

Stabilising the scientific lexicon in eighteenth-century British encyclopaedias and specialised dictionaries: A focus on medical terminology

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ABSTRACT

The general aim of this research is to illustrate how scientific terminology was stabilising in eighteenth-century British specialised dictionaries and in universal dictionaries of arts and sciences. These were encyclopaedic works in alphabetical order, which “sought to combine alphabetical entries with deference to the classification of knowledge” (Yeo 2001: 27). Recurrent lexical items, frequent patterns of disciplinary thinking, and emerging communicative conventions highlight the complexity of the scientific process through time (Taavitsainen et al. 2014: 148). They also reveal the underlying mechanisms which define the medical lexicon, and medical writing in general, as specialised language use, as “medical group language” (Gunnarsson 2011: 305). The approach is mainly qualitative: the analysis is carried out on a selection of medical terms representing macro-areas of interest in medical research and practice for the period considered (e.g. *inflammatory diseases, anatomical description, surgical operations*, etc.). Selection, reduction, recurrence, adoption, and adaptation make *form* (spelling and lexical variants), *structure* (entry components), and *content* (semantic and pragmatic, lexical and encyclopaedic load) converge, and stabilise their relationship disciplinarily as well as lexicographically and/or lexicologically.

Keywords: eighteenth-century lexicography and lexicology, eighteenth-century medical dictionaries, eighteenth-century encyclopaedias, medical terminology, medical writing.

1. Introduction

The general aim of this research is to illustrate how scientific terminology was stabilising in eighteenth-century British specialised dictionaries and

in universal dictionaries of arts and sciences.¹ The specific purpose of the present contribution focusses on the medical lexicon, that is to say on the analysis of those terms belonging to medicine “generally defined to be, The art of preserving health when present, and of restoring it when lost” (*Encyclopaedia Britannica* 1768-1771: 58, s.v. MEDICINE). According to major classifications of the time (Lonati 2017: 38-40), medicine encompasses surgery, pharmacy, anatomy, physiology, midwifery, and botany-medical plants. These disciplinary subdivisions are also used as lexicographic labels in universal dictionaries of arts and sciences.

Medicine represents a complex disciplinary area undergoing dramatic changes over the century: Lindemann (2010) and Lane (2001: 11) highlight the social impact of medicine, which became “a recognised and respected profession”, particularly by the 1750s.² Universities continued to provide higher education for physicians, whereas private schools and public institutions (e.g. hospitals, infirmaries, dispensaries) specialised in practical instruction, or training courses for apprentices (Taavitsainen et al. 2014: 144). These courses were usually addressed to regular practitioners, especially apothecaries and surgeons (cf. Loudon 1992), who became established as “the forefront of empirical medicine” (Taavitsainen et al. 2014: 143). In the second half of the eighteenth century, traditional medical knowledge was losing ground as a fixed system of reference, “whereas empirical practitioners were very much the fashion” (Rieder – Louis-Courvoisier 2010: 579), with their performative approach grounded on experience, and training:

The growing number and diversity of medical practitioners reflected rising demand for skilled services, which was driven by growing

¹ Dictionaries of arts and sciences emerged as encyclopaedic reference works aiming to encompass and describe a wide range of subjects. With language dictionaries, they shared the alphabetical arrangement of entries, and with systematically organised encyclopaedias of the past, “proper relations between subjects” (Yeo 2001: 25). This is the reason why they are considered the “Encyclopaedias of the Enlightenment”, surrendering “to the mercy of the alphabet”, but relating the “various subjects [...] to each other in logical, conceptual or historical ways” (Yeo 2001: 27), by the use of hierarchical schemes (e.g. the tree of knowledge) and/or cross-references between entries.

² The role of the physician changed over time, and declined in popularity, whereas more practical activities increased their prestige alongside their professional reliability: “The share of accounts reporting any medical care which included debts to physicians fell markedly, from 52 percent in the 1670s to 15 and 20 percent in the 1730s and 1780s samples. In contrast, the share using apothecaries, surgeons or nurses remains broadly stable. [...] The physicians’ downfall was a change in the combinations of different types of practitioner used by the deceased” (Pirohakul – Wallis 2014: 21).

consumerism, industrialization, urbanization and the emergence of more bureaucratic states. This combined with Enlightenment pragmatism and individualism to help define specialist groups. Professional men came to be seen as specialists who had expertise in particular fields, a position reinforced by their relative scarcity, and by the efforts of these proto-professional groups to organize and assert their identity. [...] Enlightenment ideas emphasized the value of practical education and empirical research to progress. (Waddington 2011: 173)

