Markham J. Geller | Renal and Rectal Disease Texts

Die babylonisch-assyrische Medizin in Texten und Untersuchungen

Begründet von Franz Köcher

Herausgegeben von Robert D. Biggs und Marten Stol

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Renal and Rectal Disease Texts

by Markham J. Geller

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Preface

The first six volumes of the present series, Babylonische-assyrische Medizin, represented the monumental contribution of Franz Köcher to studies of Mesopotamian medicine. Although working mostly from photographs, Köcher was responsible for numerous identifications of new texts, as well as joins, and he remained Großmeister of his discipline until his death in November, 2002.

Köcher's work, nevertheless, usually consisted of copies of medical texts, with precise and detailed information about duplicate passages listed in extensive indices accompanying the copies. Rarely did he edit or translate medical texts in his published works, although he generously provided such information upon request. Köcher's plan was to publish the vast majority of medical texts in the form of autograph copies within his BAM series, to be followed later by text editions and translations.

I met with Franz Köcher frequently during the summer of 2002, during my stay at the Max-Planck-Institut für Wissenschaftsgeschichte, and I proposed a new scheme for the BAM series. The next volume would contain autograph copies of thematically selected texts. Instead of the extensive indices, the autograph copies would be accompanied by text editions and translations of the copied tablets, together with the duplicates published previously in BAM, or in Campbell Thompson's Assyrian Medical Texts (AMT). Köcher agreed that after publication of six volumes of copies and indices, it was now time to begin editing the medical corpus in modern transliterations and translations, to make the material accessible to non-specialists and even non-Assyriologists.

The present volume contains three sections. The first section comprises tablets dealing with diseases of the kidney and urinary tract, followed by a second group of texts dealing with diseases of the rectum and anus. A third section contains relevant texts, not specifically related to either kidney or rectal disease, but nevertheless important for studies of Mesopotamian medicine. There are good reasons for treating renal and rectal texts together in this volume. Aside from the fact that both ailments refer to the lower abdomen, a unique catalogue of medical literature from Assur lists the incipits and rubrics of renal disease texts together with incipits and rubrics of rectal disease (see Text No. 48 and Text No. 9 colophon). Furthermore, the treatments for renal and rectal diseases are often similar in comprising invasive procedures, with drugs being inserted into the urethra or anus through bronze tubes or suppositories, respectively. There are also many dissimilar features, such as different types of drugs and plants used in recipes, which are distinctive to each type of treatment. Kidney disease recipes, for instance, contain many types of mineral substances, such as ostrich-egg shell, which are not found in rectal disease recipes. More general comparisons between these two genres and other types of treatments remain to be studied.

The text editions are based upon collations and many new copies of tablets appearing in Campbell Thompson's Assyrian Medical Texts, and occasionally even some of Köcher's copies in BAM require collation. Nevertheless, no attempt has been made to re-copy all of Campbell

¹ See the present writer's review of BAM V and VI, Zeitschrift für Assyriologie 74 (1984), 292-97.

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Thompson's copies of tablets in AMT, except when joins have been made, or when the copy is inadequate. Campbell Thompson noted many joins to AMT tablets in his subsequent text editions and translations, but he never altered his copies to reflect the joins.

There are both institutions and individuals which deserve recognition and thanks for contributing to the completion of this volume. The bulk of the work was carried out during a research fellowship at the Netherlands Institute for Advanced Study (NIAS) in Wassenaar, where I spent the 2000-2001 academic year working with a group researching Greek and Babylonian medicine. I learned a great deal from colleagues in NIAS, but I am most indebted to Marten Stol for reading and correcting the first preliminary drafts of these transliterations and translations. I spent the following summer (2002) at the Max-Planck-Institut für Wissenschaftsgeschichte in Berlin and at the Institut für Judaistik at the Freie Universität, funded by a stipend from the Alexander von Humboldt-Stiftung, where I was able to collate many of the tablets in the Vorderasiatisches Museum. I wish to thank Peter Damerow of the Max-Planck-Institut and Peter Schäfer (then still at the Freie Universität Berlin) for their generous hospitality and support during my stay in Berlin. As always, I rely upon Irving Finkel to read and criticise my work on medicine, and his critique of the first few tablets edited here was a great help. JoAnn Scurlock was kind enough to give me her edition of text No. 49 in this corpus, which proved to be an invaluable help for copying this very difficult tablet. Barbara Böck has been very helpful and accommodating whenever I asked for information from Franz Köcher's notes on readings of various passages. In the final stages, both Marten Stol and Robert Biggs read and corrected versions of the manuscript in their capacity as editors of the BAM series, and they contributed many corrections and useful comments. Finally, I would like to thank Tzveta Pokrovska for help in mounting the plates, and to Gertrud Grünkorn and Sabine Vogt of de Gruyter for their support in bringing this volume to press.

Introductory remarks on kidney and rectal disease

Kidney disease - diagnoses

The proper diagnosis of kidney disease was not possible in antiquity, without instruments other than the naked eye. In the oldest manuscript which we have on kidney disease, the first symptom noted was simply incontinence or 'dripping of urine' (tattīku ša šināti). 1 A patient might have blood or pus discharging from his penis, or blisters and sores could be detected on the penis which might indicate venereal disease or urethritis, and pain occurs during urination or ejaculation. The colour of the urine was also carefully noted, and whether there was blood in the urine, although there is no suggestion that the urine was tasted for sweetness. The consistency of the urine, compared to that of an ass, clear paint, wine or beer dregs, was noted as well. All of these symptoms were associated with a condition known as 'discharge' (mūşu).² Kidney and bladder stones were obvious symptoms to detect, but one text refers to a patient's constant itching due to a dissolved stone.3 The patient might suffer from either premature ejaculation or inability to ejaculate. 4 Other colours and consistency in the patient's urine were also noted, in particular yellow, white, and perhaps red. 5 Symptoms associate with 'stricture of the bladder' (hiniqtu) are both physical (flaccid limbs, pain in the shoulders) and psychic (insomnia, exhaustion, forgetfulness, anxiety, and nightmares).6 Another unidentifiable disease, šašituna, has symptoms consisting of frequent urination and a 'depressed' bladder (perhaps a blockage).

Nevertheless, chronic renal failure would have been almost impossible to detect in antiquity, since symptoms include lethargy, breathlessness on exertion, swollen ankles, itching and progressive darkening of the skin, loss of appetite, vomiting, numbness in the feet, aching bones, epileptic convulsions, chest pain, and difficulty in concentrating. Impaired renal function does not appear as a symptom in this list because chronic renal failure is associated with hypertension, which then produces the adverse symptoms cited above. It is therefore difficult to imagine how a Babylonian healer could have diagnosed renal failure correctly.

Other conditions of the urinary tract are less frequently mentioned in the present corpus. These include isolated references to 'wind' or flatulence in the kidneys, stiffness (mungu)

¹ See text No. 1: 10'.

² See M. J. Geller and S. L. Cohen, 'Kidney and urinary tract disease in ancient Babylonia, with translations of the cuneiform sources', *Kidney International* 47 (1995), 1811–1815, and see texts 4, 5, and 9 in the present corpus.

³ Text No. 13.

⁴ See Text No. 2, Ms. B₁. Ejaculating while 'walking' is a euphemism for having sex, i.e., he cannot control his ejaculation or he ejaculates prematurely.

