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## Translating Latin Medicine in Late-Seventeenth-Century England: Discursive Aspects and Popularizing Strategies

### Abstract

This paper provides a detailed analysis of the anonymous *The Expert Doctors Dispensatory* (1657), *Bazilica Chymica & Praxis Chymiatrica* (1670) and *The Compleat Method of Curing Almost All Diseases* (1694), the English translations of three recipe collections which were first published in Latin and, therefore, meant to be circulated among the European medical elite. Following historical pragmatic and historical discourse analytic methodologies, it studies the macro- and microtextual translation methods and procedures, in order to understand to what extent and how the texts accommodated their specialized content to their target audience, namely literate lay readers. The investigation showed that, although the dominant translation method seems to be literal translation, the texts also made extensive use of such accommodating translation procedures as reformulations and partial adaptation, whose purpose is that of creating a version of the source text which might be more acceptable for its target audience, thus granting accessibility and, therefore, playing a fundamental role in the democratization of learned medicine.

### 1. *Background*

Although popular medical books have been published in English since Anglo-Saxon times (Taavitsainen 2006), the second half of the seventeenth century, following the ideological and political upheaval of the English Civil War and the collapse of censorship, was described as a key moment for the development of the vernacular medical publishing market (Fissell 2007, 113). This is evidenced not only by the increasing number of English texts entering the market (Furdell 2002), but also by the more learned nature of many of them (Fissell 2007, Rovelli

2018). Indeed, from 1649 (the year when Nicholas Culpeper's unlicensed translation of the *Pharmacopoeia Londinensis* was published) to 1699, the number of translations of learned Latin texts almost tripled (from 34 to 99 texts) (Rovelli 2018, 126-127). As these publications rendered those treatises that were initially intended to be circulated only among the European medical elite virtually accessible to all who could read, this flourishing of the vernacular publishing market also contributed to what was described as the "movement towards the democratization of learned medical knowledge" (Sanderson 1999, 5; Alonso-Almeida & Sanchez 2016, 44).

Although vernacularizations certainly were not specifically aimed at university-educated physicians who had access to the original Latin texts, not every medical book in English was intended for and read by a lay audience (Fissell 2007, 110, Wear 2000, 40-41). Notwithstanding this, two thirds of all the translations published after 1649 cite (literate) lay readers, women and the poor among their intended readership, thus clearly pointing to the role that these works were supposed to play in the popularization of learned medicine. Moreover, as stated by Taavitsainen (2009), translations also had charitable purposes, as "prefatory materials often mention[ed] that the leading motivation was to make medical advice available to 'the poor', to improve their condition by giving them access to useful knowledge about medicine and healing practices" (Taavitsainen 2009, 185). Most of the translations published in the second half of the seventeenth century do, indeed, identify their aim with the generically defined and ideologically connoted "common good of the nation" (Rovelli 2018, 131-133).

Mostly deriving from medieval genres (Taavitsainen 2009, 194), the medical texts translated from 1649 to 1699 can be divided into four main categories, namely (a) dispensatories, which include recipe collections and texts listing the properties of several different substances, (b) treatises on specific topics, which collects texts dedicated to a particular branch of medicine, disease, demographic group, or substance, (c) general handbooks, and (d) anatomical or surgical treatises (Rovelli 2018, 135). As recipes represented the practical, "utilitarian side of

medicine” (Alonso-Almeida & Sanchez 2016, 43), they were a “popular genre for recording and transmitting knowledge of medical remedies in the early modern world, employed by medical practitioners and lay people alike” (Stein LeJacq 2013, 452) and, indeed, they alone account for 28% of all medical translations published in the second half of the seventeenth century (Rovelli 2018, 135). As traditional learning was starting to be conceived as a “system of knowledge that was concealed under the cloak of the Latin language and obscure academic terminology” (Eamon 2001, 29), many of these translations also made reference to the book of secrets tradition, in that they aimed at “revealing previously concealed knowledge” (Leong and Rankin 2011, 9) and making it accessible to all, thus explicitly highlighting their role in the democratization of learned medicine.

## 2. *Aims, Corpus and Methods*

This paper aims at tracing how the translators of medical recipe collections rendered their specialized content accessible for an audience which was literate but not necessarily specialized nor university-educated, by identifying the linguistic strategies and translation techniques that they used.

To do so, it will provide a detailed analysis of the following three anonymous texts: *The Expert Doctors Dispensatory* (henceforth Anon 1657), *Bazilica Chymica, & Praxis Chymiatricae* (henceforth Anon 1670) and *The Compleat Method of Curing Almost All Diseases* (henceforth Anon 1694). The texts were chosen from three different decades, as this might provide an insight into a diachronic evolution of the genre, but also of the popularizing strategies which translators chose to adopt. Availability of their Latin source texts and the total number of pages were also taken into consideration.

