

# CHIMED-2

The second International Conference on Historical Medical Discourse



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## Book of abstracts

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# Plenaries

Leong, Elaine (University College London)

## Tracing Itineraries of Knowledge: Medical books and their Readers

In the late 1630s, Lazare Rivière, professor at the University of Montpellier, delivered a series of lectures on practical medicine which were later printed as the *Praxis medica*. A few years later, in response to requests from physicians writing from all over Europe, Rivière expanded the work to include the *theoria* alongside the *practica*. This expanded edition was hugely popular and was translated into French and English. By 1655, Peter Cole, the English publisher of the work, claimed that 15,000 copies of the Latin edition had been sold. Moreover, the book did not only leap off the shelves of booksellers but was actually read. Surviving copies are often annotated and extracts from the work appear in contemporary medical notebooks. In bringing Rivière's work to English audiences, Cole and his team made two crucial changes to the text. First, in his preface, Cole specifically targeted 'Ladies and Gentlewomen' as potential purchasers and readers. Thus, bringing knowledge originating in the University setting into the domestic sphere. Secondly, later editions were often sold and bound with the English translation of Rivière's *Observationes medicae* (1646) so mixing the older *practica* with the new medical genre of *observationes*. This talk traces the *Praxis medica*'s journey from university settings into early modern homes, paying attention to the epistemic changes rendered by practices of publishing, translation, reading and writing. In doing so, I trace 'itineraries of knowledge' and demonstrate that there is much to be gained by paying close attention to the route (and pit stops) through which knowledge travels.

**McConchie, Roderick (Independent scholar)**

**The apothecary and the tailor: A comparative study of the entries in the physical dictionaries of 1655 and 1657**

Although a discourse community may share values and understandings of the world, it does not follow that they must share everything. Early modern medical lexicographers found plenty about which to disagree as well as much to share. Indeed, the level of disagreement may seem surprising to a modern reader inured to a common scientific understanding of medicine and the regimented lexicon demanded by communication in medical research and practice (see ten Hacken and Panacová 2015). Medical dictionaries have reflected and disseminated both these understandings and the lack of them.

Two physical, that is, medical dictionaries were published in 1655 and 1657. The first was appended to a translation of Lazare Rivière by Nicholas Culpeper, Abdiah Cole and William Rowland entitled *The practice of physick*, and the other appeared with Richard Tomlinson's translation of Jean de Renou's *A medical dispensatory* (Wing R1037). The latter was published shortly thereafter as a stand-alone dictionary, while the Rivière translation with its accompanying dictionary was re-issued down to 1678.

There is a loose but not close relationship between the entries of these two works, which this article explores. Some are verbatim, others connected by a word or phrase only, others have little or no relation, and a few have definitions of a term which seem quite divergent. The detailed findings relate to the question of how dictionary entries are transmitted, and the difficulty of constructing an explanatory classification of this process. This also relates to the widely held notion that the repeated appearance of a given definition in a later dictionary must simply be plagiarism. The process of transmission must be examined, not merely the result.

**Reference**

ten Hacken, Pius and Panacová, Renáta (eds) (2015) *Word Formation and Transparency in Medical English* Cambridge Scholars Newcastle upon Tyne.

# Session papers (alphabetical order)

Bacchini, Simone (The British Library)

## Deranged by nature: Alternative health advice for women in XIX century England

Self-help medical literature has become extremely popular in the latter part of the Twentieth century and – especially with the advent of the Internet – has continued to do so in the early Twenty-first. In the U.S. alone (Myers, 2014), it represents a \$10billion per year industry. However, the production of informative material aimed at lay audiences with the intent of offering assistance in recognising, managing, and – in some instances – curing specific physical ailments is not new (McGee, M, 2005).

A particular strand of this genre is the literature promoting the use what are currently referred to as ‘alternative’ or ‘non-traditional’ approaches to disease and health, often more or less openly in conflict with more traditional and well-establish methods.

This paper is based on ongoing research; it looks at a particular publication, Edward Ruddock’s “The Affection of Females; Including the Derangements Incident on Menstruation, Pregnancy, Parturition, and Nursing, and their Homoeopathic and General Treatment”, published in London in 1861.

Despite its small size and brevity (one-hundred and sixty, 9cm x 11.09cm pages), this booklet is an interesting early specimen of what might be termed, ‘popularising, self-help literature’. Both its content and physical appearance display a number of features, for the most part linguistic (discursive and rhetorical), that show a tension between its overarching aims: persuasiveness and authoritativeness.

Throughout the text, its author manages to both address ‘females’ – with the stated aim to help them – and to portray them as Other, by, among other thing, discussing some of their ‘unique affections’ (e.g. menstruations) and the ‘unusual’ effects these produce on them. Simultaneously, the author makes full use of the linguistic and rhetorical arsenal at his disposal to present himself and homeopathy (the approach in which his advice is couched) as authoritative, scientific, and trustworthy.

This paper draws on insights offered by discourse analysis (DA) and on Appraisal Theory (AT) (Martin and White, 2005). AT is a theoretical framework for the detailed analysis of authorial stance developed within the tradition of Systemic Functional Linguistics (SFL) (Halliday and Matthiesen, 2004).

The paper analyses some of the lexicogrammatical choices and strategies used by Edward Ruddock to weave a complex fabric of accessible yet authoritative advice.

It also looks at the interaction of the above with the gendered nature of the advice offered by Ruddock, in particular the othering of his intended reader and beneficiary of the advice he offers, as well as the implied power imbalance, not only between author and reader but also, more generally and at a deeper level, between men and women. In doing this Ruddock also builds and sustains his ‘linguistic individuality’ (Johnstone, 1996).

The paper situates the examined text within its sociohistorical perspective and offers some tentative parallels with similar, present-day literature to sketch the historical evolution of this type of text and discourse.

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**Baseotto, Paola (Insubria University (Como, Italy))**

### **Disseminating medical knowledge and terminology in literary works: Edmund Spenser's poetic dissection of the human body**

My analysis focuses on an important literary lesson in human anatomy.

In his masterpiece, *The Faerie Queene*, the Elizabethan poet Edmund Spenser devotes great attention to the interplay of body and mind, a topic at the core of early modern scientific and philosophical reflections. In view of the great number of medical references characterized by a remarkable degree of detail and scientific accuracy, Spenser's poem is a central text for studies of the process of popularization of medical knowledge.

Spenser's texts reverberate with and reinforce widespread notions of the Galenic and Hippocratic humoral understanding of physical and mental processes. However, they also transcend common knowledge in their scientifically accurate accounts of the complex nature and dreadful consequences of some diseases, or in their references to competing medical approaches, that of Galen with his prescription of bloodletting and purging and the new method proposed by the alchemist and physician Paracelsus who championed pharmacology.

My paper examines Spenser's dramatization in the second book of the *Faerie Queene* of the temperate human body ('the fort of reason') as a castle inhabited by Alma, the soul. This narrative is a great iconographic and allegorical compendium of early modern knowledge about physiological processes and their relations to the workings of the intellectual soul, memory, judgement and imagination. Spenser's text is a highly poetic, densely philosophical and distinctly instructional dissection of the human body for readers seeking lessons regarding the dynamics of their physiological, psychological, ethical and spiritual selves.

The richly pictorial and highly evocative description of Alma's castle has influenced later dramatizations of the osmotic and often problematic relation of mind and body. It is worth noting that some early modern physicians refer to Spenser's castle of Alma in their health treatises.

**Begley, Justin & Goldberg, Benjamin (University of Helsinki & University of South Florida)**

### **Medical oeconomies in an Early Modern recipe collection**

In the collections of the University of Nottingham there is a manuscript labelled “Pw V 90” that contains “Rare Minerall Receipts Collected at Paris”. William and Margaret Cavendish, the Duke and Duchess of Newcastle, gathered the medical receipts and recommendations that they received between 1645 and 1655 in this manuscript, and its wide-ranging material encompasses advice from many notable seventeenth-century physicians and philosophers, including Theodore de Mayerne, Kenelm Digby, and the Duchess herself. One of the most fascinating facets of this collection is that it elucidates the way in which ostensibly neutral medical guidance encoded ideas of class during the English Civil War years. Our paper intends to home in on and contextualise two instances where material in the manuscript connects the medical oeconomy of the body to that of human society.

The first example is found in a letter from Thomas Cademan, physician-in-ordinary to Queen Henrietta Maria in the mid 1620s, an associate of Mayerne, and the first president of the Company of Distillers. Throughout the collection, Cademan and Mayerne recommended various medicaments made with steel, and their respective treatments have not (to our knowledge) been discussed elsewhere. In the letter to William, Cademan mentions the course of steel that he has used on King Charles I, noting that he was not purged until mid-way through the treatment, which “was to treat his Highnesse as a Prince for servants are ever better cured then Kings and a servant should have beene Purged .2. or .3. times before he had begun his Steele”. In other words, the course of treatment, and the difficulty of effecting a cure, is intimately entwined with the patient’s status. As we will suggest, this was not only because servants were deemed more robust due to their rustic lifestyles and exercise, but they were also thought to have a fundamentally different constitution. That is, the commonplace notion of “Royal blood” is often taken metaphorically, but it was in fact thought of in physical terms, with concrete implications for the actions of physicians.

The second case evinces that it was not only the standing of a patient that dictated their treatment, but recipes could also project an author’s status. This is borne out by a number of receipts from the so-called “Duke of Northumberland”, the illegitimate son of Robert Dudley, Earl of Leicester. Unable to secure his legitimacy in England, Dudley spent most of his life on the continent where he added the Earl of Warwick and Leicester to his titles. The self-styled Duke’s recipes are among the most fascinating in the collection in part because they aimed less at medicinal efficacy than at showcasing their author’s standing. By far the most expensive cures, they required rare ingredients such as emeralds, rubies, topazes, gold, mercury, pearls, as well as both rhinoceros’ and unicorn’s horns. These recipes were proclaimed effective against “all Poysons and the Plague” by no less a figure than the “great Duke of Tuscany”. Not only was the mere possession of such a recipe a sign of status—since it had an exclusive manuscript circulation—but we will suggest that having a constitution for which such drugs would work was itself a social indicator. That is, despite the supposedly “universal” applicability of Galenic and chymical remedies, not even the body was a neutral site in late Renaissance Europe.

**Benati, Chiara (University of Genova, Italy)**

**From one vernacular into the other: Low German translations of early modern High German surgical texts**

Hieronymus Brunschwig's *Buch der Chirurgia* (1497) and Hans von Gersdorff's *Feldtbuch der Wundartzney* (1517) are the first two surgical handbooks printed in the High German language area. During the Early Modern Age these texts enjoyed great popularity as witnessed by the high number of editions following the first ones and by the existence of, respectively, English and Dutch and Latin and Dutch translations.