⁵ See text No. 5.

⁶ See text No. 2.

⁷ This information is courtesy of Charles George, and see his 'Development of the idea of Chronic Renal Failure', American Journal of Nephrology 22 (2002), 231-239.

or pus in the testicles, or 'collapse of the intestines' (miqit irrī),8 which might be a prolapse.9 Renal šimertu-disease cannot be identified since no associated symptoms are described in the text.¹⁰

Rectal disease

The incipits of rectal disease texts often use the phrase ina lā simānišu, 'at an inappropriate time for (the patient)', probably indicating that the patient's age or state of health is not consistent with the expected appearance of this disease. The usual symptoms in the texts are 'strangury' (hiniqtu), constipation, haemorrhoids and anal lesions, bleeding from the anus and the drying up of faecal matter within the rectum. There is no specific reference to blood in the stools themselves, but occasional reference is also made to stools which are abnormally putrid. Stinging pain in the anus (presumably during defecation) is frequently mentioned as a symptom. Some symptoms in the texts are more general in referring to other parts of the anatomy as well, e. g., weakness in the limbs, pain in the shoulders, and bloating. 11 Rectal disease is also associated with 'loin' disease (murub4 gig), which may also refer to the general region of the hips (qablā), perhaps because renal, rectal, and 'groin' disease all occur in the lower torso. The Assur Catalogue of medical incipits from Yale also preserves the same sequence of diseases as in the texts themselves, namely renal disease (éllag.gig), rectal disease (dúr.gig), and 'groin'-disease (murub4.gig). 12

It is somewhat surprising that we find no general theory of medicine or disease within Babylonian medicine, and this is even more surprising in relation to rectal disease. By way of contrast, Egyptian medicine embraced a fundamental theory of disease based primarily upon faecal matter (wekhedu) circulating within the body's arteries and veins (metu), and this theory persisted in Ptolemaic period medicine as well.¹³ Disease was caused by such faecal matter circulating through the body before being excreted through the anus. Although there are two references in our corpus to the intestines discharging putrid matter (see text No. 24 iii 21 and duplicates, text No. 50: 4), this in no way suggests a comprehensive theory of disease based upon putrid matter in the body, as in Egypt. Furthermore, although the colour and consistency (but not the taste) of urine was carefully examined as part of diagnosis, little attention was paid to the appearance or characteristics of stools within therapeutic texts.

One difficulty in analysing types of rectal disease is to distinguish between haemorrhoids and other types of anal sores or lesions (cf. umṣatu and uršu).¹⁴ We have made a guess based upon rather sparse evidence in these texts, and the translations given here are open to question.

⁸ Dropsy might be an alternative possibility for this disease.

⁹ See text No. 9 col. iv.

¹⁰ The disease only occurs once in this corpus, in text No. 9 iv 10'.

¹¹ See text No. 32.

¹² See text No. 48.

¹³ See H. von Staden, Herophilus, the Art of Medicine in Early Alexandria (Cambridge, 1989), 11-12, 23.

¹⁴ As Dr. Morris Greenberg has informed me:

The "pile" proper arises internally as a varicose vein in the mucosa of the rectum and on a stalk it may emerge through the anus like a grape, sometimes being associated with varying degrees (mild to gross) of prolapse of the rectal mucosa. When a whole bunch of purple grapes emerges they are very uncomfortable and the old physicians learnt how to return them pro tem into the rectum. The internal/prolapsed pile may lead to itching and may bleed.

Finally, the unidentified disease *maškadu* is referred to several times in this corpus, ¹⁵ although the illness may be associated with both renal and rectal disease.

Drugs to treat urinary tract disease

The types of materia medica used to treat kidney and urinary-tract disease are not the same, in many instances, as those used to treat diseases of the anus and rectum. This important information may be useful to indicate that even long compound recipes were not merely concocted as a general cure-all but were specifically designed to treat a particular ailment.

One of the remarkable features of renal texts is the high proportion of materia medica consisting of minerals rather than plant products. Many of these minerals are found in the present corpus in texts dealing with renal disease rather than with rectal disease. Only the most commonly mentioned minerals are listed below:

renal disease:

```
mussel shell
ajartu(na_4.pa = pseudo-logogram ia_4-artu)
anzahhu(an.zah)
bissūr atāni(na4peš<sub>4</sub>.anše)
                                                    (a type of shell), lit. 'donkey-vulva'
gabû(imsahar.na4.kur.ra)
                                                    alum, see qitmu
haşab(šika) pel<sub>5</sub>(nunuz) lurmi(gá.nu<sub>11</sub> mušen)
                                                    ostrich-egg shell
imbu' tâmti(ka.a.ab.ba)
                                                    coral
i\bar{a}nibu(^{na4}ni.bu/ba = ia_4-ni-bu)
                                                    (stone)
kutpû(an.zah.ge<sub>6</sub>)
                                                    black frit
misis tâmti
                                                     (mineral)
pallišu(na4.úníg.bùr.bùr)
                                                     'bore'-stone (also listed as a plant)
qitmu(imsahar.ge6.kur.ra)
                                                    black dye
zalāqu(na4zálag)
                                                    (stone)
rectal disease:
kalû(im.kal.la)
                                                    (mineral of yellow colour)
qadūt šikāni([im].gú.en.na)
                                                    river mud
common to both:
                                                    horned alkali
uhūlu qarnānu(naga.si)
```

haematite

šadânu(na4ka.gi.na)

A separate condition of different origin is the "external pile" arising at the margins of the anus which can be painful under tension: a racket shaped incision in the skin at the anal margin will release the tension and dramatically relieve the pain.

There is a condition at the anus that is "sore", and that is the anal fissure. Associated with it may be a skin tag looking like a guardian pile. The treatments of the fissure are barbaric surgery, relatively gentle surgery, or time, the great healer.

There are various abscesses ("pustules") pointing in the perineum arising more or less locally or tracking down from higher up, but they are not to be plucked or cut off.

¹⁵ See texts No. 31, 45, and 50.

The distribution of the mineral content of the *materia medica* is an indication of general differences in types of prescriptions for renal and rectal diseases, although no criteria are given to us regarding how these recipes were conceived and developed.

oils

No. 26 ii 5-8 shows a high percentage of oil being used in rectal disease preparations, which is not the case with renal disease.

Wrap up into a wad: fat of ox kidney, fat of male sheep kidney, lion-fat, shee, oil of creeping myrtle, bird oil, oil of myrtle, oil of ..., myrrh, cedar, ..., resin of baluhhu, resin of abukkatu, white plant, madder, opopanax, fat of cucumber and kasû, smear and put it into his anus.

Similar recipes can be found in Nos. 21 and 42, a salve for a sore anus. These are cases of special preparations for rectal disease which are not found in kidney-disease recipes. One surprise is that animal kidney as an ingredient of *material medica* occurs only in rectal disease texts, rather than in renal-disease recipes, indicating that kidney organs were not administered in recipes as a type of sympathetic magic. The following cases can be found in 'anus' texts:

ì.udu éllag udu.níta

```
21: 8; 21: 11; 21: 30; 21: 32; 21: 34 (= 42); 22: 11 (= No. 26); 24 ii 24; 24 (Y<sub>2</sub>): 4 and 9; 26: 5; 28: 101; 30:21; 37 ii 5; 42: 4 (= No. 21); 58 ii 15;
```

plants in materia medica:

It is more difficult to identify plants used exclusively for one ailment. Drugs extracted from plants were apparently applied more generally, with some recipes including large numbers of plants (e. g., 75 plants in one recipe, or 93 in another). ¹⁶ One possibility might be that the recipe included many different drugs in the hope that some would be effective, although such a theory is never stated in the text. In fact, no explanation is ever provided of how recipes are made up, although ancient physicians may have relied upon a placebo effect for any drugs which they prescribed.