Following historical pragmatics (Jucker 1995) and historical discourse analytic (Claridge 2017) methodologies, the paper provides a description of the texts’ paratextual material and structure, and a detailed close-reading analysis of two sample sections of each text (three for Anon 1694, as its sections are

considerably shorter) and of their corresponding section in the Latin source texts, namely:

- *Of the Soft Forms of Medicines* (Anon 1657, 137-157)
- *De Formis Medicamentorum Mollibus* (Morel 1650, 171-195)
- *Of Remedies of the Brest* [sic] (Anon 1657, 429-437)
- *De Remediis thoracis* (Morel 1650, 511-519)
- *Externals* (Anon 1670, 160-180)
- *Externa* (Croll 1635, 371-417)
- *Medicaments helpful by Similitude* (Anon 1670, 18-21)
- *Medicamenta, A Similitudine* (Croll 1635, 71-77)
- the first (untitled) section of Anon 1694 (Anon 1694, 1-5)
- *Medicamentorum quaedam Formula in praxi magis familiares* (Sydenham 1692, 3-5)
- *Of the Disease called in Women, the Hysterical; in Men the Hypochondriacal* [sic] *Passion* (Anon 1694, 5-10)
- *De affectione, in fæminis, hysterica; maribus, hypochondriaca dicta* (Sydenham 1692, 5-8)
- *Of the Small Pox* (Anon 1694, 29-37)
- *De Variolis* (Sydenham 1692, 21-26).<sup>1</sup>

The translation strategies used in the samples were analyzed through close-reading and manually categorized following Cruz-Garcia's (2013) classification model as used by Alonso-Almeida & Sanchez (2016), which distinguishes among four translation methods at the macrotextual level, namely foreignization, literal translation, adaptation and creation, and eleven translation procedures at the microtextual level, which are grouped in five strategies, namely reduction (omission and condensation), extension (addition, explicitation and

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<sup>1</sup> The sections were selected from the first and last pages of each text, also taking into consideration their length.

amplification), focalization (modulation and compensation), substitution (partial creation, partial adaptation and equivalence) and non-translation (partial foreignization) (Cruz-Garcia 2013, 353-54; Alonso-Almeida & Sanchez 2016, 45-55). For the sake of brevity, the following conventions are used throughout the paper: ST (source text), TT (target text), SC (source culture), TT (target culture), SL (source language) and TL (target language).

### 3. *Results and Discussion*

#### 3.1. *Anon 1657*

At a macrotextual level of analysis, the dominant translation method in Anon (1657) appears to be that of literal translation, as the analysis revealed that the English TT closely follows both the structure and the content of the Latin ST (Cruz-Garcia 2013, 354). Indeed, Anon (1657) is the anonymous translation of Pierre Morel's *Formulae Remediorum* and Johann Jacob von Brunn's *Systema Materiae Medicae*, which were published together in 1650. The English translation contains both treatises, including the two title-pages and prefaces, and closely follows both the structure and the content of the Latin text: a total of four books which list medicines according to their dosage form (e.g. liquid, like medicinal wines, solid, like tablets), function (e.g. medicines which can be used on different body parts, like lotions, and medicines which are specific to one body part, like collyrium), likeness to the disease (according to the then-popular *similia similibus curantur* principle), and the body part they are supposed to heal, following a head to foot order. Always following the Latin model, and unlike most popular vernacular recipe collections, which mostly listed several different recipes with no explanations at all, Anon (1657) provides a short introduction to all items, although, as was the custom at the time, much knowledge, especially as far as diagnosis and preparation procedures are concerned, seems to be assumed on the part of the readers (Fissell 2011, 421).

There are, however, some elements which could be understood as instances of adaptation, both at the macrotextual and at the microtextual levels of translation procedures, which are meant to render the text more acceptable for its target audience (Cruz-Garcia 2013, 354). As the purpose of most of these strategies was to make the text more easily accessible for non-specialists, they most certainly played a fundamental role in the democratization of learned medical knowledge. The title-page, for instance, mentions two important traditions of popular medical literature, namely that of the “book of secrets” (“The Apothecaries Shop, and Chyrurgions Closet open’d”,<sup>2</sup> Anon 1657, title-page) and of the “popular errors” (“all safe and honest practices are maintained, and dangerous mistakes discovered” Anon 1657, title-page), which were not present in the Latin text, where only the title of the two treatises and a description of their authors could be found. Moreover, while the Latin text only describes the contents of the book as “*Formulae Remediorum Studio & Opera*”<sup>3</sup> (Morel 1650, title-page), Anon (1657), conforming to the vernacular advertising method, expands on this by providing a detailed description of the contents of the book:

First, the Latine Names of all Simples and Compounds English’d. Secondly, the Virtues, Qualities, Properties, Quantities, and uses of all Simples and Compounds. Thirdly, The way of prescribing remedies; together with the Forms and Rules for the making of all manner of medicines daily used by our English Physicians, Chyrurgians, and Apothecaries. Fourthly, The Nature, Qualities, and Symptomes [sic] of all diseases. Fifthly, Cautions for the applying all both internal and external medicines. To which is added [...] a Compendium of the Body of physick; wherein all the Medicaments Universal and Particular, Simple and Compound, are fitted to the practice of Physick. (Anon 1657, title-page)

The TT also adds what is titled “Nicholas Culpeppers Approbation, Or Rather his Wish after his perusal of that Famous, *Morellus* his Dispensatory”, whose aim was to embed the book into the tradition of English popular medical works and, therefore, to ensure readers of the value of the book, by citing Nicholas

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<sup>2</sup> Emphasis added in all examples.

