A Newly Discovered Drawing of a Neo-Assyrian Demon in BAM 202 Connected to
Psychological and Neurological Disorders

Arbøll, Troels Pank

Published in:
Le journal des medecines cuneiformes

Publication date:
2019

Document version
Publisher's PDF, also known as Version of record

Citation for published version (APA):
Arbøll, T. P. (2019). A Newly Discovered Drawing of a Neo-Assyrian Demon in BAM 202 Connected to
Psychological and Neurological Disorders. Le journal des medecines cuneiformes, (33), 1-31.
https://www.academia.edu/40875312/Arbøll_2019_A_Newly_Discovered_Drawing_of_a_Neo-
Assyrian_Demon_in_BAM_202_Connected_to_Psychological_and_Neurological_Disorders_JMC_33_pp._1-31
Page 1  A Newly Discovered Drawing of a Neo-Assyrian Demon in BAM 202 Connected to Psychological and Neurological Disorders
Troels Pank Arbøll

Page 32  A Short Note on a New Join to K. 3628+
(Epileptic and Demonic Afflictions of Infants)
Eric Schmidtchen

Page 35  kasû(²GAZIＳＡＲ) Revisited
Sona Choukassizian Eypper

Page 50  The libbu our second brain? Appendix part 2
Annie Attia

Page 93  Le Journal des Médecines Cunéiformes:
sommaires 2003-2018
A Newly Discovered Drawing of a Neo-Assyrian Demon in BAM 202
Connected to Psychological and Neurological Disorders

Troels Pank Arboll (University of Copenhagen)*

“The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown.”
- H. P. Lovecraft, Supernatural Horror in Literature (1938)

Losing control of one’s faculties and motor functions are among the most frightening symptoms of any medical condition, not only among the patients themselves, but also among family members (Stol 1993: 146). And for healers to diagnose the cause and describe the physiology of these overwhelming symptoms has remained difficult until the rise of modern medicine (Gross 1992: 71ff.). Today we label many such afflictions as psychological and neurological disorders. In ancient Mesopotamia, however, symptoms related to abnormal behaviour and involuntary movements were considered to have been inflicted upon a person by supernatural forces, such as gods or demons. In the massive corpus of magico-medical cuneiform tablets, a fair amount of diagnoses with symptom descriptions, prescriptions, rituals and incantations allows us to examine how healers described and cured such afflictions (e.g., Scurlock 2014: 196ff., 555ff.). Yet, the evidence that indicates how specific demons causing these ailments were visualized is remarkable fragmentary.

Particularly two groups of conditions we today would classify as psychological and neurological conditions have received attention within recent years: the ailments demmakurrū “derangement” and tēmu šānī “altering mind” causing insanity, as well as an illness called bennu, often translated as “epilepsy” (Chalendar 2013; Stol 2009; Avalos 2007; Kinnier Wilson 2007; Stol 1993; Kinnier Wilson 1965). All these afflictions were described, diagnosed, and treated in an illustrous text published as BAM 202, most recently edited and analysed by Vérenê Chalendar (2013). The tablet was originally excavated in the N4 library of the Haus des Beschworungspriesters, originating in 7th century BCE Assur (Maul 2010; see also May 2018; Pedersén 1986: 41ff.; Hunger 1968: 19-20). The manuscript was later published by Franz Köcher (1964: XI and pl. 4-5) in the third volume of Die babylonisch-assyrische Medizin (BAM) as no. 202. Besides prescriptions for treating the mental alterations demmakurrū and tēmu šānī, as well as bennu-epilepsy, the tablet contains a depiction of a demon on the reverse, which has not been noticed in previous publications. Illustrations of such demonic forces on cuneiform tablets with magico-medical treatments are rare, and only a handful is known from the first millennium BCE.¹

This article presents a new line drawing, edition, and commentary of BAM 202 in order to publish and discuss this drawing on this manuscript for the first time. In the first section I

* This article was completed during a postdoctoral fellowship generously funded by the Edubba Foundation. I would like to express my gratitude to Nicole Brisch, Barbara Böck and Aage Westenholz for reading and commenting on various drafts of this manuscript. Similarly, I am indebted to my peer reviewers for meticulously reading the manuscript and providing me with important corrections and suggestions. The article greatly improved from their helpful comments. I would also like to thank the Vorderasiatisches Museum zu Berlin for permission to publish the photographs of BAM 202 in Fig. 4-5, and in particular I am grateful to Lutz Martin for his help during my visits to the collection in 2015 and 2016. Any mistakes and blunders can, however, only be attributed to the author.

¹ Finkel 2011: 338, 38-42 Figs. 4-6; Zilberg and Horowitz 2016: 175-177, 183; Reiner 1987: 30; Nougayrol 1972: 141.
examine the connection between the illnesses demmakurrû, têmu šanû, and bennu-epilepsy by considering the diagnoses and symptom descriptions in the prescriptions of BAM 202. This analysis serves as a backdrop for describing and discussing which demon is depicted on BAM 202 in Section 2 and 3, and who copied the tablet in Section 4. As indicated by the title and opening quote, I have chosen to address medical as well as emotional aspects of the symptoms described in BAM 202 in order to examine the relationship between the diagnoses and the depicted demon. A conclusion is offered in Section 5. The new line drawing, edition, commentary and pictures of BAM 202 are supplied as an appendix in Section 6.

1. The Illnesses Diagnosed in BAM 202

Two groups of ailments are diagnosed and treated in BAM 202: mental changes (obv. 1-3) and various symptoms grouped under the heading bennu-epilepsy (rev. 5'-7'). The first diagnosis on BAM 202 reads as follows:

“If dem[makurr]û (derangement) has seized a man and his mind alters time and again, his speech is incoherent, he [gets] a depression time and again (lit.: his [min]d continually falls on him), and he talks a lot, (in order) to res[ore] his mind to him ...”.

The passage has been treated in depth by Stol (2009), who distinguished two primary psychological changes, namely demmakurrû and têmu šanû (see also Chalendar 2013: 15-29; Steinert 2012: 385ff.; Geller 2010: 181 n. 40; Scurlock and Andersen 2005: 374ff., 383; Kinnier Wilson 1965: 292). The term demmakurrû is a loan word from the scholarly Sumerogram DÍ.M.A.KUR.RA 4 which is translated into Akkadian as têmu “reason, intelligence” and nakårû “to alter, led astray, become hostile, become estranged, become deranged” (Stol 2009: 1; see Chalendar 2013: 14; CAD N/1: 159ff.; AHw: 718ff.). The term têmu šanû relates to the illness named “alteration of the mind” (šinût têmi). 5 The verb šanû means “to become different, strange”, and with têmu it has the connotations “to change one’s mind, become deranged, become insane” (CAD S/1: 403ff.; AHw: 1166f.). Stol (2009: 2, 6, 12) interpreted demmakurrû as a mild derangement, whereas he saw têmu šanû as insanity, but other researchers translate the terms carrying evenly weight (Scurlock and Andersen 2005: 375-76), or identifies demmakurrû as more severe than têmu šanû. 6 Regardless, both ailments were associated with epilepsy. 7

---


4 The writing KA.HLKUR.RA, found in BAM 202, had the phonetic value dimma according to various lexical lists (Stol 2009: 1; see Chalendar 2013: 14ff.).

5 Stol 2009: 6-8; see also Farber 1977: 74-95; CAD T: 95-96. It is important to note that Šinû têmi was referred to as a “sêdu-demon deputized by Marduk/Gula” in šammu šikinšu, see Stadhouders 2011: 10-11, 35 and ibid. 2012: 4, 16.

6 Chalendar (2013: 21-22) suggests that the verb nakårû carries more severe connotations than šanû, which indicates that demmakurrû may have been worse than têmu šanû. For other cases of illness described from mild to severe forms, see, e.g., Arboll 2018a; Stol 1993: 56. Furthermore, it is possible that demmakurrû was the diagnosis and name of the illness, whereas têmu šanû and the remaining description were symptoms (Chalendar 2013: 22-23). Several lexical lists equate the two types of mental changes discussed here (ibid.: 15-19; Abusch and Schwemer 2011: 255). Some texts list demmakurrû as an illness together with, e.g., bennu-epilepsy (Chalendar 2013: 48-50; Steinert 2012: 393 n. 38; Farber 1977: 56). For šabûtu describing causes of illness, see Salin 2015: 325ff.; Heeßel 2000: 55. It is unclear if têmu šanû could be personified as a demon (see Stol 2009: 6). In some texts, it “seizes” the patient (e.g., Geller 2010: 34).
To have incoherent speech is described with the words amātu “spoken word, utterance” and nakāru in the Gtn-stem with the meaning “to talk senselessly” (CAD N/1: 163; see Chalendar 2013: 23-24; AHw: 719). The loss of meaningful words, possibly involving some aggression, was therefore related to a loss of proper use of ones faculties. When a patient’s “mind continually falls on him” (fēmsū imtanāqqušu), it may insinuate “depression” (Steinert 2012: 391; Stol 2009: 6, 11 and n. 69), although the interpretation remains open for debate. The verb magātu “to fall (upon), collapse” could also be used referring to illnesses or demons in the sense “to attack, afflict” (see recently Salin 2015: 330ff.). I use the translation “depression” in lack of a better alternative, but it is questionable if the phrase in BAM 202 discussed above describes the modern mental disorder (see n. 9).

Talking a lot appears to be a significant symptom for distinguishing the malady from other mental changes, during which the patient is silent or not able to use his mouth. The Sumerogram DU₁₁,DU₁₁ is commonly read dabābu “to speak (aloud), talk” (Borger 2010: 256), but can also be read “complain, protest”. The symptom is mentioned in both diagnoses on BAM 202. Other texts indicate that “madness” (šēhu, cf. CAD Ș/2: 266, “possession”; AHw: 1209) and the term “ecstatic” (muhḥū, CAD M/1: 90f.; AHw: 582), designating a person overcome by a divine being, imply lunacy. Madness was also related to bennu-epilepsy (Stol 1993: 49-50).

