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THE VERNACULARIZATION OF LEARNED MEDICINE IN LATE-SEVENTEENTH-CENTURY ENGLAND. ACCOMMODATING TRANSLATION PROCEDURES AND POPULARIZING STRATEGIES

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Abstract

The late seventeenth century was a fundamental moment for the popularization and democratization of learned medicine in England. Growing levels of literacy among the upper-middle classes, coupled with the diffusion of the ideal of serving the common good, resulted in an unprecedented flourishing of the vernacular specialized publishing market. Medicine, which until that time had been confined to Latin texts and elite readers, was thus rendered accessible to a wider audience, which included not only less prestigious medical practitioners, but also lay readers. The present work, following historical discourse analytic and pragmatic methods, provides an overview of how learned medicine was actually accommodated to this new audience in late-seventeenth-century England. To do so, it collects a corpus of medical vernacularizations published between 1649 and 1699 and analyzes it in order to delineate the context of production and identify the translation procedures and popularizing strategies that were exploited to accommodate the specialized language and knowledge of medicine to a lay readership. The study revealed that, although literalism still largely dominated early modern translating practice, translators also endeavored to accommodate the specialized notions of medicine to the new target audience by implementing a number of sometimes slight but meaningful changes that rendered the source texts more accessible for an audience which was literate, but not university-educated.

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Introduction

The late seventeenth century, a period which was characterized by a series of political, social and cultural upheavals that ultimately led to the destitution of traditional authority in all areas of life, has unanimously been described as a fundamental moment for the popularization and democratization of learned medical knowledge (Porter 1995, Wear 2000, Furdell 2002, and Fissell 2007). Indeed, growing levels of literacy among the upper-middle classes, which created a new and enlarged readership, coupled with the diffusion of the ideological notion of serving the common good, resulted in an unprecedented flourishing of the vernacular specialized publishing market in England. Thus, scholarly or learned medicine, which until that time had been confined to Latin texts and elite readerships, was rendered accessible (linguistically and economically) to a wider audience, which included not only less prestigious medical practitioners, but also the general public. While original works in English, fueled by patriotic sentiments and a desire to enhance the status of the language, started to appear more steadily and consistently on the market, translations represented a first channel through which the learned medicine that originated among the European medical elite could be appropriated and transformed into popular medicine, or, as Wear (2000) would put it, "middling lay medicine" (Wear 2000: 52).

Historical medical discourse has been quite extensively studied in the last few years, as evidenced by the two recent international conferences that were held in 2017 and 2019 in Milan (CHIMED-1) and Helsinki (CHIMED-2) and by the consistent number of studies which analyze such a complex and stratified topic from a multidisciplinary perspective that takes into consideration historical, editorial, medical and linguistic elements. One of the most outstanding contributions to the field has been made by the Helsinki-based VARIENG research community (VARIENG 2020), whose text digitalization projects, which have resulted in three computer-readable corpora of English medical texts, namely MEMT (2005), EMEMT (2010) and LMEMT (2019), allow improved access to a wide variety of original materials which appeared in English between 1375 and 1800 (Taavitsainen, Pahta and Mäkinen 2006, and Taavitsainen and Pahta 2011). Medical vernacularization, too, has received some attention, as a few studies have provided a general overview of the texts that were chosen for translation, their

motives, purposes, characteristics and influence (McConchie 1988, Getz 1990, Pahta and Taavitsainen 2004, Pantin 2007, Green 2008b, Domínguez-Rodríguez 2014). However, only a limited number of these contributions (Jones 1989, Holbrook 1998, Pahta and Carillo Linares 2006, Iamartino 2014, Rovelli 2019 and 2020) focuses specifically on the translation process, especially as far as the period in question is concerned.

The present work intends to fill this gap as it aims at providing a general overview of how learned medicine was rendered accessible through translation to a wider audience in the second half of the seventeenth century. It therefore studies the English translations of learned Latin medical texts which were published in England from 1649 to 1699, with the purpose of a) collecting a corpus of medical vernacularizations to understand which texts were chosen for translation and dissemination; b) delineating their context of production by tracing authors, motives and purposes; and c) analyzing how the specialized subject and language of learned medicine were rendered accessible to a wider audience that included not only less prestigious practitioners, but also non-specialized readers.

Chapter 1 provides an overview of the historical, social and cultural context of the popularization of learned medical knowledge in early modern England; Chapter 2 outlines the methodological framework in which the analysis is set; Chapter 3 offers a chronologically ordered list, complete with editorial notes, of the corpus collected for research, followed by an analysis of the texts' paratextual materials; Chapter 4 provides a close-reading comparative analysis of a sample of translations with their Latin sources, with the aim of highlighting the textual and linguistic strategies that were exploited to translate the learned texts and accommodate them to an audience of non-specialists; finally, Chapter 5 offers a detailed lexicographic analysis of the reference materials that the translators appended to their works to improve readers' access to the text and facilitate reading.

In quotations I opted for a conservative criterion and retained the spelling, punctuation, capitalization and type used in the original texts. Ligatures and the long *s*, however, were normalized according to modern usage.

1. The Vernacular Medical Publishing Market

Although medical books had been published in English since Anglo-Saxon times (Getz 1990, Taavitsainen and Pahta 2004, and Taavitsainen 2005), the second half of the seventeenth century, which was characterized by an unprecedented flourishing of the publishing market, has been identified as the period when vernacular medical writing actually took off (Furdell 2002, Johns 2002, and Fissell 2011). Indeed, while the English medical tradition has been described as the oldest in Western Europe, as evidenced by the number of practically-oriented texts surviving from Anglo-Saxon times (Getz 1990: 3, and Taavitsainen 2006c: 688), it was only in the late seventeenth century that vernacular literature effectively started to replace the Latinate one (Johns 2002: 283, and Furdell 2002: 38).

The two traditions, Latinate and vernacular, had always coexisted, even though they had invariably maintained separate functions and targets. Whereas Latin, as the international lingua franca of learning and scholarship (Wiener and Noland 1960: 10, Getz 1990: 4, and Burke 2004: 44), was exploited to address a learned continental audience and spread theoretical and technical innovations among the European medical elite, English was generally used to reach a humbler domestic readership and thus mainly covered practically-oriented topics (Burke 2004: 55, Taavitsainen 2006c: 689, and Belle and Hosington 2016: 14).

During the seventeenth century, however, a number of concurrent factors, including growing levels of literacy, ideological motives, a greater demand for medical books in the vernacular, and the desire to enhance the prestige of the language, gave rise to a considerable increase in the volume and range of medical books written in English (Porter 1995: 24-25, Wear 2000: 43-44, Furdell 2002, and Johns 2002: 283). Latin, which until then had ensured the circulation of knowledge among learned circles and marked out true scholarly medicine (Wear 2000: 41-42), started to give way to the vernacular, which progressively widened its scope and, in the eighteenth century, effectively replaced it in all areas and domains of knowledge (Cook 1997: 84, Barber 2000: 214, and Tieken-Boon van Ostade 2009: 53).

1.1. The Latin Tradition

Western medicine, and science in general, originated in Greek philosophy (Crombie 1996: 65). Its continuity and development has been shown to owe much to the Hebrew, Syriac and Arabic translators and commentators, who disseminated the works of Greek and Hellenistic scientists and philosophers in ancient and medieval times through Latin (Wiener and Noland 1957: 10, Getz 1990: 4, and Burke 2004: 44). Although some vernacular genres have been traced back to the Anglo-Saxon period and an increasing number of manuscripts started to gradually appear in English in the later Middle Ages, up to the sixteenth century, core medical texts and theories were the exclusive domain of Latin (Taavitsainen 2006b and 2006c). Indeed, while medicine did not progress much in the eight centuries that passed between the great achievements of ancient Greece and the development of scholasticism (Sigerist 1958: 146), starting from the third century, there was an increasing demand for medical literature in Latin, the language of the courts, administration and Church (*ibid*.: 131).

This tradition was immensely expanded after a long list of Latin translations of Arabic-language medical works, which had been carried out by Constantine the African, rendered the theoretical system of antiquity – Galenism – available to Latin readers (McVaugh 1997: 56). As stated by Castiglioni (1938), it was owing to these accomplishments that the Salernitan School of medicine, which had long enjoyed a certain fame (McVaugh 1997: 56), became the "center of the Graeco-Arabic scholastic medicine from which the whole of medieval medical literature of Western Europe is derived" (Castiglioni 1938: 892). A new tradition of medical instruction, which seized on this new body of Graeco-Arabic medical literature (McVaugh 1997: 56), was thus initiated, leading to important developments in all fields of medicine, from surgery to therapy and pathology (Castiglioni 1938: 894-896). Although the output of the Salernitans principally consisted in *commentaria* and *compilationes*, that is the glossing of and commentary on ancient texts, they effectively established a canon of fundamental writings, which came to be known collectively as the *Articella* or *Ars medica* (McVaugh 1997: 56).

While the School of Salerno started to decline in the thirteenth century, new centers of renown began to arise in Bologna, Paris, Padua and Montpellier, where Arabic influences promoted a rebellion against scholasticism, thus giving "a decisive impulse to the renaissance of medicine" (*ibid*.: 898). Although early modern medicine may be regarded

as in direct continuity with medieval ideas and practices, a series of substantial improvements significantly changed the landscape of learned medicine (Siraisi 1986: 391-392). Since Renaissance medicine, following the systemic humanist program, focused mostly on the study and translation of ancient texts (Park 1997), *commentaria* and *compilationes*, which reflect logocentric science, as they rely on axioms and the quotative source of knowledge (Minnis 1979: 387, and Minnis *et al*. 1988), and consist in the collection and systematization of previous learning, still occupied the bulk of medical literature.[1] Questions-and-answers literature and pedagogical dialogues, which derived from Aristotelian treatises and Greek dialogues respectively, also occupied a significant part of the Latin medical production of the period (*ibid*.: 691). Increasing prominence, however, was also starting to be placed on the branch of learned medicine which dealt with diseases and remedies, as there started to appear a wide range of texts focusing on diagnosis and therapeutics, such as *consilia* (detailed descriptions of single medical cases, with prescriptions and advice for therapy), *practicae* (encyclopedic reference works which classified diseases in a head to foot order and provided advice for treatment), *experimenta* (proved remedies), and *materia medica* (treatises enunciating the therapeutic properties of various substances) (Park 1997: 74-75).

From the sixteenth century, however, an increasing number of practically-oriented texts started to come out in the vernacular too, reflecting a growing demand for medical books not only among physicians, but also among middle-class readers (*ibid*.: 75), which included the gentry, yeomen, merchants and shopkeepers (Wear 1992 and 2000). As literacy gradually spread during the seventeenth century and English started to be used in an increasingly wider range of contexts and to cover all sorts of medical genres, including the more learned ones, "the market for printed medical information grew rapidly" (Cook 1997: 84), thus considerably expanding the vernacular tradition.

[1] Although both *commentaria* and *compilationes* had didactic functions, the former were especially used for research in reconciling ancient authorities, while the latter were particularly important for the dissemination of knowledge, as they provided easy access to information, making the authorities available for those readers who could not access the originals (Taavitsainen 2006c: 690).

1.2. The Vernacular Tradition

Although up until the seventeenth century the Latin medical literature certainly prevailed over the vernacular one, some medical texts written in English, such as remedy books, as well as handbooks with practical advice, prognostications and charms, have been shown to date back to Anglo-Saxon times (Talbot 1965, Voigts 1979, Cameron 1983, Görlach 2003, Taavitsainen 2005, and Dossena and Taavitsainen 2006). Albeit in most cases derived from Latin sources (Cameron 1983, and Siraisi 1990: 52), these texts initiated a tradition of their own, which targeted less sophisticated types of practitioners and lay people, and mainly had a practical purpose, since, as demonstrated by Voigts (1979), they were intended to be used, altered and added to (Voigts 1979: 259, see also Talbot 1965: 161).

The process of vernacularization intensified in the later Medieval period with the appearance of an ever-increasing number of medical manuscripts written in English (Getz 1990, and Taavitsainen and Pahta 2004). Recipe collections, sometimes in the form of the "book of secrets", a tradition which had arisen in Hellenistic times and further developed in the Middle Ages following the model of the pseudo-Aristotelian *Secretum Secretorum*[2] (Eamon 1994, Spiller 2008, and Leong and Rankin 2011), continued to occupy the largest share of those works (Pahta and Taavitsainen 2004: 1, and Fransen 2017: 630). However, a gradually wider range of text types was starting to be published (Taavitsainen and Pahta 2004: 1). Since, as stated by Taavitsainen (2009), "genres of writing were transferred into the vernaculars following Latin models" (Taavistainen 2009: 185), the texts that started to appear in English during the later Middle Ages followed the already established conventions of their Latin examples and thus ranged from the high-register commentaries and *compilationes* of scholastic medicine, to the more popular and utilitarian prescriptions, regimens and prognostications (Wear 2000, Taavitsainen 2006c and 2009). While the more learned texts were mostly aimed at the higher levels of the medical professionals, namely physicians and surgeons, health guides and recipe collections also targeted a less specialized type of audience, which included the progressively literate

[2] The *Secretum Secretorum* was a handbook of statecraft which contained letters of instruction supposedly written by Aristotle to Alexander the Great. It actually derived from a tenth-century Arabic text which began circulating in Europe in the twelfth century. By a process of accretion, however, it gradually became an encyclopedic work which claimed to reveal all sorts of esoteric knowledge, including medical one (Eamon 1985: 28, Spiller 2008: xii, Leong and Rankin 2011: 7-8).

upper middle classes, who were becoming increasingly conscious of their status and eager to improve their knowledge of useful matters (Taavitsainen 2009: 192).

The introduction of printing in the early modern period hugely accelerated this vernacularization process (Burrows 1978: 1, Getz 1990: 3, Park 1997: 68, and Byrne 2012: 3), which reached its apex in the second half of the seventeenth century, when medical books published in English outnumbered those printed in Latin (Johns 2002: 283, and Furdell 2002: 38). While medical recipes still represented the most frequent medical genre to be published in English, and, incidentally, the only type of medical information that lay people set down on paper (Wear 2000: 46, see also Park 1997: 68), the vernacular market slowly started to incorporate all kinds of medical writing, including the more learned textbooks, handbooks and specialized treatises (Taavitsainen 2009: 194, and Taavitsainen and Pahta 2011: 22-25). Although in vernacular texts the emphasis tended to be shifted onto usefulness and practical application, theoretically-based treatises, including anatomical manuals and medical compilations, also started to be published (Allen 1946: 14, and Taavitsainen 2004: 67). While these initially appeared as translations of continental works (Wear 2000: 6-7), learned texts written directly in the vernacular also began to enter the market (Bennett 1970: 67), as "by the end of the century, the use of the vernacular had become so common that even university-educated physicians might [have] publish[ed] their books in the common tongue" (Cook 1997: 84), thus paving the way for the triumph of English as the language of science and scholarship in the eighteenth century (Barber 2000: 214).

1.3. The Popularization of Medical Knowledge

As printing provided improved access to books (De Solla Price 1961: 51, and Eccles 1974: 145) and helped disseminate medical knowledge to the unlatined (Burrows 1978: 36, Wear 2000: 4-5, Byrne 2012: 3, and Richards 2012: 251), the development of the vernacular book market in the late seventeenth century has been described as a significant move towards the popularization and democratization of learned medical knowledge (Sanderson 1999). Even though the concept of popularization itself has sometimes been classified as problematic (Fissell 2011, and Singy 2010) in a culture in which learned and lay knowledges and practices coexisted and often overlapped (Cook 1986, Porter 1992a,

Lindemann 1999, and Wear 2000), the unprecedented number of vernacular publications that flooded the market from 1575 onwards (Taavitsainen and Pahta 2011) certainly increased people's access to learning and useful knowledge (Wear 1992, 2000, Burke 2007, and Taavitsainen 2009).

Although the normal fee of a physician's visit seems to have been beyond the reach of many (Cook 1986: 58), university-trained physicians certainly were not the only source of medical treatment which early modern patients could turn to (Wear 1992: 17, Lindemann 1999: 195, and Johns 2002: 284). Seventeenth-century medicine, indeed, was "both a learned university discipline and an occupation involving technical skills" (Pahta and Taavitsainen 2010: 553, see also McVaugh and Siraisi 1990: 8). Its practitioners, therefore, ranged from the university-educated physicians, whose training was academic and classical (Cartwright 1977: 47), to the lower-prestige and practically-oriented surgeons and apothecaries, who treated the majority of the population and, despite opposition from licensed physicians, "quickly outgrew their original limited functions" (Roberts 1964: 218). Such professionals of medicine were, however, also flanked by traditional healers and irregular practitioners such as itinerant drug-sellers and quacksalvers, but also wise country people and the local clergy, who often practiced healing "without any view to reward" (Porter 1992a: 94, see also Roberts 1962: 363, and Cook 1986: 41). Notwithstanding this, early modern medical practice was still centered on the household (Field 2007: 52, and Leong and Pennell 2007: 134), as the "most widespread forms of healing were carried out in the home or in the local barter economy" (Cook 1986: 30), with self-treatment, under the guidance of friends, neighbors and, most importantly, female family members, being the most common practice (Porter 1992a: 99, Hunter and Hutton 1997: 2, Lindemann 1999: 199, Wear 2000: 21-22, and Leong 2008: 146-147). It, therefore, made sense, in such a context, "for medical knowledge to be accessible to lay people as well as practitioners" (Wear 2000: 25). Indeed, since it represented a matter of general interest (Taavitsainen 2006a: 215), whose basic notions were generally perceived as being easily attainable (Wear 2000: 45), a certain amount of medical expertise penetrated all layers of society (Cook 1986: 61, French and Wear 1989: 9, Wear 2000: 21-22, and Taavitsainen 2006a: 215). Although this type of lay medicine, or, as defined by Wear (2000: 52), "middling lay medicine", mostly consisted in a body of knowledge which was essentially public and handed down orally or preserved in manuscript recipe books, it was also increasingly being culled out of printed volumes (Porter 1992a: 97, see also Park 1997: 68, and Leong 2014).

Vernacular books thus generally targeted a wide audience which was principally composed of irregular healers, as university-educated physicians were not particularly interested in the products of the English press (Jones 1984: 36). While "distinctions between lay and medical readerships were blurred and both groups might read works which were ostensibly for the other" (Wear 2000: 41, see also Wear 1992, and Fissell 2011), vernacular texts were, for the most part, aimed at a wide and heterogeneous audience (Taavitsainen 2006c: 688), which also included non-specialists and the general public (Jones 1984: 36, Crossgrove 2000: 61, Garzone 2006: 15, Taavitsainen and Pahta 2011: 5, Richards 2012: 256, and Sylwanowicz 2013), and principally sought to spread medical knowledge to the unlatined in a popularly accessible form that diluted regular medicine for the common reader (Porter 1995: 24-25, Sanderson 1999: 5, Wear 2000: 4-5, Taavitsainen and Pahta 2011: 114, and Richards 2012: 251). Among these works figure translations, whose purpose was to render learned medicine, which until that time had been confined to Latin, accessible to a wider reading public that virtually included all who could read (McVaugh and Siraisi 1990, and Pahta and Taavitsainen 2010).

Latin, as the high prestige variety in the situation of diglossia which characterized early modern England, still functioned as the international lingua franca that united the Republic of Letters and allowed the circulation of knowledge across the European elite (Barber 1976, Görlach 1991, and Burke 2004). However, its use was also starting to be perceived as a tool that those with vested interests, including physicians, could use to keep the laity in ignorance (Barber 1976, Wear 1992, Burke 2004, and Leong and Rankin 2011). For this reason, since the popularizers had strong contact points with the staunchest Reformers, in that, by analogy with Protestantism, they claimed that "every man should be his own physician" (Porter 1993: 15), the derogatory associations between traditional university-trained physicians and the Catholics are very frequent, as they both relied on Latin to protect their profession and "trade" secrets (Cook 1986: 121, Wear 1992: 23, and Wear 2000: 44).

Translations, therefore, acquired a particularly strong ideological implication, especially in a revolutionary climate such as that of the 1650s and in a culture that was "legally, theologically, and emotionally […] committed to the principle of democratic access to scripture" (Laquer 1976: 261, see also Webster 1975, French and Wear 1989, Porter 1993, and Wear 2000). Although "putting a work into a vernacular language did not only (or even always) imply a desire to popularize it" (Pantin 2007: 169), translations certainly played a fundamental role in the dissemination of medical knowledge, as "the

medicine of the learned medical writers could in this way be appropriated and transformed into, if not popular medicine, at least middling lay medicine" (Wear 2000: 52). Indeed, while translators may also have been moved by patriotic feelings and aimed at improving the prestige of the language (McConchie 1988, Pantin 2007, and Pahta and Taavitsainen 2010), which eventually led to the birth of scientific English (Barber 1976, 2000, and Banks 2008), vernacularizations have been shown to be mostly motivated, at least ostensibly, by charitable purposes, didactic concerns and a desire to spread knowledge among the less privileged (Wear 2000, Burke 2007, Taavitsainen 2009, Byrne 2012, Domínguez-Rodríguez 2014, Alonso Almeida and Sánchez 2016, and Belle and Hosington 2016). However, while ideological motivations, which were also fueled by the general critical attitude towards traditional authority that characterized all aspects of the second half of the seventeenth century,[3] were sometimes cited as the main motives that drove authors and printers to publish medical books in English, profit, as suggested by Bennett (1944), Burrows (1978), Porter (1995) and Furdell (2002), played an even more important role. Despite the fact that "the poorest, lowest part of the population still remained illiterate" (Wear 1992: 18), higher levels of literacy among the middle classes in the early modern period (Laquer 1976, Eamon 1994, Harris 1995, and Wear 2000) created a new audience of increasingly confident social groups which demanded that "edifying knowledge, including medical knowledge, be disseminated to them" (Furdell 2002: 36, see also Harris 1995, Sanderson 1999, Wear 2000, Taavitsainen 2009, and Alonso Almeida and Sánchez 2016). The development of the vernacular medical publishing market was thus based on, as stated by Sanderson (1999), "the existence of a readership that was literate, eager to learn more concerning the practice of medicine, and willing to purchase books in order to do so" (Sanderson 1999: 21).

Translations increased steadily from the sixteenth century onwards and occupied a remarkable share of all published medical material in early modern England (Burrows 1978, Furdell 2002, Fissell 2007, Wilkinson 2015, and Rovelli 2018). While the 1640s, mirroring the general expansion of the publishing market, have been identified as the first sharp peak in book production (Fissell 2007: 110), all other uppermost points have been shown to generally correspond to the political events which led to the collapse of medical licensing and censorship during the Civil War and Protectorate years (Roberts 1964, Cook

[3] For politics see Jones 1965, Henry 1992, and Wear 1992. For religion see Jones 1965, and Grell and Cunningham 1993. For science see Wiener and Noland 1960, Cunningham 1989, and Elmer 1989.

1986, and Wear 1992). At the time, both medical practice and the licensing to print medical books were regulated by the exclusive and elitist Royal College of Physicians, whose fate, having been founded in 1518 by Henry VIII, was tightly linked to that of the monarchy (Roberts 1964: 222, and Cook 1986). As explained by Cook (1986) in his detailed account of the history of the College of Physicians of London, while the influence of the College was considerable when the Crown was at its strongest, such as in the Stuart period, the Civil War (1642-1651) put an end to its pretentions, making the practice of medicine virtually free (Roberts 1964: 222, Cook 1986: 114). Although the College survived the Revolution and Protectorate years as a learned society, which, following the Restoration of the monarchy (1660), not only reobtained, but also extended, its ability to regulate medical practice, it was significantly weakened both by internal divisions and external pressures and eventually lost its authority, as evidenced by the events that led to the "Rose Case"[4] (1704) and the decision in the House of Lords that gave apothecaries the right to practice medicine (Cook 1986, 1990 and 2004b). In the seventeenth century, however, the College was still considered as an unbounded monopoly, whose authority the most radical attacked by translating medical books into English, thus usurping its prerogative over medical matters (Cook 1986: 121).

A particularly influential figure in this context has been identified in Nicholas Culpeper (1616-1654), an unlicensed apothecary who, in contrast with the traditional medical authority of the time, firmly believed that medical knowledge should be accessible to all (Elmer 1989: 20, Thulesius 1992: 76, Fissell 2009a: 154, and MacSuibhne 2010: 589). Intending to do the same for health care as Martin Luther had done with religion (Thulesius 1992: 131), Culpeper, together with his chief printer, Peter Cole, launched a publishing project that aimed at providing readers with the "whol Moddel of Physick" (Sanderson 1999: 4, quoting Culpeper's *A Physical Directory* 1650: B2), by translating, editing and authoring a series of medical books, whose purpose was to educate common people in the rudiments of medicine (Jones 1984: 182, and Furdell 2002: 42). His unauthorized translation of the Royal College of Physicians's *Pharmacopoeia Londinensis*, published in 1649, has, indeed, been pinpointed as "the first major step towards the demystification of medicine" (Farthing 2015: 152) and,

[4] The "Rose Case" of 1704, a court case that saw apothecary William Rose (fl. 1693-1705) being cited by the Royal College of Physicians for malpractice on behalf of John Seale, is generally considered to be a milestone for the rise of the unlearned professions in England, as it officially gave apothecaries the right to practice medicine (Cook 1986: 246-253, 1990 and 2004b).

consequently, as the forerunner of a new pattern of publication in vernacular medical literature (Sanderson 1999, Hunter 2002, Fissell 2011, and Yale 2016). His name came to have a considerable commercial appeal (Webster 1975: 270), as it was associated with 8.5 percent of all editions of medical books published between 1641 and 1740 (Fissell 2007: 115), and his influence was so profound that, long after his death, his print persona was still exploited by several publishers to boost sales of any kind of medical work up until the nineteenth century (McCarl 1996, Sanderson 1999, Braden, Cummings and Gillespie 2010, and Yale 2016).

Although probably the most long-lasting of Culpeper's contributions, namely *The English Physician* (1652), an herbal in which the medical applications of several plants are listed, and *A Directory for Midwives* (1651), a guide for expectant women and obstetricians, were original productions, the most influential from both a cultural and a medical point of view were his translations, which gave English practitioners access to a "comprehensive body of medical literature […] which represented the best contemporary authorities" (Poynter 1962: 153). These included the above-mentioned *London Dispensatory* (1649), but also some of the most important anatomical treatises and medical textbooks of the time, including those written by Thomas Bartholin,[5] Jean Riolan,[6] Johann Vesling[7] and Lazare Rivière[8] (Russell 1956, and Rinaldi 2018). As he

[5] Thomas Bartholin (1616-1680) was a Danish anatomist and mathematician, Professor of Anatomy at the University of Copenhagen, and an outspoken supporter of Johann Vesling. He was considered by his contemporaries to be the greatest anatomist of his time, and is best remembered for his description of the entire human lymphatic system. His *Institutiones Anatomicæ* (1641, Leiden), which was a largely revised and updated edition of the text authored by his father, Caspar Bartholin the Elder, and soon became one of the most widely used textbooks across Europe, was translated by Culpeper and published in 1663 as *Bartholinus Anatomy* (O'Malley 2008a, and Ghosh 2017).

[6] Jean Riolan (1580-1657) was a French physician and one of the leading anatomists of his time, the spiritual head of the Paris Medical School, and a staunch defender of traditional medicine. His *Encheiridivm anatomicvm et pathologicvm* (1648, Paris), which occasioned Harvey's first and only formal reply to his critics, was translated by Culpeper and published in 1657 as *A Sure Guide; or, the Best and Nearest Way to Physick and Chyrurgery* (Mani 1968, and Bylebyl 2008).

[7] Johann Vesling (1598-1649) was a German physician and anatomist, Professor of Anatomy and Surgery at the University of Padua, and one of the greatest anatomists of the seventeenth century. His *Syntagma Anatomicum* (1641, Padua), which came to be the most widely used anatomical text in Europe during the second half of the seventeenth and first half of the eighteenth century, was translated by Culpeper and published in 1653 as *The Anatomy of the Body of Man* (Castiglioni 1941, Hintzsche 2008, and Ghosh 2014).

[8] Lazare Rivière (1589-1655) was a French Paracelsian physician and anatomist, Professor of Pharmacology and Surgery at the University of Montpellier. His *Praxis Medica* (1640, Paris) which came to be regarded as one of the standard textbooks of seventeenth-century practical medicine, was translated by Nicholas Culpeper, Abdiah Cole, William Rowland and a fourth,

offered a sustained critique of traditional medical authority and aimed at making medical knowledge available to a wide reading public (Jones 1984, Wear 1992, Sanderson 1999, Braden, and Cummings and Gillepsie 2010), Culpeper's work has been described as immensely influential between 1650 and 1750, more so than that of the much more renowned William Harvey[9] and Thomas Sydenham[10] (Poynter 1962: 153, McSuibhne 2010: 589, and Farthing 2015: 152). Since they were deeply rooted in the Galenic tradition and, therefore, did not cause any significant theoretical upheaval, Culpeper's works, whose values and approach seem to have resonated with many readers, immediately gained an unparalleled popularity, which transformed them into steady sellers well into the nineteenth century (Fissell 2011: 429, and Farthing 2015: 154), with "Culpeper" eventually becoming a hallmark of popular medicine (Webster 1975: 270, and Yale 2016: 108).

anonymous, translator, and published in 1655 as *The Practice of Physick, in Seventeen Several Books* (Sgantzos *et al*. 2015, and Rinaldi 2018: 49).

[9] William Harvey (1578-1657) was an extremely influential English physician, best remembered for his discovery of the circulation of the blood in the human body (French 2004).

[10] Thomas Sydenham (1624-1689) was an English physician who is reputed to be the greatest physician of his age. Because of his emphasis on detailed observation and bedside medicine, he came to be regarded as the founder of clinical medicine and epidemiology. For this reason, he is sometimes referred to as "the English Hippocrates" (Cook 2004c, Bates 2008, and Anstey 2011).

2. Methodological Framework

The present work analyzes how learned medicine, which had previously been confined to Latin texts and consequently elite readers, was rendered accessible to a wider vernacular audience in the second half of the seventeenth century. To do so, it combines three broad fields of research: historical sociopragmatics, descriptive translation studies and popularization research.

Historical sociopragmatics (Culpeper 2009), also referred to as historical discourse analysis proper (Brinton 2001) or pragmaphilology (Jacobs and Jucker 1995), is an analytic approach to the study of historical texts which entails a pragmatic analysis of the conventions of language use in its sociocultural context at a certain point in time. As such it aims at describing "the contextual aspects of historical texts, including the addressers and addressees, their social and personal relationships, the physical and social setting of text production and text reception, and the goal(s) of the text" (Jacobs and Jucker 1995: 11).

Descriptive translations studies, whose first formulation was ascribed to Gideon Toury (1980, 1982 and 1995), instead, are a branch of translation studies which focus on the target system (i.e. the system in which the translation originated) and, starting from actual translated texts, aim at describing the phenomena of translation as they manifest themselves, in order to establish the general principles through which such phenomena can be explained (Holmes 2000: 176). In particular, it looks at the relations between the linguistic elements and the texts in which they appear, between the texts and the systems in which they are inscribed, as well as between the texts and their sources (Toury 1982: 27, Holmes 2000: 176-177, and Lambert and van Gorp 2014: 44-45).

Finally, popularization research may be described as a branch of Language for Specific Purposes (LSP, cf. Bondi, Cacchiani and Cavalieri 2019), that is, the study of contextual-functional varieties of language (Garzone 2006). As such, it deals with "a vast class of various types of communicative events or genres" (Calsamiglia and van Dijk 2004: 370) and focuses on the way in which specialized knowledge is transformed into 'everyday' or 'lay knowledge' (Calsamiglia 2003, Calsamiglia and van Dijk 2004, Myers 2003, Gotti 2003, Garzone 2006, Gotti 2014, Bondi, Cacchiani and Mazzi 2015, and Bondi, Cacchiani and Cavalieri 2019).

The study therefore follows the model proposed by Lambert and van Gorp (2014), albeit slightly adapted for the analysis of non-literary texts (see Table 1), and moves from a survey of the macro-structural features of the translations to the detailed analysis of actual fragments of the texts, in order to capture the translation strategies deployed by the translators and the role that these played in the popularization of learned medicine.

Level of Analysis	*Elements*
Preliminary data	Title and title page Metatexts General strategy
Macro-level	Text division Chapter titles Internal structure Authorial comment
Micro-level	Word selection Dominant grammatical patterns Point of view Modality Language levels
Systemic context	Opposition between macro- and micro-levels Intertextual relations Intersystemic relations

Table 1. Scheme for the description of translations, adapted from Lambert and van Gorp 2014: 52-53.

The texts were retrieved from the *Early English Books Online* database (EEBO, https://eebo.chadwyck.com/home), an online collection of texts published in England between 1475 and 1700, which contains more than 125,000 titles listed in Pollard & Redgrave's *Short-Title Catalogue (1475-1640)*, Wing's *Short-Title Catalogue (1641-1700)*, the *Thomason Tracts (1640-1661)* collection and the *Early English Books Tract Supplement*. As the study aims at gaining an insight into how learned medicine was rendered accessible to a wider audience in the second half of the seventeenth century, the corpus was compiled by collecting all translations of Latin medical works published in English from 1649 (the year of Nicholas Culpeper's first publication) to the end of the century. The key words that were used to retrieve such texts were "translated", "translation", "English" and "Englished" (Burke 2007: 26). The corpus thus obtained was then manually refined to eliminate false positives and all translations whose source texts had not been originally published in Latin. For this reason, the anonymous *The Triumphant Chariot of Antimony* (1660) and *Cista Militaris, or, a Military Chest* (1674),

and Christopher Packe's *The Works of the Highly Experienced and Famous Chymist John Rudolph Gluaber* (1689), which had been originally written in German by Basil Valentine, Wilhelm Fabry, and Johann Rudolf Glauber, respectively, and only later translated into Latin,[11] were not included in the corpus. The same applies to the anonymous *Speedy Help for Rich and Poor* (1653) and Thomas Sherley's *A Treatise of the Gout* (1676), which were originally written in French by Herman van der Heyden and Théodore Turquet de Mayerne, respectively.[12] Further texts which did not come out of the initial search but which were encountered in the research process were also included in order to provide as accurate an account as possible of the state of medical popularization in late-seventeenth-century England.

The paratextual material of the texts thus collected was analyzed by following historical sociopragmatic methods, in order to trace the context of production of the translations under scrutiny. Particular attention was drawn to the translators and their social and professional roles, the specific texts that they chose to translate, the audience they were aiming to reach, the reasons and motivations that spurred them to undertake such a task, and the purposes they hoped to serve.

The target texts were then subjected to a close-reading comparative analysis which aimed at charting the specific discursive and linguistic strategies adopted by translators to accommodate to an audience which was literate but not university-educated. Due to the high number of translations retrieved and their considerable length, the close-reading comparative analysis of target and source texts was carried out only on a sample of texts (Table 2), and is therefore not strictly quantitative.

[11] For Basil Valentine, see Debus (2008); for Wilhelm Fabry, see Porter (1985a); for Johann Rudolf Glauber, see Armstrong and Deischer (1942) and Ahonen (2008).
[12] For Herman van der Heyden, see Elaut (1956); for Théodore Turquet de Mayerne, see Sherley (1676b) and Hannaway (2008).

GENRE	ENGLISH TARGET TEXT	LATIN SOURCE TEXT	PAGES ANALYZED	WORD COUNT
Recipe Collections	ANON 1657a *The Expert Doctor's Dispensatory*	Morel (1650) *Formulæ Remediorum*	56 (octavo)	12,542
	ANON 1670 *Basilica Chymica*	Croll (1608) *Basilica Chymica*	23 (folio)	12,499
	ANON 1694 *The Compleat Method of Curing Almost All Diseases*	Sydenham (1692) *Processus Integri*	55 (octavo)	12,498
Treatises on Specific Branches of Medicine	TURNER 1657a *De Morbis Foemineis*	Massaria (1600) *Praelectiones De Morbis Mvliervm*	79 (octavo)	12,175
	PACKE 1676 *De Succo Pancreatico*	De Graaf (1664) *De Succi Pancreatici*	52 (octavo)	12,163
Treatises on Specific Diseases	ANON 1657b *The Expert Phisician*	Bauderon (1620) *Praxis*	44 (octavo)	11,930
	ANON 1674 *A Theoretical and Chiefly Practical Treatise of Fevors*	Harvey (1672) *De Febribus*	36 (octavo)	12,735
General Medical Handbooks	CARR 1657 *The Universal Body of Physick*	Rivière (1656) *Institutiones Medicæ*	34 (folio)	12,340
	ANON 1984b *The Art of Physick Made Plain and Easie*	de La Framboisière (1628) *Scholae Medicae*	77 (duodecimo)	12,449
Anatomical or Surgical Treatises	CULPEPER AND WR 1657a *A Sure Guide, Or The Best and Nearest Way to Physick and Chyrurgery*	van Diemerbroeck (1672) *Anatome Corporis Humani*	20 (folio)	12,376
	SALMON 1689 *The Anatomy of Human Bodies*	Riolan (1648) *Encheiridivm Anatomicvm et Pathologicvm*	19 (folio)	12,412

Table 2. Sample texts and sections analyzed through close-reading.