<sup>3</sup> Italics in the text.

Culpeper's "brand name" (Sanderson 1999, 262), which was exploited by publishers to boost sales, since, as stated by McCarl, "any titles guaranteed by the magic name of Culpeper were sure to have special sales appeal" (McCarl 1996, 230).

Anon (1657) also adds a letter to the reader, which addresses "all ingenious Practitioners in Physick" (Anon 1657, B), thus identifying unlicensed and lay healers, but also gentlewomen, as its main target readership (McCarl 1996, 250, Sanderson 1999, 9), while "publick benefit", similarly to most translations published in the second half of the seventeenth century (Rovelli 2018, 132), is cited as the reason why the bookseller decided to have the book translated (Anon 1657, B). The text explicitly makes reference to the much too common custom of having medical texts "surreptitiously, adventurously, and dangerously" (Anon 1657, B) translated into English, something which could be explained as an apologetic attitude produced by the fact that "popular writers were continually challenged for 'prostituting' the secrets of the sciences by publishing translations of Latin works originally meant for academic audiences" (Eamon 2011, 27). However, as suggested by Fissell, this could also be read as another advertising technique, "encouraging unlearned readers that this was a book made for them" (Fissell 2011, 423).

At the microtextual level, the analysis of the two sample sections allowed for the identification of a number of translation procedures which do not fall under literal translation. Among these, extension strategies, in particular addition and amplification, are by far the most frequently employed in the TT, covering 85% of non-literal translation procedures. The most widely used procedure in this group turned out to be amplification (52%), which is defined as the use of a larger number of morphemes in the TT (Cruz-Garcia 2013, 354). Indeed, although Anon (1657) does provide a conversion table in the prolegomena (Anon 1657, B4), all symbols present in the Latin ST are avoided in the TT, where measures are transcribed in full:

- (1) ST: Quod ad quantitatem, bolus ʒ.vj. in genere, aut ʒ.j. non debet excedere: raro enim ad ʒ.x. præscribitur. (Morel 1650, 172)  
TT: As to the quantity in general, a bole ought not to exceed six drams, or 1 ounce, seldom 10 drams. (Anon 1657, 138)

Also the names and types of ingredients, which in the Latin text are sometimes abbreviated, tend to be written out in English, so as to accommodate to an audience who was probably less accustomed to shortened forms:

- (2) ST: vel simplices radic. fol. sem. succor. exsiccor. bechicorum, vel electuarior. thorac. (Morel 1650, 189)  
TT: those either simple, as the roots, leaves seeds, dried juices, of bechical or cough-curing simples, or else some thoracical electuaries (Anon 1657, 151)

The second most used extension procedure is addition (31%), which is when information which was not present, either implicitly or explicitly, in the ST is added to the TT (Cruz-Garcia 2013, 354). This strategy is mostly used either to add completely new material, which is sometimes indicated in the text through the pilcrow symbol (¶) and the use of italics (3, 4), or to provide readers with an explication (Garzone 2006), by clarifying the meaning of a technical term, which might prove of difficult comprehension for the target audience, as shown in example (2) above and in (5) and (6) below:

- (3) ST: CARDIACA (Morel 1650, 512)  
TT: Cordials: by the Latines Cordialia: by the Greeks Καρδιακα. (Anon 1657, 430)
- (4) ST: *Syrupi* de liquiritia, jujubis, nymphæa, papaveris rheas, violarum, papaveris albi, mel violarum (Morel 1650, 517)



TT: *Syrups. Of Liquorice, Jujubes, water Lillies, red Poppies, Violets, white Poppies, Hony of Violets.* ¶ *Diacodium simple and compound, Syrup of the Muscilages* (Anon 1657, 434)

(5) ST: Pneumonica (Morel 1650, 511)

TT: Pneumonical, or Medicines that alter the distemper of the Lungs (Anon 1657, 433 [429])

(6) ST: radici scorzonere (Morel 1650, 512)

TT: roots of Scorzonera, or Spanish Vipers-grasse (Anon 1657, 431)

Following the medieval vernacular tradition of concluding recipes with an efficacy phrase, whose function was to signal the ending of a recipe, but also to attest its value (Alonso-Almeida & Cabrera-Abreu 2002, 140-141), additions sometimes have this precise function, as can be gathered from example (7), where the translator assures the readers of the quality of the remedy by narrating his personal experience, a discursive strategy which is frequently employed in popularizing texts:

(7) ST: Secretum quorundam. (Morel 1650, 519)