By finally “restoring a patient’s mind”, the cure intends to “return” (D tāru) a patient’s mind to him. This may imply that the mind had been taken away (Stol 2009: 11; cf. Herrero

7 Chalendar 2013: 15 and n. 36, 16; Stol 2009: 11-12; Stol 1993: 25 and n. 19, 95.
8 Stol 2009: 2, 5-6, 11. A similar symptom is observed in a text possibly describing a state of anxiety (Ritter and Kinner Wilson 1980: 25-26).
9 Cf. Chalendar 2013: 25-26 with further references; Scurlock and Andersen 2005: 375 no. 16.43, 383 no. 16.87. The word depression is, due to its modern connotations, difficult to use in the context here. Furthermore, it is troublesome to correlate a symptom connected to depression with the patient talking a lot. Comparably, translations of the related term mīgit fēmi appear as “dejection, desperation” (CAD T: 96), “Depression, Niedergeschlagenheit” (Steinert 2012: 91 n. 29), “loss of reason” (Abusch and Schwemer 2011: 284), “Verzweiflung” (AHw: 657), and “affective loss” (Kinner Wilson 1965: 292). Concerning this term, Chalendar (2013: 26) suggests “démence, plus ou moins synonyme, à l’origine d’aliénation mentale”. Note that a medical commentary equates mqqquit with šapil, “it is collapsed means it is low” (Woo 2012: 635, 640; see also Scurlock 2014: 120, 128 l. 19). Although the text commented on does not concern mental alterations, the equation could tentatively link the expression in BAM 202 discussed here with the phrase libbāšu šapil “his heart is depressed” (Abusch and Schwemer 2011: 64, 144, 329, 343). Antašubba-epilepsy also appears to be connected to sorrow on the basis of the outcry aī “woe!” (Stol 1993: 70), although similar outcries are difficult to interpret (cf. Heeßel 2000: 44-45; Kinner Wilson and Reynolds 1990: 193, 197). Note that depression can be an accompanying disorder for people suffering from epilepsy (Kanner 2006). Medically, depression does not show itself during epileptic seizures. If the diagnoses on BAM 202 are connected, they may refer to a long-term affliction instead of two separate episodes of illness. As discussed below, the focus in BAM 202 on the patient’s bed could indicate that the healer observed symptoms at the patient’s bedside. However, the clinical pictures painted in the two diagnoses on BAM 202 are not easy to correlate, as the symptoms observed by a healer would then have to occur within a relatively short time span, although the first diagnosis possibly includes a statement connected to a long-term observation (recurrent depression). The question is therefore, if it is possible to translate fēmsū imtanāqqušu as “repeated moments of desperation/loss of reason” occurring within a limited time span. If the two diagnostic statements in BAM 202 are connected to two related medical occurrences within a limited time span, it can cautiously be suggested that the first diagnosis describes a confusional state occurring after an epileptic seizure, which is then described in the following diagnosis.

11 It is difficult to see if the writing hides a Gtn-stem (see CAD D: 4). The D-stem dubbuḫu can be read “to rave (said of a madman)”, and the verb is equated in lexical texts with terms for insanity (Chalendar 2013: 15; CAD D: 13). A translation such as “to complain” in the context of BAM 202 may be considered (see also Chalendar 2013: 26-27).
12 Although the majority of examples listed in CAD are Old Babylonian, see CAD D: 10-11.
13 See Stol 2009: 9; Stol 1993: 49-53. Possibly, an ecstatic state was related to being rabid (see Wu 2001: 38).
1984: 38, 41). Although it remains uncertain to what extent the two diagnostic statements in *BAM 202* are related to a single (hypothetical) medical case, it cannot be ignored that the *benmu*-epilepsy in the second diagnosis, acting as a *sēdu*-demon of Sin, could be responsible for removing a patient’s *fēmu*.14

Turning to the second diagnosis on *BAM 202*, it reads as follows:

“If a man continually j[er]ks in his bed, he cries like a goat, he groans, he shudders (lit.: he is afraid), (and) he talks a lot: ‘Hand of *benmu*-epilepsy’, a [sē]du-demon deputized by Sin …”.

In this entry the patient was confined to his bed, in which he experienced abnormal movements (*galātu, ḤULUḤ*) in rev. 5’. The G-stem of *galātu* is translated “to twitch, quiver, be/become restless or nervous, be/become frightened” (*CAD G*: 11ff.; *AHw*: 274) or simply “to jerk” (Scurlock and Andersen 2005: 315), and the Gn-stem can be translated as “repeated or continuous shivering in bed” (Stol 1993: 38).16 The word *galātu* is commonly used to describe symptoms of epilepsy (Stol 1993: 95, 97-98).17 Such shivering was habitually connected to “terrors at night”, such as the evil *alū*-demon and “fit” (*ḥayyatu*),18 which could occur in bed.19

The text further specifies in rev. 5’ that the patient “cries like a goat” (*kūma enzi iṣassī*), clearly indicating an abnormal behaviour.20 Goats were connected to epilepsy, and invoking

---

14 Note that an affected *fēmu* can also occur during some cases of severe illness or imbalance, see *SAA* 10 no. 196 rev. 16-18; *CAD T*: 95b.

15 Descriptions stating that the patient is in bed have been interpreted differently, e.g., indicating that the patient is lying down (Stol 1993: 6, 72) or that the event occurs at night (Schuster-Brandis 2008: 199; see Chalendar 2013: 37-38). Note that the verbs *galātu* (rev. 4’) and *parādu* (rev. 6’) are generally associated with night time and the bed (e.g., Scurlock 2014: 644, 652, 199; Schuster-Brandis 2008: 75, 202; Stol 1993: 71-72). Shaking with fear in the bedroom was also described in relation to a state of anxiety, which could cause sleepless nights (Ritter and Kinnier Wilson 1980: 25-26). Chalendar (2013: 42) suggests that in some cases, it is possible that the state of horror could be important for diagnosing an illness. Fear seems closely associated with sleep and dreams (see Fales 2010: 17; Butler 1998: 48ff). The muscles jerks experienced directly before drifting off to sleep (hypnagogic jerks) may be an indicator as to why sleep, dreams, muscle problems, and loss of consciousness were connected. Through the combination of physical symptoms, fear, and a connection to the bedroom, the verb *galātu* can also mean “to have a premature emission” (*CAD G*: 12).


17 It is also used to describe, e.g., abnormal movement of the eyes (Fincke 2000: 108-109; Stol 1993: 93-94) and a symptom of the *sāššatu*-illness (Arboll 2018a: 266).

18 The term *ḥayyatu* is translated differently as, e.g., “confusional state” (Scurlock 2006: 357), “attack” (Wee 2012: 349 n. 26, 605, 609, 611, 613, 625, 2629), “fit” (Stol 1993: 42-44), “terror” (Abusch and Schwemer 2011: 405), “emanation” (Abusch 2002: 129), or “Spüler” (Farber 2017: 146-49, 152-55, 190-91; see also Scurlock and Andersen 2005: 315-16, 318; *CAD H*: 1; *AHw*: 309). Medical commentaries also identify the term as “jitters” (*gilātu*) or “fear” (*puhuṭtu*) (Wee 2012: 604-605, 611). It could act as a demon or a symptom, and it was connected to Antašuba-epilepsy (Stol 1993: 7-8, 42-46 and n. 196-201).

19 See Stol 1993: 41ff.; in *BAM 376* col. ii 26-30, prescriptions against *ḥayyatu* and *alū* *lemmu* are followed by the diagnosis: “If a man continuously jerks (Gtn *galātu*) in his bed”. Both the *alū*-demon and Antašuba-epilepsy were treated together in *SAA* 10 no. 238 (see Stol 1993: 41 n. 173).

20 *CAD S*: 2: 147ff. lists *sasū* as “to shout, make a loud noise, utter a cry”, and in the context of animals the translation “to cry (out)” is used (ibid.: 149-50; *AHw*: 1195ff.). It is possible that alterations of the voice could result from frightening dreams or similar (Geller 2010: 148; concerning this commentary, see also Wee 2012: 391, 605). For this passage, see Chalendar 2013: 40.
this simile emphasizes the diagnosis (see Stol 1993: 106-7 and n. 67, 149-50).\textsuperscript{21} Considering the incoherent speech mentioned in the first diagnosis, a lack of meaningful utterances must have been an overlapping diagnostic trait (see Scurlock and Andersen 2005: 374-75).

In the beginning of rev. 6', the symptom ramāmu can be translated “to rumble, roar, howl, bellow, groan” \textit{(CAD R}: 116-17; \textit{AHw}: 949f.; Stol 2009: 12) or “to drone” (e.g., Scurlock and Andersen 2005: 83 no. 3.268, 375 no. 16.41). The verb is regularly used in connection to animals or similes involving animals \textit{(CAD R}: 116), and this may have been a conscious description due to the animal simile directly before in \textit{BAM} 202 rev. 5'. In relation to patients, the verb seems to indicate abnormal behaviour as well as an agitated emotional state, such as anger (ibid.: 117). The following description of the patient “shuddering” originates in the verb \textit{parādu} meaning: “to be fearful, disturbed, restless, upset” \textit{(CAD P}: 141-44; \textit{AHw}: 827; see n. 16). The verb seems to reflect the physical shaking when being afraid or suffering from conditions similar to Posttraumatic Stress Disorder,\textsuperscript{22} and it was used to describe epilepsy (e.g., Scurlock and Andersen 2005: 294ff., 315; Stol 1993: 66, 71-72, 75). Similarly to the first diagnosis in \textit{BAM} 202, the second diagnosis also describes the patient talking a lot (\textit{magal idabbub}).