It is difficult to isolate plants which were used exclusively for either renal or rectal disease, although at least two examples can be found in the present corpus. The plant giš.úgír-uh-ha-ah ('thorny plant') only appears in recipes for kidney and urinary-tract disease, while the plant pizzer / pinziru occurs only in rectal disease recipes.

Simples

The main distinction between recipes is whether they consist of 'simples' or 'compounds'. 'Simples' or 'simplicia' consist of one drug (usually plant or mineral) for one disease, and such recipes can potentially supply useful information for identifying drugs. Arabic pharmacology used 'simples' predominantly rather than compound drug preparations, but this has a long

¹⁶ See text Nos. 58 and 11.

history.¹⁷ Dioscurides, for instance, listed many simples, while Galen himself wrote a treatise on the subject, and Mesopotamian pharmacopoeia used both simples and compounds, although the use of simples is much less common than compound recipes. We have noted instances of simplicia in the footnotes to the texts.

It is more difficult to isolate plants used uniquely for either renal or rectal disease, but specialised preparations were certainly recorded. One text, for instance, provides lists of drugs specifically for kidney problems (No. 18), while another text (No. 42) provides the ingredients for a salve to be used for a sore anus. However, the oldest renal text in the present corpus, dating from the Middle Babylonian period, contains many simplicia amongst its recipes. In fact, the majority of the simplicia occur in the MB Philadelphia tablet (Ms. A), although others are found in the partially duplicating text No. 2 as well, a later tablet from Nineveh. Most other tablets dealing with similar ailments used compound recipes consisting of numerous drugs. Nevertheless, there is insufficient evidence to suggest that, at least in the case of renal disease, recipes initially consisted of simplicia and were later expanded into more elaborate recipes. We simply have the end products of the exercise without being able to reconstruct the stages of development.

In some cases, recipes having the same incipits or symptoms provide a completely different set of drugs. A good example are several texts in the present corpus, Nos. 23, 27, and 32, all of which share the same symptoms referring to general pain in the limbs, chest, and shoulders, as well as specific pain in either the right or left testicle, but two different sets of drugs are prescribed, one of which is also found in a standard drug list (text No. 18). We do not know on what basis these traditional recipes were constructed.

mineral ingredients (simplicia):

aitmu black dye alum gabû

plant ingredients (simplicia):

ajar-kaspi silver-rosette plant baluhhu (aromatic tree) (mixed with pressed oil) 'it confronted a thousand(diseases)'-plant imhur-līm hašû thyme(?) cucumber irrû karān šēlihi fox-vine kasû and mê kasî juice of a (garden plant) or the plant itself kurkānû lišān kalbi 'dog's-tongue' plant maštakal (used in beer in rectal disease texts)

murru myrrh (mixed in tavern beer) thorn

uhhahu

zēr bīni tamarisk seed

¹⁷ See Martin Levey, Early Arabic Pharmacology (Leiden, 1973), in his chapter on 'Lists of Simples', 100-117. Simplicia will be noted when they appear in this corpus.

```
zēr kitî flax seed
```

šaman erēni cedar oil (mixed with vinegar)

šammu peşû 'white plant'

animal matter (simplicia):

hallulāja(insect)zuqaqīpuscorpionuppat timbuttimole cricket

Some of the simplicia mentioned above are standard ingredients of compound recipes as well, such as the *imhur-līm* plant, with no other remarkable features. However, the simplicia are predominantly from renal disease texts, and only exceptionally from rectal-disease texts (see No. 35). Furthermore, some of the simplicia represent exotic ingredients not usually found among the *materia medica* of these texts, such as the three insects, flax seed, or the *uhhahu*thorn.

Compound recipes

There are plants which occur in sequences which are common to both renal and rectal disease prescriptions, and these probably originated from some type of vademecum or general panacea. Examples are as follows:

```
<sup>ú</sup>tara-muš<sub>8</sub> <sup>ú</sup>imhur-līm <sup>ú</sup>imhur-ešra<sup>18</sup> No. 4: 4; 9: ii 31; 18: 11 (in a list of plants for kidney disease, which shows the sequence); 23: 20 (anus); hašû urnû: 2 ii 7; 18: 26; 25: 2; 25: 9; 26 iii 16; 27: 15; hašû nuhurtu: 5: 16; 27: 6; 27: 15; 21; 30: 24; 34: 3; 34: 12; 34: 46 (juices); kukru burāšu 3 ii 30; 5: 13; 9 ii 32; 9 iv 10-11; 21: 8' (with giš); 21: 29 (giš); 21: 31; 21: 36; 21: 38(with giš); 22: 14; 23: 7; 26 ii 9-10; 27: 26; 28: 23; 28: 30; 30 rev. 23; 32: 14; 32 rev 1; 33: 9; 34: 55; 34: 67 (with giš); 35: 2 (with giš); 38: 4; 38 ii 4; 43: 9; 44: 4; 46: 17; 47: 4; 52: 1; 58: 16; 58 rev. 6; rev. 11; lower edge 22; burāšu kukru ṣumlalû 2 (B<sub>5</sub>): 7; 27: 11; 27: 22; 32: 10; 34:4. sīhu argannu barīrātu 34: 7-8; 58: 11. (cf. CAD S 242, ref. courtesy J. Tavernier) erēnu, šurmēnu, daprānu, asu 34: 33; 54; (CAD Š/3 352, ref. courtesy J. Tavernier)
```

Such combinations of plants, occurring together in a particular sequence, are characteristic of renal and rectal disease texts (as well as many other genres) and hence they appear to be of more general use, rather than targeted towards any particular ailment or condition. The formulaic nature of the listing of drugs suggests that they were listed in a fixed order for literary rather than pharmacological reasons. In other words, scribes may have simply learned and copied traditional listings of drugs. Since we have no evidence of experimentation or trial-and-error investigation, it is unlikely that drugs were grouped together because of specific chemical properties they possessed or because the combination of drugs produced some desired effect in the patient.

Such compound drug preparations are not unique to Mesopotamia but were also known to the Greek-speaking world. One case was an antidote recipe consisting of more than 170 drugs

¹⁸ lit. 'it confronted 20 (diseases)'-plant, often occurring together with the *imhur-līm*. lit. 'it confronted a thousand (diseases)'-plant.

ascribed to Mithridates, ¹⁹ and Galen himself wrote a treatise on the Composition of Medicines according to Places. Comparisons between these recipes and those from Mesopotamia have never been attempted.

