

CHAPTER I

Medical Discourse and Sociocultural Contexts
1500–1820

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This volume illustrates the wide-ranging forms and functions of medical discourse, expressed through a variety of genres across several centuries from the early modern period to the long eighteenth century. In the background are dynamic and complex societal developments such as increasing trade and sea travel, and colonialisation leading to intercultural encounters of greater and lesser aggression and – as a result – pandemic outbreaks. The authors of the chapters in the collection come from many different disciplinary backgrounds: linguistic, philological, codicological, historical, and literary. Nevertheless, despite this variety of approaches, there are clear cross-cutting themes – organising principles – that run through the whole book, most importantly genre and tradition, and multimodality and interdisciplinarity. These themes are conceptual pillars supporting the volume’s architecture, pointing to future directions for research.

I.1 Research Questions

All chapters in this book engage with the register of medical discourse, but take a broad view of what is meant by the notion. We aim to show how medical texts were modified to new uses and forms across several centuries, and how medical discourse was deployed in different cultural contexts. Central research questions addressed in this collection include how medical discourse was created and deployed by authors, how medical texts were used by different readers for different purposes, and how medical ideas were transmitted across time and space.

In answering these research questions the importance of *genres* has proved key to understanding the history of medical discourse. Thus, genre theories and qualitative analyses of instantiations of individual genres receive special attention, bringing together the analysis of text traditions with cultural, textual, contextual, and sociohistorical perspectives.

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We hold, uncontroversially, that sociocultural contexts are crucial for identifying particular shades of meaning and cultural signification in medical discourse, whether expressed linguistically or visually. And we are fully aware of the importance of breaking down the traditional boundaries imposed by periodisation, illustrating in our discussions how profound and dynamic societal changes have informed the materials under review. We consider that our focused discussions on the evolution and life cycle of medical texts provide potential models for the advancement of future textually oriented historical genre studies.

1.2 Definitions of Key Terms

The term *genre* and its relatives *register*, *text type*, and *style* are slippery notions used in different ways by various researchers. According to Biber and Conrad (2009), *register* combines linguistic characteristics with situational use, and researchers often rely on text extracts in digital corpora to pinpoint typical characteristics. Following this definition, medical discourse includes both written and spoken registers of situational language use.¹

By contrast, the *genre* perspective focuses on conventions, employing linguistic analysis to take into account different contexts. Genre has proved a particularly useful analytical concept in highlighting different aspects of the production, structure, and reception of medical discourse. Pertinent examples include Atkinson's (1992) overview of the diachronic development of genres, in particular the case report; Salager-Meyer, Alcaraz Ariza, and Pabón Berbes's (2007) analysis of medical book reviews; and Taavitsainen's (2016) study of changing genre dynamics drawing upon literary studies on genre (see Fowler 1982).² Other related terms include *text type* (Werlich 1982), typically categorised into five subtypes according to linguistic features,³ and *style*, which, despite being commonly associated with literary analysis, can usefully be applied to non-literary texts as well (Crystal & Davy 1969; Leech & Short 1981; Fowler 1986; see also Locher & Jucker 2021). In addition to these concepts, this collection

¹ The two terms are widely used and well established, though otherwise the uses of *register* and *genre* are not as streamlined. More recently, the distinction launched by Biber and Conrad (2009) has gained wide acceptance, see e.g. Claridge (2017 [2012]).

² See also Atkinson (1999) and Gross, Harmon, and Reidy (2002) on the evolution of scientific genres beyond medicine.

³ The five text types are narrative, argumentative, descriptive, expository, and instructive.

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provides insights into *textual traditions* involving diachronic sequences of intertextually linked texts (Taavitsainen 2001: 150).

From early on, register and genre studies have employed corpus-linguistic methods in stylistic applications,⁴ but the availability of digital corpora has enabled the raising of novel research questions on register variation and opened up new ways of dealing with language variability.⁵ Biber's (1988) influential study of registers belongs to *variational genre analysis* and demonstrates how a synthesis of corpus-linguistic and statistical methods (in this case factor analysis) can be used to map language variation along several dimensions.⁶ These and other studies have contributed to increased precision, objectivity, and replicability in language research. Historical genres vary and change through time in relation to each other and with respect to the oral-literate dimension. Biber and Finegan (1989) observed a 'drift' towards orality across different genres and have inspired further diachronic studies on popularisation and democratisation (e.g. Farrelly & Seoane 2012; Hiltunen & Loureiro-Porto 2020).