Since the analysis of the paratextual material revealed how the texts belonged to five genres of medical writing (by relevance, recipe collections and *materia medica*, treatises on specific branches of medicine, general medical handbooks, treatises on specific diseases, and anatomical and surgical treatises), the samples were chosen to allow the analysis of two texts per genre (three in the case of the recipe collections and *materia medica*, which figure at least twice as much as any other text type in the corpus). Besides genre, other elements were taken into consideration for the sample selection, including publication date, availability of the Latin source and topic. Special attention was paid to the publication date, as the two samples per genre were chosen from those published towards the beginning of the period in question (the 1650s) and those published towards the end (from the 1670s to the 1690s, depending on text type and availability). This allowed for the analysis of both diatypic (i.e. genre-related) and diachronic (i.e. time-related) variation. Indeed, although the analysis is mostly synchronic, as it looks at the second half of the seventeenth century as a whole, the period was also characterized by some deeply significant changes in the use of language, which ultimately resulted in the triumph of English as the language of science, and, therefore, requires some diachronic considerations as well. The sections for the sample analysis were randomly selected from the beginning, middle and end of each text, for a total of around 12,000 words per book, which were calculated from the *Text Creation Partnership*'s (TCP, https://textcreationpartnership.org/) transcribed version of the texts. This number of words, which covers no less than 2% of each text and roughly corresponds to 20 in folio pages, was chosen to balance the sample and, at the same time, to make the texts, which are very different in terms of number of pages and number of words per page (cf. Table 2), more easily comparable.

All non-literal translation actions which emerged from the comparative analysis of the target and source texts were then classified by using a slightly adapted version (Table 3) of the models devised by Vinay and Darbelnet (1958/1995) and Newmark (1988), as used by Alonso Almeida and Sánchez (2016). As shown in Table 3, this categorization distinguishes all non-literal translation procedures, that is, micro-level linguistic and textual techniques (Marco 2009: 70), into five groups of translation strategies, a term which, in turn, refers to the cognitive route followed in order to solve a translation problem (*ibid.*: 70). These cover both textual and cultural features and involve

elimination, addition, adaptation, and reduction of source text material (Alonso Almeida and Sánchez 2016: 46).

Translation strategies	**Translation procedures**	**Definition**
Reduction	Omission	A portion of the ST[13] is not included in the TT
	Condensation	Use of a shorter number of morphemes in the TT
	Implicitation	Explicit information in the ST is only implied in the TT
Extension	Addition	New material is included in the TT
	Explicitation	Implicit information in the ST is written out in the TT
	Amplification	Use of a larger number of morphemes in the TT
Focalization	Modulation	Change in perspective as regards the ST
	Compensation	An expression of the ST is expressed in a different place in the TT
Substitution	Partial creation	Creation of a new element in the TT to replace another with a different meaning in the ST
	(Partial) Adaptation	Replacement of a cultural-specific ST element with a cultural-specific element of the TC in the TT
	Equivalence	Use of a pragmatically similar, yet semantically different, expression in the TT
Non-Translation	(Partial) Foreignization	Retention of a SL element in the TT

Table 3. Adapted version of Alonso Almeida and Sánchez's (2016) model for the analysis of translation strategies and procedures.

As the analysis aims at delineating how the texts from the corpus rendered medical notions accessible to a wider audience, all instances of non-literal translation procedures thus identified (Table 3) were then mapped onto the popularizing strategies described by Gotti (2003), Calsamiglia and Van Dijk (2004), Garzone (2006) and Lopez Orellana (2012), as shown in Table 4.

[13] For the sake of brevity the following conventions will be used throughout: ST (source text), SL (source language), SC (source culture), TT (target text), TL (target language), TC (target culture).

Popularization Strategies	**Definition**	**Corresponding Translation Procedures**
Analogy/association	Comparison with reader's previous knowledge (through metaphors and similes)	Addition
Definition	Delimitation of a term with a brief description of an informative nature	Addition Amplification
Denomination/designation	Introduction of new vocabulary to refer to a new concept	Addition
Exemplification	Addition of examples	Addition
Explanation/explication	Clarification of a concept	Amplification
Fewer technical terms	Preference for words from the general language (and usually of a vernacular origin)	(Partial) Adaptation
Generalization	Extension of the validity of a proposition	Modulation
Reformulation/paraphrase	Introduction of synonyms and easier equivalents to render technical terms more comprehensible	Amplification
Simplification	Recontextualization and reformulation of source text material	Omission Modulation

Table 4. Popularization strategies as presented in Gotti (2003), Calsamiglia and Van Dijk (2004), Garzone (2006), and Lopez Orellana (2012).

Finally, as the analysis of the paratextual materials of the texts from the corpus revealed that some translators (or their publishers) decided to add some types of reference materials (Table 5) in order to better accommodate the learned texts to the new audience, the present work also provides an analysis of such resources, which range from specialized glossaries, to conversion tables for weights and measures, to legends of specialized characters, with the aim of understanding how these additional materials rendered the specialized language of learned medicine accessible to non-specialists.

LATIN SOURCE TEXT	ENGLISH TRGET TEXT	REFERENCE MATERIAL
RCP (1618) *Pharmacopoeia Londinensis*	CULPEPER 1649 *A Physicall Directory*	Conversion table Glossary (*Directions*)
Rivière (1640) *Praxis Medica*	CULPEPER *ET AL*. 1655 *The Practice of Physick*	Glossary (*A Physical Dictionary*)
Morel (1650) *Formulæ Remediorum*	ANON 1657a *The expert Doctors Dispensatory*	Glossary (*Expository Index*)
Bauderon (1620) *Praxis*	ANON 1657b *The Expert Physician*	Conversion table (*Special observations*)
Rivière (1656) *Institutiones Medicæ*	CARR 1657 *The universal body of physick*	Glossary (*Dictionary*)
Hall (np) *Case notes*	COOKE 1657 *Select Observations*	List of specialized characters
De Renou (1623) *Dispensatorium Medicum*	TOMLINSON 1657 *A Medicinal Dispensatory*	List of specialized characters[14]
Van Helmont (1648) *Ortvs Medicinæ*	CHANDLER 1662 *Oriatrike*	Glossary (*An Explication of some Words of Art*)[15]
De le Boe (1671) *Praxeos Medicæ Idea Nova*	GOWER 1675 *New Idea of the Practice of Physick*	List of specialized characters
Moellenbrock (1674) *Cochlearia Curiosa*	SHERLEY 1676 *Cochlearia Curiosa*	List of specialized characters
RCP (1618) *Pharmacopoeia Londinensis*	SALMON 1678 *Pharmacopoeia Londinensis*	List of specialized characters Conversion table
Willis (1676) *Opera Omnia*	PORDAGE 1681b *Dr. Willis's practice of physick*	Glossary (*Table of Hard Words*)
Willis (1676) *Opera Omnia*	PORDAGE 1681c *The Remaining Medical Works*	Glossary (*Table of Hard Words*)
Bate (1688) *Pharmacopoeia Bateana*	SALMON 1694 *Pharmacopoeia Bateana*	List of specialized characters

Table 5. Reference materials attached to the texts from the corpus.

The glossaries, in particular, were submitted to a detailed lexicographic analysis, following the systematic model proposed by Solomonick (1996), which, as shown in Table 6, identifies three components in any lexicographic definition, namely extralinguistic elements, grammatical notations and formal definitions. The first refer to those elements, such as the layout and the use of fonts, that serve to make information visually accessible to the readers; grammatical notations, instead, include a word's

[14] The medical glossary that was appended to George Sawbridge's edition of Tomlinson's translation has not been included, as his copy, being a reprint of the original, falls outside the scope of the present work. For a detailed lexicographic description of this glossary, see Tyrkkö (2009), McConchie (2019) and McConchie (2020).

[15] The glossary appended to CHANDLER 1662 is part of the paratextual material that the translator added to the second treatise included in the book, namely van Helmont, Jan Baptist. 1644. *Opuscula Medica Inaudita*. Amsterdam: Lodewijk Elzevir.

morphological, functional and syntactical properties; finally, formal definitions refer to that part of the entry which overtly explains the meaning of the entry word.

Lexicographic definition components	**Lexicographic definition elements**
Extralinguistic elements	Layout Fonts Bold Indents Numbering Illustrations
Grammatical notations	Part of speech Syntactical relations
Formal definitions	*Genus-differentia* By description By paraphrase By synonym/antonym Through word-building schemes By exemplification Through etymological devices By register

Table 6. Components and elements of a lexicographic definition as described in Solomonick (1996).

The glossaries thus analyzed were then compared to each other in order to understand which strategies were preferred for the popularization of medical notions and language, but also to track similarities and trace possible common sources and interrelations.

3. The Texts and their Context

The research retrieved a total of 66 first-edition English translations of learned medical texts published from 1649 to 1699 which had originally been printed in Latin. What follows is a chronologically ordered list of the corpus thus collected, complete with a series of notes, which specify the texts' sources and editorial sequence (Section 3.1.), and an analysis of the texts' paratextual materials which aims at gaining an insight into who the translators were, which texts they chose to translate (Section 3.2.), which target readers they were aiming at and what their intents and purposes were (Section 3.3.)

3.1. The Corpus

1. CULPEPER 1649 = Culpeper, Nicholas. 1649. A *PHYSICALL* DIRECTORY*,* OR *A translation of the LONDON* DISPENSATORY Made by the Colledge of Physicians in London. London: Peter Cole.

   Editorial notes: the text is a translation of Royal College of Physicians. 1618. *Pharmacopoeia Londinensis*. London: John Marriot. Its popularity is attested by its numerous subsequent reprints: one in 1650, 1651, 1653, two in 1654 (one printed by Peter Cole, the other probably pirated), one in 1655, three in 1659 (two printed by Peter Cole and one by Peter and Edward Cole), one in 1661 and 1665, one (printed by John Streater) in 1667, one (printed by John Streater for George Sawbridge) in 1669 and 1672, one (printed for George Sawbridge) in 1675 and 1679, two (both printed for Hanna Sawbridge) in 1683 and one (printed for Awnsham and John Churchill) in 1695 and 1702. Starting from the 1653 edition, the text came to be titled *Pharmacopoeia Londinensis: Or The London Dispensatory*. While the first nine editions are very similar to each other, starting from the 1661 edition, the English text underwent quite a few significant changes as the monarchy had been restored and with it the power of the Royal College of Physicians, thus making it necessary to eliminate all attacks on the College's authority in order to keep it saleable (Sanderson 1999: 151).

2. CHARLETON 1649 = Charleton, Walter. 1649. A TERNARY OF PARADOXES. The Magnetick Cure of Wounds. The Nativity of Tartar in Wine. The Image of God in Man. Written originally by *Joh. Bapt. Van Helmont*, and Translated, Illustrated, and Ampliated BY *WALTER CHARLETON,* Doctor in Physick, and Physician to the late King. London: James Flesher and William Lee.

   Editorial notes: The text is a translation of three treatises separately published by Jan Baptist van Helmont[16] between 1621 and 1648: van Helmont, Jan Baptist. 1621. *De Magnetica Vulnerum Curatione.* Paris; van Helmont, Jan Baptist. 1644. "De Lithiasi", in *Opuscola Medica Inaudita*. Amsterdam: Lodewijk Elzevir; and van Helmont, Jan Baptist. 1648. "Imago Dei", in *Ortvs Medicinæ*. Amsterdam: Lodewijk Elzevir. It was reprinted in 1650.

3. ANON 1649a = Anonymous. 1649. ΑΓΓΕΙΟΛΟΓΙΑ [Aggeiologia]: Or, A Description of the Vessells in the body of MAN, Of the three kinds, i.e. OF THE VEINS, ARTERIES, and NERVES, Especially of those in the Limbs and Habit of the Body: Whereof there are also given Anatomicall Figures, (the largest and fairest that ever were published with any ENGLISH book.) In three Tractates. Translated out of the Anatomie of *Adrianus Spigelius* […]. London: Richard Cotes and John Clark.

   Editorial notes: the text is a translation of van den Spiegel, Adriaan.[17] 1627. *De Hvmani Corporis Fabrica*. Venice: Evangelista Deuchino.

4. ANON 1649b = Anonymous. 1649. THE Countrey-man's APOTHECARY. OR, A Rule by which Countrey-men may safely walke in taking PHYSICKE. Not unusefull for Cities. A TREATISE, Shewing what Herbe, Plant, Root, Seed, or Minerall, may be used in Physick in the room of that

[16] Jan Baptist Van Helmont (1577-1644) was a Belgian physician and one of the most influential supporters of iatrochemistry of the seventeenth century (Porter 1985a, Ducheyne 2008, and Fransen 2014).

[17] Adriaan van den Spiegel (1578-1625) was a Belgian physician, Professor of Anatomy and Surgery at the University of Padua. He is considered to be one of the most influential anatomists and physicians of the seventeenth century (Lindeboom 2008b, and Ghosh et al. 2014).

which is wanting. Published for the good of the KINGDOME. London: Th.[omas] Andrews.

Editorial notes: the text is a translation of Rondelet, Guillaume.[18] 1570. *De Medicamentis Internis et Externis Pharmacopolarum Officina*. Paris: Jean Macé.

5. PEMELL 1649 = Pemell, Robert. 1649. DE MORBIS CAPITIS; OR, Of the chief internall Diseases of the HEAD. WITH Their Causes, Signes, Prognosticks, and Cures, for the benefit of those that understand not the Latine tongue. London: Philemon Stephens.

   Editorial notes: the text is a translation of Alsario della Croce, Vincenzo.[19] 1617. *De Morbis Capitis Freqventioribvs*. Rome: Guglielmo Facciotti.

6. CHARLETON 1650 = Charleton, Walter. 1650. Deliramenta Catarrhi: OR, THE INCONGRUITIES, IMPOSSIBILITIES, and ABSURDITIES Couched under the Vulgar Opinion of DEFLUXIONS. The Author, That great Philosopher, by Fire, *Joh. Bapt. Van Helmont*, *&c*. The Translator and Paraphrast D^{r}. CHARLETON, Physician to the late KING. London: E. G. and William Lee.

   Editorial notes: the text is a translation of van Helmont, Jan Baptist. 1648. "Deliramenta catarrhi", in *Ortvs Medicinæ*. Amsterdam: Lodewijk Elzevir.

7. ARMIN 1651 = Armin, Phil. 1651. A Treatise of the RICKETS: Being a Diseas common to CHILDREN. Wherin (among many other things) is shewed, 1. *The Essence* 2. *The Causes* 3. *The Signs* 4. *The Remedies* of the Diseas. Published in Latin by *Francis Glisson*, *George Bate*, And *Ahasuerus Regemorter*; Doctors in Physick, and Fellows of the Colledg of Physitians at *London*. Translated into English by *Phil. Armin*. London: Peter Cole.

[18] Guillaume Rondelet (1507-1566) was a French physician and anatomist, also known as one of the founders of ichthyology (Keller 2008, and Mian et al. 2014).
[19] Vincenzo Alsario della Croce (ca. 1576-p. 1632) was an Italian physician, Professor of Practical Medicine in Rome and physician to Pope Gregory XV (Beretta 2008).

Editorial notes: the text is a translation of Glisson, Francis,[20] George Bate,[21] and Ahasuerus Regemorter.[22] 1650. *Tractatus De Rachitide*. London: William Dugard, Laurence Sadler and Robert Beaumont. It was reprinted twice in 1668 (both editions were printed by John Streater for George Sawbridge). The second and third editions were ascribed to Nicholas Culpeper, probably in order to promote sales (Sanderson 1999: 89).

8. WITTIE 1651 = Wittie, Robert. 1651. *Popular Errours*. OR THE Errours of the People IN PHYSICK, First written in Latine by the learned Physitian JAMES PRIMROSE Doctor in Physick. *Divided into foure Bookes*. *viz*. 1. The first treating concerning Physicians. 2. The second of the Errours about some diseases, and the knowledge of them. 3. The third of the Errours about the diet; as well of the sound as of the sick. 4. The fourth of the Errours of the people about the use of remedies. […] Translated into English by ROBERT WITTIE Doctor in Physick. London: W.[illiam] Wilson and Nicholas Bourne.

   Editorial notes: the text is a translation of Primrose, James.[23] 1638. *De Vulgi Erroribus in Medicina*. London: B[ernard] A[lsop], T[homas] F[awcet] and H. Robinson.

9. ANON 1653 = Anonymous. 1653. THE ANATOMICAL Exercises of D[r]. *WILLIAM HARVEY* Professor of Physick, AND Physician to the Kings Majesty, Concerning the motion of the *Heart* and *Blood*. WITH The Preface of *Zacharias Wood* Physician of *Roterdam*. To which is added Dr. *James De Back* his discourse of the *Heart*, Physician in ordinary to the Town of *Roterdam*. London: Francis Leach and Richard Lowndes.

[20] Francis Glisson (1597-1677) was an English physician and anatomist, a Fellow, Councilor and President of the Royal College of Physicians in London and an early member of the Royal Society (Castiglioni 1936, Temkin 1980, and Porter 1985a).
[21] George Bate (1608-1668) was a prominent English medical practitioner, chief physician to Charles I, Oliver Cromwell and Charles II (Bruce-Chwatt 1983, and Furdell 2008).
[22] Ahasuerus Regemorter (d. 1650) was an English physician, and a Fellow and Censor of the Royal College of Physicians in London (Munk 1861).
[23] James Primrose (1600-1659) was an English physician, best known as the orthodox Galenic opponent of Harvey's discovery of the circulation of the blood (Wear 2000: 76, and Birken 2004).

Editorial notes: the text is a translation of Harvey, William. 1628. *Exercitatio Anatomica De Motv Cordis et Sangvinis in Animalibvs*. London: William Fitzer. It was reprinted in 1673.

10. PARKHURST 1653 = Parkhurst, Ferdinando. 1653. *Medicina Diastatica*, OR Sympatheticall MUMIE: *CONTAINING*, Many mysterious and hidden Secrets In *PHILOSOPHY* and *PHYSICK*. By the *Construction Extraction Transplantation* and *Application* of *Microcosmical & Spiritual* MUMIE. Teaching the *Magneticall* cure of Diseases at Distance, *&c*. Abstracted from the Works of D^r^. *THEOPHR. PARACELSUS*: By the labour and industry of *Andrea Tentzelius*, Phil. & Med. *Translated out of the Latine* by FERDINANDO PARKHURST, Gent. London: T.[homas] Newcomb and T.[homas] Heath.

Editorial notes: the text is a translation of Tentzel, Andreas.[24] 1629. *Medicina Diastatica*. Jena: Johann Birckner.

11. CULPEPER 1653a = Culpeper, Nicholas. 1652 [i.e. 1653, cf. ESTC]. GALENS ART OF PHYSICK: Wherein is laid down, 1. A Description of Bodies, Healthful, Unhealthful, and Neutral. 2. Signs of good and bad Constitutions. 3. Signs of the *Brain*, *Heart*, *Liver*, *Testicles*, *Temperature*, *Lungues*, *Stomach*, *&c*. being too *Hot*, *Cold*, *Dry*, *Moist*, *Hot and dry*, *Hot and moist*, *Cold and dry*, *Cold and moist*. 4. Signs and Causes of Sickness. […] Translated into English, and largely Commented on; Together with convenient Medicines for all particular Distempers of the Parts, a Description of the Complexions, their Conditions, and what Diet and Exercise is fittest for them. By *Nich*.[olas] *Culpeper*, Gent. Student in Physick and Astrologie. London: Peter Cole.

Editorial notes: the text is a translation of Galen's[25] *De Methodo Medendi*. It was reprinted in 1657 and 1662 by Peter Cole and in 1671 by John Streater.

[24] Andreas Tentzel (*fl.* 1625) was a German Paracelsian physician (Kassel 2007: 105).
[25] Galen (129-216) was a Greek physician whose ideas, which were transmitted equally by his own writings and by summaries, *compendia*, and commentaries, dominated the medicine of the Middle Ages and Renaissance (Kudlien 2008).

12. CULPEPER 1653b = Culpeper, Nicholas. 1653. THE ANATOMY OF THE Body of Man: Wherein is exactly described every Part thereof, in the same Manner as it is Commonly shewed in Publick *Anatomies*. And for the further help of yong *Physitians* and *Chyrurgions*, there is added very many *Copper Cuts*, far larger than is printed in any Book written in the English Tongue. Also *Explanations* of every particular expressed in the Copper Plates. *Published in Latin* By *Joh. Veslingus*, Reader of the *Publick Anatomy* in the most Famous University of Padua; *And Englished* By *Nich*.[olas] *Culpeper* Gent. Student in Physick and Astrology, living in Spittle-fields neer *London*. London: Peter Cole.

    Editorial notes: the text is a translation of Vesling, Johann. 1641. *Syntagma Anatomicvm*. Padua: Paolo Frambotto. It was reprinted in 1677 by John Streater.

13. ANON 1654 = Anonymous. 1654. PHYSICALL AND CHYMICALL VVORKS, Composed by *Geor*: *Phædro*, sirnamed the Great, of *Gelleinen*; viz. 1. *His Physicall and Chymicall Practise*. 2. *His Physicall and Chymicall Cure of the Plague*. 3. *His lesser Chirurgery*. 4. *His Chymicall Fornace*. Being the Chymicall way and manner of Cure of the most difficile and incurable diseases: as also the preparing those Secrets; with the Elucidation of the Characteristicall Coelestiall Physick. Selected out of the Germane and Latine language; By the industry of *John Andreas Schenckius* of *Grassenberg*, Doctor of Physick. London: William Sheares.

    Editorial notes: the text is a translation of Schenk, John Andreas.[26] 1611. *Praxis Iatrochemica*. Frankfurt. It had two further editions in 1656 and 1674, the latter of which was ascribed to Nicholas Culpeper, probably to promote sales.

14. CULPEPER 1654 = Culpeper, Nicholas. 1654. A NEW METHOD OF PHYSICK: OR, *A Short* VIEW *of* Paracelsus *and* Galen's *Practice*; *In 3. Treatises*. I. Opening the Nature of Physick and Alchymy. II. Shewing what things are Requisite to a Physitian and Alchymist. III. Containing an

[26] No biographical information on the author could be found.

Harmonical Systeme of Physick. *Written in Latin by* Simeon Partlicius, *Phylosopher, and Physitian in Germany*. *Translated into English* By NICHOLAS CULPEPER, Gent. Student in *Physick* and *Astrologie*, Dwelling on the east-side of *Spittle-fields*, neer *London*. London: Peter Cole.

Editorial notes: the text is a translation of Partliz, Simeon.[27] 1625. *Medici Systematis Harmonici*. Frankfurt: David Aubry, Daniel Aubry and Clemens Schleich.

15. VAUGHAN 1655 = Vaughan, Henry. 1655. HERMETICAL PHYSICK: OR, The right way to preserve, and to restore HEALTH. BY that famous and faithfull Chymist, *HENRY NOLLIUS*. Englished by HENRY UAUGHAN, Gent. London: Humphrey Moseley.

Editorial notes: the text is a translation of Nolle, Heinrich.[28] 1613. *Systema Medicinae Hermeticæ Generale*. Frankfurt: Zacharias Palthenius.

16. CULPEPER *ET AL*. 1655 = Culpeper, Nicholas, Abdiah Cole, and William Rowland. 1655. THE Practice of Physick *IN* Seventeen several Books. *Wherein is plainly set forth*, *The* Nature, Cause, Differences, *and Several Sorts of* Signs; *Together with the* Cure *of all Diseases in the Body of Man*. By *Nicholas Culpeper*, Physitian *and* Astrologer. *Abdiah Cole*, Doctor of Physick. And *William Rowland*, Physitian. Being chiefly a Translation of THE WORKS OF THAT Learned and Renowned Doctor, Lazarus Riverius, Now living: *Councellor* and *Physitian* to the present *King* of *France*. London: Peter Cole.

Editorial notes: the text is a translation of Rivière, Lazare. 1640. *Praxis Medica*. Paris: Olivier de Varennes. Its success is testified by its subsequent reprints in 1658, 1661, 1663, 1665 and 1666 by Peter Cole and in 1668, 1672 and 1678 by John Streater for George Sawbridge. The text was probably at least re-edited by

[27] Simeon Partliz (1588-1640) was a Czech astronomer and physician (*Deutsche Biographie*).
[28] Heinrich Nolle (d. 1626) was a German hermetic physician (Heß 1885b).

other translators, but attributed to Culpeper to exploit his brand name (McCarl 1996).

17. CULPEPER 1656 = Culpeper, Nicholas. 1656. MEDICAMENTS For the Poor; *Or*, PHYSICK For the Common People. Containing, *Excellent Remedies for most Common Diseases, incident to Mans Body; made of such things as are common to be had in almost every Country in the World: and are made with little Art, and smal Charge*. […] *First written in Latin, by that Famous and Learned Doctor, John Prevotius, Phylosopher, and Publick Professor of Physick in Padua*. Translated into English, and something added, By *Nich.*[olas] *Culpeper*, Student in Physick, and Astrology. London: Peter Cole.

    Editorial notes: the text is a translation of Prevost, Jean.[29] 1641. *Medicina paupervm*. Frankfurt: Johann Beyer and Kaspar Rötel. It was reprinted in 1661 (by Edward and Peter Cole), 1662 (by Peter Cole), 1665 (in Edinburgh), and 1670 (by John Streater for George Sawbridge). The text was probably at least re-edited by other translators, but attributed to Culpeper to exploit his brand name (McCarl 1996).

18. ANON 1656a = Anonymous. 1656. The Compleat DOCTORESS: OR, A Choice Treatise of all Diseases insident to Women. WITH Experimentall Remedies against the same. Being *Safe in the composition*. *Pleasant in the Use*. *Effectuall in the Operation. Faithfully translated out of* Latine *into* English *for a common good*. London: Edward Farnham.

    Editorial notes: although the text is explicitly presented as being a translation from Latin, the source text could not be found.[30]

[29] Jean Prevost (1585-1631) was a Swiss physician and botanist, *prefetto* ["prefect"] of the Orto Botanico in Padua and Professor of Practical Medicine at the University of Padua (Saccardo 1895: 7).

[30] University of Oxford. 2013. *The compleat doctoress: or, A choice treatise of all diseases insident to women. With experimentall remedies against the same. Being safe in the composition. Pleasant in the use. Effectuall in the operation. Faithfully translated out of Latine into English for a common good*. Oxford Text Archive. http://hdl.handle.net/20.500.12024/A80289.

19. ANON 1656b = N. D. B. P. 1656. THE INSTITUTIONS OR FUNDAMENTALS Of the whole Art, both of PHYSICK AND CHIRURGERY, Divided into five Books. Plainly discovering all that is to be known in both; as the Subject and end of Physick; the Nature of all Diseases, their *Causes*, *Signs*, *Differences*, *Events* and *Cures*. ALSO the Grounds of *Chymistry*, and the way of making all sorts of Salves, and preparing of Medicines according to Art; nothing of the like nature in English before. Written first in Latine by that Great and Learned Phycitian D. *Sennertus*, Doctor and Professor of Physick. Made English by *N. D. B. P.* late of Trinity Colledge in *Cambridge*. London: Lodowick Lloyd.

Editorial notes: the text is a translation of Sennert, Daniel.[31] 1611. *Institutionum Medicinæ Libri V*. Wittenberg: Zacharias Schürer and Wolfgang Meissner. It was followed by a second edition in 1668.

20. ANON 1657a = Anonymous. 1657. The Expert DOCTORS Dispensatory. The whole Art of Physick Restored to Practice. The Apothecaries Shop, and Chyrurgions Closet open'd; wherein all safe and honest practices are maintained, and dangerous mistakes discovered; and what out of subtilty for their own profits they have indeavoured to reserve to themselves, now at last impartially divulged and made common. […] To which is added by *Jacob a Brunn*, publick Professor of Physick in *Basil*, a Compendium of the Body of Physick; wherein all the Medicaments Vniversal and Particular, Simple and Compound, are fitted to the practice of Physick; and these forms of remedies now before prescribed by the famous *P. Morellus*, chief Physitian to the King of *France*, and Chancellour of the Vniversity of *Montpellier*. London: N.[athaniel] Brook.

Editorial notes: the text is a translation of Morel, Pierre.[32] 1650. *Formvlæ Remediorvm*. Rouen: Johannis Berthelin, which also included Johann Jacob von

[31] Daniel Sennert (1572-1637) was a German physician and Professor of Medicine at the University of Wittenberg. He was considered to be one of the most important thinkers of his time and had a great influence over medical practice until the beginning of the nineteenth century (Kangro 1980, Porter 1985a, and Cook 1986: 61).
[32] No biographical information about this author could be found.

Brunn's[33] *Systema Materiæ Medicæ*. The 22 July 1656 registration of the text by John Garfield specifies that the text was translated by T. H., "practitioner in physicke and chemistry"[34].

21. ANON 1657b = B.W. 1657. THE Expert Phisician: Learnedly treating of all *AGUES* and *FEAVERS*. Whether Simple or Compound. Shewing their different Nature, Causes, Signes, and Cure. […] Written originally by that famous Doctor in Phisick, *Bricius Bauderon*, and Translated into English by *B. W.* Licentiate in Physick by the University of *Oxford.* London: R. I.[35] and John Hancock.

    Editorial notes: the text is a translation of Bauderon, Brice.[36] 1620. *Praxis in Dvos Tractatvs Distincta*. Paris: Sébastien Cramoisy.

22. CARR 1657 = Carr, William. 1657. THE UNIVERSAL BODY OF PHYSICK In five books; COMPREHENDING THE SEVERAL TREATISES Of *Nature*, of *Diseases* and their causes, of *Symptomes*, of the preservation of *Health*, and of *Cures*. *Written in Latine by that famous and learned doctor* LAZ.[arus] RIVERIUS, Counsellor and Physitian to the present King of *France*, and Professor in the Vniversity of MONTPELLIER. *Exactly translated into English by* VVILLIAM CARR *Practitioner in Physick*. London: Henry Eversden.

    Editorial notes: the text is a translation of Rivière, Lazare. 1656. *Institvtiones Medicæ*. Lyon: Antoine Cellier. It was reprinted in 1657 for Henry Eversden.

23. COOKE 1657 = Cooke, James. 1657. *Select Observations* ON ENGLISH BODIES, OR, Cures both Empericall and Historicall performed upon very eminent Persons in desperate Diseases. First, written in Latine by Mr. *John*

[33] No biographical information about this author could be found.
[34] *Transcript of the Register of the Worshipful Company of Stationers; from 1640–1708 A.D.* Volume II. 1913. London: Privately printed.
[35] The initials printed on the title page may refer to Robert Ibbitson, a printer active in London between 1646 and 1661 (Plomer 1907).
[36] Brice Bauderon (c. 1540-1623) was a French physician and pharmacologist (Bouvet and Volckringer 1959).

Hall Physician, living at *Stratford* upon *Avon* in *Warwick-shire*, where he was very famous, as also in the Counties adjacent, as appears by these Observations drawn out of several hundreds of his, as choysest. Now put into English for common benefit by *James Cooke* Practitioner in *Physick* and *Chirurgery*. London: John Sherley.

Editorial notes: the text is a translation of the unpublished case notes of John Hall,[37] physician in Stratford-upon-Avon, which were sold to James Cooke by Hall's widow (Lane 2008). It had three further editions, one in 1679 (printed by J[ohn]. D[arby] for Benjamin Shirley) and two in 1683 (one printed for Samuel Eddowes and the other for William Marshall).

24. CULPEPER AND WR 1657a = Culpeper, Nicholas and W.R. 1657. A SURE GUIDE, OR, The *BEST* and *NEAREST* Way TO Physick and Chyrurgery: That is to say, The *Arts of Healing* by *Medicine* and MANUAL OPERATION. Being an *Anatomical Description* of the whol Body of Man, and its Parts, with their *Respective Diseases*, demonstrated from the *Fabrick* and *Use* of the *said Parts* […] Written in Latine, by *Johannes Riolanus*, Junior; Doctor of Physick, Physitian in ordinary to the *Queen Mother of France* many years together, and the last she had: And also the *Kings Professor* of *Anatomy* and *Herbarism*, in the University of *Paris*. Englished by *Nich*.[olas] *Culpeper*, Gent. and *W. R.* Doctor of the *Liberal Arts*, and of *Physick*. London: Peter Cole.

Editorial notes: the text is a translation of Riolan, Jean. 1648. *Encheiridivm Anatomicvm et Pathologicvm*. Paris: Gaspard Meturas. It was reprinted in 1665 and 1671. The text was probably at least re-edited by other translators, but attributed to Culpeper to exploit his brand name (McCarl 1996).

25. CULPEPER AND WR 1657b = Culpeper, Nicholas and W.R. 1657. THE Idea *of* Practical Physick IN TWELVE BOOKS. VIZ. 1 *The Art to preserve Health*. 2 *Of the Preternatural Disorders of Mans Body, and their Signs*. 3

[37] John Hall (1574/5?-1635) was an English physician in Stratford-upon-Avon. He is best remembered for having married Susanna Shakespeare (*bap*. 1583-1649), daughter of William Shakespeare (Lane 2008).

Of Medicaments. 4 *Of the Art of Healing*. 5 *Of the general Cure of Diseases*. 6 *Of External Diseases*. 7 *Of Feavers*. 8 *Of Head Diseases*. 9 *Of Middle-belly Diseases*. 10 *Of Lower-belly Diseases*. 11 *Of Venemous Diseases*. 12 *Of Childrens Diseases*. […] Written in Latin by *John Johnston*, Professor of Physick in the famous City of FRANCFORT. And Englished By *Nich*.[olas] *Culpeper*, Gent. Student in Physick and Astrology. And *W R.* London: Peter Cole.

Editorial notes: the text is a translation of Johnston, John.[38] 1644. *Idea Vniversæ Medicinæ Practicæ*. Amsterdam: Lodewijk Elzevir. It was reprinted in 1661 by Edward and Peter Cole and in 1663 by Peter Cole. The text was probably at least re-edited by other translators, but attributed to Culpeper to exploit his brand name (McCarl 1996).

26. TOMLINSON 1657 = Tomlinson, Richard. 1657. A Medicinal DISPENSATORY, Containing The whole Body of Physick: DISCOVERING the Natures, Properties, and Vertues of *Vegetables*, *Minerals*, & *Animals*: the manner of Compounding MEDICAMENTS, and the way to administer them. Methodically digested into FIVE BOOKS OF Philosophical and Pharmaceutical INSTITUTIONS; THREE BOOKS OF PHYSICAL MATERIALS Galenical and Chymical. Together with a more Perfect and Absolute PHARMACOPOEIA OR Apothecaries Shop. [...] Composed by the Illustrious RENODÆUS, Chief Physician to the Monarch of *France*; And now Englished and Revised, by *Richard Tomlinson* of London, Apothecary. London: Jo[hn] Streater, Ja. Contrel and Henry Fletcher.

Editorial notes: the text is a translation of de Renou, Jean.[39] 1623. *Dispensatorivm Medicvm*. Paris: Societas Minima. The text had 5 different editions in 1657, all printed by John Streater and James Cottrell, and sold by Henry Fletcher, Giles Calvert, Francis Tyton and George Sawbridge (McConchie 2019: 72).

[38] John Jonston (1603-1675) was a Polish physician of Scottish descent, Professor of Medicine at Frankfurt. His work profoundly contributed to seventeenth-century medical thought (Crellin 1980).
[39] Jean de Renou (1558-1620) was a French physician, appointed Court Physician and Apothecary to Henry III of France (Duffin, Moody and Gardner-Thorpe 2011).

Interestingly, the two editions that were sold by Sawbridge also included "A Physical Dictionary", an anonymous glossary which is described on its title page as being "Published for the more perfect understanding Of M[r.] Tomlinson's Translation of Rhaenodaeus Dispensatory". The glossary was separately registered by John Garfield on 12 February 1657, almost a year after the translation itself had been registered,[40] and was also published as a stand-alone text later in the same year by Garfield himself. Such circumstantial evidence points to Sawbridge's edition as a slightly subsequent one, whose authorship still is uncertain (Tyrkkö 2009: 175). While Tomlinson may seem the perfect candidate (Tyrkkö 2009: 183), the glossary's anonymity and his contact points with other contemporaneous works (McConchie 2019: 73-77, and McConchie 2020) seem to suggest otherwise.

27. TURNER 1657a = Turner, Robert. 1657. *De Morbis Foemineis*, THE Womans Counsellour: OR, *The Feminine Physitian*. MODESTLY Treating of such occult accidents, and secret Diseases, as are incident to that Sex, which their too much modesty, too often to their sorrow, causes them to conceal from others; for a Remedy whereof, they are here taught to be their own helpers […] Translated out of *Massarius de morbis Mulier*. By *R.*[obert] *T.*[urner]. London: John Streater.

    Editorial notes: the text is a translation of Massaria, Alessandro.[41] 1600. *Praelectiones De Morbis Mvliervm*. Leipzig: A. Lamberg. It had two further editions in 1659 and 1686.

28. TURNER 1657b = Turner, Robert. 1657. *Enchiridion Medicum*: AN ENCHIRIDION Of the Art of PHYSICK. Methodically prescribing Remedies In such an Order, That it may be accounted To the Sick-man a SANCTUARY, AND To the Studious a LIBRARY: CONTAINING *A Salubrious Remedy for every Malady* incident to the body of Man. Very

[40] Tomlinson's translation of De Renou's *Dispensatorium Medicum* was registered by Richard Moone on 14 June 1656 and transferred to Giles Calvert, John Streater, James Cottrel and Henry Fletcher on 19 June 1656 (*Transcript of the Register of the Worshipful Company of Stationers; from 1640–1708 A.D.* Volume II. 1913. London: Privately printed).

