

ANCIENT MAGIC AND DIVINATION III

**MAGICO-MEDICAL MEANS OF  
TREATING GHOST-INDUCED ILLNESSES  
IN ANCIENT MESOPOTAMIA**

by  
JoAnn Scurlock



**BRILL · STYX**

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**ANCIENT MAGIC AND DIVINATION**

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## Preface

This study began as a dissertation in Assyriology in the Department of Near Eastern Languages and Civilizations at the University of Chicago. This dissertation, entitled “Magical Means of Dealing with Ghosts in Ancient Mesopotamia” (MMDG), as indeed the title implies, consisted largely of “magical” prescriptions concerned with expelling ghosts (MMDG nos. 1–71, 77–78). It also included necromantic (nos. 72–76, 79–82) and “ghost assistance/substitute” prescriptions (nos. 83–88), which, since they are not healing rites designed to cure a person afflicted by a ghost, have been excluded from this book. In their place, the current study adds the “medical” means of treating ghost-induced illnesses (quoted from published copies in *BAM*, *AMT* etc.) as well as several “magical” prescriptions recently edited by D. Schwemer in *THeth* 23 (Part IIB). Although some sections of the original dissertation survive virtually intact, others have been completely rewritten to incorporate the new material. All of the Geers’ copies (which were used in the dissertation courtesy of the Assyrian Dictionary Project) have now been collated against the originals in the British Museum. Most of the medical texts in the Kuyunjik collection, as well as the recently catalogued Sippar collection have also been examined. In the process, a few new ghost texts (or parallels to old texts) were discovered. These are here included with the kind permission of the Trustees of the British Museum. *CT* 23 15–22+ (originally edited by G. Castellino) was reedited in the dissertation from a photograph. All prescriptions (whether included in the old dissertation or not) have been given a new number in accordance with a scheme explained below (Part IIA). In the process, important information as to the original context of the prescriptions could have been lost, to avoid which a chart of the arrangement of prescriptions on the original tablets has been provided (Part IIC). For the convenience of the reader possessing a copy of the original dissertation, a concordance of old and new numbers has also been provided (Part IID).

I would first and foremost like to thank my dissertation supervisor W. Farber for his help, encouragement and erudition. I would also like to extend special thanks to R.D. Biggs, with whom I first studied magical and medical texts, who helped in many ways, large and small, in shepherding the original dissertation to completion. Without the help and support of McGuire Gibson none of this might ever have been accomplished. I would also like to thank the other faculty of the Oriental Institute (past and present), who have, over the years, contributed to my understanding of ancient Mesopotamian languages and culture: J.A. Brinkman, M. Civil, I.J. Gelb, G. Gragg, H. Hunger, S. Parpola, E. Reiner, and J. Renger. I would also like to extend special thanks to W.R. Mayer for giving me many helpful suggestions on the original dissertation. I would also like to thank the Assyrian Dictionary Project for access to the Geers’ copies and to the Trustees

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*Preface*

of the British Museum for permission to use their unpublished texts. For allowing me to collate the ghost texts in their care I would like to thank Christopher Walker of the British Museum, London, Joachim Marzahn of the Vorderasiatisches Museum, Berlin, Béatrice André-Salvini and Alain Duclos of the Louvre, Paris, Jean-Marie Durand of the École Pratique des Hautes Études, Paris, Eric Gubel of the Musée Cinquenaire, Brussels and Gretchen Worden of the Mutter Museum of the College of Physicians of Philadelphia. A special accolade goes to Sarah Collins of the British Museum, without whose persistence and intimate knowledge of the collections the original of a misnumbered Geers copy would probably never have been located.

Among non-Assyriologists, I would like to thank S. Humphreys, H. İnalçık, and M. Murrin for helping to develop my abilities of critical thinking. Also central in helping to shape my scholarship were classes of C. Grey and R.I. Moore. The assassinated I. Coulianu will also be much missed. Burton Andersen, M.D. has provided invaluable assistance in the translation of medical terminology.

Finally, I would like to thank C. Faraone and R. Jas who have read much of the current manuscript and made many useful suggestions. I hope that this book will not disappoint them.

Without the support, financial, intellectual and otherwise, of my parents Prof. John Scurlock, UMKC School of Law and Prof. Jean Scurlock, KCCC, my studies would not have been possible.