Moreover, these two surgical compendia became also popular in Northern Germany: in 1518 a complete Low German translation of Brunschwig's *Cirurgia* - the *Boek der Wundenartzstedye* - was produced and printed by Ludwig Dietz in Rostock, while some twenty years later a large portion of a Low German version of Hans von Gersdorff's *Feldtbuch der Wundartzney* was included - under the title *Dat velt bock* - in the manuscript miscellanea of medical texts known as Copenhagen, Royal Library, GKS, 1663 4to (fol. 1r-86v).

These Low German texts represent two different and in many respects opposite forms of reception, transmission and translation of a scientific text: while, in fact, Brunschwig's *Cirurgia* has been translated and printed integrally, the fragment of translation of Gersdorff's *Feldtbuch* preserved in the Copenhagen manuscript appears to be the result of the free selection of specific topics and of single prescriptions from the source, which are integrated with similar passages and recipes from other sources. In this paper, these two Low German translations of High German surgical handbooks will be contrasted and discussed along with their transmission strategies paying particular attention not only to their medium (i.e. print vs. manuscript), but also to their aim, function and intended public.

**Bongelli, Ramona & Riccioni, Ilaria & Zuczkowski, Andrzej (University of Macerata)**

**The eclipse of the ego in the British Medical Journal 1840–2007: How the uncertainty markers referring to writers' subjectivity decrease over time**

This study originates from significant results of a Research Project of National Interest (PRIN), funded by the Italian Ministry of Education University and Research, aiming at analysing the communication of certainty and uncertainty in three corpora of medical articles (both scientific and popular) in a diachronic perspective.

The communication of a scientific finding as certain or uncertain largely determines whether that information will be translated to practice. For example, National Governments make decisions regarding their health policies on the basis of how certain or uncertain the results from biomedical research are communicated. On the same basis, the scientific community steers their own research and clinicians direct their practice.

In this study, we analyse one of the three corpora made up of 80 randomly selected articles published in the British Medical Journal over 167 years (1840–2007). Randomization was stratified according to four distinct time periods: 1840-1880; 1881-1920; 1920-1960; 1961-2007.

By adopting an epistemic stance perspective (Zuczkowski et al. 2017) on certainty and uncertainty, and a mixed procedure of analysis, that combines a bottom-up and a top-down approach, we identified seven categories of uncertainty markers (UMs): epistemic verbs; modal verbs in the simple present; modal verbs in the conditional mood; non-verbs (adjectives, adverbs, etc.); if clauses; uncertain questions and epistemic future. All the articles were manually annotated for uncertainty markers and their linguistic scope (Quirk et al., 1985), by using Knowtator text annotation tool, in order to perform as a future step experiments of automatic detection (Bongelli et al. 2012; Omero et al. submitted).

Although the percentage of certainty and uncertainty globally varies along the four period in a non-significant way (specifically, uncertainty ranges from 16% to 23% and certainty from 84% to 77%), we noted some differences concerning the use of specific subcategories of uncertainty markers (Zuczkowski et al. 2016). In the present study we focus on two of them which explicitly reveal writer's subjectivity: (1) the I/we verbs, i.e. those epistemic verbs in the first singular or plural person of the simple present (e.g. *I believe that*) and (2) the non-verbal expressions of personal opinion (e.g. *according to my view*). The quantitative analysis shows their progressive decrease over the four periods. The qualitative analysis highlights a corresponding change as regards scientific genre, writers' narrative styles and the position of those subjective elements within the article. In other terms, it is possible to observe a gradual eclipse of the ego, specifically between the first two time periods (1840-1920) and the second two (1921-2007), according to the contemporary "predominant view of science as an impersonal, inductive enterprise" (Hyland 1998, 364).

We will present the main results of the quantitative analysis and the qualitative analysis of some extracts from the corpus.

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**Expertise and authorship in Thomas Le Forestier's tract on the English Sweat**

The French physician Thomas Le Forestier (d. c. 1508) occupied a distinctive place in the medical culture of late fifteenth- and early sixteenth-century southern England and north-western France. Le Forestier is probably best known for authoring a tract on the English Sweating Sickness at the time of the first outbreak of this epidemic in the mid-1480s. The tract, surviving in English in one manuscript,<sup>1</sup> was dedicated to King Henry VII of England; the colophon states that the physician was at this time resident in the City of London. By the 1490s, Le Forestier was back in France, at Rouen in Normandy, where another, related text authored by him, an advice manual on pestilential illness, appeared in print, both in Latin (1490) and the French vernacular (1495).<sup>2</sup> By the early 1500s he had moved again, to serve as a town physician at Rennes in Brittany.

Le Forestier was apparently reputed for his knowledge about pestilential illness, since one of his recipes against plague, attributed to 'Master Thomas the physician', is copied into a late fifteenth-century medical miscellany.<sup>3</sup> This paper will explore how his expertise is presented in the Sweating Sickness tract, and the extent to which the English-language text that has come down to us reflects his authorship. The British Library volume within which it appears contains a dedication dated 1523 by Richard Smith, a chantry priest at Exeter cathedral. Smith is possibly the scribe of both the Sweating Sickness tract and the text that precedes it, a Latin glossary of plants. A redaction in the first part of the sixteenth century, perhaps after Le Forestier's death, creates the possibility that this version is a translation of a text written by Le Forestier in Latin or French. We do not know how many years he spent in England, and whether or not he mastered the English language. Furthermore, the Middle English of the tract is relatively standardised and uniform.

Although French was Le Forestier's native tongue, it is also not certain who was responsible for the printed French version of his Latin plague manual. The French printing was produced by the Rouen printer Jacques Le Forestier (perhaps a relative of the physician), who marketed several texts of devotional and local interest in the vernacular. Aiming to bring Thomas Le Forestier's Latin text to a broader audience, Jacques may have arranged for its redaction in French.

The paper considers the relationship between these English, Latin and French texts, and the extent to which authorship and processes of translation or adaptation can be discerned. Thomas Le Forestier's discourse on pestilential illness was malleable, encompassing different types of epidemic illness (the plague and the English Sweat). Medical knowledge in this period was flexible, much as the physician himself had a peripatetic, dynamic career.

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<sup>1</sup> London, British Library, Add. MS. 27582, fo. 70r-77r.

<sup>2</sup> ISTC no. il00118000 (1490 Latin printing); ISTC no. il00118050 (1495 French printing).

<sup>3</sup> London, BL, Harley MS. 1628, fo. 2r.

**Curth, Louise Hill (Winchester)**

### **For man and beast: Animal healthcare in early modern England**

While recent years have seen a dramatic rise of academic interest in the experience of health and illness in early modern England, this has tended to focus on humans. Although there has been a corresponding (albeit slower) growth in veterinary history, this generally involves the period between the nineteenth and twenty-first centuries. According to many academics, this was because ‘scientific’ or ‘professional’ systems of health care only began in the eighteenth century with the advent of ‘veterinary colleges’. Some have even gone so far as to suggest that the only types of care available earlier were ineffective, cruel treatments administered by uneducated, ignorant and dangerous quacks.

As I have argued in my previous publications, the importance of domesticated animals demanded the provision of health care. While economic factors were usually the most important, there were many other factors to consider, as well. In general, these included religious or emotional considerations. Depending on the type of animal, there could also be a host of other motivations for attempting to protect and/or return them to a state of health. Whether such efforts would benefit ‘man’ or ‘beast’ more is, of course, subject to debate.

The existence of what I have called ‘the veterinary marketplace’ is well documented in a vast array of early modern publications. My paper will use a variety of these works to illustrate both the theory and practice of early modern animal healthcare. It will begin with an overview of the astrological-Galenic principles that lay behind early modern ‘physic’ and how these applied to animals. The paper will then move onto a discussion of the many different types of men and women who cared for ‘lesser’ and ‘greater cattle’ (the generic term for domesticated working animals). As with human health, the major focus of animal healthcare was on ‘healthy lifestyles’ aimed at building and preserving a state of health. Given the impossibility of permanently maintaining this, there were also a variety of ways in which humans attempted to keep their precious animals from dying.

**De la Cruz-Cabanillas, Isabel (University of Alcalá)**

### **New wine in old bottles? Early Modern English recipes as a reflection of the time period**

Recipes are reflection of the contemporary society where they are written, since recipes often tell us “about the cultural expectations and parameters of any given society” (Pennell, 2009: 15). Thus, the recipe genre “reflects different kinds of language use and how contemporary people understood and mapped speech and writing” (Jucker and Taavitsainen, 2013: 148). Even if the most prototypical features of the recipe structure remain constant over time, there are some innovations introduced in the Early Modern English period (De la Cruz-Cabanillas, 2016 and 2017). Probably no other genre is so permeable to the changes in the cultural and social spheres. This fact is particularly reflected through the lexicon. Remedies prepared in the household environment relied upon easily accessible ingredients (Leong and Pennel, 2007: 136), but new substances are also found in recipe compilations. The distinction between food and medicine was not firmly established in the Early Modern English period (Francia, 2014: 119). In fact, in Catholic countries the topic whether chocolate should be considered medicine or food was the origin of a much-debated controversy and the final decision was not without

consequences. Furthermore, viewing chocolate as medicine would make it permissible to be taken in church (Forrest and Najjaj, 2007: 32). We will investigate about new products that were introduced in Britain to heal several new ailments, such as scurvy, French pox or the epidemic plague which afflicted London at the end of the seventeenth century, as well as other chronic infectious diseases (Carmichael, 2008).

In order to undertake the research, a purposely-built corpus of chiefly unexplored manuscripts will be used. The corpus comprises twelve recipe compilations ranging from the sixteenth century to the eighteenth century. They are housed in the Library of the University of Glasgow: Hunter 43, Hunter 64, Hunter 95, Ferguson 15, Ferguson 43 and Ferguson 61; the Wellcome Library: Wellcome 634, Wellcome 1322, Wellcome 3009, Wellcome 7113 and Wellcome 7577 and the British Library, Additional 27466. As for the lexicographic sources, the *Oxford English Dictionary* and the *Lexicons of Early Modern English* will be used to check the information on the goods and the date when the words were first registered in the English language.