[41] Alessandro Massaria (1510-1598) was an Italian physician practicing in Vicenza and Venice and, later, Professor of Medicine in Padua. He was a staunch supporter of Hippocratic and Galenic medicine and an opponent of any innovation. He is best remembered for his role during the plague epidemic of 1575-79 (Porter 1985a).

necessary to be known and understood of all that desire their own Health. Written in Latine, by our learned Country-man JOHN SADLER Dr. in Physick: Translated, revised, corrected and augmented by *R.*[obert] *T.*[urner]. London: J. C.,[42] R.[ichard] Moone and Henry Fletcher.

Editorial notes: the text is a translation of Sadler, John.[43] 1637. *Praxis Medicorvm Vel, Formvla Remediorvm*. London: Ric.[hard] Oulton, Phil.[emon] Stephens and Christ.[opher] Meredith. The Stationers' Register entry of 22 August 1656 lists the text as translated by Richard Tomlinson.[44] The dedicatory epistle and the letter to the reader are, however, signed by Robert Turner, thus pointing to the latter as the actual translator.

29. TURNER 1657c = Turner, Robert. 1657. The Compleat BONE-SETTER: Wherein The Method of curing broken Bones, and Strains, and Dislocated Joynts, together with Ruptures, vulgarly called *Broken Bellyes*, is fully demonstrated. Whereunto is added *The Perfect Oculist*, and *The Mirrour of Health*, Treating of the Pestilence, and all other Diseases incident to Men, Women and Children. Also, the Acute Judgement of URINES. Written originally by *Friar Moulton*, of the Order of *St. Augustine*. Now Revised, Englished and Enlarged by ROBERT TURNER. London: J.C. and Martha Harison.

Editorial notes: although the text is advertised as being a translation of Thomas Moulton[45] (*fl*. 1530), the Latin original has not been traced and the treatise seems to contain little of Moulton's work and ideas (Carr and Davies 2004). It was reprinted twice in 1665 for Thomas Rooks and once in 1666 for Nath. Crouch.

[42] The initials may refer to either John Clowes, a printer active in London from 1647 to 1660, or to James Cottrell, a printer active in London from 1649 to 1664, who was arrested for illegally printing law books (Plomer 1907) and also published one of the five 1657 editions of Richard Tomlinson's translation of De Renou (see TOMLINSON 1657).
[43] John Sadler (1615-1664), M.D. of Norwich (cf. RCP). No further biographical information about this author could be found.
[44] *Transcript of the Register of the Worshipful Company of Stationers; from 1640–1708 A.D.* Volume II. 1913. London: Privately printed.
[45] Thomas Moulton (*fl*. 1630) was a Dominican friar, best remembered as the author of the medical and astrological *Myrrour or glasse of helth* (1531) (Carr and Davies 2004).

30. ANON 1658 = Anonymous. 1658. THE SECRET MIRACLES OF NATURE: In Four Books. Learnedly and Moderately treating of Generation, and the Parts thereof; the SOUL, and its Immortality; of Plants and living Creatures; of Diseases, their Symptoms and Cures, and many other Rarities not treated of by any Author Extant […] Written by that Famous Physitian, *Levinus Lemnius*. London: Jo.[hn] Streater, and Humphrey Moseley.

    Editorial notes: the text is a translation of Lemnie, Levine.[46] 1571. *De Miracvlis Occvltis Natvræ*. Cologne: C. Plantin.

31. CHARLETON 1659 = Charleton, Walter 1659. NATURAL HISTORY Of NUTRITION, LIFE, and VOLUNTARY MOTION. Containing All the *NEW DISCOVERIES* of *ANATOMIST'S*, and most probable Opinions of *PHYSICIANS*, Concerning the *OECONOMIE OF HUMAN NATURE*; Methodically delivered in *EXERCITATIONS PHYSICO-ANATOMICAL*. By WALT.[er] CHARLTON: *M.D.* London: Henry Herringman.

    Editorial notes: the text is a self-translation of Charleton, Walter.[47] 1659a. *Oeconomia animalis*. London: Daniels and Redman.

32. JACKSON 1660 = Jackson, Henry. 1660. ΜΙΚΡΟΚΟΣΜΟΓΡΑΦΙΑ [Mikrokosmographia]: OR, A DESCRIPTION OF THE Body of Man: BEING A Practical Anatomy, SHEVVING The Manner of Anatomizing from Part to Part; The like hath not been set forth in the English Tongue. Adorned with many demonstrative Figures Long since composed in Latine by that famous *J. Berengarius* of *Carpus*, Dr. of A. & P., Reader of Chirurgery in the University of BONONIA. Done into English by *H.*[enry]

[46] Levine Lemnie (1505-1568) was a Dutch physician who studied in Padua under Vesling (Blok and Molhuysen 1930, Klaniczay, Kushner and Chavy 2000, and Riviere 2017).

[47] Walter Charleton (1620-1707) was an English physician practicing in London, appointed physician-in-ordinary to Charles I and Charles II. He was a supporter of the newly founded iatrochemistry and his translations of Van Helmont's works were the first to appear in English. He was one of the earliest and most active Fellows of the Royal Society and a prominent member of the Royal College of Physicians (Henry 2010).

Jackson Chirurgeon By whom is also added a fit Etymon to the Names of the Parts, in their proper place. London: Livewell Charman.

Editorial notes: the text is a translation of Berengario da Carpi, Jacopo.[48] 1522. *Isagoge Breues Perlucide Ac Uberrime in Anatomiam Humani Corporis*. Bologna: Benedetto Faelli. It was reprinted in 1664.

33. CHANDLER 1662 = Chandler, John. 1662. ORIATRIKE, OR, Physick Refined. The common ERRORS therein REFUTED, And the whole ART Reformed & Rectified: BEING A New Rise and Progress of PHYLOSOPHY and MEDICINE, for the Destruction of Diseases and Prolongation of Life. Written by that most Learned, Famous, Profound, and Acute Phylosopher, and Chymical Physitian, John Baptista Van Helmont, [?] or Governor, in *Morede*, *Royenborch*, *Oorschot*, *Pellines*, &c. And now faithfully rendered into *English*, in tendency to a common good, and the increase of true Science; By *J*.[ohn] *C*.[handler] sometime of *M*. *H*. *Oxon*. London: Lodovick Lloyd.

Editorial notes: the text is a translation of two books written by Jan Baptist van Helmont: van Helmont, Jan Baptist. 1648. *Ortvs Medicinæ*, Amsterdam: Lodewijk Elzevir, and van Helmont, Jan Baptist. 1644. *Opuscula Medica Inaudita*, Amsterdam: Lodewijk Elzevir.

34. CULPEPER AND COLE 1662 = Culpeper, Nicholas and Abdiah Cole. 1662. Bartholinus Anatomy; MADE From the Precepts of his Father, And from the Observations of all Modern Anatomists; together with his own. *With one hundred fifty and three* Figures; *cut in Brass, much larger and better than any have been heretofore printed in English*. […] Being part of the first Volumn [sic] of the PHYSITIANS LIBRARY, Published by *Nich*.[olas] *Culpeper* Gent. And *Abdiah Cole* Doctor of Physick. London: Peter Cole.

[48] Jacopo Berengario da Carpi (ca. 1460-1530) was an Italian physician and anatomist, Professor of Anatomy at the University of Bologna. He was one of the most renowned anatomists of the sixteenth century, and the first to recognize the value and significance of anatomical illustrations in clarifying a text (O'Malley 2008b, and Parent 2019).

Editorial notes: the text is a translation of Bartholin, Thomas. 1641. *Institvtiones Anatomicæ*. Leiden: Franciscus Hackius. It was reprinted twice in 1663, twice in 1665 and once in 1668. The text was probably at least re-edited by other translators, but attributed to Culpeper to exploit his brand name (McCarl 1996).

35. ANON 1664 = Anonymous. 1664. A DISCOURSE Touching Generation. Collected out of *LÆVINUS LEMNIUS*, A most Learned Physitian. Fit for the use of Physitians, Midwifes, and all young Married People. London: John Streater.

    Editorial notes: the text is a translation of the sections that have to do with generation of Lemnie, Levine. 1571. *De Miracvlis Occvltis Natvræ*. Cologne: C. Plantin. It was reprinted in 1664 and twice in 1667. The translated sections are identical to the ones in ANON 1658, which, incidentally, was published by the same bookseller.

36. ANON 1665 = Anonymous. 1665. THE EIGHT SECTIONS OF HIPPOCRATES APHORISMES Review'd and Rendred into *English*, According to the Translation of *Anutius Foesius*. Digested into an exact and methodical form. AND Divided into several *convenient Distinctions*, and every *Distinction* into several *Chapters*, wherein every *Aphorisme* is Reduced to its *proper Subject*. […] London: W. G.[49] and Rob.[ert] Crofts.

    Editorial notes: the text is a translation of Foës, Anuce.[50] 1588. *Oeconomia Hippocratis, Alphabeti Serie Distincta*. Amsterdam: Claude Marne and Johann Aubrius.

37. ANON 1666 = Anonymous. 1666. SEVERAL CHOICE HISTORIES Of the MEDECINES *MANNER* and *METHOD* Used in the *CURE* of the PLAGUE. WRITTEN by that Famous (and in this DISEASE) Incomparable Physitian, *ISBRANDUS DIEMERBROICK*; A Professor of Physick. *And*

[49] The initials may refer to William Godbid, a printer active in London from 1656 to 1677 (Plomer 1907).
[50] Anuce Foës (1528-1595) was a French physician, best known for his translation of Hippocrates (Masius 1960).

now Translated into English, with his own ANNOTATIONS upon every HISTORY. […] London: [Matthew Keinton].

Editorial notes: the text is a translation of van Diemerbroeck, Isbrand.[51] 1665. *Tractatvs De Peste in Quatuor Libros Distinctus*. Amsterdam: Joan Blaeu.

38. ROWLAND 1668 = Rowland, William. 1668. A New and Needful TREATISE OF SPIRITS and WIND Offending Mans Body. Wherein are discovered their Nature, Causes and Effects. By the Learned Dr. *Fienus*. And Englished by *William Rowland* A. M. For the Improvement of Physick, and more speedy Cure of Diseases. London: J. M.,[52] Benjamin Billingsley and Obadiah Blagrave.

Editorial notes: the text is a translation of Feyens, Jean.[53] 1592. *De Flatibus Humanum Corpus Molestantibus*. Geneva: Officina Sanctandreana. It had a further edition in 1688.

39. ROWLAND 1669 = Rowland, William. 1669. THE COMPLEAT Chymical Dispensatory, IN FIVE BOOKS: Treating of All sorts of *Metals*, *Precious Stones*, and *Minerals*, of all *Vegetables* and *Animals*, and things that are taken from them, as *Musk*, *Civet*, *&c*. How rightly to know them, and how they are to be used in *Physick*; with their several *Doses*. […] Written in Latin, by Dr. JOHN SCHRODER, That most Famous and Faithful *Chymist*. And Englished, By *William Rowland*, Dr. of *Physick*. Who Translated, *Hippocrates*, *Riverius*, *Platerus*, *Sennertus*, *Crato*, and *Bartholinus*. London: John Derby, Richard Chiswell and Robert Clavell.

[51] Isbrand van Diemerbroeck (1609-1674) was a Dutch physician and anatomist, Professor of Anatomy at the University of Utrecht, best remembered for his detailed description of the 1635 plague epidemic of Nijmegen and for his comprehensive work on anatomy (Kompanje 2008).
[52] The initials may refer to John Macocke, a printer active in London from 1645 to 1692, John Morgan, a printer active in London around 1660, or John Moxon, a printer and type founder active in London from 1647 to 1694 (Plomer 1907).
[53] Jean Feyens (d. 1585, *Deutsche Biographie*). No further biographical information about this author could be found.

Editorial notes: the text is a translation of Schröder, Johann.[54] 1641. *Pharmacopoeia Medico-Chymica*. Ulm: Johann Görlin.

40. ANON 1670 = Anonymous. 1670. *Bazilica Chymica, & Praxis Chymiatricæ* OR Royal and Practical CHYMISTRY In Three Treatises WHEREIN All those excellent Medicines and Chymical Preparations are fully discovered, from whence all our modern Chymists have drawn their choicest remedies. BEING a Translation of *Oswald Crollius*, his *Royal Chymistry*, augmented and inlarged by *John Hartman*. To which is added his Treatise of *Signatures of Internal things*, or, a true and lively Anatomy of the greater and lesser WORLD. AS ALSO, The Practice of Chymistry of *John Hartman* M. D. augmented and inlarged by his Son. *All faithfully Englished by a Lover of Chymistry*. London: John Starkey.

Editorial notes: the text is a translation of Croll, Oswald.[55] 1608. *Basilica Chymica*. Frankfurt: Pierre Chouët.

41. ANON 1674 = J.T. 1674. A THEORETICAL AND Chiefly Practical TREATISE OF FEVORS, Wherein it's made Evident, that the Modern Practice of curing continual Fevors is dangerous and very unsuccessful. Hereunto are added several Important Observations and Cures of Malignant Fevors, not inserted in the former Impression. Written in Latin by *Gideon Harvey*, M. D. Physician in Ordinary to his Majesty. Now rendered into English by *J. T*. and Surveyed by the Author. London: William Thackeray.

Editorial notes: the text is a translation of Harvey, Gideon.[56] 1672. *De Febribus Tractatus Theoreticus, et Practicus*. London: William Thackeray.

[54] Johann Schröder (1600-1664) was a military doctor with the Swedish army and, later, city physician in Frankfurt. He is best remembered as the author of *Pharmacopoeia medico-chymica* (1641), a very popular textbook on pharmacology (Pagel 1891).
[55] Oswald Croll (1560-1609) was a German physician traveling about Eastern Europe and finally settling in Prague. His *Basilica Chymica* (1608), in which he had recorded all his experiments, soon became the standard scientific work of iatrochemistry, being used by Johannes Hartmann, the first professor of iatrochemistry, as a practical textbook (Schröder 2008).
[56] Gideon Harvey (1636/7-1702) was an English physician, who established a successful practice in London, albeit never applying to the Royal College of Physicians. He became famous as a

42. GOWER 1675 = Gower, Richard. 1675. A NEW IDEA OF THE Practice of Physic; Written by that Famous *FRANCISCUS DE LE BOE, SYLVIUS*; Late Chief Professor of Physick in the University of *Leiden*. THE FIRST BOOK; Of the Diseases either constituting, producing, or following the Natural Functions of Man not in Health. […] *Translated faithfully by* RICHARD GOWER*, formerly Student under the Author*. London: Bradazon Aylmer.

Editorial notes: the text is a translation of de le Boë, Franz.[57] 1671. *Praxeos Medicæ Idea Nova Liber Primus. De Affectibus Naturales Hominis Functiones Læsas vel Constituentibus, vel Producentibus, vel Consequentibus*. Amsterdam: Joann ten Hoorn.

43. SHERLEY 1676 = Sherley, Thomas. 1676. Cochlearia CURIOSA: OR THE Curiosities of Scurvygrass. Being an exact Scrutiny and careful Description of the Nature and Medicinal Vertue of Scurvygrass. In which is exhibited to publick use the most and best Preparations of Medicines, both Galenical and Chymical; either for Internal or External use, in which that Plant, or any part thereof is imployed. Written in Latine by Dr. *Andreas Valentinus Molimbrochius* of *Lipswick*. Englished by Tho. Sherley, M. D. and Physitian in ordinary to His present Majesty.[58] London: S. and B. Griffin[59] and William Cademan.

Editorial notes: the text is a translation of Moellenbrock, Valentin Andreas.[60] 1674. *Cochlearia Curiosa*. Leipzig: C. Uhmann and J. Gross. It was reprinted in 1676 and in 1677.

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medical author and controversialist and also published several medical handbooks for lay use (Wallis 2008).

[57] Franz de le Boë (1614-1672) was a Dutch physician, Professor of Medicine at the University of Leiden. He was one of the first to defend Harvey's new theory of the circulation of the blood and the most brilliant representative of the iatrochemical school, founded by Paracelsus and continued by van Helmont (Lindeboom 2008a, and Porter 1985a).

[58] "Curiosities", "Scurvygrass", "Nature", "Medicinal Vertue", "Galenical", "Chymical", and "Tho. Sherley" are in blackletter font in the text.

[59] S. Griffin may refer to Sarah Griffin, widow of printer Edward Griffin, active in London from 1653 to 1673 (Plomer 1907).

[60] Valentin Andreas Moellenbrock (a. 1650-1675) was a German physician, Professor of Medicine in Erfurt (Heß 1885a).

44. PACKE 1676 = Packe, Christopher. 1676. DE Succo Pancreatico: Or, A Physical and Anatomical TREATISE Of the NATURE and OFFICE of the *Pancreatick Juice*; Shewing its generation in the Body, what Diseases arise by its Vitiation; from whence in particular, by plain and familiar examples, is accurately demonstrated, the Causes and Cures of Agues, or Intermitting Feavers, hitherto so Difficult and Uncertain, with sundry other things of worthy Note. Written by *D. Reg. de Graaf*, Physician of *Delph*, And Translated by *Christopher Pack, Med. Lond.*[61] London: N.[athaniel] Brook.

Editorial notes: the text is a translation of de Graaf, Regnier.[62] 1664. *De Succi Pancreatici*. Leiden: Officina Hackiana.

45. CARE 1676 = Care, Henry. 1676. *Practical Physick*: OR, FIVE DISTINCT TREATISES Of the most Predominant DISEASES Of these TIMES. The First of the *Scurvey*. The Second of the *Dropsie*. The Third of *Feavers* and *Agues* of all sorts. The Fourth of the *French Pox*. And the Fifth of the *Gout*. […] Written in Latine by the famous D^r^. *Daniel Sennertus*, late publick Professor of Physick in the University of *Wittenburgh*. In *English* by *H.*[enry] *CARE*, Student in Physick, and Astrology. London: William Whitwood.

Editorial notes: the text is a translation of Sennert, Daniel. 1636. *Practicæ Medicinæ*. Wittenberg: Zacharias Schürer and Ambrosius Rothe. It was reprinted in 1679.

46. SALMON 1678 = Salmon, William. 1678. *Pharmacopoeia Londinensis*. Or, the NEW LONDON Dispensatory. In Six BOOKS. Translated into English for the publick Good; And fitted to the whole ART of Healing. Illustrated with The Preparations, Virtues and Uses of all Simple Medicaments; Vegitable, Animal and Mineral: Of all the Compounds, both Internal and External: And of all the *Chymical Preparations* now in Use. Together with

[61] "Succo Pancreatico", "Agues", and "Feavers" are in blackletter font in the text.
[62] Regnier de Graaf (1641-1673) was a German physician, considered to be one of the founding fathers of experimental physiology (Klein 2008, and Porter 1985a).

several choise Medicines added by the Author. As also The PRAXIS of CHYMISTRY, As it's now Exercised, fitted to the meanest Capacity. By *WILLIAM SALMON* Professor of Physick. London: Thomas Dawks.

Editorial notes: the text is a translation of Royal College of Physicians. 1618. *Pharmacopoeia Londinensis*. London: John Marriot. Just like Culpeper's translation, Salmon's text was extremely popular, as testified by its subsequent editions: one in 1678 and 1682, two editions in 1685 and 1691, one in 1696, 1702 and 1707, two in 1716, and one in 1717.

47. PORDAGE 1681a = Pordage, Samuel. 1681. AN ESSAY OF THE PATHOLOGY OF THE BRAIN AND Nervous Stock: In Which Convulsive Diseases Are Treated of: Being the Work of *THOMAS WILLIS* of *Christ-Church* in *Oxford*, Doctor in Physick, and *Sidly*-Professor of Natural Philosophy in that Famous Academy. Translated out of *Latine* into *English*, By *S*.[amuel] *P*.[ordage]. London: J. B.[63] and T.[homas] Dring.

Editorial notes: the text is a translation of Willis, Thomas.[64] 1668. *Pathologiæ Cerebri et Nervosi Generis Specimen*. London: Jacobum Allestry. It had a further edition in 1684.

48. PORDAGE 1681b = Pordage, Samuel. 1681. D[r]. WILLIS'S Practice of Physick, Being all the MEDICAL WORKS OF THAT RENOWNED and FAMOUS PHYSICIAN: CONTAINING These Ten several Treatises, *viz*. I. Of Fermentation. II. Of Feavours. III. Of Urines. IV. Of the Accension of the Bloud. V. Of Musculary Motion. VI. Of the Anatomy of the Brain. VII. Of the Description and Use of the Nerves. VIII. Of Convulsive Diseases. IX. Pharmaceutice Rationalis the 1[st] and 2[d] Part. X. Of the Scurvy. […] Fitted to the meanest Capacity by an Index for the Explaining of all the hard and unusual Words and Terms of Art, derived from the Greek, Latine, or

[63] The initials may refer to John Bill, a printer active in London from 1630 to 1680 (Plomer 1907).
[64] Thomas Willis (1621-1675) was an English physician, Sedleian Professor of Natural Philosophy at Oxford and one of the original Fellows of the Royal Society. He is best remembered for his *Pathologiæ Cerebri* (1667) and *De Anima Brutorum* (1672), the first comprehensive books on the brain and nervous system to be published in Europe (Feindel 1962, Frank 2008, and Martensen 2007).

other Languages, for the benefit of the English Reader, with a large Alphabetical Table to the whole. […] Done into English by *S.*[amuel] *P.*[ordage] Esq. London: T.[homas] Dring, C. Harper, and J. Leigh.

Editorial notes: the text is a translation of ten treatises published in Willis, Thomas. 1676. *Opera Omnia*. Geneva: Samuel de Tournes. It was reprinted in 1684.

49. PORDAGE 1681c = Pordage, Samuel. 1681. THE REMAINING MEDICAL WORKS OF THAT FAMOUS and RENOWNED PHYSICIAN D^{r} Thomas Willis OF *Christ-Church* in *Oxford*, and *Sidley* Professor of Natural Philosophy in that famous UNIVERSITY. *VIZ.* I. Of Fermentation. II. Of Feavours. III. Of Urines. IV. Of the Accension of the Bloud. V. Of Musculary Motion. VI. Of the Anatomy of the Brain. VII. Of the Description and Use of the Nerves. VIII. Of Convulsive Diseases. With large Alphabetical Tables for the whole, and an Index for the Explaining all the hard and unusual Words and Terms of Art, derived from the Latine, Greek, or other Languages, for the benefit of the meer English Reader, and meanest capacity. […] Englished by *S.*[amuel] *P.*[ordage] Esq. London: T.[homas] Dring, C. Harper, J.[oseph] Leigh, S. Martyn, Robert Clavell.

Editorial notes: the text is a translation of eight treatises published in Willis, Thomas. 1676. *Opera Omnia*. Geneva: Samuel de Tournes. It was reprinted in the same year.

50. GOWER 1682 = Gower, Richard. 1682. Dr. *Franciscus de le Boe Sylvius* OF Childrens Diseases: Given in a familiar style for weaker capacities. WITH AN APPARATUS OR Introduction explaining the Authors Principles: As also a TREATISE OF THE RICKETS. By *R.*[ichard] *G.*[ower] Physician. […] London: George Downs.

Editorial notes: the text is a translation of de le Boë, Franz. 1674. *Praxeos Medicæ Liber Quartus. De Morbis Infantum, & Aliis Quibusdam Memoratu Dignis Affectibus*. Amsterdam: Joann ten Hoorn.

51. PORDAGE 1683 = Pordage, Samuel. 1683. TWO DISCOURSES CONCERNING The Soul of Brutes, Which is that of the Vital and Sensitive of Man. The First is PHYSIOLOGICAL, shewing the NATURE, PARTS, POWERS, and AFFECTIONS of the same. The Other is PATHOLOGICAL, which unfolds the DISEASES which Affect it and its Primary Seat; to wit, The *BRAIN* and *NERVOUS STOCK*, And Treats of their CURES: With Copper Cuts. By *THOMAS WILLIS* Doctor in PHYSICK, Professor of Natural Philosophy in *OXFORD*, and also one of the Royal Society, and of the renowned College of Physicians in *LONDON*. Englished by *S.*[amuel] *Pordage*, Student in PHYSICK. London: Thomas Dring and Ch. Harper.

Editorial notes: the text is a translation of Willis, Thomas. 1672. *De Anima Brutorum*. Oxford: E.F. and Ric.[hard] Davis.

52. ANON 1684a = Anonymous. 1684. A GUIDE TO THE PRACTICAL PHYSICIAN: SHEWING From the most Approved Authors, both Ancient and Modern, The truest and safest way of Curing all DISEASES, INTERNAL and EXTERNAL, Whether by Medicine, Surgery, or Diet.[65] Lately Published in Latin by *Theoph.*[ile] *Bonet*, M. D. And now Rendred into English, with the Subtraction of some things of less moment, a more exact Relation of several others, and an Addition of many considerable Cases, Rules and Means of Cure, that were omitted by the aforesaid Author. A Work very Necessary and Useful for all Practitioners in Physick. To which is added, An APPENDIX CONCERNING The Office of a Physician, By the same AUTHOR. London: Thomas Flesher.

Editorial notes: the text is a translation of Bonet, Théophile.[66] 1682. *Mercvrivs Compitalitivs sive Index Medico-Practicvs*. Geneva: Léonard Chouët. It had a further edition in 1686.

[65] "Medicine", "Surgery", and "Diet" are in blackletter font in the text.
[66] Théophile Bonet (1620-1689) was a Swiss physician and anatomical pathologist. He was one of the great medical writers of the seventeenth century, best remembered for his *Sepulchretum* (1679), a collection of necropsies, histories and clinical comments, which laid the foundation for modern pathology (Irons 1942, and Crellin 2008).

53. ANON 1684b = J.P. 1684. THE ART OF PHYSICK MADE PLAIN & EASIE; By the Learned D. *FAMBRESARIUS*, Physician to the most Christian King, *LEWIS* XIV. Translated out of his Famous Book, *De Schola Medecin*. By *J. P*. Gent. Published for Publick Benefit.[67] London: H. C. and Dorman Newman.

Editorial notes: the text is a translation of de La Framboisière, Nicolas Abraham.[68] 1628. *Scholae Medicae*. Leiden: Joann Maire.

54. ANON 1685 = Anonymous. 1685. AN INTRODUCTION TO THE Whole PRACTICE OF PHYSICK. Shewing the Natures and Faculties of Medicines, the Reason and Manner of their Operations, and to what Particular Parts they are appropriated. Directing the more Unskilful in the true Method of Physick; according to the most successful Practice of several Modern Physicians in General, and of the late Famous Dr. *Willis* in Particular: being chiefly a Translation of the renowned *Wedelius*, Publick Professor of Physick, and Physician to the Duke of *Saxony*, &c. London: William Thackeray and Thomas Yeate.

Editorial notes: the text is a translation of Wedel, Georg Wolfgang.[69] 1678. *De Medicamentorum Facultatibus Cognoscendis et Applicandis*. Jena: Johannis Bielckii and Samuel Krebsius.

55. VAUGHAN 1685 = Vaughan, Thomas. 1685. THE LONDON PRACTICE OF PHYSICK: Or the whole Practical Part of Physick Contained in the

[67] "Published for Publick Benefit" is in blackletter font in the text.
[68] Nicolas Abraham de La Framboisière (1560-1636) was a French physician and pharmacologist. He was physician to King Henry IV of France, Professor of Medicine at the College Royale and at the University of Reims, and Chief Medical Officer in the army. He is best remembered for his *Ordonnances sur la composition des medicaments* (1601), a pharmacopoeia in which he tried to accommodate his medicaments to the tastes of the aristocracy (Giacomotto-Charra 2017, and Koźluk 2018).
[69] Georg Wolfgang Wedel (1645-1721) was a German physician, Professor of Anatomy, Surgery and Botany, Theoretical Medicine, and Practical Medicine and Chemistry at the University of Jena. He was considered to be one of the greatest exponents of iatrochemistry (Castiglioni 1936, and Hufbauer 2008).

Works of D[r]. WILLIS. Faithfully made English, and Printed together for the Publick Good. London: Thomas Basset and William Crooke.

Editorial notes: the text is a translation of Willis, Thomas. 1674. *Pharmaceutice Rationalis, sive, Diatriba De Medicamentorum Operationibus in Humano Corpore*. Oxford: Sheldonian Theatre. It had three further editions in 1689, 1692 and 1695.

56. PRAT 1685 = Prat, E. 1685. THE SECRETS Of the Famous *LAZARUS RIVERIUS*, *Councellor* & *Physician* To the FRENCH KING, And *PROFESSOR* of PHYSICK In the UNIVERSITY of MONTPELIER. Newly Translated from the Latin, by *E*. *P*.[rat] M.D. London: Daniel Brown.

Editorial notes: the text is a translation of Rivière, Lazare. 1656. *Arcana*. Venice: Bartolomeo Tramontini.

57. SALMON 1686 = Salmon, William. 1686. *Systema Medicinale*, A COMPLEAT SYSTEM OF PHYSICK, Theorical and Practical. In Six Books.[70] […] Translated out of Latin into English, out of the most learned *John Dolæus*, being a Summary of the Ancient and Modern Way of Practice, collected chiefly from *Hippocrates*, *Galen*, *Paracelsus*, *Helmont*, *Willis*, *Sylvius*, *Cartesius*, and *others*; wherein both the *Galenick* and *Chymick* Methods are particularly and specially Explicated and Exemplified: Brought into this portable Volume for the Publick Good. […] Written by *WILLIAM SALMON* Professor of Physick, living at the Blew Balcony by the Ditch-side, near *Holborn-Bridge*, London. […] London: T.[homas] Passinger, T. Sawbridge and T.[homas] Flesher.

Editorial notes: the text is a translation of Doläus, Johann.[71] 1686. *Encyclopædia, Medicinæ Theoretico-Practicæ*. Frankfurt: Andries van Hoogenhuysen. It was reprinted in the same year.

[70] "In Six Books" is in blackletter font in the text.

[71] Johann Doläus (1651-1707) was a German physician receptive of Paracelsian-Helmontian views (Hirsch 1877a).

58. SALMON 1689 = Salmon, William. 1689. The ANATOMY OF Human Bodies, Comprehending the most Modern DISCOVERIES AND CURIOSITIES IN THAT ART. To which is added a Particular TREATISE OF THE Small-Pox and Measles. Together with several Practical OBSERVATIONS And Experience'd CURES. Written in *Latin* by *ISBRAND DE DIEMERBROECK Professor* of *Physick* and *Anatomy* in *UTRICHT*. Translated from the last and most correct and full *Edition* of the same by *WILLIAM SALMON*, *Professor of Physick*. London: Edward Brewster.

Editorial notes: the text is a translation of van Diemerbroeck, Isbrand. 1672. *Anatome Corporis Humani*. Utrecht: Meinard van Dreunen. It had a further edition in 1694.

59. ANON 1692 = B. P. 1692. *Penotus Παλιμεισ* [Palimeis]: OR THE Alchymists Enchiridion. In Two Parts. The First, Containing excellent experienced Chymical Receipts and Balsoms for healing and curing most Diseases incident to the Body of Man &c. The Second Part, Containing the *Practica Mirabilis* for the accomplishing and obtaining [from the Beginning to the End] the White and Red Elixir, which whosoever understands, need not read any other Book. As also several Chymical Axioms. Together with a small Treatise by way of Dialogue, written by that very ancient Philosopher *Arislaus*, concerning the Philosophers Stone. […] The whole written in Latin long since by that famous Helvetian *Bernardus Penotus a Portu Sanctæ Mariæ Aquitani*, and now faithfully Englished and Claused By *B*. *P*. Philalethes. London: John Wyat.

Editorial notes: the text is a translation of Penot, Bernard Georges.[72] 1602. *Tractatvs Varii, De Vera Præparatione Et Vsv Medicamentorvm Chymicorum*. Oberursel: Cornelius Sutor and Jon Rhod.

[72] Georges Penot (1520-1617, *Deutsche Biographie*). No further biographical information about this author could be found.

60. SALMON 1694 = Salmon, William. 1694. *Pharmacopoeia Bateana*: OR, *Bate*'s Dispensatory. Translated from the Second Edition of the *Latin* Copy, Published by Mr. *James Shipton*. CONTAINING His Choice and Select *Recipe*'s, their Names, Compositions, Preparations, Vertues, Uses, and Doses, as they are Applicable to the whole Practice of *Physick* and *Chyrurgery* […] By *WILLIAM SALMON*, Professor of PHYSICK. London: Printed S.[amuel] Smith and B.[enjamin] Walford.

Editorial notes: the text is a translation of Bate, George. 1688. *Pharmacopoeia Bateana*. London: Samuel Smith. Its popularity is testified by its subsequent reprints that came out in 1694, 1700, 1706, 1713 and 1720.

61. ANON 1694 = Anonymous. 1694. THE Compleat Method OF CURING Almost all DISEASES. To which is added, An Exact Description Of their several SYMPTOMS. Written in *Latin* by Dr. *Thomas Sydenham*, And now faithfully Englished. London: Randal Taylor.

Editorial notes: the text is a translation of Sydenham, Thomas. 1692. *Processus Integri in Morbus fere omnibus Curandis*. London: Samuel Smith and Benjamin Walford. It was reprinted as *Dr. Sydenham's compleat method of curing almost all diseases* in 1695, 1697, 1710, 1713, 1724, and twice in 1737.

62. PECHEY 1694 = Pechey, John. 1694. THE London Dispensatory, Reduced to the PRACTICE Of The *LONDON* Physicians. Wherein are Contain'd The MEDICINES, BOTH *Galenical* and *Chymical*, That are now in Use. Those that are out of Use are Omitted: And such as are in Use, and not in the *Latin* Copy, are Added; with the *Vertues* and *Doses*. By *JOHN PECHEY*, of the College of *Physicians*, in *London*. London: F. Collins and J. Lawrence.

Editorial notes: the text is a translation of Royal College of Physicians. 1650. *Pharmacopoeia Londinensis*. London: John Marriot.

63. ANON 1695 = Anonymous. 1695. ADVICE TO A Physician[73] Containing Particular Directions Relating to the Cure of most DISEASES, WITH REFLECTIONS ON THE NATURE and USE OF THE Most Celebrated Remedies. *By way of Aphorisms*. Done from the *Latin*. London: H. Newman.

Editorial notes: the text is a translation of Waldschmidt, Johann Jakob.[74] 1695. *Monita Medica De Morbis Chronicis*. Frankfurt: Frederick Knoch.

64. SALMON 1695 = Salmon, William. 1695. Dr. *SYDENHAM*'s Practice of Physick. THE Signs, Symptoms, Causes and Cures OF DISEASES. *With many Additions from the Second Edition of the Latin Copy*. His Discourses of *CONSUMPTIONS*, *GOUTS*, *&c*. never before Publish'd. Faithfully Translated into English, with *Large Annotations, Animadversions, and Practical Observations* on the same. By *WILLIAM SALMON* Professor of Physick. […] London: Sam.[uel] Smith, Benj.[amin] Walford and J. Knapton.

Editorial notes: the text is a translation of Sydenham, Thomas. 1694. *Processus Integri in Morbus fere omnibus Curandis*. London: Samuel Smith and Benjamin Walford. The first edition of Sydenham's text had already been translated in 1694 (ANON 1694). Salmon's version seems to be based on the previous anonymous translation, as the wording is very similar. The 1695 edition, however, ameliorates the previous one, by rendering it more accommodating for its target audience and adding some of the innovations that had been introduced in the second edition, together with some original material.

65. PECHEY 1696 = Pechey, John. 1696. THE WHOLE WORKS Of that Excellent Practical Physician[75] Dr. *Thomas Sydenham*. WHEREIN Not only the History and Cures of Acute Diseases are treated of, after a New and Accurate Method; But also the Shortest and Safest Way of Curing most

[73] In blackletter font in the text.
[74] Johann Jakob Waldschmidt (1644-1687) was a German iatrochemical physician, and Professor of Medicine at Marburg (Pagel 1896).
[75] "Practical Physician" is in blackletter font in the text.

Chronical Diseases. Translated from the original to *Latin* by *John Pechy*, M. D. of the *College* of *Physicians* in *London*. London: Richard Wellington and Edward Castle.

Editorial notes: the text is a translation of Sydenham, Thomas. 1685. *Opera Omnia*. London: R. N. and Walter Kettilby. It was particularly popular, as testified by its subsequent editions in 1697, 1701, 1705, 1712, 1715 (two editions), 1717 (two editions), 1722, 1729, 1734, and 1740.

66. ANON 1699 = Anonymous. 1699. *Etmullerus* Abridg'd: OR, A Compleat System of the Theory and Practice of Physic. BEING A DESCRIPTION OF All *Diseases* Incident to Men, Women and Children. WITH An Account of their *Causes*, *Symptoms*, and most approved methods of *Cure*, *PHYSICAL* and *CHIRURGICAL*. […] Translated from the last Edition of the Works of *Michael ETMULLERUS*, late Professor of Physic in the University of *Leiptsich*. London: E. Harris, F. Hubbard and A. Bell.