Finally, I would like to thank my husband, Richard H. Beal for much questioning, suggesting, cajoling, arguing, xeroxing, and editing that added immeasurably to this work.

#### **A note to the reader**

The author wishes to apologize for a delay, due to no fault of her own, of some six years from the date of submission and approval to the date of publication of this book. In this time-period scholarship has not stood still. While the author has made changes necessitated by collations and newly published texts, in the interests of preventing any further delay, she has chosen not to attempt to incorporate all of the valuable information contained in those secondary works which have appeared in the meantime. Of these, one should particularly note Nils Heeßel, *Babylonisch-assyrische Diagnostik*, AOAT 43 (Münster: Ugarit Verlag, 2000) in which Tablets 15–33 of the Diagnostic and Prognostic Series, previously Labat, *TDP*, have been reedited with extensive commentary. For more on ghosts and medicine (chapter 2) see now J. Scurlock and Burton Andersen, *Diagnoses in Assyrian and Babylonian Medicine* (Champaign: Univ. of Illinois Press, 2005).

Despite this delay, the author believes that the book still has much to offer, and hopes that the reader will agree that it was worth the wait.

### **Note on the Abbreviations**

The abbreviations employed for text citations conform with those listed in W. Von Soden, *Akkadisches Handwörterbuch*, 3 vols. (Wiesbaden: Otto Harrassowitz, 1965–1981), [Hereafter von Soden, *AHw*], vol. 1: viii–xvi, vol. 2: iii–iv and vol. 3: ix–xvi with the exception of Gray, *Šamaš* (for C.D. Gray, “*The Šamaš Religious texts*” [Ph.D. dissertation, University of Chicago, 1901]), *OrNS* (for *Orientalia, Nova Series*), Durand, *Doc. Cun.* (for J.M. Durand, *Documents cunéiformes de la iv<sup>e</sup> Section de l’École pratique des Hautes Études*, Hautes Études Orientales 18 [Paris: Librairie Droz, 1982]), *SpTU* 1 for (H. Hunger, *Spätbabylonische Texte aus Uruk* 1 ADFU 9 [Berlin: Gebr. Mann, 1976]), *SpTU* 2 (for E. von Weiher, *Spätbabylonische Texte aus Uruk* 2, ADFU 10 [Berlin: Gebr. Mann, 1983]) and *SpTU* 4 (for E. von Weiher, *Spätbabylonische Texte aus Uruk* 4, AUWE 12 [Mainz: Philipp von Zabern, 1993]). Abbreviations of secondary works should be self explanatory; full references are given in the Bibliography.



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## PART I

### Chapter 1

#### INTRODUCTION

When we think of ghosts, we think of strange noises and apparitions, not of migraine headaches and rumblings in the stomach. And when we think of the “exorcism” of an afflicting ghost, we are imagining hocus pocus, not the administration of a bandage, salve or potion containing medicinal plants. In the following study, I explore the interaction between “magic” and “medicine” as applied specifically to ghosts, and attempt to answer the following questions. What sorts of ailments did the ancient Mesopotamians attribute to ghosts? In healing rituals, who performed what part? When and where were such rituals performed? What is the relationship of the recitations to the actions which were performed during the course of the ritual?<sup>1</sup> Under what circumstances and to which gods were offerings made in the course of healing rituals? What procedures were used and for which particular symptoms? To what extent were medicaments intended as *fuga daemonorum* and to what extent were they used simply to treat the symptoms produced by the ghost? The question of the identification of plants used for “hand of ghost” and the related question of their medical effectiveness is sufficiently complex to warrant a study in its own right, and hence shall not be dealt with here.

#### Prospectus

The present study does not deliberately exclude any text in which ghosts are blamed for producing illness<sup>2</sup> regardless of whether anyone might wish to classify it as “magical” or “medical”. However, for the convenience of readers who wish to make a distinction between that part of ancient “magic” which concerned itself with healing and ancient “medicine”, I discuss procedures which most scholars would prefer to regard as “magical” (i.e. figurines, libations, etc.) separately from those which would normally be considered “medical” (i.e. bandages, enemas and the like).

