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The *libbu* our second brain ?* (part 1)

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Abstract

In order to complement the article dedicated to the search of “case histories” of melancholia, I will take an opposite approach vis-à-vis my publication “de BAM III-234 à Job”: I will pick out the words and expressions for mental ill-health encountered in letters, and check their attestations in the medical texts. As recorded in these pages, several expressions dedicated to mental trouble are metaphors comprising the *libbu*: ‘heart’, ‘belly’, ‘entrails’. In a striking reversal to the ancient Babylonian position, modern medical research attributes the origin of several mood swings and mental disturbances to the digestive tract.

Résumé

Pour compléter l'article consacré à la recherche d'« histoires de cas » mélancoliques, je vais adopter une attitude inverse à celle que j'avais prise dans “de BAM III-234 à Job”. Je vais sélectionner les mots et les expressions correspondant aux déséquilibres mentaux utilisés dans les lettres et vérifier leurs attestations dans les textes médicaux. Comme cela avait été constaté dans ces pages, des troubles mentaux étaient désignés par des métaphores comprenant le terme *libbu* : « le cœur », « le ventre », « les entrailles ». Dans un surprenant retour aux conceptions babyloniennes, la recherche médicale moderne attribue au système digestif l'origine de troubles de l'humeur et de maladies mentales.

Preamble.

In this appendix I present medical texts which contain the words and expressions for mental suffering encountered in the letters which I commented on in the previous pages. As recorded there, several expressions dedicated to mental trouble are metaphors involving the *libbu*. This particularity has been discussed at length, with some contempt, since Paul Dhorme “L'emploi métaphorique des noms de parties du corps en hébreu et en akkadien” (1923). In a curious reversal to the ancient Babylonian position, modern medical research attributes the origin of several mood swings and mental disturbances to the digestive tract (though the role of the brain has not been completely supplanted). I could not resist alluding to “the return of the *libbu*” in my title even if we are far away from Star Wars!

I will investigate how the vocabulary used in these letters corresponds to technical medical vocabulary. I will try, to the greatest possible extent, to ascertain if these expressions designate a feeling or mental pain, (in which case I call them symptoms), or, if they correspond to an entity comprising several signs (which I call a disease). To name and recognize a disease is the conclusion of the medical investigation. As András Bácskay (2009) points out, the border between symptom and illness is difficult to establish in Mesopotamian medical texts. Several authors have speculated about these boundaries, and Bácskay surveys their interpretations and gives his own. In this appendix I consider only the “positive” clinical diagnosis,¹ i.e. the identification of a disease based on its morbid manifestations. A nice example of how the modern intellectual approach – the modern physicians’ “decision tree” – makes it possible to understand the patient’s complaint and to arrive to a

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Letters published within the series State Archives of Assyria (SAA) can be viewed online (<http://oracc.museum.upenn.edu/saao/corpus>; the transcription, the tablets and the copies of the medical texts of the series *Die babylonische-assyrische Medizin in Texten und Untersuchungen* [BAM] published by Franz Köcher or of the *Assyrian medical texts from the originals in the British Museum* [AMT] by Reginald C. Thompson can be viewed online on the BABMED website (<http://www.geschkult.fu-berlin.de/e/babmed/Corpora/index.html>) and on the CDLI website (<https://cdli.ucla.edu/>).

See the definitions of the “clinical diagnosis” in:

<https://medical-dictionary.thefreedictionary.com/clinical+diagnosis> accessed April 2018.

clinical diagnosis is found in Appelboom, Cogan, and Klastersky (2007, discussed in “de BAM III-234 à Job”).

The problem of vocabulary, *e.g.* medico-technical *versus* everyday language has interested several scholars on different levels. The endeavour base of understanding the meaning of technical words relies in large part on comparing their meaning in different contexts. The dictionaries, with their multiple references, make this possible. It is impossible in this simple “preamble” to name all the scholars who studied medical technical terminology, so here I will mention a few such cases.² I shall refer only to Danielle Cadelli (not surprisingly she is a physician addressing Mesopotamian medical texts) who sheds light on the oppositions and similarities of these levels of language (see her contribution in this issue). The study of Martin Worthington³ (as I mentioned previously in “de BAM III-234 ...”), which analyses how medical problems were described outside the technical medical corpora, (2009: 47-78) is also precious for this matter. A recent book *The Comparable Body - Analogy and Metaphor in Ancient Mesopotamian, Egyptian, and Greco-Roman Medicine*⁴ analyses how metaphors and analogies stemming from daily life experiences helped ancient physicians to understand and to describe pathological manifestations. In his contribution to this book, Strahil Panayotov (p. 204-246) highlights how ancient physicians “created” a terminology to describe the eyes and their pathologies using analogies and metaphors. This method allowed the physician to communicate with his patient through a language that the patient could understand: “creating a connection between the healer and the patient allowing (or even encouraging) the patient to visualize his or her problem in ways aligned with imagery presented by the healer.” This idea is very attractive. It explains (without giving too much away about the vocabulary of the mental diseases, discussed below) how the physicians used a common metaphor – *hîp libbi* – for a serious illness, and, eventually, created an expression – *hûš hîp libbi* – a “technical metaphor” for it. In the same way they took inspiration from a verb, *ašâšu*, to name an illness, *ašuštu*. Patients would understand what was going on, and maybe, in the same time, would be impressed by the medical terminology.

This type of vocabulary is also found in incantations. It is difficult to link this use to everyday or to technical language. The incantations fall under the field of the ancient scholars: they composed them and used them for medical purposes (among other utilisations). If we follow Strahil Panayotov these incantations were meant to impress and to convince the patient, the disease (and the therapist?) of the necessity of healing. To this end the vocabulary used in them was a mixture of technical and of everyday language in a poetic form. Nick Veldhuis (1999) analyses the “Poetry of Magic” and states that: “Magic language is usually distinguished from ordinary language.” One of the ways to achieve this distinction: “is to use poetic, heightened language”. Sometimes incantations seem to describe “physio pathological” aspects of diseases and to reveal the doctor’s conceptions of diseases. But the use of poetic language, images and metaphors may blur the reality of how they understood diseases.

I do not consider here the “etiological diagnoses”, including the name of the agent responsible of the pathology (hand of a god, of an evil agent, etc.), as names of a disease. In folk medicine, different manifestations can result from the same presumed “fanciful” origin. For example, according to folk etiology “cold sensation”, in the common language “coup de froid” or “cold snap”, is responsible for influenza or facial palsy, as we may understand from the designation *a frigore* of Bell’s palsy. Nowadays, stress is blamed for numerous morbid manifestations, one emblematic wrong case being stomach ulcers, which clinical etiology has re-assigned from stress to a bacterium. In the end, we do not really understand why these causes were envisaged. “Comparaison n’est pas raison”, comparisons are misleading. The reasons why various different manifestations were attributed to the “hand of god” are as difficult to understand (for me) as why Bell’s palsy is called *a frigore*.

My working hypothesis is that complaints are expressed using everyday language, and diagnoses using technical medical language.⁵ It is important to understand that the two uses can overlap. For instance, “jaundice” is a disease but also a simple symptom. Nowadays we solved this ambiguity by

² For a survey see Worthington’s summary (2009: 47-48)

³ Worthington (2009: 47-78).

⁴ Table of contents: <https://brill.com/view/title/34929?format=HC>

⁵ I will not analyze separately this technical vocabulary in therapeutic and diagnostic texts. This could be another topic for further research in order to uncover differences in language between therapeutic and diagnostic sources (as hinted by Geller, 2004b: 1-7).

giving up this unclear word. We call the symptom *icterus* and the disease *hepatitis*, *cirrhosis*, etc. Likewise, anxiety is a mundane psychological manifestation, a harmless mood disorder appearing in the everyday life of persons free from personality disorder. But, when this anxiety becomes permanent, invasive (see *tan* or /3 sub-system of Akkadian verbs) it becomes a real disease, a “Generalised Anxiety Disorder” (with the acronym GAD). And, to return to the subject of Gilles Buisson’s questions, melancholia has from Hippocrates until now been a disease for doctors; but it can also be just a sad gloomy feeling, far removed from any mental illness.

It is also important to take into account the fact that, for the ancient physician, this type of classification did not have the same importance as for modern doctors. Nils Heeßel’s statement in 2004 is still accurate: “One of the biggest problems of interpreting ancient medicine has always been the question of diseases” (p. 5). We are sure that human physiology has not changed since antiquity, so, its “failures” should be identical, and the disease of yesterday should be the same as today’s disease. By contrast, the concept of illness is cultural, as Heeßel emphasised:

Even the usage of the word ‘identification’ is problematic. For utilizing it means that the identity of two things is assumed as pre-existing; a self-evident identity in nature is presupposed. ... But, employed with Babylonian and Assyrian diseases, this presupposes that the Mesopotamians had the same concept of disease as we have today and defined them along the same lines, which they did not as illness and disease are culturally determined. Any attempt to identify a Babylonian disease rests, therefore, on the implicit presupposition that ancient Mesopotamian and modern western culture are essentially identical, an axiom that - made explicit - few scholars would agree with.” (2004: 6)

I can give a concrete example of this cultural representation not only of disease but of complaints. As I stated in “From BAM III-234 to Job”, I searched the medical texts for descriptions of ametropia (like short-sightedness), and presbyopia. I thought that this type of visual defect should have been quite uncomfortable and relatively common (think of contexts such as hunting, looking at the stars, or writing on little tablets). But I could not find any hint in medical texts! Thus, in Mesopotamia this type of sight defect does not seem to have been of interest for the physicians. We know that “absence of evidence is not evidence of absence”, and maybe one day medical writings about this type of anomaly will be found, but at the moment it is worth highlighting that ametropia was neither a symptom nor an illness for these ancient doctors, and did not deserve treatment.⁶

Medical treatments delivered by physicians (*asûs*) and exorcists (*âšipus*) were essentially local, symptomatic or etiological (against supernatural causes). We do not know if the identification of the disease entered into the choice of the treatment and of its administration. Mark Geller in his article about Early Greek and Mesopotamian Medicine states: “(in the *Diagnostic Handbook*) the system of recording symptoms was purely for the sake of prognosis” (2004: 22). It is possible that naming a disease gave clues for this purpose.

On the other hand, we have no doubt that ancient physicians recognised, classified and identified diseases, and gave them names. The recurring problem of retrospective diagnosis is not an obstacle for the analysis of their classification. The modern physician is unable to correlate ancient names with modern ones; he or she depends too much on modern technology. However, this correlation is not essential for studying how they “recognized, classified and identified” different pathologies. It is possible that a physician of ancient times (or more generally before the nineteenth century with its onset of the scientific medicine) would be more comfortable with this task, as he would not be blinded by the modern aspects of diseases due to new technology and to the disappearance of severe evolutions of lots of diseases. But when we consider the ancient physicians, we must not think that they failed to observe and understand pathological entities. Admitting that their observations were culturally affected can lead one to underestimate their medical discoveries. To go back to jaundice, we are impressed by the fact that they associated different types of jaundice with the gall-bladder.⁷ And if

⁶ See in “de BAM-III 234 à Job” where I suggest that *imru*, the eye problem of the bilingual scribe of Mari, could correspond to presbyopia.

⁷ See in Cadelli (2000) the attestations of differential diagnosis of *amurriqânu*, *ahhazû* and *martu* p. 376 note 574. See specially BAM 578 i 70, 212 “[šumma am]êlu lû marta lû ahhâza lû amurriqâna šabissu”, p. 228 “[Si un hom]me est atteint soit de la bile, soit de jaunisse ahhâzu ou de jaunisse amurriqânu”. It should be noted that Cadelli warns us against excessive conclusions, and points out that there is no obvious correlation expressed in the texts between gall-bladder and jaundice. See p. 376: “Cette cohésion qui rattache les symptômes de la jaunisse à la bile et la vésicule biliaire mérite d’être remarquée par sa pertinence médicale, sans pour autant en

we follow Gilles Buisson, it is quite remarkable that they recognized that “un délire de ruine”, in other words “a melancholic delirium” can be part of a mental disease, (*hûš*) *hîp libbi*.

Modern “positive diagnosis” or “clinical diagnosis” is based on identical, reproducible clinical descriptions, or at least, similar ones. Also, the pathological manifestations should be characteristic, for a clear denomination. We must admit that this was not the rule in Mesopotamia. To authenticate a disease or a syndrome in the Mesopotamian medical corpus, there are several strategies:

a) There are clues that clinical diagnosis was based on analysis of the pathological signs. We find characteristic signs of a disease when the physician compares a complaint with a typical one. In several cases the *absence* of a typical sign is also significant, and eliminates a diagnosis.

– diš na ša^{meš}-šú mú^{meš}-hu *ir-ru-šú gim šá mar.gal gù.g[ù ...]* na bi *ni-kim-tú* im ud.da gig kin-šú *i-la-bir-ma* šu.gidi[m.ma] (BAM 52:66 // BAM 88 r 17'-19' //BAM 168:1-2 // BAM 471 ii 3-4 // AMT 52/4:2-3) “If a man’s bowels are bloated, and **like one suffering from urbatu-worm his intestines make a lot of noise**, this man suffers from overfill and sunstroke-fever, its evolution will be chronic and (it is due to) hand of a ghost.” (With Geller 2006: 170-171).