In rev. 7', \textit{BAM} 202 identifies the illness in the second diagnosis as “Hand of bennu-epilepsy”.\textsuperscript{23} The term \textit{bennu} was used as a general word for epilepsy in Mesopotamia, related to most diagnostic statements describing this illness (Köcher 1978: 35; Stol 1993: 7; Avalos 2007: 131-32; cf. Scurlock and Andersen 2005: 83f., 696 n. 261). Yet, \textit{bennu} differed from what we understand as “epilepsy” in modern medicine,\textsuperscript{24} and the term could be used to describe convulsions, such as (sudden) involuntary muscle movement, twitches, or jerks (Avalos 2007: 133-34; Scurlock and Andersen 2005: 83ff.; Stol 1993: 6; Kinnier Wilson 1967: 202).\textsuperscript{25} Although the modern neurological condition is not contagious, the \textit{bennu}-illness was considered transmittable (Stol 1993: 119, 146).\textsuperscript{26} \textit{Bennu} appears to be used both as a term referring to convulsive problems, as well as an overarching demonic influence.\textsuperscript{27} Among other common expressions related to epilepsy are Antašubba\textsuperscript{28} and \textit{miqtu}\textsuperscript{29} (see Stol 1993: 7-21; Avalos 2007: 131-32).

\begin{itemize}
\item \textsuperscript{21} Various cries of other animals were also associated with epilepsy (Stol 1993: 150 and n. 13-14 with references).
\item \textsuperscript{22} For the symptoms of Posttraumatic Stress Disorder, see Mellman et al. 1995.
\item \textsuperscript{23} Concerning the writing \textit{SUH} be-en-ni in \textit{BAM} 202, see the commentary to rev. 7'. For diagnoses formulated as “Hand of a divinity”, see HeeBel 2007.
\item \textsuperscript{24} For a modern definition of “epilepsy”, see Avalos 2007: 132-33; Kwasman 2007: 160. I use “epilepsy” here to refer to symptoms, which in modern medicine may be defined by a broad range of diseases and disorders including non-epileptic convulsions and seizures (Avalos 2007: 134-35). Epilepsy was connected to mental changes in much of the ancient world (Stol 1993: 121ff.), although definitions seem to have differed (Avalos 2007: 133).
\item \textsuperscript{25} Such involuntary movements are called myoclonic jerks. This may explain the overlap between \textit{bennu} and the šaššatu-illness in lexical lists (Stol 1993: 7; cf. Scurlock and Andersen 2005: 67-68, 693 n. 195 with discussion).
\item \textsuperscript{26} Note that some infectious diseases, such as malaria, can produce chills, tremors and occasionally mental confusion, which could mirror the effects of epilepsy (see Warrell 2004: 748; see also Scurlock and Andersen 2005: 36-37, 696). In general, contagion in Mesopotamia was probably rooted in the idea that “some magical power inherent in the body, belongings and abode of a person who was under the wrath of a god could negatively affect anybody entering into this person’s intimate personal sphere” (Farber 2004: 124).
\item \textsuperscript{27} See Scurlock 2014: 145 l. 23'; HeeBel 2000: 287 l. 4', 291 l. 84'; Stol 1993: 5-7; Scurlock and Andersen 2005: 84. The association of \textit{bennu} with (recurrent) fevers (\textit{jumtu}) in lexical texts may indicate the shivering, spasm-like, nature of \textit{bennu} (Stol 1993: 6 and n. 13, 7 and n. 22). As noted by Stol, “feverish shivering” can be an early sign of an epileptic seizure (ibid.: 38).
\item \textsuperscript{28} AN.TA.ŠUB.BA (“what has fallen from heaven”) appears to be a learned expression for epilepsy denoting a sudden attack, although it could also be recurrent (Stol 1993: 7-9, 25-26, 77, 132; Avalos 2007: 131, 134; see also Kinnier Wilson and Reynolds 2007: 88 and n. 54).
\item \textsuperscript{29} The term \textit{miqtu} seems regularly to designate seizures, and it may indicate an illness overcoming a patient suddenly (Stol 1993: 10-11; Scurlock and Andersen 2005: 216). Possibly, \textit{miqtu} refers to a visible malady (\textit{CAD}
Several associated illnesses underline the motoric problems and potential for being bedridden. In the diagnostic-prognostic series Sa-gig, epileptic disorders occupy large parts of the fourth subseries (HeeBel 2000: 19), and such diagnoses also appear in the final tablet concerning illnesses of babies (Scurlock 2014: 258ff.; Volk 1999: 16-18; Cadelli 1997: 23-24). Especially infants may have been predisposed for showing muscle contractions, likely because of an immature nervous system (Kinnier Wilson 2007: 64). Commonplace among several of the epileptic disorders is that they displayed symptoms potentially disapproved of socially. These illnesses could be acquired in various places, e.g., in or near a gate, (cattle) pen, river, uncultivated plot, or a corner (Stol: 1993: 68 and n. 38, 97; Scurlock and Andersen 2005: 84 and n. 271).

The illness is further described in BAM 202 rev. 7’ as “a šēdu-demon deputized (šamū) by Sin”. The god Sin was the moon god, and epileptic disorders were connected to the moon (Stol 1993: 6, 130). The fact that the illness acts on behalf of Sin seems to indicate that the moon may not have been visible on the time of contracting the ailment (ibid.). It is possible that periodicity was occasionally a characteristic of bennu, similarly to the moon’s renewal (ibid.: 7, 132, 134).

The diagnostic-prognostic series Sa-gig provides a diagnosis explaining a case of bennu where the patient appears to observe the evil afflicting him: “[If miqtu falls upon him, and at the time it has fallen] upon him he says: ‘It is he!’ – the roving (šāidu) bennu-epilepsy has seized him; he will be saved”. The entry implies that the evil is manifest and observable by the patient (see Section 3). Furthermore, rituals intended to protect the healer when approaching a patient also targeted Antašubba-epilepsy and related demons (e.g., KAR 31, see Maul 2018; Geller 2016: 38ff.).

M/2: 103ff.; Scurlock and Andersen 2005: 216, 718 n. 33; Stol 1993: 11-12). The word miqtu refers to “something that has fallen down” or “falling (spell)” (Stol 1993: 9-11; see Scurlock and Andersen 2005: 316-17, 717 n. 17).

30 Associated illnesses describing motoric disturbances include the maškadu−, sagallu−, and šašatru−illness complex (Arbell 2018a; Stol 1993: 7, 13 and n. 81, 103 and n. 35-36).

31 E.g., miqtu, which may in some cases refer to spasms and indicate lameness (Stol 1993: 10-11 and n. 53).

32 In a tablet of Sa-gig (STT vol. 1 no. 89), possibly representing the pre-Esagil-kin-apli recension of the work, entries seem to have been grouped according to various types of witchcraft and epileptic disorders (Stol 1993: 91-98; HeeBel 2000: 105-11; Abusch and Schwemer 2011: 434-43; Wee 2012: 272, 279).

33 Stol 1993: 146; Volk 1999: 17-18; Scurlock and Andersen 2005: 316-17. Babies could be born with the “spawn of Sulpaea” or Lugal-urra, and women could give birth to the spawn itself, which foreshadowed the scattering or destruction of the household (Kinnier Wilson 2007: 63; Volk 1999: 18 and n. 108; Cadelli 1997: 15; Stol 1993: 14ff., 89; Leichty 1970: 38 l. 68).

34 Bennu is even said to “head straight for that man on the high street” in some manuscripts of Uduq-hul (Geller 2016: 100). Some demons simply occur in the street (ibid.: 90, 139, 146, 209, 213; Kinnier Wilson and Reynolds 2007: 93).

35 Note BM 40183+, in which bennu is written 4be-en-ru. Stol (1993: 6, 130) interpreted this as Sin being responsible for the ailment and the demon acting on his behalf. For bennu as a “deputized” (šānē) affliction, see also HeeBel 2000: 164 with further references.

36 The rays of the moon could cause various skin afflictions, such as garābu or eqhu (“scales”, Stol 1993: 128-130; see also Scurlock and Andersen 2005: 231-32; Stol 1987-88), and it is possible that epilepsy and skin problems were considered internal and external manifestations of affictions originating from the moon god Sin (Stol 1993: 147).

37 Sa-gig tablet 26 line 4’ in HeeBel 2000: 278, 287 “Sieh da! Er!”; Stol 1993: 56-57 line 3; see also Scurlock 2014: 196 line 4’, cf. 200 “This is it”. Kinnier Wilson and Reynolds (1990: 194) suggests the translation “It is he (again)”, which they interpret as implying an aura. In some cases of the associated condition “Spawn of Sulpaea”, the patient responds to a wailing voice (Stol 1993: 72 and n. 54; see Butler 1998: 53 with further references to similar examples).

38 Antašubba was also blocked out in the apotropaic ritual šēp lemutti ina biš amēli parāsu (Wiggermann 1992: 6-7).
The two diagnoses in *BAM* 202 diagnose and describe specific symptoms of first insanity and secondly *bennu*-epilepsy. Although the first diagnosis does not elaborate upon time, place, or bodily movements, it is possible to infer from the context of the final treatment (obv. 17-rev. 4') that some of the proposed actions took place while the patient was in his bed. The symptoms pertaining to the second diagnosis also seem to be experienced, at least partly, by the patient in his bed. The two diagnostic statements and their treatments therefore overlap in terms of abnormal behaviour, and by focusing on the sickbed. Furthermore, the *bennu*-epilepsy is the only affliction identified as a demonic entity in *BAM* 202 with certainty.

2. Description of the Demon

The drawing on *BAM* 202 is located on the reverse of the tablet underneath the colophon in a fragmentary part of the manuscript. Originally, the colophon was believed to be two lines long (Chalendar 2013: 12), although the second line is written in a smaller script and away from the first line. In general, colophons from the N4 library are not written with individual lines in smaller script. Although greater space between the lines in colophons is common, the blank space in the colophon of *BAM* 202 comprises at least three lines. The unused area combined with the final line in smaller script near the drawing at the end of the tablet, indicates that the copyist intended to separate the final line and image from the remaining colophon. It is therefore likely that the last line relates to this illustration. Unfortunately, the final line is very broken and difficult to read. The drawing of the demon without breaks is provided below in Fig. 1.