Editorial notes: the text is a translation of Ettmüller, Michael.[76] 1685. *Opera Omnia Theoretica et Practica*. Lyon. It had two subsequent editions in 1703 and 1712.

3.2. Translators, Texts and Sources

The majority of the texts in the corpus are explicitly and overtly advertised on their title pages as translations, a detail which might explain why so many (21, almost one third, see Table 7 below) are anonymous. As stated by Carnochan (1993) and Hosington (2015), while it might be hard for modern readers to understand the psychology of anonymous publication except as a stratagem of self-protection, anonymity was much more common in early modern times, and especially widespread among translators, who often also led undocumented lives. Emphasis, therefore, seems to be placed on the author of the source text and, as a consequence, on the text itself, rather than on the translator, who thus becomes a sort of ghost writer ante litteram.

[76] Michael Ettmüller (1644-1683) was a German iatrochemical physician and botanist, Private Teacher of Medicine and Professor of Botany at the University of Leipzig (Hirsch 1877b).

This, however, certainly does not apply to all the translators, as the other 45 texts clearly present the name of their translator on the title page or in the paratextual material. Notwithstanding this, as stated by Fissell (2007), authorship was not straightforward in early modern times and sometimes "an author's name on a title page [was] significant as a sign or symbol, an attribute of the book, rather than a pointer to its originator in some biographical sense" (Fissel 2007: 114-115). One such case is unquestionably that of Nicholas Culpeper (see above), whose anti-monopolistic and levelling beliefs had made him so famous that his name started to be exploited by his publisher to boost the sales of many vernacular medical books which had little to do with Culpeper himself. Indeed, of the nine texts from the corpus that are attributed to him, five were published posthumously and were at least re-edited, if not entirely compiled, by other translators, as is also evident from the presence of other authors on the title page (McCarl 1996, and Sanderson 1999).

Translators	**Profession**	**Published Translations**
Anonymous	/	21
Nicholas Culpeper	Physician (unlicensed)	9
William Salmon	Physician (unlicensed)	5
Samuel Pordage	Translator	4
Wallter Charleton	Physician	3
Robert Turner	Translator	3
Richard Gower	Physician (unlicensed)	2
William Rowland	Physician (unlicensed)	2
John Pechey	Physician	2
Richard Tomlinson	Apothecary	1
Robert Pemell	Physician	1
William Carr	Physician (unlicensed)	1
John Chandler	Physician (unlicensed)	1
Christopher Packe	Physician (unlicensed)	1
E. Pratt	Physician (unlicensed)	1
Thomas Sherley	Physician (unlicensed)	1
James Cooke	Surgeon	1
Henry Jackson	Surgeon	1
Phil. Armin	/	1
Thomas Vaughan	Physician (unlicensed)	1
Robert Wittie	Physician	1
Ferdinando Parkhurst	Translator	1
Henry Vaughan	Translator	1
Henry Care	Writer	1

Table 7. Translators' professions and number of published works in the corpus.

As shown in Table 7 above, the great majority of the known translators (31 out of 45), unsurprisingly (Burke 2007: 12), seems to be somehow connected to the world of professional medicine, which at the time was "both an accepted learned […] discipline, with ties to natural philosophy and an authoritative literature of its own, and an occupation involving technical skills pursued for gain" (McVaugh and Siraisi 1990: 8). For this reason, early modern medicine was based on a two-tier model, with regular practitioners, which included physicians, apothecaries and surgeons, on the one hand, and irregular ones, on the other, who despite not having a license to practice medicine, probably treated the majority of the population (Roberts 1962, Cartwright 1977: 47, Jones 1984: 71, and Porter 1992a: 94). This seems to apply to the translators as well. As evidenced by the lack of records of any kind about either their lives or their careers, to the latter group of unlicensed practitioners most certainly belonged William Carr, Richard Gower, E. Pratt and William Rowland, who nonetheless variously styled themselves doctors of physic or MDs on the title pages of their works, as well as Richard Tomlinson and Henry Jackson, who described themselves, respectively, as apothecary and surgeon. Not all unlicensed practitioners, however, led undocumented lives. Despite their irregular status, others had very successful and remarkable careers as medical practitioners and authors, making the reconstruction of their lives easier. While Nicholas Culpeper certainly is the most prominent in this sense, William Salmon (1644-1713), who is sometimes described as his successor (Thulesius 1992: 159), is also quite impressive, even though definitely less famous. With five accredited translations, he is the second most prolific translator in the corpus and, just like Culpeper, one of the strongest supporters of the popularization of medical knowledge (Cook 1986: 244, and Wright 2006), as evidenced by the consistent number of his publications which were intended to render medical notions accessible to a larger audience. Although he signed his books as "Professor of Physick", there is no record of him ever having attended university, and his contemporaries claimed that, as a boy, he was apprenticed to a mountebank, thus suggesting that he went on to practice medicine as an irregular physician, a hypothesis which is also reinforced by the fact that he was sometimes styled "the Ringleader or King of Quacks" (Wear 1989: 314, and Wilson 2015: 1). Another irregular physician who was sometimes described as a quack practicing under powerful patronage is Christopher Packe (in or before 1657 – in or after 1708). Just like Culpeper and Salmon, he practiced in London and published both translations and original medical works, which, however, were mostly meant to advertise and promote the sales of his proprietary medicines (Goodwin and Oster 2004). Finally,

Thomas Sherley (*bap*. 1638-1678) and Thomas Vaughan[77] (1621-1666) may be described as irregular practitioners as well, since they never applied for a license to practice medicine, although their outstanding academic careers might point to them as learned physicians rather than simply quacks (Clericuzio 2004, and Speake 2004).

Whereas irregular practitioners seem to be much more frequent in the corpus, regular ones are also present. Among these, figures Robert Pemell (d. 1653), a successful practitioner who does not seem to have studied medicine at university, but earned an archiepiscopal license to practice medicine in Cranbrook (Kent). Even though he published only one translation, he was a prolific author of vernacular medical books, the last of which, dedicated to the diseases that affect children, was particularly significant, as it represented the second monograph on the subject to be published in English (Pelling 2008). Another key figure in the popularization of medical knowledge is John Pechey (*bap*. 1654-1718), a London physician who had studied at Oxford. Although he had obtained a license from the Royal College of Physicians to practice medicine, his anti-monopolistic and democratic ideology, which had also spurred him to offer free medical advice to the poor of the parish, put him in conflict with the College's censors, with whom he engaged in a long legal battle (Cook 2004a). Finally, James Cooke (1614-1688), whose only publication was a translation of John Hall's unpublished case notes, was a civil war surgeon from Warwick (Lane 2008).

Although the majority of the translators might be described as unpretentious practitioners, a small number of them were learned physicians who had obtained a medical doctorate and pursued prestigious careers. Probably the most famous and ambitious was Walter Charleton (1620-1707), who received a medical doctorate in 1643 at Oxford and published his works in both Latin, with a continental audience in view, and English, in order to reach a more domestic type of readership (Belle and Hosington 2016: 14). His medical career seems to have been especially successful, as he was appointed physician-in-ordinary to Charles I, Oliver Cromwell and Charles II in exile. He was also one of the most eminent members of the Royal College of Physicians and one of the earliest Fellows of the Royal Society (Henry 2010). Another prominent figure may be found in Robert Wittie (*bap*. 1613-1684), who is best remembered for his detailed description of the mineral water of Scarborough Spaw (1660), which helped promote the

[77] All of Thomas Vaughan's texts appeared under the pseudonym of "Eugenius Philalethes" (Speake 2004).

place and the value of relaxation. He obtained his MD at Cambridge in 1647 and later became an honorary fellow of the Royal College of Physicians (Bickford and Bickford 2008).

Notwithstanding the fact that, in conformity with early modern customs (Burke 2007: 12), the majority of the translators may be traced back to the world of professional medicine, some, namely Henry Care (1646/7-1688), Ferdinando Parkhurst (b. ca. 1621), Samuel Pordage (1633-1691), Robert Turner (b. 1619/20-in or after 1664) and Henry Vaughan[78] (1621-1695), might be described as professional writers and translators, who probably had never studied medicine, but published medical works for profit (see, respectively, Schwoerer 2004, Polley 2004, Smith 2004, Linden 2004, and Rudrum 2014).

The second half of the seventeenth century was quite prolific as far as the printing and publishing of vernacular learned medical books is concerned. As shown in Figure 1 below, the period 1649-1699 saw the publication of a total of 151 medical translations, 66 of which represent first editions (in light grey), while the other 85 are reprints of previously published works (in dark grey). Although consistently printed throughout the second half of the seventeenth century, medical translations turned out to be particularly frequent in the first decade of the period under scrutiny, which comprises the last years of the English Civil War (1642-1651) and the Commonwealth (1649-1660). Indeed, nearly half of the texts in the corpus came out in the eleven years between 1649 and 1659, something which may be explained by the general cultural climate of the time, which was favorable to medical reform (Webster 1975: 263), coupled with the collapse of the College's authority (Johns 2002: 283) and, consequently, of censorship (Elmer 1989: 19, and Furdell 2002: 559).

[78] Twin brother of Thomas Vaughan (see above, Rudrum 2014).

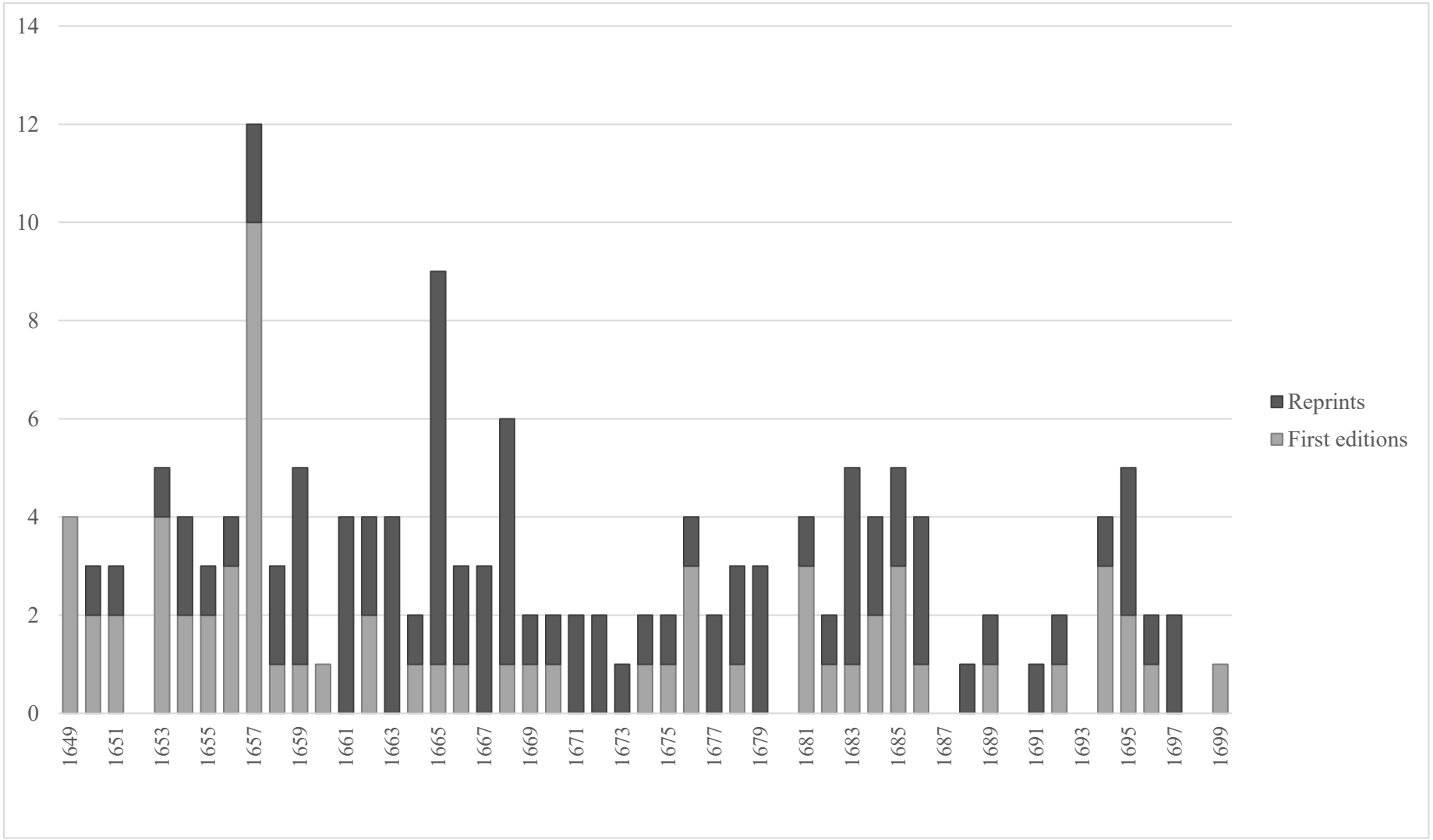


Figure 1. Distribution over time (1649-1699) of the medical translations in the corpus.

Starting from 1660, the period that witnessed the Restoration of the monarchy and, with it, that of the Royal College of Physician's authority, the number of published translations presents a significant decrease, from an average of 4.1 texts per year to 2.6. In particular, five years (1680, 1687, 1690, 1693 and 1698) were completely silent, while eleven (1661, 1663, 1667, 1671, 1672, 1673, 1677, 1679, 1688, 1691 and 1697) did not put forth any original material and only saw reprints of past successful publications. Consequently, whereas in the first decade the number of reprints only covered one third of all published translations, further editions constituted two thirds of all published material in the period 1660-1699.

Moreover, as a preliminary search only retrieved 34 first-edition medical translations published in the period between 1475 and 1648, the 1650s do, indeed, seem to represent an unprecedented and unparalleled moment in the popularization of learned medical knowledge.

Although all the texts in the corpus were published in London, they were by no means the work of a single or even restricted group of printers and booksellers. With a total of ten titles coming out of his shop, the most prolific was Peter Cole (d. 1665), the publisher who invented the Nicholas Culpeper brand name (McCarl 1996, and Sanderson 1999). Other recurrent names are those of John Streater (c. 1620-1677), who occupied a privileged place among printers and booksellers (Treadwell 1987: 149), and Thomas Dring (d. 1668). Others who appear more than once are Nathaniel Brook, best known as the publisher of Nicholas Culpeper's astrological works, Samuel Smith (*bap*. 1658-1707), a well-known importer of foreign books, and C. Harper, J. Leigh, William Lee, William Thackeray and Humphrey Moseley. The English translators seem to have had strong ties with their printers and booksellers, since most of those who authored more than just one book tended to rely on the same publisher (e.g. Nicholas Culpeper, Samuel Pordage, Robert Turner and Walter Charleton). Moreover, printers and booksellers also seem to have specialized not only in a particular area of publishing, but also in a specific medical sub-field. Samuel Smith and Benjamin Walford, for example, concentrated on collections of medical recipes,[79] Lodowick Lloyd on general medical handbooks that included some

[79] Of the 22 medical texts that the ESTC lists as published by Smith and Walford between 1693 and 1705, 14 may be classified as recipe collections and *materia medica*.

chemical notions,[80] while John Streater seems to have privileged texts that had to do with gynecology and obstetrics.[81]

Even though genres were quite fluid at the time, as medieval and Anglo-Saxon text types were being adapted to new media, languages and audiences (Taavitsainen 2006c, and Fissell 2007), the texts, as shown in Table 8 below, could be classified into the following medical genres: (by relevance) recipe collections and *materia medica*, treatises on specific branches of medicine, general medical handbooks, treatises on specific diseases, and anatomical and surgical treatises.

The most prominent genre in the corpus (covering 41% of texts), *Recipe collections and materia medica* includes all those texts which list a series of prescriptions to either prevent or cure a variety of distempers. These range from simple compilations which group together a number of different recipes (ANON 1654, CULPEPER 1656, ANON 1657a, TOMLINSON 1657, TURNER 1657b, TURNER 1657b, ANON 1670, PRAT 1685, VAUGHAN 1685, ANON 1692, PECHEY 1694, SALMON 1694), to more organized accounts of the diseases that may affect the human body together with cures for them (CULPEPER *ET AL.* 1655, GOWER 1675, ANON 1684a, SALMON 1686, ANON 1694, ANON 1695, SALMON 1695, PECHEY 1696, ANON 1699), but also to medical case-histories (COOKE 1657), and those texts that, in a reference-book manner, list the various therapeutic properties of one (PARKHURST 1653 and SHERLEY 1676) or several specific substances (CULPEPER 1649, ROWLAND 1669 and SALMON 1678). While such books had a long vernacular tradition (Görlach 2003: 44) and were employed by medical practitioners and lay people alike to record and transmit medical knowledge (Stein Lejacq 2013: 452), their popularity probably also rested on their usefulness and practical applicability, which most certainly rendered them easily marketable.

[80] Of the 6 medical texts that the ESTC lists as published by Lodowick Lloyd between 1652 and 1664, 4 contained chemical notions.
[81] Of the 20 texts that the ESTC lists as published by John Streater between 1656 and 1672, 6 deal with obstetrics and gynecology.

Recipe Collections and *Materia Medica*	Treatises on Specific Branches of Medicine	General Medical Handbooks	Treatises on Specific Diseases	Anatomical and Surgical Treatises
CULPEPER 1649	CHARLETON 1649	CULPEPER 1653a	CHARLETON 1650	ANON 1649a
PARKHURST 1653	ANON 1649b	CULPEPER 1654	ARMIN 1651	ANON 1653
ANON 1654	PEMELL 1650	VAUGHAN 1655	ANON 1657b	CULPEPER 1653b
CULPEPER 1655	WITTIE 1651	ANON 1656b	ANON 1666	CULPEPER AND WR 1657a
CULPEPER 1656	ANON 1656a	CARR 1657	ROWLAND 1668	CULPEPER AND COLE 1662
ANON 1657a	TURNER 1657a	CULPEPER AND WR 1657b	ANON 1674a	JACKSON 1660
COOKE 1657	CHARLETON 1659	ANON 1658	CARE 1676	SALMON 1689
TOMLINSON 1657	ANON 1664	CHANDLER 1662	PORDAGE 1681b	
TURNER 1657b	PACKE 1676	ANON 1665	PORDAGE 1681c	
TURNER 1657c	PORDAGE 1681a	ANON 1684b		
ROWLAND 1669	GOWER 1682			
ANON 1670	PORDAGE 1683			
GOWER 1675	ANON 1685			
SHERLEY 1676				
SALMON 1678				
ANON 1684a				
PRAT 1685				
VAUGHAN 1685				
SALMON 1686				
ANON 1692				
ANON 1694				
PECHEY 1694				
SALMON 1694				
ANON 1695				
SALMON 1695				
PECHEY 1696				
ANON 1699				

Table 8. Distribution of medical genres in the corpus.

The second most popular genre in the corpus (20% of texts) is represented by the *treatises on specific branches of medicine* category, which collects all those texts that belong to a specific sub-field of medical expertise, including, for example, neurology (PEMELL 1650, PORDAGE 1681a and PORDAGE 1683), gynecology and obstetrics (ANON 1656a, TURNER 1657a and ANON 1664), and pediatrics (GOWER 1682). As it includes all those texts that claim to provide a systematic account of all fields of medicine, the *general*

medical handbooks category (15% of texts) represents the most learned genre of medical instruction in the corpus. Deriving from medieval commentaries and *compilationes*, such texts provide a comprehensive and detailed description of the "institutions" of classical medicine, namely physiology, pathology, semeiotics, prognostics and therapeutics.

The *treatises on specific diseases* genre (14% of texts), on the other hand, includes all those text which limit their contents to one specific disease, providing a systematic description of its symptoms and a therapeutic method for the restoration of health. The only recurrent topic in the corpus seems to be fevers (ANON 1657b and ANON 1674a), while all other diseases, which range from the plague (ANON 1666) to rickets (ARMIN 1649) to the diseases deriving from catarrh (CHARLETON 1650) appear only once.

Finally, *Anatomical and surgical treatises* (11% of texts), which, because of their characteristic structure, have been listed in a separate category following Fissell (2007) and Taavitsainen and Pahta (2011), include all texts that provide a systematic account of the anatomical structure of the human body (CULPEPER 1653b, CULPEPER AND WR 1657a, CULPEPER AND COLE 1662, JACKSON 1660 and SALMON 1689) or a detailed description of one specific apparatus (ANON 1649 and ANON 1653).

The translations' source texts were mostly published in the sixteenth and seventeenth centuries (from 1522 to 1695), the only exception being Galen's *De Methodo Medendi*, which should have been written in the first century A.D., even though the translator most probably had access to a later copy. Although most authors have not stood the test of time, as their theories and methods came to be surpassed by more advanced ones, when the translations were first published most of them were still considered to be the leading medical authorities of the time. As shown in Table 9 below, which lists the several fields of medical expertise of the authors of the Latin source texts, the majority, besides holding important academic positions in some of the most renowned universities of the time, were practicing physicians, some of whom had particularly successful careers, like Vincenzo Alsario Della Croce, physician to Pope Gregory XV (Beretta 2008: 183), and George Bate and Walter Charleton, who were both physicians to Charles I, Oliver Cromwell and Charles II (Bruce-Chwatt 1983: 144-145, and Henry 2010: 2-4). Most likely because of the huge impact that anatomical and surgical discoveries had on the development of medicine as a whole, particularly frequent among the authors in the corpus are the anatomists, among whom figure not only the celebrated William Harvey (French 2004) and Johann Vesling (Ghosh 2014), but also lesser figures like Adriaan van den Spiegel

(Ghosh et al. 2014), Jean Riolan (Mani 1968) and Thomas Bartholin (Ghosh 2017), who, albeit less famous today, were still considered to be among the greatest anatomists of their time. Iatrochemistry, which innovatively applied chemistry to the preparation of medicines, is another field which is particularly well represented in the corpus, from the most illustrious authors like Jan Baptist van Helmont (Porter 1985a, and Ducheyne 2008) and Thomas Willis (Feindel 1962, Martensen 2007, and Frank 2008), to the lesser known but still influential Franz de le Boë (Porter 1985a, and Lindeboom 2008a) and Oswald Croll (Schröder 2008: 471). Besides their accomplishments in more traditional areas of medicine, some authors, including Thomas Sydenham, Thomas Willis, Théophile Bonet and Reigner de Graaf, may also be regarded as having founded some of the most innovative medical fields of the time, such as epidemiology, pathology and physiology, which became extremely significant in the eighteenth and nineteenth centuries. However, although the great majority of the authors of the Latin source texts had prominent careers and were well known at the time, some, namely Jean Feyens, Pierre Morel, John Sadler, Johann Jacobus von Brunn and John Andreas Schenck, do not appear to have been particularly famous, as no biographical information about them could be found.

Medical fields of expertise	**Authors of the Latin source texts**
Anatomists (and surgeons)	Thomas Bartholin, Jacopo Berengario da Carpi, Franz de le Boë, Francis Glisson, William Harvey, Jean Riolan, Lazare Rivière, Guillaume Rondelet, Adriaan van den Spiegel, Isbrand van Diemerbroeck, Johann Vesling, Georg Wolfgang Wedel, Thomas Willis
Apothecaries	Jean de Renou
Botanists	Jean Prevost, Michael Ettmüller
Epidemiologists	Thomas Sydenham, Thomas Willis
Iatrochemists	Oswald Croll, Franz de le Boë, Michael Ettmüller, Heinrich Nolle, Bernard Georges Penot, Daniel Sennert, Jan Baptist van Helmont, Johann Jakob Waldschmidt, Georg Wolfgang Wedel, Thomas Willis
Pathologists	Théophile Bonet
Pharmacologists	Nicolas Abraham de La Framboisière, Lazare Rivière
Physiologists	Regnier de Graaf
Practicing Physicians	Vincenzo Alsario della Croce, George Bate, Brice Bauderon, Théophile Bonet, Walter Charleton, Regnier de Graaf, Nicolas Abraham de La Framboisière, Jean de Renou, Johann Doläus, Michael Etmüller, Anuce Foës, Galen, John Hall, Gideon Harvey, Levine Lemnie, Alessandro Massaria, Simeon Partlitz, James Primrose, Ahasuerus Regemorter, Guillaume Rondelet, Royal College of Physicians, Johann Schröder, Thomas Sydenham, Andreas Tentzel

Table 9. Authors of the Latin source texts and their several medical fields of expertise.

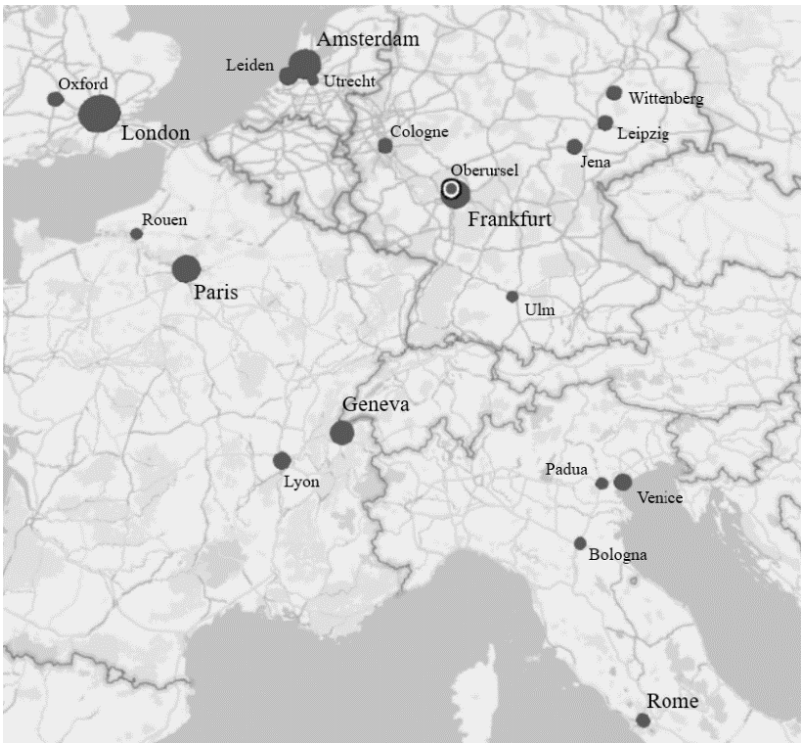


Figure 2. Distribution of the Latin source texts' places of publication.

As shown in Figure 2 above, the source texts were published in some of the most important European cities and centers of learning of the time. With a total of 17 texts among those printed in Frankfurt, Cologne, Jena, Leipzig, Wittenberg, Oberursel and Ulm, Germany represents the most frequent place of publication of the source texts in the corpus, followed by England (with 16 texts from London and Oxford), the Netherlands (12 texts from Amsterdam, Leiden and Utrecht), France (9 texts from Paris, Lyon and Rouen) and Italy (4 texts from Rome, Bologna, Padua and Venice). Whereas the consistent number of Latin texts that had originally been published in London might be the result of the author's popularity among English medical practitioners, they probably figure so prominently in the corpus because they were easily accessible for English translators. The considerable number of translations of foreign texts, on the other hand, is probably justified by the dense trade network for Latin texts that had been established with the Netherlands and, through the latter, with Germany and France (Roberts 1999, and Hoftijzer 2015: 22-23), which, again, would have made those texts easily purchasable. Accessibility, then, seems to have been one of the factors that influenced most the choice of texts. Indeed, while some of the Latin books were probably chosen for their popularity, as evidenced by the great number of reprints and translations in several European vernaculars, or because they embodied the latest and most advanced

developments in medicine (e.g. Vesling's *Syntagma Anatomicvm*, Rivière's *Praxis Medica*, Bartholin's *Institvtiones Anatomicæ*, Croll's *Basilica Chymica*, and Ettmüller's *Opera Omnia*, see Castiglioni 1941, Rinaldi 2018, Ghosh 2017, and Hirsch 1877b, respectively), this certainly does not apply to all sources, some of which do not appear to have been particularly famous (e.g. Morel's *Formvlæ Remediorvm*, or Sadler's *Praxis Medicorvm*). Rather, they probably represented texts which the translators had encountered during their careers and travels, as seems to be the case for the number of texts originally published in France which were translated by Nicholas Culpeper, who, after taking part in a duel and mortally wounding his opponent, spent some years hiding there (Thulesius 1992: 59). However, although accessibility certainly had a fundamental role in the translators' choice of texts, their interests and expertise also seem to have played a significant part, as testified, for example, by the works of surgeon Henry Jackson and apothecary Richard Tomlinson, which belong to the fields of surgery and pharmacology respectively.

3.3. Target Readers and Aims

The analysis of the title pages and paratextual material also offered valuable insights into the intended readership that the translators aimed to reach and the purposes that the texts were meant to serve, details which also had an important advertising and, sometimes, accommodating function.

Figure 3 below shows the actual frequency of the several categories of intended target readers as mentioned in the texts and their distribution in the five medical genres from the corpus. The target audience categories were extracted from the texts themselves and divided in two groups: professionals and non-professionals. Non-professional readers include lay people, a label which encompasses a number of lengthier descriptions used by the translators to refer to literate but otherwise ordinary citizens, the unlatined, women, the poor and those which the texts generally refer to as the "meanest (or vulgar) capacities". Professional readers, instead, range from licensed physicians to surgeons, apothecaries and midwives, but also to students of medicine, who may not be professionals yet, but are studying to become so, and irregular practitioners.

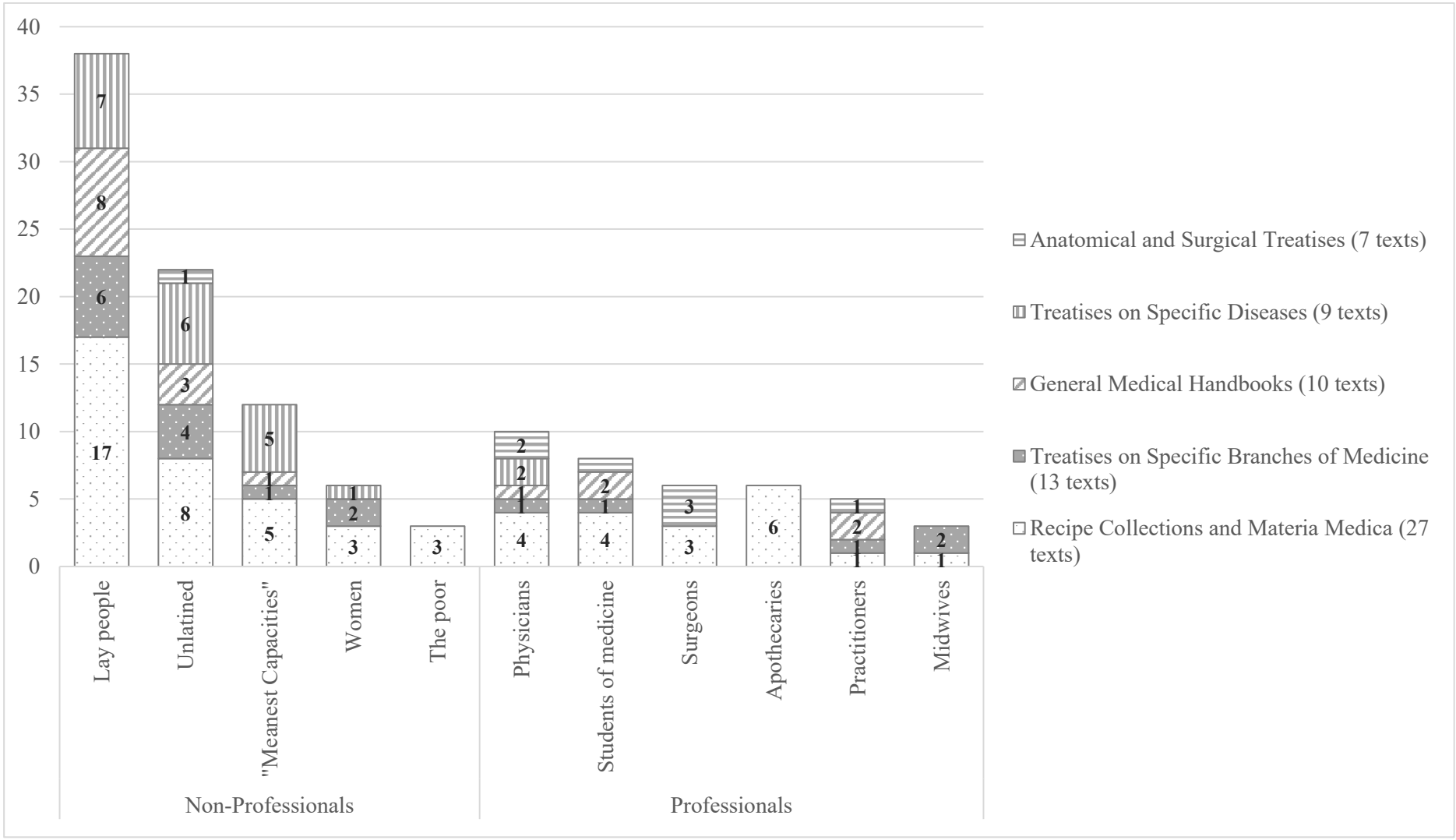


Figure 3. Target readers as mentioned in the texts and their distribution in the five genres of learned medical translations from the corpus.

Although 14 texts (21%) do not include such information in their paratextual material, all other translators identify quite explicitly the different types of audience that they aimed to reach, which, as can be gathered from Figure 3, is only rarely limited to just one specific category of intended readers. Moreover, as boundaries between professional and lay medicine were blurred at the time (Wear 2000: 41), the same text may also have been intended for both a professional and a non-professional type of audience. For instance, SHERLEY 1676 mentions lay people, the unlatined, women, the "meanest capacities", and students of medicine, while ROWLAND 1669 mentions lay people and the unlatined, but also surgeons and apothecaries. Furthermore, as shown in Figure 3, since the texts were generally translated in order to render them accessible for a wider readership who normally had no access to learned texts written in Latin, non-professional categories of target readers appear to be significantly more frequently mentioned in the corpus, as compared to the professional ones.Since most translators seem to address an unspecified general public, as shown in examples 1 through 5, lay readers may be said to represent the most frequently cited type of intended audience (cf. Figure 3):

1. […] communicate it unto all my Country-men, hoping it will sprout like Camomile, the better being trod on; and give pleasant and profitable fruit to all that desire it (TURNER 1657b: A4^{v}).[82]

2. Fit for the use of […] all young Married People (ANON 1664: title page).

3. And the honest Country Farmer, who may perchance live far from any Physician, may be hereby capacitated to relieve himself or Family (afflicted with the Scurvey, or any Symptom of it) upon an exigence, by applying safe, effectual, easily preparable, and cheap Medicines (SHERLEY 1676: A5^{v}-A6).

4. […] *all those who have any Concern for the Recovery or Preservation of their Health* (ANON 1694: A2^{v}).

5. […] *Accommodated it for the Advantage of all Your Majesty's Subjects* (SALMON 1694: A2).

[82] Emphasis was added in all examples.

As shown in example 3, such declarations are, however, generally accompanied by the proviso that the texts should be used only when no learned physicians could be found (Wear 2000: 43-44), something which probably functioned as a hedging device protecting the translators from attacks on the part of the medical establishment, who tended to regard vernacularizations as a misappropriation of their trade secrets (Hunter 2002: 557).

Unsurprisingly for vernacular translations, the texts also very frequently mention the unlatined (cf. Figure 3) as their intended readers, as shown in examples 6 through 10:

6. For the benefit of those who understand not the Latine Tongue (PEMELL 1650: title page).

7. […] for the ease of all others unacquainted with the Greek and Latin Tongues (CULPEPER *ET AL*. 1655: A2).

8. […] *Resolved to Translate it for their Sakes to whom the Original was not Communicable, in Regard of their Nescience of the Language, though otherwise competently ingenious and intelligent* (PACKE 1676: the translator to the reader).

9. […] for the benefit of the meer English Reader (PORDAGE 1681c: title page).

10. […] *for the use of those, whose knowledge is confin'd within the Compass of their Native Tongue* (ANON 1695: A2).

As Latin came to be seen as one of the tools that the Royal College of Physicians used to maintain and reinforce their monopoly over medical matters (Webster 1975: 256-260, Burke 2004: 51, and Leong and Rankin 2011: 27-29), the mention of the unlatined as the intended audience of the texts is also frequently accompanied by a critique of the College and of its exclusionary practices, together with apologies and justifications for the use of English in writing about medicine. Indeed, while English was slowly but surely replacing Latin in all areas of life, "hostility to de-Latinization was fiercest in groups whose professional status rested on their learning, like physicians" (Barber 1976: 44). Indeed, learned physicians, whose only distinguishing trait was their medical degree (Cook 1986: 49), had to compete "on equal or even disadvantageous terms with a wide range of other healers" (Lindemann 1999: 195) and were therefore often criticized, and sometimes even compared to Catholic priests, for their strict adherence to Latin in order to protect their

vested interest (Jones 1953: 48, and Webster 1975: 256), as shown in examples 11 through 15:

11. The Liberty of our *Common-Wealth* (if I may call it so without a Solecisme) is most infringed by three sorts of men, *Priests*, *Physitians*, *Lawyers* […] *The one deceives men in matters belonging to their* Souls, *the other in matters belonging to their* Bodies, *the Third in matters belonging to their* Estates. (CULPEPER 1649: A-A^{v}).