We may understand that one of the specific symptoms of the *urbatu*-disease is rumbling intestines.

– [diš n]a [līm] [gim *di-ik-ši i[na š]à-šú tag^{meš}-šú* (BAM 54: 1 // BAM 159 vi 28 BAM 575 iii 28) “If ‘wind’ continually hits him intensely in his belly **like ‘intense stabbing pain’**” (Cadelli 2000: 288, Parys 2014: 24, Scurlock/Andersen 2005: 288 §13.30).

The intensity of the pain is compared with what is felt in “stabbing pain”.

– diš na múd *ina dūr-šú gim munus ša na-ah-ša-te šub.šub-a ta-hi-su-ma dūr.gig.ga.kám nu tuku-ši ter-di-it ir-ri* gig ... BAM 99:19-20 // BAM 100: 2'-4' // BAM 99 (r.) 42-43 // AMT 43/1 iii 3'). “If a man passes blood from his anus **like woman with pregnancy bleeding**, [...] and **he has no (symptoms) of rectal-disease**: he suffers from ‘overflow-of-the-bowels’.” (Geller 2005: 212-13, 218-19, Scurlock/Andersen 2005: 52 §3.118).

The bleeding in the anus is described as similar to women’s pathological bleeding. In this case, since a certain symptom is missing, the physician can rule out a diagnosis and conclude with *terdīt irri*. An interpretation could be: one of the symptoms of *dūr.gig* was “anal bleeding”; this *could* come from haemorrhoids, but since *dūr.gig* (haemorrhoids?) is missing, a different illness, ‘overflow-of-the-bowels’, is diagnosed.

– In SA.GIG there are several mentions of the *absence* of a symptom (fever, sweating, drooling in descriptions of convulsions, exudation in descriptions of cutaneous problems) indicating that the diagnosis in this series could also be based on “pathognomonic” symptoms.

– This type of comparison may even be found in “magical texts”:

In the bilingual sag.gig.ga.meš series (CT 17, plate 19 tablet 9 col i 17'-18'), we read the following Akkadian passage: *a-me-lu šu-ú šá ki-ma ki-is lib-bi it-ta-nag-ra-ru* “this man who is rolling over with pain **like in tight-belly**” or i 21' *mu-ru-uš qa-q-a-di ki-ma ki-is lib-bi it-tak-kip* “headache goes **like the tight-belly’s pain**”.

This last comparison is particularly useful, because this “goring” pain is characteristic of migraine.

As mentioned above, I am not taking into account etiological diagnoses here. This is because usually they are based on criteria other than clinical observations like wordplays, analogies and other philological games.⁸ It must be admitted, however, that there are also examples of etiological diagnosis based on characteristic signs, or which depend on the *absence* of such signs. The difficulties with this type of diagnosis are well documented in the following example:

SA.GIG Tablet 3 (TDP 22-23: 34-37, Stol, 2009: 4, Scurlock 2014: 14-15, 20)

43. diš sag.du-su dab.dab-su u kúm šub.šub-su šu ^[d]xv

44. diš sag.du-su dab.dab-su u kúm nu tuk šu ^[d]xv

45. diš sag.du-su dab.dab-su u kúm téš.bi unu-su gig-su tag₄-šum-ma níg.nigin tuk-[ma i-ra- 'ul-ba šum-ma ki] lal-šú lal-šú tuk-[ma i-ra- 'ul-ba šum-ma ki] lál-šú lál-šú ⁴⁶uš₄-šú kúr-šum-ma ina nu zu-ú ú-rap-pad **gim dab-it gidim** ^ddim₁₁.^fme dabl-[su uš]-te-zib

conclure rapidement à une intuition scientifique médicale, intuition qui semble relever bien plus de la littérature que de la médecine”, and p. 393 “Le lien établi ici entre la bile et les jaunisses est l'intersection des champs sémantiques de ces deux termes, redevable d'une catégorie composite de couleur qui n'existe pas chez nous: c'est parce que le terme akkadien *arqu* signifie à la fois vert et jaune que la bile et la jaunisse se trouvent mises en rapport dans le texte médical. Cela montre, s'il en est besoin, que cet aspect linguistique n'est pas anecdotique, même s'il s'agit de ne pas mésinterpréter cette relation, pertinente dans leur système mais également pertinente à nos yeux.”

⁸ See Worthington (2009: 65-73) for the diagnosis based on methods of divination mentioned outside the medical corpora.

43. If his head continually afflicts him **and fever continually overwhelms him**, hand of Ishtar.
 44. If his head continually afflicts him **but he does not have** fever, hand of Ishtar.
 45-46. If his head continually afflicts him **and fever (has) its seat equally all over** (when) his illness leaves him *then* he has dizziness and trembles. If, when his fit overcomes him, his mind is altered so that he roves without knowing (where he is)/being aware of it/ **like in the seizure by a ghost**, Lamaštu grabbed [him]. [He] will come through.

The first two cases have the same etiological diagnosis even with contradictory symptoms, so it is unlikely that the conclusion was based on pathological signs: the rationale must lie elsewhere.

The following case (lines 45-46) comprises pathological signs leading to an etiological diagnosis (Lamaštu's grip). Among these signs one of them is characteristic of a ghost's grip which indicates that this type of "etiological" diagnosis was also based on typical bodily or psychic anomalies. Noteworthy the cases are chosen for their association of head affliction or seizure with or without fever.

To add to my (and maybe the reader's) perplexity, the following descriptions have completely different pathognomonic clinical signs related to a ghost "etiology":

– AMT 13/5 + 14/5: 6-7 // BAM 493 i 7'-8'⁹: [diš na s]a sag.ki-šú šá zag u gùb **ki-ma dab-bít gidim** zi-ma uz-na-šú i-ša-sa-ma ²[igi^{II}-šú] ér diri-a if a man, the ropes of his both temples, right and left **like in affliction by a ghost** bulge and his eyes are full of tears.

– AO 11447: 66-72 (see Geller 2007: 12-3 (with parallels), 18, Scurlock translation 2017: 287-8): ⁶⁶diš na šà geštug^{II}-šú **gim šá šu.ge[dim.ma]** gu⁷me-šú ù sig.sig-su, if a man, **like in a case of Hand-of-a-Ghost**, inside his ears it hurts and jabs him continuously (then treatment) and ⁷⁰diš na šà geštug^{II}-šú **gim šu.gedim.ma** [gu⁷l-šú, if a man, **like in a case of Hand-of-a-Ghost**, inside his ears it hurts him (treatment with a "tampon" for Hand-of-the Ghost ⁷²*lip-pi šá šul*. [gedi]m.imal, follows).

Interestingly, the treatment – which is typical of ears complaints – is not meant for the pain in the ears, but to get rid of Hand-of-a-Ghost. The symptom is equated with its cause.

To end this enumeration, here is an example with symptoms characteristic of a clinical diagnosis and of an etiological diagnosis in the same sentence:

– [diš na s]ag sà-šú **gim ša nam.érim i-ka-su-šú** diš gig-šú gur.gur im ina šà-šú **gim ša dūr.gig uš-tar-'a-ab** dù uzu^{meš}-šú šah-hu šà-šú ru-uq-šú (BAM 49 r. 32'-34' // BAM 579 iv 33-35 // BAM 50 r. 7-10)

"If a man's upper abdomen (epigastrium) **binds him like in a case of curse** (and) if his illness keeps coming back, "wind" in his belly **rumbles like in a case of rectal-disease**, all his flesh wastes away, his heart is distant from him." (Cadelli 2000: 179, Scurlock/Andersen 2005: 158 § 7.15).

Here a specific symptom of a pathological state provoked by curse and a characteristic ailment of rectal-disease are described.

I maintain my decision not to consider the names of diseases comprising a malefic agent as clinical diagnosis. It seems, however, that this type of diagnosis was not only based on exorcistic, "unscientific" criteria but also on clinical signs.

b) The physician explicitly mentions a named disease, with the phrase: "... is its name, mu.ni / šumšu", or "they call it ..., ša ... iqabbû"

This can be found, for example, in the 33th tablet of SA.GIG edited by Heeßel (2000: 353-374).¹⁰ The modern doctor does not know what to make of such a diagnosis when he reads different descriptions attributed to *bûšânu*-disease (lines 87-91). This illness varies from a dermatological illness of the mouth with sialorrhea (l. 87), blood in saliva (l. 88 haemoptysis?), bowel cramps with heavy sensation in the mouth or difficulty to speak (l. 89), heat feeling in the cranium, the chest and the shoulders (l. 90) and finally fever + bowel cramps (l. 91). Each characteristic symptom brings the definitive diagnoses: "*bu-u*-'-ša-nu mu.ni, *bûšânu* is its name".

It is more or less possible to guess why the redactor of this SA.GIG Tablet listed the different pathologies under the name of *bûšânu*. But it is difficult, if not impossible, to find a disease or a syndrome explaining the association of these varied signs with their multifocal localisations. It is unclear whether this diagnosis of *bûšânu* concerned one or several different pathological entities and why this name was given to them. But, the fact that we cannot adjust their classification to ours, does not mean that *bûšânu* was not a disease, a clinical diagnosis, based on specific pathology, for the ancient doctors. See Geller (2004a: 19) for comments on these diagnosis difficulties.

⁹ Scurlock, (2007: 317 n° 98) did not restore sa in the break.

¹⁰ It appears also in therapeutic tablets especially those describing cutaneous lesions (an overview of these diagnoses can be found in Scheyhing, 2011: 83-98).

c) Another avenue to be explored is *disease names pointing towards anatomical damage*, namely anatomical localisation qualified by “gig – diseased”. A good example could be “dûr.gig – anal / rectal disease”, even if it is difficult to clarify which group of symptoms is characteristic of dûr.gig. But the fact that they were included in tablets dedicated to rectal problems (Geller 2005) is reassuring. It is a sign for a real intention to classify and identify diseases, and that anatomy was a good method for this goal. The same difficulty appears in the IGI tablets where treatments are indicated for “igi^{II}-šû gig – his eyes are ill” without any explanation or description of how his igi^{II} are gig.¹¹

d) In the same vein, some verbs describing *the way in which an illness attacks or settles* seem to point in the direction of a clinical diagnosis, but we can just guess the pathological meaning of these verbs (e.g. *šabātu* “to seize” could be associated with pain, *rašû* “to have/get a disease”, and of course, *marāšu* “to be ill with”, see Gilles Buisson forthcoming). Concerning mental diseases, the nosology is far more complicated, as we will see in this appendix.¹²

e) In some cases the doctors introduced a clinical diagnosis or an “etiological” diagnosis by “na bi” or “lû bi”, *amêlu šû*. Unfortunately, as the following examples show, the presence of this phrase is not always a reliable identifier of clinical diagnosis:

a) Different aspects of the urine give rise to different clinical diagnosis introduced by *amêlu šû*:

BAM 112:13' // BAM 114: 1 *amêlu šû mûša maruṣ*, this man suffers from calculus (expelled stone).

BAM 114: 6-7 *amêlu šû hiniṣti qabli maruṣ*; *amêlu šû abnu šahhihu maruṣ*, this man suffers from constriction of the lumbar region, “this man suffers from dissolving stone”.

b) In several clinical sorcery-related cases the cause of the illness is described and introduced by “na bi”.

BAM 205:20'-21' *amêlu šû šibit Marduk u Ištar elišu ibašši*, this man, the grip of Marduk and of Ištar befalls him.

c) *Amêlu šû* introduces the method employed by the malevolent person to provoke the illness:

BAM 161 ii 21' // BAM 282: 2' // BAM 436 vi 15' *amêlu šû nullāti šûkul*, this man has been fed with treacherousness.

d) In this case two types of diagnosis and a prognosis follow “na bi”: a “positive” clinical and an etiological diagnosis:

BAM 52: 67 // BAM 88 r 19' // BAM 168:2 // BAM 471 ii 4 // AMT 52,4: 3 *amêlu šû nikimti šâri u šêti maruṣ šipiršu ilabbirma šugidimmaku*, this man is ill with overflow of wind and sunstroke type fever, his hardship will be long lasting (because?) it is a hand-of-a-ghost disease.

e) After a description of drunkenness *amêlu šû* introduces an uncommon(?) symptom:¹³

BAM 575 iii 52 // BAM 59: 23 *amêlu šû(lû bi) inâšu izzizzâ ana bulluṭišu*, this man has fixed staring eyes; to cure him: ...

f) *Amêlu šû* can introduce a prognosis concerning the evolution of the disease:

BAM 66: 10 *amêlu šû 6 umê maruṣ/imarraṣ* ¹⁴*ana murussu lâ ilazzaz*, this man is ill/will be ill during 6 days, in order that his illness will not last a long time/more time).

g) Interestingly na bi can introduce an information about the patient's medical histories, probably an answer given during examination:

AMT 43/1: 2 //BAM 108: 18 *amêlu šû ina mešherûtišu muruṣ šuburri imraṣ(dûr.gig gig)*, this man, during his childhood (/youth) suffered from a rectal-disease.