![Fig. 1: Drawing of the demon on BAM 202 upright](image)

39 Insanity and epilepsy were illnesses bordering on one another (Stol 1993: 121).
40 Furthermore, it is plausible that expressing abnormal behaviour must have stigmatized an individual, thereby excluding the patient to his bedroom (see Stol 1999: 67-68).
41 See n. 5, 6 and 35 above.
42 A similar situation was suggested for a tablet published by Zilberg and Horowitz (2016: 176-77), but Jiménez (2018: 45) has recently reinterpreted the relevant line. However, explanatory lines in relation to drawings are attested (e.g., Finkel 2011: 340-341 Figs. 4 and 7).
The drawing is incised along the width of the reverse, and the tablet therefore has to be turned 90 degrees to observe the illustration (see also Zilberg and Horowitz 2016: 176-177; Finkel 2011: 339 Figs. 3a-b). The figure is roughly 6.4 centimetres high and 2.6 centimetres wide, and it is clearly anthropomorphic. The head has ears and curvy horns, a serpent’s tongue, and possibly a reptile-like eye. The neck is long, and in general the being appears to be covered with badly preserved scales or hair. Unfortunately, the majority of the torso is fragmentary. The left hand appears claw- or paw-like, and the right hand is lumpy with a pointy thumb. The creature has a long tail placed alongside the left leg, and this leg appears to have discernible muscles. The figure is displayed in an upright position standing on two legs (see also Finkel 2011: 339-340 Figs. 3b and 5). The feet are badly damaged, but the right foot may have had claws. Furthermore, there appears to be a curvy line drawn with intent between the right leg and right hand.43

3. Which Demon is Depicted?
The being depicted on BAM 202 seems to relate to the evil afflicting a patient. None of the two figurines described in the instructions in obv. 9-12 or obv. 17-rev. 4’ represents demonic beings.44 Additionally, it seems unlikely that the depiction represents any of the initial psychological problems in obv. 1, as these are not described as divine powers in BAM 202 (see n. 6; cf. n. 5). Consequently, the only evil incarnate mentioned in BAM 202 is bennu-epilepsy, identified in the text as “a šedu-demon deputized by Sin”. This seems to resonate with the tentative reconstruction of the final line of BAM 202: “The i[mage] of divine7 Be[n]mu”-(epilepsy), de[puty of Sin]”. This line must therefore refer to the depiction, which is drawn along this line and below.

As discussed in the previous section, bennu is the common word for (recurring) epilepsy-like reactions. However, its appearance as a demon remains largely unknown,45 and descriptions of bennu are poorly attested.46 The diagnosis concerning bennu also mentions the patient “crying like a goat”, thus underlining the connection between goats and epileptic disorders. However, the drawing does not seem to resemble a goat (see Section 2). Consequently, it is difficult to locate any significant features linking the depiction on BAM 202 to concrete descriptions of bennu-epilepsy.

Several parallel passages in BAM 311, the unpublished BM 40183+, SpTU vol. 3 no. 83, and STT vol. 2 no. 286 contain diagnoses and treatments for bennu, the generic “Any evil” mimma lemmu, and the ali- and associated demons, as well as instructions for keeping such evils from a man and his bed (Chalendar 2013: 4-8; Finkel 2011: 338, 340 Fig. 4).47 Chalender (2013: 11-13) also reconstructed the ritual in BAM 202 obv. 17-rev. 4’ to describe the removal of mimma lemmu. These texts therefore display a general overlap in cures against

---

43 This depiction sets itself apart from Reiner’s description of such drawings as “schematic” or “clumsy” (Reiner 1987: 30).
44 The two prescriptions describe the production of figurines representing the patient’s body and a figurine presumed to be married off to the evil afflicting the patient (see Section 6; Chalendar 2013: 10-13).
46 An account of this demon is found in the Middle Babylonian Armana recension of the myth Nergal and Ereshkigal, in which bennu is stationed as a demon in the 98th gate of the netherworld, see Ponchia and Luukko 2013: xcv; CAD B: 206; Stol 1993: 21.
47 An overview of targeted problems: BAM 311: obv. 22’ (depression); obv. 30’ (persistent “Hand of Istar”); obv. 23’; rev. 52’-53’, rev. 59’, rev. 77’ (epileptic disorders); obv. 41’, obv. 46’ (keeping mimma lemmu from a man and his bed); obv. 47’ (ali-demon); STT vol. 2 no. 286 col. ii: 2, 9 (epileptic disorders); SpTU vol. 3 no. 83: obv. 16, rev. 15, rev. 22 (keeping mimma lemmu from a man); obv. 23 (eradicating evil); obv. 13, rev. 10 (keeping evil from a man and his house); obv. 31 (ali-demon? See Chalendar 2013: 7). Chalender (ibid.: 4-6) states that BM 40183+ contains treatments against mental changes, attacks of the gallū- and ali-demons, to keep “Any evil” (mimma lemmu) from approaching a man, for an evil šedu-demon in a bed, attack of the bennu-demon, and instructions to tear out the lili-, ardat lili- and mimma lemmu-demons.
generic epilepsy (especially bennu) and the demon mimma lemmu, as well as a focus on the patient’s bed. However, descriptions of mimma lemmu do not overlap with the depiction on BAM 202, and this demon can therefore be ruled out.48

Epilepsy was associated with specific involuntary movements, as well as a particular behaviour exhibited by the patient in his bed (Stol 1993: 38; see Section 1). The patient’s sickbed therefore appears to be connected to, e.g., epileptic disorders, and it is mentioned explicitly as an important location twice in BAM 202 (obv. 17-23 and rev. 5).49 Focusing on the sickbed may aid in the search for a comparable demon. As shown by Wiggermann (2011: 313-14; Wiggermann 2007: 106-9 and n. 5), a nameless evil with the head of a dragon-snake (bašmu?), perhaps representing “Death” (mûtu), the messenger of Ereškigal, is depicted on an amulet from the first millennium BCE rearing its head from underneath a man’s bed.50 As noted by Wiggermann, the scene seems to mirror the situation described in a Ḫulbazizi incantation found on various amulets, which reads:

“He who transgressed the privacy of my bed, made me shrink for fear, and gave me frightening dreams …” (Wiggermann 2007: 106-7 and n. 3; see also Wilhelm 1979; Butler 1998: 50-51).51

The bed may generally have been linked to certain evils, such as mimma lemmu and mûtu.52 A physical description of Ereškigal’s messenger mûtu is known from the “underworld vision of an Assyrian prince”. The demon is described as having the head of a musḫuššu-dragon, human hands and some unknown description of the feet.53 The musḫuššu is a snake-dragon with a long neck and the head of a snake with a forked tongue, two horns occasionally curled up, front paws of a lion, and hind legs with talons of a bird (Wiggermann 1993-97: 456).54 Although the musḫuššu is commonly depicted without ears and on all fours, for example on the Istar Gate, it can also be depicted with ears and standing up (e.g., Parpola 1993: 212). This description could reflect parts of the drawing on BAM 202, though the demon does not appear to be depicted with paws or human hands exclusively.55 Although death could be personified,

---

48 In the so-called “underworld vision of an Assyrian prince”, mimma lemmu is stated to have two heads, one of a lion and another unknown one, see SAA 3 no. 32 rev. 7. Only a single crude and partly damaged depiction of mimma lemmu exists (Finkel 2011: 338, 340 Fig. 6), and this does not resemble the drawing on BAM 202. I cannot describe any significant features of this drawing from the picture published by Finkel.

49 The patient’s bed and the influence of various demons were also described in numerous rituals connected to, e.g., dreams, see Butler 1998. Possibly, the bedroom offered the most privacy, and it was the place where the healer visited the patient. Van der Toorn (1996: 60-61) argues that in the Old Babylonian period the bedroom also had the family tomb underneath the floor due to the room’s high degree of privacy and silence. The patient’s bed in connection to illness and demons should be examined further elsewhere. See n. 15.

50 Wiggermann 2011: 313 Fig. 6, copied after Becker 1993: pl. 2 no. 7 (photo). Wiggermann (2011: 313-14) proposes that this illustration represents a nameless evil sharing iconographic features with mûtu.

51 Wilhelm 1979: 38. The following is a composite transliteraton of the relevant lines: ŘN šā mal-di ištNÁ-iaš DAB ú-pal-liš-an-ni ú-sag-ri-ra-an-ni MĀŠ.ĠEš MES pár-da-a-ti ú-kal-lim-an-ni ...

52 For a recent analysis of mûtu, see Sibbing-Plantholct in press. Also note that Kišir-Aššur likely fumigated the bed in relation to treatments of the epilepsy-associated šaššatu-illness (BAM 129 col. iv 10, col. iv 16; Farber 2004: 127 n. 54), and Kišir-Nabû copied a namhurti-ritual to negate evil emanating from a man’s bed (VAT 13682 = N4 no. 404; Maul 1994: 379ff., 546-547; see Butler 1998: 46-47).


54 Furthermore, the animal of Marduk was described as a possible sender of šinīt ėnē in šammu Šīkīnû, see n. 5.

55 As described in Section 2, the demon on BAM 202 shows several reptile features. Note that the musḫuššu-dragon could be equated with a Ḫulmûtu (CAD H: 230). As argued by Landsberger (1934: 46, 62-63, 116f.), it is possible that the Ḫulmûtu is to be identified as a chameleon. If so, this could explain why such related demons were difficult to detect, seeing as a chameleon can change its colour. Furthermore, chameleons move their eyes
the Neo-Assyrian recension of the Epic of Gilgamesh informs us that “No one sees Death, no one sees the face [of Death]”.\(^{56}\) Yet, a related \textit{bennu} diagnosis referenced in Section 1, emphasizes that occasionally the patient did in fact see the evil in question. Possibly, a similar situation is mirrored in Gilgamesh as well: “In my bed-chamber Death abides, and wherever I might turn [my face], there too will be Death”.\(^{57}\)

The drawing on \textit{BAM} 202 does not conform completely to any descriptions of demons associated with the content of the text or the larger demonological context. Yet, it is possible that the creature on \textit{BAM} 202 illustrated a specific version of a demon.\(^{58}\) Perhaps its particular physique was once described in the statement in rev. 15’. Therefore, it seems plausible that the demon represented a version of \textit{bennu}-epilepsy, possibly representing our first depiction of this demon in the cuneiform record. Still, the drawing may instead have depicted an overarching evil, such as the messenger of Ereškigal, “Death” (\textit{mītu}), which was found lurking underneath the bed of some patients.\(^{59}\)

4. Discussion of the Colophon
Due to the damaged colophon, it is uncertain by whom the tablet was copied and what professional title the copyist may have had. The colophon states: “for undertaking a (ritual) procedure (of) Ki[šir- …]\.\(^{60}\) \textit{BAM} 202 was therefore copied by Kišir-Aššur or his nephew Kišir-Nabû of the Baba-šuma-ibni family of āšipu-\textit{mašmaššu}-exorcists who inhabited the N4 house (see May 2018; Maul 2010; Pedersén 1986: 41ff.). \textit{BAM} 311, which contains a parallel diagnosis to \textit{BAM} 202 for \textit{bennu}-epilepsy, was also excavated in the N4 house in Assur. And this manuscript was also copied by either Kišir-Aššur or Kišir-Nabû,\(^{61}\) though it is plausible separately in various directions, which could be related to the abnormal eye movements occasionally encountered during various seizures. The \textit{huilmittu} could also herald death (Freedman 2006: 73).