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**Demo, Silvia (Università di Padova)**

### **Medical authorities and learned quotations in Gonville and Caius MS. 176/97**

Gonville and Caius MS. 176/97 has been studied primarily in its first part, which deals with the Middle English translation “Of Phlebotomie” (Voigts-McVaugh, 1984), but this treatise occupies only the first eleven pages of the manuscript. The remainder deals with mathematical, astronomical and astrological texts (pp. 16-21); quotations and summaries from Johannitius’ *Isagoge* (pp. 16-21); and a long medical compendium translated by someone named Austin for a Thomas Ploudon, citizen and barber of London (pp. 37-228). In my contribution I will take into consideration some passages occurring in this manuscript, which refer to ancient medical authorities like Johannitius, Constantine the African, Galen, and Avicenna. These references are particularly interesting, in fact although in its contents the manuscript seems a compilation made for university purposes, it was requested by a barber-surgeon and it was written in English. This means that fifteenth-century English surgeons and barber-surgeons like Ploudon were interested in medical readings and could have access to the ideas transmitted through the universities and to ancient medical theories without holding a university degree, thanks to the translation process.

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**Grego, Kim S. (University of Milan)**

### **How old is *old*? The discourse of ‘good’ ageing in 19th century popular medical sources**

*Background.* Just like life expectancy in developed countries has increased significantly over the past two centuries, so the notion of old age has had to undergo changes not only as regards its chronological definition but especially in the description of what it entails and the expectations that surround it. Early modern medicine in England has been investigated by different scholars in a plethora of studies; in particular, eighteenth-century medicine in England has been thoroughly researched, among others, by Porter (1985/2002, 1992), Bynum (1990) and Taavitsainen (2014). However, as Porter (1985/2002: 285) underlines, “[t]he real watersheds are generally seen as occurring before or after the eighteenth century, with for example the Scientific Revolution, or the emergence of the

family doctor in the early nineteenth century, or the coming of medical registration in 1858.” It is precisely this latter period, the onset of the late modern era spanning the beginning to the mid-nineteenth century, that is of interest to the present investigation.

*Aims.* The aim of this paper is to study how old age was defined and described in British dissemination tools, i.e. popular texts from specialist to layperson, directed at advising people on medical practices aimed at aging well, or at curing specific ailments in old age. What was their understanding of ‘good’ ageing? What conditions were associated with it and, in general, what was the discursive rendition of this stage of life?

*Sources.* For this purpose, the UK Medical Heritage collection of the Wellcome Library has been searched for the key term “*OLD AGE*”. The results have then been screened, keeping self-help texts published in England, which their authors openly state to be addressed to lay readers.

*Methods.* The texts considered will be analysed linguistically in relation to the period’s developments in the English language (Görlach 1999, Kytö, Rydén & Smitterberg 2006), in medical English texts (Taavitsainen 2014, Porter 1992), and in the history and perception of society and medicine (Lawrence 1994, Folts et al. 1995, Lane 2001, Waddington 2011, Worboys 2011), with specific reference to the notion of ‘old age’. A discourse-based interpretation will also be proposed, moving from the Foucaultian “medical gaze” (Foucault 1963/2003), through contemporary views of language in specialised settings (Gotti 2005/2011, Bhatia 2017) and Critical Discourse Studies (Wodak & Meyer 2001; Flowerdew & Richardson 2018).

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**Honkapohja, Alpo (University of Edinburgh)**

### **Tracing the Early Modern John of Burgundy**

This paper presents a discourse analytical and lexicological study of the early modern manuscript versions of the most popular plague treatise in medieval England. The treatise attributed to John of Burgundy survives in more than one hundred manuscripts, including several Latin and Middle English versions. To quote Jones (2018: 84), "[t]his was, in essence, *the* English plague tract: due to its ubiquity in manuscript [...] for more than two hundred years". Notwithstanding, the John of Burgundy tract was never published under that title as an early printed edition. The printed book market was dominated by a different set of treatises, including *Myroure or Glasse of Helthe* (1531) attributed to friar Thomas Moulton, whose section on plague was a reworked version of the John of Burgundy tract.

A major reason may be in changing medical discourses related to the plague, as the genre developed towards a more moralistic direction. According to Keiser (2003), "Moulton begins his treatise with a moral statement concerning plague as divine retribution for sin [...] This cultural construction of plague [...] is [...] unprecedented in the various forms of the John of Burgundy treatise" (300), which attribute the sickness to astrological causes, and venomous air entering the body. As a result, "Moulton's work is very different from the John of Burgundy treatise, which never loses sight of the fact that it is a medical, not a moral treatise" (305). The drop in the popularity of the John of Burgundy treatise may thus be related to how plague treatises were framed and the disease constructed in early modern medical discourse.

Nevertheless, a number of handwritten copies of John of Burgundy plague treatise survive, dating after 1500 or even 1600 (cf. Jones 2018: 84). Some of these contain updates in the medical lexicon. For example, a copy of John of Burgundy treatise, copied in an Elizabethan Secretary hand, in Wellcome Library Western MS 674 (cf. Jones 2018b) contains a number of lexical updates, such as changing references to a man afflicted by the plague to patient (Jones, personal communication).

The aim of this paper is examine, changes in lexicon and framing discourse in manuscript copies of the John of Burgundy plague treatise in a diachronic perspective and place it in the sociohistorical context of discourses relating to the plague. The data consists of known manuscript witnesses of the English John of Burgundy short version, which can be dated after 1500. These are studied with a discourse analytical framework, also taking into account the codicological context of the manuscript and surrounding texts. The main research questions are:

- A Are there any changes in the way plague discourse is constructed and framed compared to Medieval copies?
- B If changes occur, how do they relate to ongoing changes in medical discourse?
- C Why was each particular copy of the treatise included in the manuscript in question?

The results are expected to complement our understanding of how discourses related to the plague were constructed in Early Modern England in general and our understanding of the circulation of the John of Burgundy plague tract in particular.

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- Bodleian Rawl. MS A.393, date: 1528-9 (Keiser); early 16th ("about the beginning of Henry VIII's reign" -- catalogue)
- Fitzwilliam Museum MS 261, date: c.1485-1509 (Rand); c.1500 before 1509 (catalogue)
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- Wellcome Western MS 674, late 16th century (based on script)

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**Jones, Lori (Carleton University)**

#### **A late-sixteenth century medical discourse for one: Rewriting printed treatises in manuscript**

What are scholars to make of early modern manuscripts that, on the surface, look like simple handwritten copies of already printed and widely circulated medical treatises, but that in fact contain potentially significant revision and personalized content? Do these manuscripts point to the continued mutability of the printed word? Do they reflect a personalised re-creation of medical knowledge? Copying medical information from one manuscript to another was common practice before print, and almost always involved some level of scribal (mis)interpretation, adaptation, and revision. Medical knowledge has thus been constantly shaped and re-shaped in small ways. The continued interplay between manuscript and print copies of the same medical texts also enabled ongoing revision and

discourse. This is evidenced, for example, by manuscript recipe collections copied from printed books and then adapted to the writer's own tastes and available ingredients. Yet, by their very nature, recipes (printed or otherwise) were mutable; while it evolved (and was challenged) over time, learned medicine was largely held to be a more stable form of knowledge within the broader medical marketplace. Once in print and more widely available and accessible, this knowledge became part of the public medical discourse. Compared to adapting recipes, actively rewriting these printed and learned treatises to suit one's personal beliefs points to a different scale of what Spiller calls "the art of making knowledge" or what Kelley and Popkin consider to be "the shapes of knowledge."<sup>4</sup>

The late-sixteenth-century Wellcome Western MS 674 contains a number of medical treatises, including on the plague and surgery, a regimen of health, an herbal, various recipes for treating plague and ointments for wounds, and other texts. Most of these texts appear to have been copied from already-printed works. The word "appear" is critical here, since although these texts are remarkably similar to known printed treatises by Thomas Moulton, Thomas Paynel, Thomas Phaer, and Thomas Gale, for example, their contents are not quite the same. The as-yet unknown English scribe did more than simply copy or summarize printed treatises for personal learning or use; instead, he purposefully adapted them to reflect both the socio-cultural concerns of his own day and his personal beliefs. I will present the preliminary results of my transcription of this manuscript, and offer a literary and socio-historical analysis of textual differences between it and its source materials. By investigating how and why this scribe rewrote printed medical texts, we open the door to exploring how medical knowledge was constantly remade and personalized in the early modern era, and how medical discourses could include, and indeed be meant for, one person alone.

### **Jones, Peter (Cambridge University)**

#### **John Arderne (1307–c.1370): a medieval surgeon's afterlife in manuscript and print**

1500 is often taken to be the year in which late medieval turns into early modern. Yet many 'medieval' medical texts continued to be read and used in the sixteenth and seventeenth centuries. The fortunes of one surgical text transmitted in English manuscripts and printed books shows up the artificiality of the supposed division at 1500.

John Arderne's writings on surgery for fistula in ano and his book of medical recipes, both enjoyed a wide circulation in the later Middle Ages, wider than any other English surgical writing of the period. He wrote in Latin, but at least four different Middle English translations of his works were also made. Deviating from the organising conventions of scholastic surgeries, Arderne visualised and described his surgical operations in temporal sequence as if he was providing a how-to descriptive manual for an apprentice surgeon. He included many statements about his own experience in performing operations, and other witness statements of efficacy. Manuscripts of Arderne's writings were heavily illustrated within or alongside the text-block, reinforcing the textual bias towards visualisation and personal witness.

After 1500 Arderne's writings retained their popularity both in Latin and English. This happened despite the typically disorganised state of the Latin text, and the evolution of

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<sup>4</sup> Elizabeth Spiller, *Science, Reading, and Renaissance Literature: The Art of Making Knowledge, 1580–1670* (Cambridge: Cambridge University Press, 2004); Donald R. Kelley and Richard Henry Popkin, eds. *The Shapes of Knowledge from the Renaissance to the Enlightenment* (Dordrecht: Kluwer Academic Publishers, 2012).

the English language beyond the forms of the early Middle English translations of Arderne. Manuscripts of Arderne copied in the sixteenth century were commissioned or owned by practising surgeons and medics, rather than by university teachers or scholars.

This paper will investigate surviving manuscripts of John Arderne's writings made in the sixteenth and seventeenth centuries. It will also consider the single printing (1588) of Arderne's writings on fistula in ano, edited by the barber surgeon John Read. Particular attention will be devoted to one manuscript owned c.1645-8 by the ship's surgeon Walter Hamond, held now in the library of the Royal College of Surgeons in Ireland. The Arderne text in this manuscript is in Latin and was written in the fifteenth century, but it was interleaved by Walter Hamond with his own observations on Arderne written in English. Hamond reflected on the continued usefulness of Arderne's surgical techniques and recipes, suggested some improvements, and also commented on the financial charges Arderne made for his services and their contemporary equivalents.