TT: 'tis the secret of some people. ¶ *I have seen this very successfully and speedily done by a Midwife, only first fomenting the Dung with Vinegar, and afterwards applying a Plaister of Diachilon simple, which was suffered to lye on two days; this prevented any hardnesse [sic] that otherwise might have happened.* (Anon 1657, 437)

Finally, explicitation, albeit much less frequent than the other two extension strategies (2%), is used in the TT to make headings, which tend to be very concise in the Latin ST, more explicit, precise and repetitive and, therefore, more comprehensible:

- (8) ST: USUS MAGISTRALIS (Morel 1650, 182)  
TT: The USE of the MAGISTERIAL Opiate (Anon 1657, 145)
- (9) ST: Calida (Morel 1650, 512)  
TT: The Hot Cordials. (Anon 1657, 430)

The second most frequently used group of translation procedures that do not fall under literal translation is that of substitution strategies, namely partial creation and partial adaptation, which together make up 9% of all non-literal translation procedures. Partial creation, that is, the introduction of a new element in the TT to replace another with a different meaning in the ST, is used only once in the sample of Anon (1657), to avoid using the word “uterus”, which was probably felt to be too obscure, as it had entered the English language only a few decades before (cf. OED):

- (10) ST: sed simpliciter alterans, vel vacuans per urinas, aut uterum (Morel 1650, 187)  
TT: but only altering, or evacuating by urine, or the courses (Anon 1657, 149)

Partial adaptation is used more frequently (9%) in the text. This practice consists in the replacement of a cultural-specific element of the ST with a cultural-specific element of the TC in the TT; as such, it plays an important role in the accommodation and popularization of learned knowledge, since it provides readers with more familiar terminology. Indeed, although “artery”, “pulegium” and “pulmonaria” all existed in English (cf. OED), the translator chose the vernacular “wind-pipe”, “Pennir[o]yal” and “Jerusalem Cowslips”, as they probably were more familiar with and, therefore, comprehensible for his target audience:

- (11) ST: ex variis thoracis compositum, variis affectibus asperæ arteriæ, pulmonis, pectoris dicatum (Morel 1650, 188)

TT: composed of divers thoracical simples, destined to divers affections of the Wind-pipe, Lungs, and Brest [sic] (Anon 1657, 151)

- (12) ST: [...] pulegij, pulmonariæ [...] (Morel 1650, 515)  
TT: [...] Penniryal [sic], Jerusalem Cowslips [...] (Anon 1657, 433)

However, although the preference for vernacular equivalents might improve readers' understanding of the text, there are also some cases in which this might render the text more obscure, as when the translator uses the same vernacular word (i.e. Brest [sic]) to translate two different Latin terms (i.e. thorax and Mammæ), something which might have been caused by the translator's lack of knowledge:

- (13) ST: Thoracis remedia respiciunt Mammæ [...] (Morel 1650, 511)  
TT: Remedies of the Brest [sic] respect either the Brest [sic] [...] (Anon 1657, 433)

The third group of non-literal translation strategies which is most employed in Anon (1657) is that of reduction, which covers 5% of all cases, especially in the form of omission, that is, the deletion of entire passages in the TT, which could be specifically meant to simplify the text, or simply the result of an unintentional translation mistake:

- (14) ST: vel (quod boli purgantis nomen vix meretur, & in affectibus renum, vesicæ maxime usurpatur,) [...] (Morel 1650, 174)  
TT: Or else (which hardly deserves the name of a purging bole, yet is used in affections of the reins) (Anon 1657, 139)

Finally, one last non-literal translation strategy employed in the translation of *Formula Remediorum* is that of non-translation (2%), through the procedure of partial foreignization, whereby an element of the ST is kept in Latin (or in a

Latinized form) in the TT, as sometimes happens with ingredient names. There does not seem to be a specific reason as to why only some ingredients, namely “Doronicum” (Anon 1657, 430), “Carduus Benedictus” (Anon 1657, 430) and “Enulacampain” (Anon 1657, 433), which did have an English name, specifically “Leopard’s bane”, “Blessed Thistle” and “Horse-heal” (cf. OED), were not translated, as either fashion or the prestige of the SL do not seem to apply here. However, this strategy, which may also be due to lack of knowledge on the part of the translator, is only very infrequently used as it may defy the purpose of the translation itself.

Anon (1657) also includes a short (7-page-long) glossary at the end of the book, which is described as “an Expository INDEX of such Words as I was fain to use in the translating, for which our Language hath not so fit Expressions that are Intelligible as some might wish” (Anon 1657, 472). This strategy, which was not uncommon at the time, can be described as a further tool that translators and popularizers could use in order to render their texts, and similar ones, more comprehensible and accessible for their target audience.