Nevertheless, something might be learned from the art of the apothecary, as it used to be practised before modern medicine. It is possible that various substances are added to recipes because they were known to have a desired effect, and other substances were then added to the recipe to counteract any unwanted side-effects (such as constipation or diarrhoea). Ancient recipes, like their modern counterparts, might have included the main drug used as a remedy for a particular ailment, but with other ingredients added to increase its effectiveness. The colour, for instance, of a potion might have been therapeutic, since red liquids are thought (even today) to be toxic against fevers, while green is a more soothing colour for liquids prescribed for stomach disorders.²⁰

Dreckapotheke

Franz Köcher convincingly established the fact that many unpleasant or even disgusting ingredients in Akkadian medical texts (or so-called 'Dreckapotheke') were actually secret names of plants, since recipes from Uruk provide double listing of 'Dreckapotheke' as ordinary names of plants often found in medical texts. One tablet of Uruanna, the scribal listing of plants from the school curriculum, gives both names of Dreckapotheke and the ordinary drug name that it represents.²¹ Furthermore, it is worth noting that Dreckapotheke is much more common in rectal disease texts than in recipes dealing with renal disease. The following examples of Dreckapotheke occur only in rectal disease texts:

```
rikibti arkabi (bat guano)
                                                  21: 13; 21: 21; 22: 5; 24 ii 12; 24 iii 18; 28: 30;
                                                  30: 12;31 rev 9; 33: 5;
zê alpi (ox dung)
                                                  21:37
                                                  24 ii 19; 24 iv 2; 26 iii 4; 28 43; 28: 49;
zê kalbi (dog excrement)
piqqannu immeri (sheep dung)
                                                  46: 8':
piqqannu şabīti (gazelle dung)
                                                  21: 38; 23: 11; 25: 3; 25: 10; 26 ii 17, 26 iii 18;
                                                  28: 28; 8 ii 7
gulgul amelūti (human skull)
                                                  28: 16, 32
kammu ša aškāpi (leatherworker's fungus)
                                                 28: 16
```

The following example of Dreckapotheke occurs in renal disease texts only:

zê şurāri (lizard excrement) 8: 13; 16 ii 13;

¹⁹ For the Mithridatium recipes, see Pliny, NH 29.8.24 and Celsus, *De medicina* 5.23.3, and see also G. Watson, *Theriac and Mithridatium. A Study in Therapeutics* (London, 1966) [references courtesy Laurence Totelin].

²⁰ As Dr. Morris Greenberg informs me (personal communication):

Substances added to have the desired effect, substances that would augment the effect, those that would act as antidotes to the collateral unwanted effects, inert bulking materials and components to aid absorption of the active ingredient. Then of course there would be the flavouring of a fluid to make it more palatable, and the covering with gold or silver leaf to add to palatability and to impress. The colouring agent was also useful, red being perceived to be tonic and the right shade of green sedative.

²¹ The *Dreckapotheke* are often referred to as *pirištu* or 'secret' names of plants, cf. F. Köcher in *Uruk die Gräber*, ed. R. M. Boehmer et al. (Mainz, 1995), 204 f.

Anatomy

The recipes themselves provide scant information regarding organs or internal anatomy of patients suffering from either renal or rectal diseases. The renal disease texts, for instance, mention the *kalītu*, 'kidney', *ellibuhhu*, 'bladder', *muštinnu*, 'urethra', and *maslahu*, which is probably the semen duct. The rectal-disease texts make no distinction between rectum and anus, since the word *šuburru* appears to apply to both. There is no word for the bowel, although the rectum/anus is distinguished from the groin (*qablu*), although this word can also apply in the dual form to the hips (*qablā*).

The important manuscripts in the present corpus

One of the interesting observations about the present corpus of medical texts is how relatively little overlap there is between tablets from Assur and Nineveh, even when treating similar medical conditions, which is obvious from noting all duplicate passages within recipes. Entire compositions are not generally duplicated between medical archives in Assur and Nineveh, although isolated individual recipes tend to be duplicated or groups of recipes can appear in the same order. Also interesting is the fact that standard lists of drugs occurring within recipes, in both Assur and Nineveh, can be found in the same sequence in lists of drugs designated for either renal or rectal disease.

It seems likely that tablets from Assur and Nineveh were organised into a similar order or even reflect the similar kind of arrangement of medical literature, but the evidence is not abundant. The only 'catalogue' which we have of medical incipits is from Assur, and the occasional sequence of incipits and catchlines from Nineveh seems consistent with the sequence of the Assur catalogue. However, it is worth noting that colophons of Assur tablets do not preserve catchlines and incipits which allow us to establish an order of tablets within an organised series. This divergence of manuscript traditions may only be a reflection of the archaeological record, and that new finds from both sites could alter the picture considerably. Nevertheless, there are enough tablets and enough individual recipes represented in the present corpus to come to a preliminary conclusion that medical libraries or archives in Assur and Nineveh had many general parallels but at the same time many differences and cannot be said to have represented 'Mesopotamian' medicine as a single corpus of texts. The difference is most likely to point to independent compilations of texts in the two scribal centres, perhaps stemming from different origins. In fact, there is little overlap with the few Sultantepe medical tablets in the present corpus as well, nor are medical texts treating renal and rectal diseases well attested from Sippar or Babylon collections in the British Museum. Relatively few tablets among the present collection are in Babylonian script. Although all of these factors might be attributable to chance discoveries, the picture is quite different from the magical corpus, in which there is a much closer general adherence to textual tradition among all first-millennium tablets. The interesting question remains whether textual traditions differed between āšipūtu and asûtu.

Compared to incantation literature, the distribution of medical manuscripts among various archives is quite haphazard. Whereas incantations often seem to be well represented in both Assyrian and Babylonian tablet collections (e.g., Kuyunjik, Babylon, Assur, Sippar, Borsippa, and Uruk), the medical literature tends to have texts from one particular site which have few duplicates from other sites. Hence, medical texts from Assur are often not duplicated in Nineveh, although both archives mostly used Assyrian script, and even fewer duplicates are to be found from the Sippar and Babylon collections in the British Museum, or from Uruk tablets. The reasons are not quite clear. Assur tablets come predominantly from the Haus des Beschwörungspriesters, while Kuyunjik tablets most likely came from library or palace archives. The

Uruk medical texts are usually medical commentaries, while the late Babylon medical tablets seem to come from scribal schools. The divergent characteristics of these individual archives may explain why relatively little overlap is to be found within the medical corpus from different cities in Mesopotamia.

Manuscripts used in the present edition

Many of the manuscripts from the British Museum are previously known from Campbell Thompson's copies in Assyrian Medical Texts, although most of the relevant joins to the fragments are not reflected in Thompson's copies, nor in Ebeling's copies of the same tablets, in his Keilschrifttafeln medizinischen Inhalts (Berlin 1922–23).

Kidney Texts:

No. 1

Ms. A = CBS 19801 (BAM 396)

A tablet of unknown provenance in MB script with prescriptions numbered in the margin and set off by rulings.

The oldest kidney text in the present corpus,¹ some individual passages are duplicated in other manuscripts, mostly from Assur, with only two short recipes found on Nineveh tablets (see text No. 1).² None of the later tablets, however, adhere to the unusual format of Ms. A, in which the recipes are introduced by the logogram KI plus a number in sequential order. One might assume that the numbers cross-reference a particular order of recipes from a manual or a standard reference source, but no supporting evidence exists to support such a suggestion.

Ms. A contains many simplicia, far more than in comparable texts from later periods.

