Popularizing Learned Medicine in Late-17th-Century England

Popularizing Learned Medicine in Late-17th-Century England:

The Art of Physick made Plain and Easie

By

Giulia Rovelli

Cambridge Scholars Publishing

Popularizing Learned Medicine in Late-17th-Century England:
The Art of Physick made Plain and Easie

By Giulia Rovelli

This book first published 2023

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN (10): 1-5275-5926-2
ISBN (13): 978-1-5275-5926-4

To my parents

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

List of Abbreviations

ECCO	Gale. 2023. *Eighteenth Century Collections Online*. https://www.gale.com/primary-sources/eighteenth-century-collections-online.
EEBO	ProQuest. 2023. *Early English Books Online*. https://eebo.chadwyck.com/home.
ESTC	British Library. 2023. *English Short Title Catalogue*. http://estc.bl.uk/F/?func=file&file_name=login-bl-estc.
OED	Oxford University Press. 2023. *OED Online*. http://www.oed.com.
OTA	University of Oxford. 2023. *Oxford Text Archive*. https://ota.bodleian.ox.ac.uk/repository/xmlui/.
SC	Source Culture
SL	Source Language
ST	Source Text
TC	Target Culture
TL	Target Language
TT	Target Text

ACKNOWLEDGEMENTS

The study presented here is the revised version of the thesis I submitted for my doctoral degree at the University of Insubria and its appearance in print largely depends on a number of people whom I am deeply grateful to.

I would first like to thank my PhD supervisor and friend, Alessandra Vicentini, whose insights, advice, and support have been invaluable in the last six years.

I am also deeply grateful to Giovanni Iamartino, who first introduced me to this fascinating topic and steered me in the right direction.

Moreover, I wish to thank Marina Dossena, Elisabetta Lonati, Laura Pinnavaia, Kim Grego and Daniel Russo, whose encouragement and insightful suggestions in this and other projects have been extremely useful.

I am also greatly indebted to my friends and colleagues–Elena, Carlotta, Emanuele and Anna–for their material as well as moral support.

Finally, a special thanks goes to my parents, my grandparents, and Niccolò, for their infinite patience and unwavering faith in me, without which I would not have been able to undertake this project.

INTRODUCTION

In the late seventeenth century England witnessed a series of political, social and cultural upheavals that ultimately led to the destitution of traditional authority in all areas of life. For this reason, this period has unanimously been described as fundamental for the popularization and democratization of learned medical knowledge (Porter 1995; Wear 2000; Furdell 2002; Fissell 2007). Indeed, growing levels of literacy among the upper-middle classes, which created a new and enlarged readership, coupled with a renewed emphasis on the ideological notion of serving the common good, resulted in an unprecedented flourishing of the vernacular specialized publishing market. 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 would put it, "middling lay medicine" (2000, 52).

Historical medical discourse and medical humanities (i.e., the interdisciplinary study of medicine as a science and its historical, social and discursive background) have received increasing scholarly attention over the last few years, as evidenced by participation in recent international conferences and by the considerable 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 (University of Helsinki 2022), whose text digitalization projects, which have resulted in three computer-readable corpora of English medical texts, namely *Middle English Medical Texts* (*MEMT*, Taavitsainen, Pahta and Mäkinen 2005), *Early Modern English Medical Texts* (*EMEMT*, Taavitsainen and Pahta 2010) and *Late Modern English Medical Texts* (*LMEMT*, Taavitsainen and Hiltunen 2019), allow improved access to a wide variety of original materials which appeared in English between 1375 and 1800 (Taavitsainen,

Pahta and Mäkinen 2005; Taavitsainen and Pahta 2011). Medical vernacularization has received some attention as well, 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 2008; Domínguez-Rodríguez 2014). However, only a limited number of these contributions (Jones 1989; Holbrook 1998; Pahta and Carrillo Linares 2006; Iamartino 2014; Rovelli 2019; Rovelli 2022) has focused 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 such a pivotal phase in the history of medical popularization. It therefore studies the English translations of learned Latin medical texts which were published in England from 1649, the year in which Nicholas Culpeper published his unauthorized translation of the Royal College of Physicians's *Pharmacopoeia Londinensis*–a publication that paved the way for the popularization of medical knowledge (Hunter 2022, 556)–to the end of the century. As such, its purpose is threefold, as it aims at 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, sources, 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.