12. […] *time was when he would have been accounted a Monster and unfit to live in a Commonwealth, that should but have attempted such a thing to hide the Rules of Physick from the vulgar in an unknown tongue*. […] *they must have also the Rules of Physick hid from you, lest as they and the Papist say, you should do your selves a mischief by them, when indeed the truth is their own gain, and credit lies at stake* (CULPEPER 1653a: A4^{v}, A8^{v}).

13. […] by making that English, which they [the College] would have remain in Latine […] its something unsuitable to my spirit to have that Monopolized into the hands of a few, which should be in common to all: such is the practice of Physick (ANON 1656b: A2^{v}-A3).

14. But how do the *Romanists* of our dayes storm at our Translations? How were they incensed when the Scriptures first spake English? (ROWLAND 1669: A).

15. We think, that all particular Interests should sacrifice to the general, and that the Publick good ought ever to be preferred before the Private how dear and valuable soever. […] It is my Opinion, that the Art of Physick is not any particular Man's or Societies proper Right, more than anothers; but that every Man has an equal share in the same (SALMON 1694: A5^{v}).

While such a democratic ideology seems to genuinely inform the majority of the texts from the corpus, as further evidenced by the very frequent declarations of intending to serve the "common (or public) good" (e.g. ANON 1649b, CULPEPER 1654, ANON 1657b, COOKE 1657, TURNER 1657c, ROWLAND 1668, ROWLAND 1669, ANON 1674, GOWER 1675, PACKE 1676, SHERLEY 1676, SALMON 1678, ANON 1684b, SALMON 1686, and SALMON 1694), it may also have been exploited as an advertising strategy, meant to

embed the book in the tradition that had been, if not started, at least made great by Nicholas Culpeper and his unlicensed translation of the *Pharmacopoeia Londinensis* (Furdell 2002: 59, and Farthing 2015: 152).

Another very well-represented category of target readers which most likely had a huge advertising import is represented by what is described as the "meanest", "vulgar" or "ordinary" capacities (cf. Figure 3). Indeed, as stated by Fissell (2007), "such claims were rhetorical, perhaps signaling that not much knowledge nor deep literacy skills were required to use the book" (Fissell 2007: 111), rather than a real characteristic of the text itself, as the following examples (16 and 17) seem to corroborate:

16. […] *methodical, facil, and perspicuous enough to benefit the meanest capacity, yet satisfie the highest* (ANON 1657b: A5).

17. […] fitted his Labour both to the capacity, and delight of all sorts of Readers (SHERLEY 1676: A5).

Following from another tradition initiated by Nicholas Culpeper in his 1649 translation, women are also sometimes mentioned among the target readers of the texts under scrutiny (Spiller 2008: XXX, cf. Figure 3), as shown in examples 18 through 20 below:

18. Also divers Honorable Ladies and Gentlewomen, that out of a truly Christian and Charitable Disposition have not disdained, but counted it a great Honor to be helpful to the poor in the time of their sickness (CULPEPER *ET AL*. 1655: A2).

19. *To the Feminine Gender, Women of all sorts, be they Maids, Wives, or Widows, what private and occult infirmities they are subject to, are here described, with their causes and Cures, Those that are, or intend to take on them the honourable practice of Midwives, may be instructed in some difficulties that will happen in their Offices, whereby they may be helpful to those they undertake* (TURNER 1657a: A^{v}).

20. […] *for the use of those Godly Ladies and Gentlewomen, who are industrious for the improvement of their Talent God has given them, in helping their poor sick Neighbours* (TURNER 1657c: A4-A4^{v}).

Although it might seem a weird choice for a medical book, women figure among the texts' target readers for two unconnected reasons. Firstly, since the household represented the main arena for medical treatment in the early modern period, with women in charge of both preparing medicines and tending to the sick (Leong and Pennell 2007: 134), "medicine was one of the skills in which women of all stations were trained" (O'Day 2000: 214) and "considered by Markham[83] to be 'one of the most principal vertues which doth belong to our English Hous-wife'" (Leong 2014: 556). Secondly, some of the texts specifically mention women among their target audience, because they treat exclusively of the diseases that affect them, with the aim of teaching women to be their own physicians, thus avoiding unpleasant encounters with male practitioners (TURNER 1657a: A^{v}-A2).

One final category of non-professional readership which is mentioned, albeit only sparingly, in the texts is represented by the poor (cf. Figure 3), as evidenced by the following examples (21 through 23):

21. […] the use of these Books respects chiefly the Poor of this Nation (CULPEPER *ET AL*. 1655: A^{v}).

22. MEDICAMENTS For the Poor; *Or*, PHYSICK For the Common People (CULPEPER 1656: title page).

23. […] *for the sake of poor People, that they might have help at an easy Rate* (PACKE 1676: post-script).

Although unlikely in economic fact, addressing the poor was a tradition that derived from late medieval vernacularizations, which mostly had charitable motivations (Jones 2004: 30), and, as such, a great ideological appeal (Fissell 2011: 423).

Even though non-professional audiences are more widespread in the corpus, different groups of professional readers are also cited (cf. Figure 3). While a small number of texts (ANON 1649a, CULPEPER 1653a, CULPEPER 1653b, JACKSON 1660, ANON 1684a, and PECHEY 1696) seem to exclusively target a more specialized type of audience, a much larger one mentions both, something which may validate Wear's description of early

[83] Gervase Markham (1568-1637) was a successful English writer, who authored a number of advice manuals on husbandry and gentlemanly pursuits (Steggle 2006, and Leong 2014).

modern blurred boundaries between lay and professional readerships (Wear 2000: 41). Although slightly less frequent in the corpus as opposed to physicians and students of medicine, surgeons, apothecaries and midwives are, unsurprisingly, more focused, as surgeons are mostly cited among the target readers of anatomical and surgical treatises, apothecaries are only mentioned in recipe collections and *materia medica*, while midwives are almost exclusively addressed to in those treatises on specific topics which deal with gynecology and obstetrics.

Strictly connected to the description of the target readers, and sometimes only identifiable implicitly from these, is the declaration of the translator's aims and purposes in rendering the learned source texts into English. Figure 4 below shows the aims that the translators of the texts from the corpus meant to reach, grouped according to genre, and how many times they were mentioned in the texts. Although 13 texts (20%) do not specify the translators' aim in rendering the learned medical sources in English, as can be gathered from Figure 4, the majority of texts (34 out of 66) mentions more than just one purpose for which they were translated. For instance, TOMLINSON 1657 describes his translation as serving the common good of the "*publick* in general" (TOMLINSON 1657: to the reader), but also as disclosing secrets and, connected to this, popularizing useful knowledge and contrasting the spread of quackery, while ANON 1658 mentions the improvement of learning and of the people's health condition, but also the disclosure of secrets.

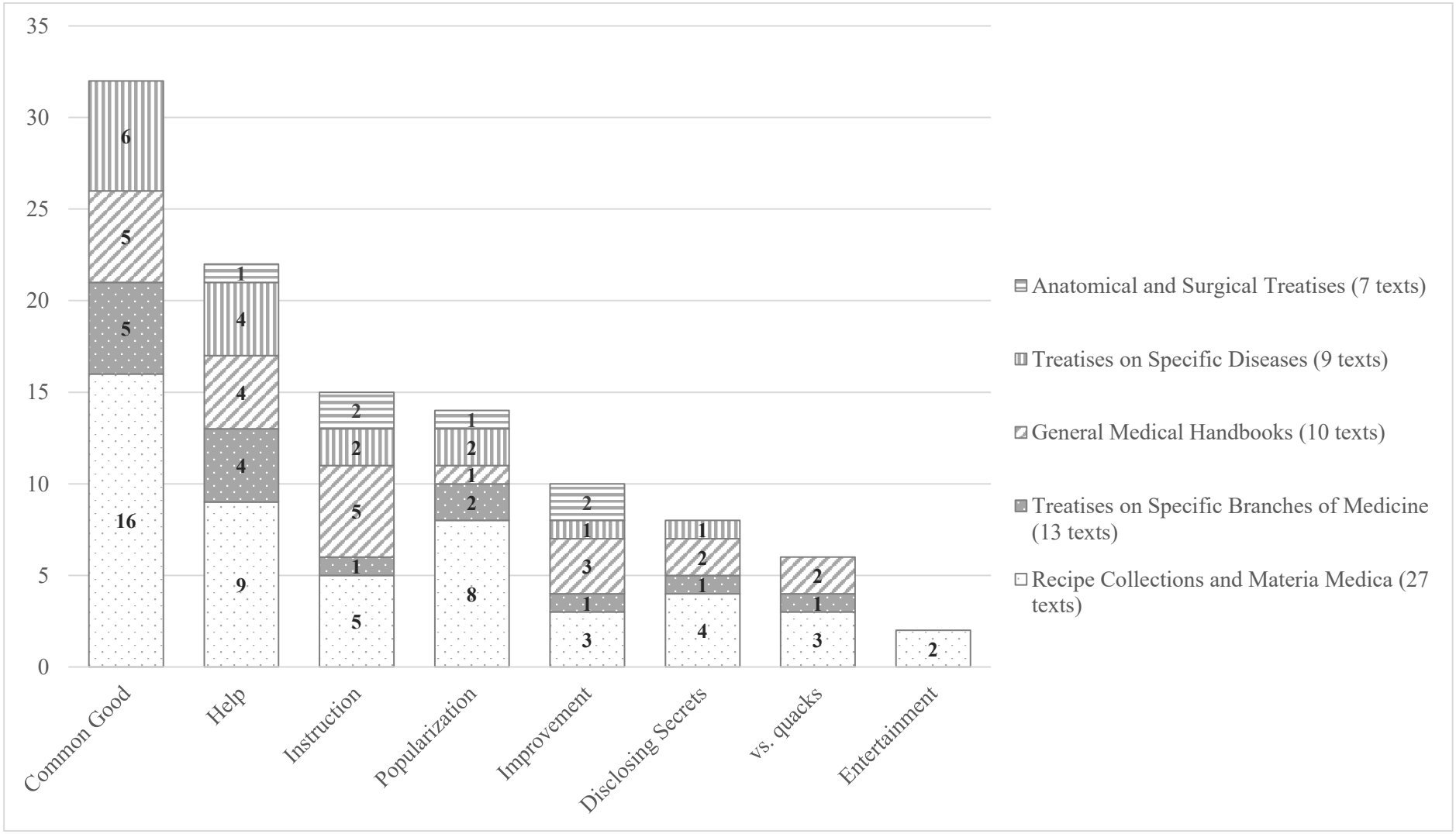


Figure 4. Translators' aims as mentioned in the texts and their distribution in the five genres of learned medical translations from the corpus.

The most common aim, however, may be identified in what some translators, building on the democratic attitude that characterized the second half of the seventeenth century, explicitly referred to as the very generic but ideologically marked "common good" of the nation (cf. Figure 4), as can be seen in examples 24 and 25:

24. Published for the good of the KINGDOME (ANON 1649b: title page).

25. *Published for the general good of this Nation* (ANON 1657b: title page).

Besides being overtly mentioned in a significant number of texts, such democratic ideology also seems to lie behind many of the more practical aims that the translators had in mind. Indeed, while helping practitioners and, more frequently, patients in various health-related situations (examples 26 through 28), spreading medical knowledge (examples 29 and 30) and improving the practice of medicine (examples 31 and 32, cf. Figure 4) all certainly had very specific purposes, they may all be traced back to the ultimate aim of improving the people's health conditions and, consequently, to the idea of serving the common good (Taavitsainen 2009: 185):

26. A TREATISE, Shewing what Herbe, Plant, Root, Seed, or Minerall, may be used in Physick in the room of that which is wanting (ANON 1649B: title page).

27. […] for the sake of poor People, that they might have help at an easy Rate (PACKE 1676: post-script).

28. […] *of excellent use for all* Travellers, Soldiers, Sea-men, *and such like, who cannot attend upon a Cure* (SALMON 1686: A8).

29. Fit for the use of those that practice Physick, and all Others that desire to search into the Hidden Secrets of NATURE, for increase of Knowledg (ANON 1658: title page).

30. Why should you translate so Excellent a Book, and make it common to the Silly and Unlearned Quacks? […] to inform them better, that thereby I might conduce to the saving of many Lives (ANON 1685: A^{v}-A2).

31. *It could not but be advantageous and acceptable to Chirurgeons to have some farther helps in our English tongue, for improvement in the three later kinds before mentioned* [Osteology, Myology, Angiology] (ANON 1649a: A2).

32. For the Improvement of Physick, and more speedy Cure of Diseases (ROWLAND 1668: title page).

Moving from a critique of the physicians' exclusionary practices, some texts are more explicit in their description of their purpose as the popularization of medical knowledge (cf. Figure 4), something which allows them to be fully inscribed into the democratic tradition that wanted medical information in the hands of many, if not all, as shown in examples 33 through 35:

33. […] *that duty, which, as a* Scholer, *I owe unto the Publique, in the* Explanation, Improvement, *and* Communication *of obscure* Truths (CHARLETON 1650: A2^{v}).

34. We desire not (Sirs) to degrade, or go about to darken the splendor, or obstruct the luster of the Oriency of that never fading *Crown* due to the Seraphick Founts of Learning; but to exclaim (and not without cause) against the *Saturnine tyrannie* of such, whose endeavours are to monopolize all *Arts* and *Sciences* in an uncouth *Magazine*, and to inhance them, as by Letter-Patent, locking them up, with the feculent *bolts* of Self-exaltation, beyond the usual extension of vulgar Capacities, not allowing them the privilege to *peep within the veil* (TOMLINSON 1657: b3).

35. […] we thought we could not do better, than give our Country-men, in their own Tongue, what he so advantageously has written in the Learned, and only to such as understand that (SALMON 1689: A4^{v}).

These anti-monopolistic sentiments are also exploited by those texts that, following what Eamon refers to as the "book of secrets" tradition (Eamon 1994), advertise themselves as disclosing the secret remedies of some of the most renowned physicians of all times (Mellyn 2013: 307, and Leong and Rankin 2011: 29, cf. Figure 4). However, while such declarations certainly had a powerful ideological potential, they also had an important advertising function, since, as stated by Leong and Rankin (2011), describing medical recipes as "secrets" increased the perceived value and authority of the remedies,

as they were not described simply as useful knowledge, but previously concealed useful knowledge (Leong and Rankin 2011: 9-10), as shown in examples 36 through 38:

36. The Apothecaries Shop, and Chyrurgions Closet open'd (ANON 1657a: title page).

37. […] by breaking open the hidden Caverns of *Nature*, and explaining the *secreta*, or occult qualities of her *multifarious Vegetables* (TOMLINSON 1657: b^{v}).

38. THE SECRETS Of the Famous *LAZARUS RIVERIUS* (PRAT 1685: title page).

Moreover, as the book of secrets tradition had arisen in Hellenistic times and developed through the Middle Ages following the pseudo-Aristotelian *Secretum Secretorum*, it shaped both the form and the content of most English household recipe manuscript books (Spiller 2008: XII-XIV). Therefore, not only does the disclosure of secrets function as an advertising strategy, it also served to embed the Latin source texts into the vernacular popular tradition, thus accommodating them to an English audience.

Albeit only sparingly, the translations sometimes also describe their aim as contrasting the spread of quacks and charlatans (cf. Figure 4), by instructing people of the dangers of their practices, as shown in examples 39 and 40:

39. These Books, and such as these published in English, are so far from making more Empericks, that they will spoil those that are, and make that we shall have fewer of them (CULPEPER *ET AL*. 1655: A).

40. *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: A5).

While this might, again, be read as an advertising strategy, explaining to prospective readers the educational potential of the books, it most probably functioned as a hedging device, since, as stated by Leong and Rankin (2011), "popular writers were continually challenged for 'prostituting' the secrets of the sciences" (Leong and Rankin 2011: 27) and misappropriating the physicians' intellectual property (Hunter 2002: 557).

Finally, while the majority of the aims that the texts in the corpus intended to reach may be generally traced back to the idea of improving the practice of medicine and, as a consequence, the medical conditions of the English people, two texts also mention entertainment (cf. Figure 4) as one of the reasons why they were translated, something which most probably functioned as yet another advertising strategy, as shown in examples 41 and 42:

41. […] the vertuous and Country Ladies will be highly delighted with the Imployment and diversion this book will furnish them with, by instructing them how to make Sauces, Wines, Syrups, and distilled Waters from this Plant, all of them very efficacious towards the recovery of their Sick and languishing Neighbours and Tenants (SHERLEY 1676: A5^{v}).

42. […] its general Usefulness and Entertainment (SALMON 1694: A4^{v}).

The analysis therefore revealed that the translation of learned medical texts from Latin into English reached its peak in the 1650s, a period of intense social and political turmoil which witnessed the replacement of the monarchy with the Commonwealth. Although this might simply be regarded as evidence of the evolution of the specialized publishing market in England (Fissell 2007), it could also be treated as a symptom of the developments of the democratization process that was taking place at the time (Sanderson 1999), thanks to the efforts of (mostly) medical professionals who endeavored to make medical knowledge accessible to a wider reading public. Indeed, in line with the anti-monopolistic climate of the time, the translation of the learned Latin medical texts, which had been originally published in the previous 100 years by some of the most prominent European physicians of the time, mostly targeted a non-professional type of readership, with the general aim of spreading medical knowledge among a wider audience and improving the state and conditions of the English people. Although mostly influenced by accessibility limitations, the choice of texts also might be thought of as indicative of this democratization process, as evidenced by the prevalence of practically useful text types, namely recipe collections and *materia medica*, and treatises on specific branches of medicine and diseases, which offered ready help for a variety of medical conditions. Finally, open criticism of the College's monopoly over medical matters and exclusionary

practices, although nowhere as explicit as in Culpeper's works, is present in quite a relevant number of texts, thus reinforcing the role that these medical translations played in the movement towards the democratization of medical knowledge. Two opposing factions therefore seem to emerge: the conservatives, represented by the medical establishment, who are conscious of their power and of the social and economic damage that vernacularizations might provoke to their status, and the progressives, embodied by the medical translators, whose efforts are generally described as praiseworthy in their outright challenge to the established authority and commitment to the common good.

4. Fidelity and Accommodation: Translation Procedures and Popularizing Strategies

While medieval translating practice was centered on literalism in a word for word acceptation and, therefore, often produced foreignizing texts, as terms and concepts were consistently borrowed from the SC, accommodation started to play a significant role in early modern translation, and especially in texts such as those from the corpus, which were mostly intended to disseminate knowledge among non-specialized readers (see Table 10). Indeed, while still mostly literal, post-medieval translating practice was based on the "fluent strategy", or sense for sense translation, whereby the STs were often domesticated to the TC (Burke 2007: 26-27).

Text	**Genre**	**Target Reader(s)**	**Aim(s)**
CULPEPER AND WR 1657a	Anatomical and surgical treatises	\	advancement of learning
SALMON 1689	Anatomical and surgical treatises	no Latin physicians	popularization
ANON 1684b	General medical handbooks	practitioners	common good
CARR 1657	General medical handbooks	lay people	help
ANON 1657a	Recipe collections and *materia medica*	lay people	common good disclosing secrets
ANON 1670	Recipe collections and *materia medica*	lay people no Latin physicians students	common good advancement of learning improvement
ANON 1694	Recipe collections and *materia medica*	lay people no Latin	advancement of learning disclosing secrets vs. quacks
TURNER 1657a	Treatises on specific branches of medicine	women students midwives	help
PACKE 1676	Treatises on specific branches of medicine	lay people no Latin	common good help usefulness
ANON 1657b	Treatises on specific diseases	lay people no Latin meanest capacity	common good popularization disclosing secrets
ANON 1674	Treatises on specific diseases	lay people no Latin common good physicians	help usefulness

Table 10. Target readers and aims as mentioned in the texts under scrutiny.

The present chapter, therefore, provides a detailed sample analysis (cf. Chapter 2, Table 2) of the translation strategies used in the corpus to render the STs into English, paying particular attention to the amount of accommodation the translators provided their target readers with. Specifically, Section 4.1. offers an overview of the macro-textual strategies that the translators exploited to embed their STs into the vernacular tradition; Section 4.2. provides a detailed account of the specific non-literal translation procedures used in the texts from the corpus; while Section 4.3. attempts a classification of diachronic, i.e. time-related, and diatypic, i.e. genre-related, variation.

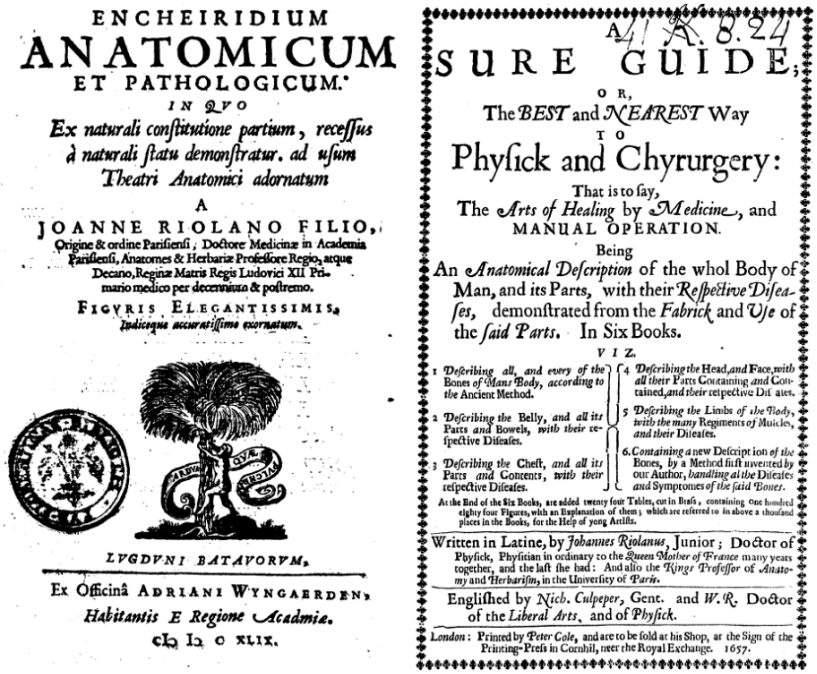
4.1. Macro-Textual Elements

Although all the texts under scrutiny tend to follow both the structure and the content of their STs, thus pointing to literalism as the dominant translation method, they were also skillfully embedded into the TC by means of slight but meaningful adjustments that made the STs more palatable to a vernacular audience.

A certain amount of accommodation is immediately discernible in the titles, as the English TTs generally tended to modify the original Latin titles, either by making them more explicit, or by devising a completely new title which, though not conforming to the Latin one, was more comprehensible for or appealing to vernacular readers. Thus, the Latin "PRAELECTIONES *DE MORBIS MVLIERVM*"[84] became English "*De Morbis Fœmineis*, The Womans Counsellour: or, *The Feminine Physitian*" (TURNER 1657a), whereby the Latin title was in part retained but modified substituting the more obscure "*mulierum*" with the probably better-known "*fœmineis*"[85] and further explained by the two subtitles, which, however, describe the aim of the text more than its contents. Other translators, instead, implemented some more radical changes. For instance, the Latin "ENCHEIRIDIVM ANATOMICVM ET PATHOLOGICVM"[86] was translated as "A SURE GUIDE; OR, The BEST and NEAREST Way To Physick and Chyrurgery" (CULPEPER AND WR 1657a), where the obscure Latin term "*enchiridion*"[87] is translated

[84] Tr.: "Lectures on the diseases of women".
[85] The Latin adjective "*femineus*" is the root of many English words, like "feminine" and "female".
[86] Tr.: "Anatomical and Pathological Handbook".
[87] "*Enchiridion*" is a late-Latin word of Greek origin meaning "manual" or "handbook" (OED).

as "guide" and the two adjectives "*anatomicum*" and "*pathologicum*", which denote the two theoretical branches of anatomy and pathology, are rendered in English by referring to their practical applications, namely surgery and physick, thus making the title more comprehensible for non-educated and non-specialized readers. Finally, some texts also modified the original title to make it more appealing to a vernacular audience, as seems to be the case with the Latin "FORMVLÆ REMEDIORVM",[88] which in English became "The Expert DOCTORS Dispensatory" (ANON 1657a), a title which is reminiscent of Nicholas Culpeper's famous "London Dispensatory" of 1649. Although the word "dispensatory" might be considered simply descriptive of the contents of the text, the reference to Culpeper's work seems to have been intentional, as the translator also added "NICHOLAS CULPEPERS Approbation, OR Rather his Wish after his perusal of that Famous, *Morellus* his Dispensatory", a letter in which Nicholas Culpeper himself supposedly[89] approved of and recommended this "most useful, compendious and exact Dispensatory" (ANON 1657a: A3-A3^{v}), wishing he himself had translated it.



ENCHEIRIDIUM
ANATOMICUM
ET PATHOLOGICUM.
IN QVO
Ex naturali conſtitutione partium, receſſus
à naturali ſtatu demonſtratur. ad uſum
Theatri Anatomici adornatum
A
JOANNE RIOLANO FILIO,
Origine & ordine Pariſienſi; Doctore Medicinæ in Academia
Pariſienſi, Anatomes & Herbariæ Profeſſore Regio, atque
Decano, Reginæ Matris Regis Ludovici XII. Pri-
mario medico per decennium & poſtremo.
FIGVRIS ELEGANTISSIMIS,
Indicaque accuratiſſimè exornatum.
LVGDVNI BATAVORVM,
Ex Officinâ ADRIANI WYNGAERDEN,
Habitantis E Regione Academiæ.
cIↃ IↃ C XLIX.

A 41 A. 8.24
SURE GUIDE;
OR,
The BEST and NEAREST Way
TO
Phyſick and Chyrurgery:
That is to ſay,
The Arts of Healing by Medicine, and
MANUAL OPERATION.
Being
An Anatomical Deſcription of the whol Body of Man, and its Parts, with their Reſpective Diſeaſes, demonſtrated from the Fabrick and Uſe of the ſaid Parts. In Six Books.
VIZ.
1 Deſcribing all, and every of the Bones of Mans Body, according to the Ancient Method.
2 Deſcribing the Belly, and all its Parts and Bowels, with their reſpective Diſeaſes.
3 Deſcribing the Cheſt, and all its Parts and Contents, with their reſpective Diſeaſes.
4 Deſcribing the Head, and Face, with all their Parts Containing and Contained, and their reſpective Diſeaſes.
5 Deſcribing the Limbs of the Body, with the many Regiments of Muicles, and their Diſeaſes.
6. Containing a new Deſcription of the Bones, by a Method firſt invented by our Author, handling all the Diſeaſes and Symptomes of the ſaid Bones.
At the End of the Six Books, are added twenty four Tables, cut in Braſs, containing one hundred eighty four Figures, with an Explanation of them; which are referred to in above a thouſand places in the Books, for the Help of yong Artiſts.
Written in Latine, by Johannes Riolanus, Junior; Doctor of Phyſick, Phyſitian in ordinary to the Queen Mother of France many years together, and the laſt ſhe had: And alſo the Kings Profeſſor of Anatomy and Herbariſm, in the Univerſity of Paris.
Engliſhed by Nich. Culpeper, Gent. and W. R. Doctor of the Liberal Arts, and of Phyſick.
London: Printed by Peter Cole, and are to be ſold at his Shop, at the Sign of the Printing-Preſs in Cornhill, neer the Royal Exchange. 1657.

Figure 5. Comparison between the title pages of Riolan's Encheiridivm Anatomicvm et Pathologicvm *(1648) and its English version,* A Sure Guide; Or, The Best and Nearest Way to Physick and Chyrurgery *(CULPEPER AND WR 1657a).*

[88] Tr.: "Remedies Formulas".
[89] Nicholas Culpeper died in 1654, thus making his authorship of the letter at least unlikely. His name was probably exploited by the translator and/or bookseller to advertise the text, using Culpeper's persona as sponsor and guarantor of quality (McCarl 1996, Sanderson 1999, and Yale 2016).

The title pages themselves were also used by the translators and booksellers to accommodate the Latin STs to the vernacular publishing market. Indeed, as shown in Figure 5 above, while the Latin title pages tended to be quite bare, English ones in most cases were much more cluttered, as they generally included a much more detailed and exhaustive description of the contents of the books, as shown in examples 1 and 2, thus reflecting early modern English customs:

1. ST: *conceptus & partus*[90] (Massaria 1600: title page).
   TT: MODESTLY Treating of such occult accidents, and secret Diseases, as are incident to that Sex, which their too much modesty, too often to their sorrow, causes them to conceal from others; for a Remedy whereof, they are taught to be their own helpers; especially in these particulars: Of barrenness and Abortion: of natural, and unnatural Births: of the suppression of the Termes, the immoderate Flux thereof, and other infirmities (TURNER 1657a: title page).

2. ST: NATURA ET USU EXERCITATIO ANATOMICO-MEDICA[91] (De Graaf 1664: title page).
   TT: Shewing its generation in the Body, what Diseases arise by its Vitiation: from whence in particular, by plain and familiar examples, is accurately demonstrated, the Causes and Cures of Agues,[92] or Intermitting Feavers,[93] hitherto so Difficult and Uncertain with sundry other things worthy of Note (PACKE 1676: title page).

Besides adjusting the title and reorganizing the title page to reflect vernacular customs, the most common strategy by which translators adapted their STs to the vernacular publishing market may be described as the introduction of a new paratextual apparatus of dedication, letter to the reader and preface, which mainly served to introduce and promote both the text and its author to the vernacular public, as shown in examples 3 through 5, where the use of very favorable modifiers (e.g. “incomparable”, “most useful”, “most ingenious”, “so advantageously”) and cliché expressions (e.g. “jewel of health”) rendered the texts more appealing for the new audience (Sylwanowicz 2013):

[90] Tr.: “of conception and birth”.
[91] Tr.: “Nature and Use Anatomical-Medical Exercitation”.
[92] In blackletter font in the text.
[93] In blackletter font in the text.

3. *Reader, I presume thou wilt be courteous when that precious and invaluable jewel Health is offered unto thee, and doth as it were desire thy acceptance. Here she is richly attended and furnished with all those necessary conveniences which are requisite for her preservation when she is in a good state; so that if thou wilt make a careful disquisition into those things which are here presented thee, thou mayest stand impregnable against the assaults and violence of diseases, and be a stranger to sighes and groans the bed-fellows and companions of sick persons; or if thou art fallen into a valetudinary and sickly state, here thou maist have materials to repair those ruines and batteries which are caused by the fury of vehement diseases: here you are instructed how to break and quell the rebellion of those contumacious humors which treasonably conspire and make head against the body that harbours them* (CARR 1657: To the reader).

4. *Accept then of this Balsome, gathered from the choyse Gardens of the* Greeks*,* Latines*,* Arabians*, by the hands of that incomparable Dr.* Bricius Bauderon*, whose age and experience works more on my faith, than the unfathomed Arcana of the modern* Febrifuga*; hee was eighty years aged when he writ this Tract, and had fifty years confirmed by his Practise* (ANON 1657b: A3^{v}-A4).

5. […] *besides a compleat Method of Cure, he* [the reader] *will meet with short and clear Accounts of the Symptoms of most Diseases incident to Mankind, with succinct Histories of the Progress and Periods of many of 'em; which as it is perhaps one of the most useful, and yet hitherto most neglected parts of Physic, our Author laboured with incredible Industry to cultivate; and the happy Success of his Endeavours herein, seems to be chiefly owing to that uncommon Sagacity of which he was a Master, and which was peculiar to him* (ANON 1694: A2^{v}-A3).

The new paratextual material also served to specify the different categories of target readers that the texts intended to reach and, connected to this, the translators' motives and aims, as shown in Table 10 above and in examples 6 through 8 below:

6. *To the Feminine Gender, Women of all sorts, be they Maids, Wives, or Widows, what private and occult infirmities they are subject to, are here described, with their causes and Cures* […] *and thereby over modest Maids and VVomen may help themselves in many private infirmities, which oftentimes they languish under, and will not discover* (TURNER 1657a: A2^{v}).

7. *Having often viewed this Treatise of the most ingenious D.* Regnerus de Graaf, *and many times also heard it wished for in English, at length Resolved to Translate it for their Sakes to whom the Original was not Communicable, in Regard of their Nescience of the Language, though otherwise competently ingenious and intelligent* (PACKE 1676: The translator to the reader).

8. […] we thought we could not do better, than give our Country-men, in their own Tongue, what he [van Diemerbroeck] so advantageously has written in the Learned, and only to such as understand that (SALMON 1689: A4^{v}).

While these overt references to the intended readership and aim most probably functioned as an advertising strategy, "signaling that not much knowledge nor deep literacy skills were required to use the book" (Fissell 2007: 111), they also served to establish a relation of trust between the translators and their readers, thus promoting not only the texts, but also the translators themselves (Sylwanowicz 2013: 305-308).

Translators also accommodated their STs to English readers by assimilating the TTs to popular vernacular medicine, as shown in examples 9 and 10, where the translators alluded to the "book of secrets" (Eamon 1985, Spiller 2008, and Leong and Rankin 2011) and "popular errors" traditions (Gentilcore 2004), thus making their texts more appealing to English readers:

9. The Apothecaries Shop, and Chyrurgions Closet open'd (ANON 1657a: title page).

10. *There is yet a Third Utility of this Book, which is, That it refutes Errours in Physick, and Anatomy* (PACKE 1676: The translator to the reader).

The new paratextual material was also sometimes used to inscribe the texts into the popularizing trend that had been started by Nicholas Culpeper and his 1649 translation of the *Pharmacopoeia Londinensis*, by describing them as easily intelligible even by the "meanest capacities", as shown in examples 11 through 13, something which most certainly functioned as an advertising strategy and which, therefore, should not be read as an actual characteristic of the books themselves (Fissell 2007):

11. […] *commend the ingenious to the Work itself, methodical, facil, and perspicuous enough to benefit the meanest capacity, yet satisfie the highest* (ANON 1657b: A4^{v}-A5).

12. THE ART OF PHYSICK MADE *PLAIN & EASIE* (ANON 1684b: title page).

13. *it may be read, and understood too, in* Hours, *by any intelligent Person* (ANON 1694: A3^{v}).

Finally, as "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, see also Porter 1992b, and Leong and Rankin 2011), part of the paratextual material was also dedicated to the defense of translation, which, as shown in examples 14 through 16, in most cases proceeded from a critique of the medical establishment and their exclusionary practices:

14. […] one so nobly learned as this Princely Physician *Riverius*, who I hope will not be the less acceptable to your Worship for that he hath learned to speak English (CARR 1657: Dedication).

15. *I do expect to be censured, and snarked at by some* (PACKE 1676: The translator to the reader).

16. *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 Fools and Knaves. I acknowledge indeed, that the World, and perhaps this Nation more than any other part of it, is exceedingly pestered with Quacks* […] *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* (ANON 1694: A4-A4^{v}).

While the apologetic attitude towards the use of English for medical purposes was quite widespread at the time and functioned both as a hedging device, protecting translators from criticism, and as an advertising strategy, "encouraging readers that this was a book for them" (Fissell 2007: 423), such passages also served to further inscribe the texts within the popularizing tradition that had been started by Nicholas Culpeper. Indeed, although nowhere as explicit as in his works, a subtle criticism of the monopolization of medical knowledge that the Royal College of Physicians asserted and reinforced through the purposeful use of Latin also plays an important role in the popularization of learned medicine.

4.2. Micro-Textual Elements

The comparative close-reading analysis of the sample source and target texts (cf. Chapter 2, Table 2) revealed that, coherently with the translators' declarations of intent in the prefatory material, where the concept of fidelity or faithfulness was often appealed to,[94] literalism seems to have been the overall dominant translation method. Indeed, as can be seen in examples 17 and 18 below, the English texts tend to follow their sources very closely, albeit in a sense for sense, rather than word for word, manner (Burke 2004):

17. ST: Temperamentum est proportio quator qualitatum principum ex elementorum mixtione orta, ad functiones rite obeundas[95] (Rivière 1656: 13).
    TT: *A Temperament is a proportion of the four Principal Qualities resulting from the mixtion of the Elements, for due performance of operations* (CARR 1657: 10).

18. ST: *VETERES medicamenta, quæ opium, aut alia narcotica in sui compositionem admittebant, proprio vocabulo iure opiata vocabant, hodie abusive medicamenta, quæ etiam sine opio comparantur, ad roborandum, alterandum, purgandum,*

[94] "*All faithfully Englished by a Lover of Chymistry*" (ANON 1670: title page), "*I judged I should do the publick service in causing this Treatise to be faithfully translated*" (ANON 1674: The bookseller to the reader), and "*I have done all that I design'd to do, which was to render the Book into* English*, with all possible Fidelity, and the greatest Exactness I could*" (ANON 1694: A3^{v}).
[95] Tr.: "A temperament is a proportion of the four principal qualities arising from the mixture of the elements, in order to properly attend to their functions".

opiatas vocant improprie, idque solum propter consistentiam qua efformantur, theriacæ, & aliis eiusmodi opiatis similem[96] (Morel 1650: 177-178).

TT: THE Ancients called those medicines which had in their composition either *opium* or other narcoticks by the proper name of opiates, but now adayes we abusively and improperly call those medicines opiates, which are without *opium*, whether to strengthen, alter, or purge, onely for the consistency wherein they are made, like Treacle, and other Opiates of like sort (ANON 1657a: 142).

