MEDICAL COMPLICATIONS ASSOCIATED WITH SECURITY AND CONTROL OF PRISONERS OF WAR IN THE ANCIENT NEAR EAST

by

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In the ancient Near East, all military protagonists were ruthless in their treatment of prisoners. The Egyptians were forced to undertake repeated punitive operations against their north-eastern neighbours from the second half of the third millennium BC. The Mesopotamians occasionally made military expeditions as far as the Mediterranean coast of Asia Minor, and the Agadean dynasty controlled trade in the northern part of Asia Minor during the same period.1 By the second millennium BC, Egyptian and Mesopotamian forces did occasionally come into direct conflict in the region of northern Syria; extensive invasions of Syria, Anatolia and Egypt by the Assyrians often occurred during the first half of the first millennium BC.

Although often widely separated geographically from each other, different states in Asia Minor were influenced to some extent by each other’s methods of waging war and of coping with the problems of prisoners captured in battle. The relatively minor campaigns of the Egyptians and the Mesopotamians in the third and second millennia BC did not produce excessive numbers of prisoners of war, all of whom could easily be dealt with by the conquering powers. The situation changed for the worse during the first millennium BC. It became clear that any state that emerged as an important military power might forcibly transport back to the homeland vast quantities of animals and slaves as booty acquired in battle.

All prisoners of war automatically became the property (slaves) of their conquerors. Usually there was a clear distinction made after capture between the treatment meted out to adult males (who were presumed to have borne arms against the enemy), and the females and young children (who were considered to be guiltless of this crime). It soon became evident that the removal of prisoners of war to distant countries was a most satisfactory method of controlling political unrest. The large numbers of prisoners were a ready and convenient source of manpower that could be exploited by their conquerors, provided the prisoners remained in good health. Nevertheless, the Assyrian campaigns tended to disrupt the economy of the invaded countries, particularly of northern Syria, and to reduce the numbers of

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workers in the areas that were affected by war. Adult males and females were often employed by the controllers of the temples, but some males may have been forced to enrol as soldiers in the army of the conqueror.

ROYAL PRISONERS

An enemy king or prince who had been captured alive in battle was usually treated quite harshly. It was considered most important to exhibit his degradation to members of the public, the actual physical punishment of the royal prisoner being of secondary importance. He was liable to summary execution even after capture, but more frequently in Mesopotamia he was punished by the conquering ruler himself, being treated like a domestic animal. He was led on a leash that had been passed through a hole bored in his lip or nose. This form of ritual punishment was earlier inflicted on royal prisoners by the Egyptians, and it was also known to the ancient Israelites (fig 1).

Figure 1:
Symbolic nasal leashing shown on the reverse of the Narmer palate, Cairo Museum (cf. Smith, op. cit., note 23 below, pl. 7). (Drawing: Huw Geddes).

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6 W. B. Emery, Archaic Egypt, Harmondsworth, Penguin Books, 1961: see p. 44 fig. 4, the reverse of palate of Narmer, dynasty I, showing symbolic captured king held by a falcon; and p. 100 fig. 63, the stone vase of Kha-sekhem, dynasty II, showing kneeling man with three leashes from frontal area.

7 2 Kgs. 19:28; Job 41:2; Isa. 37:29.
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The wound made by boring through the tissues must have been painful and would certainly have become infected, but the unfortunate man was unlikely to have died from sepsis. Continual irritation caused by the leash rubbing on the edges of the hole would eventually have led to fistula formation, which would cause considerable difficulty in mastication of food and in swallowing liquids. The lower part of the face would tend to become disfigured and distorted from the weight of the leash pulling on the tissues. If, however, the original wound had been carelessly made in the lip, the bone of the underlying jaw might have been damaged, resulting in a localized osteomyelitis with gingivitis and loss of teeth. Leashing through the nose was less likely to have caused severe complications, although local sepsis and haemorrhage were bound to occur.