\(^{56}\) Tablet 10 lines 304-5: \textit{lu ma-am-ma mu-ū-tu im-mar} : \textit{asu ma-am-m[a ša mu-ti ū]-mar} \textit{pa-ni-sū} (George 2003: 696-97). Note also lines 316-17: “The abducted and the dead, how alike they are! They cannot draw the picture of death”, \textit{šal-lu} \textit{ū mi-tum ki-kî KA a-ḥa-me-sa} \textit{mi-sū} \textit{šu mu-ti ul iš-si-ru ša-lam-sū} (ibid.; see Wiggermann 2011: 309).

\(^{57}\) Tablet 11 lines 245-46: \textit{ina É ma-ā-ali-ia a-šib mu-tum} \textit{246 a-šar [pānīya?]} \textit{lu-uš-kun šu-ū mu-tum-ma} (George 2003: 718-19). It is unclear if “Death” here is considered an abstract or a personified figure.

\(^{58}\) This was originally suggested to be the case concerning the demon on a ritual tablet published by Zilberg and Horowitz 2016; cf. Jiménez 2018. Furthermore, the appearance of various protective deities and demons is known from Neo-Assyrian reliefs, as well as from figurines buried beneath houses (Rittig 1977). Yet, the latter cannot always be coupled with the associated rituals (Wiggermann 1992: 99-100, cf. 102-3). Wiggermann (2011: 309-10) has stressed that images of the majority of evil demons are not found depicted in the available record. It is possible that a certain amount of danger was associated with displaying such evils. Note that an apotropaic figurine of \textit{mītu} could be used in some rituals (Sibbing-Plantholt in press; for other demons utilized in rituals to support a patient, see Schwemer 2018).

\(^{59}\) Perhaps this is the reason why the demon on \textit{BAM} 202 was illustrated horizontally. Bottéro (2001: 63) notices the following concerning generic demons: “It seems that people did not dwell very much on their persons, their nature, or their existence, as they have never been presented very clearly”.

\(^{60}\) Chalender (2013: 12-13, 45-46) offers the reconstruction \textit{ana šabāt epēši Kišir-Aššur mašmaš bīt Aššur ...}, thus providing Kišir-Aššur with the title “exorcist of the Aššur temple” without explicitly stating why. It is clear from the commentary, however, that the reconstruction \textit{mašmaš bīt Aššur} is based on the observation by Maul (2010: 2012-13) that the phrase \textit{ana šabāt epēši} is less likely to have been used by young apprentices, as there must have been a responsibility involved in copying knowledge for practical purposes. For the various attested phases of Kišir-Aššur’s and Kišir-Nabû’s careers, see ibid.: 208-10.

\(^{61}\) The colophon reads rev. 94’-96’: [(x) \text{x x x j}][SAR ŋ-a-na ša-bat Dū-šī Kišir-dingir-[x] \text{95} [DUMU \text{p\dagger x (x)}] \text{96-MAS} \text{MAS} \text{É} \text{aššur ba-an-tīl ŠI-ha } \text{96} [x x x j] \text{GIM LIBIR.RA [x x (x)]}. \text{See Scurlock 2014: 667, 701, 754; Abusch and Schwemer 2011: 49-52; Böck 2010a: 92-93; Schuster-Brandis 2008: 63 and n. 179; Scurlock and Andersen 2005: 83 no. 3.268, 315 no. 13.169, 422 no. 18.25, 789; Heeßel 2000: 86 n. 61, 223, 316 and n. 15; Stol 1993: 6 and n. 10, 16 and n. 110-111, 29 and n. 49, 30 and n. 61, 37 and n. 140, 41 and n. 166-167, 82 and n. 101, 103-104 and n. 31, 33, 40, and 44, 150 and n. 14; Hunger 1968: 75 no. 218 (colophon); Köcher 1964: XXIII-XXIV and pl. 75-77 no. 311 (copy).
that the tablet may have been copied by Kišir-Nabû. Below, I offer an overview of idiosyncrasies in BAM 202, which may aid in identifying the copyist.

Although a palaeographic study of particularities in Kišir-Aššur’s and Kišir-Nabû’s way of writing individual signs needs to be conducted before any definitive conclusions can be drawn, some tentative observations can be made concerning individual writing practices. The initial Winkelhaken of the GIM in BAM 202 rev. 5’ is not similar to, e.g., the one in the GIM1 (mistakenly written as BAN) in Kišir-Aššur’s šamallû šehrû manuscript BAM 129 col. i 10. Furthermore, the dual writing ŠU11 be-en-ni in BAM 202 rev. 7’, which must be read as a singular, seems to reflect a scribal convention also found in, e.g., Kišir-Aššur’s BAM 9.63

BAM 202 also contains a number of odd writings and scribal mistakes (obv. 15, rev. 8’, rev. 11’, see the commentary), as well as scribal variants (rev. 5’-6’, see the commentary). For example, BAM 202 rev. 5’ describes the patient talking a lot (magal idahhû). Both the parallel passages in BAM 311 (rev. 52’) and BM 40183+ (rev. 25’) write “he continually cries out a lot” magal išamassi (Gû.Gû-sî). It remains uncertain if this change was a scribal mistake. However, it is worth noticing that the ritual instructions in BAM 202 also differ from the parallel lines (see commentary to rev. 5’-11’). Furthermore, the copyist added one too many wedges to the sign ḤASHUR1 (rev. 8’), which may be considered a mistake. The sign therefore looks similar to the Neo-Babylonian way of writing ḤASHUR instead of the expected Neo-Assyrian variant (see commentary). Of the two individuals, Kišir-Nabû is the only one explicitly engaged in copying writing-boards in Babylonian writing, and he notices this in several manuscripts.64

It is entirely likely that the phrase ana šabāt epēši, which I translate: “for undertaking a (ritual) procedure” and refer to as a “purpose statement”, was added to colophons of the Bab-šuma-ibni family members to indicate that the tablet in question was copied for a specific purpose, e.g., in preparation of a specific healing ceremony.65 Such statements largely do not seem to have been written in colophons by Kišir-Aššur before he reached the mašmaššu-stage of his career. It is furthermore difficult to determine if some of the idiosyncrasies in BAM 202 exist due to haste in copying or carelessness. The presence of the drawing indicates that the copy was not rushed more than necessary, although this remains uncertain.

Illustrations of demonic forces are rare on magico-medical cuneiform tablets, and the majority of drawings serve to depict a figurine produced during a ritual described in the text.66

---

62 BAM 311 contains the previously unnoticed sign KÛR “wrong!” on the left edge of the tablet in obv. 24’, which marks a mistake in the line (obv. 24’... ḫûr<ma> ina KÛ). The use of KÛR to mark mistakes has so far only been observed in three N4 manuscripts: BAM 311 (obv. 24’), Kišir-Nabû’s copy of the Exorcist’s Manual KAR 44 (rev. 41; Schwemer 2011: 422; Geller 2000: 254 with references), and BAM 193 (col. i 7’; Schwemer 2007: 110) with a broken colophon (see also Geller 2000: 254 with further references). As one out of three tablets contain Kišir-Nabû’s name, it is possible to tentatively suggest that tablets with this notation from the N4 library originated from his hand. Frahm (2011: 269 n. 1277) suggested that Kišir-Aššur might have been the instructor of his nephew Kišir-Nabû, possibly copying at least a commentary for Kišir-Nabû’s instruction, although this remains uncertain.

63 BAM 9 obv. 14 and 16 list an eye of each side of the head, but in both instances Kišir-Aššur writes IGÎ11. Note that the manuscript was likely from an early stage of his career, and his use of such a convention does not continue in later texts. Whether or not such a scribal convention is also valid for Kišir-Nabû’s texts requires further study. For Kišir-Aššur’s earlier career phases, see Arboll 2018b.

64 E.g., BAM 52 state to be copied from an “Akkadian” (UR19) writing-board, which likely refer to Babylonian script. However, this observation is tenuous and it may be insignificant.

65 I will review the previous literature on the phrase ana sabāt epēši and examine the use of such expressions in Kišir-Aššur and Kišir-Nabû’s texts in a future monograph based on my dissertation (Arboll 2017). For now, see the references in the commentary to BAM 202 rev. 14’. Chalendar (2013: 3) also suggests that the prescriptions on BAM 202 were collected for a specific purpose.

66 Zilberg and Horowitz 2016: 175-177, 183; Finkel 2011: 338, 38-42 Figs. 4-6; see Reiner 1987: 30; Nougayrol 1972: 141. The texts are STT vol. 1 no. 73 col. ii (amorphous blob); BM 40183+ (antediluvian sage and
However, the drawing at the end of the reverse of *BAM* 202 is not likely to have served as a sketch for the production of figurines in the rituals (see n. 44). It is therefore possible that the drawing served as a unique testimony to how the Baba-šuma-ibni family envisioned a demonic foe. Until now, few tablets from the N4 tablet collection have been shown to contain drawings linking theory to practice. Of the two likely candidates for writing *BAM* 202, only Kišir-Nabû copied another tablet with drawings, namely an extract of the *mīs pi* ritual. Unfortunately, the observations above must be considered inadequate for reconstructing the copyist’s name with certainty. Therefore, the evidence remains inconclusive at present.