To facilitate discussion, I have also carved up the original texts and separated out the individual prescriptions contained in them. To some extent, this is justified by the fact that there was apparently no canonical order for ghost prescriptions. Although texts often parallel one another, omissions and substitutions are frequent and it is by no means unheard of to have a situation where the same series of prescriptions appear in two different texts in completely different (even inverse) order.<sup>3</sup> This is a feature which, to judge from a preliminary analysis of medical texts in general, is by no means confined to ghost prescriptions.<sup>4</sup> Treating the texts as collections of separable prescriptions also makes it easier to integrate into the discussion references to ghost induced problems listed in the Diagnostic and Prognostic series (Labat, *TDP*).

Anyone interested in the original arrangement of prescriptions on any individual tablet should consult the relevant chart (Part IIC), which also includes a description of medico-magical prescriptions which do not seem to involve ghosts and which have therefore not been translated here. Prescriptions are ordered and numbered in accordance with the following scheme. The two “ghostly scream” prescriptions come first (nos. 1–2), followed by apparitions (nos. 3–54) and then physical problems (nos. 55–227) with a category of broken or unspecified “hand” of ghost ailments at the end (nos. 228–352). Within each category, prescriptions are numbered in accordance with the procedure employed, beginning with ghost NAM.BÚR.BI’s, proceeding via libations, figurines and other surrogates, magical encirclement and amulets to fumigants, bandages, salves, aliments, potions, washes, and suppositories.

### The Texts

The majority of our texts were written in Assyrian script in the Neo-Assyrian period, and were found at the Assyrian capital, Nineveh.<sup>5</sup> There are also a few texts from Nineveh in Babylonian script.<sup>6</sup> Of the texts from Nineveh, only ten have colophons preserved. Eight of these<sup>7</sup> are from Aššurbanipal’s library. The other two<sup>8</sup> were apparently privately owned,<sup>9</sup> but there is no reason not to date them to the Sargonid period (721–627 B.C.) as well. The next largest group of texts is also in Assyrian script, but was found at the religious center and former capital, Aššur.<sup>10</sup> Those which have colophons preserved show them to stem from the activities of Kišir-Aššur son of Nabû-bēssunu<sup>11</sup> and his nephew Kišir-Nabû son of Šamaš-ibni,<sup>12</sup> both *āšipus* attached to the temple of Aššur, chief god of the Assyrian pantheon. One of the texts<sup>13</sup> is dated to 658 B.C. by *limmu*-eponym and both Kišir-Aššur and Kišir-Nabû are known from other sources to have been active during the reign of Aššurbanipal (668–627).<sup>14</sup> One text reputedly from Aššur which, to judge from the script, is also Neo-Assyrian in date, belonged to a certain Nabû-zēr-kitti-līšir, son of Mardi.<sup>15</sup> There are also two texts found at Sultantepe which contain prescriptions for “hand of ghost”.<sup>16</sup> In addition to these Neo-Assyrian texts, there is one Middle Babylonian text found at Aššur and presumably from the library of Tiglath-pileser I (1114–1076 B.C.),<sup>17</sup> and one Middle Assyrian text.<sup>18</sup> Of the texts known to me, there are nineteen which were not found in Assyria. Of these, seven are from the Hittite capital of Hattuša,<sup>19</sup> one from Babylon,<sup>20</sup> one from Nippur,<sup>21</sup> three from Sippar,<sup>22</sup> one from Ur,<sup>23</sup> two are of unknown provenience<sup>24</sup> and the remaining four are from Uruk.<sup>25</sup> The “Hittite” texts are written either in “Assyro-mitanian” script<sup>26</sup> or “mischduktus”,<sup>27</sup> and were probably either imported directly from Assyria or copied from imported tablets in Hattuša.<sup>28</sup>

Lest we forget that scholarship has always been a cooperative process, it should be noted that the colophons reveal that, although some texts were copied from Babylonian originals,<sup>29</sup> a larger number (including one of those in Babylonian script) were copied from Assyrian originals.<sup>30</sup> There is not now, nor has there ever been, any justification for seeing all of ancient Mesopotamian knowledge as having been formulated in the Old Babylonian period and merely copied mindlessly and without change or alteration for the better part of a millennium.<sup>31</sup> If the putative Old Babylonian “originals” of Aššurbanipal’s medical texts are ever found, then and only then will it be time to assess

the contribution of Assyrian scholarship to the whole, and the extent to which change and development are or are not a part of ancient Mesopotamian tradition.