**Kuna, Ágnes (Eötvös Loránd University)**

### **Linguistic constructions of persuasion and positive attitude in Hungarian medical recipes from the 16th/17th century**

Patterns and linguistic constructions of persuasion, positive communication, and suggestion are among the main research directions of modern doctor-patient communication. These categories describe not only 20th and 21st-century discourses, but they also have a historical basis. Indeed, a key element of medieval and early modern medical practice was the creation of a positive attitude in the patient. To this end, a variety of persuasive strategies were employed, which are amply documented in available records of European medical texts, especially recipes (Jones 1998; Alonso-Almeida-Cabrera-Abreu 2002; Keszler 2011).

The presentation discusses the most common genre of 16th/17th c. Medical Hungarian, that of medical recipes, with the aim of highlighting conceptual categories related to persuasion and positive attitude as well as linguistic constructions elaborating them, with special regard to their usage patterns, frequencies and typical co-occurrences. The conceptual categories under study include GENERAL POSITIVE VALUE, INTENSITY, TESTEDNESS, CERTAINTY, TIME FACTOR, AUTHENTICITY/CREDIBILITY, RESULT OF THE THERAPY, and EMOTIONAL INVOLVEMENT. Empirical data are supplied by five Hungarian 16th/17th c. recipe collections and one remedy book (altogether more than 700.000 word tokens, ca. 5.300 recipes). Methodologically, the research implements qualitative principles, using ATLAS.ti for the analysis of the five recipe collections, and a special-purpose software for the remedy book. The software-based analysis allows for the study of tendencies in frequency of occurrence.

The research demonstrates that the expression of persuasive intention forms part of an overarching strategy of text production, with a key role played by the influence of Latin and German patterns. This influence is also one of the main reasons why linguistic constructions of persuasion typically occur at the end of recipes (although they are also to be found elsewhere). As revealed by the software-based analysis, the elaboration of a positive value or positive attitude has a dominant presence in recipes, its frequency by far exceeding expressions of the negative pole. This is also reflected in the frequency with which the conceptual categories of GENERAL POSITIVE VALUE, RESULT OF THE THERAPY,

and EMOTIONAL INVOLVEMENT are elaborated. In the material of the present research, these categories are the most likely to co-occur, often in conjunction with INTENSITY, underscoring the importance of intense expressions of positive value. Since the conceptual categories of persuasion discussed here are also highly relevant for the study of 16th/17th medical recipes produced in other European languages, the analysis implies the possibility of conducting comparative research on vernacular recipes. In addition, the description of linguistic constructions elaborating persuasion may pave the way for future projects aimed at the machine-searchable, automatic analysis of such patterns.

*Keywords:* medical recipes, persuasion, linguistic construction, conceptual categories

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**Lawson, Kirsten Jane (State University of Milan)**

### **Labelling disorders in evolving medical discourses: From neurasthenia to shell-shock**

During the 19<sup>th</sup> century, patients experiencing severe fatigue were diagnosed as suffering from neurasthenia, a condition caused by the stress associated with urban lifestyles including “the whirl of the railway, the pelting of telegrams, the strife of business, the hunger for riches, the lust of vulgar minds for coarse and instant pleasures” (Allbutt, 1895: 214). Due to presumed environmental causes, the disorder itself acquired new medical meaning during World War I (WWI) when the term ‘shell shock’ was preferred to neurasthenia. As British Army doctors were struggling to understand and treat this pressing medical and military condition, there was considerable scientific debate at the time regarding its symptoms and the diagnosis of ‘shell shock’ was frequently discouraged in the attempt to restrict the number of cases (Crocq & Crocq, 2000). The debate reflected in the research literature marks the evolution of medical discourse on this disorder ever since the term ‘shell shock’ was first introduced in a *Lancet* journal article by the British Army Medical Officer and psychiatrist, Charles Myers (1873-1946) to refer to the disorder affecting the increasing number of soldiers in the frontlines (Myers, 1915). Yet following further observations in his patients, Myers pointed out the following year that shell shock “may be regarded as an extreme form of the far more commoner condition of [...] “hyperaesthesia,” and for this reason [...] I place the word in inverted commas” (Myers, 1916: 608). As many shell-shocked soldiers, who had not experienced frontline explosions and traumas, presented identical symptoms, Myers further proposed the psychological term ‘emotional’ rather than ‘commotional’ shock (Jones et al. 2007). Seeking to make further advancements in understanding and treating the disorder, several letters were submitted to The *Lancet* both during and in the aftermath of WWI by medical professionals.

Accordingly, this paper attempts to highlight how the term shell shock as a misnomer shapes the evolution of medical discourses pertaining to the disorder which are mediated through the scientific epistolary genre. Based on the assumption that “discourse is always historical, that is, it is connected synchronically and diachronically with other communicative events which are happening at the same time or which have happened

before” (Wodak 1995: 12), the study is based on a sample collection of letters written by medical professionals to *The Lancet* between the period 1915-1930. The Discourse Historical Approach to Critical Discourse Analysis is adopted to disclose the historical and linguistic features of this specific genre, while also allowing to account for salient extralinguistic factors (culture, society and ideology in historical terms) (Fairclough & Wodak 1997; Wodak, 1996, 2001) and their role in shaping the evolving medical discourse. Specifically, the DHA three-dimensional model was applied to unfold the specific contents or topics, discursive strategies employed and context-dependent linguistic realizations (Reisigl & Wodak, 2009). Findings reveal how patients’ social class played a significant role in the diagnosis as either neurasthenic, shell-shocked or even shell-shy and how proposed treatments for the condition varied significantly depending upon the name given to the condition in the diagnosis.

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**Lehto, Anu (University of Helsinki)**

### **The representation of patients and physicians in Late Modern English medical writing**

The paper surveys the representation of patients and doctors in the corpus of Late Modern English Medical Texts (1700–1800) (LMEMT). Representations are common beliefs about phenomena or groups of people that speakers share in a discourse community and that emerge due to repetition of similar linguistic patterns (Baker 2014, Burr 2002). Earlier research on representation focuses on Present-day English genres (e.g. Gabrielatos and Baker 2008), although there are also some previous works in historical data such as McEnery and Baker’s (forthcoming) analysis of the criminalised poor in seventeenth-century texts (see also Lehto forthcoming). The social roles of patients and doctors, however, have not been earlier investigated in historical medical writing.

The role of the patient experienced changes in the late modern era. The patients and their diseases were earlier described by medical authors, but in the eighteenth century the patients started to share experiences about their diseases especially in *The Gentleman’s Magazine* in LMEMT (see Lehto and Taavitsainen forthcoming). Additionally, many authors in LMEMT aim to improve the status of patients by arguing for lower physicians’ fees and changes to medical legislation, for instance. The roles of physicians, surgeons and apothecaries were debated as well, e.g. physicians questioned the right of apothecaries to treat patients and prescribe medicines (see Corfield 2009).

The representations are surveyed by collocation analysis, since collocations reveal meanings associated with a lexical item. Collocations are words that regularly appear near a certain headword, and hence affect the meaning of the node (e.g. McEnery and Hardie 2012). The analysis covers content collocates that extend up to five words from the headwords (e.g. *patient, person, doctor, physician* and *surgeon*). The attention is not on individual collocates but on more abstract associations called semantic preference and semantic prosody (Sinclair 2004: 31). Semantic preference reveals groups of collocates that share a similar meaning, while semantic prosody distinguishes evaluative attitudes linked with the node.

Some of the findings indicate that physicians and surgeons are typically associated with education and professional expertise in LMEMT, shown by collocates such as *university, qualifications* and *knowledge*. The social identity of physicians generally represents positive semantic prosody, and they are often described as *skillful, eminent* and *honest*. In contrast, the group of apothecaries is identified more negatively by collocates including *quack, dishonest* and *ignorance*, reflecting their lower status within the medical profession.

Patients are often viewed as objects of treatments (*operation, inoculation*) and their physical state is emphasized (*strength, pain*). However, patients receive sympathy as well, shown by collocates such as *miserable, unfortunate* and *relief*. This compassionate theme reflects the philanthropic spirit typical of the era. The collocates further indicate wider changes in medical writing, e.g. *patient* collocates with *case* and *number*, as medial authors started to use statistical methods to evaluate the effects of treatments.

In addition to these general findings, the paper reviews representations diachronically in LMEMT, and the results can be compared to data from the corpus of *Early Modern English Medical Texts* (1500–1700). The LMEMT corpus further allows for more detailed analysis of representation within distinct categories of medical writing (e.g. General treatises, Journals and Methods).

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**Leikola, Anto (University of Helsinki)**

### **Tuberculosis in the master novel of F. E. Sillanpää**

Frans Eemil Sillanpää (1888-1964) was the best-known prosaist of Finnish literature in the 1920s and 1930s, and in 1939 he received the Nobel prize mainly for his novel "Nuorena nukkunut" (1931; English translation "The Maid Silja or Fallen Asleep While Young", 1933). It describes the fate of a servant girl in the West Finnish countryside; the novel ends in the death of Silja in tuberculosis, generally called "lung disease", in the age of only 22 years. Until the end of the second world war tuberculosis was rather common and often lethal in Finland, attacking all levels of the society but especially the lowest and poorest ones. Towards the end of his novel Sillanpää describes the action of bacteria in Silja's body, partly even biologically, but also changes in her mind where the memory of her only erotic experience a couple of years earlier becomes dominant and uplifting.

The biological vein is seen in most of Sillanpää's fiction, and it is understandable because of his early studying of natural science for entering to the medical faculty of the Helsinki University, which he never reached. But he was most interested in such philosophers as Maeterlinck and Spengler and had a close contact to Gunnar Ekman, later a widely known developmental biologist, who had also published a book on "Basic questions of biology", explaining his views on the biological nature of human societies.

**Mäkinen, Martti (Hanken School of Economics)**

### **Persuasion in Early Modern English medical recipes: Mapping metadiscourse items onto ethos, pathos, and logos**

This paper investigates persuasion in early science, both in terms of Classical rhetorics (ethos, pathos, and logos), and metadiscourse (Hyland 1998, 1999). The material of the study are Early Modern English medical recipes produced and printed between 1500-1700, drawn from the Corpus of Early Modern English Medical Texts (EMEMT, 2011).