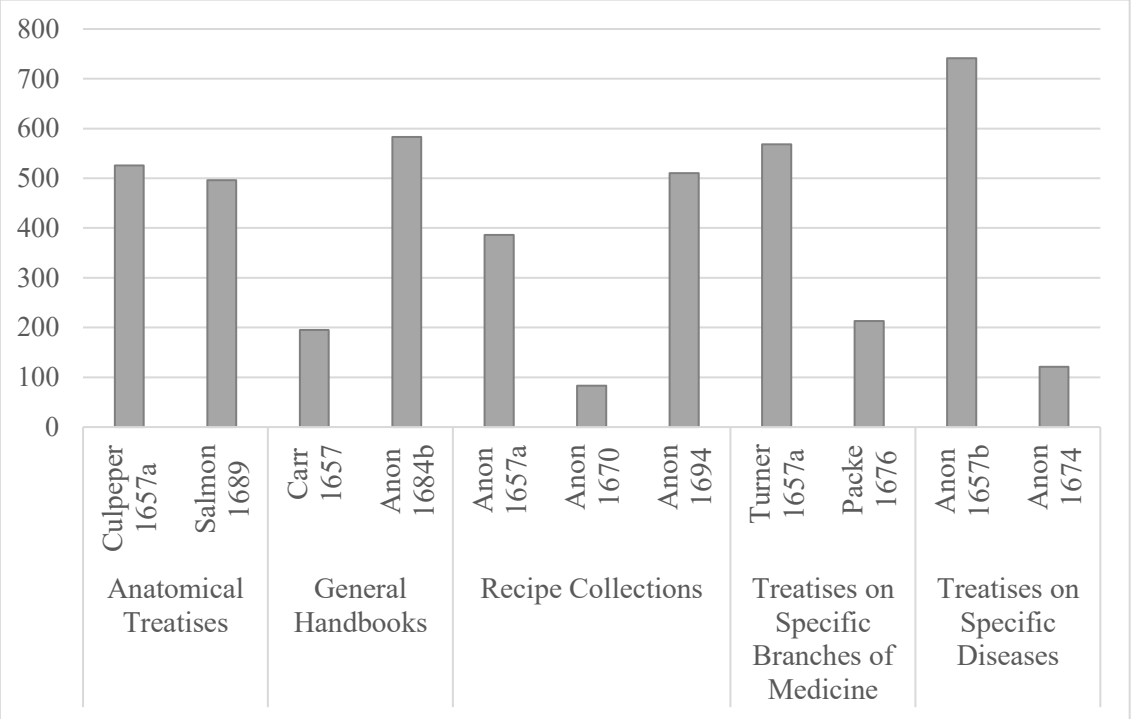


Figure 6. Total number (raw frequency) of non-literal translation actions in the texts under scrutiny.

However, although the general approach may have been that of literal translation, all texts are scattered with instances of non-literal translation actions, as shown in Figure 6 above, which, in most cases, slightly but significantly modify the STs. While somewhat present in all texts from the sample, the actual amount of non-literal translation actions varies considerably from one text to the other, with peaks of 741 and 583 actions in ANON 1657b and ANON 1684b, and valleys of 83 and 121 in ANON 1670 and ANON 1674 (cf.

[96] Tr.: "The ancients rightly called by the proper name opiates the medicines that had in their composition opium or other narcotics, nowadays even the medicaments to corroborate, alter, purge which are not prepared with opium are loosely and improperly called opiates, only because of the consistency they are made of, similar to theriac and other opiates of the same kind".

Figure 6). As neither the year of publication nor the genre seem to have played a part in this (cf. Figure 6), the total number of non-literal translation actions adopted in each TT most likely depended on the individual translators' deliberate choices and linguistic shortcomings.

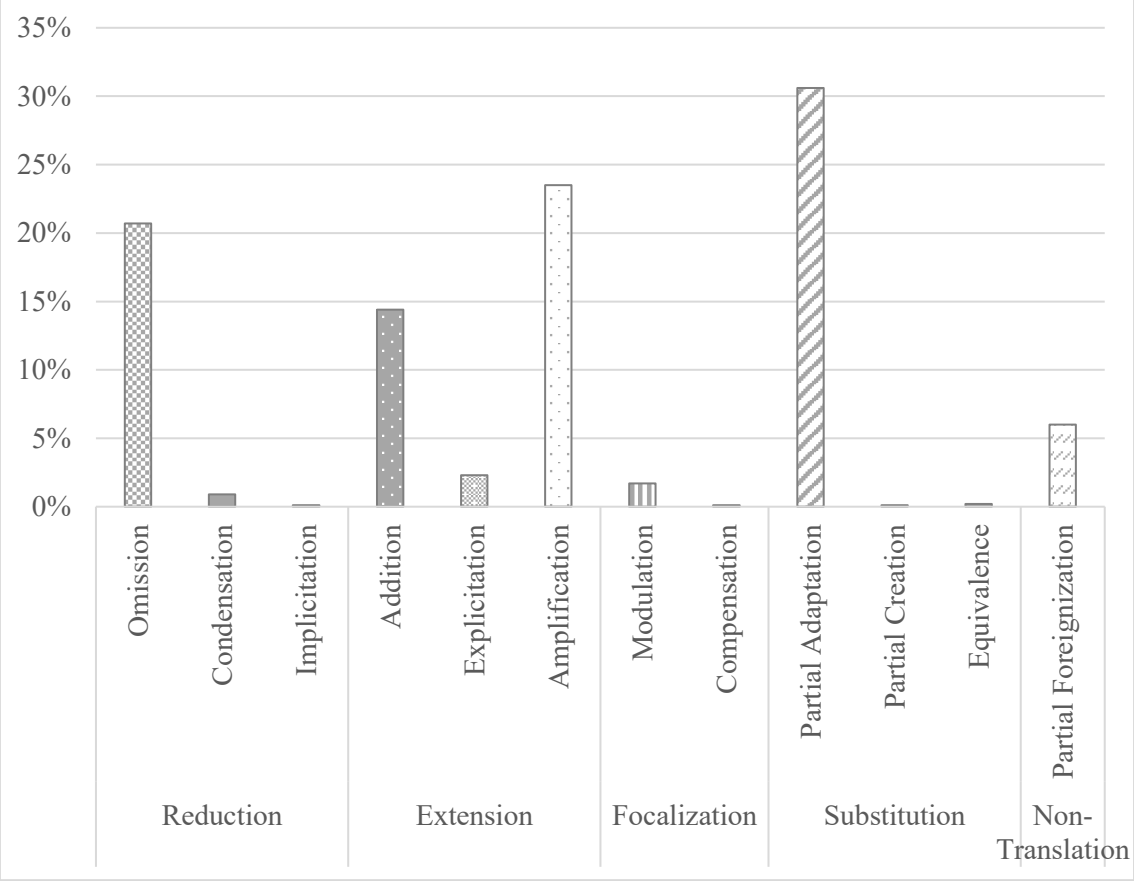


Figure 7. Percentage distribution of non-literal translation procedures in the texts under scrutiny.

While the total number of non-literal translation actions varies considerably among the analyzed texts (cf. Figure 6), there emerged three particularly significant translation strategies, namely extension, substitution, and reduction, as shown in Figure 7 above, which plots the percentage distribution of each non-literal translation procedure in the samples under examination. Extension, which implies a lengthening of the ST, turned out to be the most frequently used strategy in the samples (covering 40% of all non-literal translation actions, cf. Figure 7), followed by substitution (31%, cf. Figure 7), which entails some kind of cultural accommodation of the ST to the TC, and reduction (22%, cf. Figure 7), which, on the other hand, results in an abridgement and simplification of the ST.

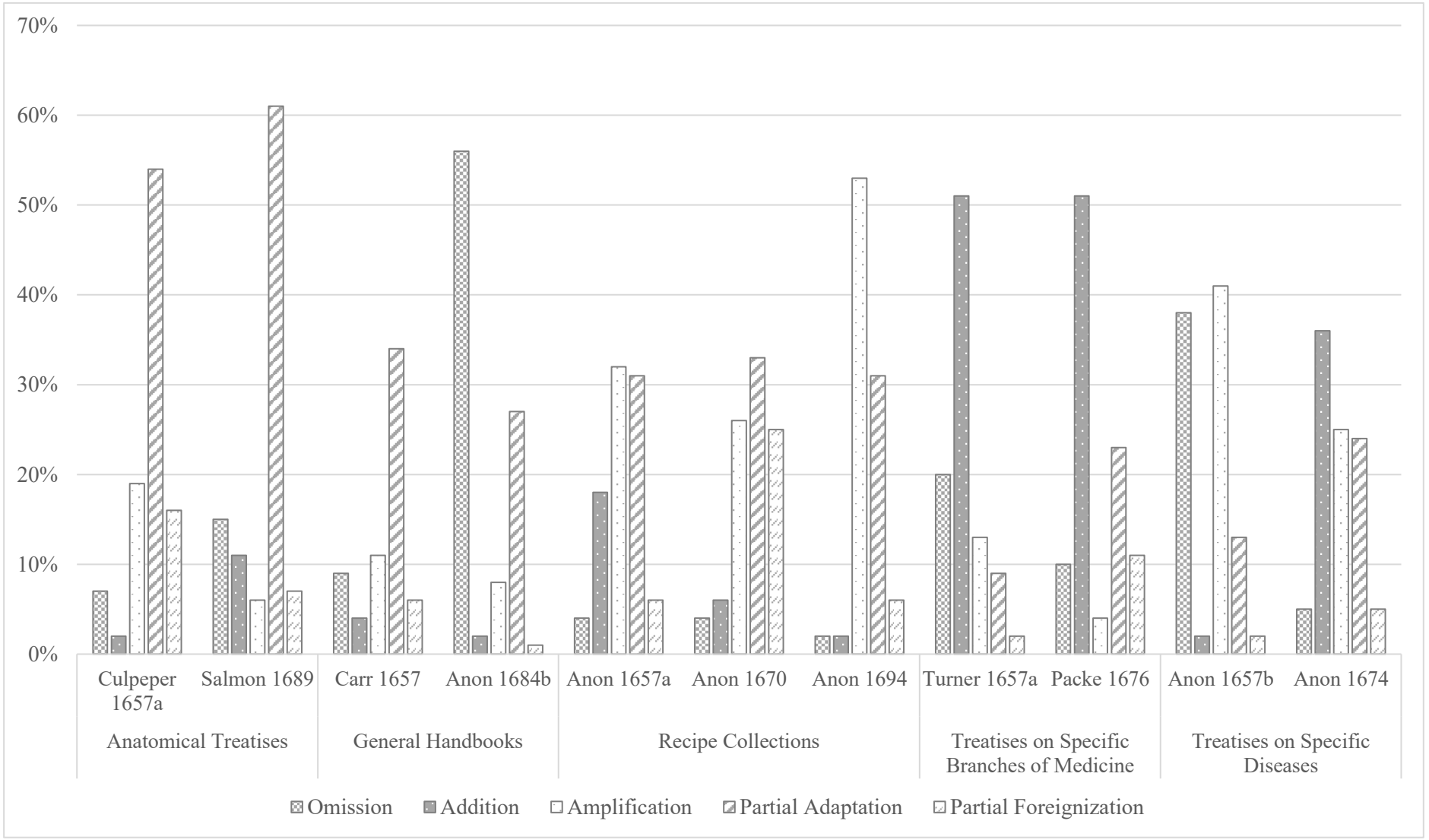


Figure 8. Percentage distribution of non-literal translation procedures in the individual texts under scrutiny.

However, as shown in Figure 8 above, different texts present different proportions of non-literal translation procedures, thus suggesting that the style, knowledge and needs of the individual translators, on the one hand, and the genre, on the other, probably played an important role in shaping the texts.

The following four subsections offer an analysis of the individual translation procedures exploited by the translators of the texts under examination (cf. Chapter 2, Table 2), with the aim of highlighting the role that these played in the popularization of learned medical knowledge.

4.2.1. Extension Procedures

The overall most frequent extension procedure in the texts is amplification (cf. Tables 7 and 8), or the use of a larger number of morphemes in the TT as compared to the ST. While somewhat present in all translations, it is particularly significant in recipe collections and treatises on specific diseases, where it is used mainly to expand brevigraphs and thus avoid the use of symbols and abbreviations which, being aimed at specialists who were presumably well-accustomed to them, were extremely widespread in the Latin sources, as shown in examples 19 through 21:

19. ST: Ad morsum canis rabidi, *Antidotus Galeni*, ex *thuris* parte j. *gentianæ* partibus v. *cinerum cancrorum fluviatilium* part. x. *Dosis* ʒ ß. ʒ j. ʒ ij. cum vino (Morel 1650: 367).
    TT: For the biting of a mad dogg: the *Antidote of Galen*, of one part of *Frankinsense*, 5 parts of *Gentian*, and 10 parts of the ashes of a *Crawfish*; the dose fs [sic] from half a dram to a dram, or two drams in wine (ANON 1657a: 300).

20. ST: ℞ Coralli rub. & fragm. v. lap. pretiosorum super Porphirium sub. tritorum, singul. ϑ I (Bauderon 1620: 48).
    TT: Take of red Corral, and the fragments of the five precious Stones finely powdered each a scruple (ANON 1657b: 80).

21. ST: ℞ Aq. Ceras. nigr. Lact. Alexiter. aa.ʒ iij. (Sydenham 1692: 3).
    TT: Take Black-cherry water, Milk-water, of each three ounces (ANON 1694: 1).

Not only were abbreviations fully written out in English, all symbols which in Latin were used to shorten the texts were also very frequently replaced with the actual words they stood for, thus resulting in the use of fewer technical terms (cf. Chapter 2, Table 4), a strategy which was most certainly meant to accommodate to readers who were not used to ingredient names and dosages.

Amplification, as shown in examples 22 through 25, was also very frequently used to gloss the Latinate expressions or technical terms that were part and parcel of a medical book of this kind:

22. ST: *glandula lacrymalis* (Riolan 1649: 274).
    TT: The *Glandula Lacrymalis* or Tear-Kernel (CULPEPER AND WR 1657a: 137).

23. ST: DE MENSTRVIS (Massaria 1600: 15).
    TT: *Of the* Menstrua *or Terms* (TURNER 1657a: 14).

24. ST: Serosa (de La Framboisière 1628: 32).
    TT: The *Serous* or Whey-like (ANON 1684b: 36).

25. ST: De Tussi & Phthisi (Sydenham 1692: 55).
    TT: *Of the Cough and* Pthisis, *or Consumption* (ANON 1694: 92).

While the technical terms of Latin origin were generally retained, the translators usually explained them to the non-specialized English public by coupling them with easier synonyms of vernacular origin, a long-standing practice that is reminiscent of Middle English synonymic couplets but also of bilingual glossaries and dictionaries (McConchie 2019). This strategy served two main purposes. On the one hand, it rendered the text more easily comprehensible for a non-specialized readership by providing reformulations and paraphrases (cf. Chapter 2, Table 4), while on the other, it also supplied lay readers and less prestigious practitioners with designations (cf. Chapter 2, Table 4) that taught them the specialized language of medicine, as is more evident in example 26, where the order of the elements is inverted and the Latin word is highlighted:

26. ST: CUBITUS (Van Diemerbroeck 1672: 753).
    TT: *The Elbow, in Latin* Cubitus (SALMON 1689: 494).

As shown in examples 27 through 29, translators also exploited the procedure of amplification to paraphrase, and consequently avoid, obscure or problematic terminology:

27. ST: in puerperis (Riolan 1649: 199).
    TT: in Child bed women (CULPEPER AND WR 1657a: 97).

28. ST: dilutius (de La Framboisière 1628: 66).
    TT: with a larger quantity of Water (ANON 1684b: 74) .

29. ST: *spontanea lassitudinæ* (Sydenham 1692: 56).
    TT: Weariness that cometh of it self, or without any precedent Cause (ANON 1694: 95).

As neither the Latinate expressions nor the technical terms were mentioned in the English version, education does not seem to play a major role in these specific instances of amplification. Rather, their use might suggest either a lack of knowledge on the part of the translator or, more probably, a conscious effort to reduce the complexity of the text by using everyday language (cf. Chapter 2, Table 4).

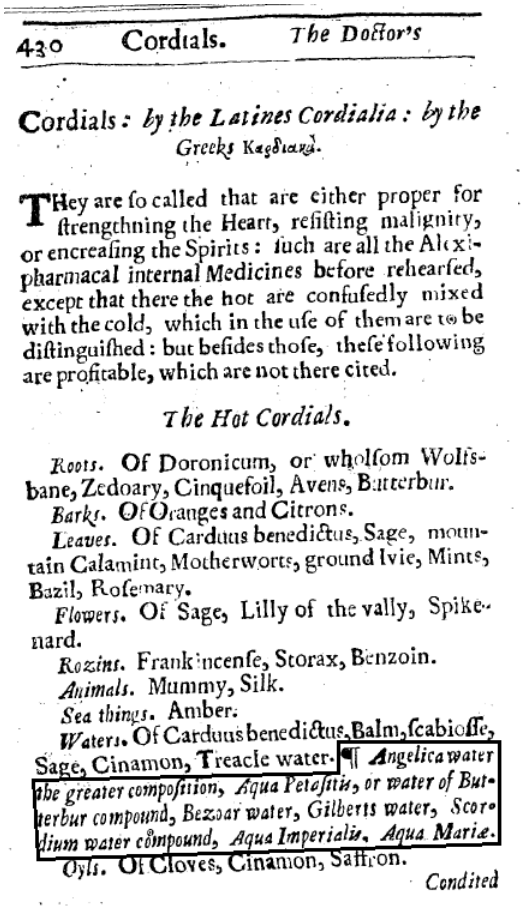
Finally, amplification was also sometimes exploited by the translators to render learned quotations and citations more comprehensible, as is evident from examples 30 and 31 below:

30. ST: quæ proponitur ab Aristotele, 2. *Metaph*. *cap.* 2 (Rivière 1656: 2).
    TT: which Aristotle in the *second Book of his Metaphysicks and the second Chapter* proposeth (CARR 1657: 2).

31. ST: *Continentes febres solerte diligentia curari debent, subitoque id faciendum, quod internotitia dictaverit, sive sanguinis missionem, sive expurgationem requirat: maximum enim incommodum est tum in omnibus morbis tum in continentibus dilatio* (Harvey 1672: 59-60).
    TT: *Continentes Febres solerte diligentia curari debent, subitoque id faciendum, quod internotitia dictaverit, sive missionem sanguinis, sive expurgationem requirat: maximum enim incommodum est tum omnibus morbis tum in continentibus dilatio*, which is thus englished, Continual Fevors are to be cured

> with a prudent diligence, and that must be suddenly done, which your knowledge doth dictate, whether it require bleeding or purging: for delay is the greatest disadvantage to all diseases, and to Fevors (ANON 1674: 79-80).

References to other sources and authorities were, therefore, rendered more explicit and more easily intelligible for readers who were probably less accustomed to learned texts and for whom the citations alone had little meaning.



430 Cordials. *The Doctor's*

Cordials: *by the Latines Cordialia: by the Greeks* Καρδιακὰ.

THey are ſo called that are either proper for ſtrengthning the Heart, reſiſting malignity, or encreaſing the Spirits: ſuch are all the Alexipharmacal internal Medicines before rehearſed, except that there the hot are confuſedly mixed with the cold, which in the uſe of them are to be diſtinguiſhed: but beſides thoſe, theſe following are profitable, which are not there cited.

The Hot Cordials.

Roots. Of Doronicum, or wholſom Wolfsbane, Zedoary, Cinquefoil, Avens, Butterbur.

Barks. Of Oranges and Citrons.

Leaves. Of Carduus benedictus, Sage, mountain Calamint, Motherworts, ground Ivie, Mints, Bazil, Roſemary.

Flowers. Of Sage, Lilly of the vally, Spikenard.

Rozins. Frankincenſe, Storax, Benzoin.

Animals. Mummy, Silk.

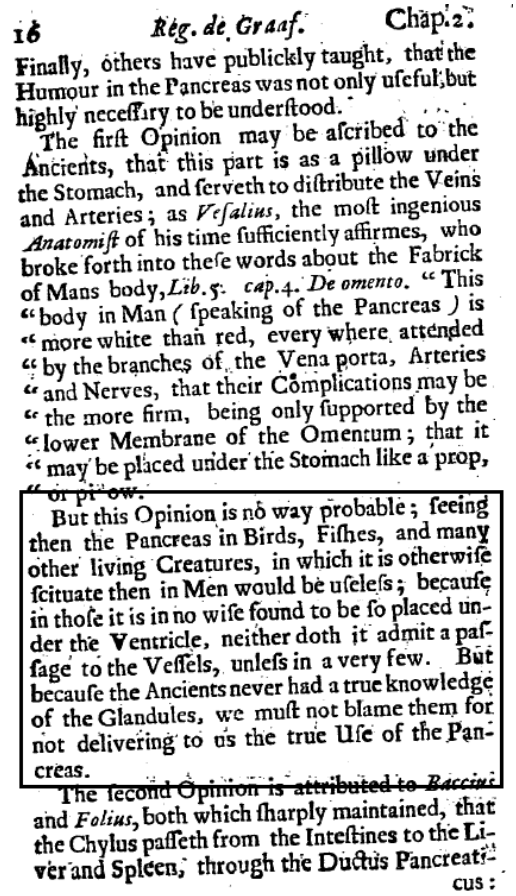
Sea things. Amber.

Waters. Of Carduus benedictus, Balm, ſcabioſſe, Sage, Cinamon, Treacle water. ¶ *Angelica water the greater compoſition, Aqua Petaſitis, or water of Butterbur compound, Bezoar water, Gilberts water, Scordium water compound, Aqua Imperialis. Aqua Mariæ.*

Oyls. Of Cloves, Cinamon, Saffron.

Condited

Figure 9. Example of a marked addition (in the box) in ANON 1657a, page 430.



16 *Reg. de Graaf.* Chap. 2.

Finally, others have publickly taught, that the Humour in the Pancreas was not only uſeful, but highly neceſſary to be underſtood.

The firſt Opinion may be aſcribed to the Ancients, that this part is as a pillow under the Stomach, and ſerveth to diſtribute the Veins and Arteries; as *Veſalius*, the moſt ingenious *Anatomiſt* of his time ſufficiently affirmes, who broke forth into theſe words about the Fabrick of Mans body, *Lib.* 5. *cap.* 4. *De omento.* "This "body in Man (ſpeaking of the Pancreas) is "more white than red, every where attended "by the branches of the Vena porta, Arteries "and Nerves, that their Complications may be "the more firm, being only ſupported by the "lower Membrane of the Omentum; that it "may be placed under the Stomach like a prop, "or pillow."

But this Opinion is no way probable; ſeeing then the Pancreas in Birds, Fiſhes, and many other living Creatures, in which it is otherwiſe ſcituate then in Men would be uſeleſs; becauſe in thoſe it is in no wiſe found to be ſo placed under the Ventricle, neither doth it admit a paſſage to the Veſſels, unleſs in a very few. But becauſe the Ancients never had a true knowledge of the Glandules, we muſt not blame them for not delivering to us the true Uſe of the Pancreas.

The ſecond Opinion is attributed to *Baccius* and *Folius*, both which ſharply maintained, that the Chylus paſſeth from the Inteſtines to the Liver and Spleen, through the Ductus Pancreaticus:

Figure 10. Example of an integrated addition (in the box) in PACKE 1676, page 16.

While explicitation is only rarely used, addition, especially in some specific texts, occupies a prominent position among non-literal translation procedures (cf. Tables 7 and 8), as it allows translators to intrude into the text. Since early modern translators, as stated by Burke (2007), generally viewed themselves as co-authors of the texts, which were not infrequently considered capable of improvement (Burke 2007: 30), additions were sometimes clearly marked as the product of the translator himself, as shown in Figure 9,

where the added part is signaled by the pilcrow symbol and the use of italics. This strategy, which had been used by Nicholas Culpeper in his unlicensed translation of the *Pharmacopoeia Londinensis* to add his own observations, commentary and criticism of the College's medicaments (Sanderson 1999: 115), might also have been consciously used by the translators to construct and perform their identity as popularizers of medicine. At other times, however, as shown in Figure 10, additions were fully integrated into the texts and presented as the product of the original author. As such, they were, in most cases, intended to simply improve the ST by introducing any type of extra information that the translator deemed useful or merely interesting, as shown in examples 32 and 33:

32. *A Laxative to open the Body, and purge superfluous humours.* Take Sene leaves, Penny-royal and Madder, of each a like quantity; boyl them in white Wine, take thereof about three ounces at a time fasting (TURNER 1657a: 29).

33. *The Brims of the Mouth are call'd* Labra *or* Labia, *the Lips*. Some Grammarians distinguish *Labra* from *Labia*, signifying by *Labra* Lipps of moderate size, by *Labia* Lips of an unseasonable bigness. But this is nothing at all to Anatomists (SALMON 1689: 475).

Besides adding further information, the translators sometimes also ameliorated the sources by introducing headings and subheadings which break down long stretches of text and better structure them, thus improving both reading and navigation (Lopez Orellana 2012: 85). For instance, the uninterrupted sections that Morel (1650) dedicated to the several types of medicaments are, in ANON 1657a, organized in shorter subsections which deal with "*The Kind*", "*The Election*", "*The Qualities*", "*The Correction*" and "*The Dose*" of the same, thus making both reading and information retrieval easier.

Addition, however, was not only used by the translators to improve the text and its reading, but also to accommodate its learned content to English readers. Indeed, translators sometimes added linguistic notes that informed readers of the meaning of an expression or that taught them the proper technical terms, as shown in examples 34 and 35:

34. **Panaritium*
    **A disease in the fingers* (ANON 1670: 170).

35. Cordials: *by the Latines Cordialia*: *by the Greeks Καρδιακα*. (ANON 1657a: 430).

The reader was, therefore, given both a technical term that was generally used in the specialized literature and an explanation or an equivalent in the mother tongue to ensure their understanding of the text, a strategy which might fall under the popularizing technique of designation (cf. Chapter 2, Table 4) and whose purpose probably was that of helping readers develop a subject-specific language.

Finally, since the new science, in contrast with Aristotelian orthodoxy, which privileged the quotative mode of knowing (Taavitsainen 2011: 79), put particular emphasis on direct observation and experience as a form of knowledge (Dear 2006), addition was in some cases also exploited to provide actual evidence for the theoretical notions which exhausted the STs' contents. While scholasticism hinged upon authorities, modern science, as also hinted at by one of the translators, relied on direct observation and experience, which, precisely because of their tangibility, rendered the theoretical notions more credible:

> Upon so important an affair as the Practical part of malignant Fevors, I ought not to make so sudden a recess, as to leave those salutiferous maxims, premised in this Tract, only astipulated with reason, but to recommend them to you confirmed by experience, abstracted from those cures, which for success and happy event are not to be conferred with the vulgar methods (ANON 1674: 99).

Indeed, as shown in examples 36 through 38 below, the translators sometimes included their own personal experience of a certain remedy or cure in passages that resemble medical case histories, a genre which originated in Hippocratic times and whose purpose was to transmit medical knowledge by relating what happened in a typical case of a disease, focusing, in particular, on the patient, their symptoms and how they were cured (Taavitsainen 2011: 93):

36. Such was the case of Mrs. *Read* on *Lambeth* Hill, aged thirty, and of temperament phlegmatick and melancholick, her Fevor was ushered in with a looseness so very importune, that on the ninth day, her Visitors and Neighbours expected her departure: on the same day it was I made my first visit, and having examined, what was prescribed by her former Physician, (who likewise had a very ill opinion of this distemper) and detecting some great errors in this course, was in hope that by

their rectification, and the prescription of means more rational, I should restore her to former health. I prescribed a Restringent Cordial, Anodyne Glysters, Antifebril Adstringent Powders, and an Alexipharamcal Apozem. Thrice also there was an *Hypnotick* given. But the chief means was the method, (which I need not here repeat) that proved so successful, in conquering this dangerous distemper (ANON 1674: 105-106).

37. ¶*I have seen this very successfully and speedily done by a Midwife, only first fomenting the Dug with Vinegar, and afterwards applying a Plaister of Diachilon simple, which was suffered to lye on two or three days; this prevented any hardnesse that otherwise might have happened* (ANON 1657a: 437).

38. By the same Reason the Motion of the Heart, is sometime so vehement, that as it hath been observed by Practitioners, it might in a manner be heard to their Neighbour Houses; yea it hath sometimes broke the Ribs; as in like manner, we have seen at *Leyden*, in a Baker's Son, dwelling in the Fish-Market; whose Ribs, by the Vehement Palpitation of the Heart, or rather the Convulsive Motion thereof, were Conspicuously driven outwards; from which Vehement Palpipation [sic], it was freed in a short time with Medicaments, prescribed by Dr. *Sylvius* (PACKE 1676: 63).

As such narratives provided evidence for the virtues of a specific remedy, they may be described, following Stein LeJacq, as "unusually extended and detailed example[s] of the sorts of 'efficacy phrases' that accompanied many recipes" (Stein LeJacq 2013: 453). Therefore, not only did translators assure readers of the value of their remedies and practices, they also accommodated learned medical notions to a vernacular audience by providing them with concrete examples (cf. Chapter 2, Table 4) in which the theory was put into practice. Moreover, such passages also functioned as advertising strategies, as they allowed translators to construct and perform their identity of experienced, successful and, consequently, authoritative practitioners of medicine.

4.2.2. Substitution Procedures

The most frequent translation procedure that falls under substitution is partial adaptation (cf. Tables 7 and 8), which, as shown in Figure 8 above, is quite evenly distributed in the texts, as it entails a replacement of cultural-specific elements from the

SC with ones from the TC. Words and terms of vernacular origin and closely tied to the popular culture were generally preferred to Latinate ones, thus resulting in a simpler text in which common language and everyday expressions predominate. As shown in examples 39 through 49, partial adaptation was used not only to accommodate ingredient names (examples 39, 40 and 41), many of which were of herbal origin, but also those of diseases (examples 42 and 43), medicines (examples 44 and 45), medical procedures (examples 46 and 47) and anatomical parts (examples 48 and 49):

39. ST: anethi (Morel 1650: 519).
    TT: Dill[97] (ANON 1657a: 436).

40. ST: *aristolochiæ utriusque* (Rivière 1656: 464).
    TT: both Birthwort[98] (CARR 1657: 367).

41. ST: *Arthemisia* (Massaria 1600: 78).
    TT: Mugwort[99] (TURNER 1657a: 25).

42. ST: *Scrophulas* (Croll 1635: 379).
    TT: Kings-evil[100] (ANON 1670: 164).

43. ST: elephanthiasi (de La Framboisière 1628: 103).
    TT: Leprosie[101] (ANON 1684b: 113).

44. ST: Enema (Sydenham 1692: 9).
    TT: Clyster[102] (ANON 1694: 10).

45. ST: tabellæ (Bauderon 1620: 81).
    TT: Lozenges[103] (ANON 1657b: 107).

[97] "Anet" also existed in English, its first occurrence is recorded around 1265 (OED).
[98] "Aristolochia" also existed in English, its first attestation is recorded before 1398 (OED).
[99] "Artemisia" also existed in English, it was first attested in Anglo-Saxon times (OED).
[100] "Scrofula" also existed in English, its first attestation is recorded before 1400 (OED).
[101] "Elephantiasis" also existed in English, its first occurrence is recorded in 1581 (OED).
[102] "Enema" also existed in English, although it was first attested only in 1681 (OED).
[103] "Tablet" also existed in English, its first occurrence is recorded before 1425 (OED).

46. ST: Phlebotomia (Harvey 1672: 52).
    TT: bleeding[104] (ANON 1674: 68).

47. ST: paracentesim (Riolan 1649: 198).
    TT: perforation[105] (CULPEPER AND WR 1657a: 96).

48. ST: glandulæ (Van Diemerbroeck 1672: 753).
    TT: *Kernels*[106] (SALMON 1689: 494).

49. ST: cum intestinis (De Graaf 1664: 44).
    TT: with the Guts[107] (PACKE 1676: 67).

Although all these technical terms had a more or less adapted Latinate equivalent, translators opted for synonymic expressions of Germanic origin which, albeit less technical, were certainly more frequent in everyday language use and, consequently, more familiar to lay people. Therefore, while this procedure did in no way help readers develop a subject-specific language, the use of fewer technical terms (cf. Chapter 2, Table 4) ultimately resulted in a text which was more easily comprehensible by non-specialized readers, thus granting them access to useful knowledge which until that time had been kept from them by means of exclusionary linguistic practices (Crossgrove 2000: 62, and Baugh and Cable 2013: 201-202).

4.2.3. Reduction Procedures

Of the three translation procedures that entail a reduction of the ST, only omission, that is, the deletion of a portion of the text, which can range from a single word to an entire paragraph or section, was used to a certain extent by all translators (cf. Tables 7 and 8). Since the abridgement of long texts was quite customary in early modern times (Burke 2007: 31) and all the STs were in most cases quite lengthy and complicated, this strategy is particularly well-represented in the corpus. Quotations and citations, of which the sources, having been produced within the learned academic tradition, were full,

[104] "Phlebotomy" also existed in English, its first attestation is recorded before 1400 (OED).
[105] "Paracentesis" also existed in English, it was first attested in 1598 (OED).
[106] "Glandule" also existed in English, its first occurrence is recorded around 1400 (OED).
[107] "Intestines" also existed in English, it was first attested in 1598 (OED).

represent the overall most frequently omitted passages in the texts, as shown in examples 50 and 51, where the ST omitted part is underlined:

50. ST: hunc si quid sequitur, symptoma; quod illum facit, cause, ait Gal. c. I. l. 2. meth. Med. (de La Framboisière 1628: 82)
    TT: if any thing follows this, a Symptom; that which occasions it, the Cause. (ANON 1684b: 90)

51. ST: Lindanus, *physiology. lib. 1. cap. 6. artic. 9.* admodum anxie inquirit in originem nominis (Van Diemerbroeck 1672: 425)
    TT: Lindan *over-curiously enquires into the Etymology of the Name* (SALMON 1689: 302)

Besides eliminating references to ancient authorities and other texts, which probably were of little interest to the new target audience, the translators also very frequently omitted any type of information which they deemed unnecessary or useless, as shown in examples 52 and 53 below, where the ST omitted portions are underlined:

52. ST: […] *ita in reliquis, qui solis mulieribus, minime maribus contingunt, perspicue falsum apparet. Vnde M. quoque Hip. propria commentaria de morbis mulierum scribere non est veritus. Et apud Gal. legimus VI. Epid. sectio: II. Commento 43. Dioclem pariter scripsisse volumen de morbis mulierum. De Commentarijs autem Hip. etsi negare nolo, ea aut fortasse ad illo non fuisse castigata, aut temporum iniuria quibusdam locis fuisse vitiata: veruntamen se consideremus copiam sententiarum, sermonis grauitatem & obscuritatem, ac doctrinæ excellentiam, equidem censeo illa tanquam legitima & digna Hip. recipienda esse. Quanquam non ignoro doctissimos quosdam viros, qui de operibus Hip. iudicium fecerunt & ediderunt, aliter sentire. Alter est Mercurialis, qui in censura operum Hip. huiusmodi morbos mulierum reponit in tertia classe, in qua illo auctore, sunt reponendi omnes libri, quicunque ab Hip. neq. editi neque conscripti sunt: Sed vel a filijs vel discipulis compositi fuerunt. Alter est Ludovicus Lemosius Hispanus qui in iudicio operum M. Hip. absolute pronunicat hos libros M. Hip. non esse: & rationem reddit: propterea quod illi nusquam a Galeno citati reperiantur, quod quidem ego miror a viro celeberrimi nominis tam temere affirmari, cum Galen, apertissime huiusmodi librorum mentionem faciat IV. aph. Comment. 36. & 45. Itaque nos testimonio & auctoritate huius libri tanquam*

legitimi & diuino Hip. digni sæpius vtamur. Huiusmodi tractatio de morbis mulierum est adeo difficilis, vt fortassis in tota arte medica nulla difficilior possit reperiri. (Massaria 1600: 2-4)

TT: […] but in such infirmities as appertain only to women, and are not at all contingent to the men, their falsity plainly appears. And therefore *Galen*, *Hippocrates*, & *Dioscorides*, and many others, have taken the pains to write whole Commentaries meerly upon the Diseases of women; but yet their works are much incused by the corruption of time, though full of much variety of speech, gravity, and excellency of Learning. This Treatise of the Diseases of women, is so occult, intricate and difficult to perform, that there is nothing to be found in all the Cabinets of nature, or secrets of the medicinal Art, more abstruse and difficult. (TURNER 1657a: 3)

53. ST: *Species*; diatragacanthi frigidi, diapenidium.

Externa.

Olea violarum, nymphææ, amygdalarum dolcium.

Vnguentum rosatum.

PNEVMONICA. (Morel 1650: 517)

TT: *Powders*. Of Diatragacanthum frigidum, and Diapenidium.

Pneumonicks (ANON 1657a: 434-435)

Theoretical discussions, which were probably considered superfluous for the new target audience, were thus simply skipped in translation, or at best reformulated as shown in example 52, where the very long account of the commentaries written on the diseases that affect women is replaced in translation by a very brief summary (dotted underline) which condenses the main idea in just a few lines. Similarly, as shown in example 53, remedies which were no longer judged useful or feasible were either substituted by new ones or, more frequently, omitted altogether.

