

# Markham J. Geller and Strahil V. Panayotov, Mesopotamian Eye Disease Texts

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*Mesopotamian Eye Disease Texts: The Nineveh Treatise* by Markham J. Geller and Strahil V. Panayotov

Die babylonisch-assyrische Medizin in Texten und Untersuchungen 10. Boston/Berlin: De Gruyter, 2020. Pp. xii + 454. ISBN 978–1–5015–0655–0. eBook Open Access

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In spite of an abundance of primary sources, the study of the history of medicine in ancient Near Eastern cultures has never gained as much attention as other genres and texts concerning those cultures. Thus, most of the material is published in copies of the cuneiform texts but not as transcripts or translations, making it hard to access for a broader range of scholars. In recent years, however, the research project BabMed (Babylonische Medizin, 2013–2018), funded by the European Research Council, has focused on editing and publishing those tablets. The book presented here is part of its output.

*Mesopotamian Eye Disease Texts: The Nineveh Treatise* is the 10th volume of the series Die babylonisch-assyrische Medizin in Texten und Untersuchungen (BAM), started in 1963 by Franz Köcher and one of the preeminent works on ancient Near Eastern medicine. The first six volumes of this series contain copies of over 580 cuneiform tablets with medical content, while the more recent ones focus on editing the manuscripts according to thematic clusters.

The book under review deals with the so-called IGI treatise, a serialized composition dealing with eye diseases that consisted of four tablets, according to a contemporaneous medical catalog. It was part of the Nineveh Medical Encyclopedia, an extensive compendium composed for the Royal Library of the Assyrian king Ashurbanipal in the seventh century BC. The IGI treatise brought together therapeutic texts and organized them *a capite ad calcem*.

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It was subdivided into 12 treatises on specific body parts, such as that on eye diseases.

To date, there has been no modern edition and analysis of this treatise and related materials as a whole. Jeanette Fincke published her dissertation on Mesopotamian eye diseases in 2000, but her work focused on terminology, not on editing entire texts. In 2015, a first edition of the main tablets of the IGI treatise from Nineveh was translated and commented on in French by Annie Attia in *Le journal des médecines cunéiformes*. The present work incorporates references to those previous publications and expands their results. The different chapters of this volume can be roughly divided into three parts. The first surveys the available material considering eye diseases in general and the IGI series in particular and analyzes its content. The second and main part is the edition and translation of the IGI series and related manuscripts with detailed annotations. The third part consists of remarkably useful glossaries, indices, and plates showing photographs and—where these are not available—hand-copies of the cuneiform tablets.

Chapter 1, by Strahil Panayotov, provides an overview of the primary sources dealing with eye diseases, i.e., with incantations and therapeutic descriptions. The bulk of these texts come from the first millennium BC; however, some older texts showing a tradition of ideas and topics also occur in later sources. The earliest of these texts may be dated back to the middle or first half of the third millennium BC and are written in Sumerian, but most of the forerunners of the IGI incantations are from the second millennium BC. Here we find several *historiolas*<sup>1</sup> showing etiologies for eye diseases that are also known from the first millennium, like the *merḥu* (kernel) entering the eye and causing distress or the worm reddening the eyes.

Some of the therapeutic descriptions coming from Hattuša seem to parallel passages of the IGI treatise. Panayotov also discusses the possibility of a first serialized text on eye diseases from Aššur. The greatest part of the material, however, belongs to the first millennium BC. Most of it is only known from Nineveh, which might be attributed to chance. Because of this, all the incantations on eye diseases known to us are collected in the treatise from Nineveh, with only rare parallels from other places. Yet in the case of therapeutic prescriptions, the situation is different. The treatise from Nineveh is still the main source for our knowledge on the treatment, though

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<sup>1</sup> A kind of incantation incorporating a short myth illustrating a desired magical action.

there was a serialized work on eye diseases circulating in Aššur, which is only known through allusions and catch lines. As for unserialized tablets, those coming from Aššur share common prescriptions with the material from Nineveh. Besides those, there are also isolated tablets from other Assyrian cities and a number of unpublished Late Babylonian tablets.

Since the exemplars of the IGI treatise come from the same period and place as the royal letters concerned with the daily life of the king and his entourage (including scholars and physicians), they offer useful insights into actual medical practice. Panayotov rightly points out the difficulty of identifying parallels, when both types of text use a very different style of phrasing and terminology. Nevertheless, he manages to demonstrate that the different chapters of the treatise from Nineveh were quoted and discussed in the royal letters and did in fact reflect the medical practice of that time.