The need to structure a medical career, to expand medical knowledge as disciplinary dynamic knowledge, and to face an increasing demand for professional medical advice, were key factors in stimulating the production of reference works, and the circulation of “vernacular medical books” (Fissel 2007: 112). This expression covers a variety of emerging genres and text types, and includes lexicographic works and handbooks. They were addressed to expert, semi-expert and non-expert users and, in different ways, recorded and defined medical terminology, or used technical expressions in the description and explanation of diseases and medical events (Lonati 2017: 15, 19).

The socio-cultural interest in medicine, as well as the scientific advancement in the field, stimulated the process of identification, adoption, systematisation, and dissemination of disciplinary language features at various language levels: orthography (lemmatisation, spelling variants, and the standardising process), lexicology (semantic load, that is specialisation vs. general usage, Latin/Latinate terms vs. English/Anglicised equivalents), and lexicography (wordlists, degree of inclusion and selection of terms; entry structure and components,³ encyclopaedic content, practical issues).

Recurrent lexical items, frequent patterns of disciplinary thinking, and emerging communicative conventions highlight the complexity of the scientific process through time (Taavitsainen et al. 2014: 148). They also reveal the underlying mechanisms which define the medical lexicon, and medical writing in general, as specialised language use, as “medical group language” (Gunnarsson 2011: 305):

Language, texts and spoken discourse were part of this construction process, that is to say, medical terminology, medical text structures

³ H/Headword, SpV/Spelling Variant, Lab/Label, Ety/Etymology, Eq/Equivalent, Def/Definition, Exp/Expansion, CRef/Cross-Reference.

and medical discourse patterns developed as a means of dealing with reality in a manner that was appropriate for medical purposes. The way in which language was used was related to existing knowledge within the field and also to conceptions about what constituted knowledge and the attitude that should be adopted to it. [...] it is not only what medical scientists knew in the eighteenth century, but also what knowledge they believed to be relevant and how they considered that data should be collected, observed and analysed. (Gunnarsson 2011: 305)

In other words, this multilayered discipline construction results in the development of a shared “language variety” encompassing “different sub-registers of medical writing” (Taavitsainen et al. 2014: 139, 138). The “linguistic construction of scientificity” (Gunnarsson 2011: 303) required time and textual experimentation, a process of adaptation, selection, and scientific categorisation.⁴

2. Sources, methodology, and sampling techniques

2.1 Primary sources

The main sources are medical dictionaries, and include James’s *A Medicinal Dictionary* (MD, 1743-45), Barrow’s *A New Medicinal Dictionary* (BaNMD, 1749), Motherby’s *A New Medical Dictionary* (MoNMD, 1775), and Hooper’s *A Compendious Medical Dictionary* (CMD, 1798). They are addressed mainly to a professional and semi-professional readership, and are devoted to the recording, categorising, and organising of specialised material. As regards universal dictionaries of arts and sciences, the main sources for analysis and comparison are the fifth edition of Chambers’s *Cyclopaedia* (5thCy, 1741-43), the *Encyclopaedia Britannica* (EB, 1768-1771), and Rees’s *Cyclopaedia, or An Universal Dictionary of Arts and Sciences* (ReCy, 1778-1788). James’s MD, Barrow’s NMD, and Chambers’s 5thCy were issued in the 1740s, whereas all the other dictionaries are later works, issued in the second half of the cen-

⁴ For an in-depth discussion about the creation and the development of scientific medical language in a variety of texts and registers, the following studies are worth mentioning: Jones (2004), Lonati (2017), McConchie (2019), McConchie – Curzan (2011), Pahta (2011), Taavitsainen – Pahta (2004, 2011), Pahta – Taavitsainen (2011).

tury. It is in this period that the attention to establishing accurate disciplinary terminology (form and meaning) becomes essential in professional settings.⁵

For the purpose of this study, these reference works may be subdivided into three groups, all of which include mid- and late-century dictionaries. James's *MD* and Motherby's *NMD* are folio volumes, comprehensive, prestigious and expensive works for an educated readership of experts and non-experts. They are a repository of medical knowledge, particularly James's *MD*, also including scholarly issues. Barrow's *NMD* and Hooper's *CMD* are octavo and duodecimo volumes respectively, portable, small-size dictionaries including concise information for a non-expert, semi-expert or trainee readership (e.g. students, apprentices, practitioners, etc.). These are affordable works, less expensive than the preceding ones, with very practical applications.