Beside the problem of terminology we have to take into account two opposing models of the Mesopotamian scientific way of thinking:

¹¹ Attia 2016, 23-25

¹² For an analysis of mental disease, with history of the research and study of some typical examples see Vérene Chalendar (2013). Her argument to determine if *demmaṣurrû* is or not a disease name and the description of the manifestations of *demmaṣurrû* (pages 20-23), is particularly contributory.

¹³ Gilles Buisson quite rightly points out to me that in an hepatoscopy omen, this eye anomaly is found in the apodoses and could be some kind of clinical diagnosis (Biggs 1974: 354: igi^{II}-šû du^{me}[-za]). In the CAD I 153b *sub* the lexical section this eye anomaly is cited among other eye symptoms (list Lu B). In BAM 575 iii 52 the problem is different: two cases of drunkenness follow each other, line 49 a man gets drunk then gets unstable and his eyesight fails (*išdâsu palqâ diglu maṭi*), the following case lines 51-52 in more complicated, a man gets drunk and *qaqqassu iššanabassu amâtišu imtanašši ina dabâbišu upaššaṭ* ⁵²*ṭênšu la šabiṭ amêlu lû inâšu izzazzâ* his head is seized constantly, he forgets his words, his speech is obliterated (his words stopped [in his mouth]), he is not in control of his mentation, this man his eyes are staring fixedly. There is an opposition of the two cases, the first one is a description of common drunkenness, and the second is a severe one with problems of mentation. The eye problem is put apart by opposition with *diglu maṭi*, a common symptom when getting drunk. Maybe the patient's weird way to stare emphasizes the importance of the mental decompensation.

– They were keen observers of the world, and as such they detail the dysfunctions of the body. This qualifies the ancient physicians for discovering combinations of symptoms corresponding more or less to “our” symptoms or diseases.

– They were bureaucratic encyclopaedists, we do not really know if their “medical treatises” or compendia were composed by scribes with or without medical experience. This is crucial for interpreting the “catch-all” descriptions of illnesses.¹⁴

In order to determine whether a mental problem described in the text has to be regarded as a ‘plain complaint’ (everyday language) or as a real disease (technical language), I shall (try to) classify the attestations of characteristic expressions according to their position in the description of the clinical case, *i.e.* whether they occur:

- In the initial position, alone or as an introduction for other symptoms,
- in an intermediary position, as part of a cluster of troubles, without occupying a special place in the list,
- or, as the conclusion to a clinical description.

To conclude this preamble the purpose of this appendix is to compare the meaning of words or expressions designating mental distress in the letters (quoted in “de BAM III-234 à Job”) with their meaning in the Mesopotamian medical texts. In doing so I shall try to separate the symptoms or the complaints from the clinical diagnosis. I shall also, using the context in which these terms appear, try to define to which pathology they belong. It is, more or less, an attempt to give a retrospective diagnosis (a “dirty word” in Assyriological scholarship) but mental diseases is an area in which the clinical diagnosis is based mainly on questioning, on listening to the patient’s discourse, on observation of the patient’s behavior. For these diseases modern techniques are used only to eliminate differential diagnosis and are useless for clinical diagnosis: we are on “equal footing” with our Mesopotamian doctors. And, of course, I hope to understand, and make better understand, the medical practice of these ancient times.

1 – Heart sorrow, to be unhappy, to worry *murūš libbi*, to be un-happy, *la tûb libbi*.

Like Esarhaddon, Lamassi-Aššur and Atamrum felt extremely miserable and expressed their bereavement by the expression *libba marāšu*. In Mari the ARCHIBAB database gives several attestations of the expression *murūš libbi* covering a large panel of emotions less dramatic than the misery feeling of mourning,¹⁵ the feelings expressed by *murūš libbi* in the 24 examples are annoyance, grief, bitterness, dissatisfaction, and real sorrow.¹⁶

“My heart-disease”: *mu-ru-uš lib-bi-ia* is also the way Urad-Gula describes himself as unhappy (Parpola 1993, SAA 10 294) and the antonym is used by the king in SAA 10 27 *lib-ba-ka li-ti-ib-ka* “may your heart be happy”. This expression is likewise found in the letter of the Mari “bilingual” scribe¹⁷: *la tû-ub li-ib-bi ih-ta-mi-[šu-ni-in-ni]* “un-happiness impaired my heart”.

When I “scanned” the texts transcribed and translated in SAA series, I found in the questions to the god Šamaš several queries asking if the plans of the king, Esarhaddon, will succeed, so that he will not have any feelings of grief or dissatisfaction associated with anger:¹⁸ this expression covered a large range of emotions also in the Neo-Assyrian period.

¹⁴ In this article I shall call this type of clinical enumeration “stock list” or “rag-bag catalogues”. These lists enumerate diseases and symptoms but this accumulation does not lead to a special diagnosis or illness. The relationship between the items is not clear but often converges on a prognosis or an etiological diagnosis. We could compare it to a list of infections of different types, enumerated in a messy way, leading to a treatment by antibiotics. Or, to keep to the psychiatric sphere a messy enumeration of variety of diseases including, but not limited to depression, anxiety, cognitive impairment and other psychiatric symptoms eligible to a special type of treatment.

¹⁵ <http://www.archibab.fr/4DCGI/listestextes13.htm?WebUniqueID=2384959>, accessed July 2017.

¹⁶ And anger as in a letter written by a woman, Inib-šarri, to Zimri-Lim: “²⁵ *mu-ru-uš** ²⁶ *li-ib-[bi-ia e]-li ša pa-na-nu* ²⁷ *im-ti-i[d ...]*, Mon resentment est plus grand que jamais”, see ARCHIBAB for transcription, translation and bibliography.

¹⁷ A.1258+ (Charpin CRRAI 35) [A.1258+S. 160 SN], see ARCHIBAB.

¹⁸ “Whether Esarhaddon, king of Assyria will become troubled and angry, *ša-bi šá* ^man.šár-šeš-sum-*ma* lugal kur an.šár *ša i-mar-ra-šu i-lam-mi-ni*” (Starr 1990: SAA 4 9 r5’, 4 24: 13, 4 32: 3’).

To my knowledge, there is no symptom or mental illness corresponding to *murūṣ libbi* “sorrow” or *la tūb libbi*, “ill-being, un-happiness” in the medical texts describing mental illnesses or behaviour disorders.¹⁹ Two examples from a medical context can, however be quoted. The first features *la tūb libbi* as a diagnosis or a bad prognosis:

BAM 240 r 70’ diš munus *qer-bi-sa ri-hu-tú im-hur-ma* nu ù.tu *šib-šat* dingir nu *dùg-ub* [šà] “If a woman receives sperm in her womb, but does not become pregnant: divine anger, unhappiness.”

The second example is phrased in a positive way, in the conclusion of a treatment for the relieving of an illness due to divine anger:

BAM 315 ii 27-29: dingir *ana* na arhuš tuk-ši šà lú *dùg-ab* “The god will take pity on the man, the man’s heart will be happy”.

The expression “illness of the heart, belly, mind, interior of the body” (šà / *libbu*) seems to be reserved for internal diseases, especially digestive tract problems. A clue to the anatomical location of *libbu* is found in the following enumeration, where “inside-disease” is listed between “rib cage-disease” and “navel-disease”:

My rib-disease ditto (*i.e.* will be transferred) to your rib: *murūṣ šēliya ana šēlika* min.

My belly/heart-disease ditto to your belly/heart: *murūṣ libbiya ana libbika* min.

My navel-disease, ditto, to your navel: *murūṣ abunnatiya ana abunnatika* min²⁰

Another example:

BAM 49: 9’-14’ // BAM 50: 11-15²¹: *šumma amēlu rēš libbīšu umma irtanašši libbu maruṣ libbašu akala u mē la imahharšu irātišu irtenemmū libbušu ina pīqi ana parē ittenepuṣ la iparru šāru ina libbīšu issanahhur ilebbu irrūšu ebṭū amēlu šuātu qāt māmīti iṣbassu*. “If a man’s epigastrium is hot, **he has an internal disease**, (so that) he can digest neither bread nor water, his ‘breasts’ are hot,²² his belly tries to throw up, but he does not vomit, wind is turning (and) rumbling in his belly, his bowels are cramped: this man – hand of a curse has seized him.”

Thus the expression *murūṣ libbi*, which commonly denotes “sorrow” in everyday language, was in technical medical texts dedicated to internal somatic disorders and not to mental disorders. This must give us pause for thinking about the existence of a specialized language, related to the medical profession. It should also drive us to ask if Mesopotamian medicine conceived that mental manifestations were the result of the physiological function of a body part, the heart or the digestive tract. Thus mood swings and mental distress would be provoked by malfunctioning of the digestive tract like indigestion, diarrhea etc.

A specific case of “inside-illness” in BAM 449 should be discussed.²³ This medical tablet starts with a ritual describing a trial concerning black magic manipulation. In this trial, a witch who has thrown a particularly heinous spell appears before the supreme judge, Šamaš.²⁴ The exorcist asks the victim to describe his sufferings to the god: “the disease *which is inside you*, (or later ‘inside him’)”. Indeed, this expression does not designate a mental or physical illness or any special misfortune. It is rather uncommon not to find a plethoric list of troubles, and here I have the feeling that the exorcist

¹⁹ Numerous examples in CAD T 120 attest to the popularity of this expression in everyday language. Interestingly, joy and sorrow are opposed in the apodoses of hepatoscopy omens. Winitzer (2017: 141-146) explains how *tūb libbi* ‘well-being’ and *lumun libbi* ‘ill-being’ were used, and could introduce a good or bad omen. The *murūṣ libbi* is not found in this perspective.

²⁰ Transcription Geller 2010b: 9. See also Geller 2014: 9-14.

BAM 212:25 *gig ti-ia₅ ana ti-ka* min // BAM 213:18’ *gig ti-ia₅ ana t[i-ka]* min] // LKU 37:9’ *gig še-li-ia₅ ana še-li-ka* min g[ig ...]

BAM 212:26 *gig ša-ia₅ ana ša-ka* min // BAM 213:19’ *gig ša-ia₅ ana ša-k[a]* min]

BAM 212:27 *gig li.dur-ia₅ ana li.dur-ka* min // BAM 212:20’ *gig li.dur-ia₅ ana li.dur-k[a]* min]

²¹ See transcription on BabMed: <http://www.geschkult.fuberlin.de/e/babmed/Corpora/BAM/index.html> on the website of BabMed project headed by Mark Geller. Transcriptions of BAM I-III and of AMT tablets, pictures of the tablets and copies of Franz Köcher can be checked.

²² We may follow CAD and read *duh^{meš}* = *piṛūšu*, or Babmed reading *gaba^{meš}* = *irātušu* his ‘breasts’. The mysterious plural could denote the rib-cage with lots of ribs (24) or the two lungs.

²³ Text 10.3 Abusch/Schwemer 2011: 408 transliteration and bibliography, Scurlock’s translation 2017: 307.

²⁴ Abusch (2008: 63-66) comments this trial against a witch and considers that the witch intentionally showed the maleficent objects to her victim. The pernicious *zikurrudā* malefice, “cutting of the throat”, sent by the witch was fatal. (see Köcher 1980 BAM V: xvi note 26).

asks the patient to describe “all his misery”. This is exactly the feeling of the letter-writers with their “*murūṣ libbi*”:

“If ‘cutting-of-the-throat magic’ has been perform[ed] against a man [a]nd ²was seen: You take these sorcerous devices that were seen and place them before Šamaš. ³You tell Šamaš your **misery** (*mu-ru-uṣ šà-ka*). ⁴Before Šamaš you slaughter (lit.: ‘cut’) a pig over these sorcerous devices. ⁵You pack these sorcerous devices into the pig’s skin. ⁶You have the man against whom ‘cutting-of-the-throat’ has been performed speak thus before Šamaš: ⁷‘Šamaš, the one who has performed ‘cutting-of-the-throat’ against me: let him not *experience* (well-being); let me *experience* (well-being).’” ⁸You have him say (it) seven times before Šamaš; daily [*he will tell*] Šamaš his **misery** (*mu-ru-uṣ šà-šú*).²⁵

We turn now to the lexical lists ugu-mu. Usually it is useful, when tackling medical terminology, to survey the meaning of anatomical or pathological words in these texts – the dictionaries or encyclopaedias of these ancient times – but in this case this type of research has been already completed.²⁶ In the case of šà.gig it seems interesting to question these texts. The article of Joan Westenholz about the spleen and the pancreas²⁷ is particularly useful for this purpose. She analyses the lexical anatomical lists, the lists of meat cuts for butchery, the culinary references, the extispicy and the medical texts, arriving at the conclusion that šà.gig could be equivalent to šà.ge₆, *irru ṣalmu*, the ‘black-heart’, i.e. the spleen. The anatomical vocabulary was not immutable, since šà.gig and šà.ge₆ also became names of an illness.²⁸ It is significant that treatments prescribed against šà.ge₆²⁹ were followed by those for obtaining dūg.ga *lib-bi* or šà dūg.ga, the antonym of *murūṣ libbi*.³⁰ Following Marten Stol and Joan Westenholz’s findings, it is plausible that “*murūṣ libbi*” in the letters was equivalent to “šà.ge₆ = *libbu* or *irru ṣalmu*” in the medical texts, and that this change explains why *murūṣ libbi* is not found as a mental symptom.