The first symptoms noted in Ms. A are dribbling urine (incontinence) and a disease (šašituna) causing the patient to urinate frequently (polyuria). Other symptoms are pain in the kidney and groin, and blood or protein in the urine (Hippocratic hematuria and albuminuria), both of which are given the ancient diagnosis of 'discharge' (mūṣu), which might reflect an inflammation (pyelonephritis) or infection from a stone. Several recipes are intended for treating kidney or bladder stone (Hippocratic lithiasis). One group of symptoms refer to discharge from the penis in the form of excessive flow of blood (compared to a menstruating woman) or having uncontrollable ejaculations, combined with sores on the penis. Although no diagnosis is provided for the latter symptoms, venereal disease is one possibility. Finally, the text ends with symptoms of premature ejaculation, in which the patient is not aware that he is ejaculating while having sex.

The text also includes an unusual ritual-remedy for a calculus in which the patient must sit upon a heated brick (col. iii 1-3), presumably simulating birth rituals.

¹ One other tablet in the present corpus, BAM 171, is Middle Assyrian but is only partially cited in the present corpus since the tablet is mainly concerned with ailments other than those being studied here.

² This reflects the general picture showing little overlap between tablets from Assur and Kuyunjik in the present corpus. See the discussion above.

³ Geller and Cohen, Kidney International 47, 1813.

No. 2

Ms. B = K 2405 + 2449 + 8757 + S 32b + 150 + 1983 (= AMT 31,1 + 59,1 + 61,1) Ms. B_1 = K 7230 (AMT 61,1), which probably belongs to this text.

Four column tablet from Nineveh with firing holes in a neat LA script. Reverse and bottom are missing, but several smaller fragments may belong to this tablet, judging by physical appearances. Sections are divided by rulings.

The most unusual feature of this text is the way in which bladder disease (lit. 'stricture of the bladder') is associated with a wide range of symptoms unrelated to the urinary tract, such as discomfort in the limbs and shoulders, exhaustion, forgetfulness, insomnia and disturbed sleep, and periodic anxiety. Other more usual symptoms are also noted, such as difficulty in urinating or pain in the penis and groin, pustules on the penis or premature ejaculation. Although it was unlikely that ancient physicians could diagnose chronic renal failure (see above), nevertheless whoever composed this tablet was an astute observer of symptoms.

Treatments consisted of either potions or drugs to be blown into the urethra through a bronze tube.

Most of the duplicated passages occur in Assur tablets.

No. 3

Ms. C = VAT 9871 + 10397 (BAM 111). Assur, from the prince's palace archive, see Pedersén, Archives, II, 76-77 (N5 4).

The tablet has relatively short lines, duplicating text No. 1. It provides details of treatments for bladder disease, and allows for the possibility of a separate condition $(sil\bar{\imath}su)$ to be diagnosed among the symptoms. The recipes instruct the drugs to be taken 'without delay' for a period of three days. A further recipe appears to call for a tourniquet (surtu) to be tied to the patient's leg for three days.

No. 4

Ms. D = VAT 9870 + 10095 (BAM 112). Assur. There is no provenance, but it may be the same as above.

No. 5

Ms. E = VAT 13734 (BAM 114). Assur, exorcists' house, see Pedersén, Archives, II, 53, 67 (N4 354).

Mss. D and E are similar in contact and share a common feature, namely describing the colour and texture of the patient's urine with reference to the urine of an ass, wine, beer, or paint, as well as with a stone (duhšu) and the plant kasû. The colours of urine are white and yellow-green, and we would argue that kasû gives a red colour, as in textile dying recipes. The unusual feature of these descriptions is that each entry begins with the word šum₄-ma 'if', written out syllabically, rather than the usual logogram diš 'if' which usually occurs in therapeutic texts. The word šumma written out is more typical of omens rather than medical texts. In this particular case, however, there is surprisingly little similarity between the descriptions of urine in these recipes and in the Diagnostic Handbook (see below, text No. 49), which describes urine as being either red, yellow(-green), or black.

⁴ For the latest comment on the identification on kasû, see N. Heeßel and F. al-Rawi, Iraq 55 (2003), 236.

⁵ See M. J. Geller, Orientalistische Literaturzeitung 95, 4/5 (July-October 2000), 409-412.

No. 6

Ms. F = VAT 8693 (BAM 115). Assur, no provenance.

No. 7

Ms. G = A 267 + VAT 13743 (BAM 116)

The tablet is joined to a fragment known only from an Assur photo. Assur, exorcists' house, see Pedersén, *Archives*, 53, 68 (N4 378). The colophon appears in Hunger, BAK No. 286.

The duplicates to this Assur tablet come from both Assur and Nineveh, although the two Assur duplicates are lines extracted from tablets dealing with other ailments (Mss. ZZ and YY); at least one of the tablets (Ms. ZZ) comes from the exorcists' house. One Nineveh duplicate (MM) consist of a sequence of plants extracted from a long list of healing drugs, while the other Nineveh exemplar (Ms. B) duplicates only three lines from a lengthy text dealing with renal disease (see Text No. 2).

One remarkable feature of this tablet is the comment that the drugs have been 'checked' (latkūtu), as effective for discharge. Unfortunately, we have no information regarding this process, but the likelihood is that the notation refers to the listing of the plants in correct order or form, rather than to any experimentation with plants.

```
No. 8
Ms. H = S 261 (AMT 66,7)
```

The right top corner of a 4-column tablet, with firing holes, and sections divided by rulings. This Nineveh fragmentary text has duplicates from Assur, although only consisting of isolated lines of text, and it also duplicates the MB renal text Ms. A (see Text No. 1).

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No. 9
Ms. I = K 4957 + 11742 + S 110 + 679 + 516 + 761 + 2058 (= AMT 82,1 + unpub. + unpub. + OECT 6 pl 16 + AMT 58,4 + AMT 61,5 + AMT 39,9)
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The bottom left-hand corner of a four-column tablet, of reddish clay. Sections are divided by rulings. The tablet has very few firing holes, but the edge of the tablet has an uneven surface caused by baking in antiquity.