Before introducing the third group of works, it is worth highlighting that two of the preceding dictionaries are intimately related, despite their size (folio vs. octavo) and specific aims (scholarly repository vs. practical usage). These are James's *MD* and Barrow's *NMD* (Barrow's sub-title suggests this "close relationship", McConchie 2019: 170): Ba*NMD* wordlist depends on that of *MD*, "a cut-down version of James's [...] including omitting many headwords and creating new ones" (McConchie 2019: 172, 175). However, this issue, although highly relevant, does not undermine the comparison between these two works, and the others included in the corpus, since the focus of this study (cf. §§ 1. and 2.2) is to examine and display in detail the similarities and differences (recurrences and innovations) at the lexicographic and disciplinary levels across dictionaries (cf. §§ 4. and 4.1 as well as Appendix 2 for the analysis).

The last group enumerates three universal dictionaries of arts and sciences: 5th*Cy* (folio), *EB* (quarto) and *ReCy* (folio) are prestigious and expensive works for an expert and non-expert readership, and include many traditional and emerging disciplines, medicine being just one of them. In this particular context, medical terms are unevenly distributed across the alphabet: the analysis is essentially qualitative, concerning only

⁵ The close relationship between specialised dictionaries and universal dictionaries of arts and sciences, as well as their shared background in the eighteenth-century effort to define scientific terminology and disciplinary contents, is discussed from different perspectives in Abbattista (1996), Bisaccia et al. (2011), Brack – Kaminski (1984), Bradshaw (1981), Kafker (1994), Lonati (2007, 2013, 2014, 2017), McConchie (2009, 2019), Osselton (2007), Werner (1994), and Yeo (1991, 1996, 2001).

a comparison of individual headwords/entries with selected headwords/entries in medical dictionaries.

2.2 Methodology

The approach is mainly qualitative: the analysis is carried out on a selection of medical terms representing macro-areas of interest in medical research and practice for the period considered (e.g. *inflammatory diseases, anatomical description, surgical operations*, etc.). Macro-areas themselves have been selected according to recurrent topics of interest in contemporary medical reference works (e.g. handbooks and compendia recording the most frequent diseases and afflictions), compiled by medical practitioners and/or physicians. The comparison is first carried out across wordlists to highlight the degree of inclusion (cf. also § 2.1); later on, specific headwords/entries are selected and compared across dictionaries. The analysis is usually focussed on major entry components (cf. fn. 3), which are typically included in the first paragraphs, irrespective of entry length.

2.2.1 Sampling

The method and sampling depends strictly on the nature of the works under scrutiny (medical and universal dictionaries of arts and sciences, and their encyclopaedic perspective), and on their size (folio, quarto, octavo, duodecimo; number of volumes per single work; total number of pages and lexicographic pages per single work).⁶

Due to clear differences in size among sources and, as a consequence, to the complexity in selecting a basic corpus of examples (quantity and quality), many criteria need to be considered and combined in this specific investigation. Two fundamental studies to establish practical criteria of analysis have been Bukovska (2010, 2013). In both these works, Bukovska suggests a combination of sample techniques to provide reliability to any analysis, either within single dictionaries, or across dictionaries. Two sampling schemes are described: the simple random selection of pages (SRS, “taking a random selection of pages from the whole dictionary”, 2010:

⁶ The total number of pages refer to front/back matter and lexicographic matter altogether; lexicographic pages only refers to lemmata, headwords, and entries. James’s *MD*: 3 folio vols, pp. 3327; Motherby’s *NMD*: 1 folio vol., pp. 640; Barrow’s *NMD*: 1 octavo vol., pp. 591; Hooper’s *CMD*: 1 duodecimo vol., pp. 308; Chambers’s 5th*Cy*: 2 folio vols, pp. 2069; *EB*: 3 quarto vols, pp. 2576; Rees’s *Cy*: 4 folio vols, pp. 4940, to which is added the 5th vol. of plates.

1259; cf. also 2013: 27), and the stratified selection of pages (SS, “consists in dividing the dictionary into non-overlapping parts called strata – e.g. letters [...] and selecting a simple random sample from each one”, 2010: 1259; cf. also 2013: 27).