2 – “The heart is low”, to be in a “low spirit” state, in a depressed mood, *libbu šapil*.

In the Mari corpus we find a match to this expression: *šapiltum* (Durand 1997: 480 note c: “*šapiltum* doit donc être une expression raccourcie pour *šapilti libbim*, ‘dépression (morale), déprime’”). Another reference can be found in a letter from Išme-Dagan to Yasmah-Addu with a different meaning: “À propos de la venue de l’armée, objet de ton incessante inquiétude” (Durand 1998: 279 letter 615).

Esarhaddon weeping over the death of his child complains in these terms (SAA 10 187). His scholars too express their distress with these words. It is associated with anxious restlessness, irritability or moping (*ikku kurrū*) in two letters written by Adad-šumu-ušur (SAA 10 226 and 227). One letter describing celestial omens finishes with: (Hunger 1992) SAA 8 50 r 5-7 “[Now let] the heart of the king (šà ša lugal) our lord, [which] was s[ad, be](šà [iṣ-pil]-u-ni very [happy])”³¹.

This symptom is not a salient one. It is part of lists and does not introduce or conclude any of them. The metaphor of being low for sadness, misery is quite common. For Abusch/Schwemer it is a familiar expression: “*libbašu šapil* is a common idiom to describe the depressed state of the patient’s mind”. (2011: 64).

2.1 Low spirit and mutism *libbašu ana dabābi šapil*.

In a therapeutic text (AMT 76, 1), low morale is associated with mutism. Not being able or not wanting to communicate was considered as atypical behaviour, even antisocial, as we see in Habdu-Malik’ incredulous and dismayed reaction to Atamrum’s silence (see ARM 26/2 397 [A.739]).³²

AMT 76, 1:4-7 [diš na š]ā^{meš}-šú it-te-[nem]-mi-ru liq ka-šú i-ta-nab-b[al š ...]-šú šim-ma-tú tuk^{meš}-a i-ge-eš-šú az-zu-za-a bi-bil ša tuk^{meš} 6 [igi.du]s-ma ugu-šú nu dūg.ga munus šà-šú ha-ših-ma munus igi.du_s-ma šà-šú nu il-šú 7 [šà-šú a]-na da-ba-bi ša-pil na bi šu gidim.ma ús-šú. “If a man has an indigestion? (lit. his intestines are always bloated / distended), his palate is dry³³, both his ... are numb, he belches, from time

²⁵ Another ritual gives the same instruction: BAM 449 ii 14 [*m*]u-u-uṣ šà-šú lid-bu-ub, he will tell his misery.

²⁶ Among other publications see: Goodnick Westenholz/Sigrist (2006: 1-10; 2008: 221-230), Goodnick Westenholz (2010: 2-24, 2014: 281-297).

²⁷ Goodnick Westenholz (2010: 2-24)

²⁸ Ibid: 7-8, Stol 1993: 32.

²⁹ BAM 164: 12 // 430 vi’ 7 // 431 v’ 49’, BAM 431 v’ 46’ // 430 vi’ 4.

³⁰ BAM 59: 20 // BAM 190: 7 // BAM 161 iii 6’ // BAM 430 iv’ 18’ // BAM 431 vi’ 5’.

³¹ <http://oracc.museum.upenn.edu/saao/cbd/akk-x-neoass/SH.html> accessed February 2018.

³² See <http://www.archibab.fr/4DCGI/en/listestextes3.htm?WebUniqueID=1183261>

³³ Or *i-ta-nap-h[u]* “swollen”, but this is less likely.

to time he gets a great craving for food, but when he sees (food) he is disgusted, he wants to make love to a woman, but when he sees a woman, he has no erection, **his heart is too low to speak**: this man is chased by the hand of a ghost ...”³⁴

The context is obviously primarily one of digestive trouble, but mental problems and abnormal behaviours complete the clinical situation. It seems that the physician was aware of the importance of his patient’s mental state when he described a clinical case. We observe a clear correlation between digestive and mental symptoms.

2.2 Low spirit and irritability, *libbašu šapil ikkašu kurri*.

These expressions are quoted in two catalogues of signs leading to a diagnosis of witchcraft.³⁵ In these catalogues, the two expressions do not occupy a salient place. This tends to demonstrate that they are symptoms and not illnesses, as Abusch and Schwemer already concluded. The medical signs listed in these texts are nearly identical. However, the shorter version comprises symptoms not found in the long one, and vice versa. I have no ambition to investigate the composition of these texts. I just want to point out that the apparent mess of these lists suggests that they were “artificial” compositions on which a physician could rely. We do not know how among all the signs he picked up those that were relevant to determine the origin of the illness (*i.e.* to know which god was to be invoked), and to choose the appropriate treatment. It is unfortunate that there is no text or gloss explaining the user’s guide.³⁶

2.2.1 Text 8.7 “short” version:³⁷

¹If a man’s head keeps causing [him a nagging pain], his face seems continually to be spinning (*pānūšu išsanundū*)³⁸ ²... **torment occurs** again and again (*ašuštu irtanašši*),³ his “speech” is constantly confused, **his spirit/heart is low** (*libbašu šapil*), **he is short-tempered** (*libbašu šapil ikkašu kurri*), ...⁵... [his] neck “ropes”³⁹ keep causing him a nagging pain, he gets cold tremors repeatedly ... ⁸on his bed his saliva keeps flo[wi]ng, he tosses and turns, he wearies himself, ⁹ he [i]s deeply tormented (*[i]ttanaššaš*), he babbles (and) keeps forgetting ‘the speech of his mouth’, ¹⁰ his [dr]eams are invasive, (but) the drea[ms] he sees do not contain (anything) (*i.e.* he cannot remember them or they have no signification for him), ¹¹ he sees [de]ad people repeatedly, he keeps talking to himself, his stomach (lit.

³⁴ See JoAnn Scurlock’s translation in Scurlock/Andersen 2005 §3.108, §19.295 and Scurlock 2006: 480 text 200. She translates šā-šū ša-pil as “depressed”.

³⁵ I follow Abusch/Schwemer 2011 classification: texts 8.7 and 8.6. I rely heavily on Tzvi Abusch and Daniel Schwemer’s translations (2011), but I sometimes chose to follow Marten Stol (1999: 66) or JoAnn Scurlock (Scurlock/Andersen 2005: 22-23); sometimes I follow my own intuition. Some differences are due to the fact that, out of a modern doctor’s coquetry, I am hesitant to use here the term “depression”, which corresponds to a clinical description and to a clinical diagnosis. In the same way, I prefer not to use too precise medical terms, e.g. I prefer the term dizziness to vertigo, and headache to migraine. See for the problems of translation of medical texts Attia/Buisson (2004: 9-15), Robson (2008: 460-462)

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³⁷ Text 8.7 Abusch/Schwemer 2011, lines 1-15 transliteration p. 337-338, bound transcription and translation p. 343-344, notes p. 349. Only parts of this text are given here.

³⁸ It is conventional to translate igi^{meš}-šū nigin-du, *pānūšu išsanundū*, lit. “his face turns/spins” as “vertigo” (see CAD S *sub* šādu 57-59, I prefer “dizzy” as in meaning 3. As I already signalled in the previous note, vertigo covers a very precise medical meaning (the patient has the impression that objects are turning around him, and this is characteristic of a dysfunction of the vestibular system). René Labat interprets the expression as convulsions (see TDP 20: 26, 159 iii 21, 191 24, 25). Like Magalie Parys (2017: 107) I believe that the facial features “spin”, which could be grimaces, ticks, convulsions or spasms. But it is also possible that the patient had the feeling that his head was “turning”, referring to “dizziness”, “instability”, in French “sensations vertigineuses”, with numerous origins.

³⁹ What is easily seen on the neck is the sterno-cleido-mastoid muscle with its “rope” shape or the external jugular vein.

belly) is upset but ¹² [he does] not [vom]it⁴⁰ ... ¹⁴ he says [“woe”] (and) cri[es] “alas”, he has no desire to eat and drink.

2.2.2 Text 8.6 “long” version:⁴¹

¹If a man’s h[ead keeps causing him a nagging pain], ...² his face [seems continually to be spinning], his [ear]s buzz, ³... his neck “ropes” keep causing him a nagging pain ...⁶...his intestines are continually bloated, his bowels *are cramped*, ⁸ he is too weak to rise, [to sta]nd and to talk, ... ¹⁰ his spirit/heart makes him ponder nonsense / foolishness, his state of mind keeps changing all the time, ¹¹he keeps forgetting ‘the speech of his mouth’ ... ¹² and dark premonition / dark thought, his dreams are confused (and) [inv]asive, ¹³ he sees dead people repeatedly, he keeps speaking to dead people, **his spirit is low, he is short-tempered** (*libbašu šapil ikkašu kurri*),¹⁴ the dreams he sees do not contain (anything, *i.e.* he cannot remember them or they have no signification for him), his stomach (lit. belly) is upset and he vomits,¹⁵ he is constantly dreadfully frightened (and restless) (even?) on his (sick)bed ...¹⁷ without letting up he has vice-like heartbreak (*hūš hīpi libbi irtanašši*), he experiences [quarrel at home (and) squ]abble in the street, ...¹⁸...he says “woe” (and) cries “alas”, ¹⁹ he has no desire [to eat and] drink, he has (either) no desire to go to a woman, his “heart” does not arouse him towards a woman, he babbles ...

In these lists *libbašu šapil*, *ikkašu kurri* are consistently linked together. This association was also found in letters: everyday language is used in these medical texts, if my hypothesis is correct it means that they are symptoms, reflecting the patient’s complaints.

In these descriptions, we find stock lists of symptoms (those related to mental distress will be commented on in the course of this paper). As their order of appearance is different in these two similar texts, it is extremely difficult to extract the original descriptions (if they existed). Just one remark: in text 8.6 we find nearly the same symptom in line 2: *ašuštu irtanašši*, and line 9: *[ī]tanaššaš*. In the same way, lines 9 and 19-21 describe elocution anomalies. It is likely that the scribe copied tablets related to the same type of pathology back-to-back, without attempting to reconstruct the description. It is also interesting to find so many aspects of mental distresses grouped together, as if the two texts covered several distinct mental disorders.

2.3 Low spirit, a sign of insanity: text 7.6.7, STT 256.

In one text, this loss of morale can be part of the symptoms caused by a wicked opponent, the *bēl lemutti*. This text (Abusch/Schwemer 2011, text 7.6.7 p. 138 et 144-145) goes through troubles caused by this enemy, but does not belong, strictly speaking, to the medical corpus. Several types of mental disorders seem to occur in this text:

The main one is fear, apprehension (¹*libbašu šūdūr* “his spirit is frightened”), combined with memory loss (²*amâtīšu imtanašši* “he forgets his words”) which is equated with insanity (³*ēmšu ušta[nnā]*)⁴² “his mind is not stable, he is insane”). Then the description turns to low spirit (³*libbašu šapilšu*), “irrational fear” (³*ramānšu šupluhšu* “his self is beset by fear” or “he is causing himself fear”) and a sort of verbal delirium: his spirit makes him “ponder nonsense / foolishness” (²*nullāti libbaš[u itammu]*). Another set of troubles with nightmares and feelings of rejection are combined afterwards. The evil opponent relying on black magic provokes misfortunes and “ruin”, and the poor man becomes ostracized (⁶*ina mahar ili šarri kabti rubē ginā šuškun* ... ⁷*zīru šakinšu* “he is in bad repute before god, king, magnate (and) nobleman and [], there is hate against him”).

The list of misfortunes appears after the statement of psychic alienation and terror which had overcome the victim. Thus, all the problems seem to be related to mental factors, so I suggest that all of them correspond to the imagination of the patient, his delusions.

⁴⁰ The sign L[A is half broken and Scurlock, Abusch and Schwemer restored š[à-šu]. For them the patient heaves. I have been inspired by BAM 49: 11’ // BAM 50: 13: šà-šū ina pi-qi ana buruṣ-e dū.dū-uš nu i-parṣ-ru, where the patient wants to vomit without being able to do it. But I must recognize that in the parallel text 8.6: 14, the patient is indeed said to vomit.

⁴¹ Text 8.6 Abusch / Schwemer 2011: 318-335, lines 1-22 transliteration p. 319-321, bound transcription and translation p. 329. It is useful to read the notes explaining the translation choices of the authors on pp. 332-333. Only parts of this text are given here. See also the transcription and translation of JoAnn Scurlock (Scurlock/Andersen 2005: 356 §14.2) and Parys 2017: 105-118.