The paper charts persuasion types in English medical recipes in circulation in the sixteenth and seventeenth century. This study aims to describe the types and their realisation in texts, categorised according to distribution in medical genres/textual categories and the time of writing. The textual categories studied include Regimens and health guides, Surgical and anatomical treatises, Treatises on specific topics, General treatises or textbooks, and Scientific journals. The category of Recipe collections and materia medica has been excluded intentionally, as that category has been studied earlier (Mäkinen 2011a and b).

An earlier study on persuasion in efficacy phrases in recipe collections in the Early Modern period has revealed that the types of persuasion vary and change according to purpose and time of writing, and intended audience (lay/learned). The general trend throughout the

period was that recipes moved from ethos towards logos, a development that was seen both in lay and learned texts. Pathos was almost absent in learned, and a constant in lay texts. One possible explanation suggested for the general trend was the paradigm change in medicine, from text-centered science to observation-based science. (Mäkinen 2011b)

It is assumed that also in this study, the contest of new medical disciplines in the sixteenth and seventeenth centuries will become an explaining factor for the longitudinal differences observed. However, as the current article will study genres the main purpose of which is not to carry recipes, there are other, genre-specific factors in addition to the changing scientific and medical ideologies, like the textuality of recipes. Due to the communicative purposes of the genres studied, the sampled recipes will appear somewhat stripped down and dispersed in comparison to recipes in recipe collections, and therefore the textuality of recipes will be discussed in some length.

In addition to the discussion on recipes, the article will show how metadiscourse and rhetorics are interrelated, and how observations on metadiscourse can be transferred to the Classical concepts of ethos, pathos, and logos. This methodological innovation has already been tested on medical prefaces, with interesting results. (Mäkinen 2014)

As mentioned, the material for the paper will be the Corpus of Early Modern English Medical Texts (EMEMT 2011). The corpus contains c. 2 million words in 450 medical texts from 1500-1700. The exclusion of recipe collections and materia medica texts leaves a corpus of c. 1.6 million words and five medical categories, all of which contain recipes or other instructional passages for the preparation and/or administering of a medicine or a remedy.

*Keywords:* Early Modern medicine, recipes, persuasion, genre

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### **Mangham, Andrew (Reading)**

#### **Literature in nineteenth-century medicine: On the role of story in shifting clinical contexts**

This paper will argue for the need to understand the nineteenth century's reassessment of the relationship between narrative and medicine. Rather than seeing literature as the helpmate of a new 'narrative medicine', this paper argues that literature has worked with medicine to reassess the ways in which health is understood, maintained, and professionalised, through narrative. We are not the first generation to recognise the importance of stories in practicing and furthering medicine, though we are the first to fully dissociate - in various ways - the benefits and powers of the healing discipline from the specific skills that come through the humanities. What this paper argues is that we have much to learn from rediscovering the ways in which medicine in the past exploited stories as a means of analysing the strengths and significances of medical progress. Rather than employing literature in medicine, we should be thinking about how medicine is, and always was, literary.

## A genre analysis of discourses surrounding venereal disease in seventeenth-century England

Sufferers of venereal disease in seventeenth-century England faced an array of difficulties. Not only must they cope with the painful and often worsening symptoms of syphilis, gonorrhoea or whichever type of sexually transmitted illness they had contracted, they were also obliged to hide these symptoms to avoid being marked and condemned as a carrier of such a disease. However, cases of venereal disease were by no means unusual during this time: research by Siena (2001) and Szreter (2017) suggests that historians may have previously underestimated its prevalence. In this study, we investigate discourses surrounding venereal disease in a wide body of contemporary texts taken from the Early English Books Online (EEBO) corpus. By combining quantitative methods with close reading of texts, we explore whether perceptions of sufferers and responses to the illness itself shifted as the century progressed.

Using the term *pox* as a starting point, we gather together a selection of suitable search queries – terms of interest which were used to refer to venereal disease in early modern England – and illuminate the challenges in achieving such a list. A large proportion of these terms were constructed by the insertion of a nationality adjective in front of the noun *pox* or *disease*, e.g. *Italian pox*, *American disease*, with *French pox* being the most commonly used alternative to *the pox*. We go on to investigate to what extent English **writers associated venereal disease with France above other nations. We find that writers only tended to attribute the disease to countries other than France when they were discussing etymology or the origin of the illness.**

In order to uncover the kinds of written works in which references to venereal disease appear, we undertake a genre analysis. Such a genre-based approach has only recently become possible due to the addition of a categorisation genre framework for titles within the EEBO corpus (see Murphy, forthcoming). We show that ‘French’ venereal disease was referenced in a relatively small number of genres. At the beginning of the century, such references were most likely to appear within historical works which discussed the origins of the illness or its impact upon historical civilisations; travel stories which described the kinds of treatments which were available outside of England; and sermons which warned parishioners of the dangers of lust. However, at the very end of the seventeenth century, we reveal a massive increase in references to venereal disease in scientific medical texts which suggested a number of dubious treatments. These references often appear in volumes which list treatments for a wide variety of illnesses and usually maintain an objective medical gaze – they rarely focus on the origins of venereal disease or how it was contracted but neither are there any references to the experiences of the sufferer or indications that recommended treatments might entail very serious side effects.

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## Medical discourse across 300 years: Insights from the *Royal Society Corpus*

Numerous diachronic aspects of English medical discourse have been addressed on the basis of texts samples from medical journals. Biber/Finegan (1994), for instance, analyze 20 articles from medical journals within the ARCHER corpus. Atkinson (1992, 1999) discusses the rhetorical characteristics and textual structures of a selection of articles from the *Edinburgh Medical Journal* and also comments on some medical reports included in the *Philosophical Transactions* (1675-1975). Larger specialized corpora of medical texts (e.g. the *Corpus of Early English Medical Writing* (1375-1800), cf. Taavitsainen 2011:80ff) have been used to investigate vernacularization processes and evolving register conventions (e.g. Pahta/Taavitsainen (2000, 2004), Taavitsainen (2015)).

This paper demonstrates how the *Royal Society Corpus* (RSC, Kermes et al., 2016) can be used for linguistic and sociohistorical analysis of medical discourse. The RSC contains digitized texts of the *Philosophical Transactions* and the *Proceedings of the Royal Society of London* (ca. 300 million tokens) covering more than 300 years (1660s-1990s) of scientific writing across disciplines and including numerous articles on medical topics and more broadly on life sciences, such as anatomy, physiology, neuroscience and pharmacology. The RSC has been used to trace the overall linguistic development of scientific English in the late modern period (cf. Degaetano-Ortlieb and Teich, 2016, Menzel & Degaetano-Ortlieb, 2017). For the present purpose, we filter the RSC for relevant documents by using metadata obtained from a diachronic probabilistic topic model of the RSC (cf. Fankhauser, Knappen & Teich 2016); see Fig.1.

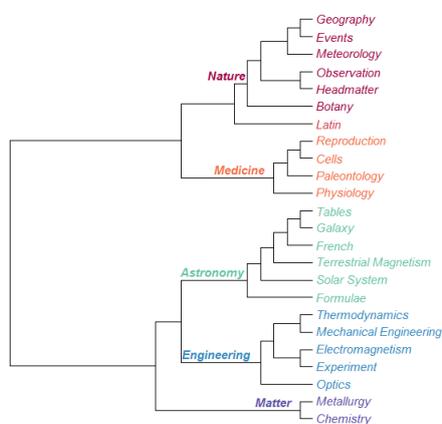


Figure 1: Hierarchical clustering of topics in the RSC by topic-document distribution

Thus, we can identify those documents dealing with topics from the medical and related domains. Second, using a word embedding model of the RSC (cf. Fankhauser/Kupietz, 2017), we identify groups of semantically related words (similar usage context), e.g. types of diseases, treatments, medical professions or specialized vocabularies (e.g. anatomy). Fig.2 (left) shows<sup>5</sup> a zoomed-in region of the semantic neighbourhood of 'anatomist' with other words referring to medical professions and professionals from related disciplines. Color denotes frequency change (violet=decreasing, red=increasing), bubble size encodes proportional relative frequency in a given time interval. The histogram (right) shows frequency changes of individual words.

<sup>5</sup> cf. <http://corpora.ids-mannheim.de/openlab/diaviz/royalsociety-bak.html>

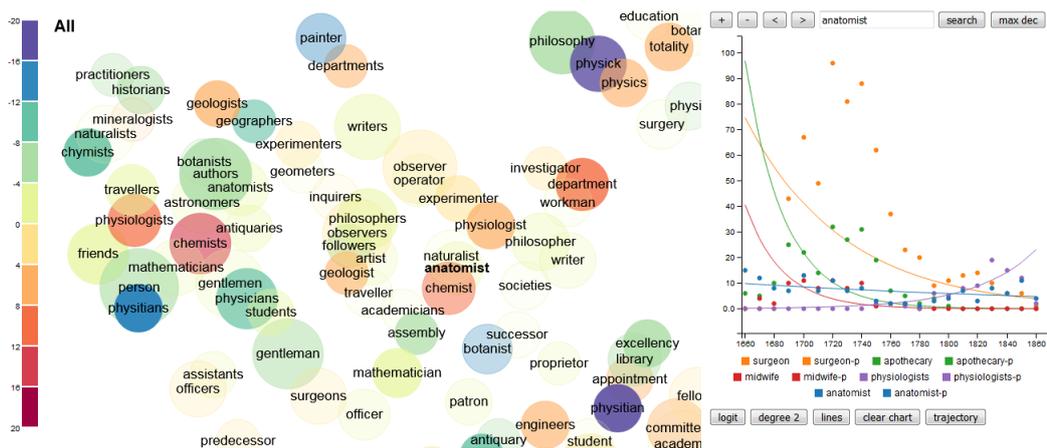


Figure 2: Lexemes referring to medical professions and professionals from related disciplines, e.g. *anatomist*, *physician*, *botanist* tend to co-occur in similar usage contexts in the RSC.

Thus, we can trace the diachronic development of whole clusters of related words as well as individual words. For example, a prominent lexical cluster throughout the first 200 years relates to gynecology, childbirth and women's diseases. As a general trend, we observe that earlier texts are about medical practices (treatment of diseases), while later texts focus on systematics (anatomy, physiology). Also, while overall an 'objective' style becomes more dominant over time, medical texts frequently employ particularly elaborate formulations and tend to be more personal in stance than texts from other disciplines. Finally, we observe properties of words in their usage contexts, e.g. in the earlier texts mentions of professionals are often accompanied by positively evaluating adjectives – presumably a form of giving credit, e.g. 'a very skillful man-midwife' or 'an incomparable anatomist and learned physician'.

