sum. *úr* basically means 'root' or 'foundation', and as such corresponds to Akk. *išdu*, which can refer to the vague 'root' of the body. Sum. *úr* can also be translated by Akk. *utlu*, for 'lap', *sūnu*

¹ Reference courtesy Morris Greenberg.

² Skoda, 1988, 94-95.

³ Holma, 1911, 64.

⁴ Labat, 1951, 138: 71.

⁵ CAD Š/3 206.

for 'crotch', and *pēmu* for 'thigh', all in contrast to *qablu*, 'middle' (Sum. *murub₄*), which can also refer either to the hips or even the 'loins'.

What about the 'perineum' itself in Akkadian? One possibility might be the word *ribītu*, which literally means 'street', to refer to this lower region. The *ribītu* was distinct from the *suhatu* or 'armpit',⁶ which in the context of lower extremities is likely to refer to the crotch.⁷ Oddly enough, a parallel occurs in Slavic languages, in which the word 'pach' refers to the 'armpit' in Polish but to the 'crotch' in Russian.⁸

Other terms are equally vague. The point is that we believe anatomy to be an exact science, and that symptoms taken from a certain part of the body ought to be noted unambiguously. Such is apparently not the case. We need to know the specific contexts for each Akkadian anatomical term, since different words can refer to the same part of the body, or the same word can refer to different parts of the body.

There are two genres of Akkadian medical literature comprising the majority of medical texts, namely 'therapeutic' texts and 'diagnostic' texts; the former consists of recipes, the latter consisting mostly of a lengthy list of symptoms. No one, to date, has fully addressed the question how the diagnostic and therapeutic texts were composed and used, and by whom.⁹ It's not an easy question to answer, especially since the texts themselves leave little in the way of hints or clues. From our modern perspective and intuition, it would seem logical that the long list of symptoms known as the Diagnostic Handbook belonged to the corpus of literature we call *asūtu*, or medicine, although we are specifically told that this is not the case. The practitioner who came to visit the patient at home was the *āšīpu* or exorcist.¹⁰

⁶ See now J-M Durand, *Florilegium marianum* VII, 136-137, in which he demonstrates that *suhatu* refers to the pubic region rather than the armpit, in a text from Nūr-Sîn to the king in which the oracle of Addu of Aleppo declares: 'Ne suis-je pas Addu d'Alep qui t'ai élevé sur mon bas-ventre (*i-na sū-ha-ti-ia*)'; see *ibid.* 139-140.

⁷ CAD S 347 gives the meaning as 'armpit', but the translation of 'pubis' in Labat, 1951, 114: 38' (see note 206) seems reasonable: *diš ina sag šà-šú u su-ha-ti-šú tar-iš dam lú i-ta-na-a-a-ak*, 'if a man is struck in his epigastrium and crotch, he has been having sex with a married woman'. The sexual contact suggests the crotch rather than armpit. However, elsewhere in the Diagnostic Handbook, a symptom describes the diseased spot as hard like a stone, *lu ina gú-šú lu ina su-ha-ti-šú lu ina re-bi-ti-šú*, 'whether in his neck or in his armpit or in his groin'; see Heeßel, 2000, 355: 32. In the latter case, 'armpit' is more likely since one would not expect both crotch and groin.

⁸ For Polish *pach* / *pacha*, see J. Stanislawski, *Great Polish-English Dictionary, supplemented, P-Z* (Warsaw, 1969), s.v. 'pach' = armpit, and the Polish dictionary of M. S. B. Linde (Lvov, 1958), IV, s.v. *pacha*. For Russian, see L. Segal, *New Complete Russian-English Dictionary* (London, 1958), 520, s.v. 'pach' = groin. See also M. Vasmer, *Russisches Etymologisches Wörterbuch* (Heidelberg, 1958), 220, and S. Jablonski, *Russian-English Medical Dictionary*, ed. B. Levine (New York, 1958), 247 [references courtesy F. Badalanova].

⁹ See Stol, 1991-1992, 49-52, comes closest to addressing this problem. Stol analyses exceptional passages in which the Diagnostic Handbook is quoted within therapeutic texts, but the exceptions in this case do not explain the rule. As Stol explains, in several cases the Diagnostic Handbook was available to the compiler of the therapeutic recipe, but the underlying question is how each of the distinctive genres was composed.

¹⁰ See George, 1991, 137ff.