⁴² For insanity see Stol 2009a. Marten Stol quotes a similar case with an association of insanity and low-spirit: BAM 202: 1-3 // STT 2 286 II 14-16 “If *demmakurū* has seized a man and his mind alters (*šanū*) time and again, his words alter (*nakāru*) time and again, he gets a depression (lit. ‘his mind falls’ *te-em-su* šub.šub-su) time and again, and he talks (*dabābu*) a lot: in order to return (*tāru* D) his mind to him (...)” (p. 2).

Another interesting feature of this text is that the death of young children and the absence of progeny are considered as well: *ṡmârû mârâtu ittanaḅṡûṡu ṡubbutû* “sons (and) daughters are born to him regularly, (but) they are *seized* (before they could grow up)”. These multiple bereavements belong to reversal of fortune symptoms, and are not particularly salient. They are consistent with what is described as a depressive melancholic illness.

2.4 How to conclude?

The “low spirit” as we say now, or the “low heart” (*libbu ṡapil*) of the ancients, occurs in descriptions of different mental dysfunctions (like short-tempered behaviour) including insanity (*ṡinît ṡêmi*), the most general term for madness. “Feeling low” is associated with the mouth, through mutism. Thus, there is a correlation between a feeling of distress and a body part with its associated function.⁴³ The assumption that *libbi ṡapil* is a symptom and not a disease is confirmed in the examples found in the medical texts.

3 – My hardship, *ṡinqîya*.

Urad-Gula wants to arouse the pity of the king when he complains about his hardship with a metaphor based on *ṡunqu* “famine”. He is hungry literally and figuratively, he is lacking this “royal food” which could give him back self-confidence and enable him to survive. This word is not a “*hapax*” born from his imagination, another scholar, Kudurru, begs for rehabilitation in nearly the same terms: (Luukko/Van Buylaere 2002) SAA 16 31: 3’-5’ “May I not die of distress and lack of food like a dog! *ṡki-i kal-bi⁴⁴ ina ṡi-in-qi ina bu-bu-ti ṡ⁴⁵ ṡa ninda.hi.a lu la a-mu-’a-at*”. It is also found in the name of prophetesses (like *ṡinqiṡa-amur*, “I have seen her distress”).⁴⁴ But it is not used in medical texts.

The metaphor is clever, since the problem of lack of appetite is recurrent in the medical texts. For example, in BAM III-234 line 9 we find the phrase *ninda u kaṡ muṡ-ṡu* “his desire for food and drink is diminished”. It is one of the aspects of behaviour blockage, and of a lack of enthusiasm and taste for life. In *Ludlul bēl nēmēqi*, starvation leads to weakness, cachexia. A Neo-Assyrian physician’s letter to the king insists on the danger of starving: in SAA 10 196 r 14-18, the famous *āṡipu* Adad-ṡumu-uṡur gives this advice to Esarhaddon: “Good advice is to be heeded: restlessness (*karû ikki*), not eating and not drinking disturb the mind (*ṡêmu uṡaṡṡa*) and *add to illness*”.

4 – To be tormented, disturbed, upset, worried, in despair (*aṡâṡu / zi.ir*), torment, worry, dejection (*aṡuṡtu / nig.zi.ir*).

The Mari archive contains several attestations of *aṡâṡu*. In the ARCHIBAB database there are 31 attestations of the verb *aṡâṡu*.⁴⁵ Its meaning centres around preoccupations, worried thoughts and tormented feelings. In ARM 26/1 222 [A.3724], the king mourns the death of his little baby, but people must not see that he is tormented (*i-ta-aṡ-ṡu-ṡṡa-a[m]*).

It is meaningful that *aṡuṡtu* is found in an Old-Babylonian love-dialogue or love-contest (for Groneberg 2002): the Faithful Lover. In this gallant dispute the protagonists address each other harsh critics. The man complains that: “your love (means) no more to me than restless sleep (*diliptim*) and torment (*aṡuṡtim*)”. (Held 1961: 9, r. iv 8-9, and lastly Nathan Wasserman’s edition and translation at <http://oracc.museum.upenn.edu/seal/akklove/akk#X001013.109>). The analysis of Brigitte Groneberg (2002: 166) is puzzling: “the poem uses a normal, everyday language, of the type found in Old Babylonian letters.” In the contrary Joan Goodnick-Westenholz (1987: 421) states: “our understanding of the text is hampered by the use of rare words and phrases”. Actually the search for *diliptu* and *aṡuṡtu* in the dictionaries and in online glossaries: ARCHIBAB (www.archibab.fr), OBTC (<http://klinopis.cz/nobtc>), and SAAo databases (<http://oracc.museum.upenn.edu/saao/>) is unsuccessful.

⁴³ Depending on the context, *ikka kurrû* means “to be short-tempered, impatient” (see CAD I 59, “to mope”; Parpola 1993: SAA 10 196) or “to be short of breath”, as Scurlock translates consistently (e.g. BAM 438: 12 *ik-ka-ṡû lûgud.da.meṡ*, Scurlock 2014: 634-5; AMT 48/2: 11-14// BAM 90: 3’5’ *ik-ka-su ik-ta-na-ru*, Scurlock/Andersen 2005: 565).

⁴⁴ In his commentary about this particular name of prophetess of Iṡtar of Arbela, Simo Parpola refers to the lexical equivalence “*ṡunqu* = *dannatu*, starvation = hard, tough times” (1997: il-I, lii).

⁴⁵ <http://www.archibab.fr/4DCGI/listestextes13.htm?WebUniqueID=2713812> 27/07/2017 20h.

The verbs giving birth to these abstract nouns are found in the colloquial language but their abstracts are found in the technical and learned texts.

In the Neo-Assyrian letters of the royal library of the Sargonids, *ašuštu* is not found and the verb *ašāšu* is not employed frequently. As seen in the previous section an exorcist explains to the king that fasting disturbs the mind (SAA 10 196 r 17).

It is found in a “literary” letter from the god Ninurta to the king in which the god describes his anger (against the king?): “I am desperate, I am shaking with rage, I am angry, *uš-šu-ša-ku ra-a’-ba-ku ze-na-ku*” (Livingston 1989, SAA 3 47: 6-7). Of course this letter belongs to the learned corpus and is not written with colloquial language. In the same way, other attestations, again linked with anger, are found in the diviner’s queries to the sun god (SAA 4 81: 18 or 115: 4’, 126: 5’) “Disregard that an angry man, shaking with rage, or one in despair, [spoke angrily] the words of [his] report, *e-zib ša šab-su ra-a’-bu uš-šu-šu a-mat ṭe-m[i-šu ir-’u-bu id-bu-bu]*”. The haruspex begs the god not to take into account this ritual offense, and to answer clearly. It seems that anger or deep worries could blur a man’s mind and make him speak in an insulting way, even in front of the deity. This lack of control is a “borderline” attitude between a bad-temper trait and an insane emotional disturbance. So here *ašāšu* could indicate a tormented state more important than common worries.

This feeling is found in medical texts, where a mixture of worry and moral pain gives its name to what could be a disease, *ašuštu*. This term, an abstract based on the verb *ašāšu*, is not found in the letters from Mari or in the correspondence of the Sargonids.

This mental disturbance is frequently described e.g. in diagnostic texts such as in the “Traité de Diagnostic et Pronostics Médicaux” (TDP) which was mainly intended for the exorcist (*āšipu*) with description of symptoms: SA.GIG, *sakikkū*. It is also found in the therapeutic texts.

There is a ready-made expression for this disorder: *ašuštu imtanaqqussu* (šub.šub-su) “torment constantly overwhelm him.” René Labat’s translation is: “la douleur l’accable” (1951, 66: 64, 178: 8, 182: 35, 192: 29). Nils Heeßel’s translation is “(Wenn) Trübsal ihn immer wieder befällt” (Heeßel 2000, for example p. 268: 8; 302: 29). Other verbs can be associated with this trouble, e.g. *ašuštu irtanašši*(tuk^{mes}-ši) “he experiences torment again and again” and *ašištu iṣbassu* (dab-su) “torment seizes him”. These associations with verbs indicating how this illness takes hold of the patient is a good indication that *ašuštu* is a clinical diagnosis. The use of ready-made stereotyped expressions is in favour of their medical obedience: there is more freedom in common language than in technical jargon (see “de BAM 234 à Job” in this journal).

CAD A II offers two meanings for the verb *ašāšu*, on one hand “to become worried, disturbed, in despair”, on the other hand “to suffer from spasms”, whereas AHW only proposes the psychological meaning, “sich betrüben”. As we will see later some attestations correspond to physical complaints, for this reason it is necessary to play with translations. This explains why I shall propose different translations according to the clinical context and I shall try to clarify at the end of this part what could be the common meaning of this pathology. Several attestations of the verb *ašāšu* “appearing alone” will be analysed apart – interestingly this is how this verb appears in the letters – in order to check if their meaning could be different from its association with *ašuštu* or of *ašuštu* “appearing alone”.⁴⁶

The Sumerian name of this disease *zi.ir* is, according to Margaret Jaques,⁴⁷ correlated with the throat, breath, and life (Sum. *zi*) and to a feeling of oppression: “avoir le souffle court, être oppressé, étouffer d’émotion”.

4.1 A mental disease named *ašuštu*?

The mental disturbance *ašuštu* can initiate or conclude a list of symptoms, i.e. it can be the main or key symptom or the name of a disease described in the signs enumerated afterwards.

4.1.1 When *ašuštu* precedes / introduces food problem:

TDP 192: 29-31, Stol (1993: 80), Heeßel 2000: 299-300 Tablet 27: 29-31, Scurlock 2014: 208-209: *šumma ašuštu imtanaqqussu*(šub.šub-su/šub-su) *mamma ša immaru uṣallâ minâtušu emma u zu’ta*

⁴⁶ The verb and the substantive have close meanings as can be seen in a spell: *ša i-taš-ša-šu ta-at-ta-sah a-šu-uš-tu* “(from) the one who is continually tormented, you continually remove the torment” (KAR 321: r. 6; Oshima 2011: 234 Prayer to Marduk No. 2: 34’)

⁴⁷ Jaques 2006, 225-6.

ûmišamma irašši(tuk-ši/tuk^{meš}) ana zûzâ bibil libbi mâdamma irtanašši(tuk^{meš}-ši)⁴⁸ adi uballûniššu libbu ihahhu enûma uballûniššu ippallasma lâ ilêm qât eṭemmi ša ina mē mah[iš] “If torment constantly overwhelms him, he beseeches whomever he sees, daily his body is hot and has sweat, he now and then gets a great craving (for food), until they bring (food) to him he is disgusted (he wants to vomit); when they bring it to him he looks (at it) but does not taste (it): Hand of a ghost (of someone) who was smitten in water.” (Translation Stol 1993)

This description is far from the inappropriate reaction of the king of Mari (ARM 26/1 222). Here it seems that the patient behaves like a confused or capricious person, changing his mind about food, oscillating between hunger and disgust. This type of whim is described in a lively and realistic way and looks like a real observation, close to a “case history”.⁴⁹ The fact that *ašuštu* appears first in the list of symptoms may indicate that it introduces its description as a disease; but, in fact, the etiological diagnosis is the important item, concluding this clinical case, in which *ašuštu* is probably only the main symptom. Fever is part of the clinical description; it is then possible for *ašuštu* to be a mental disturbance linked to high fever. This association is found in other cases as we will see in the following paragraph where, interestingly the mental problems will also inaugurate the clinical description.

The confused and contradictory aspect of the symptoms seems to be a characteristic shared by the different symptoms of this case. It could indicate that it is meaningful that *ašuštu* introduces this type of symptoms and that a sort of “confusion” is implied by it. Then this corroborates the fact that we are far from the “*ašāšu*” of the Mari letter and that *ašuštu*, in the medical texts is a technical term with a different connotation.

4.1.2 When *ašuštu* precedes / introduces symptoms linked to fever (ud.da sá.sá):

In such cases, an anomaly of the mouth and other problems can be listed after the core symptom. Buccal problems are of course very close to food problems.

4.1.2.1 This pathology is described in BAM 174,⁵⁰ a therapeutic tablet which includes treatments for various illnesses affecting different organs; these cases mainly fall within the scope of physical disease. Torment, i.e. *ašuštu*, appears between two descriptions of fever combined with difficulties in eating:

²³ diš na ud.da kur-id ninda u kaš la i-ma-har “If a man is suffering from insolation-fever and cannot stand bread or beer.”

²⁵ diš na <i>-ta-na-ša-aš a-šu-uš-tú [šub]. [šub]-su nundun^{meš}-šú i-ta-na-[ša]-[ak?]²⁶ [a][^{meš}] ma-gal nag ud.da [sá.sá], “If a man is continually upset and upsetting feelings/sensations constantly overwhelms him, if he bites his lips all the time (and) drinks a lot of water: he is overcome by insolation-fever.”