Genre studies have moreover long been a staple in Applied Linguistics, where the emphasis has been on the communicative function of genres, mostly in present-day writings (Swales 1990, 2004). Central to these studies is the question of how the results of genre analysis can be applied in the context of teaching English for specific purposes, but otherwise the approach is essentially the same as in variational genre analysis: to identify and describe conventional text structures and genre conventions. In all cases it is, however, clear that a full understanding of historical genres necessitates a careful contextualisation of textual evidence and an appraisal of contemporaneous communicative contexts. Another source of complexities in historical genre analysis is the notion of *hybridity* that pertains to genre dynamics: changes in existing genres, formations of new ones, and the interlinkage between them. Such hybridity in the context of the long traditions of medical writing often goes unnoticed in studies focusing on modern genres.⁷

⁴ Some articles in Sebeok (1960) use statistical methods for defining stylistic characteristics of the assessed texts.

⁵ The CHIMED-2 conference yielded material for another collected volume, *Corpus Pragmatic Studies on the History of Medical Discourse*, edited by Hiltunen and Taavitsainen (in press a).

⁶ The most important ones from the diachronic perspective are Informational vs Involved Production, Narrative vs Non-Narrative Concerns, Explicit vs Situation-Dependent Reference, and Overt Expression of Persuasion.

⁷ For example, a study of narrativity in blogs, medical case reports, and medical case presentations in recent writing (Dorgeloh 2016) ignores the earlier phases where the doctors' and the patients' narratives are closely interwoven. See in particular Taavitsainen (2011) and Lehto and Taavitsainen (2019).

1.3 Genre and Tradition

The distinction between the terms suits the present collection, as variability of language related to conventions and traditions of writing is a leading theme in several chapters and surfaces in various contexts in other chapters as well. The major contribution of the book in the area of discourse and genre analysis is placing texts into a larger frame of traditions, where both the social and cultural contexts of production and use as well as the meaning-making processes of written texts as communicative events receive attention. All contributions emphasise the notion of context in its variable forms in textual production and use.

Traditionally, philological scholarship on textual transmission focused on geographical dialect variation or the comparison between different versions to establish ‘original’ readings. This goal has increasingly given way to more sociopragmatic and sociolinguistic concerns, the successful integration of which into philological studies, together with corpus linguistics, has given new vitality to this ancient discipline – especially as the ‘digital turn’ has rendered manuscript resources and early printed data more accessible (see Fulk 2016; Hiltunen & Taavitsainen in press b). Philology has thus undergone a renewal in both goals and methods. Philologists commonly seek to show how texts, seen as cultural products, reached their audiences and were used by their readers, a research goal that aligns well with the exciting and more recent theoretical paradigm known as historical pragmatics (e.g. Jucker 2008; Taavitsainen 2015; Włodarczyk & Taavitsainen 2017), which emphasises how meaning-making processes exist within multilayered contexts. Textual forms, in sum, are intimately linked to their sociocultural functions. This shift in philological orientation applies as much to the analysis of scientific and medical registers as to literary interpretation.

Research in this conceptual and contextual frame is necessarily wide in scope, ranging from attention to minute detail to engagement with overarching ‘worldviews’ and humanity’s place within them. For instance, in medical discourse before the ‘new science’, humoral medicine and medical astrology saw celestial influences as projected on all worldly affairs, not only health and disease (a view still current in some popular discourse), and this ‘holistic’ view of medicine was reflected in the terminology deployed by contemporary writers. Chapters in this collection thus range from delicate analysis of detail to wider textual surveys engaged with the cultural construction of diseases such as the plague (see Figures 1 and 2 in the Image Gallery). New methodologies have been developed to meet the

new challenges. Cues to interpretation are provided by material characteristics of textual witnesses, including hands, illustrations, layout and quality of paper, and other aspects that aid in pragmatic meaning-making assessments (see Pahta & Jucker 2011; Smith 2020). Comparisons between various versions show how texts were modified, transcribed, translated, revised, and published in new formats, and shared across wider geographical areas within Europe. In addition to comparisons between text realisations with possible modifications revealing what the people involved considered important, the chapters in this volume draw on this kind of discourse variation, largely ignored in previous studies.

Another feature of the chapters in this book is their emphasis on variation in discourse forms in texts that were repurposed for new readerships removed in time from the original compositions, often by decades or centuries, and thus within new sociocultural settings. All highlight the common European core to be found in medical writing. Text traditions in Western medical writing go back to classical antiquity. Several genres were created in Greek and Latin science and, modified by Arab scientists, mediated to later periods, and finally to several European languages (Pahta & Taavitsainen 2010). The vernacularisation boom in medical texts started in the late medieval period and went on for several centuries (see Voigts 1989; Siraisi 1990; Crossgrove 1998). In the early modern period, medical texts were produced by a wide variety of practitioners with different levels of medical training, and the readership expanded as well. University-educated physicians such as William Bullein (see Figure 3 in the Image Gallery) were joined by authors with careers as apothecaries, quacks, or man-midwives, for example (see Figures 4–6 in the Image Gallery). Several chapters in the volume trace the transmission of key texts and their text conventions, first developed in late medieval times but ‘reinvented’ in the early modern period. The analyses describe various modifications as the texts moved through time and space, being adapted to different target audiences in both contents and material features, showing once more how textual forms and sociocultural functions are closely intertwined. For instance, a stable genre like recipes, drawing on more than two thousand years of ‘wisdom’, demonstrates how exceptionally strong and binding traditions of writing can be (see below and e.g. Görlach 2008; Alonso-Almeida 2013). Recipes were repeatedly translated and copied, and became more complicated and hybridised over time when mixed with other emerging genres. Individual recipes were compiled into collections – produced in manuscript and print – but they could also be embedded into other established genres of medical discourse such as