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**Ollikainen, Karoliina (University of Glasgow)**

**Communicating authority: 1st person narratives in Early Modern English medical texts (1500–1700)**

The early modern period was a time of scientific change and uncertainty, which also affected what was considered to be safe and authoritative medical knowledge. This paper examines how medical writers navigated these changes and justified their authority by analysing 1st person singular narratives. The material for this study comes from the Early Modern English Medical Texts corpus, and all in all this paper examines 33 narrative passages across 24 different early modern medical texts. My paper will argue that 1st person narratives have an integral role in communicating medical knowledge to readers, and furthermore, these narratives are used to showcase the author's medical expertise and to gain the reader's trust. The use of 1st person narratives has been analysed according to three factors. First of all, the narratives have been categorised according to where in the text the passage is situated, i.e. whether the narrative passage is in the introduction, the main body of the text, or the conclusion. Where in the text the narrative is located illuminates, for instance, whether the narrative is used to contextualise the rest of the text or integrated into the discussion of different medical matters.

Secondly, this study identifies who the other participants of the narrative passage are in addition to the 1st person speaker. The narrative passages cover a range of interactions, including, for example, conversations between doctors and patients, as well as between peers. This paper examines how these passages present these other people, such as whether the descriptions of patients or other medical professionals are negative or positive. Finally, the study also looks at what kind of evidence medical writers provide to support their claims, be it, for instance, references to well-known authorities or their own past experiences.

Overall, the majority of these narrative passages occur in the main body of the text. 42% of the narratives occur in surgical treatises, which often discuss military surgery and various case studies of healing battle wounds. These surgical narratives tend to include detailed instructions of how the patient was treated, such as recipes for specific ointments, and the writers also often highlight why they were successful in curing the patient when other medical professionals failed to help them. While some authorities back up their claims by citing authoritative sources, for the most part they rely on their professional experience to demonstrate their expertise to the reader. The data for the study has been collected as a part of a bigger project on authority in early English medical writing. Relevant passages have been located by conducting corpus searches on a list of mental verbs that are connected with discussing subjective knowledge (BELIEVE, THINK, KNOW, OBSERVE, PERCEIVE) (Taavitsainen 2002: 207), as well as the communication verb SAY, which not only has an important narrative function (Jajdelska 2018:) but is also associated with the

authoritative scholastic style (Pahta & Taavitsainen 1998: 174-5). When it comes to identifying narratives, this study follows the classification of discourse modes presented in Smith (2003: 16).

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**Pahta, Päivi & Tyrkkö, Jukka (Tampere University & Linnaeus University)**

### **Multilingual practices in Late Modern English Medical Texts**

Medical texts started appearing in the vernacular during the Middle English period, and by the end of the Early Modern period most original medical writing was published in English (see e.g. French 2003). Throughout this period of gradual vernacularisation, English medical writings bear witness to a frequent co-occurrence of languages in the same text for a variety of functions (see Pahta 2004, 2011). Because of this long disciplinary history of vernacular writing and multilingualism, medical discourse is a particularly fruitful domain in the vibrant field of historical multilingualism (Schendl & Wright 2011, Pahta et al. 2018).

In this paper, we explore how eighteenth-century medical writers used their multilingual resources, analysing data from the forthcoming corpus of Late Modern English Medical Texts (LMENT; see Taavitsainen et al. 2014) and using a corpus-based methodology developed by the MultiPract project at the University of Tampere (Tyrkkö & Nurmi 2017, Tyrkkö et al. 2017, Nurmi et al. 2018). LMENT, the third part of the Corpus of Early English Medical Writing, covers the eighteenth century and contains c. 2 million words of closely curated content from all major fields of medical writing including textbooks, topic-specific treatises, recipe books, health manuals, surgical and anatomical writing, institutional texts and medical periodicals.

We will present descriptive statistics on multilingual practices in the material, including the languages, frequencies and distributions of multilingual practices, and breaking down multilingual practices by type (conventionalised, prefabricated and free). We will also discuss in detail the various pragmatic functions of the foreign-language content (terminology, intertextuality, text organising and authority assertion). The evidence will show that although the practice of multilingualism carried on into the Late Modern period and notable similarities can be observed in usage, there is a declining trend in the frequency of multilingual practices from 1500 to 1800.

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**Plastina, Anna Franca (University of Calabria, Italy)**

**The discursive dynamics of personal experience narratives and medical advice in 18th-century British consultation letters: The case of Dr. William Cullen**

Recent research on the history of medicine has highlighted the importance of consultation letters in gaining a deeper insight into 18th-century British medical practice, which still relied, by and large, on patients' personal experience narratives (PENs) of illness (Wild 2000, 2006). As PENs represented the basis for diagnosis and treatment (Reiser 1978), they were deemed far more important than patients' actual physical presence. Thanks also to the expansion of the 18th-century British postal service (Overton 2007), literate sufferers frequently resorted to consulting by letter to obtain advice from famous doctors (Courvoisier & Mauron 2002). Historically, these common epistolary exchanges represent a peculiar practice, which foregrounds "the considerable agency of the sufferer" (Withey 2013: 124). Yet, "the sufferer's role in the history of healing [...] has been routinely ignored by scholars" (Porter 1985: 176). From a socio-discursive perspective, the 18th-century epistolary practice represents a valuable source to gain an understanding of the linguistic resources deployed to mediate the key functions of PENs, as well as to shed light on the strategies employed in giving medical advice in response. The discursive practice acquires further historical value in the light of the following two centuries when "the voice of medicine", driven by the dominant biomedical model, silenced "the patient's contextually-grounded experiences of events and problems in her life", removing them from "particular personal and social contexts" (Mishler 1984: 104).

This paper attempts to make a contribution to understanding the discursive dynamics of PENS characterising 18th-century medical consultation letters as a significant knowledge form, which testifies the importance of illness narratives in doctor-patient communication. Diachronically, the study may be positioned along the lines of the renewed emphasis on “the voice of the life-world” (Mishler 1984), whereby illness narratives are regaining status in supplementing the central voice of medicine (Charon 2006). As a result, the recent development of the field of narrative-based medicine (NBM) is “bringing the patient as a subject back into medicine” (Kalitzkus & Matthiessen 2009: 80-81). Accordingly, the twofold aim of the present study is to disclose how 18th-century British sufferers mediate the referential and evaluative functions of their PENS (Labov & Waletzky 1997) through personal choices of salient linguistic features, and to seek the ways doctor-patient relationship and patient participation are strategically constructed in related meaningful medical responses. Discourse analyses of PENS and medical responses are conducted by drawing respectively on Labov’s (1972) model of natural narrative, and on the Roter Interaction Analysis System (RIAS) (Roter & Larson 2002) for linguistic data coding. Analyses are performed on sample letters by Dr. William Cullen (1710-1790; Royal College of Physicians of Edinburgh), whose epistolary opinion was in high demand. The Cullen collection (<http://www.cullenproject.ac.uk/>) represents a rare case of the recording and survival of both sides of epistolary exchanges, which thus offers a completeness of perspectives. Findings highlight how linguistic features contribute to shaping medical interaction according to the Enlightenment symptom-based model, which ensured active patient participation (Kaba & Sooriakumaran 2007), while socio-discursive relations were mostly established through Cullen’s modern-sounding medical concerns about health.

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**Rajala, Anna Ilona (University of Brighton)**

**Discourse on disability and sovereignty – Finding the ‘body’ of Richard III from Shakespeare to Leicester**

When the remains of Richard III (b. 1452 – d. 1485) were found under a car park in Leicester in 2012, it seemed that the scientific medical narrative could finally challenge fiction and myth surrounding the king. The new evidence affirmed that the historical Richard III had adolescent onset idiopathic scoliosis that would have hardly had an effect on his appearance and abilities – a body better fit for an English king. Shakespeare’s Richard III, the limping hunchback with an arm "like a blasted sapling, wither'd up", was most certainly a gross exaggeration of the truth. Richard’s infamous evil character and deformity draw on 15<sup>th</sup> century accounts, such as John Rous, a historian who reported only a few years after the king’s death that Richard had been born feet first, with hair to his shoulder and teeth in his jaw after spending two years in his mother’s womb – a deformed and unnatural body of the sovereign reflecting a deformed and unnatural body politic, that is, an illegitimate rule of the House of York.

Does the groundbreaking discovery of Richard’s remains, that were lost for more than 500 years, have any implications for interpreting Shakespeare’s narrative on Richard III? I argue in this paper that the discovery of the remains and their initial interpretation in a biomedical-mechanistic framework unwittingly confirms the putative and persisting connection between bodily deformity and defect in personal character. Conversely, a dialectical reading of Shakespeare’s Richard challenges the positivistic assumptions of the discovery of his remains. The scientific myth busting has also political implications for disability studies. By showing how the remains were subjected to biopower and thus reduced to a passive object – to a skeletal structure rather than re-imagining and animating them as a living body – and how the scientists persisted on proving the historical Richard’s able-bodiedness, I argue that the discovery frames disability as personal and biological. The reading of Shakespeare’s Richard as a complicated villain with a tragic story aims at the opposite: to frame disability as the outcome of society’s disabling attitudes and actions that stigmatise difference and exclude otherness. Thus, in the case of the king under the car park, fictional medical narrative can offer a fruitful medium for challenging normativity and normalisation.

*Keywords:* critical disability studies, dialectics, Foucault, othering, positivism, normativity

**Ratia, Maura (University of Helsinki)**

**Bills of mortality of the 17th-century London plague epidemics: An analysis of the genre**

The significance of the early modern bills of mortality for the development of demographic studies and early statistics has long been acknowledged. For contemporaries, bills of mortality had a variety of uses and functions: originally printed as reports for government use, they quickly began to interest citizens as well, and turned into commercial publications. Slaughter (2011: 1) argues that these bills of mortality gave rise to a new type of "news consciousness" as the earliest known periodicals in England providing current and

potentially life-saving information for their readers. They were meticulously studied by the rich to decide whether to leave the city, stay or perhaps return back. If a given parish had even one plague burial during that week, obtaining health certificates for travel was not possible. Financial concerns were also evident as for instance playhouses could be reopened only after the weekly number of plague victims had decreased to under 30 (ibid. 2, 5).

In my paper, I focus on the description of the genre and the changes it underwent in the 17th century. The format and typographical conventions require further scrutiny as they greatly differ from other genres of plague writing and scientific writing in general. Some of the functions of the bills of mortality have been discussed before, e.g. the compilation of several together allowing for comparisons between different plague epidemics, different times of the year etc. (see Slauter 2011). Nevertheless, systematic linguistic analysis of the genre has been lacking. In addition to the informative function, there were others, and the genre also shares similarities with other genres of plague writing, e.g. emotive prefaces to the reader that were added to compilations having a strong religious message. In a similar vein, figures of angels or a memento mori could also be found in the margins of tabulated data. The analysis will try to account for these numerous and, at times, conflicting functions to give an overview of the genre.