²⁸ diš na ša-šú ninda u kaš la i-ma-[har] ki úh-šú múd šub.šub-a na bi ud.da sá.sá, “if a man does not stand food, blood flows again and again with his saliva: this man is overcome by insolation-fever.”

In BAM 174 torment or upsetting feeling is particularly important, *ašāšu* and *ašustu* are combined to emphasize it. This state is associated with a sort of auto-mutilation and potomania or thirst and leads to a diagnosis of insolation-fever. The description is perturbing for us: how did they arrive at this diagnosis without mentioning heat among the symptoms? Could drinking a lot somehow imply heat? Or is this insolation-fever just an insolation without fever? The patient is severely upset and eventually delirious, as can be observed in high fever (like in the previous case) or after insolation. It is not the purpose of this paper to analyse *šētu* but the symptoms are typical of the consequences of insolation. These types of pathological signs could have been quoted and related to a “*šētu*-syndrome” and could lead to this diagnosis even without sun exposure and without fever.

This case is found between two *šētu*-syndromes with digestive problems, and its treatment (potion and enema) could point towards a gastro-intestinal ailment.

⁴⁸ The verbs *šub* (*maqātu*) and *tuk* (*rašû*) are not in all manuscripts in the tan sub-system 3/Gtn-stem (see Heeßel 2000: 299). This difference between manuscripts is found on other occasions. Is the *tan*-form significant with regard to the symptoms? Does a symptom have to be constant or recurring to be taken into account? Or is it a “fashionable” way of quoting pathological manifestations in medical texts?

⁴⁹ See also CAD Z 170a. This strange attitude toward food is found in another medical text (AMT 76, 1:5 see sub *libbašu šapil* §2.1), where the patient is “whimsical”: he wants to eat but then turns away from food, wants to have sex, but does not succeed to get an erection, his heart is too low to speak (or to speak about it?). All these problems are also linked to a ghost, without having anything to do with water.

⁵⁰ See also Bácskay 2018: 219, 221.

4.1.2.2 The therapeutic tablet K 2386+ edited by J. Cale Johnson⁵¹ gives a variant for this clinical case in lines 15' and 20':

^{20'} [diš na] [*i]-ta-na-ša-aš a-šu-uš-[tu₄] šub.šub-su di-hu ud.da tag.tag-su úh-šú ma-a-[da] ²¹ [nag].nag ud.da sá.sá ...⁵² “If a man is continually upset and upsetting feelings/sensations constantly overwhelms him, (if) he is constantly affected by *di'u*-headache and insolation-fever, (if) he salivates too much, (and) drinks a lot, he is overcome by insolation-fever”.

In K 2386+, the torment or upsetting illness is also important but here other pathological ailments contribute to establish a diagnosis of fever. We are in familiar territory for fever with the insolation-type fever, headache, sialorrhea and thirst. Abdominal spasms are possible for *ašuštu*, even if the formulation with *imтанаqqussu* for pain is unusual.⁵³ Severe mental disturbance eventually delirious is appropriate for somebody suffering from high fever.

The initial position of *ašuštu* does not equate to clinical diagnosis. The fever “ud.da sá.sá, *šêta kašid*” is the clinical diagnosis concluding the cases. *Ašuštu*, as a severe mental suffering, could be the main symptom or the symptom upon which the physician begins his medical investigations: “how to react when ...”, “attitude devant ...”

4.1.3 *ašuštu* (or *ašāšu*) as the core symptom of love sickness

TDP 178: 8-9, HeeBel 2000: 251 Tablet 22: 8-9 Scurlock 2014: 186, 189. “If torment constantly overwhelms him (diš níg.zi.ir šub.šub-su *šumma ašuštu imтанаqqussu*), his breath is continually short / there is a lump in his throat (zi^{mes}-šú lúgud^{mes}, *napištašu iktanarru*), he eats bread, drinks water but it does not go through, he says ‘alas, my heart!’, and has no strength left (*uštannah*), he is sick with love sickness (*amêlu šû muruṣ rāmi maruṣ*)”.

Torment is a frequent feeling for unhappy lovers. This explains why I often choose “torment” to translate *ašuštu*: it is a *topos* for lovers “en mal d’amour”.⁵⁴ This word has also the double meaning of extreme pain or anguish of body or mind which is close to the Akkadian meaning.

René Labat translated *napištašu iktanarru* as “sa gorge est contractée”. This feeling could convey the sensation of “having a lump in one’s throat”, often mentioned by anxious persons, Margaret Jaques (2006: 225) offers a similar translation for *napištî uššuṣat* “mon souffle est perturbé (?), je suis oppressé (?), these translations are attractive.

TDP 170: 8-9, HeeBel 2000: 218, 220, Tablet 18: 8-9, Scurlock 2014: 173, 175: “[If his body/skin] does not have [fever] ([*šumma zumru / maškušu*] *umma lâ irašši*), his desire for food and drink is diminished (*akâlu šatû muṭṭu*), [no]ise is painful for him ([*ri*]gmu *elîšu maruṣ*),⁵⁵ he repeats continually: “I am restless” (*ikki kuri iqtanabbi*)⁵⁶, [and he is deeply] tormented [*u' itta?*] *naššaš*, he is sick with [love-sickness] (*murūṣ rāmi maruṣ*).”⁵⁷

Here, *ašāšu* describes the torment-feeling without *ašuštu*. It is an indication that *ašāšu* alone is identical to *ašuštu*.

These clinical pictures are interesting in more than one respect: the torments are coupled with eating disorders, and we can only agree with this statement. It is possible to affirm that the description corresponds to love torment and tormented feelings. Also, torment-ailment indubitably appears in the initial or in the last place, its symptoms being listed in between.

We understand that if the patient had been feverish the orientation of the diagnosis would have been different (the context of the beginning of Tablet 18 is modification of temperature of the body:

⁵¹ Johnson 2014, 14-22 restored this tablet with several fragments: K 2386 = AMT 78/3 + K 6779 = AMT 45/6 + K 7258 = AMT 48/3 + K 10247 = AMT 48/1 + S 937 = AMT 23/5. See Bácskay 2018: 219, 221

⁵² See Johnson 2014: 17 and his translation p. 20-21. For ud.da.sá.sá, an *intermittent* fever see his analysis p. 23-26. I follow András Bácskay who prefers for ud.da sá.sá *šêta kašid*, “he is overcome by heat radiance”(2018: 7)

⁵³ See in CAD M I 248 *maqātu* is attested for diseases and misfortune attacking a patient.

⁵⁴ Like in the “Faithful Lover” or like in the song of Sarah Vaugh “My tormented heart Cries out I still love you Thou I know you're gone.”

⁵⁵ Heessel 2000 restores [*rig*]mu “cries”, Scurlock [*i-la*]m-mu (“[whatever he] eats, does not taste good to him”).

⁵⁶ HeeBel: “(wenn) er immer wieder sagt: ‘Ich bin aufgeregt’”.

⁵⁷ I could have quoted this case in paragraph 4.2 (or 4.3), but it goes along with the previous example, because it features the same conclusion: lovesickness. This “error” in the classification is comparable to similar “errors” in the classifications of the ancient Mesopotamians. They disturb us when we try to understand the logic of the ancient scribe’s classifications: two logics are juxtaposed and blur the picture.

zumurušum imim ikašša, an burning fever *ummu šarih*): this second case shows how the physician makes a diagnosis by exclusion. He signals that the signs are characteristic of fever, but, as there is no heat, another illness must be looked for, in this case, lovesickness. The physician had in mind a “decision tree” with a typical fever picture and differential diagnosis.

4.1.4 *Ašuštu* as the core symptom in association with **speech disorders**.

TDP 66: 64', Scurlock 2014: 58 et 6 SA.GIG 7 B rev. 8: *šumma dabābšu ittakir u ašuštu imtanaqqussu ana adannišu ana ud.3.kām [maruṣ...]* “If his speech is strange (*inim-šú kūr.kūr-[ir]*) and torment constantly overwhelms him (*u a-šu-uš-tu₄ šub.šub-su*), at his appointed time, (if? he has been sick) for three days, [...].”

Here *ašuštu* is on the same level as a speech symptom (the conjunction *u*, “and/or” is a proof of it). Then, *ašuštu* is just a symptom and not a disease or a clinical diagnosis. Speech problems are the main symptom of this section of the tablet. CAD N I 163a considers (meaning c) that “he talks senselessly”. René Labat translated: “son élocution est altérée”, and JoAnn Scurlock: “his words are unintelligible”. I think however that what the patient says is intelligible, since in lines B rev. 13 and 14 he asks for beer and wine and this request is understood. Many reasons can be involved to explain this speech disorder: it may appear strange because the patient stammers or stutters, he may jump from one subject to another, his uttered thoughts are queer, or his discourse is delirious. If a speech disorder is intimately linked with a tormented mind then, maybe, we are again in a delirious upsetting context and *ašuštu* differs from the *ašāšu* of the everyday language.

4.1.5 *Ašuštu* in a broken context.

In the therapeutic text BAM 584 ii' 23' we find the phrase ...] *ašuštu imtanaqqussu [šu'ininnakku* ^dxl[...] ... “torment constantly overwhelms him, hand of the goddess, ...”. The torment appears as the concluding symptom, and the preceding lacuna could have contained a description of this “illness” provoked by the (personal) goddess.

4.2 Is *ašuštu* just a symptom inside a clinical description?

4.2.1 What is *ašuštu* in the framework of weakness?

TDP 182: 34-35, HeeBel 2000: 254-5, 260, Tablet 22: 35, Scurlock 2014: 187, 190: *šumma minātūšu iptanaṭṭarā rēš libbišu dikša irašši pīqa lā pīqa ina pīšu/appīšu dāmū illakū idīšu unnišū²⁵ašuštu imtanaqqussu ināšu šunnu'a qāt Marduk adirma imāt* “if his limbs are constantly flaccid, his epigastrium [ha]s a needling pain, from time to time blood flows from his mouth / nose, his arms are continually weak, [and confusion/torment] continually overwhelms him (*nīg.zi.ir šub.šub-su*), his eyes are suffused with blood: hand of Marduk, (his destiny) is dark, he will die.”

This case is particularly serious: extreme weakness, haemorrhagic syndrome, (mouth or nose and eyes), *Ašuštu* can belong to the mood sphere as an anxious feeling occurring during pain of somatic origin or, it can refer to a form of pain (of somatic origin) with an anxious colour. In so severe a picture, the first idea is that the patient is in a confusional state, characterized by cognitive troubles and vigilance alteration leading to death. Here also *ašuštu* is a technical term different from *ašāšu* in the everyday language.

Close to this case there is a mention of *ašuštu* as one of the symptoms of a spell with impotence. The tablet is broken and difficult to restore:

BAM 369: 1'-5' // LKA 102: 18-22 *šumma amēlu ina tēm ramānišū ... kūšu imtanaqqussu ašuštu irtanašši birkāšu kasā irassu [... it]anaṣṣrahu² zumrušu tāniha irtanašši ... akala u šikara muṭṭu amēlu šū kašip* “if a man in full awareness ... cold keeps falling on him, torment occurs again and again, his “knees” are bound, his chest ... is burning hot, his body keeps getting weary ... his desire for food and drink is diminished, this man is bewitched.” (Biggs 1967: 64)

Unfortunately the beginning is partially missing. The picture leads to a mental instability with anxious fits in a context of variations of temperature.

4.2.2 *Ašuštu* as a symptom in the framework of **convulsions**.

Stol 1993: 60: 14, HeeBel 2000: 279, 287, tablet 26: 17', Scurlock 2014: 196, 201 *enūma ihītaššu ašištu iṣabbassu ru'tu ina pīšu illak* “(If), at the time it overwhelms him, torment seizes him (*a-šiṣ-tu₄ dab-su*), his saliva runs”.

The patient suffers from a sort of fit or from convulsions during which he is drooling and seized by *ašuštu*. Excessive drooling is a characteristic symptom of epilepsy. Several mental symptoms,

including depressive or anxious feelings, can also be part of the clinical picture. The case has a very severe prognosis (gam, *imât*: he will die), which is surprising, since epileptic fits are not necessarily lethal, and people can live with epilepsy. One thus wonders whether the negative prognosis here is, in fact, about a somatic disease with epilepsy. It is possible that the physician had in mind another type of fit with a better prognosis like a hysteric manifestation or a panic attack, which could be envisaged given that the patient suffers from some type of dejection. In this context, torment would lead to hysteric convulsions, and confusion, with or without a delirious state, would explain a bad prognosis. Hence, it seems that *ašištu* has a different meaning from the verb *ašāšu* in the everyday language of the letters.

4.2.3 In stock lists

This symptom is quoted twice in the catalogue of pathological signs due to black magic already seen (text 8.7 §2.2.1). It is found in the second and ninth lines of the description, but does not occupy a salient position (*a-šu-uš-tum tuk^{mes}-ši* “torment occurs again and again” ([*i*] *t-ta-na-āš-a-āš*, “he is deeply tormented” Abusch/Schwemer 2011, 343). See (§2.2.2) for the comment about the “double” mention of this symptom in this list, and that it is not found in the long list of text 8.6.