As such, omission had a huge popularizing import. Not only did it allow translators to delete all problematic stretches of text, thus simplifying the source and making it more accessible for non-specialists (cf. Chapter 2, Table 4), this abridgement also resulted in physically shorter texts that could be more appealing to modest incomes, thus contributing to the translators' efforts to serve the common good.

4.2.4. Non-Translation Procedures

Although the decision not to translate or adapt technical terms may sound counterintuitive in vernacularized texts that aimed at spreading medical knowledge to a wider non-specialized readership, partial foreignization was to a greater or lesser extent used in all texts (cf. Tables 7 and 8). Indeed, as shown in examples 54 through 56, ingredients and diseases were sometimes maintained in their Latinate form, even when an equivalent of Germanic origin was already in use:

54. ST: cardui bened. (Bauderon 1620: 130).
    TT: Carduus Benedictus[108] (ANON 1657b: 150).

55. ST: Cavitates (Riolan 1649: 10).
    TT: Cavities[109] (CULPEPER AND WR 1657a: 6).

56. ST: *Erysipelas* (Croll 1635: 384).
    TT: Erysipela's[110] (ANON 1670:166).

While this procedure may have been exploited to help readers develop a specialized language, it may also be related to a lack of knowledge on the translator's part, or to custom, as some Latinate terms might have been more frequent or also fashionable at the time, and even to the translator's own preferences in terms of linguistic alternatives. The hypothesis that the preference for one alternative over the other is sometimes dictated by fashion or custom seems to be evidenced by the fact that, in the samples, some terms, like "Carduus Benedictus" or "Plantane/Plantain",[111] were always retained in their Latinate form, while others, like "Mugwort"[112] and "Wormwood",[113] were always translated with an equivalent expression of Germanic origin. However, as some terms, like Latin "*aristolochia*" and "*mercurius*", were variously kept in their Latinate form[114] in some texts and rendered with a vernacular equivalent[115] in others, the translators' own

[108] In English also referred to as "Blessed Thistle" (OED).
[109] In English also referred to as "hollowness" (OED).
[110] In English also referred to as "St. Anthony's Fire" or "The Rose" (OED).
[111] In English also referred to as "Ribwort" (OED).
[112] "Artemisia" also existed in English, it was first attested in Anglo-Saxon times (OED).
[113] "Absynth" also existed in English, its first attestation is recorded around 1429 (OED).
[114] "Aristolochy" and "mercury", respectively.
[115] "Birthwort" and "quick-silver", respectively.

preferences, or lack of knowledge, also probably played an important role in the choice of translation strategy. Notwithstanding this, some terms, like Latin "*diarrhea*" in ANON 1694, were translated within the same text following both strategies, thus alternatively rendered as "diarrhea" and "looseness". While this might be read as a popularizing technique in that it provided readers with multiple synonyms of the same term (cf. Chapter 2, Table 4) and thus improving understanding, since it was in no way indicated that the two terms referred to the same entity, the use of such alternatives could be considered a shortcoming of the translation, hindering rather than fostering the readers' understanding.

Latinate terminology might, therefore, be thought to have been unintentionally used by less knowledgeable translators in order to make up for their lack of knowledge, something which, however, rendered their efforts to disclose information to the unlearned largely ineffective (Görlach 1991: 148-149). Notwithstanding this, non-translation may also have been the result of a deliberate choice on the part of the translators, as Latinate terminology could have been used either to reflect current usage or even to develop a subject-specific register in more educated and ambitious readers.

4.3. Diachronic and Diatypic Variation

Even though the study covers a comparable proportion of all texts published in each of the sub-periods being investigated,[116] no clear diachronic trend emerged from the analysis. As illustrated in Figure 11 below, which shows the percentage distribution of the different non-literal translation procedures in the three sub-periods under examination, some rising (e.g. omission and partial adaptation) and decreasing tendencies (e.g. addition and amplification) do seem to occur.

[116] Five texts for the 1649-1659 sub-period, which correspond to 16% of all first-editions published in that period, and three texts each for the 1660-1679 and 1680-1699 sub-periods, which correspond, respectively, to 20% and 15% of all published texts in each time-span.

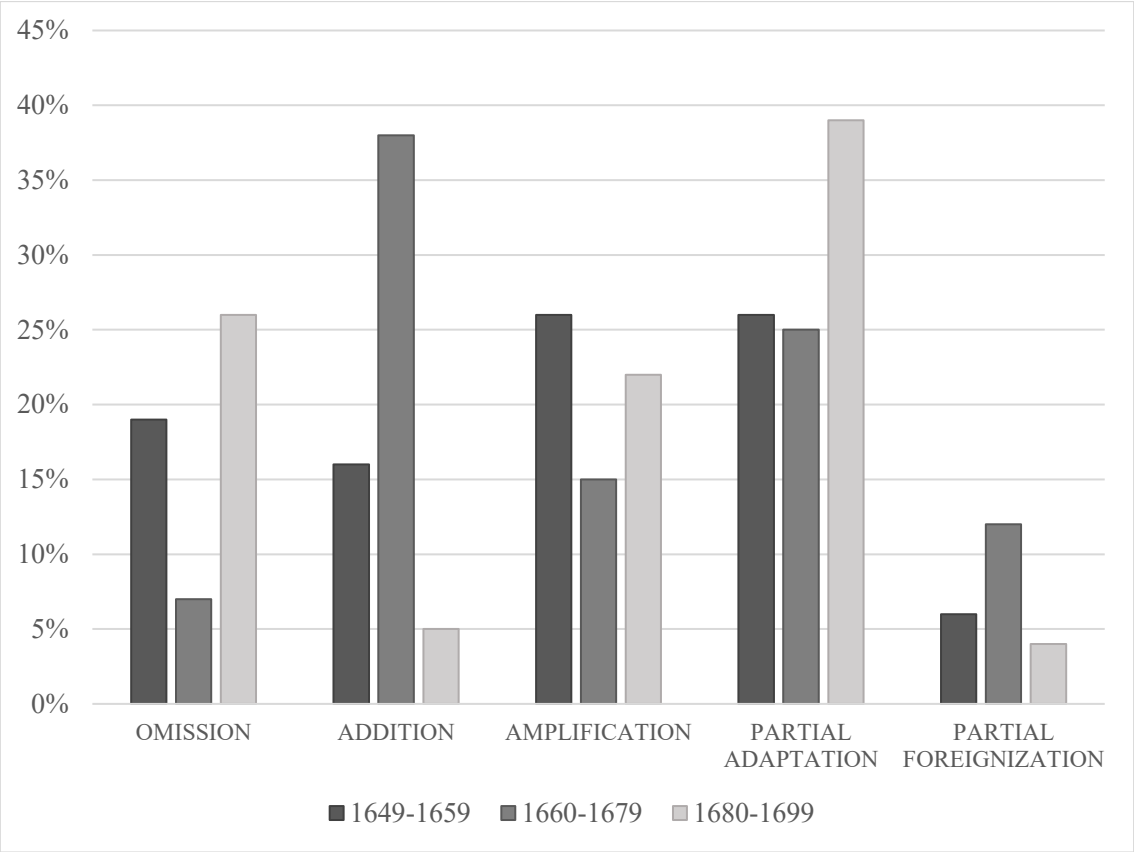


Figure 11. Percentage distribution of the major non-literal translation procedures in the three sub-periods under scrutiny.

However, a comparison with Figure 12 below, which shows the percentage distribution of all non-literal translation procedures in the individual texts which make up each of the three sub-periods under scrutiny, reveals that the trends actually derive from a very high (or low) incidence of a single procedure in one specific text, and as such, do not reflect any real evolution in time in the use of translation strategies. For instance, while the use of omission appears in Figure 11 to be increasing with time, Figure 12 reveals how the very high frequency of that procedure in the last sub-period is merely the result of it being particularly frequent in one text, namely ANON 1684b. Similarly, the apparently declining incidence of addition (cf. Figure 11), seems to be dictated by a very strong presence of this procedure in some specific texts, namely ANON 1657a and ANON 1657b, rather than an actual decreasing trend, as also evidenced by the consistent use of addition in some of the texts published in the 1670s (cf. Figure 12). The development of the scientific register in English, therefore, does not seem to have had an impact on the actual translation choices made by the individual translators.

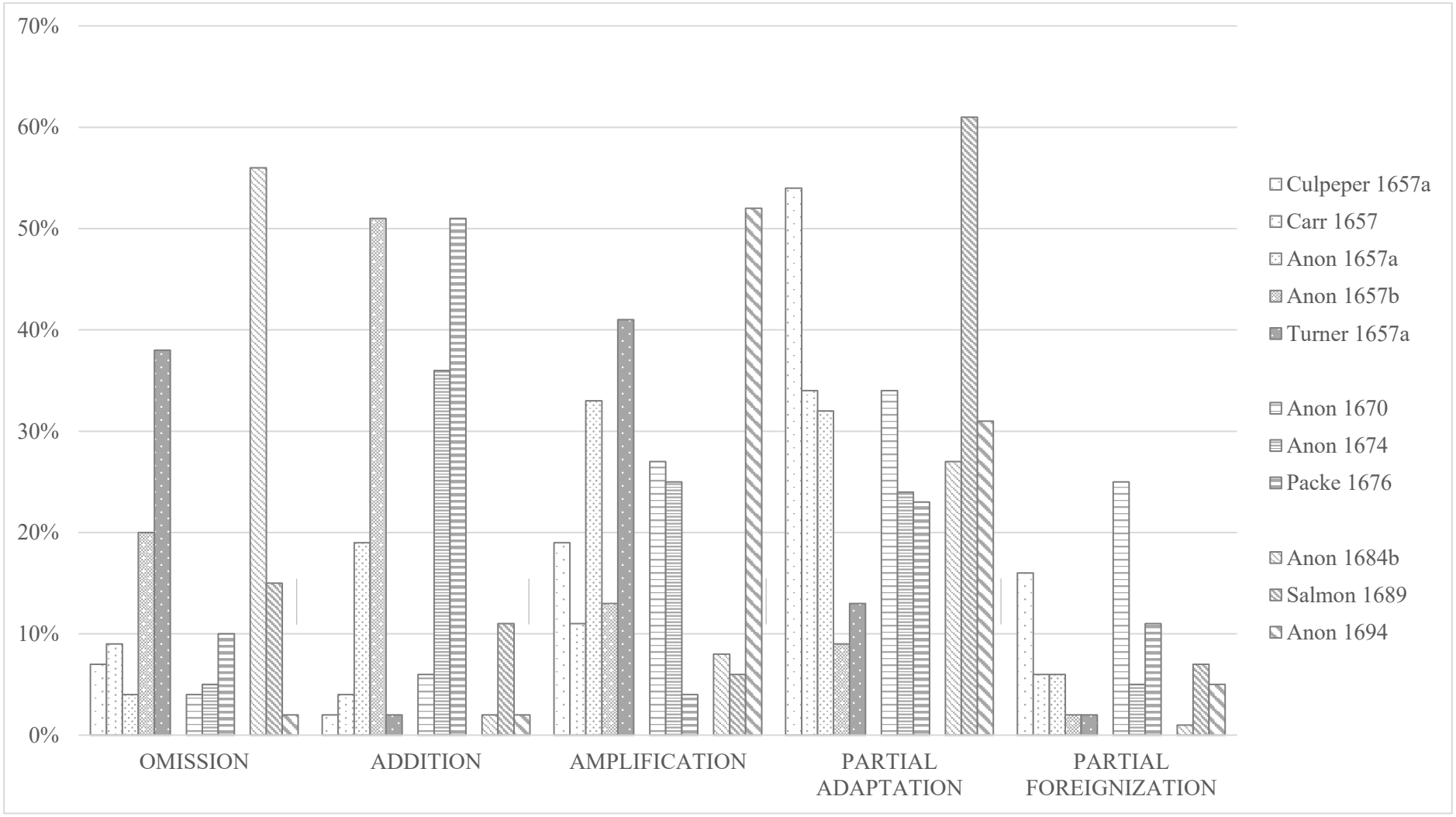


Figure 12. Percentage distribution of the major non-literal translation procedures in the individual texts published in each of the three sub-periods under scrutiny.

Notwithstanding this, some considerations as far as diatypic variation is concerned may still be made. Although data are quite limited and the very high incidence of a specific procedure may also be the result of the individual translators' preferences and choices, some genre-related characteristics do seem to emerge, as is evident from a comparison between Figure 13 below and Figure 8 above, which show the percentage distribution of the non-literal translation strategies used in the five main genres of medical writing and in the individual texts, respectively.

Anatomical treatises and general medical handbooks, which together represented the two most learned genres of medical writing, seem to be particularly characterized by a consistent use of partial adaptation (cf. Figure 13). Indeed, albeit somewhat frequent in all genres, this procedure is particularly significant in these two text types, as it is used to render the learned technical terms and expressions that belong to the fields of anatomy, pathology and therapeutics more comprehensible for non-specialized readers. While translators generally had a choice between a Latinate expression which was more relevant in the professional or academic world and a vernacular one which was less specialized, but had a long history which rendered it more familiar to lay readers, they generally preferred the latter strategy, thus privileging accommodation over terminological precision.

Even though the treatises on specific branches of medicine also figured among the topmost genres of academic writing, they seem to be more specifically characterized by the two combined strategies of addition and, albeit to a lesser extent, omission (cf. Figure 13). Indeed, as the STs entailed a greater level of expertise, the translators, who in some cases probably specialized in the same medical fields, heavily modified the texts by restructuring and reorganizing part of the content. Whole paragraphs were, therefore, omitted or replaced by new ones, with the purpose of simplifying the text by deleting irrelevant information and introducing new material which could be more interesting or useful for the new target readership.

Finally, recipe collections and *materia medica* and treatises on specific diseases, which represented the more popular side of medicine, seem to be mostly characterized by the use of amplification (cf. Figure 13). Indeed, as the STs were intended to be used as reference material by medical practitioners who were accustomed to symbols and abbreviations, the translators most probably opted for this strategy in order to accommodate the texts to lay readers, by avoiding exclusionary linguistic practices and offering them a more transparent vocabulary.

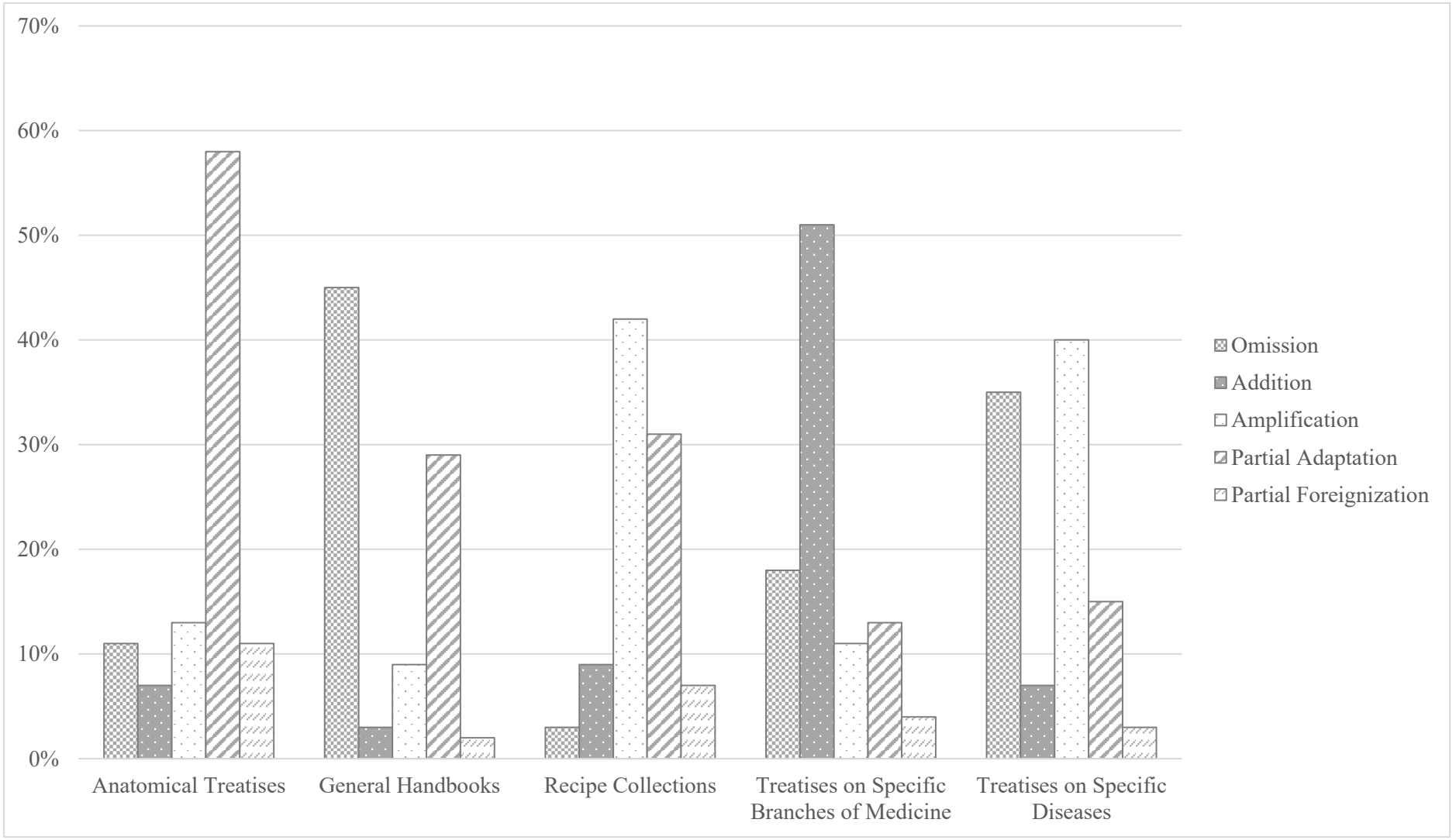


Figure 13. Percentage distribution of non-literal translation procedures in the five genres of medical writing from the corpus.

Despite these common trends, the prevalence of one procedure over the others in a single text seems to be dictated by the compiler's own attitude and preferences, rather than some genre-related custom. An analysis of each translator's preferred strategies might, therefore, offer an insight into how the compilers perceived their role not only as translators, but also as popularizers of medicine. Indeed, William Carr, Nicholas Culpeper, William Salmon and the anonymous translators of ANON 1657a, ANON 1684b and ANON 1694 all seem to have privileged accommodation to their target readers, as evidenced by the consistent use of partial adaptation and amplification, two strategies which simplify the source text by making it more accessible for non-specialists. In contrast, ANON 1670 appears to have adopted a more literal method of translation, with a very low incidence of non-literal translation actions and the preference for Latinate, as opposed to vernacular, terminology, something which, together with iatrochemistry, the topic of the text, might point to a more restricted and elite target audience. Finally, Robert Turner, Christopher Packe and the anonymous translators of ANON 1657b and ANON 1674 seem to have embodied the prototype of the modern translator who viewed himself as a co-author of the text and modified it as he saw fit (Burke 2007), as evidenced by the surprisingly high frequency of omission and addition.

Albeit conducted only on a sample of texts, the close-reading comparative analysis of S and TTs thus revealed that, although the idea of fidelity or faithfulness still triumphed in early modern translating practice, as evidenced by the translators' declarations of intent and their general approach to translation itself, a number of non-literal procedures was also adopted to accommodate the STs to the new audience. While such changes may sometimes appear trivial and negligible, they nonetheless significantly adapted the Latin sources to render them not only more comprehensible, but also more appealing to a new audience of middle-upper class readers (Eamon 1994: 101, Wear 2000: 43, Furdell 2002: 36, and Taavitsainen 2009: 192), who were literate, but not university-educated, thus playing a significant role in the popularization of learned medicine.

5. Additional Accommodating Material: Specialized Glossaries and Other Reference Sources

Although the texts from the corpus may be generally described as literal translations of their Latin sources, a certain amount of accommodation to the target audience is also somewhat present in all of them. While this may take the form of specific translation strategies and procedures that accommodate individual portions of text to the target reader (see Chapter 4), some translators also opted for the introduction of different types of reference material which offer readers a further key to successfully decode the text. These, as shown in Table 5 (Chapter 2), include conversion tables for weights and measures, lists of specialized symbols and abbreviations used in medical texts, and glossaries of technical terms and hard words.

The accommodating purpose of such added materials is sometimes ostensibly hinted at in the titles or short descriptions which precede them, where the idea of explaining difficult concepts and facilitating the readers' comprehension is frequently mentioned, as shown in examples 1 through 7:

1. A **PHYSICAL** DICTIONARY, Expounding such words, as being terms of Art, or otherwise derived from the Greek and Latin, are dark to the English Reader (CULPEPER *ET AL*. 1655: A Physical Dictionary, title page).

2. Special Observations for the Readers more easie apprehension (ANON 1657b: A8).

3. *A Dictionary Explaining all the Difficult words in this Treatise* (CARR 1657: Fff).

4. AN EXPLICATION OF SOME Words of Art (CHANDLER 1662).

5. *The more unexperienced readers may please to observe* (TOMLINSON 1657: f).

6. *An Explanation of the Physical Characters, or Marks used in this Book* (SHERLEY 1676: P8^{v}).

7. A TABLE of all the hard words derived from the *Greek* and *Latin*, of all Terms of Art and other words not vulgarly received, with the explanation of them (PORDAGE 1681b/c: Table of hard words).

Besides explaining their general aim, these introductions also designate, albeit implicitly, the type of audience they are meant to cater for, namely "unexperienced" readers who probably had never studied medicine and who were not used to its particular jargon. Moreover, the introductions to the reference material frequently also specify the technical nature of the texts they are appended to and, consequently, their usefulness for readers who are only beginning to tackle the topic.

The present chapter analyzes the different types of reference material that was added in translation, in order to highlight the role that these further resources played in the popularization of learned medicine. Section 5.1. deals with conversion tables for weights and measures; Section 5.2. focuses on lists of specialized characters, symbols and abbreviations; finally, Section 5.3. concentrates on those types of reference material which may broadly be defined as glossaries, therefore providing a detailed analysis of such wordlists, with the aim of highlighting their linguistic and lexicographic characteristics.

5.1. Conversion Tables

As measures are quite widespread in medical recipes, where they are frequently used to specify the precise required quantities of ingredients, some texts, namely CULPEPER 1649, ANON 1657b and SALMON 1678, added to their translations some very brief, if not entirely schematic, conversion tables, in which, as shown in examples 8 through 11 below, the specific medical terms are explained to the target reader by comparing them to less specialized but more familiar concepts (example 8), or, more commonly, to each other (examples 9, 10 and 11):

8. *A Graine is the quantity of a Barley Corn. A Scruple is twenty Barley Cornes.* (ANON 1657b: special observations).

9. *Cochlearium* holds in syrups half an ounce, in distilled waters three drachms. (CULPEPER 1649: B3^{v}).

10. *Three Scruples containe a Dram. Eight Drams containe an Ounce*. (ANON 1657b: special observations).

11. Twenty *Grains* make a *Scruple*. (SALMON 1678: the medicinal characters).

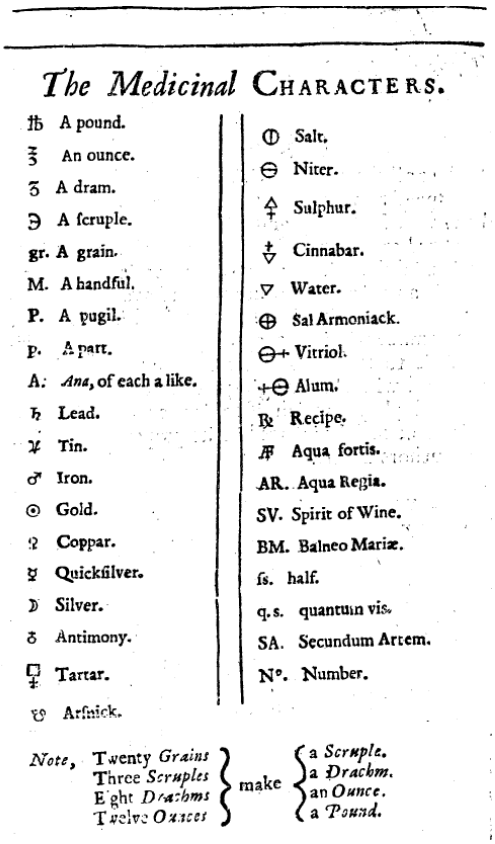
Although only three of the texts include such information, these conversion tables nonetheless provided readers with a very useful tool that could help them decode the text by offering a comparison with everyday and familiar objects, as shown in example 8, where the measure unit "graine" is compared to the size of a grain of barleycorn. Alternatively, accommodation is provided by underlining the relationship among the different units of measure, as shown in the remaining examples, where one unit is compared to the others, thus facilitating the process of medicinal preparation.

This type of reference material, which functioned as a legend of sorts, most probably had an important popularizing function, as it rendered the specialized language of learned and professional medicine accessible not only to lay readers, but also to less prestigious medical practitioners who may have been less accustomed to the terms used in the academic environment. Moreover, these conversion tables also served as educational material, as they were probably also meant to teach the medical jargon to the new audience, thus helping them develop a subject-specific register.

5.2. Lists of Specialized Characters

While conversion tables for units of measure are not that common in the corpus, lists of specialized characters, which include both symbols and abbreviations that are typically found in medical works, are somewhat more frequent. With the only exceptions of TOMLINSON 1657 and GOWER 1675, in which the list, being quite short, does not appear on its own but together with information such as the errata and advertisement, all other texts dedicate an entire page to such legends, which are variously titled "*Characters for brevity used herein*" (COOKE 1657: A8^{v}), "*An Explanation of the Physical Characters, or*

marks used in this Book" (SHERLEY 1676: P8[v]), "*The Medicinal* CHARACTERS" (SALMON 1678: A8[v]) and "The Usual Medicinal CHARACTERS" (SALMON 1694: A8[v]).



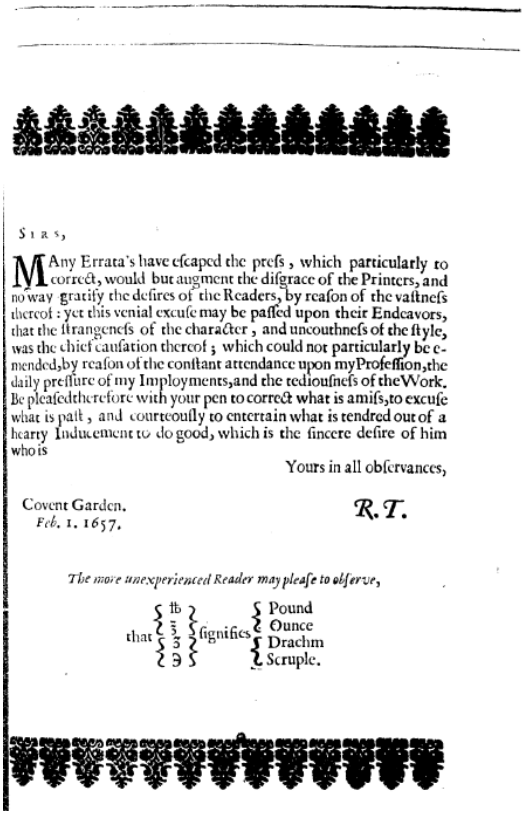
The Medicinal CHARACTERS.

℔ A pound.
℥ An ounce.
ʒ A dram.
℈ A ſcruple.
gr. A grain.
M. A handful.
P. A pugil.
p. A part.
A. *Ana*, of each a like.
♄ Lead.
♃ Tin.
♂ Iron.
☉ Gold.
♀ Coppar.
☿ Quickſilver.
☽ Silver.
♁ Antimony.
♁ Tartar.
♉ Arſnick.

⊕ Salt.
⊖ Niter.
♎ Sulphur.
☿ Cinnabar.
▽ Water.
⊕ Sal Armoniack.
⊖+ Vitriol.
+⊖ Alum.
℞ Recipe.
Aq. Aqua fortis.
AR. Aqua Regia.
SV. Spirit of Wine.
BM. Balneo Mariæ.
ſs. half.
q.s. quantum vis.
SA. Secundum Artem.
N°. Number.

Note, Twenty *Grains* / Three *Scruples* / Eight *Drachms* / Twelve *Ounces* } make { a *Scruple.* / a *Drachm.* / an *Ounce.* / a *Pound.*

Figure 14. List of "Medicinal Characters" in SALMON 1678, p. A8[v].



SIRS,

MAny Errata's have eſcaped the preſs, which particularly to correct, would but augment the diſgrace of the Printers, and no way gratify the deſires of the Readers, by reaſon of the vaſtneſs thereof: yet this venial excuſe may be paſſed upon their Endeavors, that the ſtrangeneſs of the character, and uncouthneſs of the ſtyle, was the chief cauſation thereof; which could not particularly be emended, by reaſon of the conſtant attendance upon my Profeſſion, the daily preſſure of my Imployments, and the tediouſneſs of the Work. Be pleaſed therefore with your pen to correct what is amiſs, to excuſe what is paſt, and courteouſly to entertain what is tendred out of a hearty Inducement to do good, which is the ſincere deſire of him who is

Yours in all obſervances,

Covent Garden. *Feb.* 1. 1657. R. T.

The more unexperienced Reader may pleaſe to obſerve,

that ℔ ℥ ʒ ℈ ſignifies Pound, Ounce, Drachm, Scruple.

Figure 15. List of symbols in TOMLINSON 1657, p. f.

In most cases these lists, which can be seen in Figures 14 and 15 above, are very schematic and concise, as they simply provide readers with the actual word the various symbols or abbreviations stand for, as shown in examples 12 through 14:

12. ʒ. a dragme. (COOKE 1657: A8[v]).

13. Syr. ———— Syrup (GOWER 1675: c8).

14. A. *Of each a like quantity* (SALMON 1694: A8[v]).

Symbols and abbreviations, which, as shown in Chapter 4, were sometimes consistently written out in full in the texts themselves, could thus be retained in order to preserve the

texts' brevity and conciseness, without, however, undermining readers' access to and easy comprehension of the specialized information therein contained.

Some of these lists, however, take a slightly different approach and opt for a more educational method of explanation, which provides, first, the exact word or expression the symbol or abbreviation stands for (**in bold**) and, second, a reformulation which renders the specialized term more transparent (underlined), as shown in examples 15 and 16:

15. P. ***Pugillus***, as much as can be took up betwixt two Fingers and a Thumb. (SHERLEY 1676: P8^{v}).

16. R. ***Recipe***, *Take*. (SALMON 1694: A8^{v}).

Translators in these cases seem to have privileged a more popularizing and at the same time educational approach, as they provided readers not only with a description that reformulates the technical expressions and renders them more accessible, they also accompanied it with the actual technical term the symbol or abbreviation stands for, thus supporting the development of a subject-specific register in the new audience.

Finally, one text, namely GOWER 1675, also included a usage note of sorts, as shown in examples 17 and 18, where the same abbreviation is given two different acceptations according to where it is found, thus informing readers of the context-dependence of some words and meanings:

17. M. ——— an Handful, *when plac'd in a Receipt*. (GOWER 1675: c8).

18. M. ——— Mix them, *when at the end of a Receipt*. (GOWER 1675: c8).

Albeit limited in number, such lists of specialized characters most likely had a significant popularizing import, as they allowed lay readers and less prestigious medical practitioners easier access to learned medical knowledge, by educating them in the linguistic practices of the medical world.

5.3. Medical Glossaries

As stated by many translators in their declarations of intent and also corroborated by the analysis of the actual texts in Chapter 4, the translators resorted to different strategies to ensure that their texts remained accessible for their target readers. Most translators either avoided specialized terminology, thus privileging a familiar lexis that accommodated the specialized language of medicine to lay or unexperienced readers, or reformulated it in the text itself to ensure that readers comprehended the text while at the same time advocating the development of a context-specific register in them. However, some translators, or their booksellers, as shown in Table 11, decided to further accommodate the specialized language of medicine to their target audience by adding a glossary, by means of which the opaqueness of technical terms and of learned Greek and Latinate loanwords could be reduced (Gotti 1992: 332).

As shown in Table 11 below, the six medical glossaries that emerged from the corpus analysis, albeit quite different in many respects, size being the most evident, have many points in common. Indeed, while the actual number of words included in each glossary varies enormously from a mere 8 to just under 800 words, the way in which translators describe the contents of the individual glossaries are strikingly similar. Whether because they may be referred to as "terms of art", the equivalent of present-day "technical terms", or because of their origin, be it Latinate or Greek, the contents of the glossaries are invariably described in terms of complexity and unintelligibility. In addition, the audience categories that the glossaries were intended to reach are also very, and perhaps unsurprisingly, similar to one another, since non-specialized readers, who are sometimes identified as those unable to read Latin, are almost exclusively mentioned by the compilers. Finally, the general organization of the contents is also quite customary. Although the two shortest glossaries consist in a numbered list of just a few entries, all others are organized alphabetically in two columns which remind one of both the bilingual and the monolingual dictionaries of the time. Moreover, headwords and definitions are consistently marked through the use of different types.

Glossary	Genre	Target audience	Content	Structure	Organization	Entries
CULPEPER 1649 *Directions*	Recipe Collections and *Materia Medica*	Lay readers Women	Terms of art "which stand in need of some explaining"	Numbered list Entry words in italics, definitions in normal type	No particular order	8
CULPEPER *ET AL*. 1655 *Physical Dictionary* [117]	Recipe Collections and *Materia Medica*	"the English Reader" Women Ingenious persons	"terms of art, or otherwise derived from the Greek and Latin"	Two justified columns Entry words in italics, definitions in normal type	First-letter alphabetical order	587
ANON 1657a *Expository Index*	Recipe Collections and *Materia Medica*	"ingenious practitioners"	"such Words as I was fain to use in the translating, for which our Language hath not so fit Expressions that are Intelligible"	Two justified columns Entry words in italics, definitions in normal type	First-letter alphabetical order	136
CARR 1657 *Dictionary*	General Medical Handbook	Lay readers	"difficult words"	Two justified columns Entry words in italics, definitions in normal type	Alphabetical order	255
CHANDLER 1662 *Explication of Some Words of Art*	General Medical Handbook	Lay readers	"Words of Art"	Numbered list Entry words in italics, definitions in normal type	No particular order	16
PORDAGE 1681b/c *Table of hard words*	Treatise on Specific Diseases	"the meer English reader" "the meanest Capacity"	"hard Greek and Latin words", "Terms of Art, and many other words derived from the Latin and Greek"	Two justified columns Entry words in normal type, definitions in italics	Alphabetical order	796

Table 11. Medical glossaries in the corpus and their general characteristics.

[117] For a detailed analysis of this glossary, see Iamartino and Rovelli (2020).

Although in terms of sheer size the glossaries' wordlists are profoundly different, the actual distribution of parts of speech, as shown in Table 12 below, is remarkably comparable from one glossary to the next. Indeed, in conformity with McConchie's (2019) findings, the medical glossaries from the corpus may be described as dictionaries of things, as evidenced by the very high proportion of nouns, which never take up less than 50% of all headwords.

Glossary	Total number of entries	Nouns	Adjectives	Verbs	Adverbs
CULPEPER 1649	8	8	0	0	0
CULPEPER 1655	587	430	122	31	4
ANON 1657a	136	74	56	6	0
CARR 1657	255	179	67	7	2
CHANDLER 1662	16	16	0	0	0
PORDAGE 1681b/c	796	537	244	15	0

Table 12. Part of speech distribution in the six medical glossaries from the corpus.[118]

Moreover, even though the glossaries are not actually labeled for semantic areas, the analysis of the entry lists revealed that, as shown in Table 13 below, the glossaries tend to mostly cover the specialized semantic fields of anatomy (e.g. AORTA, CORNEA, and VERTEBRÆ), pathology (e.g. ANEURISM, ERISIPELAS, and SCIRRHUS) and pharmacology (e.g. ANALEPTICKS, MANICA HIPPOCRATIS, and PHILTRE), in proportions which generally reflect the genre that each text belongs to. For instance, ANON 1657a, a very typical recipe collection which concentrates exclusively on medicinal preparations, privileges words from the semantic field of pharmacology. CULPEPER *ET AL*. 1655, on the other hand, being a more sophisticated type of recipe collection which also deals systematically with all the diseases that may affect the several parts of the human body, abounds not only in words from the semantic field of pharmacology, but also from that of pathology. Notwithstanding this, what was described by McConchie (2019: 69) as "halo" lexicon or medical metalexicon, that is, words from the general vocabulary which are used to talk about medical matters and which might be described as "hard" because of their Latinate origin (e.g. ADVERSE, ERADICATE, and QUADRUPLE), is also very prominent, especially in

[118] Participial forms, which may be either verbal, nominal or adjectival, were classified taking into account the definition.

the longest glossaries, which do not confine their contents exclusively to technical words, but also include other learned expressions which inevitably emerged in such texts.

Glossary	Total number of entries	Anatomy	Pathology	Pharmacology	Therapeutics	Other
CULPEPER 1649	8	0	0	7	0	1
CULPEPER 1655	587	63	123	115	12	274
ANON 1657a	136	3	17	68	1	47
CARR 1657	255	33	88	30	9	95
CHANDLER 1662	16	0	1	9	0	6
PORDAGE 1681	796	176	121	127	7	365

Table 13. Distribution of semantic areas covered by the glossaries from the corpus.