### Format of Prescriptions

Ancient Mesopotamian prescriptions consist of a symptoms list and/or label which states under what conditions the prescription will be of use, *dromena* (i.e. a set of instructions as to what the healer and/or patient is supposed to do) and/or *legomena* (i.e. a set text to be recited a specified number of times at appropriate points in the procedure). Some ghost prescriptions (Type A)<sup>32</sup> have a format: symptoms list(//) *dromena* // *legomena*( // *dromena* // *legomena*, etc). Others (Type B)<sup>33</sup> have a format: *legomena* // (label //) *dromena*. A third type (Type C)<sup>34</sup> consists solely of *legomena* (usually these are collections of recitations with periodic labels). The fourth and final type (Type D)<sup>35</sup> consists of a symptoms list or label and / or *dromena*. This last comprises the single largest category and may be subdivided into three subtypes: Type D<sub>1</sub> = symptoms list or “If ditto” followed by *dromena*;<sup>36</sup> Type D<sub>2</sub> = label embedded in the *dromena*<sup>37</sup> and Type D<sub>3</sub> = just *dromena*.<sup>38</sup> Usually Type D texts involve no *legomena*, but there are cases where a set text is to be recited but is not actually quoted in full; i.e. the healer was expected to look up the recitation in question in a Type C text.<sup>39</sup>

This difference in format is certainly striking, but it does not seem to affect the content of the texts.<sup>40</sup> Not only are similar prescriptions sometimes cast in differing formats,<sup>41</sup> but in one case the very same prescription is found in three different formats.<sup>42</sup>

In sum, the three hundred and fifty-two odd prescriptions for ghost-induced problems which have come down to us from ancient Mesopotamia are distributed in no fixed or canonical order among some one hundred and thirty-nine texts, most of them written in the Neo-Assyrian period and in Assyrian script. According to the colophons preserved on a number of these texts, the treatment of “hand” of ghost syndrome fell under the purview of the ancient Mesopotamian healing specialist known as the *āšipu*.<sup>43</sup> The prescriptions of which he kept lists for general reference or which he “excerpted for specific performance” appear in four different formats, or arrangements, of the basic contents, which consist of some indication of the specific problem to be solved, *legomena* and / or *dromena*. In the following chapters, each of these shall be dealt with in turn.





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## Chapter 2

### SYMPTOMS OF GHOSTLY AFFLICTION

Ancient Mesopotamian ghosts made themselves obnoxious in three distinct ways – by emitting ghostly screams,<sup>44</sup> by haunting people in visible form,<sup>45</sup> and by causing a series of physical problems.<sup>46</sup> More specifically, two of our prescriptions instruct what to do “if a ghost cries out in a person’s house.”<sup>47</sup> A further fifty-two deal with apparitions, and another one hundred seventy-three are concerned with headaches, ringing/buzzing in the ears, rumbling stomachs, and the like. The remaining one hundred twenty-five are either fragmentary or simply note that they are directed against “hand” of ghost.

#### Types of Ghost Causing Problems

Sometimes the labels or introductions attached to ghost prescriptions give details about the nature of the dead person, distinguishing between ghosts of the patient’s relatives on the one hand<sup>48</sup> and “pursuing”<sup>49</sup> or “roving”<sup>50</sup> or “strange”<sup>51</sup> ghosts who have accosted him in the steppe lands on the other.<sup>52</sup> They also occasionally refer to the precise way in which the ghost in question met his end.

“(The ghost of one) who was killed with a weapon (and) abandoned in the steppe afflicts him.”<sup>53</sup>

“‘hand’ of a ghost who died through murder”<sup>54</sup>

“Among his relatives, the ghost of (one who) died of thirst afflicts him.”<sup>55</sup>

“The ghost (of one) who died in water afflicts him.”<sup>56</sup>

“The ghost of someone burned to death afflicts him.”<sup>57</sup>

Particularly vicious ghosts are also distinguished: “hand” of a murderous ghost<sup>58</sup> or “the ‘double’ of the dead person afflicts him.”<sup>59</sup>

A careful examination of such passages shows that the choice of which ghost to blame for what symptoms was not necessarily arbitrary. “(If) he continually see[s] dead persons (in his dreams) . . . (the ghost of one) who was killed with a weapon (and) abandoned in the steppe afflicts him”<sup>60</sup> makes a certain amount of sense – given the desperate need of abandoned ghosts for food and water,<sup>61</sup> they could be presumed to be the sort to pester strangers for a hand-out.