Multiple-stretch selection. The qualitative basis of the research also needs some quantitative parameters to be considered as a background. To establish the wordlists as a basic corpus for the analysis, specific sections in each dictionary have been scrutinised: particularly letters A-beginning, H and I/J-mid, and P-end, to balance the number of terms included in different parts of the dictionaries, and systematically compare a relevant number of sample words/entries (cf. Osselton 2007 on “alphabet fatigue”). Because of the number of works included, and of the number of pages (and entries) under scrutiny (cf. fn. 6), a limited multiple-stretch selection of letters A-H-I-J-P has been used for basic quantitative analysis at this stage of the research. A selection covering the whole alphabet would be recommended to refine the corpus of examples across dictionaries, and provide a more thorough analysis. There are at least two further reasons to go through the whole alphabet in the future: first, the section for letter A always tends to be longer than other letters in medical dictionaries due to Latin and Greek source terminology (McConchie 2019: 157); second, this section is extremely long in *MD* if compared to the subsequent letters, as explained by James himself in his Preface (McConchie 2019: 156-157). Nonetheless, the inclusion of letter A is useful to emphasise recurrent compiling techniques/strategies of reduction (e.g. entry length, and mean number of entries per page) within *MD* itself, and across dictionaries.

Stratified selection of pages (systematic space-based sampling). Stratification within and across dictionaries is the second criterion selected for the analysis. Even though “randomization within strata is [...] crucial” (Bukovska 2013: 28), random sampling of pages has been excluded here, due to the purpose of comparing wordlists and entries across dictionaries.⁷ Each letter has been subdivided into strata. Strata are based on the initial ten pages under each letter (absolute criterion), and the initial ten per cent of pages under each letter (relative criterion: this metalexigraphic approach allows to compare, and tries to counterbalance, research in works of very different sizes and of different degrees of inclusion). The results have been transcribed to verify how many headwords are included in the initial 10pp-unit and in

⁷ Bukovska (2010: 1267) maintains that “a researcher might be interested in comparing samples from several dictionaries [...] the comparator text should encompass the same ranges in all the dictionaries being compared”.

the initial 10% pp-unit (cf. Appendix 1, Table 2, horizontal axis-single dictionary and vertical axis-across dictionaries), and to select single entries to be compared. The combination of these two criteria results in wordlists which are analysed in each dictionary under each letter (a kind of single-stretch selection), and compared across dictionaries (a kind of multiple-stretch selection). This comparison is systematic across medical dictionaries, whereas universal dictionaries of arts and sciences have been excluded because of the multidisciplinary nature of their wordlists. The initial 10% pp-unit for the formation of wordlists emerges as the most effective to contextualise data and results, since it provides a part-whole relationship within the single dictionary, as well as the mean number of entries per page (cf. Appendix 1, Table 2), both within the single dictionary, and across dictionaries.

3. Quantitative results and qualitative implications

The quantitative survey has highlighted some general features for each single work, and more general lexicographic trends across dictionaries, either medical or universal. Before summarising the most relevant issues in the following paragraphs, it is worth recalling the overreaching length of James's letter A, and Barrow's heavy dependency on James's wordlist, (McConchie 2019: 156-157; cf. § 2.2.1 above). This fact might appear to render the quantitative comparison between these dictionaries redundant. However, in Appendix 1, and in Table 2, it is made clear that the distributions of terms in the 10pp-unit and 10% pp-unit are different. The mean number of entries per page shifts between 2.2-2.4 (10pp-unit vs. 10% pp-unit) in *MD*, and between 16.1-16.5 in *BaNMD* (10pp-unit vs. 10% pp-unit). The wordlist in each dictionary covers a different number of terms per 10% pp-unit: *MD* includes A-ABDOMEN (24 terms, 10pp-unit), and A-ACETUM (165 terms-74pp., 10% pp-unit); *BaNMD* includes ABAPTISTON-ACUPUNCTURA (161 terms, 10pp-unit), and ABAPTISTON-ACRITON (129 terms-7.8 pp., 10% pp-unit).