### 3.2. *Anon 1670*

*Bazilica Chymica & Praxis Chymiatrica* (1670) is the anonymous translation of Oswald Croll’s *Bazilica Chymica* (1635) and of Johann Hartmann’s *Praxis Chymiatrica* (1659). At a macrotextual level of analysis, the dominant translation method used by the anonymous translator of Croll’s and Hartmann’s texts is that of literal translation, as the English text closely follows both the organization and the content of the STs. Following the Latin sources, Anon (1670) is a collection of chemical and herbal recipes, which are grouped according to their function (e.g. vomitories, comfortatives, externals, etc.) in the first treatise and in relation to the specific disease they are supposed to be helpful for (e.g. fevers, king’s evil, ulcers, etc.) in the second. The title-page, following the Latin model, does not

add any type of information, except the author and title of the second ST it includes.

There are, however, some elements which could be described as instances of adaptation, both at the macrotextual and at the microtextual level. Anon (1670), for example, introduces a new letter to the reader, which mainly presents a defense of alchemy and its usefulness in medicine, while completely eliminating the two *epistolæ dedicatoriæ* and the *præfatio admonitoria* of the ST. Notwithstanding this, the prefatory material does not really assimilate the text into the vernacular tradition, as the treatise is merely defined as an “intire System of *Chimical Medicine*” (Anon 1670, to the reader). However, following the vernacular fashion, the text is described as being easily comprehensible by “any ingenious intellect” (Anon 1670, to the reader), something which could also be identified as a rhetorical and advertising strategy, “signaling that not much knowledge nor deep literacy skills were required to use the book” Fissell (2007, 111).

At the microtextual level of translation procedures, extension (34%) and substitution (35%) are the most frequently exploited non-literal translation strategies to make the text more acceptable for its target audience. Addition turned out to be the most significant extension strategy (7%) and it is used in the TT to make it more comprehensible. Indeed, additions are mostly used to clarify the meaning of difficult or vague words, by introducing a more precise explanation:

- (15) ST: Cor Motacillæ *cum successu appenditur*. (Croll 1635, 72)  
TT: *The Heart of a Wag-taile* [...] is hung about the neck for an Amulet very profitable. (Anon 1670, 18)
- (16) ST: Tartarus seu Sal Urinæ Hominis, contra Tartarum & Calculum singularis est. (Croll 1635, 77)  
TT: *The Tartar, or Salt of Mans Urine*, is singular against the Tartar and Stone in the Microcosme. (Anon 1670, 20)

Difficult terms are also sometimes explained through the introduction of marginal notes, whose function is that of providing a very brief explanation that may help the reader better understand the text:

- (17) ST: Si *Panaritzio* per duas imponetur horas [...] (Croll 1635, 394)  
TT: If put upon the \**Panaritzium* for two hours [...] (Anon 1670, 170)  
TT: \**A disease in the fingers* (Anon 1670, 170).
- (18) ST: Tumori *sen Gummi* [...] (Croll 1635, 77)  
TT: *Swellings*, or \**Gumms* [...] (Anon 1670, 20)  
TT: \**Tumors like Gums* (Anon 1670, 20)

Although amplification appears to be very frequent in Anon (1670) (27%), as there are a few cases in which symbols are completely written out, as in (19), it does not seem to be much valued by the translator, as most symbols and abbreviations are retained exactly as they were in the ST (20) without even the introduction of a conversion table, which might indicate that the target audience was already familiar with these technicisms and, consequently, that there was no reason to avoid them:

- (19) ST: Calaminaris ana ℥fs. (Croll 1635, 376)  
TT: Calaminaris, of each half a pound. (Anon 1670, 162)
- (20) ST: Foliorum Ros. Rub. ʒj. fs. (Croll 1635, 372)  
TT: Leaves of red Roses, ʒj. fs. (Anon 1670, 161)

Besides extension, the other very frequent group of non-literal translation procedures consists of substitution strategies (35%) and, particularly, of partial adaptation (34%), whereby specifically English ingredient (e.g. Eye-bright) and disease (e.g. Quinsey) names are preferred to Latinate ones (i.e. Euphrasia and Angina), which already existed in English (cf. OED):

- (21) ST: *In inflammationibus & rubedine oculorum optimum in aqua Euphrasiae & Rosarum.* (Croll 1635, 390)  
 TT: In Inflammation, and redness of the Eyes, it is best in Water of Eye-bright and Roses. (Anon 1670, 169)
- (22) ST: Oris anginam, lingæque inflammationem. (Croll 1635, 387)  
 TT: *The Quinsey, and inflamation [sic] of the tongue.* (Anon 1670, 167)

However, notwithstanding this, numerous are also the instances of non-translation (26%), where the Latinate term, albeit sometimes adapted (e.g. Aristolochy, Erysipelas and Sanguis Draconis), is retained in the TT despite the existence of a vernacular equivalent (i.e. Birthwort, St. Anthony's Fire or the Rose, and Dragon's Blood, cf. OED):

- (23) ST: *Utriusque Aristolochiæ* (Croll 1635, 376)  
 TT: Aristolochy of both kinds (Anon 1670, 163)
- (24) ST: *Si resoluatur cum aceto & Erysipelati seu doloribus Podagricis calidis exterius applicetur, plurimum confert.* (Croll 1635, 394)  
 TT: If it be dissolved in Vinegar, and externally applied to Erysipela's, or to hot podagrical dolours it much helps. (Anon 1670, 170)
- (25) ST: Sanguinis Draconis (Croll 1635, 377)  
 TT: Sanguis Draconis (Anon 1670, 163)