In a number of cases, the behavior of the victim was seen to mimic that of the ghost in a manner suggestive of possession.

“If his breath is continually short like one who has just come up from the water

- ... the ‘hand’ of the ghost of one who [died] in the water [afflicts him].”<sup>62</sup>  
“If he rubs his face, the ghost (of one) who died in water afflicts him.”<sup>63</sup>  
“If he continually strikes his face and screams, the ghost of someone burned to death afflicts him.”<sup>64</sup>  
“(If) his breath has become short (and) constantly enters his throat as if he were thirsting for water, the ‘hand’ of a ghost roving in the (waterless) steppe afflicts him.”<sup>65</sup>

There is also an obvious connection between “roving” (*murtappidu*) or “roaming” ghosts and the mental derangement or neurological disorders for which they are sometimes blamed.

- “[If] his [mind] becomes deranged so that he cannot take (any) action, ‘hand’ of a ro[vi]ng ghost.”<sup>66</sup>  
“If the scepter of Sîn has been placed on him and he bends and stretches out his foot, he drones and saliva flows from his mouth, a ghost roving in the steppe afflicts him.”<sup>67</sup>  
“If ... his mentation is altered so that he wanders about (*urappad*) without knowing (where he is) as in affliction by a ghost.”<sup>68</sup>

In other cases, the connection between the symptoms and the ghost was apparently made by looking for homophones or near homophones.

- “If his limbs are as quiet as those of a healthy person (but) his mouth is ‘seized’ so that he cannot talk, ‘hand’ of a murderous ghost (var: ‘hand’ of the ghost of someone burned to death).”<sup>69</sup>  
“If his limbs are as quiet as those of a healthy person (but) he is silent (*i-qá-al*) and does not take any food, ‘hand’ of a murderous ghost (var: gh[o]st of someone burned to death).”<sup>70</sup>

Since, as we have seen, incinerated ghosts typically made their victims scream, the silence produced in these cases is something of an anomaly until it is remembered that *qalû*: “to burn” is a near homophone to *qâlu*: “to be silent”. Many of the fatal symptoms were, quite naturally, laid at the door of “murderous” ghosts.<sup>71</sup> Particularly telling is the following example.

- “If he was wounded on his spine and, as a consequence, he is stopped up so that his excrement cannot come out,<sup>72</sup> ‘hand’ of a murderous ghost; he will die.”<sup>73</sup>

One can almost imagine the ghost literally stabbing his victim in the back. Such spirits could also take away the patient’s will to live.

- “If his limbs are as quiet as those of a healthy person (but) he is silent and does not take any food, ‘hand’ of a murderous ghost (var: gh[o]st of someone burned to death).”<sup>74</sup>

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*Symptoms of Ghostly Affliction*

It is probable that the “murderous ghost” was in such bad sorts due to the fact that he himself was a victim of murder.

“If when (a confusional state) comes over him, his limbs go numb, his face seems to spin, his abdomen wastes away and whatever he puts to his mouth is always excreted all at once from his anus on the very same day, ‘hand’ of a ghost who died through murder.”<sup>75</sup>

It should, therefore, come as no surprise that ghosts who drowned or otherwise died unpleasant deaths sometimes also behaved like “murderous” ghosts.

“If depression continually afflicts him (and) he makes supplication to whatever he sees, his limbs are hot and he sweats every day, he continually has a big appetite (and) until they bring him what he wants, he vomits (but) when they bring it to him he looks at it and does not eat it, the ‘hand’ of a ghost who [died] in the water [afflicts h]im.”<sup>76</sup>

“[If] his left [arm]pit hurts him (but) he does not have a fever, the ‘double’ of a dead person afflicts him; he will die.”<sup>77</sup>

This rule applied even to family ghosts, as may be seen from the following example.