*Keywords:* genre analysis, 17th century, bill of mortality, plague

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#### **The popularization of learned medicine in late 17th century England. Accommodating translation strategies and textual aspects**

Opened by Nicholas Culpeper's unlicensed translation of the *Pharmacopoeia Londinensis* (1649), the late seventeenth century saw the publication of a huge number of vernacular medical texts (Sanderson 1999: 33-34). While many of these works were original English productions, a consistent percentage turned out to be translations of learned continental works written originally in Latin (Fissell 2007: 113-114 and Rovelli 2018, Forthcoming), which at the time still was the international lingua franca of scholarship (Barber 1976: 43). As the majority of the population had no access to regular physicians and to learned Latin texts, vernacularizations, which were mostly aimed at rendering the specialized knowledge of medicine accessible to a wider reading public (Rovelli 2018, Forthcoming), helped to "lift the veil of linguistic secrecy from medical arcana" (Furdell 2002: 59) and thus promoted what was defined by Sanderson (1999) as "the movement towards the democratization of medical knowledge" (Sanderson 1999: 5). However, since in this early stage of medical writing English lacked a proper technical vocabulary, the huge number of Latinate loanwords which were adopted in order to fill the lexical gap surely rendered these texts almost incomprehensible for anyone who did not have the privilege of a university education (Nevalainen 1992: 377). This paper aims at detecting the linguistic strategies that were adopted by translators to obviate this problem and accommodate to lay readers, rendering the specialized knowledge of medicine accessible for them. In particular, the

study focuses on the use of such substitutional devices as synonyms, paraphrases, reformulations, definitions, metaphors, generalizations and exemplifications (Lopez Orellana 2012: 87) which, following a process of discourse recontextualization, allow the transformation of specialized knowledge into lay one (Calsamiglia and Van Dijk 2004: 370). As the biggest share of published translations generally focused on those topics which could be most useful for the maintenance and restoration of health, namely recipe collections and treatises on specific diseases (Fissell 2007: 116 and Rovelli 2018, Forthcoming), this study analyzes a sample of texts belonging to these two very frequently published text types, following a historical pragmatic (Jucker and Taavitsainen 2010) and discourse analytic (Fairclough 2003) approach. The five texts, namely *The Expert Doctors Dispensatory* (1657), *The Expert Physician* (1657), *Bazilica Chymica* (1670), *A Theoretical and Chiefly Practical Treatise of Fevors* (1674) and *The Compleat Method of Curing Almost All Diseases* (1694), were gathered from *Early English Books Online* (EEBO) and selected taking into consideration the year of publication and the length of the texts. These two criteria were chosen in order to make the data comparable from a quantitative point of view and to trace possible diachronic changes, besides genre-related ones, in the use of popularizing devices. The research is expected to provide an overview of the accommodating strategies that were used by late-seventeenth-century popularizers of medicine as well as offer an insight into the initial development of medical English.

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### “the salutary Well”: Medical discourses of water in eighteenth-century correspondence

Water was an important medical and sociable element in the eighteenth century. In Britain, this was the period of spa towns, watering places, and sea resorts, where people from all walks of life gathered to drink mineral waters and bathe in thermal springs and the sea in order to improve their health (e.g. Sobart 2000, Beatty 2011, Porter (ed.) 1990, also Tabb & Anderson (eds.) 2002). Doctors prescribed water-drinking regimens for all kinds of ailments, but regular water was not safe to drink especially in London because of possible contamination from sewage and lead (Olsen 1999: 238).

This paper examines discourses of water in eighteenth-century English letters. The intention is to investigate the extent of medical connotations in water discourse using corpus methods. As material I use the *Corpus of Early English Correspondence Extension* and the *Bluestocking Corpus*.

An initial corpus search for *water\** in the *Bluestocking Corpus* (1730s-1780s) shows that *water* in personal letter-writing is indeed mentioned specifically in relation to health regimen and medical contexts: the procedure of drinking the waters, the particular waters of specific spa towns (Bath, Tunbridge, Malvern, Geronstere), and other medicinal waters (surfeit water, seltzer water). Examples 1-5 illustrate these types of discourse:

1. I made him **drink a great deal of Bath water** in hopes it might make him a warmer Lover. [Sarah Scott to Elizabeth Montagu, 1760. BC, Huntington Library MO 5281]
2. Did you ever **drink seltzer water** for a cough? It is very pleasant with Rhenish, & admirable for all disorders of the lungs [Elizabeth Montagu to the Earl of Bath, 1760? BC, Huntington Library MO 4500]
3. In the morning the small party of **waterdrinkers** meet at the Well [...] a very few people will keep up a sort of chitt chatt, which is sufficient to fill the half hours interval between the **glasses of water**. [Elizabeth Montagu to Matthew Robinson, 1769. BC, Huntington Library MO 4766]
4. I always find **the waters** very beneficial for my head achs. [Hannah More to Frances Reynolds. September 28, no year. BC, Houghton Library bMS Hyde 25 (3)]

In this period, “self-diagnosis and self-treatment were far more widely accepted” than they currently are (Hamlin 1990: 67, Porter 1985). One aspect of the water discourse thus includes the collaborative efforts to gain and maintain good health through, for example, the exchange of medical advice, recipes and cures.

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**Schneider, Gerold (University of Zurich)**

## **Medical topics and style from 1500 to 1960**

We propose an empirical corpus-driven study on changes of topics and style in medical writing during a period of more than four hundred years. Our aim is to achieve an overall view of the various developments, both referring to content and to style.

Our investigation is based on the following corpora:

- Late Modern English Medical Texts 1700-1800 (LME MT, fc)
- Early Modern English Medical Texts 1500-1700 (EMEMT, 2010)
- HIMERA corpus, Medical texts from 1850 to 1960 (Thompson 2016)

For assessing content, we use distributional semantic methods, in particular topic modeling and Kernel Density Estimation. Topic Modeling (Blei 2012) allows us to step from words to concepts. As tool, we use MALLE T<sup>6</sup>. The text passages and concepts relevant to our research aims are located by the program, and allow us to detect new concepts, shifts in concepts, and thus study the history of thought, showing the development from scholastic thinking to empirical research and professionalized medicine. Kernel Density Estimation allows us to draw semantic maps of terms, showing which terms are related, and which terms are more central in which period. We use textplot<sup>7</sup> for calculating the kernel densities, and gephi<sup>8</sup> for displaying the conceptual maps.

For assessing style, we compare frequencies of words, part-of-speech tags and their sequences, and dependency grammar relations across the periods. We can see many linguistic changes, for example the disappearance of upon, changing modal verbs, increasing noun complexity. We also report on stylistic changes, for example decreasing use of passives forms, fewer simple past forms with a shift from narrative to resultative, and an enormous increase in dense information packing (Biber 2003), which manifests itself by use of noun compounds and participial clauses instead of full relative clauses. Also elements of a more formulaic matter-of-fact style emerge, with established phrases including significant differences and we report that amongst others.

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<sup>6</sup> <http://mallet.cs.umass.edu/topics.php>

<sup>7</sup> <http://dclure.org/tutorials/textplot-refresh/>

<sup>8</sup> <https://gephi.org>

**“Blumenzeit der Frau”. The development of medical references to menstruation**

How does medical terminology develop? Which linguistic strategies are employed to refer to a phenomenon before accepted terms are in use? How does the development of (medical) knowledge interact with the development of terminology? We contribute to these questions by studying all references to menstruation and related phenomena in a corpus of Early New High German and Modern German herbal texts (RIDGES, cf. Odebrecht et al. 2017<sup>9</sup>).

Due to the language shift from Latin to German, German, like other vernacular languages, had to develop linguistic strategies to adequately present scientific content (Guentherodt 1986). The linguistic development goes hand in hand with the specialisation of the communication situations and the development of scientific methods and fields. All of this requires the differentiation, concretisation and conventionalisation of references to medical phenomena. Scientific terms are characterized by information density, economy, abstraction and formality (Pörksen 1998, van der Yeught 2018 among others). Diachronically, we see the development from many explanatory and descriptive expressions that may have different connotations to single (often neo-classical) neutral terms. The field of menstruation and related phenomena is interesting in this respect because (a) it is highly, (b) the medical knowledge was limited and a good understanding of the physical mechanisms involved developed only slowly, (c) the topic may have been delicate and direct references to the bodily functions of women are assumed to be sometimes not acceptable.

Using the RIDGES corpus (ca. 250.000 word forms from herbal prints (1482-1914) diplomatically transcribed, normalized and deeply linguistically annotated), we annotated all references to menstruation and related phenomena. All instances of menstruation are categorized using Pörksen’s (1998) lexical-semantic classification of scientific terminology. Early descriptions are connotative, polysemic, context-sensitive and often involve paraphrasing (such as the paraphrase *die Sucht der Frauen* ‘the illness of the women’, or the metaphor *die Blumenzeit der Frau* ‘the flower time of the woman’) whereas later scientific terms are less variable (e.g. the Latin loan word *menstruum* or the neoclassical neologism *menstruation*).

We present a quantitative-qualitative diachronic study that shows how the specialisation of terminology develops over time and we show how references to menstruation change over time including a discussion of source domains of metaphors and paraphrases (Eichhoff-Cyrus and Hoberg 2018). We discuss the results in the context of the proximity and distance model according to Ágel and Hennig (2006). This model describes communication situations with a focus on the common ground of addressor and addressee who are either sharing a situation according to time and space or not. This has an impact on the necessity of explicitness and concreteness of linguistic means: The more distant a situation is, the denser, more economic and formal linguistic features become. Hence, scientific languages as registers of distance should contain more terms which are context-independently interpretable.

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### **The vocabulary of Romantic medicine**

The importance of medical thinking in Romantic poetry is now commonplace in critical discussion, encouraged by recent developments in medical humanities. However, its presence is sometimes disguised for present-day readers since medical language – like all forms of living language – is subject to change; the ‘scientific currency’ (de Almeida 1991: 13) of the early nineteenth century differs from our own. As a result, many words which no longer considered to be primarily medical in denotation or connotation had quite specific medical meanings for Romantic writers.