4.3 What means *ašāšu*? Is it a mental disorder?

The root of the verb *ašāšu* is at the origin of the *ašuštu*-ailment. As a verb it appears in descriptions of symptoms and its position in the list of symptoms is not so important. It is usually used alone, but it can also be associated with an organ, often the *libbu*. In this context, *libbu* can correspond to the heart, the belly or the inside, and a physical meaning of the verb is possible. In a Sargonid letter (SAA 10 196) where the mind *ṭēmu* is the target of this feeling, without any doubt, it is a mental disorder. As seen above, the translation “to be tormented” is possible in connection with lovesickness. But can it be generalized to other contexts?

4.3.1 Stock lists

- A stock list (text 2.3: 28’-33’)⁵⁸ mentions this symptom. The verb is half broken (31’ [*uš-š*] *u-uš*⁵⁹). The description begins with dietary problems:

“If a man eats and drinks, but he remains skinny” (*ana šīrīšu lā iṭehhe*). His gloomy appearance follows: “he is sometimes livid, sometimes red (and) sometimes his face grows darker and darker” (*zamar aruq zamar sām zamar pānūšu iṣṣanallimū*), “he is in a gloomy state of mind” (*ūtaddar*), “he has no strength left” (or “he is spring-less”, *uštannah*), “he does not want to speak” (*ana dabābi libbaš[u lā inaššīšu]*), “he has become upset/tormented” ([*išš*] *uš*). Other manifestations of this gloomy feeling follow this statement. One is interesting: *qaddiš i[llaka]* “he walks head down”. This attitude is proper to sad and depressed people, as seen above and as highlighted by Steinert (2012: 199-200).

In this list, *ašāšu* is part of food problems (like in §4.1.1) and of gloomy feelings. It is paired with speech anomaly (like in §4.1.4). Both associations are close to *ašuštu*.

- Significantly, as quoted in §2.2.2 and §4.1.4.3 in the stock list text 8.7, both *ašuštu* and *ašāšu* are found: one at the beginning of the list (l. 2 *a-šu-uš-tum tuk^{mes}-ši*), and the other at the end (l. 9 [*i*] *t-ta-na-āš-a-āš*).

4.3.2 When *ašāšu* is used for pregnant women’s mood swings

The exorcist in SA.GIG explores optimism and worry in pregnant women:

TDP 210: 105, SA.GIG Tablet 36: 105, Scurlock 2014: 248, 253 *šumma āl[ittu x(x)]-ša itanaššaššu⁶⁰ ša libbaša imât* “If, being pregnant, she (her heart/her spirit) is tormented all the time, the fruit of her womb will die.”

⁵⁸ Abusch/Schwemer 2011: 86, 91-92, 96 note 28’.

⁵⁹ I thank Martin Worthington for his proposition to restore *-uš* for D stative form. See this verbal form in Parpola 1993: SAA 10 196 r 17 *ṭē-e-mu ú-šā-šā*.

⁶⁰ The explanation of *-šu* at the end of the verb is difficult. Thanks to Martin Worthington part of the answer can be given: it cannot be a suffix: a) it would have to be dative or accusative, not possessive; b) *itanaššaš + šu = itanaššašsu*. Then *šā^{mes}*, *irrū* or *qerbu* should be restored in the lacuna for a plural even if they are not attested with *ašāšu*... See Danielle Cadelli, “Anatomie” in this Journal for more details about these organs. These choices do not change the general meaning of this case. Noteworthy is Heeßel’s comment (2000, 223, note 8-9) where he interprets this form as Ntn.

The prognosis is awful. René Labat (followed by JoAnn Scurlock) thought that the entry related to pregnancy pangs, and that these spasms were “real” bad omens for delivery. But in this context (the two preceding cases concern the pregnant woman’s mood) it seems that the symptom corresponds to the apprehension that an anxious fear would become reality. The translation of šā^{meš}]/tēm]-šá i-tá-na-áš-a-áš-šu is difficult: is her spirit perturbed, worrying about the pregnancy, or about the dangers of labour and delivery, or is the lady just the worrying type of a woman? Or does the torment arise from deep in her womb? Or, but it is difficult to prove it, *ašāšu* conveys the same type of severity than *ašuštu* and corresponds to a serious mental distress.

4.3.3 Is *ītanaššaš* an anxious state or an abdominal pain in the context of contusion?

TDP Tablet 13, 118 ii 19b // 234: 36, HeeBel 2000: 152, 158 Tablet 15: 36’, Scurlock 2014: 106, 113: 77b 141, 146: 36’: *šumma kimin-ma (ūmu ištēn marišma)*⁶¹ *ina libbišu mahiṣma u itanaššaš qāt tū’ami imāt* “If ditto (it is the first day he has been sick) and he was injured on his belly, and moreover (-*ma u* *zi.ir^{meš}*) he is continually upset/tormented: hand of the twin gods, he will die.”

JoAnn Scurlock translates: “as a consequence, (his stomach) is continually upset”. René Labat remains ambiguous: “en outre, il souffre constamment”. I follow HeeBel: “und er an seinem Bauch geschlagen und andauernd betrübt ist”. Noteworthy, the twin gods are responsible in both attestations of the ailment.

TDP 236: 43’, HeeBel 2000: 152, 158 Tablet 15: 43’, Scurlock 2014: 142, 147: *ana ki.min-ma (ūmu ištēn marišma) šēlašu ša šumēli tarik dāma iarru u itanaššaš ina ūmi šuāti mahiṣ imāt* “If ditto (it is the first day he is sick) and his left side (/ left rib) is black, he vomits blood and he is continually upset/tormented (*u zi.ir^{meš}*), he has been injured that same day, he will die.”

The two types of symptoms in these two cases are linked – or, more precisely, separated – by a coordinating conjunction (“and moreover” -*ma u*, “and” *u*). In the first case, the belly has been injured. In the second case, the location of the contusion is not specified but its consequences are local and lead to thoracic pathology: hematoma and hematemesis. These thoracic ailments are on the same level than *ītanaššaš*.

The two types of symptoms are without causal relationship: on the one hand, we encounter a body part ailment (belly trauma or thoracic trauma) and on the other hand the symptom *ītanaššaš* which could be a tangible stressful pain. Then the meaning of *ašāšu* is different from what was uncouned in the everyday language where it designated stressful feelings.

4.3.4 Is *ītanaššaš* an anxious state or an abdominal pain in the context of fever?

TDP 156: 10, HeeBel 2000: 195-196 Tablet 17: 10-12, Scurlock 2014: 163: *šumma ina tašrīt muršišu ummu šarih*⁶² *akala šikara inba māda ikkal ina libbišu lā uššab utabakka ubānšu itarraš ēnīšu iptenette ana ikkili iqāl ramānšu udammaq itanaššaš u pānūšu itanarriqū rābišu imhassu* “if at the beginning of his illness he is burning up, he eats lots of bread, beer and fruit (but) it does not remain in his stomach (and) is evacuated, he stretches out his finger, he stares with wide eyes, pays attention to noises, he treats himself well (*i.e.* he considers himself as a fine man?), he is continually upset/confused (*zi.ir^{meš} u*) and his face continually turns livid (lit. yellowish), the lurker-demon has struck him.

René Labat’s translation (1951: 159) gives a vivid description of the lurker’s evil actions: “depuis qu’il (ce démon) l’a ‘touché’, il s’est rivé à lui; il se nourrit de la nourriture qu’il (le patient) mange, s’abreuve de l’eau qu’il boit”. The unusual behaviour of the patient is difficult to define: is his way of looking frantic or does the patient’s pointing finger indicates that he sees something invisible (a demon attacking him)? Or that he is denouncing someone? Is he looking at some indistinguishable sight with fixed eyes and perceiving weird mysterious sounds? The description ends with the patient’s perturbed mind coupled with the yellowish or greenish colour of his face, which is not part of the patient’s queer behaviour, but seems to be added to the array of symptoms as an indication of severity.

Regardless of the nature of this illness, in this case digestive tract problems coexist with mental disturbance or an upsetting somatic symptom, so the meaning of *ašāšu* (physical or mental) is difficult to clarify. However, as it concludes an array of strange attitudes, in a context of serious illness and high fever, it may point towards a (mental or somatic) confusional state. Here, again, we are far from the meaning of *ašāšu* in the ordinary language.

⁶¹ The clause “diš ki.min” is found only in tablet 15.

⁶² For the reading *ummu šarih* or *ēm šarih* for kúm ūh, see HeeBel 2000: 162-163 note 15’.

- TDP 116 ii 4, Scurlock 2014: 105 Tablet 13: 62: *šumma libbašu êm(kúm) zu'tu kîma lubâti imtanaqqussu u itanaššaš imât* “if inside himself it is hot, sweat keeps falling upon him as in *lubašu*-disease and he is continually upset/tormented, he will die.”
- TDP 116 ii 4, Scurlock 2014: 105 Tablet 13: 63: *šumma libbašu êm(kúm) zu'tu kîma lubâti imtanaqqussu u itanaššaš qât Šamaš âšipûssu(maš.maš-su) teppuš u tukapparuš iballu* “if inside himself it is hot, sweat keeps falling upon him as in *lubašu*-disease and he is continually upset/tormented, hand of the Sun, you perform his relevant exorcism and wipe him: he will get better.”
- TDP 116 ii 7-8, Scurlock 2014: 105 Tablet 13: 65-66: *šumma libbašu imimma(kúm-ma) zu'tu kîma lubâti imtanaqqussu u itanaššaš ina libbišu⁶⁴ šummu šarih (kúm úh) ubânât šépêšu kašâ ud.3.kâm ilazzazma iballu* “if inside himself it gets hot but/and sweat keeps falling upon him as in *lubašu*-disease and he is continually upset/tormented, inside⁷ he is burning up (but) the toes of his feet are cold it will last three days then he will get better.

These three cases present different analyses of the association of (a): heat (inside) and sweat falling or attacking the patient (outside: upon him like in a special disease, *lubašu*) with (b): an upsetting feeling, either somatic or mental. At first glance the prognosis is negative, but, when the Sun-god is responsible, the prognosis turns well. Maybe the physician's questioning discovered that sunstroke was responsible for the problem, and then, the case was curable.⁶³ A third case adds opposite symptoms: burning heat inside and cold toes (outside?) leading to a good prognosis. The meaning of *ašâšu* could be that there were upsetting, unclear feelings in the body corresponding to opposite symptoms or to a confusional state with its severe meaning. The rather good prognosis in these circumstances is difficult to explain. The translation by torment is of course possible, but an anxious state does not provide any help for understanding the clinical case, so, a less focused translation “upset” seems more accurate. In any case, the meaning of *ašâšu* differs from the ordinary language of the letters.

4.3.5 Cases where *itanaššaš* occurs but the core symptom is a **head affliction**.

TDP 24-26: 63-64, Scurlock 2014: 16 Tablet 3: 72-73: *šumma qaqqassu pagaršu u rêš appišu umahassu šap[tâšu itanaššaš⁶⁴] u itanaššaš ...* “If his head, his body, and the tip of his nose give him a piercing pain, his li[ps produce sad noise⁷] and he is constantly tormented ...”

TDP 26: 67, Scurlock 2014, 16: 76: *šumma qaqqassu pagaršu umma šarih itanaššuš, qât tû'ami iballu* “If his head (and) his body are scorching with fever and he is constantly tormented: hand of the twin gods, he will get better.”

The head and the body are associated in these two cases. The first one is a severe pain syndrome; the second one is a general fever. I prefer to associate *itanaššaš* with mental sufferance, frequent in connection with pain and high fever, rather than with abdominal pain (as does JoAnn Scurlock), which obliges to imagine several scenarios to justify it. If I wanted to venture in storyline I would imagine that this *ašâšu* ailment linked to fever or to severe brain disease describes a confusional state. Noteworthy, the twin gods are again responsible of the illness maybe because of the duality of the pathology.

4.3.6 Close to the head affliction is a case where the core problem **concerns the face**

StBoT 36 Wilhelm 1994: text A: 22, 24, 29: 14 [*pa-nu-ú-šlu ma-aq-tú-ma i-ta-na-aš-ša-a-aš mu-ur-šú i-ri-likl-šu-ma pa-lnuš-šu x [...]* If his face is haggard (lit. his face is falling) and (because? / as can be seen in the fact that?) he is constantly tormented, his illness will last a long time for him, his face ...

This text from Hattuša is in favour of a description of a sad state of mind, the face being motionless. We may agree or not with this physician's rationale, namely that *itanaššaš*, the fact that the patient is tormented, explains the expressionless face. It seems that here the meaning of *ašâšu* is close to what is uncouned in the everyday language of the letters.

4.3.7 At last we find *itanaššaš* among symptoms appearing in the framework of **mental suffering**, with manifestations close to the modern popular expression “make one's hair stand on end”, “avoir les cheveux qui se dressent sur la tête” which means “to be terrified, to be under severe and scary stress”.