“If his head, his body (and) the tip of his nose continually hurt him, [he bites his] lips, and he is continually depressed, among his relatives, the ghost of (one who) [died] of thir[st afflicts him].”<sup>78</sup>

Of interest to modern psychiatrists is the fact that certain types of compulsive behavior seem to have been laid at the door of a guilty conscience.<sup>79</sup> Particularly noteworthy are the following afflictions by the ‘double’ of a person whom the victim has wronged.

“If he chews on his arms, he (the patient) had a person strangled to death and the ‘double’ of the dead person afflicts him.”<sup>80</sup>

“If, during his illness, he talks continually, a ghost, the ‘double’ of a dead person afflicts him (but) he will get well.”<sup>81</sup>

“If he continually cries out: ‘my heart, my heart’ (and) gets up and runs, a ghost, the ‘double’ of a dead person [afflicts him].”<sup>82</sup>

Sometimes, ghost prescriptions indicate that the ghost was not the actual initiator of the afflictions.

“If a person is chosen as a mate for a dead person and, as a result, a ghost afflicts him.”<sup>83</sup>

“If a person continually sees dead persons, ‘hand’ of Ištar.”<sup>84</sup>

“If ‘hand’ of ghost turns into AN.TA.ŠUB.BA, that person is sick from ‘hand’ of his city god.”<sup>85</sup>

“‘hand’ of ghost, deputy of Ištar”;<sup>86</sup> “[hand]’ of ghost, deputy of Ea”<sup>87</sup>

The first example was intended to counteract the machinations of sorcery. In the last cases, we are probably safe in assuming that the god whose “deputy” the ghost was sent him to plague a person at whom the god was angry.

### Noises

Given the rarity of prescriptions designed specifically to combat the effects of hearing a ghost, one might suppose that aural encounters were infrequent, or at least not very serious. On the contrary, as we know from the omen series *Šumma Ālu*, to see or hear a ghost in one’s house was not merely traumatic for the individual concerned, but also portended disaster for him or his household. To avert this, it was necessary to perform an apotropaic ritual (NAM.BÚR.BI).<sup>88</sup>

To judge from the number and frequency of references in *Šumma Ālu*, hearing a ghost was every bit as much to be dreaded, from an ominous point of view, as seeing one. For example, CT 38.26 contains twenty-five lines of omens relating to ghosts of which seventeen refer specifically to noises made by the ghost at various times and in various places,<sup>89</sup> another four<sup>90</sup> refer to ghosts entering people’s ears, and of the remaining lines, two<sup>91</sup> refer to frightening, which might be caused by shrieks as well as by visions and only one unequivocally refers to seeing a ghost.<sup>92</sup>

Our ghost prescriptions betray a similar concern for the ominous consequences of hearing ghosts. The one text which deals exclusively with the effects of hearing a ghost is a NAM.BÚR.BI,<sup>93</sup> whereas of all the prescriptions designed to combat apparitions, only one, which also mentions hearing the ghost, takes that form.<sup>94</sup> One is led to wonder from this whether there were any NAM.BÚR.BIS specifically concerned with seeing as opposed to hearing ghosts. One indication that there were not is to be found in the necromancy texts. There, the practice was to perform a NAM.BÚR.BI ritual if something went wrong.

“If (the ghost) is silent and does not remain stationary, [you perform] a NAM.BÚR.B[I].”<sup>95</sup>

Since the problem was that the ghost was being seen and not heard, one might expect the NAM.BÚR.BI in question to refer to the evil portended by seeing a silent ghost. On the contrary, the NAM.BÚR.BIS quoted in full in necromancy texts explicitly refer to the evil portended by a ghost screaming in a person’s house!<sup>96</sup> This would seem to suggest that no NAM.BÚR.BI for visible but noiseless ghosts was to be found in the corpus.

### Apparitions

Apparitions usually took the form of an encounter between the patient and “dead persons”: “if a dead person mee[ts] with a living person”<sup>97</sup> or “if a person continually sees dead persons.”<sup>98</sup> The *legomena* of apparition prescriptions also make mention of such encounters.