The last part of the first chapter is devoted to parallels in the perception and treatment of eye diseases in neighboring and succeeding cultures. Since there existed a regular exchange both in goods and professionals *via* economic and diplomatic relationships leading to the transfer of drugs and healing experts, it is not so surprising to find certain borrowings and similarities among common prescription-based medicines and conceptual metaphors. Although it is not the focus of the volume, Panayotov does incorporate a wide array of examples for these links, spanning from the similar use of a specific term in several languages—e.g., the concept of *pds.t* (small ball) in Egyptian, *merḫu* (kernel) in Akkadian, and κριθή (barley grain) in Greek, to resemblances in the formulation, style, and technique of prescriptions, to the use of similar recipes and treatments throughout the Mediterranean and ancient Near Eastern world. The various examples and parallels given in this passage are promising for future interdisciplinary research on the links between different medical traditions.

While the first chapter gives an overview of the transmission of incantations and therapeutic prescriptions as a genre, and the formation of the IGI treatise, the second chapter, by Mark Geller, focuses on analyzing the content of that treatise. Geller first examines the organizational structure of the diagnosis given in the text by paraphrasing and grouping the different symptoms and diagnoses, tablet by tablet, thus enabling him to identify the *leitmotif* of each tablet.

The first section of IGI 1 starts with the most generic description by simply stating that the eyes are sick—«DIS NA IGI.MIN-šú GIG» (If a man's eyes are sick) [57, IGI 1:10']—and giving several different prescriptions to treat

this state, suggesting some kind of differentiation that is not mentioned in the text but was obvious to the ancient user. The descriptions then get more specific by adding a secondary and, in some cases, even a tertiary symptom to “being sick”. The following passages list several conditions where blood in the eyes seems to be the main distinct feature (using different terminology for each set of prescriptions). The second half of the first tablet is taken up by a particularly complex set of symptoms consisting of five descriptive clauses added to the introductory “being sick”, for which no fewer than four different prescriptions and 13 incantations are given, suggesting that this illness was considered to be of a serious nature. In summary, the key motive of IGI 1 seems to be the “sick eye” in combination with other symptoms.

The phrase “If a man’s eyes are sick” does not appear nearly as often on the second tablet. IGI 2 opens with appearances of ocular pathologies such as “brambles” in the eye, flesh-like lesions, and moving tissue. The next descriptions feature the patients’ own reports on their condition—for example, their vision becoming cloudy or the feeling of pressure—before moving on to what the practitioner might witness, such as the eyes’ being “closed” or yellow (which might be a reference to jaundice). Most of the symptoms of the second half of the tablet are broken off, but the preserved parts are concerned with the eyes’ being covered in a membrane or film.

The third tablet introduces what Geller calls “causal factors which also serve as diagnosis” [22]. Most notable is the beginning section of IGI 3, where in association with seeing flashes of light the affliction “Hand of the Ghost” is given as diagnosis. The “Hand of Šulpaea” and “Hand of Ištar” are also mentioned in succeeding paragraphs. Although there are rare appearances of Hands of Gods and Ghosts as diagnoses in therapeutic texts, this terminology is much more typical of the *Diagnostic Handbook*, prompting Geller to view them as citations. While the prevalent opinion on this terminology is that it points to the etiology of the disease as a supernatural agent’s having seized patients and causing them distress, Geller does not agree with this interpretation, at least for this text. He considers it merely as a label for a certain set of symptoms with no implication of an actual ghost being involved, since the prescriptions do not show any magical or ritual components to counteract any such activity. While this may be a plausible argument for regarding the terms solely as identification of the disease and not implicitly also the causing agent, Geller undermines his own statement that the *leitmotif* of IGI 3 would be causal factors. Aside from those “Hand of x” entries, there is only one that could be viewed as mentioning a cause for an affliction: the one stating that “that man is inflamed with sun heat” [165, IGI

3:49']. Diminished eyesight, trouble with the eyelids, or day/night blindness are not causes but rather symptoms or diagnoses and thus do not fit the proposed pattern.

Next, Geller examines BAM 520. This tablet may represent the fourth tablet of the IGI series, but since both the beginning and the end are broken off—which means that neither the first line acting as catch-line nor the colophon with the notation of the series is preserved—this suggestion cannot be confirmed. The content itself seems to match the style of the other three IGI tablets, though some of the instructions concerning the incantations seem to be rather unusual.