A great disparity in the total number of pages per work, alongside the size of the works, represent the general context of the investigation (cf. fn. 6 above and Appendix 1, Table 1): different strategies, aims, readership and functions (e.g., scholarly repository vs. practical issues, prestigious folio/quarto dictionaries vs. practical octavo/duodecimo dictionaries, etc.) emerge. The two smaller dictionaries (*BaNMD* and *CMD*) display a more even distribution of pages per letter (pages-per-volume and pages-per-letter relationship, in particular for letters A and P), which also results in

mid-dictionary letters between H and L; the most lopsided dictionaries are instead *MD*, *MoNMD*, and *EB* (cf. fn. 8 and 9). This is necessarily due to the following reasons, already mentioned above: firstly, the numbers of medical terms are differently distributed across letters, according to their Greek or Latin origin; secondly, as James explains in his Preface, there is an imbalance of letter A (McConchie 2019: 157; cf. § 2.2.1 above); thirdly, and perhaps most importantly, the compilers have distinct aims, their criteria of inclusion/omission and compilation are consequently different.

5thCy and ReCy are more balanced than the preceding compilations:⁸ the mid-alphabet letters H I-J usually testify to a decrease in the number of pages per letter, and a resulting decrease in the total number of terms included per single letter. This reduction may also be due to the more limited number of disciplinary terms beginning with H I-J, and a more limited number of disciplinary headwords included in the general wordlists of universal dictionaries of arts and sciences, in comparison with specialised dictionaries.

By matching the results of the word count in the 10pp-unit and 10% pp-unit for each letter, it emerges that after letter A the number of headwords/entries per page usually increases. This typically implies a decrease in length and complexity per entry, and the inclusion of more concise, essential information. This tendency is also confirmed for some works within a single letter (e.g. H in *MoNMD*, P in *BaNMD*: cf. Appendix 1, Table 2) and, more generally, by considering the mid-dictionary letter, or word.⁹ In *MD* the mid-

⁸ In *MD*, A is more than 77% of the first vol. (cf. McConchie 2019: 156-157; §§ 2.2.1 and 3. here), P is 23%; in *MoNMD*, A is about 21% of the single vol., P is less than 8%; in *EB*, A covers almost entirely the first vol., about 73%, P is less than 9,5% in the third vol. In 5thCy, A and P cover about 17,5% and 20,5%, in vols 1 and 2, respectively; in ReCy, A is 34% and P is 40%, in their respective volumes. Cf. also Appendix 1, Table 1.

⁹ According to Osselton, seventeenth- and eighteenth-century mid-dictionary was marked by a continuum between letters *HU-* and *LO-*, *insult* being Cawdrey's (1604) mid-point word and *landmark* Johnson's (1755); he also affirms that "there is much greater variability in the works of the early compilers, but nearly all of them can be seen to have inflated the early part of the alphabet" (Osselton 2007: 82). This refers to the general framework of universal dictionaries, but it is worth noting that things may be different with medical terminology, as McConchie explains (2019: 156-157, 171-174). In particular, the more balanced distribution of pages per letter in *BaNMD*, as it emerges from the present analysis, may be due to "[h]is deletions from James [...] high in A [...] they decline as he moves into B, and are at their lowest at about COR- [...] By contrast, the rate of additions is almost nil early in A, begins to pick up about ANC- and rises slowly to a peak at about LAB-, culminating in a very large block of additions for *lapis*. From there it declines gradually until a final increase, [...] about REM-. [...] This may suggest that Barrow was over-zealous in his omissions early in the task, anxious to keep the work within limits and unwilling to add, but eventually

letter is E (EUP-EUS, from EUPHORIA to EUSCHEMOSYNE), and in *MoNMD* the mid-letter is also E (EMB-EMO, from ELLEBORINE to EMOLLIENTIA). Both of them are lopsided. However, *BaNMD* (HEP-HER, from HEPAR to HERBA) and *CMD* (LEA-LEV, from LAVENDULA to LEVATORANI) are clearly balanced, with mid-letters between H-L (cf. fn. 8; present-day dictionaries are between L-M). *CMD* is also the most balanced as regards the average number of terms per page and per letter (cf. Appendix 1, Table 2).¹⁰

The transcription and the comparison of wordlists (§ 2.2.1) across medical dictionaries highlights some asymmetry of inclusion. A strict correspondence in the wordlists emerges for the letters H, I-J, and P across *MD*, *MoNMD* and *BaNMD*, where as *CMD* stands out as a more selective and concise compilation. Clear differences in the degree of inclusion under A (except for *MD* and *MoNMD*) shift towards more similar patterns in H, I-J, P across dictionaries. As expected according to his Preface, James reduces the number of entries, their length and complexity, in *MD* after letter A. Some entries consist solely of internal cross-references, equivalents, concise definitions (cf. § 4.1). Small dictionaries (*BaNMD* and *CMD*) are more balanced in the distribution of items per page, and pages per letter, they have highly reduced wordlists (particularly under A), when compared to folio medical dictionaries. From letter H onwards, *MD* and *BaNMD*'s lemmata tend to overlap, or to display many similarities, which is extremely relevant in relation to their different size and purpose: three folio volumes vs. one octavo volume respectively (cf. fn. 9). *CMD* is the most diverse among the four medical dictionaries under scrutiny.