“Dead persons, why do you meet with me – those whose cities are tells (and) they are (nothing but) bones? I do not go to Kutha, assembling-place of ghosts;

why do you continually come after me?”<sup>99</sup>

“The many dead persons who meet with NN son of NN or a dead person known to him who meets with him – so that he may not return and meet with NN, your servant, I will give him this. Let him receive (it) from me and so not return and not meet with NN, your servant.”<sup>100</sup>

Note also that some prescriptions promise that, if the *dromena* are properly performed, “that person, for as long as he lives, will not see a dead person.”<sup>101</sup>

Sometimes, the prescriptions give a bit more detail as to the nature of this “meeting”. One label states: “recitation (to be used) if a dead person meets with a living person for evil purposes.”<sup>102</sup> This qualification is necessitated by the fact that there were circumstances under which the living went to great lengths to meet with the dead, namely during the practice of necromancy. The prescriptions with which we are dealing are not concerned with this solicited form of apparition but with undesired encounters.

Another prescription specifies that it is to be used: “if a person continual[ly] sees [dead person]s, (either) one who is known to him or not kn[ow]n to him.”<sup>103</sup> Similarly, in the *legomena*: “The dead persons whom I know (and) many dead persons whom I do not know meet with me.”<sup>104</sup>

Ghosts of relatives and strange ghosts belonged to different categories,<sup>105</sup> so it was helpful to know that this particular prescription was generic. Other prescriptions made it clear that they could be used globally by mentioning both known and unknown ghosts in the address to the haunting trouble maker.

“Whether he be (the ghost of my) father (or) mother, or brother (or) sister or the son of somebody or other or a roaming ghost with no one to care for him, a funerary offering has been made for him.”<sup>106</sup>

There were also, as one might expect, prescriptions designed to be used exclusively against family ghosts<sup>107</sup> or exclusively against strange ghosts.<sup>108</sup>

Some prescriptions specify that the ghost in question was seen while dreaming.<sup>109</sup>

“[If a person] continually sees dead persons [in] his dreams . . .”<sup>110</sup>

“If a gh[ost afflicts] a person so that he continually sees dead persons (when he is) in his bed . . .”<sup>111</sup>

Similarly, in *legomena*: “you must not return and mee[t] in a dream with NN, son of NN”<sup>112</sup> or “[NN son of NN whom a gh]ost afflicts so that it meet[s] with him while dreaming and awake.”<sup>113</sup>

Such encounters might be solicited either by a family or by a strange ghost. “(If) [his dreams are numerous], (and) he continually sees dead persons (in them but) he cannot [exactly remember the dreams (which) he] sees”<sup>114</sup> might have been caused, due to variations which are unfortunately now lost to us, either by the fact that: “[the ghost] (of one) who was killed with a weapon (and) abandoned [in] the steppe afflicts him”<sup>115</sup> or by “the ‘hand’ of his family ghost.”<sup>116</sup>

As many of these examples show, apparitions could result from the “affliction” of the patient by a ghost, a term quite frequently used, as we shall see, to describe the onset

of physical symptoms. Alternatively, the appearing ghosts might have been sent by a god.

“If a person continually sees dead persons, ‘hand’ of Ištar.”<sup>117</sup>

The fact that a patient was seeing ghosts was not necessarily a bad sign.

“If (the patient is ill for a long time and then) he sees dead persons, (if you apply the appropriate remedy, he will get well).”<sup>118</sup>

Nonetheless, whatever the nature of the ghost, apparition texts were basically designed to prevent any further encounters between the dead and the living. Typical formulations are: “to keep him away so that he does not see him”;<sup>119</sup> “to keep away the dead persons (whom he continually sees)”;<sup>120</sup> or simply “to keep (them) away.”<sup>121</sup> In the *legomena*, the ghost is supposed to “leave (the patient) alone”,<sup>122</sup> to “not return”,<sup>123</sup> to “not approach”,<sup>124</sup> or to distance himself.<sup>125</sup> Also note that a number of prescriptions promise that, if the *dromena* are properly performed, “dead persons will be kept away.”<sup>126</sup>

As might be expected, apparitions were typically dealt with by means which we might prefer to regard as “magical”: libations, figurines or other surrogates, magic encirclement, and amulets. Put another way, a good percentage of all of these “magical” types of prescriptions, that is to say, seven of eight libation prescriptions,<sup>127</sup> seven of twenty-one figurine prescriptions,<sup>128</sup> one of three surrogate prescriptions,<sup>129</sup> one of six magic encirclement prescriptions,<sup>130</sup> and twenty-five out of seventy-four amulet prescriptions<sup>131</sup> were designed to deal with apparitions.