Although this could mean that the Latinate terms had been established in use in English and, therefore, there was no need to accommodate them to non-specialists, it could also be explained either as a foreignizing tendency, which, however, does not seem to be in line with all the other translation techniques, or as lack of knowledge on the part of the translator. This hypothesis seems to be

corroborated by the translations of Latin “*Tinea*” (“Ring-worms” in the vernacular, cf. OED) and “*Impetigines*” (“Impetigo” in English, cf. OED), which in the TT are incorrectly rendered as “Tinea” and “Ring-worms” respectively.

Finally, there also are some cases of reduction (4%), in particular, in the form of omission of some passages which functioned as headings of sorts, although this might also be explained as a translation mistake, since there does not seem to be any reason as to why the translator might have decided to leave them out.

### 3.3. *Anon 1694*

As stated in the translator’s preface, the dominant translation method of the anonymous translation of Thomas Sydenham’s *Processus Integri in Morbis fere Omnibus Curandis* (1692) is that of literal translation: “*I have done all that I design’d to do, which was to render this book into English, with all possible Fidelity, and the greatest Exactness I could*” (Anon 1694, the translator’s preface). Indeed, the TT does follow both the structure and the content of the ST, which, after an initial part in which the recipes of some of the most common medicaments are listed, is divided into sections dedicated to a particular disease, for which the author presents the symptoms and development and lists several different ways to cure it, either as recipes or as instructions on things to do (e.g. TT: “Mittatur sanguis ad ℥viiiij.”, Sydenham 1692, 6, TT: “Let Blood be taken away to the quantity of eight ounces”, Anon 1694, 6).

However, not unlike the other two texts, Anon (1694) does have some elements which are characteristic of adaptation, both at a macrotextual and at a microtextual level. While the Latin text did not have any kind of prefatory material besides the title-page, the English TT includes a preface, written by the translator, which comments on the text and its usefulness. Indeed, in a not at all uncommon fashion, the translator anticipates possible criticisms and defends his decision to translate Sydenham’s text by describing it as a move to defeat,



and not to favor, quacks and charlatans, and at the same time, by condemning the practice of retaining the use of Latin to conceal knowledge:

*All translations of Medicinal Books are by many judged to be not only useless but pernicious; and such as procure 'em to be published in the Vulgar Languages, are accused of no less a Crime, than of doing all they can to furnish Madmen with Weapons to murder themselves, and to expose the Lives of Men to the Mercy of Fool and Knaves. I acknowledge indeed, that the World, and perhaps this Nation more than any other part of it, is exceedingly pestered with Quacks. I am, both by Inclination and Interest, very much their Enemy, and I believe themselves to be far greater Plagues than the Diseases they pretend to cure. There is hardly any thing that I could not more patiently bear to be accused of, than of contributing in the least to augment their Numbers or Credit. [...] The utter Abhorrence I have of them and their pernicious Practices, makes me hate most Pretensions to Secrets in Physic for their sakes. And I verily believe, that there is nothing that hath done greater disservice to the Honour and Interest of Physicians, than their over-carefulness to conceal the Knowledge of the Art which they profess from the Public. [...] But to endeavour to make a Mystery of all, is not only contrary to the Practice of the Professors of all the Arts and Sciences, but it is also, as I hinted before, of very bad consequence to Physicians themselves. For Men will be apt to suspect, and think too that they have reason to do so, that there must be a great deal of Mischief, or very little true Worth in that which is hid with so much care, and that they are either afraid or ashamed to expose to light. [...] Men are indeed by this means kept in Ignorance, and consequently are Untractable, Superstitious and Fanciful, which whether they be desirable Qualifications in a Patient, let any reasonable Person determine. Their Want of Knowledge doth also expose them to the Impostures of Empirics, who, like all other Juglers, love to play in the Dark. Thus we see that the Ignorant are the Quacks best Customers, and who is there that hath read the Works of but one Learned Physician, that would not tremble to put his Life into the Hands of a Mountebank. (Anon 1694, the translator's preface).*

The translator's preface also identifies target readers of the book in "any intelligent Person" (Anon 1694, the translator's preface), although, as stated above, such a claim could simply be ideological and serve an advertising function (Fisell 2007, 111).

