In this essay, I shall take up the relationship between witchcraft and disease. Such a treatment is not an *ad hoc* concoction but is surely appropriate, for, as is well-known, “witchcraft is an almost, if not completely, culturally universal explanation for illness, injury, and slow recovery.” Mesopotamian anti-witchcraft materials allow us to explore this topic in various ways, but here I can do no more than note a few points of intersection.

Witchcraft may be described as human behavior, demeanor, or speech intended to harm wrongfully another human being by magical means. Envy and hostility characterize the world of witchcraft. In Mesopotamia, witchcraft was held responsible for an assortment of misfortunes. For purposes of this volume on Mesopotamian medicine, I shall ignore the witch as a cause of, *inter alia*, economic breakdown, the break-up of marriage, or the loss of social esteem, and concentrate instead upon illness. However, instead of examining some examples of general physical and psychological deterioration believed to have been brought on by witchcraft and to have led to the victim’s death, I will direct my remarks to some specific syndromes or sets of symptoms for which witchcraft, perhaps more than any other cause, was held responsible and which became, therefore, characteristic of the experience of being a victim of witchcraft; I leave the theme of witchcraft as a cause of death for a later occasion.2

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1 A. F. C. Wallace, *Religion: An Anthropological View* (New York, 1966), 114. In this paper, I have cited Wallace frequently on witchcraft and illness not because I am unfamiliar with the more recent anthropological literature on witchcraft, but because I have generally found Wallace’s approach to religion to be illuminating and useful. Particularly helpful have been his treatments of the goals and functions of therapeutic and anti-therapeutic rituals as regards witchcraft and of the psychological dimensions of witchcraft and illness (pp. 113–116, 177–187). It is unfortunate, I think, that this book was pushed to the periphery of the anthropological study of religion by other intellectual currents and did not take the central place that it deserved.

2 In addition to the sections presented here, the conference paper also included a section on the subjective experience of death and suffering as portrayed in an
As I observed many years ago, “the medical texts frequently associate symptom syndromes centering on the stomach, lungs and mouth with witchcraft diagnoses.”3 These problems relate especially to the digestive tract.4

In some of these passages, the patient is simply described as having been bewitched (awîlu šu kašip)5 or as having been seized by witchcraft (awîlu šu kišpû saštûšû).6 Other passages are more specific: the victim is said to have eaten or to have drunk witchcraft (awîlu šu (hašê marus) kišpû šûkul u šaqû).7 Still others go so far as to state that the witchcraft was ingested by means of food/bread or beer (ana piširti kišpû ša ina akali šûkul and/or ana piširti kišpû ša ina šikûri šaqû) and even to specify that the medium was such foods as cress or garlic (ana piširti kišpû ša <ina> sahlê šûkul; ana piširti kišpû ša ina šûmi šûkul).8