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No. 9b
Ms. J = K 2960 + 14977 (AMT 58,3) + 10268 + Rm. II, 315 (AMT 62,1)
```

A four-column tablet in a large hand with firing holes symmetrically placed on the tablet, and on both edges. The left corner of much of col. i is preserved, with only part of the middle of col. ii and iii, and col. iv ends in a colophon (Hunger BAK No. 329), which is the same colophon appearing in rectal disease texts No. 22 and 24 below. The column rulings were made with string rather than with the stylus.

The colophon of this tablet informs us that it is Tablet 3 of the series 'dis na éllag-su gu₇-sú', to be followed by anus disease recipes. The text has two main characteristics. It incorporates a long list of 90 materia medica, prescribed with the same dosage of two shekels per item, although a later recipe in the text partially duplicates a sequence of materia medica from two Nineveh lists of medicinal drugs (Mss. MM and NN). Furthermore, the tablet duplicates several Akkadian and bilingual incantations to Gula known from an Assur tablet, which includes a ritual appended to these same incantations (KAR 73, see text No. 10). The present text also includes the list of šumma-clauses describing the appearance of urine, duplicated in Mss. D and E above (see Text No. 4 and 5). Col. iii consists of a list of short recipes which appear to be simplicia.

No. 10

Ms. K = VAT 9024 (= KAR 73)

A one-column tablet in NA script. Assur, exorcists' house, see Pedersén, Archives, II 61 (N4 95).

No. 11

Ms.
$$L = K 6493 + 6811 + Bu 91-5-9, 52 (+) K 10676$$

A single column tablet of reddish clay with sections divided by rulings, in a rather large crude LA script, although not cursive. Only the bottom and top half of the reverse are preserved, and a grey-coloured fragment, K 10676, has the same rather distinctive ductus, assumed to belong to the larger piece without being a physical join.

The text is similar but not an exact duplicate to the opening section of Text No. 9. This text records an extensive recipe consisting of 93 drugs, administered in dosages of one and two shekels in weight. Like text No. 9, the recipe was used together with the recitation of Gula incantations, and this text also includes a sacrificial ritual.

Ms. $L_2 = K$ 10676, probably belongs to the same tablet.

No. 12

Ms. M = K 11829

A fragment of reddish clay consisting of the ends of lines of a left-hand column. The only remaining traces of the right-hand column are column divisions, which were made with string rather than with the stylus. Sections are divided by rulings.

No. 13

Ms.
$$N = Rm II, 375 (AMT 39,6)$$

Fragment from a large tablet with no edges preserved. The script shows a library hand with rulings between sections, and the gray clay shows signs of burning.

No. 14

Ms.
$$O = K13405 + S804 + 926 + 2160 (AMT 53,8 + 89,4)$$

A single-column tablet written in a rather large cursive LB script, with sections divided by rulings. Parts of both edges and the bottom edge are preserved, but the top of the tablet is missing.

No. 15

Ms.
$$P = K 1847 (AMT 2, 7)$$

Fragment on reddish soft clay, with sections divided by rulings. No tablet edges are preserved.

No. 16

Ms.
$$Q = K 11230 + 11280 (AMT 66,11) + 16437 + S. 126$$

Probably from the obverse of a four column tablet, with parts of col. i and ii preserved. Sections are divided by asymmetric rulings.

The tablet is partially duplicated in an Assur tablet (Ms. C, see Text No. 3) as well as by the MB tablet (Ms. A, see Text No. 1). The second column preserves a list of drugs administered in dosages designated as a 'handful'.

No. 17

Ms. R = VAT 10818 (BAM 113). Assur, no provenance.

No. 18

Ms. MM = K 9684 + 9999 + S 341 + Rm 328 (BAM 431 v 11'-25'). List of drugs. This is the same tablet as No. 39 below, although the different extracts refer to plants for renal and rectal disease, respectively. For this reason, they have been listed separately. The plants for kidneys are duplicated in BAM 164 5-9 and 18-21.

No. 19

Ms. T = VAT 8903 (KADP no. 36 vi 14-26)

This text represents an extract from a longer list. Assur, exorcists' house, see Pedersén, Archives, II 62 f. (N4 136).

Rectal disease:

No. 20

Ms. U = HS 1883 rev. 15-18 (BAM 393)

This is an extract from the oldest manuscript in the present corpus, an OB tablet from Nippur.

No. 21

Ms. V = VAT 13752 + (BAM 95)

Assur, exorcists' house, see Pedersén, Archives, II 45, 71 (N4 496), copied by the exorcist Nabû-bēsunu.

This 7th century BC. tablet belonged to one of the early members of an important family of exorcists possessing a large archive of incantation and ritual tablets. Most of the duplicate passages are from other Assur tablets, although some lines appear on tablets from Nineveh and Sultantepe, including one Nineveh tablet in Babylonian script. Even though the tablet is described by Franz Köcher as containing recipes which were later incorporated into the *ina lā simānišu* series (see ll. 16–18), nevertheless it is not possible to place this particular composition within the series, partly because the tablet does not begin or end with an identifiable incipit or catchline. The tablet deals with anal blisters or sores and bleeding from the anus.

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No. 22
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Ms. W = S. 36 + 215 + 449 + 1245 + 1372 + 1452 + 1628 + 1646 + K 7925 + K 9091 (+) K 3453 (+) K 5955 + 14453 (AMT 43,1 + 43,2 + 57,6 (+) AMT 53,9 (+) 56,3 + 84,7)
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A distinctive black colour with some firing holes and sections divided by asymmetrical rulings. Several fragments are assumed to belong to the upper left corner of the obv. and the bottom of col. iii and iv, based upon physical appearance, although these are not physical joins. Col. iv ends in a colophon (see Hunger, BAK No. 329), which is the same colophon of No. 9b and No. 24 in this corpus.

The incipit of this tablet identifies it as part of the *ina lā simānišu* series, and the catchline of the tablet can be found in the Assur Catalogue from Yale (see Text No. 48). Some of the recipes were intended to treat rectal disease specifically occurring 'at an inappropriate time', and a clue to what this means appears in an incipit referring to the patient suffering from rectal disease 'in his youth' (l. 19).

```
No. 23
Ms. X = K 6545 + 8355 + 9030 (AMT 40,5)
```

Only the reverse preserved of a 4-column tablet, with a much-damaged surface. Col. iv ends in a colophon (see Hunger, BAK No. 318), which was not copied by Thompson in AMT 40, 5. Sections are divided by rulings, and the few holes in the surface were probably not firing holes.

This tablet can be identified as representing the third tablet of ina lā simānišu. The catchline appears in the Assur Catalogue from Yale (Text No. 48 below) and as the incipit of Text No. 24 (Ms. Y), showing the sequence between tablets 3 and 4 of the series. The text has no duplicates from Assur and one recipe is partially duplicated in a Nineveh tablet in Babylonian script (Ms. ff). One feature of this tablet is the partial overlap with a list of drugs from Nineveh for kidney disease (BAM 431 = Text No. 18). The point is that although the tablet mostly deals with rectal disease, this particular recipe also deals with renal disease, since it refers to the kidneys and urethra, and the relevant drugs are taken from kidney-disease drug lists. The tablet treats, inter alia, the symptoms of constipation, strangury, and general rectal problems, associated with pain in the extremities and blood in the urine.

```
No. 24
Ms. Y = K 2433 + 3989 + 14019 + 7818 + 8172 + 14216 + 14772 + 15762 + 16409 + S 357 (AMT 47.1)
```

A four column tablet on reddish clay preserving the top of col. i and ii, also preserving parts of both edges of the tablet, and the bottom parts of col. iii and iv. Col. iv ends in an Assurbanipal colophon (Hunger, BAK No. 329), which is the same colophon in No. 9b and No. 22 in this corpus. According to the catchline, this is the 4th tablet in the series ina lā simānišu. Sections are divided by asymmetrical rulings. Firing holes are distributed unevenly, and the surface edges have buckled due to baking in antiquity. One fragment (No. 25) probably belongs to the top of col. iv, without joining physically.

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The following fragments are probably components of K 2433 + (Ms. Y) Ms. Y_2 = S 1563 (AMT 31,3) + 2061 (AMT 96,6) Ms. Y_3 = K 15453
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This compendium of recipes from Nineveh (with a standard colophon) has few duplicated passages in other tablets, except for two brief passages from Assur and Sultantepe. The tablet treats symptoms occurring after the patient awakes from sleep, as well as constipation, colic, and internal and external anal lesions (perhaps haemorrhoids). One interesting feature of this tablet is the reference to painful ankles, which is a common symptom associated with hypertension and chronic renal failure.