At the microtextual level of analysis, the main non-literal translation procedures comprise extension (84%) and substitution (11%) strategies. The most frequent extension strategy made use of in Anon (1694) is that of amplification (77%), whereby all symbols and abbreviations that were present in the ST are fully written out to make the text less obscure:

- (26) ST: R. Tamarind. ℥f8, fol. Senn. ℥ij, Rhei ℥if8, coq. in s. q. aq. ad ℥iij.  
(Sydenham 1692, 3)  
TT: TAke [sic] half an ounce of Tamarinds, two drams of Sena Leaves, one dram and a half of Rhubarb; boil them in a sufficient quantity of Spring-water to three ounces (Anon 1694, 1)

Addition (3%) is also sometimes exploited in the text to render potentially opaque terms more easily comprehensible for non-specialists by providing a vernacular equivalent (27), an explanation (28) or a reformulation of sorts (29, 30):

- (27) ST: Eclegma incrassans in Tussi (Sydenham 1692, 4)  
TT: The thickening Eclegma (or licking Medicine) for a Cough (Anon 1694, 3)
- (28) ST: R [...] & Lohoch Sani (Sydenham 1692, 4)  
TT: Take [...] and (the licking Medicine call'd) Lohor [sic] Sanum (Anon 1694, 3)
- (29) ST: qualia sunt, pustularum flacciditas & subsidentia, phrenitis, coma, maculae purpureae [...] (Sydenham 1692, 24)  
TT: such as the Flaccidity and falling down of the Pocks, Phrensy, Coma, or perpetual Sleepiness, Purple Spots [...] (Anon 1694, 34)
- (30) ST: Superveniunt a malo regimine symptomata anomala (Sydenham 1692, 24)  
TT: The Bad Regimen, or Government of the Sick Person, occasions divers irregular symptoms (Anon 1694, 33)

Substitution, especially in the form of partial adaptation (10%), is also quite frequent in Anon (1694), as the translator seems to prefer many vernacular ingredient (e.g. Mallows and Mullein) and disease (e.g. the Stone) names over Latinate ones (i.e. Malva, Verbascum and Nephritis, cf. OED), although these were still in use in English:

- (31) ST: tum fotu fol. Malvæ, verbasci, sambuc. Lauri cum floribus melilot & chamomill. in lacte coct. Facile fugatur. (Sydenham 1692, 26)  
TT: it may be easily driven away with Fomentations of Mallows, Base Mullein, Elder, and Laurel Leaves, with Flowers of Chamomil, and Melilote, boiled in Milk. (Anon 1694, 7)
- (32) ST: *cordis palpitationem, tussim, passionem iliacam & colicam, nephritidem, urinæ suppressionem æmulatur paroxysmus* (Sydenham 1692, 6)  
TT: The Paroxysm doth also counterfeit the Palpitation of the Heart, the Cough, the Colic and Iliac Passions, the Stone and Suppression of Urine (Anon 1694, 6)

On the other hand, there also are some instances of non-translation (5%), in which the translator retains the Latinate term (e.g. Gentian, Crocus Metallorum and Elicampane) even though a vernacular equivalent already existed (i.e. Felwort, Liver of Antimony and Horse-heal, cf. OED):

- (33) ST: R Aq. Lact. Alexiter. ℥xij, Gentian. comp. ℥iiij. [...] (Sydenham 1692, 7)  
TT: Take Milk water twelve ounces, compound Gentian water four ounces [...] (Anon 1694, 8)
- (34) ST: & postmodum vomitorium exhibeatur ad ℥j. vel ℥if8. ex Infusione Croci Metallorum (Sydenham 1692, 24)

TT: and afterwards exhibit a Vomit of an ounce, or an ounce and a half of the infusion of *Crocus Metallorum* (Anon 1694, 34)

(35) ST: R Rad. Angelic. Enul. campan. & Imperator. a. ʒj. (Sydenham 1692, 7)

TT: Take roots of Angelica, Elicampane, and Masterwort, of each one ounce (Anon 1694, 7)

This might, again, be explained as lack of knowledge on the part of the translator, as corroborated by the fact that some terms are always present in their vernacular form (e.g. Wormwood and Small Pox) and some in their Latinate one (e.g. Mercury and Erysipelas) despite the existence of their counterparts (i.e. Absinth, Variola, Quick-silver and St. Anthony's Fire, cf. OED). However, some terms (e.g. Diarrhea) are variously substituted with their vernacular equivalent (i.e. Looseness) or retained in their Latinate form (i.e. Diarrhea), something which, more than lack of knowledge, might point to a translation shortcoming of sorts, as this might hamper, rather than aid, the readers' understanding of the text:

(36) ST: Diarrhea nonnumquam eruptionem præcedit (Sydenham 1692, 23)  
TT: A Looseness sometimes comes before the Eruption of the Pocks (Anon 1694, 31)

(37) ST: Diarrhea non ita mature infantes occupat, ac ptyalismus adultos (Sydenham 1692, 24)  
TT: The Diarrhea surprizes [sic] not Children, so early as Salivation doth Men (Anon 1694, 33)

Similar inconsistencies are quite frequent in the TT and not only when the synonyms are of different origins. Indeed, although the Latin ST consistently uses

the word “*pustula*” throughout the whole text, the translator employs three different vernacular equivalents, namely “pocks”, “pushes” and “pimples”:

- (38) ST: *In eruptionem autem subrubrae primae pustulae* (Sydenham 1692, 21)  
TT: At the first, Reddish Pushes appear (Anon 1694, 30)
- (39) ST: *tunc in faucibus dolor, qui cum pustulis surrentibus augetur* (Sydenham 1692, 21)  
TT: then comes a pain in the Jaws, which increaseth as the Pocks rise higher (Anon 1692, 30)
- (40) ST: *Circiter octavo a primo insultu diem intervalla pustularum prius alba ruberem incipiunt* (Sydenham 1692, 21)  
TT: About the eight day from the first invasion of the Disease, the intervals between the Pimples, which were hitherto white, begin to be red and swoln [sic] (Anon 1694, 30)

Although this strategy may have been used to provide readers with alternative expressions to improve their chances of understanding, the fact that these are not explicitly introduced as equivalents might also confuse them and thus hinder comprehension.

However, the translator sometimes also uses the same word (e.g. Salivation) to translate two different, although related, terms in the ST (i.e. *Salivatio* and *Ptyalismus*, which technically means excessive salivation, cf. OED):

- (41) ST: *In adultis salivatio, in infantibus diarrhea* (Sydenham 1692, 24)  
TT: In adult Persons, Salivation, and a Looseness in Children (Anon 1694, 33)
- (42) ST: *Ptyalismus nunc cum eruptione se prodit* (Sydenham 1692, 24)

TT: The Salivation sometimes begins at the time of Eruption (Anon 1694, 33)

Although reduction strategies, especially omission, are quite rare (1%), and sometimes probably represent a mistake, as in the case of the very first heading, namely “*Medicamentorum quædam Formulæ in praxi magis familiares*” (Sydenham 1692, 3), which is absent in the TT, the translator very often simplifies the text by shortening sentences and altering punctuation. For instance, while the introduction to the “Histerical and Hypochondraical [sic] Passion” is made up of one very long sentence (21 lines) in the ST, the same content is diluted into six shorter and thus probably more comprehensible sentences in the TT.

#### 4. *Conclusions*

Although the three texts under scrutiny were published over a period of almost 40 years, substantial differences in the use of translation strategies which could point to diachronic variation do not seem to emerge. Rather, the predominance of one procedure over the others seems to be the result of the translators’ own preferences and choices. However, further analysis of similar texts is necessary to either confirm or refute this hypothesis.

Despite a few minor differences in the choice of translation procedures, the dominant translation method used for all three texts can be safely identified in literal translation, as they all closely follow both the structure and the content of their Latin sources. Notwithstanding this, there are some factors which might lead to the texts being categorized as examples of adaptation, as all of them were found to make use of some translation procedures whose aim is that of producing a version of the text which might be more acceptable for its target audience. Although there are some examples of non-translation in the texts under examination, which may also be due to the lexical variation typical of the early modern period, their presence does not seem to be dictated by a foreignizing tendency,

as this would defeat the purpose of the translations themselves, which was to provide non-specialized readers with accessible texts. Non-translation also does not seem to be informed by a supposed prestige of the source language, since, if this were the case, more terms would probably be retained in their Latinate form. Rather, Latinate terms might have been kept either because they were more widely used at the time, or simply as a result of the translators' preferences or lack of knowledge. More frequent are the instances of partial adaptation, whereby strictly vernacular equivalents are used to translate terms which also had a Latinate counterpart in English. Examples of amplification are also numerous, especially in Anon (1657) and (1694), through which symbols and abbreviations, which might be quite opaque for an audience of non-specialists, are transcribed in full and decoded, thus, rendered more easily comprehensible. Finally, there are many examples of addition, which is extensively used to gloss, define or explicate new or unfamiliar terminology, as was the custom among the medical writers of the age (McConchie 1988, 53).

Although these three texts do not seem to have been very popular, as they had no further editions, the huge number of medical texts which appeared in English at the time (Rovelli 2018, Furdell 2002, Wear 2000) is an indication of the growing demand of such educational books on the part of increasingly confident and literate social groups (Laquer 1976, Sanderson 1999, 21, Wear 2000, 43, Furdell 2002, 59). Moreover, since the household still represented the main arena for treatment (Leong and Pennell 2007, 136) and a degree of medical expertise was widespread and thought to be easily mastered in early modern English society, "it made sense for medical knowledge to be [made] accessible to lay people as well as practitioners" (Wear 2000, 25, 45). Therefore, as the purpose of the procedures used in the translations was to accommodate knowledge to literate lay readers, they may be legitimately considered as effective popularization strategies, as, following a process of discourse recontextualization (Calsamiglia & Van Dijk 2004, 370), "the medicine of the learned could in this way be appropriated and transformed into, if not popular medicine, at least middling lay medicine" (Wear 2000, 52). Indeed, the choice of vernacular translational

equivalents (through partial adaptation) and reformulations (through addition and amplification) over literal translation or foreignization, does serve the purpose of bringing the specialized knowledge contained in these medical treatises closer to their target audience, by setting them in the familiar context of vernacular popular medicine, thus providing readers with a reference frame which they could relate to.



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