5. Conclusion
This article has presented and discussed the newly discovered demon depicted on the reverse of *BAM* 202, by providing the first revised line drawing of the manuscript since Köcher’s copy from 1964. The two groups of associated ailments portrayed in the manuscript, namely labels of insanity and *bennu*-epilepsy, the latter explained as a demon acting on behalf of the moon god Sin, are described in diagnoses to exhibit various types of abnormal behaviour associated with odd speech and sounds, as well as motoric disturbances in the patient’s nervous system. It is plausible that several of these symptoms confined the patient to his bed, which is mentioned twice in the text.

Partly based on the tentative reconstruction of the final line in the colophon, I have suggested that the demonic variant of *bennu*-epilepsy described in the text was the being depicted on the reverse of the manuscript. If so, this would be the first depiction we have of *bennu*-epilepsy from Mesopotamia. However, the illustration does not conform completely to any descriptions of known demons, and it cannot be ruled out that the depiction represented a specific variant of a demon, or that the drawing was related to another overarching evil. Several associated demonic beings are mentioned in similar contexts in texts with parallel passages.

The copyist cannot be identified with certainty, as the evidence remains tenuous. The fact that the drawing is found on a medical tablet, combined with the Baba-šuma-ibni family’s occupation as *mašmaššu*-exorcists, ensures us that the demonic being was real to the practitioners and its features must have been evoked when administering the cure. Not only is the drawing on *BAM* 202 one of the most detailed depictions of a demon on any magico-medical tablet from ancient Mesopotamia, it is also a unique testimony to how the copyist envisioned his demonic foe.

---

67 Chalendar (2013: 46-47) proposes that the text could have functioned as a differential diagnosis exercise. Principles of differential diagnosis of (divine causes of) illness can be observed in some sections of Sa-gig, see, e.g., Wee 2012: 167-68, 213; Heeßel 2000: 11 and n. 65, 67. Both Kišir-Âššur and Kišir-Nabû copied various texts, which can be classified as advanced training texts (see, e.g., Arboll 2018a; Frahm 2011: 122).

68 See Walker and Dick 2001: 227-42; Pedersen 1986, N4 no. 80. However, note that Kišir-Âššur’s *LKA* 137 contains a crude diagram incised on the reverse (Finkel 1995).
6. Appendix: Edition of *BAM* 202

*BAM* 202 contains eight paragraphs consisting of diagnostic statements and prescriptions. The text ends with a brief colophon and a drawing of a demonic creature. Each paragraph is separated by a single horizontal line, except between rev. 4'-5' and 13'-14', which are separated by two horizontal lines. Double rulings may indicate that the succeeding paragraph originated in a different text, and they also serve to mark off colophons (see Cancik-Kirschbaum and Kahl 2018: 169-170). Parallel passages are found in *BAM* 311 (rev. 51'-55'), the unpublished BM 40183+ (obv. 1'-2', 8'-11', rev. 25'-27'), *SpTU* vol. 3 no. 83 (obv. 5'-6', 9'-11'), and *STT* vol. 2 no. 286 (col. ii 14-29). I collated *BAM* 311 in the summer of 2016, and I read the parallel passages in BM 40183+ from online pictures (British Museum collection online 2018). The remaining passages were read from the hand drawings. The parallel passages are discussed in the commentary.

**Museum no.**: VAT 13739+14130  
**Description**: Single-column tablet in portrait format; collated during the summer of 2015 at the Vorderasiatiches Museum zu Berlin  
**Provenience**: Assur; the N4 library ("Haus des Beschworungs priesters"); N4 no. 476  
**Length - Width - Thickness**: 117 mm – 79 mm – 22 mm  
**CDLI no.**: P285293 (photograph)  
**Bibliography**: Chalendar 2013 (edition); Böck 2010a: 94; Stol 2009: 2 n. 10, 6-7, 11-12; Scurlock and Andersen 2005: 83 no. 3.268, 315 no. 13.169, 375 no. 16.43, 383 no. 16.87, 788; Heeßel 2000: 86 n. 61, 223; Stol 1993: 5-7 and n. 10, 20-21 and n. 163, 49-50 and n. 259 and 261, 149-150 and n. 14; Pedersén 1986: 71; Farber 1977: 74-75 n. 4; Hunger 1968: 70 no. 201 ms F (colophon); Köcher 1964: XI and pl. 4-5 no. 202 (old copy).
6.1. Line Drawing:

Fig. 2: Drawing of the obverse of *BAM* 202
Fig. 3: Drawing of the reverse of *BAM* 202
6.2. Transliteration:

**Obverse**

1. DIŠ NA KA,[HI.KÚR.R]A DAB-su<ma> tê-en-šu ilš-ta-na-an-ni]
3. ma-gal ![\text{?}]/[U].1.DU₁₁-ub a-na ta-še-mu šur-r[a]-šù
4. GÎ.R.PAD.D[U] NAM.LÜ.U₁₈.LU GÎ.R.PAD.DU ŠÁH NI[TĀ]
5. GÎ.R.PAD.D[U] KA₅, a ina GÚ-šù GAR-an ina NE SAR-šù
6. ū i.MEŠ A.ZA.LU.LU ES.MEŠ-su-ma TI

**Reverse**

1. [x x x x x x tê'-leq'-q]šiš-ma ū[a]-[t'-ta'-lak]
2. [x x x x x x x su-ud-di-šù]
3. [ana' bi']-[ši šá] BÁD[šù]-ri[š]-ma IGI-[šiš] U[TU].È GAR-ma
5. [an]a KUS nunnu[JÁŠ.GAR]1 [x x x] INA ÁB.RI.RI.\(<\text{GA}\) [GAG]% GAG-pu ina ŠU/[GÚ]-šù GAR-lan]

---

16
6.3. Translation:

Obv. 1-3: If дем[makur]\u (derangement) has seized a man and his mind a[ters time and again], his speech is incoherent, he [get]s a dep[ression] time and again (lit.: his мин]d continually fa[lls on him]), and he talks a lot, (in order) to res[tore] his mind to him:

4-6: You place “bone of humanity”, the bone of a ma[le] pig, (and) the bone of a fox by his neck. You fumigate him by means of charcoals, and (then) you anoint him continuously with oils of herd animals (намма\u), and he will recover.

7-8: If “ditto”, he repeatedly drinks “It cures a thousand”-plant, kazallu-plant, (and) imbu' tâmti in beer on an empty stomach until he recovers.

9-12: If “ditto”, you make (a representation of) his body (made out) of reed, you place (a representation of) his head (made out) of clay (on it), you clothe it (in) a nahlap\u-cloak, you cover it with the garment for one day. You place a пар[\u]гu-headdress on its [hea]d, you place the skin of a dog underneath it. [He (i.e. the patient) ...], he [е]ats [...], and he will recover.

13-16: [If “ditto"], you fumigate him (with) the hea\u[d of an allal[\u]-bird the head of an ари\u]-bird, [the head of a goos\u], the head of an anpa[тu'-bird]-bird, the h[ead of a h]eron, [the head of a dur\u]-mmu-bird, (and) the head of a male ис\u440р hurri-bird [on] charcoals, and he will recover.

17-23: [If “ditto”] you make a [... (figurine)] of reeds, you place [... in f]ront of it, you place [... by it]s? [...], you clothe it in a nahlap\u-cloak. [You’ ...], you place [... (the figurine?)] at the head of the patient’s bed. You make (it) lie [in the bed of the patie]nt [...]. [You’ ... an]d\u that patient will live. [You’ ...], (and) you pour [...] (for) it in an ox hoof, [You’ ... (breaks off)]

Rev. 1'-4': “[You will take] her a[way], and you [will depart].” [...] its travel provisions, [you sl]ip [[it] into a drai]nage op[ening of the city wall], and you place it facing the sunrise, and then [you see]l (the opening), and you pour three flour heaps (and) “homed salt-plant” in front of the op[ening].

5'-11': If a man continually [ер]ks in his bed, he cries like a goat, he groans, he shudders (lit.: he is afraid), (and) he talks a lot: “Hand of бенnu-epilepsy”, a [реч]du-demon deputized by Sin. To cure him: you wrap up “fox grape”, amunu-plant, “marsh-apple”, sap of абуккатu-plant, hармumu-plant, arantu-plant, [...], (and) hair of a monkey [in the skin of a female] kid [... with] the tendon of a dead cow, (and) you place (it) around his neck.

12': If “ditto"], (you place) šаrаnu-plant (and) хаltаppаnu-plant in a leather skin (around his neck).

13': If “ditto”, (you place) ēru-tree (and) “[It cures] a thousand”-plant in a leather skin (around his neck).

14': For undertaking a (ritual) procedure of Kiшir-[Nabu], (broken title?).

15': The if[м]а[ге] of divine}\u Be[n]nu\u-(epilepsy), de[puty of Sin].
6.4. Commentary

Obv. 1-6: Parallel passages are found in \textit{STT} vol. 2 no. 286 col. ii 14-18 and \textit{SpTU} vol. 3 no. 83 10'-11':

\textit{STT} vol. 2 no. 286 col. ii

14  [x x K]A.HI.KUR.RA\textsuperscript{1} DAB-su-[m]a UM\textu{US}-šú iš-[a-na-an-ni]

15  [a-ma-r\textu{-}]šú KUR.K[U]R-ra té-em-šú SUB.ŠUB-

16  [ana té-e]m-šú tur-l\textu{r}-šú [GI\textu{R}].PAD.DU NAM.\textu{LU}U\text{,L}[U]\text{	extu{,L}}[U]

17  [x x x] ŞA\textu{H}\text{i} G\textu{R}P[\textu{A}D.DJ]\text{U K\text{\textu{A}}}s.A in\text{a} G\text{Ü}-l\textu{šú} GAR-[a\text{\textu{R}}]

18  [i\text{na}][NE x SAR]\text{\textu{,}3} \text{\textu{,}2} M\text{EŠ\textu{,}19} A\text{\textu{I}}[Z]\text{A.LU}LU\text{,}1\text{\textu{,}1} S\text{\\textu{E}}\text{\\textu{S}} [x x x]

\textit{SpTU} vol. 3 no. 83 obv.