Universal dictionaries of arts and sciences are usually more balanced as regards the average distribution of words per page: they include many disciplines and areas of knowledge and, as a consequence, the comparison with medical wordlists is not quantitatively effective, the initial 10pp and the initial 10%pp criteria considered. Hence, a comparison seems inappropriate and not technically useful here. However, similarities and differences clearly emerge from a qualitative analysis of individual entries, which is the focus of § 4. below.

found a balance. The demands of the publishers concerning length may well also have been a factor" (McConchie 2019: 174).

¹⁰ Mid-letters are established half-way of the total number of lexicographic pages in each dictionary. Paratextual sections are always excluded. In the case of *MD*, the three volumes count 3153 lexicographic pages: dedication, preface, tables, and explications of the tables in vol. 1 (131 pp.), and advertisement, tables, explication of the tables, and index in vol. 3 (43 pp.) are omitted from page count. The total number of pages for *MD*'s three volumes is 3327.

4. Qualitative analysis across medical dictionaries and universal dictionaries of arts and sciences: Sample headwords and entries

The analysis of single entries across dictionaries is based on the initial 10 pp – initial 10% pp criteria wordlists and, in particular, on shared terminology across dictionaries: it focusses on individual entries (microstructure), to determine systematic features and patterns within and across works.

As regards the qualitative analysis of individual entries, further quantitative parameters have also been selected: the minimum-maximum portion of text (text continuum) under examination covers the initial five-to-twenty lines under each entry, according to the size of the page (from folio to duodecimo) and the typeface. This parameter has proved effective to include the most relevant lexicographic and lexicological elements (H/Headword, SpV/Spelling Variant, Lab/Label, Ety/Etymology, Eq/Equivalent,¹¹ Def/Definition, Exp/Expansion, CRef/Cross-Reference), and can be considered reliable for the comparison across dictionaries. The necessity to establish boundaries on text continuum is due to the unbalanced and very diverse sequences of long (much longer than twenty folio lines), medium, concise, very concise entries (shorter than five octavo/duodecimo lines) within the same dictionary or across dictionaries. Some entries may span many pages, particularly in *MD*, *MoNMD* and *ReCy*, or be reduced to the essential H + CRef/Eq pattern, in any dictionary. In this context, the delimitation of text continuum is essential and useful to establish equivalent, comparable, and reliable text units.

The qualitative comparison is also carried out across medical dictionaries and dictionaries of arts and sciences, since the focus of the analysis here is on individual entries as microtext units independent of the macrolexicographic structure.

The selected headwords/entries for the exemplification of stabilising lexicographic and lexicological patterns across dictionaries include twelve terms: *abdomen*, *abductor/s*, *abscess/us*, *habena*, *hæmorrhagia/hæmorrhage*, *hæmatocele*, *hæmoptysis*, *ichor*, *panacea*, *pandemius*, *papula*, and *paracentesis*. For reasons of space, and to provide a straightforward discussion of recurrent patterns and features, the entries have been transcribed in Appendix 2, in alphabetical order. A note on entry length (number of lines, or number of columns, size of the page) is added at the end of each transcription.

¹¹ For the notion of equivalence or equivalent, cf. Zgusta (1987), and Adamska-Salaciak (2010).

4.1 Qualitative approach in medical entries: Lexicography, lexicology, and encyclopaedic issues

This section discusses the most relevant features of medical entries: comments refer to the extracts transcribed in the Appendix. However, these text units exemplify and represent more general, recurrent and systematic compiling features, and lexicographic techniques across dictionaries, as they emerge from a more extended and in-depth investigation in the background. The discussion is always focussed on single lexicographic components in the order they are usually provided in the entry, and on their function in framing entry structure.