The comparative analysis also revealed the actual wordlists to be very different from one another, as only a small percentage of headwords appears in more than just one glossary, thus further pointing to the glossaries as closely tied to the texts they are appended to. Notwithstanding this, the presence of a number of recurring words, which covers 18% of all entries, suggests that some terms, including for example "apozem", "decoction" and "morbifical", were more widespread in medical writing and, for this reason, may be described as constituting a core medical vocabulary of sorts. However, the analysis of the whole entries revealed that definitions tend to be quite independent from one another, as shown in examples 19 through 22 and 23 through 26, which compare the 4 different definitions for the entries BALNEUM MARIÆ and MORBIFICAL/MORBIFICK, respectively:

19. is a double vessel, the one of which holds water, the other holds the matter to be distilled, conveniently placed in the water, that which contains the matter to be distilled is made of glass, which ought to be put in whilst the water is cold, neither to be taken out whilst the water is hot, for fear of breaking, in this manner are all gross bodies distilled. (CULPEPER 1649: BALNEUM MARIÆ) .

20. the manner of stilling or digesting, when the Glass containing the Ingredient, stands in a Vessel of Water, with Fire made under it. (CULPEPER *ET AL*. 1655: BALNEUM MARIÆ).

21. Balneo Mariæ, or a distilling by setting the Still in water boiling. (ANON 1657a: B. M.).

22. *Is a way of distilling with a Glass-belly, holding the Ingredients put into a Vessel of water, and so fire being made under it, it distills with the heat of the water*. (PORDAGE 1681b/c: BALNEUM MARIÆ).

23. is that which is the principal cause of any Disease. (CULPEPER *ET AL*. 1655: MORBIFICAL, OR MORBICK MATTER).

24. encreasing or breeding the Disease. (ANON 1657a: MORBIFICAL).

25. matter causing the disease. (CARR 1657: MORBIFICK).

26. *Sick, corrupt, filthy, or naughty. That causeth the Sickness or disease*. (PORDAGE 1681b/c: MORBIFICK).

While the definitions all refer to the same concepts, their structure and formulation are both very different. For example, while CULPEPER 1649 provides a detailed description of what constitutes a "*balneum Mariæ*", which might also be read as instructions to prepare one, the other texts more concisely define it as a particular distillation method. Similarly, "morbifical/morbifick" is by some compilers (CULPEPER *ET AL*. 1655 and CARR 1657) treated as a fixed expression with "matter" and described as the cause of a disease; and by others (ANON 1657a and PORDAGE 1681b/c) as an adjective, whose definition is built on two completely different grammatical structures.

However, while the great majority of definitions is indeed autonomous, an exception is represented by Carr's glossary, in which 25% of the entries copies verbatim or slightly reformulates the definitions of CULPEPER *ET AL*. 1655, as shown in examples 27 through 34, which compare the entries for BRONCHIA, CARUS/CARIES, MASTICATORY and VERTEBRÆ, as found in the two glossaries:

27. the hollow gristly Pipes that spread themselves through the Body of the Lungs, being Branches of the Wezand or Wind-pipe. (CULPEPER *ET AL*. 1655: BRONCHIA).

28. the hollow gristly pipes that spread themselves through the body of the lungs, being branches of the wind-pipe. (CARR 1657: BRONCHIA).

29. foulness, rottenness, corruption of a Bone. (CULPEPER *ET AL*. 1655: CARUS).

30. foulness, rottenness, or corruption of a bone. (CARR 1657: CARIES).

31. that is Medicines to be chewed to bring away Rheum. (CULPEPER *ET AL*. 1655: MASTICATORIES).

32. medicines to be chewed to bring away rheume (CARR 1657: MASTICATORY).

33. the turning bones of the whol back. (CULPEPER *ET AL*. 1655: VERTEBRÆ).

34. the turning bones of the whole back. (CARR 1657: VERTEBRA).

The definitions in CARR 1657 are almost verbatim copies, albeit with some trivial orthographical changes, of the ones in CULPEPER *ET AL*. 1655, thus suggesting a relation between the two. As there is no evidence of who the compiler of CULPEPER *ET AL*. 1655 actually was, since Peter Cole, the publisher, only mentioned that he "caused a *Physical Dictionary* to be added at the end" (CULPEPER *ET AL*. 1655: A2), the two glossaries may be the work of the same compiler recycling his work, or of two different compilers collaborating on similar projects. Notwithstanding this, the less experienced William Carr may also have relied on the already published and probably more renowned CULPEPER *ET AL*. 1655 as a starting point or aid to the compilation of a similar work.[119] The latter hypothesis seems to be corroborated by the fact that some of CARR 1657's definitions improve the ones found in CULPEPER *ET AL*. 1655, by eliminating superfluous details, as shown in example 28. Furthermore, as the glossaries are appended to the translations of two different texts originally written by the same author, Lazare Rivière, their similarity may also be accounted for by the compilers' picking up the author's typical jargon.

[119] Cf. Tyrkkö (2009), McConchie (2019), and McConchie (2020) on the authorship and contact points between *A Physical Dictionary* (1655), the glossary appended to CULPEPER *ET AL.* 1655, and *A Physical Dictionary* (1657), the stand-alone version of the glossary that had been attached to Sawbridge's edition of TOMLINSON 1657.

However, notwithstanding these similarities, the great majority (75%) of the entries in CARR 1657 seems to be largely independent.

The length of the definitions also varies significantly from one glossary to the other, and within the same glossary as well, as definitions can range from a single synonym (examples 35 and 36) to a short reformulation (examples 37 and 38), or even to an entire encyclopedic paragraph (examples 39 and 40):

35. steeped. (ANON 1657a: MACERATED).

36. watry. (CARR 1657: AQUEOUS).

37. the Palsey possessing one side. (CULPEPER *ET AL*. 1655: HEMIPLEGIA).

38. *A straining thorow*. (PORDAGE 1681b/c: PERCOLATION).

39. A Medicine invented by *Paracelsus*. Take of the best Aloes, Myrrh, & Saffron, of each half an ounce: Pouder them and put them into a Glass. Then take Muscadine made tart with Oyl of Sulphur, and pour upon the pouder, til the liquor stand four fingers above the pouder: Let them stand and digest in a warm place. Then pour off the Liquor and put on more, till all the Colour and vertue be drawn out from the pouder. At last still the settlings with a gentle fire, and pour that which comes away, to the former Liquor, and let all stand and digest a Month in a warm place, close stopped. The name signifies such a Quintessence, as hath a special propriety of agreement with Mans nature, whereby it comforts and restores the same, in al kind of weakness. (CULPEPER *ET AL*. 1655: ELIXIR PROPRIETATIS).

40. *A little venomous Creature found in Apulia, a part of* Italy*, whose poyson being by biting diffused through the body, strikes the Nerves with strange tumors and Convulsions, which is only curable by the party so bitten, being provoked to continual dancing, by which means the poyson is evacuated through the pores from the Nerves*. (PORDAGE 1681b/c: TARANTULA).

While definitions are in the majority of cases quite short and concise, as they simply provide linguistic access to learned terms and expressions, some also supply readers with more detailed information that enriches their encyclopedic knowledge.

Although no glossary provides grammatical definitions proper, some indications of the part of speech of the entries may still be gathered from the grammatical structure of the definition itself. Indeed, nouns tend to be introduced by articles (examples 41 and 42), and verbs by the infinitive construction (examples 43 and 44), while definitions of adjectives generally consist of gerunds and participles (examples 45 and 46) or of a relative clause (examples 47 and 48):

41. *Asthma*, a difficulty of Breathing. (ANON 1657a).

42. Cephalalge, *The Head-ach*. (PORDAGE 1681b/c).

43. *Expel*: to drive forth. (CULPEPER *ET AL*. 1655).

44. *Agglutinate*, to fasten or glue together. (CARR 1657).

45. *Fetid*, stinking, ill sented [sic]. (ANON 1657a).

46. *Cacochymical*; abounding with evil Humors. (CULPEPER *ET AL*. 1655).

47. *Chalibeated*, properly that hath steel quenched in it. (ANON 1657a).

48. Sudorifick, *That causeth sweating*. (PORDAGE 1681b/c).

However, although readers are thus given an implicit indication of the part of speech of the words searched for, these are nowhere signaled explicitly, nor is this approach consistently and thoroughly followed in any of the glossaries.

Albeit implicitly and inconsistently as compared to modern standards, what may be loosely defined as usage notes represent another interesting piece of information which is sometimes included in the glossary definitions. Although neither actual labels nor consistent formal conventions are ever used, a number of definitions somehow delimit the headword's meaning to a specific acceptation or context of use, as shown in examples 49 through 53, or indicate the different acceptations of a certain term, as shown in examples 54 and 55:

49. *Coagulation* is curdling or hardening, it is used here for reducing a liquid body to hardness by boyling (CULPEPER 1649).

50. The Powder of *Vigo*, it is known to Barbers (CHANDLER 1662).

51. Vertebræ, *Those several joyntings and knittings of the back-bone or chine, so called of Anatomists*. (PORDAGE 1681).

52. *Acute*: sharp, violent: a Disease is termed Acute, when it quickly changeth to health or death. (CULPEPER *ET AL*. 1655).

53. *Equivalent*, here it is often used for such things as may serve turn in stead of others that are harder to be gotten. Any thing of like vertues and substance. (ANON 1657a).

54. *Lenifie*, sometimes 'tis taken for to make smooth, soft or gentle, a part that is rough, hard or stubborn: sometimes to mitigate the sharpnesse of Humours, and ease pains. (ANON 1657a).

55. Sulphur, *Brimstone which is found in Mines in the Earth, taken also for one of the Chymists principles*. (PORDAGE 1681).

While the glossaries were mainly intended as lexical guides to texts they were appended to, thus substantially limiting the wordlist to medical jargon, some terms, which could have more than just one specialized acceptation, were further specified. One such case is represented by the word "Coagulation" in CULPEPER 1649, where some basic synonyms of the term ("curdling or hardening") are supplemented by the specific acceptation with which it is used in the text, namely the process of condensing a liquid. In the case of "The Powder of Vigo" and "Vertebræ", instead, the general definition is complemented by the particular sub-field in which the word is frequently used, specifically surgery and anatomy. However, as some of the terms included in the glossary are not exclusively or even primarily medical, as in the case of "Acute" and "Equivalent", the glossaries delimit their scope to the words' medical acceptations only, by providing an example of what is generally defined as acute and equivalent, namely diseases and ingredients. Finally, some

definitions mention all the different acceptations that a word may have, as in the case of "Lenifie" and "Sulphur".

The analysis of the glossaries' definitional strategies, whose percentage distribution is shown in detail in Figure 16 below, revealed that the compilers mainly relied on three strategies, namely, definition by paraphrase, definition by synonym(s) and definition by description, although logical or *genus-differentia* definitions and definitions through exemplification are still present, if less conspicuous.

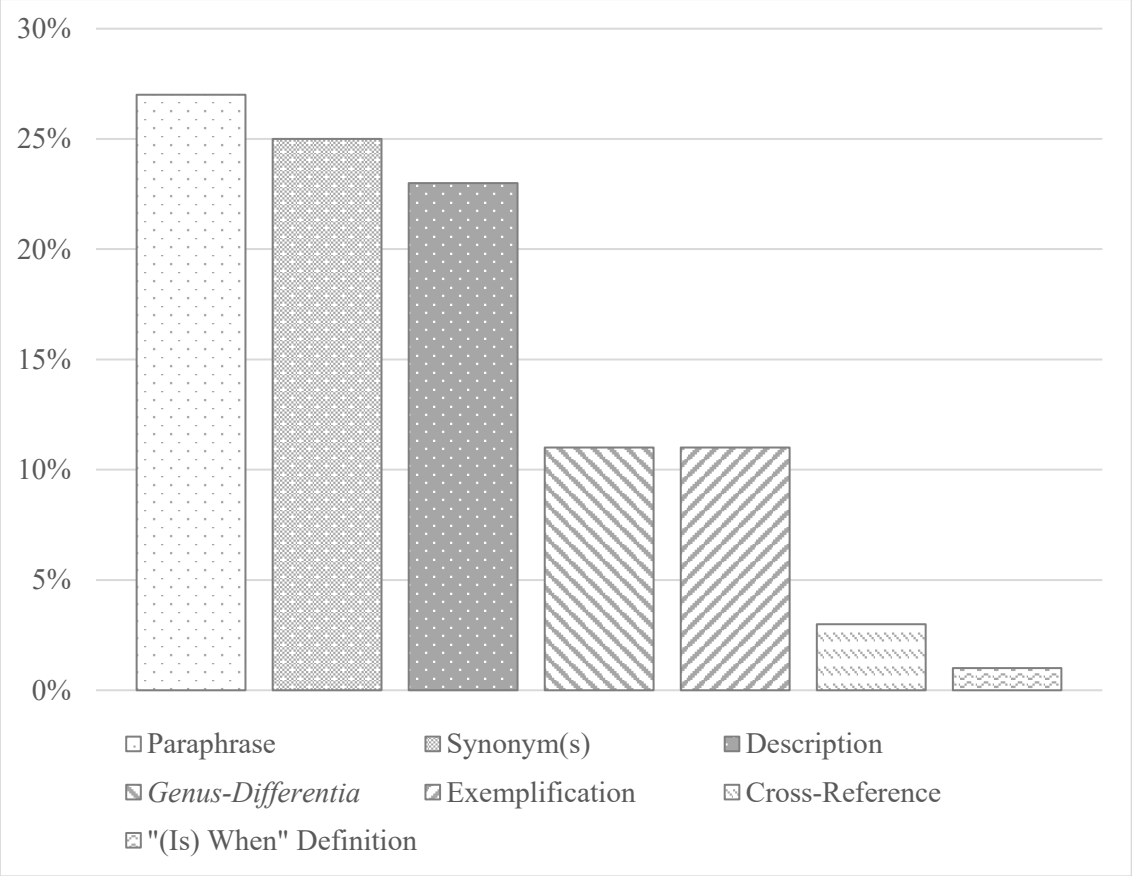


Figure 16. Percentage distribution of the definitional strategies in the glossaries from the corpus.

As shown in Figure 17 below, single texts and compilers, however, seem to have privileged different strategies in order to provide definitions for their entry words.

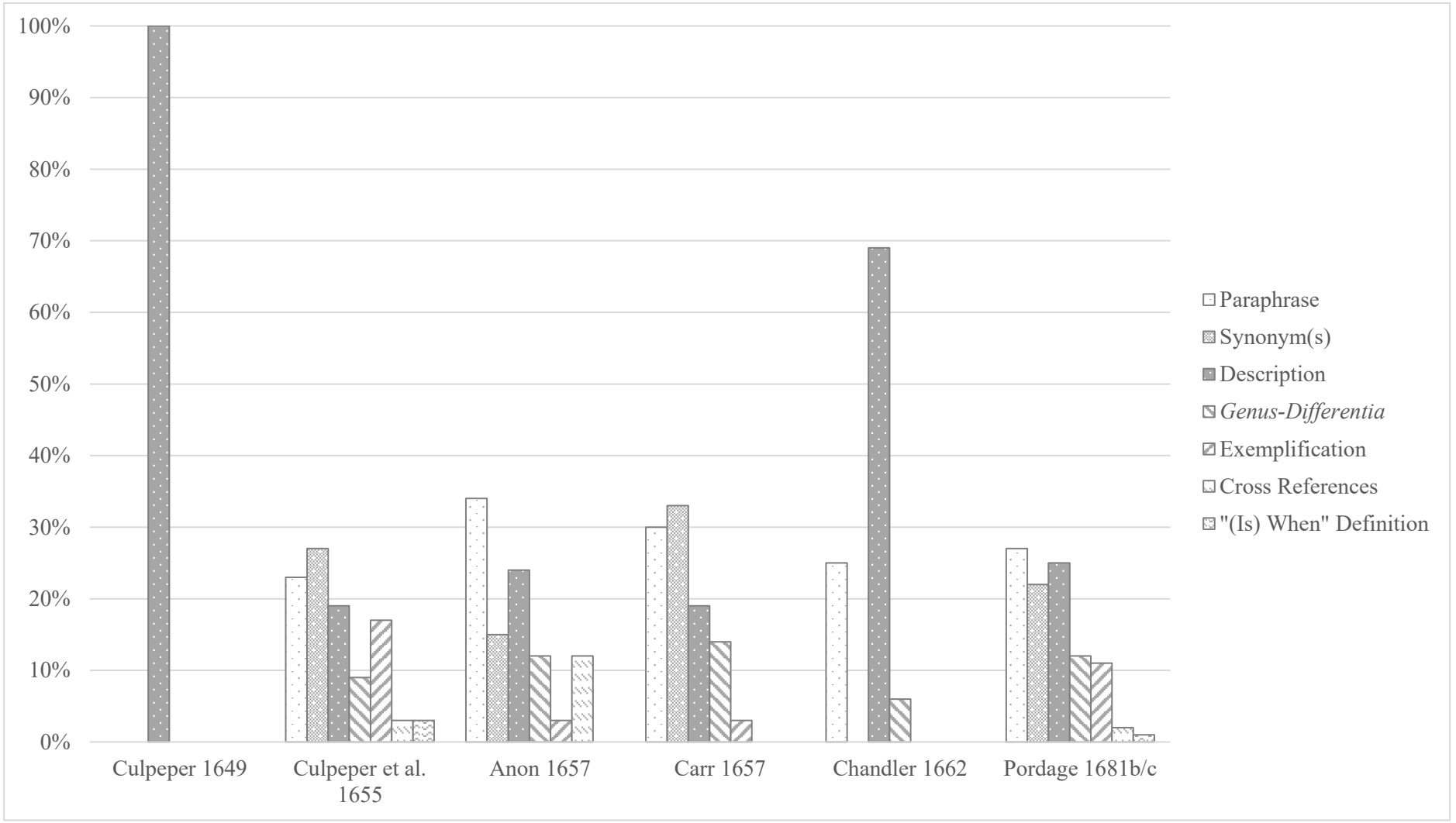


Figure 17. Percentage distribution of the definitional strategies in the individual glossaries from the corpus.

Definitions by paraphrase, the most frequent definitional strategy overall (27% of all entries), which covers more than one fifth of each glossary, with the only exception of CULPEPER 1649 (cf. Figures 16 and 17), consist in a reformulation of the headword, a strategy which, because of its consistent popularizing potential, was at the time often exploited by translators to explain difficult terminology in the texts themselves (cf. Chapter 4). As shown in examples 56 through 60, such definitions, which tend to be of medium length, explain the headword's meaning by providing readers with a periphrasis, a longer phrasing or circumlocution, as Peter Cole would have put it (CULPEPER *ET AL*. 1655: A2), which renders the meaning of such difficult technical terms more transparent:

56. *Spinal*: of or belonging to the Back-bone. (CULPEPER *ET AL*. 1655).

57. *Asthma*, a difficulty of Breathing. (ANON 1657a).

58. *Alopecia*, shedding of the hair. (CARR 1657).

59. *Horizontal* Gold, it is Gold in its Weight, but not yet sufficiently Yellow (CHANDLER 1662).

60. Sanguification, *The making of blood, or the changing the nourishment into blood*. (PORDAGE 1681b/c).

Greek and Latinate words are thus reformulated by using mainly words of Germanic origin, as in the case of the adjective "spinal", where the Latinate root "*spina*" is translated as "back-bone" in English, and synthetic terms like "sanguification" are rendered in a more analytic way as "the making of blood", which is then further reformulated by explaining what the process of blood-making consists in. Most of these definitions seem to have been expressly devised for the glossaries alone, as the translators, most probably because they knew that readers could rely on the glossary, rarely reformulated difficult terminology in the texts themselves. Some definitions, however, especially as far as CULPEPER *ET AL*. 1655 is concerned, seem to heavily depend on the reformulations which had been introduced in the text, as they either reproduce the paraphrases word-for-word or slightly rephrase them to make them fit into the glossary, as shown in examples 61 through 63:

61. In Diseases of the Lungs, especially in a Pleurisie, and *Peripneumonia*, or inflamation of the Lungs, neezing is evil (CULPEPER *ET AL*. 1655: 114).
Peripneumonia : an Inflamation of the Lungs, or Lights." (CULPEPER *ET AL*. 1655).

62. For expectoration, or the spitting up of matter, collected and impacted in the Lungs (ANON 1657a: 62).
Expectorate, to cough up any thing out of the Lungs. (ANON 1657a).

63. Broths made of them, be utterly forbidden; yet in the mean time, all cold things, and that are indued with a stiptic or binding virtue, are equally to be avoided (PORDAGE 1681b: 155).
Stiptic, *Or* Styptic, *that straineth, bindeth, or is restrictive*. (PORDAGE 1681b/c).

While the glossary definitions are never exactly the same as the reformulations that translators added to the texts, the overall definitional structure and sometimes the wording as well is closely followed in the glossaries, something which might indicate that they were compiled by the translator himself or, at least, that the glossaries were compiled expressly for the specific text they were appended to and relying directly on it.

The second most frequent definitional strategy in these glossaries (25% of all entries) and the one that covers the majority of definitions in both CULPEPER *ET AL*. 1655 and CARR 1657 is that of definition by synonym(s) (cf. Figures 16 and 17). As these specialized glossaries bridge two very different registers of the same language, namely everyday English and medical jargon, they define words by providing readers with direct translational equivalents for specialized terminology. For this reason, they have much in common with traditional bilingual and hard word dictionaries, where this strategy was, and still is, most widespread. Definitions may consist of just one synonym, as shown in examples 64 through 67, or of a longer list that offers users a wider variety of synonymic expressions, as shown in examples 68 through 71:

64. *Intestines*: the Guts. (CULPEPER *ET AL*. 1655).

65. *Astringent*, binding. (ANON 1657a).

66. *Podagrical*, gouty. (CARR 1657).

67. Cephalalge, *The Head-ach*. (PORDAGE 1681).

68. *Generating*: breeding, begetting. (CULPEPER *ET AL*. 1655).

69. *Energy*, vigor, vertue, force. (ANON 1657a).

70. *Abdomen*, The Belly or paunch. (CARR 1657).

71. Viscosity, *A Clamminess or glewiness.* (PORDAGE 1681).

The specialized terminology of medicine is thus glossed mostly by words of Germanic origin which were then well established in everyday language and, therefore, easily comprehensible for the target audience. Moreover, the use of multiple synonyms, while sometimes redundant, may have had two main functions: on the one hand, it may have been the result of the contemporaneous notion of copiousness (Shinn and Vine 2014), on the other, it may have represented a conscious effort on the part of the compiler to accommodate to the target audience and ensure everyone's understanding of the text.

The last definitional strategy that is quite evenly widespread in the glossaries (23% of all entries) is represented by definitions by description (cf. Figures 16 and 17), whereby the entry word is explained through a lengthy account which frequently includes a certain amount of encyclopedic information. As shown in examples 72 through 77, this type of definitional strategy is mostly appealed to when no immediate synonym or short paraphrase is available (McConchie and Curzan 2011: 83), thus leaving compilers no choice but that of actually describing what the word refers to:

72. *Manica Hippocratis*, Hippocrates his sleeve is a strainer made of woolen cloath, sewed together in the form of a Sugar-loaf. (CULPEPER 1649).

73. *Cupping-glass,* is that which Physitians use to draw out Blood with Scarrifying of the Skin, Glasses fastened with lighted Tow of Flax. (CULPEPER *ET AL*. 1655).

74. *Tenesmus*, a vain desire of going to stool, wherein the party voids little or nothing. (ANON 1657a).

75. *Hypochondrium*, the forepart of the belly about the sides and short ribs above the navel. (CARR 1657).

76. The *Zenexton* of *Paracelsus*, is an Amulet or Preservative Pomander against the Plague. (CHANDLER 1662).

77. Aorta, *The great Artery the mother of all the rest, proceeding from the heart, one branch ascending, another descending.* (PORDAGE 1681b/c).

Since no immediate equivalent of Germanic origin was, and still is, available for any of the technical terms above, the compiler proceeded with a definition which describes, rather than translates, what the word refers to, thus also transforming the glossary entry into a further educational space, where anatomical (e.g. HYPOCHONDRIUM and AORTA), pathological (e.g. TENESMUS), pharmaceutical (e.g. MANICA HIPPOCRATIS and ZENEXTON) and surgical (e.g. CUPPING-GLASSE) notions could be explained for and rendered accessible to lay readers.

Albeit quite rare in the glossaries under examination (1% of all entries, cf. Figures 16 and 17), "(is) when" definitions represent a special type of description, introduced, as shown in examples 78 and 79, by the adverb "when":

78. *Luxation*: is <u>when</u> one Joynt is loosned from another. (CULPEPER *ET AL*. 1655).

79. Equinox, <u>*When*</u> *the day and night are of an equal length, about the twelfth of* March*, and the twelfth of* September. (PORDAGE 1681).

Such definitions, which are still used in present-day learners' dictionaries, resemble the folk-defining techniques sometimes used by teachers and parents (Atkins and Rundell 2008: 444) and, therefore, may have played a particularly significant role in accommodating the specialized language of medicine to a lay audience.

Definitely less frequent (covering 11% of all entries), but nonetheless significant, are logical, or *genus-differentia* definitions (cf. Figures 16 and 17). As shown in examples 80 through 84, following this definitional strategy, which dates back to Aristotle's *Metaphysics* (McConchie and Curzan 2011: 78), headwords are first included in a higher hierarchical class (<u>underlined</u>), and then specified by referring to their characteristic traits (**in bold**):

80. *Febris Catarrhalis*: a Fever **caused by Rheum falling from the Head**. (CULPEPER *ET AL*. 1655).

81. *Narcoticks*, Medicines **that have a stupifying, benumming quality, forcing violent sleep, driving away pain, not by mitigating the cause, but by dulling the sense**. (ANON 1657a).

82. *Hepatitides*, veins **coming out of the liver**. (CARR 1657).

83. The *Relolleum* of *Paracelsus*, is a Quality **not having in it a seminal Being** […] (CHANDLER 1662).

84. Ascites, *A kind of Dropsie* ***which swells between the skin and the flesh***. (PORDAGE 1681).

In such definitions readers are first referred to a general classificatory term that provides them with an approximate idea, which is then more precisely defined by citing the peculiar characteristics which make the *definiendum* different from all similar things. "*Febris Catarrhalis*" is, for instance, defined as that specific type of fever which is caused by "Rheum falling from the Head", while "narcoticks" are defined as those specific types of medicines that have a "stupefying, benumbing quality".

Definitions by exemplification, which are particularly frequent in CULPEPER *ET AL*. 1655, albeit not that widespread in the glossaries (11% of all entries, cf. Figures 16 and 17), are particularly interesting from a popularizing and accommodating point of view, as they bring difficult concepts closer to the target reader, by citing familiar and everyday realities. As shown in examples 85 through 89, some of the technical expressions listed in the glossaries are rendered more transparent for non-specialized readers by providing concrete examples of what the words refer to:

85. *Cronical* [sic] *Diseases*; such as usually last very long as Quartan Agues, Stone, Dropsies &c. (CULPEPER *ET AL*. 1655).

86. *Bulbous*, knobby, as any knobby Roots, as Turnips, Onion, &tc. are bulbous Roots. (ANON 1657a).

87. *Glutinous*, clammy like glue. (CARR 1657).

88. *Gas* is a Spirit not coagulable, such as is from fermenting Wine; and also that red one, which through the operation of *Aqua Fortis*, is belched forth, &c. (CHANDLER 1662).

89. Cassia, *A sweet shrub like Cinamon, also a drug that purgeth*. (PORDAGE 1681).

Compilers, besides defining technical terms by providing a paraphrase (example 85), synonym (examples 86 and 87), or description (examples 88 and 89) for the word, also relied on specific and concrete examples to bring theoretical notions closer to and more easily comprehensible by lay readers. Thus, quartan agues, the stone and dropsies, which were all very common in the early modern period, are presented as instances of chronical diseases, while turnips and onions are cited as representative examples of what "bulbous" means. Similarly, the exotic "cassia" is compared to the more familiar, at least for an English readership, cinnamon.

Finally, one last definitional strategy that compilers sometimes also resorted to in order to define technical terms, while at the same time optimizing space, is the use of cross references (covering 3% of all entries, cf. Figures 16 and 17). Two different types of cross references may be found in the glossaries. The first, as shown in examples 90 through 94, consists in directly referring readers to another entry, which may be in the same glossary (examples 90-92), in another part of the text (example 93), or even in another book altogether (example 94):

90. *Quittor*: See Matter.
    Matter, or *Quittor*: a snotty kind of filth which comes out of Imposthumes when they break, and out of Ulcers when they are in a good way of cure. (CULPEPER *ET AL*. 1655).

91. *Sape*, See Cute, 'tis the same.
    Cute, Wine boiled to the thicknesse of Hony. (ANON 1657a).

92. Diagridium, *See* Scammony.
    Scammony, *The juice of an herb which violently purgeth choler; it is also called* Diagridium. (PORDAGE 1681).

93. *Apozem*. See the other Index of the Leaves (ANON 1657a).

94. *Agaricktrochiscated*, See the *London Dispensatory* in English (CULPEPER *ET AL*. 1655).

The second type of cross reference, instead, as shown in examples 95 through 97, consists in the compiler referring back to the immediately preceding entry:

95. *Filtration:* straining through a brown Paper or by means of a piece of cloth hanging out of one Vessel into another.
Filter: to strain as aforesaid. (CULPEPER *ET AL*. 1655).

96. *Schirrus*, a hard swelling of the Liver or Spleen, or any other place.
Schirrous, hard like such a swelling. (ANON 1657a).

97. Parotida, Parotides, *The two chief Arteries and Veins on the right and left side the throat, going up towards the ears*.
Parotid, *To them belonging*. (PORDAGE 1681).

While such definitions may have represented an obstacle of sorts to readers who were not accustomed to such devices, especially in the admittedly few cases in which cross references refer readers either to an index (example 93) or to a whole other text (example 94), this type of definitional strategy, if wisely used, could also have been intended to help readers realize the connections between cognate and synonymous words.

With the exception of CULPEPER 1649 and CHANDLER 1662, which, because of their structure and number of headwords, are very different from all others and may only marginally be defined as such, the glossaries from the corpus, albeit mostly independent from one another, all have very similar characteristics, beginning with their structure. While a number of words from the common, albeit learned, language is also present in all glossaries, the focus is strictly on medical jargon, which, being mostly derived from Greek and Latin, is treated almost as a foreign language. Indeed, the compilers seem to follow the model of bilingual lexicography, with equivalents from the everyday language and paraphrases covering the great majority of definitions. Although evidence is somewhat inconclusive, a number of contact points among the glossaries, both at the level

of wordlist and at that of definitions, are present, something which may suggest either that the compilers collaborated with each other on similar projects or, more probably, that they relied on previous works as a starting point for new and improved ones. Finally, although wordlists and entries may differ quite significantly from one glossary to the other, the general aim, as also specified in the texts' prefatory material, is, perhaps unsurprisingly, essentially identical, as the glossaries all intend to offer lay and non-specialized readers a linguistic key to access the learned medical notions of the texts they are appended to.

Reference material, be it in the form of conversion tables for weights and measures, lists of medical characters, or specialized glossaries, was shown to play an important role in the corpus of late-seventeenth-century medical vernacularizations. Although only a limited number of texts (14 out of 66, cf. Chapter 2, Table 5) included at least one of the aforementioned types of reference material, these, also in combination with the in-text accommodation strategies that were discussed in Chapter 4, seem to have been instrumental not only for medical popularization, but also for education. Indeed, lists of medical characters and specialized glossaries provide linguistic access to the learned texts, as they offer lay readers a key to decode linguistic conventions and technical terms, thus rendering the specialized language of medicine more comprehensible for an audience which was literate but not university-educated. This obviously had important educational consequences, as accommodating the specialized language of medicine to lay readers also allowed improved access to the learned notions of medicine. Such resources may, therefore, have represented an additional popularizing and educational space, which translators and compilers could exploit in order to accommodate the specialized language of medicine and its linguistic conventions in a more synthetic, systematic and structured manner.

Conclusions

The study confirmed that the second half of the seventeenth century, opened by the subversive work of Nicholas Culpeper, who challenged the traditional authority of the Royal College of Physicians with his unlicensed translation of the *Pharmacopoeia Londinensis* (Hunter 2002: 556-557, Fissell 2011: 427-429, and Farthing 2015: 152), did represent a turning point both for the development of the specialized publishing market, as testified to by the unprecedented number of medical vernacularizations that came out beginning with the 1650s, and, consequently, for the popularization and democratization of learned medicine (Porter 1992b, and Sanderson 1999). Indeed, while ideological motivations, the collapse of censorship and the end of the College's control over medical licensing certainly played a fundamental role in this sense (Cook 1986: 114, Elmer 1989: 19, and Furdell 2002: 59), growing levels of literacy among the middle-upper classes and the existence of a greater demand for educational books may be considered as the ultimate driving forces behind this democratization process (Laquer 1976, Eamon 1994: 101, Crossgrove 1998: 82, Wear 2000: 40-45, Furdell 2002: XI, and Baugh and Cable 2013: 203).

The analysis revealed how the popularization of learned medicine in late seventeenth-century England actually rested on the efforts of a limited group of medical practitioners and, to a lesser extent, professional translators, who, in open defiance of the traditional establishment, endeavored to make useful medical knowledge accessible to a wider reading public. Indeed, although some professional categories are also mentioned among the texts' target readers, the majority of them is actually aimed at a lay audience who normally had no linguistic access to the original Latin sources. The choice of texts also seems to be compatible with the translators' general aim of serving the common good. While material access to the texts certainly had a huge influence on this, since the sources were either extremely influential at the time, as in the case of the works written by Van Helmont and Johann Vesling (Porter 1985a: 169, and Ghosh 2014: 1126), or convenient for the translators, who could have easily encountered them during their careers, the choice of texts seems to have also been influenced by their usefulness and practical application. Indeed, while the corpus collects texts from all traditional medical genres, recipe collections and *materia medica* and treatises on specific topics, which offered

ready-to-use medical advice (Pahta and Taavitsainen 2010: 553, Leong and Rankin 2011: 8, Alonso Almeida and Sánchez 2016: 43 and Fransen 2017: 630), together cover almost two thirds of all publications. Finally, even though assessing the actual readership may prove difficult, the outstanding editorial history of a number of these texts, some of which were consistently reprinted well into the eighteenth century and successively modified to keep them marketable or to render them more appealing for new audiences, suggests that they were at least popular enough for printers and booksellers to consider investing in them. The sheer number of printed medical texts may thus be read as evidence for the existence of a readership whose needs publishers and translators were catering for, which was interested in the topic and willing to purchase books to improve their knowledge and station (Sanderson 1999: 21, and Furdell 2002).

Moreover, the analysis of the English translations, albeit carried out only on a limited sample of texts, also revealed that, in line with most translators' declarations of intent, where the concept of "faithfulness" or "fidelity" prevails, literalism still largely dominated early modern translating practice. Indeed, the English versions generally follow their sources very closely and strictly reproduce both their structure and their content. Notwithstanding this, a certain amount of accommodation to the new target audience is somewhat present in the majority of texts. This may take the form of minor adjustments in some macrostructural elements, such as the preference for a more explicative title, but may also consist in the introduction of a new paratextual apparatus of title page, letter to the reader and preface that recontextualizes the learned text by embedding it into the popular publishing tradition. Accommodation also seems to have informed the translators' choices in terms of translation strategies and procedures. Indeed, although some of the changes may appear trivial and negligible, the preference for vernacular terminology, the recourse to lengthier expressions that nonetheless explicate, gloss or paraphrase technical jargon and the omission of overcomplicated or redundant stretches of text all played a fundamental role in rendering the Latin sources more accessible for the new target readership.

Furthermore, the individual strategies deployed in translating the texts also offered an interesting insight into how the translators perceived their role. Although somewhat dictated by genre restrictions, the preference for one translation procedure over the others seems to depend more precisely on the attitude that the individual translators displayed over the practice of translation itself. Indeed, while the anonymous translator of Oswald Croll's outstanding contribution to iatrochemistry (Schröder 2008: 471) showed extreme

deference to the text, and consequently to the author he was translating, as he adopted a very literal style of translation that entailed only minor interventions on the text, all other translators seem to have privileged accommodation to the new target audience. Some, including Robert Turner and Christopher Packe, may even be described as embodying the prototype of the modern translator, who saw himself almost as a co-author of the text, which he could thus freely and liberally modify (Burke 2007: 34).

A tendency towards accommodation to the new target reader also seems to be confirmed by the texts' diverse reference materials, which include simple lists of specialized characters and conversion tables for weights and measures, but also some more articulated glossaries of learned medical terms and expressions. Although exploiting different definitional strategies, which range from providing readers with synonyms taken from the everyday language to reformulations and exemplifications that include a certain amount of encyclopedic material, these resources were shown to have played an important role in the popularization of learned medicine, as they provided readers with improved linguistic access to the texts they were appended to. Medical knowledge could in this way be accommodated to the level and literacy skills of the new target audience.

The study thus offered an interesting insight into a fundamental moment in the process of democratization of medical knowledge – the second half of the seventeenth century – when political, social, cultural and scientific upheavals paved the way for popularizers to challenge the traditional establishment by giving lay readers access to useful medical information which until that time they had been purposefully excluded from.

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