```
No. 25
Ms. Z = K 4104 (AMT 58,2) (ina lā simānišu V)
```

Top left hand corner of what was probably a four-column tablet somewhat asymmetrical in layout, with sections divided by rulings. Written in a small script on reddish clay, the surface is uneven from firing.

Judging by its physical appearance, this smallish fragment probably belongs to the previous tablet, No. 24, as the top left hand corner of the rev. (the beginning of col. iv). It has two partial Assur duplicates, which unfortunately provide no clues as to how the text continues in the break or its possible connection to No. 24. The symptoms refer to a suppurating anus.

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No. 26
Ms. AA = EHE 331 + VAT 8694 + 14118 (BAM 96)
Assur, exorcists' house, see Pedersén, Archives, II 53, 72 (N4 524).
Ms. AA<sub>2</sub> = Ass. 13955/r* (BAM 102)
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This Assur tablet contains three recipes duplicated in Nineveh, and the same recipes are duplicated in Assur tablets. The text deals with general rectal illness.

No. 27

Ms. BB = VAT 10723 (BAM 88)

Assur, no provenance.

This Assur tablet is duplicated in recipes from both Assur and Nineveh, although the recipes are found in compositions dealing with other types of illness, such as 'Hand of the Ghost'-disease and sūalu (cough). This explains why in one recipe in this compendia, bowel disease is ascribed to the 'Hand of the Ghost', probably reflecting the fact that the recipe was originally copied from a different therapeutic text.

No. 28

Ms. CC = VAT 10092 (BAM 104)

Assur, from the prince's palace archive, see Pedersén, Archives, II, 77, 79 (N5 6).

A damaged Assur text with few duplicated passages, with only one fully preserved incipit which records treatment for an 'inflamed anus' with sores (l. 42).

No. 29

Ms. CD = S 1587 (AMT 44.5)

Small flake in a small script in a library hand, with sections divided by rulings. No edges are preserved.

The main feature of this fragment from Nineveh is the symptom that 'his stools are dried out' (šittašu ītanabbal), and the same expression occurs in the following text (No. 30) as well.

No. 30

Ms. dd = S 1283 + 1947 (AMT 40,4 + 57,5)

One of the few tablets in LB script in this corpus, the single column tablet is written in a large script, with rulings dividing the sections. Bottom of the obv. and top half of the rev. are missing.

This Nineveh tablet deals with constipation. The symptoms refer to passing blood from the anus, having dried stools blocking the anus (see No. 29), and rectal sores. The last preserved recipes concern the diseased windpipe (gi.gíd mur.meš // embūb hašê), but it is not easy to see why lung disease would be associated with rectal disease symptoms. On the other hand, some of the recipes from rectal disease texts are duplicated in tablets dealing primarily with suālu (lit. cough).

No. 31

Ms. EE = O 194 (BAM 182)

Assur, no provenance.

This Assur tablet has one recipe duplicated in another Assur tablet, but other duplicates are all from Nineveh. The tablet is unusual in containing recipes for both renal and rectal disease, divided between obverse and reverse of the tablet, but this reflects the sequence of renal disease and rectal disease incipits in the Assur Catalogue from Yale (text No. 48). The tablet also includes an incantation against maškadu-disease, which appears in two other texts in this corpus (see No. 45 and 58). All three of these tablets have a common characteristic of being relevant to renal disease as well as rectal disease, although there is no formal connection (of catchlines and incipits) grouping these tablets together. Renal symptoms include strangury, stinging pain the penis, bleeding from the penis, while rectal disease symptoms include haemorrhoids (or abscesses) and moles on the anus, bleeding from the anus, stinging pain and bloating in the rectum.

No. 32

Ms. ff = K 8248 (AMT 56,1), cf. JRAS 1937, 276 f., see RA 26, 73.

Another LB script tablet, with the top half only of this single column tablet being preserved, although the surface of the left edge has eroded. Sections are divided by rulings. The ductus appears to be the same hand as K 3550 (AMT 22,2 = text No. 50), also in LB script.

A Nineveh tablet, with duplicated recipes from both Assur and Nineveh, the text opens with a recipe for stricture of the rectum, which includes symptoms drawn from other parts of the body: weakness in the limbs, pain in the shoulders and either the right or left kidney, and passing blood in the urine. Other symptoms refer to stinging pain and cramps in the anus, bloating, and putrid discharge from the anus. The symptoms on the reverse of the tablet all refer to stiffness in the groin or hips, which might be included because they refer to a close part of the anatomy, but otherwise have no obvious connection with the rectal ailments of the obverse. This sequence of incipits, however, reflects the order of incipits in the Assur Catalogue from Yale (see text No. 48: 16').

No. 33

Ms. GG = K 9441 (AMT 43,5), cf. RA 26, 72

Top left hand corner of a reddish tablet, and the ductus resembles K 4104 and K 2433.

Although most of the recipes are duplicated in Nineveh, the one recipe duplicated in Assur was popular, since it also appears in two other Nineveh tablets. The symptoms refer mainly to constipation, described as the anus being stopped up. Other symptoms include cramps, spitting up phlegm, and passing abnormal stools.

No. 34

Ms. HH = VAT 9138 (BAM 168)

(also duplicates Suālu Tablet V, edited Cadelli, Recherche, p. 258 ff.)

Assur, exorcists' house, see Pedersén, Archives, II 53, 62 (N4 131).

This tablet has many duplicated passages, mostly from Assur, although three of the recipes are also found in Sultantepe, in the same sequence. The text includes recipes from a variety of different ailments. In addition to the usual format, the second recipe for Hand of the Ghost-disease includes a lengthy list of drugs, with dosages prescribed for each drug. The symptoms given in the first recipe refer to bloating and flatulence, combined with 'sun-fever' (an unidentified type of fever), ascribed to the 'Hand of the Ghost-disease' (see No. 27 above). Other symptoms include stricture of the bladder, rectal sores, and constipation. In addition to one recipe for fever, the final recipes concern painful groin (or hips) 'at an inappropriate time' (ina lā simānišu), which has duplicates from both Assur and Nineveh. This sequence of incipits reflects the order of incipits in the Assur Catalogue from Yale (see text No. 48: 16').

No. 35

Ms. II = VAT 13726 (BAM 99)

Assur, exorcists' house, see Pedersén, Archives, II, 53, 63 (N4 161). For the colophon, cf. Hunger, BAK No. 202.

This tablet contains a series of treatments for bleeding from the anus, with the final recipes being duplicated in Nineveh. Lines 38-39 are simplicia.

No. 36

Ms. JJ = A 254 (BAM 100)

Assur, exorcists' house, see Pedersén, Archives, II 53, 60 (N4 35). The layout of the recipes in short lines suggests that the individual phrases comprising the recipe may originally have been a collection of simplicia.

See above, No. 35.

No. 37

Ms.
$$KK = K8182 + 11102 + 13404 (AMT 50,6 + 53,11 + 95,3)$$

Fragment from the bottom of the obv. of a four column tablet, with sections divided by asymmetrical lines, and few firing holes. A small part of the bottom edge is preserved.

This Nineveh tablet has no identified duplicates in the present corpus. One symptom refers to incontinence, but another diagnosis (ii 4) clearly refers to rectal disease.

No. 38

Ms.
$$LL = K 8369 (AMT 101,3)$$

Fragment of the obv. of a four column tablet in a neat hand, with firing holes and rulings dividing sections. The edges of the tablet are not preserved.

Another (so far) unduplicated tablet from Nineveh, the recipes treat various types of anal sores. Two remarkable aspects of this tablet is the use of a sharp pointed flint instrument to scrape away a type of anal *lamṣatu*-sore (l. 8); this sore may have been thought to be caused by a fly or flea of the same name. The end of the tablet refers to a 'lead pessary' (lit. 'lead finger'), although the broken passage gives no clues as to its usage.

No. 39

Ms.
$$MM = K 9684 + 9999 + S 341 + Rm 328 (BAM 431) v 7'-10'$$

This is an extract from a plant list.

No. 40

Ms.
$$NN = K 4164 + 11691 + Rm 352 (+) K 4176 (BAM 430) v 3'-8'$$

This is an extract from a plant list.

No. 41

$$Ms. OO = A 223 (BAM 98)$$

Assur, exorcists' house, see Pedersén, Archives, II 66 (N4 301).

No. 42

Ms.
$$PP = Ass. 13955/k^* (BAM 101)$$

Assur, exorcists' house, see Pedersén, Archives, II 53, 59 (N4 14). For the colophon, cf. Hunger, BAK No. 208.

No. 43

Ms.
$$QQ = STT 100$$
 and $100A$

Sultantepe.

The tablet has no identified duplicates in the present corpus. It is included because of the diagnosis that the patient suffers from rectal disease.

No. 44

Ms.
$$rr = K 10567 + 13901 (AMT 58,9 + 81,9)$$

Written in a rather large cursive LB script, with the right edge preserved. The top edge appears to be preserved, although the first line of the obv. is mostly eroded. This same edge forms the bottom of the rev. although the last line is eroded. Lines on the rev. carry over onto the right edge, and sections are divided by rulings.