One might easily imagine that the healer (whether exorcist or physician) who came to the patient to examine the symptoms was equipped with the requisite 40 or so diagnostic tablets in his leather *tukkanu*-bag. Since symptoms were listed from head to foot in these tablets, it was easy to make a check list by observing the various key external and even some internal organs for the right signs: were the organs white, black, red, dark-red, or yellow, hard or soft, wet or dry, etc.?¹¹ By the time he gets to the nether regions, the questions become quite elaborate, such as whether the buttocks were swollen or inflamed, bruised or caved in, raw or slack.¹² The practitioner would have also checked whether the testicles were twisted, or whether the penis had blisters, whether bile or blood was flowing from the anus, whether the penis or anus was stopped up.¹³ Once the correct combination of symptoms was identified, a diagnosis could be confirmed and an appropriate treatment recommended, if the signs suggested that the patient had a chance of recovery. What could be more rational than this?

On further reflection, the matter is not quite so simple, nor is it as straightforward as the scheme outlined by Edith Ritter in her celebrated article on the *āšīpu* vs. *asû*.¹⁴ For one thing, people in ancient times probably had better memories than today, or at least relied upon them more effectively, and the practitioner simply memorised the symptom list and recipes as part of his training. This still does not explain why there is so little overlap and correspondence between the Diagnostic Handbook and the rest of Akkadian medical literature, the so-called 'therapeutic texts'. Logic would suggest that technical diagnostic literature would resemble the therapeutic recipes, which nearly always begin by describing symptoms, essentially another form of diagnosis. However, it is well established that the Diagnostic Handbook is really concerned with *prognosis* rather than *diagnosis*, since it chiefly intends to determine whether the patient will live or die, or whether the illness will be prolonged, or whether the patient will get better.¹⁵ In the therapeutic texts, however, the patient always gets better. If a patient suffers from a certain disease, such as kidney disease or a 'sick' anus, in order to cure him certain drugs and procedures are prescribed, but in the end *ina'eš*, 'he will get better'.

Prognosis and diagnosis, on the other hand, are similar in many ways, both based upon observation of external symptoms within the circumscribed parameters of the human body. In both cases, prognosis and diagnosis are complementary ways of examining the same set of data in order to

¹¹ See Labat, 1951, xxxii. These same observations were made by Greek physicians as well, but these criteria were later developed into a theory of humours, based upon analogy of the four seasons, four colours (yellow, red, white, and black) and four humours, see most recently, Longrigg, 1997, 32.

¹² See Labat, 1951, 128ff. (Tablet 14).

¹³ See *ibid.*, 134. More of this text will appear in the author's forthcoming edition of VAT 303+ (Labat's Ms. C).

¹⁴ Ritter, 1965, and see now Scurlock 1999. Barbara Böck's unpublished Habilitationsschrift concludes that there was much in common between these two professions.

¹⁵ Cf. Stol 1991-1992, 52ff.

make certain deductions. Prognosis tries to forecast the course of disease, while diagnosis tries to determine the treatment, both based upon the same set of symptoms.

In fact, modern intuition appears to be wrong. For one thing, the technical vocabulary of the Diagnostic Handbook is very different to that of the therapeutic texts, to an astonishing degree, considering that the subject matter is so similar. The Diagnostic Handbook, for instance, contains rather flowery ways of describing symptoms which are never found in the usual corpus of medical texts, words such as: *tarku* 'dark', *muqqutu* 'collapsed', or *šuhhuṭu* '(lit.) skinned'.¹⁶ Among the kidney-disease and anus-disease texts, not a single description of symptoms in the Diagnostic Handbook appears to be duplicated in the therapeutic texts. One particularly striking illustration of this point occurs in a therapeutic case describing symptoms of urine, with the opening passage containing exceptionally a set of clauses beginning with *šumma* rather than with the usual logograms 'diš na'. The clauses contain standard descriptions of urine, referring to its colour and consistency.¹⁷ Although this *šumma* format resembles the Diagnostic Handbook, the descriptions are not same in the two medical genres. The Diagnostic Handbook describes urine as being like water or wine, or like a fleshy-membrane,¹⁸ while the therapeutic or medical texts describe urine as cloudy or milky like the urine of an ass, or like beer.

The text of the Diagnostic Handbook dealing with the nether regions of the anatomy is a mixed bag, with some keen observations of physical changes in the body combined with general comments which don't provide any useful diagnostic information from a modern medical point of view. In one case, however, an ancient keen observer has taken a good look at the patient's stools and remarkably notes the following:

[diš še₁₀-ú-šú sig₇.meš] : diš še₁₀-ú- šú šal-[mu]

[diš še₁₀-ú-šú gig-su] gíd : diš še₁₀-ú- šú š[à]

[.....] ṯ[t-te-n]ek-ki-ik mur gig [.....]