The research generally follows the methodology of Historical Sociopragmatics. However, since it also aims to outline how the texts from the corpus made medical notions accessible to a broader range of readers through translation, it adopts a mixed-method approach, as it borrows some methodological concepts from both Descriptive Translation Studies and from Language for Specific Purposes (LSP)–more specifically, from 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 (Toury 1980; 1982; 1995), are a branch of translation studies

which focuses on the target system (i.e., the system in which the translation originated) and, starting from actual translated texts, aims 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; Lambert and van Gorp 2014, 44–45). Finally, Popularization Research, which 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), deals with "a vast class of various types of communicative events or genres" (Calsamiglia and van Dijk 2004, 370), focusing 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 and 2014; Garzone 2006; López Orellana 2012; Bondi, Cacchiani and Mazzi 2015; Bondi Cacchiani and Cavalieri 2019).

Chapter 1 offers a general overview of the historical, social and cultural context of medical popularization in late-seventeenth-century England. It focuses specifically on the development of the specialized publishing market, which has been described as a fundamental prerequisite for the popularization of learned medical knowledge, and its two traditions: Latin and vernacular. It then concentrates on translation, especially from Latin into English, and its relevance to the popularization process. In particular, the chapter discusses why it was controversial and by whom it was contested, and analyzes some of the motives that lay behind it, which, though sometimes shaped by ideology, may generally be traced back to profit.

Chapter 2 provides an analysis of the corpus of medical vernacularizations that was collected for research, with the aim of reconstructing the texts' editorial history and context of production. Starting from a qualitative analysis of their paratextual material, the chapter first provides an account of the texts collected for the investigation, focusing in particular on tracing their authors, publishers, and sources, but also their distribution over time; in addition, it discusses their genres, and physical characteristics, so as to paint a clearer picture of the state of medical popularization in late-seventeenth-century England. The chapter then focuses on the translators' purposes and intended readership, as described in the texts themselves, with the aim of better understanding how the texts were positioned within the vernacular specialized publishing market. Finally, Chapter 2 also attempts

to trace the texts' editorial history, by looking at reprints, with the aim of gaining a deeper understanding of how these vernacularizations were received by the public.

Starting from a comparative analysis of a sample of 11 source and target texts which cover all main genres of medical writing, Chapter 3 outlines the specific translation strategies that were adopted by the translators, with the aim of understanding their relevance for the popularization of learned medicine. The chapter opens with an account of the methodological process followed in the analysis and moves from a survey of the macro-textual elements that were intended to embed the texts into the vernacular tradition, such as title and title pages adaptations and the introduction of a new paratextual apparatus, to a detailed analysis of the micro-textual translation strategies and procedures that were adopted to accommodate the texts to an audience of non-specialists, concentrating specifically on their popularizing import. Finally, the chapter also provides a comparative analysis of the results with the aim of tracing any possible diachronic (i.e., time-related) and diatypic (i.e., genre-related) characteristics, thus offering an insight into the early development of popular medical discourse.

As translation strategies were not the only means to render the texts accessible for the new target audience, Chapter 4 provides an analysis of all other accommodating materials which were added to the source texts in order to improve readers' access to the specialized subject-matter and language of learned medicine, thus facilitating reading. These include conversion tables for weights and measures, lists of specialized characters used in medicine, and, most notably, specialized glossaries, which most likely built on the contemporary tradition of hard words dictionaries. In particular, the chapter offers a detailed lexicographic analysis of the latter, with the aim of charting the specific defining procedures, categorized following the model proposed by Solomonick (1996), which were exploited by the translators to further accommodate their source texts to the new readership.

Drawing on the research findings, the final chapter offers a summary and attempts to draw some conclusions about the role that vernacularizations, and their authors, played in the popularization of medical knowledge in late-seventeenth-century England. Specifically, it focuses on the period itself, which was confirmed to be particularly relevant for the popularization of learned medical knowledge, the actors behind the popularization process, which include not only the translators themselves, but also the printers and booksellers who made such publications possible, and the actual translation methods and strategies that were exploited to render such learned medical texts into English.

Finally, the Appendix provides a chronologically ordered list of the texts that were collected for the study, complete with a series of notes that specify the texts' sources and reconstruct their editorial history.

The account has been furnished with many examples taken directly from the texts under investigation, with the dual purpose of providing supporting evidence for all theoretical claims and allowing wider access to these relatively obscure texts and authors. A conservative criterion was opted for in quotations, as the spelling, punctuation, capitalization, and type used in the original texts were retained in the present account. Ligatures and the long *s*, however, were normalized according to modern usage, so as to facilitate reading.