Although numerous scholars – notably Hermione de Almeida – have discussed these meanings, the *Historical Thesaurus of English* makes possible a much more comprehensive and robust account of specialised vocabularies at various stages in the history of English. Thus, for instance, the *Historical Thesaurus* reveals that, in around 1800 CE, the semantic field CURE included the following words – in present-day English more general in meaning -- as quite technical medical terms: *balm, bland, broach, cot, discuss, elegant, explore, gentle, rally, repel, resolve, revel, simple, solicit, steel, stuff, subdue, tap, touch, translate, union, watch with*. The *Historical Thesaurus*’s notional classification of such terms makes possible inter alia the development of new and enhanced interpretations of well-known texts, demonstrating their authors’ ‘inventiveness’.

The proposed paper, building on but going well beyond earlier preliminary surveys (e.g. Smith 2007) because of the subsequent releases of the *Historical Thesaurus* (2009, with subsequent online versions) and of large corpora of medical writings, e.g. VARIENG’s *Late Modern English Medical Texts* (LMENT, 2014); it is also now possible to search the *Oxford English Dictionary* in new ways, allowing for enhanced insights not only into range of words available at given points in time and their individual semantic development, but also into the nature of the witnesses on which the OED has drawn.

Works by four major English Romantic figures will be examined: Samuel Taylor Coleridge, John Keats, and both Mary and Percy Bysshe Shelley. Texts analysed will include not only the literary compositions of these authors (e.g. tranches from *The Rime of the Ancient Mariner*, *Endymion* and *Hyperion*, *Frankenstein*, *Prometheus Unbound*) but also some of their non-literary output, notably letters. Comparison of this corpus with the contemporary English lexicon for the semantic fields CURE, HEALTH etc, as classified in the *Historical Thesaurus*, will establish the dominance of medical terminology in the discourse of various writers. Moreover, reference to the witnesses for these words cited by the OED and/or appearing in LMEMT will establish the network of intertextuality – the discourse community – with which these writers engaged. Finally, it is anticipated that new insights for literary criticism of these authors will be offered, through philologically-informed readings of individual passages from their writings.

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### **The medical debate on the plague in Southern Italy in the early 19th century**

In 1815-16, the small town of Noja (now called Noicattaro), on the Adriatic coast of Southern Italy, was affected by a plague epidemic, the last manifestation of this disease in Italy and one of the last in Continental Europe. Besides having serious demographic consequences at local level (in seven months, it killed 716 out of the 5,300 inhabitants of the small town), the plague also had a considerable influence on medical and scientific debate concerning the nature of the disease and its feasible cures.

The first part of the present study reviews some of the most significant doctrinal positions on the subject emerging within the southern medical profession. The analysis highlights the subordination of southern medical thought to the nosographic parameters set by the Scottish doctor John Brown, which towards the end of the eighteenth century had stirred widespread interest throughout Europe and in Italian states, also thanks to the work of effective (though not entirely orthodox) disseminators, such as Pietro Moscati and Giovanni Rasori. Brown had emphasised the sensitivity of the body to outside stimuli basing himself on the identification of a rather vague key characteristic of human beings, known as "excitability". Accordingly, all pathological processes could fall into two major categories: "asthenic" diseases, characterised by under-stimulation, and "sthenic" diseases which appeared as over-stimulation. This framework resulted in the need to use two distinct therapeutic modalities: for asthenic diseases, "excitant" drugs and treatments that would reinvigorate the body, whereas for sthenic ones it was appropriate to administer "anti-excitants" suitable for the mitigation of overexcitement. As a whole, the medical profession of the Kingdom of Naples was primarily committed to establishing the nature of the plague, and secondly to identifying therapeutic modalities consistent with this classification.

In the second part, the study concentrates on the therapeutic strategies actually experimented in Noja, highlighting the rejection of traditional pharmacopoeia and mainstream treatments such as emetics, purgatives and bloodletting. In this respect, Arcangelo D'Onofrio, the head of the medical Commission operating in the plague-ridden

town, believed that, in the case of the plague, bloodletting was the “worst of all remedies”. Yet, the medicines validated and tested as an alternative to these therapeutic modalities were at best palliatives, if not at times highly toxic substances. Suffice it to think of the Glutton tincture, a lethal preparation made from sulphuric acid and muriatic acid which is extremely harmful for the body; or of mercurial preparations, also decidedly harmful and yet considered beneficial since they caused hypersalivation deemed to be a means of expelling infected humours; or of a compound such as laudanum, which is truly a drug, whose ingestion, especially in case of overdose, could lead to serious respiratory and circulatory depressions.

As a whole, the analysis shows how, when confronted with the plague, medical science continued to grope in the dark, despite wanting to free itself from traditional dogmas: the doctors' intervention on the epidemic certainly had pejorative effects on the course of the disease and on the trend of the fatality rate.

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### **Defining and representing older people in time: A discourse analysis of UK medical journals (1823–1900)**

The population is ageing globally and the World Health Organisation (WHO) predicts that, by 2050, those aged 60 or more will double, whilst those aged 80 or more will amount to 400 million people (WHO 2012). This lifespan extension is viewed as a triumph of medical advances, stemming from access to better treatments as well as an improvement in preventive therapies. All this has brought about significant changes in the way the elderly identify themselves and are looked at (Giles et al. 2010, Coupland et al. 1991, Coupland 2004). The number of elderly people began to surge in the second half of the 20th century. Up to that time (and this is still true in underdeveloped countries), only about five percent of the population was over 65. Few lived longer than their 70s and people who attained advanced age (i.e. their 80s) were rare enough to be a novelty and were revered as wise sages (WHO 2011). Accidents and diseases claimed many people before they could reach old age, and health problems in those over 65 meant a quick death in most cases. If a person lived to an advanced age, it was due to genetic factors and/or a relatively easy lifestyle, since age-related diseases could not be treated before the 20<sup>th</sup> century (WHO 2004).

This paper proposal aims to analyse the discourse of the ageing and their health conditions as represented in selected UK medical journals, i.e. The Lancet and the British Medical Journal. The timespan considered will range from 1823, when The Lancet was founded, to 1900. The corpus collected from the two publications will be examined by employing both quantitative and qualitative methods and the perspective adopted will be that of Critical Discourse Analysis (Fairclough 2003, Wodak 2013), with special attention to terminology. The study is ultimately expected to contribute to a research project titled ‘Age.Vol.A. – Ageing, Volunteers, Assistants. Multilingual tools for assisting the ageing’, which has recently received major local funding.

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**Survival or death: *mine/my* and *thine/thy* variation in Early Modern English medical writing**

The variation and change in the use of attributive possessives (or determiners) of the first and second person singular present comprise two forms each, MINE/MY and THINE/THY, respectively. The -N forms fell into disuse before words starting with consonants (e.g. *min lond*) over the Middle English period and before words starting with initial vowels (e.g. *all mine apparell*) and <h> (*myne host*) towards the end of the Early Modern English period (Schendl 1997: 180-181).

The topic has been approached from a number of angles in previous research. In his study of pre-vowel/<h> uses in Early Modern English, Schendl (1997) leaned towards the phonological explanation, while in their study based on the *Corpus of Early English Correspondence*, Nevalainen and Raumolin-Brunberg (2003) found support for the rise of MY and THY with the vowel S-curve peaking in 1500-1620, the loss of -N spreading mainly from the north. In his study of constructional change, Hilpert (2013) applied a generalized linear mixed-effects model to data from the *Penn Parsed Corpora*, observing explanatory factors such as time, following segment, stress patterns, priming, gender, relative frequency, person and formality, and their interaction across time. In our on-going work on the topic, we are targeting early modern speech-related sources (trial records, depositions, drama, and fiction), which we expect will yield us further information on the decline of the pre-vowel/<h> MINE and THINE forms in the last critical stages of the process.

A further promising avenue is to turn to a genre such as medical writing that went through a sea-change in the early modern period, developing and diversifying into a range of subgenres directed at audiences of varying levels of socio-economic and educational background. A recent electronic resource, the *Early Modern English Medical Texts* (EMEMT) corpus provides "a two-million word, structured sample of the register, representing the full scope of medical texts that appeared in print during the two-hundred-year period" (Taavitsainen and Pahta 2010: 1). Medical writing is of special interest to the study of pronoun usage: it represents a register with dimensions of variation such as institutional vs. non-institutional, professional vs. lay, time and place, level of education, social rank, and the gender of the writers and readers of texts (cf., *ibid.*, p. 11). While the authors aim at preserving what was there in the body of knowledge from the past they also strive toward innovation and change, thus creating an exciting environment for the study of dying linguistic forms such as MINE and THINE.

Taking a corpus linguistic, sociohistorical variationist and historical pragmatics approach, our study addresses the following research questions: (i) What were the chronological stages of development for the declining MINE and THINE forms in medical writing? (ii) Which subregisters provided the last strongholds for these forms? (iii) Which author and audience groups were the last to use these forms? (iv) What do comparisons with the results obtained in previous studies tell us about the trajectories of change?

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### **Language, labour and ideology: Constructing epistemologies of childbirth in the first three centuries of English-language midwifery texts (ca. 1500–1800)**

Writings on midwifery and women's medicine related to childbirth reflect the many changes affecting this field during the Early Modern period: the replacement of learned medicine in favour of more empirical models, the emergence of practicing midwives as authors of midwifery treatises, as well as the advent of male midwives and the gradual displacement of the midwife's exclusive rights to the birthing chamber. These reflect changes in epistemological values: what types of knowledge relating to childbirth should be prioritised? whose knowledge is most reliable or valuable in the birthing chamber? what constitutes adequate evidence as a basis for knowledge? While much has been made of these developments in sociocultural studies of the period, very little has been said about how these changing cultural values are reflected in the language of the midwifery texts of the period, and how language itself is the vehicle through which epistemology is discursively construed.

This paper discusses the first steps in developing ideological demarcations between the wide range of midwifery texts published between 1500 and 1800 through a qualitative examination of prefatory material in these texts. The introductory matter provides crucial insights into authorial intentions and ideological outlook in the construal of these texts, and it is argued that developing an ideological classificatory system (with categories such as learned medicine, female empathetic, male empathetic, objective scientific) is the best way to trace the microlinguistic and discursive-level changes that midwifery writing displays in the eventual displacement of both learned and gynocentric models of childbirth in favour of more modern, medical(ised) models. This is preferable to a more superficial diachronic categorisation (e.g. 1550-1599, 1600-1649, etc.) of these texts, which easily misses overlapping or co-occurring epistemologies related to childbirth and midwifery practice. Data will be analysed through the methodological insights provided by historical pragmatics, critical discourse analysis (particularly critical epistemic discourse analysis and the discoursehistorical approach) and critical stylistics.

*Keywords:* midwifery, childbirth, Early Modern period, epistemology, front matter

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