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treatises and health guides. But while the prototypical form of recipes remained constant through the medieval period into the early modern period and beyond, their language and style were influenced by historical, cultural, and societal changes.

1.4 Multimodality, Interdisciplinarity, and ‘Normal Science’

A notable feature of this collection is its deployment of interdisciplinary and cross-disciplinary approaches, as researchers borrow methodologies from different areas, contributing to the reimagining of the philological enterprise and new empirical approaches. A pertinent example is provided by multimodal analysis, which analyses not only the linguistic characteristics of texts but also the physical aspects of manuscripts, printed books, and visual images, in order to discern more implicit meanings that were perhaps explicit at their time but are lost to modern readers.

Multimodality with regard to physical aspects of the page also receives attention with a meaning-making potential that may pass unnoticed without careful analysis (see Peikola et al. 2017). Material forms of books with wear and tear, whether in manuscript or in print, are susceptible to various interpretations, but it is not straightforward to determine how these texts were used by their readers, or how we can gain access to past reception. Methods of dealing with possible appropriations are in need of further elaboration, as the answers to pertinent questions tend to be elusive and hard to come by (Chartier 1992: viii–ix). However, steps in this direction have already been taken.

Several chapters illustrate the ways in which dominant paradigms of thinking underpin what Thomas Kuhn calls ‘normal science’ at particular points in time, bearing out his dictum that ‘there is no standard higher than the assent of the relevant community’ (1970: 94). As Kuhn (1970) and others have regularly insisted, all scientific discourses – and medical discourse is not an exception – are culturally situated; thus (for instance) ‘Enlightenment’ or ‘Romantic’ medical discourses are inflected with ‘Enlightened’ or ‘Romantic’ ideological assumptions and concerns, both within the community of medical practitioners and more widely in society.

Medical discourses, reflecting these ideological assumptions, have a broad currency, and again chapters in this collection demonstrate their pan-European reach. The focus of the volume is on Britain, but of course medical issues were discussed in contemporaneous German and Hungarian medical literature as well as Italian historical texts. Spain and Portugal are also involved, since they played an important role as an

intermediary between the Old World and the Americas, introducing unknown medical ingredients and new ways of looking at nature by direct observation instead of relying on inherited wisdom. Many chapters display different forms of engagement with new developments in medical science stemming from the pan-European Enlightenment.

Contributions to this volume show that regardless of the considerable geographical distances, medical discourses exhibit similar patterns as texts travelled across Europe both at the time of vernacularisation and in the post-medieval period, and English writers shared profoundly in this pan-European medical culture. This culture forms an additional major theme in this volume and is particularly prominent in relation to the cultural construction of disease. On the one hand, we can assume that the diseases under a label like *pestilence* or *fever* remained much the same, although viruses also mutate, as we know so well from the COVID-19 pandemic. On the other hand, as has already been emphasised, diagnoses and treatment of diseases are always culturally constructed and vary in time.

1.5 Organisation of the Volume

Although all the contributions in this book can be read as independent pieces of research, they nevertheless fall into distinct groups. The four chapters at the beginning, by Peter Murray Jones, Lori Jones, Chiara Benati, and Alpo Honkapohja, are firmly anchored in late medieval texts, but consider what the transition from medieval to early modern and beyond involved. Chapter 2 by Peter Jones describes how a treatise by the fourteenth-century master surgeon John Arderne continued to be in common use into the seventeenth century, but in manuscript form; Jones argues that studying the afterlives of this work ‘overturns assumptions made about periodisation and the coming of print culture to Europe’. Similarly focused on textual afterlives are Chapter 3 by Lori Jones, which traces how the late fourteenth-century *Gouernayl of Helpe* by John Mirfield was reworked in the sixteenth century to reflect changes in medical practice, and Benati’s Chapter 4, which describes the way in which two early German translations of medical works negotiated the transition from script to print. Honkapohja’s Chapter 5 describes the textual afterlives, during the early modern period, of *John of Burgundy’s Treatise*, a plague tract from the medieval period. Through detailed examination of the language, contents, and material contexts of later reworkings of this text, Honkapohja demonstrates the *Treatise’s* continuing societal impact, as a link between medieval and early modern medicine.