Occasionally a captured king was exposed to public view at the gate of a city, secured to a gate-post by a collar of iron round his neck. All movements, including those of the neck, were restricted and it would have been very difficult to obtain adequate rest or sleep. Friction of the skin of the neck from the iron collar would lead to sepsis, and pressure sores were likely to form from the constant weight of the collar and limitation of all movement of the neck. The prisoner was exposed to the vicissitudes of the weather—severe cold at night and scorching from the sun during the day. Pneumonia, bronchitis, and sunburn were likely to follow exposure, aggravated by lack of protective insulation from clothing. Flies were an ever-present nuisance and might have carried infection into the skin lesions, as well as into the wounds in cheek, jaws or nose. Furthermore, myiasis was a distinct possibility. Lack of food and water presented additional daily problems for the prisoner, for contamination of both may have led to gastro-enteritis or dysentery.

Even if the captured king escaped being leashed or tied to the city gate by his conqueror, he and all members of the royal family were liable to be shackled on hands and feet, thus securing them as prisoners in public and also symbolizing their status as slaves. These prisoners were apparently not given preferential treatment but were


9 R. Lau, The annals of Ashurbanipal, Leiden, Brill, 1903, see IX, 106–10, pierced cheek and jaw with tethering-ring put through the jaw.

10 Infestation of wounds was certainly recognized in Mesopotamia. See B. Landsberger, MSL VII/1/2, 30, 271 a/b, ub.uzu/gig = tu-ul-tu, maggot of the flesh. Also W. von Soden, Akkadisches Handwörterbuch, Wiesbaden, Harrassowitz, 1959–81 (hereafter called AHw), p. 1369, tülut. And in Egypt (B. Ebbell, The papyrus Ebers, London, Humphrey Milford, 1937, para. lxxviii “If thou findest a finger or a toe that is ill, fluid (? pus) goes around them, their smell is bad and they have produced small worms (šg, larva) . . . ”.

11 Various forms of fetters and shackles are known; kannu, CAD, 1971, vol. 8, p. 156; maskanu, CAD, 1977, 10(1), 372; maksu, CAD, 1977, 10(1), 139; semeru, CAD, 1984, 15, 224; sāt qāṭi, CAD, 1982, 13, 200; possibly also šisu, CAD, 1962, 16, 214; gbiṭā/īṭu, CAD, 1962, 16, 158.

made to march under escort. Their shackles were heavy and cumbersome and must have severely restricted movement. Pressure sores at wrists and ankles were liable to become secondarily infected and lead to eventual gross scarring.13

PLEBEIAN MALE PRISONERS

These prisoners were liable to be slaughtered indiscriminately after capture, but this became a relatively rare occurrence by the end of the second millennium BC or slightly later.14 It should be noted, however, that a ritual execution of a male prisoner was necessary before the Hittite army could be purified from its defeat in war.15 If prisoners had been killed or had died from their injuries, it would have been most unlikely that their corpses were given proper burial by their conquerors.16 The major hazard to health from unburied corpses is properly appreciated by all modern hygienists; it certainly was not recognized by military rulers in antiquity.17 Furthermore, the movements of large herds of domestic animals and of large numbers of prisoners from one geographical area to another, encouraged the active spread of diseases into areas that had previously been free from infection.

Although transit camps for prisoners were provided with the basic necessities of life, hygiene must have been non-existent, so that epidemics of debilitating, infectious diseases were liable to occur at any time. That disease was a most destructive force in armies was well recognized by soldiers themselves.18 The movement of prisoners will have aided the spread of disease considerably. When infected prisoners were brought back to the land of Hatti in the middle of the fourteenth century BC, an outbreak of severe disease with a high mortality occurred among the Hittites in the homeland. This disease may have been murine typhus, and it lingered on for many years, causing deaths among all levels of society in Hatti.19 Capture of the Ark of the Covenant by


17 Compare Ps. 79:2–3, and 83:9–10.
19 A. Goetze, ‘Hittite prayers’, in ANET, pp. 393–401, see p. 395, plague prayers of Mursilis q4, 5 and beginning of b.