```
No. 45
Ms. SS = K 2428 + 2548 + 6728
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This previously unpublished single column tablet is written in a large rather poor hand and does not have the appearance of a library text. The obv. preserves part of the right and left edges, but neither the top or bottom of the tablet is preserved. The reverse is better preserved, and sections are divided by rulings.

See above, text No. 31.

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No. 46
Ms. TT = K 6056 (= AMT 69,8)
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Much more of the clay is preserved than drawn by Thompson, although most of the surface is worn away. Sections are divided by rulings and a few firing holes remain. The surface of the tablet is uneven due to firing. The clay has a yellowish tinge.

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No. 47
Ms. UU = 81-7-27, 72 (AMT 57,1)
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More uninscribed clay is preserved than shown by Thompson. The fragment is the bottom left hand corner of what probably was a four-column tablet, and a small part of the top left corner of the rev. is preserved as well. Sections are divided by rulings, and the script shows a library hand.

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No. 48
Ms. VV
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YBC 7123+ and 7126 (+) 7139, see Abraham Sachs Memorial Volume, 11-14.

This is the only catalogue of medical texts which is currently known, consisting of a group of fragments from Assur which belong to the same tablet although do not physically join. The author has had the benefit of Franz Köcher's notes and transliteration of these fragments, made from both the published copies and photos of the tablets. The sequence of incipits shows that rectal disease followed kidney disease in a fixed order, often reflected in the tablets of the present corpus.

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No. 49
Ms. ww = (VAT 303 +)
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A large 4-column tablet in a very late Babylonian script was partially copied by Reisner (SBH 148). The new copy here includes a join to the tablet and a copy of the reverse, which was previously left uncopied. The tablet preserves the right and left edges and bottom of the tablet. A new edition of the tablet is being prepared by J. Scurlock and independently by N. Heessel.

```
Ms. ww_2 = BM 38655 (see Heeßel, BAD, 145)
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This late copy of the *Diagnostic Handbook* is included in the present corpus since the text gives symptoms for both renal and rectal disease, although the relevant passages are still not completely preserved. Nevertheless, the technical vocabulary describing symptoms is not the same as the language of the therapeutic recipes, indicating that these two genres were composed in different workshops.

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No. 50 Ms. AC = K 3550 (AMT 22,2)
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The tablet includes symptoms of both rectal and renal disease, with duplicates from both Nineveh and Assur.

No. 54

Ms. AB = Ass. 13955bu (BAM 89)

From Assur, exorcist's house, see Pedersén, Archives, II, 53, 60 (N4 61).

Additional tablets in this edition:

Ms. XX = A 198 (BAM 159)

This large 6-column tablet is a collection of recipes dealing with many types of ailments, including illnesses affecting urination, general 'internal sickness', eye and tooth disease, illnesses caused by ghosts, and finally veterinary medicine dealing with horses. Only sections dealing with urinary tract disease are treated in the present corpus.

Ms. YY = A 239 (BAM 161)

A large 8-column tablet dealing with various diseases, among which are recipes against kidney disease, which are edited in the present corpus.

Ms. ZZ = A 234 (BAM 164)

Collection of recipes for unspecified ailments, from Assur, exorcists' house, see Pedersén, Archives, II, 68 (N4 367). For the colophon, cf. Hunger, BAK No. 201.

Ms. AAA = A 199 + VAT 9586 (BAM 171)

Middle Assyrian, from Assur temple archive, see Pedersén, Archives, II 18, 26 (N1 119).

Ms. BBB = VAT 13789 (BAM 158)

Assur, exorcists' house, see Pedersén, Archives, II, 75 (N4 611).

Ms. AD = VAT 10170 (BAM 152)

Assur, no provenance.

Ms. AE = STT 197

Ms. AF = VAT 8027 (BAM 54)

From Assur, exorcist's house, see Pedersén, Archives, II, 53 and 59 (N4 22)

Ms. AG = A 250 (BAM 108)

From Assur, exorcist's house, see Pedersén, Archives, II (N4 145)

Ms. AH = VAT 16449 (BAM 97)

Assur, no provenance.

Ms. AI = K 2477+ (AMT 94,2) = BAM 471 i 9'-11'; ii 3'-6'

Ms. AJ = VAT 10649 (BAM 94)

Assur, no provenance.

Ms. AK = K 2417 (AMT 31, 4: 7-9)

Ms. AL = CT 23 10 26 ff.

Ms. AM = John Rylands Library 10, 74

Ms. AN = VAT 8269 (BAM 253)

From Assur, exorcist's house, see Pedersén, Archives, II, 59 (N4 10).

Ms. AO = K 5834 + 6703 + 7055 + 8049 + 8441 + 8760 + 9843 + 10501 + 13931 + S 1517 + 81-2-4, 195 (= BAM 579)

Ms. AP = VAT 13733 + 13738 BAM 52 (suālu)

From Assur, exorcist's house, see Pedersén, Archives, II, 46, 48, 70 f. (N4 474), and for the colophon, cf. Hunger, BAK No. 212 (copied from a writing board and an exemplar from Uruk, by Kişir-Assur).

Ms. AQ = VAT 7822 (BAM 49)

Assur, no provenance.

Ms. AR = VAT 14082 (BAM 50)

From Assur, exorcist's house, see Pedersén, Archives, II, 72 (N4 520). For the colophon, cf. Hunger, BAK No. 191.

Ms. AS = VAT 11203 (BAM 53)

Assur, no provenance.

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