If (the patient's) stools are yellow, ..., if his stools are intact..., if his stools are ..., his disease will be prolonged. If he continually scratches ..., he suffers from a sick liver.¹⁹

First, a word of caution in interpreting such a passage, since it is not clear from how many patients these observations were made, but in any case the passage is unlikely to be reporting a 'case history' from a single patient. On the other hand, the juxtaposition of yellow, whole (i.e. not loose) stools and itching are symptoms associated with liver disease, since the classic symptoms of liver disease are infernal itching and clumpy pale stools.²⁰ The yellow stools result from an obstruction somewhere between the liver and gall bladder and bile ducts, either commonly from a stone or

¹⁶ Cf. Labat, 1951, 132: 50-60.

¹⁷ See BAM 114: 1-4, and Geller and Cohen, 1995, 1813.

¹⁸ See Labat, 1951, 136: 47-50.

¹⁹ Ibid., 134: 15-22, with mur = *gabīdu*, agreeing with Labat (who read ur₅). A new edition of this text is forthcoming.

²⁰ Information courtesy Morris Greenberg.

uncommonly from a tumour, and this obstruction blocks the bile passing from the liver to the gall bladder and into the small intestine. What is interesting here is not a modern diagnosis based upon an over-interpretation of ancient evidence, but an ancient diagnosis which happens to correspond to what is known today about hepatitis and its symptoms.

Nevertheless, the Diagnostic Handbook was hardly a complete record of what an ancient physician saw. It is striking how many common or usual medical conditions are *not* reported, either in the Diagnostic Handbook or in the therapeutic texts. One might expect, for instance, to find piles or haemorrhoids, or a prolapse of the anus in some form or other, usually known from internal mucosa or internal piles extruding through the anus. Such symptoms would probably have been described as something like dark-red grapes around the anus. We find nothing like this.²¹ However, since the Diagnostic Handbook was concerned with prognosis rather than diagnosis, it may never have been intended as a complete record of what the therapist might have seen. In the same way, the corpus of therapeutic texts was not comprehensive because it may have only been composed for treatable diseases and conditions.²²

There is something noticeably missing in cuneiform texts dealing with the anus. Babylonian medicine lacked any theory of disease caused by faeces, which is well known in Egyptian medicine. Egyptian physicians thought that faecal matter was carried by the blood vessels directly from organs to the anus, and as this faecal matter circulated in the body, it caused infection and disease.²³ The main treatment used by Egyptian doctors consisted of enemas, and even in later Ptolemaic Egypt there were physicians who specialised in administering enemas, and these specialists were known as Shepherds of the Anus.²⁴ A theory of faecal matter is also not to be found in Greek medicine, even among distinguished Greek physicians who lived in Alexandria such as Herophilus. The point is that although Egyptian medicine in this respect was somewhat simplistic, a general theory could be invoked to explain how disease develops within the body, which is not the case in Babylonia. The fact remains that *asūtu* or therapeutic remedies had no alternative theoretical basis for explaining disease to compete with the overall notion in *āšipūtu* or exorcism that disease was caused by angry gods and demons.²⁵ Alternatively, if any comprehensive medical theory existed, it has never been adequately explained in the existing corpus of medical literature.

Nevertheless, it seems plausible that the Diagnostic Handbook and therapeutic texts were originally composed in different workshops or ateliers, and perhaps with entirely different purposes in mind than those which we suspect. But what?

²¹ But the reference to excreting a 'figurine' might imply some kind of physical form or shape coming through the anus, representing a mucosa.

²² In both cases, however, the discovery of new medical texts may alter this picture.

²³ See von Staden, 1989, 11-12. See p. 11, that the faecal matter 'constitutes the main pathogenic agent in Pharaonic medicine.' See also Nunn, 1996, 60-62.

²⁴ von Staden, 1989, 23.

²⁵ Stol, 1991-1992, 46f.

A decisive clue, of course, comes from the first line of the Diagnostic Handbook itself, which tells us that the symptom list was used by the *āšīpu* rather than the *asû*, namely that this literature belongs to the 'incantation-man' (*āšīpu*) rather than to the 'medicine-man' (*asû*).²⁶ How seriously we take this statement is the subject of much recent reconsideration. Colophons of medical texts show that medical tablets were often copied by an *āšīpu*, and the famous family of exorcists in Assur had as much medicine as magic at home in their famous private library.²⁷ JoAnn Scurlock has contributed to the discussion with the observation that medical texts always refer to 'you', without specifying who this 'you' might be, e.g. 'you take, you mix, you pound, you crush, you give to drink'.²⁸ Who is 'you'? The answer may be, of course, that this is the equivalent of a modern cookery book, in which 'you' refers to anyone who happens to be inclined to read cookbooks. Since the reading clientele for medical texts in Mesopotamia was probably pretty limited, it was not necessary to specify.