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the Philistines towards the end of the second millennium BC, led to an outbreak of pestilence which spread to several of the cities of the Philistines and produced a high mortality therein; this pestilence may have been bubonic plague, but the diagnosis remains uncertain.20

It was common practice in antiquity to bind the hands of male prisoners and march them away from the battlefield under guard. Rope was usually used to bind the wrists or arms tightly; fetters provided a certain degree of looseness, which may have permitted a prisoner to escape.21 On the other hand, excessively tight binding may have restricted movements of the chest so that breathing was seriously affected.22 These prisoners were deliberately kept naked.23 Nakedness emphasized the indignity of being captured and enslaved; it also served to distinguish them clearly from their conquerors, who were, of course, fully clothed and armed with weapons. The naked body was exposed to any adverse climatic conditions, particularly cold or excessive heat. Thus the prisoner might suffer undue stress from exposure and dehydration. Moreover,
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prisoners were sometimes confined in neck yokes which restricted movements of the neck and head (fig. 2). Being unable to see the ground in front, they were liable to stumble and damage their legs.24

Of considerable importance was the actual method that was used to bind the arms of prisoners. Groups of prisoners were easily controlled if their arms were bound at the wrists in front of, or behind the back, or having them suspended from a neck yoke. Assyrian guards may even have led files of bound prisoners with a leading rope. Sometimes the Assyrians shackled prisoners together in pairs at the wrists, which made marching difficult for them. Quite frequently their arms were forced back and a rope was tightly bound just above the elbows behind the back.25 Only in Egyptian art were prisoners shown in characteristic poses, their arms being awkwardly bound above the head according to the specific nationality of the prisoner (fig. 3).26 The tight binding of arms in the region of the elbow joint was very likely indeed to cause obstruction of the blood supply to the distal part of the arms. Vascular obstruction would be further compounded when the arms were tightly bound above the head, as depicted in the tile from Medinet Habu already mentioned.27 Provided these restrictive bonds were soon

Figure 3:
Different methods of binding prisoners' arms shown on the State Chariot of Tutankhamen, Cairo Museum (cf. Desroches-Noblecourt, op. cit., note 8 above, pl. XIXb). (Drawing: Huw Geddes).


27 Nims and Swaan, op. cit., note 26 above, pl. 81 right.
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loosened and the blood supply to the distal tissues were re-established, no permanent damage to tissues would have been done, but ischaemic changes in tissues were likely to commence within as short a time as one hour after total vascular occlusion had occurred.

All these methods used to secure prisoners tended to make them unsteady on their feet, so that bruising and trauma from falling down on the march became quite serious hazards. Lesions of the skin from such accidents were liable to secondary infection. Both traumatic and vascular effects on tissues would have been further aggravated by cold weather. Although most campaigns were undertaken in spring or summer, even at this time of year low night temperatures might have been experienced, and would have caused considerable stress to inadequately clad prisoners. It was well known that the climate in Asia Minor could be severe; yet military campaigns were undertaken in bad weather. Mesopotamian soldiers were no strangers to frost, snow, and ice, and sores of the skin due to cold apparently were recognized. Severe adverse climatic conditions would affect all prisoners, predisposing them towards hypothermia, pneumonia, frostbite, and even gangrene of peripheral tissues.

Sometimes prisoners were also put in leg irons, which would have severely limited leg movements. Pressure sores at the ankles were liable to develop; these could readily become infected and lead eventually to gross scarring. These complications were later appreciated by the Assyrians, who removed all shackles, restored freedom of movement to arms and legs—and made the prisoners carry booty for their conquerors.

MUTILATION OF PRISONERS

After capture, any male prisoner was liable to be mutilated. This served the double purpose of punishing the offender for taking up arms against the conqueror, and at the same time of making him readily recognisable so that escape would be more difficult. Blinding or branding of prisoners caused disfigurement and the resultant wounds were liable to become infected, possibly leading to death, but more