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The following four chapters by Alberto Tanturri, Roderick McConchie, Jeremy J. Smith, and Isabel de la Cruz-Cabanillas focus on the terminology of medical science, including its transition into wider culture. Tanturri's description of medical responses to the Noja plague of 1815–1816 in Chapter 6 shows how the 'Brunonian' system of thought skewed treatment practices in the face of an appalling pandemic; Chapter 7, a short supplementary commentary to Tanturri's paper by Smith, offers a bridge to the remaining papers in the set. McConchie's study of eighteenth-century medical dictionaries and encyclopaedias in Chapter 8 demonstrates the systematisation of knowledge associated with Enlightened thinking, represented on a larger scale by the great French encyclopaedists. Next, in Chapter 9 Smith shows, through an analysis of vocabulary, how literary responses to medical debates in the early nineteenth century drew not only on the Enlightened inheritance – including Brunonianism – but also new transformative, Romantic developments in what has been called 'imaginative intensity'. Smith's chapter introduces a literary theme that is picked up again in the last contribution to the volume (Rajala and Uotinen's Chapter 16). Finally in this part, Chapter 10 by de la Cruz-Cabanillas traces the adoption of a wide range of new substances into the lexis of medical recipes from the sixteenth, seventeenth, and eighteenth centuries. The origins of these substances are located in the Americas and in Asia, as well as in continental Europe.

The next three chapters, by Irma Taavitsainen, Maura Ratia, and Carla Suhr, address the process of change and how it takes place in specific genres: how does an existing template, which is familiar to both medical authors and readers and as such guides the production and reception of discourse, adopt new components and lose others? In what ways are these changes linked to social, ideological, and disciplinary changes? Taavitsainen's Chapter 11 focuses on one prominent medical writer's use of genres, which constructs a unique discourse type that responds to the rhetorical needs of the communicative situation at the crossroads of old and new medical science. She shows how Walter Bailey skilfully draws on long-standing genres like *commentaries* and *recipes* and mixes them with discourse forms characteristic of the emerging empiricist repertoire. Ratia in Chapter 12 investigates *Bills of Mortality*, a hybrid genre that despite its linkage with core medical genres has received relatively little attention in previous philological scholarship. Bills of mortality operate at the intersection of several discourses – for instance religious discourse, medical discourses of aetiology and advice-giving, as well as the emerging

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commercialisation of medicine – whose prominence in individual texts varies diachronically. Finally in this group the themes of genre hybridity and the commercialisation of medicine are at the core of Suhr's Chapter 13 on pamphlet advertisements. Applying move analysis to the material, Suhr traces the changing repertoire of genre components from which pamphlet advertisements were derived. Some of these components can be traced back to medieval medical writing and beyond, while others were contemporary innovations.

The chapters by Ágnes Kuna and Martti Mäkinen take a different approach, focusing on early modern medical recipes and the communicative function of persuasion. In Chapter 15, Mäkinen approaches persuasion in English texts through the lens of metadiscourse by mapping metadiscourse items onto the three rhetorical concepts of *ethos*, *pathos*, and *logos*, while Kuna identifies and examines the conceptual categories used for persuasion in Hungarian medical recipes in Chapter 14. Kuna applies reliability testing of semantic categories in analysing her historical data, drawing on methods of qualitative analysis widely adopted in psychology, for instance, but rarely adopted in linguistics (but see Jucker 2008). The methodologies chosen for these two complementary studies illustrate the complexity of the concept of persuasion as a textual strategy. Both studies stress the necessity of factoring in contextual information about contemporary society and culture in the classification of linguistic features.

The final chapter in this volume makes use of the results from multiple disciplines, including literary analysis, disability studies, and medical archaeology, thus underlining the interdisciplinary nature of the collection's scope. In Chapter 16, Anna Ilona Rajala and Timo Uotinen describe the deployment of medical tropes in depictions of the body of Richard III, the last Plantagenet king. In doing so, they focus on the role of myth and interpretation in descriptions of Richard's physical and social disability in early modern English historiography, Shakespeare's plays, and modern scientific reports written after the discovery of Richard's bones in 2012. This chapter shows us that medical topics are not restricted to medical discourses, but play a role in the history of representation, the politics of narrative, and the subjectivity of interpretation, regardless of time and place.

The Image Gallery at the end of the volume gives illustrations of textual features and highlights some of the above themes with concrete examples. References to pertinent plates are inserted in the chapters.

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It will be clear from these short summaries that the collection ranges widely, illustrating the richness of the field. We hope to have offered in this volume a kaleidoscopic, ‘cubist,’ and – we believe – novel angle on the history of medical discourses, in which significant new insights are achieved by approaching the materials under review from a variety of perspectives.

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