What is less expected is that there were also seventeen salves<sup>132</sup> and seven potions<sup>133</sup> for apparitions. Without exception, medicaments found in apparition potions appear also in potions for hurting insides,<sup>134</sup> a fact which suggests that these apparitions, at least, were visual hallucinations accompanying severe abdominal discomfort.

### **Physical Problems**

The other major concern of texts designed to expel ghosts was the physical problems which ghosts were believed to cause. It should be noted that, in the following discussion (and the texts in Part II), translations of medical terminology and interpretations of disease entities are discussed and justified in J. Scurlock and B. Andersen, *Diagnoses in Assyrian and Babylonian Medicine*, to which the reader is referred.

The causing of physical problems by a ghost is usually expressed as “seizure” by the ghost or seizure by the “hand” of a ghost or simply as “hand” of ghost.<sup>135</sup> The use of this expression indicates that the ghost was imagined as physically taking hold of his victim. To avoid confusion with our own term “seizure”, however, I have (with a few exceptions) translated DIB (literally “seize”) as “afflict” and DIB-*it* (literally “seizure by”) as “affliction by”. The following are typical formulations.

“If a ghost afflicts a person (so that) ...”<sup>136</sup>

“If a ghost afflicts a person and s[tay]s continuously in his body and can not [be

dispelled] ...”<sup>137</sup>

“If a ghost afflicts a person (and) continually pursues him ...”<sup>138</sup>

“If ... affliction by a ghost.”<sup>139</sup>

“If ... a ghost afflicts him.”<sup>140</sup>

“If, as a result of affliction by a ghost ...”<sup>141</sup>

“If ‘hand’ of ghost afflicts a person (so that) ...”<sup>142</sup>

“If ... ‘hand’ of ghost afflicts him.”<sup>143</sup>

“If, as a result of affliction by ‘hand’ of ghost ...”<sup>144</sup>

“(Such and such a procedure/so and so many plants, etc.) for ‘hand’ of ghost ...”<sup>145</sup>

“If ... ‘hand’ of ghost.”<sup>146</sup>

“If ... affliction by ‘hand’ of ghost.”<sup>147</sup>

“(If you want to cure) a persistent attack of ‘hand’ of ghost<sup>148</sup> which the *āṣipu* is not able to remove ...”<sup>149</sup>

“If ‘hand’ of ghost stays continuously in a person’s body and can not be dispelled ...”<sup>150</sup>

“If ‘hand’ of ghost afflicts a person and continually pursues him ...”<sup>151</sup>

More rarely, the ghost was said to “fall” on his victim<sup>152</sup> or to “strike” him<sup>153</sup> or to make him sick.<sup>154</sup>

### Symptoms

Symptoms of affliction by a ghost range from the merely annoying to the gruesome.<sup>155</sup> It might be only a telltale rumbling of the insides that warned of the presence of a ghost,<sup>156</sup> but it was usually much more. Although symptoms are often localized, ghost prescriptions show that it was *not* the case, despite what is written in the general literature, that “each demon attack[ed] by preference [only] one part of the body”.<sup>157</sup>

A number of prescriptions simply detail the patient’s symptoms and, if it were not for the diagnostic and prognostic series (*TDP* and parallels), we would not know that these had anything to do with ghosts. Thus, for example, several prescriptions have: “If the blood vessels of a person’s temple afflict him and his eyes contain blood”<sup>158</sup> and “If a person’s temples afflict him and his eyes contain blood”<sup>159</sup> with no mention of any ghost. An entry in the diagnostic and prognostic series, however, reveals that these are indeed the symptoms of ghost affliction: “If the blood vessels of his temple afflict him and his eyes contain blood, ‘hand’ of ghost.”<sup>160</sup> Similarly, in therapeutic texts: “If a person’s temples afflict him and his eyes contain tears”<sup>161</sup> and “If the blood vessels of a person’s right and his left temples (feel like they are) pulsating and both his eyes contain tears”<sup>162</sup> but in the diagnostic and prognostic series: “If the blood vessels of his temple afflict him and his eyes contain tears, ‘hand’ of ghost.”<sup>163</sup> Note also: “If a person’s ears roar”<sup>164</sup> and “If a ghost afflicts a person (so that) his ears roar.”<sup>165</sup>



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