This first part of the second chapter is concluded by short observations on the passages relevant to eye diseases in the UGU series (another medical compendium listing diseases *a capite ad calcem*) and the *Diagnostic Handbook*. While the first uses the same terminology as the IGI series, it never lists afflictions of the eye as a primary symptom but merely to specify a disease where the head in general is affected. The *Diagnostic Handbook*, in comparison, employs a very different vocabulary and way of describing symptoms, thus offering no suggestions to advance our understanding of the therapeutic texts on eye diseases.

After examining the Mesopotamian evidence given in the IGI treatise, Geller turns to comparing the symptoms and diseases with material from other Mediterranean cultures. He sees a resemblance to some descriptions mentioned in the Hippocratic treatise *On Sight*, as well as in the works of Celsus, Dioscorides, and the *Syriac Book of Medicine*. Given the usually rather vague description of afflictions in the IGI treatise with just one or two symptoms though, I would recommend caution in comparing these.

A more promising proposition would be to compare the *materia medica* and the manner of treatment. However, as Geller points out, since most of the plants and minerals used cannot be identified, it is not possible to compare their uses in detail. Only some more general statements are in order. Recipes for eye afflictions often call for metal-based and mineral ingredients like copper, lead, and antimony, a feature that is shared with other cultures of the Mediterranean. Often, an organic medium is mixed with metallic components and applied externally. Both the works of Celsus and the IGI treatise use a rich variety of poultices and salves, as does the Hippocratic manual *On Sight*. There is a significant difference in the latter, however: surgery on the eye is never prescribed in Mesopotamian therapeutic texts.

The last three subchapters are devoted to incantations and rituals. Geller first contrasts the typical features of formal incantations as opposed to those of medical ones in general. A regular exorcistic incantation has a defined structure and refers to the interference of ghosts, demons, or witchcraft. There is a dialogue between two gods discussing the situation at hand and conveying the best method to deal with it. The exorcist performing the incantation proclaims to have received those words and instructions from the gods themselves and is, as their messenger, a directly involved agent. The action against the interfering party consists of the formal adjuration of demons, the invocation of divine names, and the command that the demon or ghost depart from its victim.

Medical incantations, at least those in the IGI treatise, seem to differ considerably from this pattern. Here the subject is to give an explanation of the nature and origin of the disease, usually without a dialogue. The practitioner does not see himself as a messenger from the gods, but merely states that the words are not his but those of a god. He is not acting as a deputy given the power to carry out the healing task. The sole similarity between the standard incantations and the medical ones is, according to Geller, the label «ÉN»/ «TU<sub>6</sub>.ÉN» marking the beginning and often the end of the spell. He also points out that “magic” is a problematic term and concept to use for ancient Near Eastern cultures, since they do not have a word for it themselves that fits our modern associations with it. To add further complications, the meaning of terms also changed throughout their long history of use.<sup>2</sup> Considering this, Geller proposes to regard the *šiptu* in the context of medical prescriptions not so much as a (magical) spell but rather as an etiology.

After explaining the typical features of medical incantations, Geller turns to examine the IGI incantations in detail. He shows the many layers of allegories that can be intricately woven together and recur throughout the whole IGI treatise.

One such allegory involves the figure of the two sisters divided by a mountain or brick wall, which is meant to represent the eyes and the nose. The face is seen as a landscape, and just as environmental factors can influence both sides of a mountain or just one, so can the eyes be affected by disease either separately or collectively. Other allegorical figures are introduced in the lines

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<sup>2</sup> The fact that Mesopotamian scholars did not tend to record discussions on terms and concepts in the way we expect from Greek and Latin authors means that context and implicit meanings are often the only way by which to glimpse the theoretical framework involved.

of one incantation: the daughters of the sky god Anu, who carry vessels of cooling and restorative water to soothe inflamed eyes. This Geller sees as an allusion both to a standard motif of older incantations employing the figure of those daughters as well as to the sister-eye theme, identifying those celestial ladies with the patient's eyes. This allegory, with its restorative water at the center, depersonalizes healing magic rather than relying upon divine authority as traditional incantations would do, he states.

To develop this further, Geller then analyzes an incantation that does at first glance look rather traditional. In one incantation from IGI, the goddess Nammu notices a man who is in pain due to lesions in the eye. She recommends a therapy and an incantation before the text proclaims that her clean touch will heal the patient. In contrast to traditional incantations, however, the cause of the patient's troubles is not given as a ghost, demon, or witchcraft, but as wind blowing in dirt and too much crying. Also, there is no adjuration or invocation to Nammu. Her appearance itself may be seen as an allegory, since she is the mistress of the subterranean sweet water ocean and, as such, her touching the troubled eyes can be read as the physical act of cleaning them with water. In this way, Geller continues to analyze and discuss the many themes and figures appearing in the different IGI incantations.