Let us assume, for the sake of argument, that the statements from the Diagnostic Handbook should be taken seriously, and that this compendium of symptomology actually belonged to *āšīpūtu* rather than *asūtu*. This might, for one thing, explain why the technical language is so different than that used in the therapeutic texts. On the other hand, no one would suggest that the Diagnostic Handbook belonged to incantation literature either, since there is no real magic here, no rituals, no spells, and no dialogue between healing gods. Nevertheless, there are still independent grounds upon which to argue that the Diagnostic Handbook may have belonged to the bailiwick of the incantation-man rather than to the medicine-man.

One approach is to propose that Mesopotamian incantations and magic (which could also include the Diagnostic Handbook) could be construed as a form of primitive psychotherapy.²⁹ Such a model in Babylonia is doubtlessly wrong. The *āšīpu* or exorcist did not act as a kind of ancient Freudian psychotherapist, nor any dialogue during which the patient would speak about his or her problems. The patient, on the other hand, might well be depressed, anxious, fearful, paranoid, disturbed, neurotic, obsessive-compulsive, or perhaps hypochondriacal, much as a patient today might be. The question is on what basis the *āšīpu* would somehow choose which of the incantations in his repertoire might help the patient deal with his or her problems, such as an evil-eye incantation, an anti-headache incantation, a potency incantation, a *samana* incantation, an *ili-ul-idi* incantation, a *šurpu* incantation, an anti-witchcraft incantation, and so forth.

Several months ago I visited Tobie Nathan's clinic in Paris, which specialises in treating patients from Africa where belief in magic and the supernatural is still very strong. The clinic takes a unique approach to treating its patients, since the psychologists or psychotherapists take the belief systems of their patients at face value, and accept that the patients have been possessed or attacked by

²⁶ TDP I, 1.

²⁷ See Pedersen, 1986, II, 41ff.

²⁸ See Scurlock 1969, 71.

²⁹ pace Geller, 1999, which tries to establish the psychological basis for Akkadian magic as therapy, but does not adequately explain the relationship between patient and exorcist.

demons, spirits, or ghosts.³⁰ Most surprising, however, was the fact that there is little dialogue in the first instance with patients. A patient usually comes to the clinic with the expectation that the professor will know what is wrong immediately, as soon as the patient is seen, and a Freudian style dialogue between doctor and patient has no part in the process. Similarly, it is likely that there was no dialogue between patient and therapist in ancient times, but that the *āšīpu* entered the patient's house with the expectation that he would immediately be able to see what was wrong.

The first task of the *āšīpu* would have been to determine what the patient's mental state might be. In order to determine the patient's frame of mind without an interview, it was probably advisable to examine the patient's body thoroughly, to see what general physical symptoms might be present. Are the eyes bloodshot? Is there pain anywhere, such that the patient cries out, 'woe, my belly!'³¹ Are the feet or hands swollen, does the patient vomit or excrete or urinate blood? Does he have seizures? Among the observations of physical symptoms, the Diagnostic Handbook occasionally notes that the patient's own mental state is not altered,³² or alternatively that the patient, for instance, is said to wander about without knowing it.³³

All of these symptoms might be useful in determining what kind of incantations would be appropriate, once a prognosis had been made. The point is that the Diagnostic Handbook may not have been exclusively intended for *asûtu*, which had its own independent system of symptom notation, coming from a different Edubba or workshop.

We will never know who composed these medical texts, or why. What we must not do, however, is to impose our own prejudices upon the ancient texts by assuming that rational ideas, such as observing and noting symptoms, belong to medicine, while spells and incantations belong to magic. The system was likely to have been far more complex, in terms of how the texts were composed and constructed, but at the same time the systems of therapy may have been far simpler than we imagine. For all we know, it may have worked perfectly well.

³⁰ See Nathan, 1999, 77ff.

³¹ See, for example, Heeßel 2000, 252: 9, and Stol 1993, 70.

³² Ibid., 151: 8' and 18'-19'.

³³ E.g. Heeßel, 2000, 153: 53, *et passim*.

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