⁶³ It could be close to the *šetu* insolation-fever of §4.1.2.

⁶⁴ See Scurlock note (12 and 13 p. 25) about the restoration based on the commentary STT 403 r 51 giving the equivalence *i-ta-na-zu* = *lik-ki* šub.šub-su

It is possible that this folk expression had a different meaning in Akkadian, but the context makes this comparison attractive.

Heeßel 2000: 256 Tablet 22: 68, Scurlock 2014: 188, 192 *šumma ûtetette*⁶⁵ *êtanaššaš šârat muhhišu ittanažqap ina mûši imât* “If he is continually darkened⁶⁶ (lit. gloomy), tormented, (and) hair of his scalp is continually standing on end, he will die in the night”

The three symptoms follow each other without any coordinating conjunction, *i.e.* they are just juxtaposed. The context is obviously a mental disorder (mild or serious). No illness is mentioned here, just pathological signs, and the prognosis is nasty: the patient will die during the night (*ina ge₆*). This reference to the night is probably linked to the symptom “he is constantly darkened”. Since – in modern clinical terms – being gloomy does not, even with a severe mental disorder, lead to sudden death,⁶⁷ perhaps *ûtetette* should be taken literally. The sinister aspect of the skin would then explain the prognosis.

Brief aside: I suppose here that it was the clinical observations which helped to establish a prognosis and not the wordplay or other scholar’s linguistic considerations. The doctors used these observations in “real life” and could rely (as far as possible given the value of their medical knowledge) on them to take care of their patients.

4.3.8 In a broken context.

zi.ir^{meš} appears in a context of fever but the passage in Heeßel (2000: 229 tablet 19: 51, 55) is too broken to be analysed.

4.4 “At the same time” could *ašâšu* be a “real” somatic ailment symptom?

Ašâšu is also found in contexts which obviously relate to somatic pathology. In particular, *ašâšu* could be a digestive tract sickness or a symptom of a somatic sickness in some contexts.

4.4.1 *Ašâšu* in the context of digestives tract diseases

4.4.1.1 in *su’âlu*

– BAM 574 ii 29 *šumma amêlu [libbašu êt]anaššaš akala u šikara lâ imahhar naglabâšu*(maš.sil^{ll}-šû) *itanakkalâšu*

– BAM 575 iii 16 *šumma [amêlu libba]šu êtanaššašma akala u šikara rêštâ lâ imahhar naglabâšu*(maš.sil^{meš}-šû) *itanakkalâšu* “If his belly is constantly upset so that⁶⁸ he can digest neither food (bread) nor drink (beer), his shoulders are constantly painful”.⁶⁹

The pathological manifestation “torment” or some kind of “pain in the belly” is first in rank and is followed by problems linked to digestion. The pain in the shoulders could guide the diagnosis differently (like myocardial infarction) but were the physicians of this time aware of this possibility? Probably, not! Anyway, in our logic, *êtanaššaš* should be linked to a somatic affliction here.

Danielle Cadelli translates BAM 574 ii 16-19 and BAM 579 iii 16-17 (including the treatment) as follows:

Si un homme (présente) un ventre (qui) est constamment perturbé, qu’il ne peut digérer ni nourriture ni boisson, que ses épaules lui font continuellement mal : tu panseras sa tête avec constance, il mangera du beurre clarifié ; pendant 7 jours il ne devra pas manger d’ail, d’oignon ni de poireau. Tu le baigneras à plusieurs reprises dans de l’eau de *sunû*, tu pileras des graines d’*irru*, des graines de *hasû*, il boira dans de la bière et il sera guéri. (2000: 116, 179)

Danielle Cadelli also comments on *ašâšu*:

Le verbe comporte d’abord un sens abstrait ‘être dérangé, troublé, préoccupé’. Dans un sens concret, il signifie quelque chose du type ‘être souffrant’. Dans *suâlam*, il s’applique au *libbu* d’un homme qui digère mal, vraisemblablement dans le sens de ‘être perturbé, (peut-être douloureux)’. L’accent semble porter sur une perturbation d’un niveau d’équilibre antérieur. Il y a vraisemblablement un rapport actif entre le sens concret et celui abstrait ; ainsi, la maladie dérivée, *ašuštu*, est essentiellement une affection d’ordre psychique. (Note 175 p. 334-335).

The first recommended treatment raises a question: why is the head bandaged, since this type of treatment is usually reserved for headaches or head fever? Is it possible that one symptom is not

⁶⁵ For this grammatical form see Heeßel 2000: 271 note 68.

⁶⁶ In French “être sombre”, in English “to feel dark” means “to be gloomy”, it is the same metaphor.

⁶⁷ Unless, as Martin Worthington, in a personal communication, points out, through suicide.

⁶⁸ Only in BAM 575 iii 16 (-ma).

⁶⁹ For BAM 574 and 575 see Cadelli 2000.

understood? Could this symptom be *êtanaššaš*, as seen in the clinical case §4.2.5 where this ailment appears with cephalalgia, in §4.2.4 in a fever context, but in §4.1.3 – love sickness – it appears without fever. It is also possible that one symptom related to the head is missing. It is difficult to guess what is implied. By contrast, the dietetic fasting is understandable (even if its efficacy is not certain) and bath and potions were classic treatments in abdominal problems.

It is possible to assign *ašāšu* a nuance of mental disorder in the presence of loss of appetite, since we have seen that Esarhaddon's physician worried because the king could not eat, warning him that his mind may become perturbed (*têmu uššaša* SAA 10 196).

This supports Danielle Cadelli's suggestion, *ašāšu* corresponds to confusion/perturbation in the belly in the same way as in behaviour.

4.4.1.2 *îtanaššaš* is quoted twice in AMT 86/1,⁷⁰ unfortunately an incomplete tablet. The first occurrence is difficult to match with a psychic or somatic context (broken), but the second case is clearer:

AMT 86 iii 2: [šà]-[šû] *i-ta-[n]a-aš-ša-aš ip-ta-na-a[r-r]u?* "his belly is constantly upset, he vomits without end." (Abusch/Schwemer 2011: 87 and 92)

The digestive tract context is obvious. It is probably better to translate here *libbu* by "belly" but in French "to feel sick" is "avoir mal au cœur". Perhaps it was the same for Mesopotamian doctors? It is doubtlessly a "physical, body part context". But –there is always a "but" –if doctors had in mind symptoms linked to *šêtu*, insolation-type syndrom, these symptoms could be related to this "sun syndrom", and *ašāšu* could then correspond to a severe mental ailment. Anyway, there is a difference with the everyday language.

Black magic has caused the sickness and guides the treatment.

4.4.1.3 in TDP 160: 29

TDP 160: 29, HeeBel 2000: 197, 208, SA.GIG tablet 17: 29', Scurlock 2014: 164, 168 *šumma ina muršišu pâsûšu irmû u îtanaššaš murussu ezzibšu* "If during (the course of) his illness, his viscera are relaxed but (or: even if) he is tormented: his illness will leave him."

Compare HeeBel's translation "(wenn) seine Eingeweide erschlaffen und er andauernd betrübt ist" with Scurlock's "his insides are (alternatively) relaxed and upset". Labat's translation is more open to interpretations ("ses entrailles sont relâchées et il souffre continuellement"). I believe that a mental suffering like torment (following HeeBel) is implied here, and that there is an opposition between the patient's mood and his supple belly (no contracture during palpation?), which leads to a good prognosis.

4.4.2 Association of *îtanaššaš* with **breathing** problems in a syndrome due to a ghost's grip.

The shortness of breath in the following examples reminds us of the associations of *ašāšu* with a short temper, with a "lump in the throat" and with speech disturbances. It reminds also of the logogramme *zi.ir*.

BAM 216 r 55'-57' *šumma amêlu ina šibit šu.gidim.ma pânušu išsanundû u napšātušu iktanarrû 56' u napšâtîšu kîma ša mē šamû îtanaššaš ețemmu murtappidu 57' ina šêri ișbassu ana nasâhišû* "If due to the seizure by the hand of a ghost, a man's face seems continually to be spinning, his breath is constantly short and his breath comes *in a messy way* like someone thirsting for water: the hand of a roving ghost seized him in the steppe – in order to root it/him out (...)." Scurlock 2006, text 205: 489-90.

Scurlock's translation of *napšātu îtanaššaš* is "his breaths come *in a messy way*" is to be interpreted in view of the following parallel:

TDP 76: 62, tablet 9: 62, Scurlock 2014: 68, 72 *šumma pânušu išsanundû napšâtî iktanarrâ napištašu kîma ša mē šamû îtenerrub qât ețemmi murtappidi ina šêri ișbassu* "If his face seems continually to be spinning (and) (his) breath has become short (and) constantly enters his throat as if he was thirsting for water: the hand of a roving ghost seized him in the steppe."

Instead of *îtanaššaš* found in BAM 216, SA.GIG uses the verb *îtenerrub*, "(the breath) enters constantly", which could be translated by: "he gasps for breath" which is close to JoAnn Scurlock's translation, *in spasms* or mine *in a messy way*. If we follow Cadelli it is possible to translate "his breathing is disturbed". It is impossible here to stick to the mental symptom (and to the everyday language).

⁷⁰ Text 2.3 (Abusch/Schwemer 2011: 83-98, manuscript A₁, AMT 86/1)

This comparison is strange: thirsty people do not breathe in a special way.⁷¹ I suggest that thirsty persons seek water like somebody short of breath, air.

4.5 To summarize:

Ašuštu expresses a tormenting feeling of being insecure, worried and deeply perturbed which was associated with varied pathological manifestations of both the bodily and the mental sphere. The great variety of contexts in which it appears is a striking feature of this mental ailment, and adds to the difficulty of characterizing it (anxious state, depressive mood, confusion, upsetting or messy sensation ...). This suggests that *ašuštu* is a disease, implying several pathological elements, and not just a symptom, a complaint.

In everyday language (see above in the introduction to *ašâšu/ašuštu*) the verb *ašâšu* mostly designates worrying feelings; in medical texts it describes upsetting feelings in the somatic or mental sphere. In the letters, in Mari or in Nineveh, it covers a wide range of feelings, from simple annoyance to real despair. In the medical texts it corresponds to a mental (or bodily) disorder deserving treatments.

The disease *ašuštu* is mainly found in medical contexts, often in ready-made expressions (e.g. *ašuštu imtanaqussu*). I have mostly chosen, as mentioned above, to translate this perturbation by “torment” because it is the main manifestation of love-sickness. In this in mind, the fact that the Old-Babylonian attestation of *ašuštu* is found in a dialogue between lovers is particularly relevant.

“To be upset” is a good alternative: it is a common feeling occurring in many contexts in which *ašâšu* or *ašuštu* are quoted, and suggests that it was a physical or mental disturbance.

Alongside psychological perturbations, several cases of *ašâšu/ašuštu* seem to denote upsetting sensations inside the body, especially from the digestive tract but also breathing perturbations and/or the sensation to have a lump in the throat.

The association of *ašâšu/ašuštu* with fever in serious contexts seems to point to a more severe mental sufferance like confusion with or without delirium.

It is possible that the association of digestive pathology and of mental affliction in *šêtu* insolation-syndrome (or in others that I did not spot) led to a modification of the use of *ašâšu* and of *ašuštu* in the medical texts and led also to transform them into real technical terms.

I suggest that the first meaning of *ašâšu* and of *ašuštu* was the one found in the everyday language, designating a mental instability (like being worried, tormented); and that in the medical texts the meaning of this verb developed, so that it could also designate a somatic dysfunction. This process led also to the elaboration of a clinical diagnosis in the mental sphere: *ašuštu*. Following Cadelli (2000: 334-335), *ašâšu* signified that the normal function of a body part or of the mental sphere is disturbed, confused. But the mundane meaning is also found in the medical texts (as in love-sickness) and this, if I may use this word, is confusing.

The examination of *ašâšu/ašuštu* has also shown that the border between mental and somatic disorders is blurred in Mesopotamian medicine: symptoms of mental disturbance are listed alongside abdominal ailments or other body part manifestations, apparently being regarded as being “on the same level”. Moreover, the physicians associated this psychic ailment closely with somatic ailments, and especially with digestive organs disorders, in the same way as for *murûš libbi*.

This association has been relevant until modern times. Esquirol, during the nineteenth century (modern era!) wrote about the shifting of the transverse colon in insane patients. This type of “anatomy of insanity” has become obsolete, now we have more up-to-date anatomical or physiological explanations for mental disorders – even if we must not be too sure of what relevance they may be found to have in future.

⁷¹ Gilles Buisson points out to me that dogs gasp for breath when they are thirsty or when they make an effort to self-regulate their body temperature; the ancient people from Mesopotamia have probably observed it without understanding the ins and outs of it. They could have used this model to explain why people gasp for air. There is an interesting example of how people gasp for breath when escaping drowning in SA.GIG. TDP 84: 32b Scurlock 2014: 75: 32b: *šumma napištašu kîma ša ištu mē îtellâ iktanarra* “if he gasps (for air, lit. if his breath is short) like one who has just come up from the water”

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