The last part of the second chapter turns to the ritual instructions accompanying the incantations. Those instructions are usually introduced by the phrase «DÛ.DÛ.BI» or «KÛD.KÛD.BI», meaning "its ritual". However, in their translation of the IGI treatise, the authors decided to give it as "its medical application", arguing that these passages do not resemble rituals in the common, formal sense. They do not contain the paraphernalia and standard procedures associated with rituals, such as setting up a censer, an altar, and offerings. Instead, they often require the making of knots from bits of *materia medica* that have to be tied to the patient while reciting an incantation. Here Geller notes a curious detail: while knots and bonds are common in rituals, their main use is to ritually untie the victim from harmful bonds and knots of demons and witchcraft. In the IGI treatise, however, their purpose is to tie healing substances to the patient. Rather than release him from harmful constraints, they aim to bind healing to him. Another interesting feature is that the instructions seem to provide additional or alternative information on the directions given in associated recipes, by offering more elaborate orders on certain steps. As such, these passages help to advance our understanding of the rather shorthand instructions of therapeutic recipes.



With this notion the first part of the book closes, and the main part, the edition of the IGI treatise and related texts, follows.

In this edition, each chapter of IGI is edited separately. After giving detailed profiles on the base text, its duplicates, and related exemplars from Nineveh and other cities, a synopsis of the tablet follows. Here, each entry of the respective IGI chapter is paraphrased, thus providing a handy overview of the tablets with their up to 200 lines of text. The edition mimics this pattern by moving through the text entry by entry, giving the bound text of the composite transcription and translation of each paragraph before presenting the line-by-line transliteration of all manuscripts containing this passage. By making a clear distinction in the layout for these two parts by framing the first one, the authors ensure that the readability of the text does not suffer from merging translation and partitur edition in this way. As a result, readers of different levels of familiarity with cuneiform texts in general and medical ones in particular can use the transliteration, transcription, and translation without the need to flip through the pages. The authors also added a short footnote to each page of the edition, which gives the equation of all siglas with their respective names (following the modern convention), thus facilitating working with their edition even more.

In a similar fashion, the additional texts concerning eye diseases are edited. Most of them are loose collections of medical prescriptions that are not part of standardized texts. The alleged fourth tablet of the IGI treatise, BAM 520, is also edited in this category. The relevant passages of UGU and the *Diagnostic Handbook*<sup>3</sup> are given as well. The philological and explanatory notes are not included in the chapters of the individual editions, but instead gathered in one single chapter at the end of the editions. Readers wishing to study the texts on eye diseases—in a more exhaustive manner than the first chapters of this volume allow—will be satisfied with the extensive commentary.

The last part of the book contains the glossaries and plates. These comprise registers of several categories such as numbers and divine names, but most importantly and usefully all Akkadian and Sumerian words. Every term is given with its (several) writings as witnessed in the texts, its translation, and the exact line of each source that it appears in. As such, it is extremely valuable for more in-depth or comparative studies of the IGI texts and related material. “*Materia medica*” is printed in bold, making browsing for them

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<sup>3</sup> The chapter on the *Diagnostic Handbook* is a collaboration with Eric Schmidtchen, who provided the bound text for the transliteration.

even easier. The glossaries also contain a section devoted to logograms with cuneiform signs in the form of a sign list, sorted in alphabetical order. Since logograms missing in Borger's *Mesopotamisches Zeichenlexikon* [2010]—the standard means for looking up logograms—are also included, this list should come in handy not only for the study of Mesopotamian eye disease texts but for cuneiform medical texts in general.

At the end of the volume are the plates with photographs of each tablet. These consist of both images of the whole object and close-ups for each text, so interested readers can attempt their own review of the author's transcription. On the rare occasion that a photograph could not be obtained, a hand-copy is given. This of course already implies an interpretation of the signs, but since the overwhelming majority of sources are reproduced as photographs, readers can form their own judgment on the tablet's condition and readings.

All in all, Geller and Panayotov's *Mesopotamian Eye Disease Texts* proves to be a thorough and valuable study of these works, providing an edition accessible to a broad range of readers and easily usable for future research on related topics.

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