10' D\\text{\textu{I}}\text{\textu{S}} [K]I.MIN\text{\textu{I}} G\text{IR}.PAD.DU NAM.L\text{\textu{U}}.1\text{\textu{,}8.LU G\text{IR}.PAD.DU S\text{\\textu{A}}}\text{H} NIT\text{\textu{A}}

11' in\text{a} \text{\textu{I}}UDU A.ZA.LU.LU S\text{\\textu{E}}\text{\\textu{S}}.\text{\textu{E}}\text{\textu{S}}-[\text{\textu{S}}u]

For a discussion of the diagnosis, see Section 1. For previous discussions of this passage, see Chalendar 2013: 10-13, 12-29; Steinert 2012: 391 and n. 29-30; Stol 2009: 1-2 and n. 10, 7, 11-12; Finkel 2008: 337; Scurlock and Andersen 2005: 375-76 no. 16.43, 383 no. 16.87; Köcher 1964: XI; cf. \textit{CAD} Š/3: 46. In addition, the commentary \textit{CT} vol. 41 pl. 43 BM 59586 concerns the same diagnosis, although much of the text is obscure (see Chalendar 2013: 8-9; Frahm et al. 2013; Frahm 2011: 238; Stol 2009: 12; Labat 1933: 114-15).

1: For the tentative reconstruction of a Gtn-stem of \textit{šanù}, see \textit{CAD} Š/1: 406; \textit{CAD} Ť/9: 95; Stol 2009: 2 n. 10; Chalendar 2013: 20; see also \textit{AHw}: 1166. The inserted -<\textit{ma}> is based on the duplicate passage in \textit{STT} vol. 2 no. 286 col. ii 14.

2: There is a break in the middle of the line, which may have held two signs. Considering the parallel passage in \textit{STT} vol. 2 no. 286, it seems likely this space was originally left blank.

The reconstructed [\textit{u}] at the end of the line is based on the parallel passage in \textit{STT} vol. 2 no. 286.

3: Chalendar (2013: 10) suggests reading the partly broken sign at the end of the line as \textit{tur}-\textit{r\textsuperscript{2}-šú}, which the visible wedges support.

4: Based on my collation, there appears to be a small wedge impressed above the \textit{U\text{,L}1} sign, which cannot be explained. Chalendar (2013: 10) transliterated the end of the line as Ş\text{\\textu{A}}H NI[T\text{\textu{A}}H], which is presumably a typo for the reading Ş\text{\\textu{A}}H.

4-5: Whether or not some of the bones mentioned were \textit{Decknamen} for plants remains uncertain (Rumor 2017: 27; Chalendar 2013: 29-30; Böck 2010b and 2011; Stol 2009: 12).

6: Note that the ending (verbal form)-ma TI "he (drinks/eats/etc.)..., and he will recover" in BāM 202 obv. 6, 12, and 16 may designate "a subordinate 'if' clause" (Scurlock and Andersen 2005: xvi).

7-8: This prescription runs largely parallel to STT vol. 2 no. 286 col. ii 19-20 and SpTU vol. 3 no. 83 9':

STT vol. 2 no. 286 col. ii

19 DIŠ K[I].MIN [ii][GI-lim iška-za-l]a-ta]m-tim GA[Z x x (x)]
20 [NU] p[a]-tan E[N]x x] T[IN² x x]

SpTU vol. 3 no. 83 obv.


For a discussion of this passage, see Chalender 2013: 10, 30-31.

8: Imbibing medication on an empty stomach is well attested (see, e.g., Geller 2005; Scurlock 2014).

9-12: The prescription runs parallel to STT vol. 2 no. 286 col. ii 21-24:

STT vol. 2 no. 286 col. ii

21 DIŠ K[I].MIN NU-sū [š][a] [GI]-šū D[U]-uš²] [SAG¹.D[U]-ša I[M GAR-an]
22 [x x] x] [x t]u-hal-lap-šū T[U-G x x] x x x x
23 [x] x [x x] [SAG.DU]-šu [GAR²]-lan² KUš² UR²] [SAG.DU] x x x (x)]
24 [x][x](no more than five signs missing)] [x](no more than five signs missing)

For a discussion of this passage, see Chalender 2013: 10, 31-32.

9: The sign in the break is difficult to see. Chalender (2013: 10) suggests the reading [SU]-šū, which is supported by the new line drawing. However, note the reading NU-sū in STT vol. 2 no. 286 col. ii 21.

11: The paršigu is a headress made out of a sash (CAD P: 203ff.; see Chalender 2013: 13).

13-16: The prescription runs parallel to the unattested BM 40183+ obv. 1'-2':

BM 40183+ obv.

1' [x x x x] [SAG.DU UGA mušen SAG¹.DU KUR.[GI²-]rušen SAG.DU GI][š] [NU] x [SAG.DU] [e²]-girî² [mušen] (I can barely see the last sign on the photograph)


Alternatively, the penultimate bird listed in BM 40183+ obv. 1' could very cautiously be read SAG.DU ILAGAB² mušen for a mysterious bird whose Akkadian name is unknown (Veldhuis 2004: 164, 191, 197, 202, 265), or perhaps SAG.DU [BUL]² mušen/SAG.DU [BUL]² mušen indicating the expected anpatù-bird (this reading would likely require the long form NIN.BUL.BUL; cf. CAD A/2: 143). The tentative reading of the final bird in obv. 1' as [e²]-girî² [mušen] for the igirû-heron is not attested elsewhere (cf. CAD I-J: 41). For this passage, see Chalender 2013: 4-5, 10, 32-33. Note that Chalender has a typo listing BM 40183+ obv. 1'-5' as parallel to BĀM 202 (ibid.: 10; cf. ibid.: 4-5).


14: The remains of the sign GI fits with the writing in obv. 17.

The final ingredient is written with the Sumerogram KI.SAG.MUNUS mušen (igirû), and the remains of the sign KI can be spotted on the original.

15: The durummu-bird (CAD D: 198) is mentioned in the commentary CT vol. 41 pl. 43 BM 59596 obv. 4 in an obscure passage (see Chalender 2013: 8-9, 33).
**BAM 202** records BURUṣ as ḪU.ŠE.ERIM, whereas BM 40183+ has the reading as ḪU.ERIM.

The sign read ḤAB[REW3] is different from ḤABRUD in rev. 4', and it does not appear as neither KīxU nor KīxBAD (Borger 2010: 414; Labat 1995: 208f.).

17-rev. 4': **BAM** 202 obv. 17 may have run parallel to the broken entry in **STT** vol. 2 no. 286 col. ii 29. Chalendar (2013: 11, 33ff.) edits the section from **BAM** 202 obv. 23-rev. 4' parallel to BM 40183+ obv. 8'-11', although the passage is almost completely broken in **BAM** 202:

**STT** vol. 2 no. 286 col. ii

29 [(ca. seven missing signs)] GI DŪ ḫiʔ al[(breaks off)]

BM 40183+ obv.

8' NINDA.Ī.ĐÉ.A LĀL Ī.NUN.NA GAR-an NĪG.NA šIMLI GAR-lanl KAŠ SAG BAL-q[i (ca. eight signs missing)]


11' 3 [ZI.DUB.U][U]B.U BAGA.SI ana IG[ን ḪABRUD SUB.SUB-dī NIM UR.GI] [i-paʔ ti-m-bu-ut A-SA ina KUŠ]

The text in **BAM** 202 obv. 17-rev. 4' may have concerned a ritual where the evil afflicting the patient is offered a figurine representing a wife and married off to this figurine, after which the demon is removed (Chalendar 2013: 33-34, 36; see Scurlock 2006: 52-53; Farber 2004: 128-30; Farber 2001: 255; Schwemer 1998: 60-63, 66-67).

17: As noted by Chalendar (2013: 11, 33), the opening of the line must have referred to the figurine (salmu). Perhaps the break once contained additional information concerning what sort of figurine was constructed. One of the uncertain signs before and after [piʔ] may have been NU, but this does not account for the remaining traces. No useful reconstruction is suggested.


20: The few traces are reminiscent of the sign kur or the end of a NŪ, although Chalendar (2013: 11, 33) suggests reading [NUʔ]. The line could be reconstructed as [ina še-pit giN]U, although something would be missing directly after, and the foot and the head of the bed would be in reverse order (cf. CAD Š/2: 293).

21: Chalendar (2013: 11, 33-34) reconstructs [ina giN]I[G tuš-tâl, which is reasonable in accordance with the original. For the verb itiːtu, see CAD N/1: 204ff.; CAD U-W: 344ff.; Kouwenberg 2010: 365, 480; Huehnergard 2002: 178ff. Similar actions can be found in other rituals (e.g., Scurlock 2006: 515-19; Tsukimoto 1985: 125-27).

22: The ending GIG BI Ti-tū is problematic, as it indicates the cure is over (Chalendar 2013: 34-35). Horizontal lines divide prescriptions in **BAM** 202, and there is no line between obv. 22-23. Thus, it is unclear if the prescription continued.

23: Chalendar (2013: 11 n. 27) suggests that the tablet may hide a -qi on the edge, although the original only contains the final signs BAL-šū. For the possible reconstruction [nīnak burāšī tašakkan šīnat imēri an]a šuN-pur ..., see Chalendar 2013: 35.

24: Only a few traces remain. This and a hypothetical missing line may have contained instructions for marrying off the demonic being to a substitute figurine, reconstructed as: maḥaṭ Šamaš kīam taqabbi mimma lemmu aššata šūhuzaṭa atta musṣa šī aššarta. "You say the following in front of Šamaš: 'Any Evil'-demon, you
are made to take a wife, you are her husband, she is your wife” (Chalendar 2013: 11-13; see references to obv. 17-rev. 4’).

Rev. 1’: The broken end of the line can barely hold the reconstructed signs \(\text{il}-\text{at}-\text{ta}\text{-lak}\). Perhaps it is possible to read \(\text{il}-\text{at}-\text{ta}\text{-lak}\), although this spelling of the second person singular verbal form is not attested in the \(\text{CAD}\) (A/1: 322ff.; see also \(\text{AHw}: 33\)). Chalendar (2013: 11 and n. 28) suggests the alternative reading \(\text{il}\text{-at}-\text{ta}\text{-lak}\) on the basis of the CDLI picture of \(\text{BAM}\) 202. This proposal can now be dismissed on the basis of my collation.