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28 Gen. 31:40; 2 Sam. 23:20; see also Job 6:16 and 9:30; Ps. 147:16–17; Prov. 25:13; Jer. 18:14, and 36:30.
31 maḫ = tilgûtu = cold sore/blistar, AHw 1358, based on Aramaic.
34 Superficial slave marks, arrūtu, CAD, 1968, vol. 1(2), p. 305; ḫuṣartu, CAD, 1956, 6, 264, kakakabtu, CAD, 1971, 8, 45, also applied to animals which may have been given as booty to the temples. Šamitu (see šamatu 1), AHw 1155, 1156, šimu, šimu, AHw 1238. Note also among Egyptians 3bw (see Breasted, op. cit., note 2 above, vol. 4, para. 405) and the ancient Israelites (Gen. 4:15; Isa. 44:5 and 49:16; Ezek. 9:4).
commonly to keloid scar formation.35 Prisoners were often employed inside temple complexes in the main cities, within whose confines mutilation may not have been severe enough to prevent employment as a slave. It must be admitted, however, that mutilation was an excellent (but very unpleasant) method of controlling prisoners individually.36 Although Jewish law prohibited all mutilation of the skin of the Israelites themselves,37 ritual piercing of the ear of a voluntary slave was permitted,38 but Mosaic law did not apply to prisoners captured in war.39

Male prisoners occasionally were disfigured deliberately by their conquerors. This was a form of punishment and acted as a permanent reminder to the conquered peoples of the power of the conquering king; by this means too they were clearly differentiated from other innocent citizens.40 These wounds of face, ears, and lips were very prone to become infected and lead to keloid scars.41 Although mastication may have been difficult, the physical capacity for work by the unfortunate captive was not diminished at all. It was relatively uncommon for amputation of hands or feet to be inflicted on living male prisoners, because this would have rendered them unfit for menial work.42

WOMEN AND CHILDREN

It was assumed that women and young children were innocent victims of warfare, having taken no part in the defence of their homes and property. Being considered as legitimate spoils of war, they were usually taken unharmed into slavery, but occasionally they were slaughtered after capture.43 In marked contrast to captured soldiers, the women and children were only kept under nominal guard and were not shackled at all.44 Indeed, children were allowed to wander around quite freely and accompanied their parents into captivity; sometimes they were depicted in reliefs as being carried by adult prisoners or riding in carts. Thus, both women and children suffered minimal disability on being transported into slavery, but the actual physical hardship of marching long distances must have taken its toll of them.45

36 Judg. 16:21; but note also Josh. 9:23.
38 Exod. 21:6; Deut. 15:17.
40 Luckenbill, op. cit., note 12 above, p. 146 para. 445. Knudsen, op. cit., note 2 above, p. 58, II, 12–15, UN.MEŠ (kur)nim’m.a (ki) ša (md)BA.PAB.MEŠ.SU AD BA-ni-ja ina mûr ta-ê-zi nun dum.meš-su-un i-pu-’u-ú-ma [il]-ba-la bu-un-na-an-ni-šu-un, the people of Elam, whose lips Sennacherib, the grandfather who begot me, in battle cut off, and whose faces he had marred.
41 Hujârtu, AHw 362, may be “eine stabförmige Sklavenmarke”, which suggests the appearance of a keloid scar.
43 Luckenbill, op. cit., note 12 above, p. 146 para. 445, destruction of Kinabu, Num. 31:17–18; Deut. 2:34 and 3:3; Jer. 29:21; Ezek. 26:8; Amos 1:13; 2 Kgs. 15:16 and 8:12; see also Ps. 137:9; Hos. 13:16 and Zech. 13:7.
44 Note the treatment of royal prisoners (see Oppenheim, op. cit., note 12 above); and prisoners roped together at the waist (Yadin, op. cit., note 14 above, p. 146, relief from Egyptian tomb, dynasty V).

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Slaves were considered to be valuable items of property and were treated as such. As a security measure and proof of ownership, prisoners often were marked with a specific mark on the skin, and these wounds might have become infected. In some cases, selected male children were castrated before being permitted to serve in a royal harem where they would be strictly confined under guard. This operation, performed without an anaesthetic, necessarily caused severe mutilation and carried a high risk to life, for shock, haemorrhage, and wound infection were only too likely to occur. Furthermore, the operation was not always successfully performed, so that it had to be repeated, again exposing the child to risk of death.