CHAPTER 1

THE VERNACULAR MEDICAL PUBLISHING MARKET

Although medical books had been published in English since Anglo-Saxon times (Getz 1990; Taavitsainen and Pahta 2004; 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; 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; Taavitsainen 2006c, 688), it was only in the late seventeenth century that vernacular literature effectively started to replace the Latinate one (Johns 2002, 283; 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; 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; Belle and Hosington 2016, 14).

During the seventeenth century, however, a number of concurrent factors, including growing levels of literacy, a renewed emphasis on the Ciceronian ideology of serving the common good, 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 (Miller 1994; Porter 1995, 24–25; Wear 2000, 43–44; Furdell 2002; Johns 2002, 283; McIntosh 2009, 229–230). 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; 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 have 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; 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; Taavitsainen 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; Minnis *et al*. 1988), and consist in the collection and systematization of previous learning, still occupied the bulk of medical literature. Although both 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). 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* (i.e., detailed descriptions of single medical cases, with prescriptions and advice for therapy), *practicae* (i.e., encyclopedic reference works which classified diseases in a head to foot order and provided advice for treatment), *experimenta* (i.e., proved remedies), and *materia medica* (i.e., 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 as well, reflecting a growing demand for medical books not only among physicians, but also among upper middle-class readers (ibid., 75), which included the gentry, yeomen, merchants and shopkeepers (Wear 1992; Wear 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.

1.2. 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 2003a; Taavitsainen 2005; Dossena and Taavitsainen 2006). Albeit in most cases derived from Latin sources (Cameron 1983; 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; 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*[1] (Eamon 1994; Spiller 2008; Leong and Rankin 2011), continued to occupy the largest share of those works (Pahta and Taavitsainen 2004, 1; Fransen 2017, 630). However, a gradually wider range of text types was starting to be produced (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; Taavitsainen 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 upper-middle classes, who were becoming

[1] 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).

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; 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; 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; 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, started to be published as well (Allen 1946, 14; 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 widespread 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; Eccles 1974, 145) and helped disseminate medical knowledge to the *unlatined* (Burrows 1978, 36; Wear 2000, 4–5; Byrne 2012, 3; 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; Singy 2010) in a culture in which learned and lay knowledges and practices coexisted and often overlapped (Cook 1986; Porter 1992b; Lindemann 1999; 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; Wear 2000; Burke 2007; 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; 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 1992b, 94; see also Roberts 1962, 363; Cook 1986, 41). Notwithstanding this, early modern medical practice was still centered on the household (Field 2007, 52; 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 1992b, 99; Hunter and Hutton 1997, 2; Lindemann 1999, 199; Wear 2000, 21–22; 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; 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 1992b, 97; see also Park 1997, 68; 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; 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; 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; 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; 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; 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; 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; 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; 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; Pahta and Taavitsainen 2010), which eventually led to the birth of scientific English (Barber 1976; 2000; 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; Belle and Hosington 2016). 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,[2] were thus cited as the main motives that drove authors and printers to publish medical books in English. However, as suggested by Bennett (1944), Burrows (1978), Porter (1995) and Furdell (2002), profit 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; 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; McIntosh 2009, 230; Taavitsainen 2009; Alonso Almeida and Sánchez 2016). The development of the vernacular medical publishing market was thus based on, as stated by Sanderson, "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" (1999, 21).

Precisely because of its democratizing potential, however, vernacularization, especially in the medical context, was anything but an uncontested practice. Since "physicians competed on equal or even disadvantageous terms with a wide range of other healers" (Lindeman 1999, 195) and a medical degree was "the only mark clearly distinguishing a physician from an ordinary practitioner" (Cook 1986, 49; see also Foster Jones 1953, 48), Latin, the language of learning and of the university (Getz 1990, 4), came to be perceived as the only tool that could protect the vested interest of those professional groups whose status rested on learning (Foster Jones 1953, 48; Barber 1976, 44; Getz 1990, 1–2). As stated by Crespo, "Latin was a vehicle for the transmission of elevated concerns, used by the social elite for the purposes of control: the control of knowledge, the control of people, the control of power" (2015, 61). For this reason, translation from Latin was fiercely opposed by the medical "old Guard" (Getz 1990, 1, see also Burrows 1978, 21–22) and regarded as a threat to the social position and reputation of the learned physician (Getz 1990, 2; see also Barber 1976, 44; Burrows 1978, 44). Vernacularizations were thus criticized on the

[2] 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.