The line may have contained the end of a phrase uttered before Šamaš concerning the evil afflicting the patient (ibid.: 13, 35).

2’: Chalendar (2013: 11) reconstructs \([\text{ann}a\ \text{taqabbima} \ \text{NU} \ a-\text{di}]\). I have refrained from reconstructing this passage, due to the unclear and few remaining signs.

3’: I have drawn on the parallel passage in \(\text{BM}\) 40183+ to reconstruct the line, and the remains in \(\text{BAM}\) 202 rev. 3’ support the proposed reconstruction. For the use of a “drainage opening” \(\text{bi’u}\) in connection to figurines in a ritual context, see \(\text{CAD}\) B: 297. Abusch and Schwemer (2011: 156, 285, 345) translate the word as a “sewage opening”.

4’: Chalendar (2013: 35) suggests reconstructing the line as \([\text{bi’ a tepehhi k}fima\) (see also Abusch and Schwemer 2011: 156 line 32). However, \(\text{kîma}\) makes little sense in the context here. In light of the duplicate \(\text{BM}\) 40183+ obv. 10’, the line must refer to the closing of the deposit. The reconstruction \([\text{ta-bar-ra}m\text{-ma}\) reflects this interpretation.

The final sign \(\text{HABRU}D\) (\(\text{hurstu}\)) is translated “hole” (\(\text{CAD}\) H: 252-53), e.g., in relation to a hole made in a wall to hide a figurine in (see Abusch and Schwemer 2011: 144, 186). The word must refer to the previously mentioned drainage opening.

5’-11’: The diagnosis and prescription has parallel lines in \(\text{BAM}\) 311 rev. 51’-55’, \(\text{BM}\) 40183+ rev. 25’-27’, and \(\text{SpTU}\) vol. 3 no. 83 obv. 5’-6’:

\(\text{BAM}\) 311 rev.

51’ \(\text{DIŠ N[A in]a} \ \text{KI.I.NÁ-šú} \ \text{HULUH} \ \text{HULUH l-ut} \ \text{GIM GÜ ÚZ GÜ-si lîl-ram-mu-mu} \)

52’ \(\text{i-par-ru-ud ma-g[al]} \ \text{GU.GÜ-si} \ \text{šU be-en-mu} \ [\text{ALAD šá-né-e} \ \text{d30}]

53’ \(\text{ana Ti-šú} \ [\text{GEŠTIN.KA5.A} \ \text{a-mu-n[u-t]} \ \text{üGIS}\text{HAŠHUR} \ [\text{G}]

54’ \(\text{6HAR.LU[M.BA.ŠIR} \ \text{a-ra-r[} \ \text{a-mu} \ \text{ILLU LI.TUR}

55’ \(\text{SIG U[GU.DUL.BI} \ \text{ina KUŠ PÉŠ.Ú[R.R]A GAG.GAG ina GÜ-šú GAR}

\(\text{BM}\) 40183+ rev.

25’ \(\text{DIŠ NA} \ \text{ina KI.I.NÁ-šú} \ \text{HULUH} \ \text{HULUH-ut-ma} \ \text{GI[M x x x x]} \ [\text{ü}l \ \text{i-ram-mu-mu} \ \text{il-na-ru-ut ma-[gal GÜ].GÜ-si}

26’ \(\text{ŠU} \ [\text{be-en-mu} \ [\text{ALAD}]D3 [\text{išdál-né-e} \ [\text{d3[0} \ \text{ana TI-šú} \ \text{üGIS}\text{GEŠTIN.KA5.A} \ \text{a-mu-nu-tu4} \ \text{G]\text{HAŠHUR} \ [\text{G}]

27’ \(\text{[a-r[} \ \text{a-[} \ \text{a-mu} \ [\text{IL.LU L[DU R SIG U[GU.D]UL.BI} \ \text{ina KUŠ ina SA PÉŠ.ÚR G[AG.GAG ina GÜ-šú} \ \text{GAR-an-ma} \ \text{ITI}] \ (I can barely see the last sign)

\(\text{SpTU}\) vol. 3 no. 83 obv.

5’ \(\text{[DIŠ} \ [\text{KI.MIN}] \ [\text{GIS]} \text{GEŠTIN.KA5.A} \ \text{a-mu-nu-tu4} \ \text{GIS}\text{HAŠHUR GIS}\text{G}

6’ \(\text{ILLU LI.TAR SIG UGU.DUL.BI} \ \text{ina KUŠ ina SA PÉŠ.ÚR} \)
For a discussion of this diagnosis, see Section 1. See previous discussions in Chalendar 2013: 10-13, 37ff.; Böck 2010a: 94; Stol 2009: 12; Scurlock and Andersen 2005: 83 no. 3. 268; Heeßel 2000: 86 n. 61, 223; Stol 1993: 6 and n. 10; Köcher 1978: 35.

5*: The parallel line in BAM 311 reads GIM GÜ ÜZ GÜ-si, thereby adding GÜ, rigmu “voice, sound, noise, wailing” of a goat (CAD R: 328ff.).

6*: Both the parallel lines in BAM 311 (rev. 52') and BM 40183+ (rev. 25') write GÜ.GÜ-si instead of BAM 202’s DU11.DU11-ub. See Section 4.

7*: The copyist chose to write the diagnosis “Hand of bennu-epilepsy” with the dual of “hand” (ŠUḫ be-en-ni). The writing was likely due to a scribal convention used among certain members of the Baba-šuma-ibni family (see Section 4 and n. 63). Further analysis of this phenomenon is required. Note that BM 40183+ writes d-bennu (see Stol 1993: 21 and n. 162-63).

8*: The copyist imprinted one horizontal wedge too many in the beginning of the HAŠHUR sign, which makes it similar to the Babylonian writing of the sign, as seen in SpTU vol. 3 no. 83 obv. 5'.

9*: The reconstruction is based on the parallel passages cited above (see Chalendar 2013: 11-12).

10*: Chalendar (2013: 11 n. 29) suggests that the break may have held the ingredients found in the beginning of rev. 9’, although this would require other ingredients in rev. 9’. For the use of “monkey hair”, see Dunham 1985.

11*: The reconstruction is based on the duplicate passages (see Chalendar 2013: 11-12). The first sign GAG of the partly preserved lSA ÁB.RI.Rl.<GA> IGAG’.GAG-pšt ina lGÜ-šil GAR-lanl is problematic, and if properly restored, the copyist must have miscalculated the space available for writing the ingredient GAG.GAG-pi, thereby missing the restored <GA>.

None of the other duplicates use the skin of an unīqu “female kid”, although such skins were occasionally used in rituals connected to epilepsy (see CAD U-W: 160). For the writing “dead cow” (ÁB.RI.RI.GA, šalquttu), see CAD S/1: 262; CAD L: 217.

12'-13*: The description “in leather” is an abbreviation for producing a mêlu “phylactery, poultice, bandage, (leather) bag” (see Reiner 1959-60: 150; Lambert 1980; Stol 1993: 102-104; CAD M/2: 14-15). Such bags were used to ward off an epileptic attack, and to eradicate ailments (Stol 1993: 102-103 and n. 30, 109). For a discussion of the ingredients, see Chalendar 2013: 44-45.

12*: The šarāmu-plant is also mentioned in the LB medical commentary BM 54595 (=CT 41 pl. 43) obv. 12: šá-ra-nu: kur-sis’-s[u], “šarāmu-plant (is) kursisu-rodent”. This commentary is described as “relating to (the work) ‘in order to tear out and [release] Antašubha-epilepsy’” (ša ana Antašubba nasáhi u [pašāri], BM 54595 rev. 3'; see discussion and edition in Frazer 2017; cf. CAD S/2: 50; see also CAD K: 567). A similar sentence is also mentioned in the related manuscript BAM 311 rev. 59’.

14*: The meaning and use of the phrase ana šabūt epēši is discussed briefly in Section 4; see especially n. 65. See also Couto-Ferreira 2018: 152 n. 10, 157-62; Maul 2010: 212-13, 216; Böck 2008: 296; Maul 2003: 180-81; Maul 1994: 159 n. 16; Bottéro 1983: 159; Hunger 1968: 12; Leichty 1964: 153; Filers 1933: 325. Chalendar’s (2013: 12-13) reconstruction of this line is discussed in Section 4.

15*: The reading of this line is uncertain. The initial traces could be lša’[l]-[/[l]a[m’], although this does not explain the writing benna. I have cautiously emended the visible vertical wedge after -[l]a[m’] to l’dpressions (dišl), but the reading remains tentative. The
sign be₂ is questionable. The following sign could be an -e[ḥ₃], and I emend the next sign to -ḥnaḥ₁. Compared with the writing of benna in rev. 7', it does not look identical. The writing be-en-na is attested, although infrequently (e.g., CAD B: 206d; Schwemer 2007: 115; Reiner and Pingree 1981: 46). An alternative reading of the opening as ḫa'[f]am ḫ[e]-ḥnaḥ₂ makes the problematic vertical wedge part of -lam, although this sign would take up more space than other signs in the line. Furthermore, the spelling be-na is awkward. The final traces support the reading ša-n[é-e ḫ₃0], although the reconstructed three signs can barely fit in the broken space before the drawing. None of the traces permit ḫALAD. Alternatively, the final line could refer to the removal of benna, e.g., ḫa[-n]aḥ² ana Š[U]²[?] ḫa[b]a[-ti] (CAD S/1: 94), but the final traces of the line do not fit this reconstruction well. Although the initial wedge could be a Personenkeil, the traces after šā do not permit ūr, and I find it difficult to reconstruct the line as part of the colophon.
6.5. Pictures of *BAM* 202:

Fig. 4: The obverse of *BAM* 202
Fig. 5: The reverse of BAM 202
7. Bibliography


Arboll T. P. 2018b. “Kišir-Aššur’s Name and Title in Writing”, *NABU* 2018/2, note no. 50, 80-83.


Scurlock JA. 2014. Sourcebook for Ancient Mesopotamian Medicine, Writings from the Ancient World 36, Atlanta, Georgia: SBL Press.