Headword. The language of preference in medical dictionaries is Latin or Latinised spelling and lexical variants from Greek, whereas universal dictionaries of arts and sciences tend to include Anglicised or English versions, and more than one if attested, or in use (encyclopaedic inclusion). In the sample under scrutiny here, most of the headwords are provided in Latin, or Latinised forms, across dictionaries: only *abscess*, *hæmoptoë*, and *hæmorrhage* are Anglicised. *Abscess* is used in universal dictionaries and in *CMD* as a headword, and as a spelling variant and lexical equivalent of *abscessus* in *MoNMD*. *Hæmoptoë* is included as a spelling variant and lexical equivalent in 5th*Cy*, *EB*, and *ReCy*, along with the Latinised *hæmoptysis*, and the corrupted spelling version *hæmoptyosis*. This spelling is used as a headword in the *EB*, which also includes *hæmptysis*. This variability is not to be found in medical dictionaries, which only select, attest, and display the original *hæmoptysis*. The Anglicised form *hæmorrhage* is used as headword in universal dictionaries and in *BaNMD*, whereas the other medical dictionaries prefer the more prestigious Latinised version *hæmorrhagia* or *hæmorrhagiæ*. However, *hæmorrhage/s* is included in *MD* and *CMD* as a spelling variant, and lexical equivalent. Some terms are not included in universal dictionaries: *hæmatocele*, *pandemius*, *papula/æ*. This may depend on compiling restrictions, and wordlist selection: from mid-dictionary onwards, the number of pages per letter and number of lines per entry are progressively reduced. Highly specialised headwords, or tiny details, may be omitted. It is not an accident that also across medical dictionaries *hæmatocele* is a very concise entry (H + Etymology + Etymology/Definition), and *pandemius* and *papula* are minimal entries (H + Etymology).

Labels. Labels are used to connect specialised terms to the disciplinary field they belong to, or the compilers assign to them. They have a lexicographic function, as a basic component of the entry; a lexicological function, delimiting the semantic field of the headwords; and an encyclopaedic

function, to categorise medical contents, and highlight scientificity as a process of distinction and disambiguation.

Labels, consisting of formulaic expressions such as *in medicine / in medicine and surgery* (e.g., s.v. ABSCESS, HÆMORRHAGE, HÆMOPHYYSIS/HÆMOPHYOSIS/HÆMOPHYOE), *in surgery / in chirurgery* (e.g., s.v. PARACENTESIS), *in anatomy* (e.g., s.v. ABDOMEN, ABDUCTOR), are systematically used in universal dictionaries of arts and sciences. These are multidisciplinary reference works: the need to establish clear boundaries among the many branches – and sub-branches – of knowledge, and helping the non-expert, though educated, reader, is compulsory. On the contrary, medical dictionaries do not include this categorising technique: (sub)disciplinary distinctions are often included in the prefaces, or made clear in the exposition within individual entries. It is probably supposed that an expert, or semi-expert, readership can definitely understand the specific nature, role, and function of contents. However, labels may also consist in less explicit and structured expressions, kinds of glosses, anticipating definitions, and may partially overlap with them. As in previous examples, they are used to background disciplinary contents. In this case, both universal and medical dictionaries provide examples: *anatomists* (s.v. ABDOMEN, MD), *by anatomists* (s.v. ABDUCTOR, MD and BaNMD), *by modern authors* (s.v. ABSCESSUS, MD and BaNMD), *remedies / a medicine* (s.v. PANACEA, MD, MoNMD, BaNMD, CMD), *chirurgical operation / operation* (s.v. PARACENTESIS, MD, CMD).

Spelling variants and equivalents. As already indicated above in the section *Headword*, the number of spelling variants and lexical equivalents is variously distributed across dictionaries. Spelling variants are more frequently included as anglicised versions in universal dictionaries of arts and sciences, whereas medical dictionaries tend to select one single form, and usually the most prestigious Latin or Latinate version: it is a period in which Latin definitely remains the professional language of scientific and medical denominations.¹² However, clear boundaries of inclusion / non-inclusion cannot be established: selection is still bound to individual headwords, and entries. In any case, when more than one spelling variant is recorded, the most prestigious one (Latin/Latinate) is usually the first to appear, or the one followed by the entry (and not only by cross-references tracing back to alternative forms, e.g. s.v. HÆMOPHYOE, ReCy). This happens with *hæmoptysis* (5thCy; and ReCy from *hæmoptoe*).

¹² “Latin and Greek terminology dominated, except of course in the actual text of the entries where English equivalents appeared more freely, up until the end of the eighteenth century” (McConchie 2019: 190).

Lexical equivalents (translation or multiword explanatory equivalents) are frequent across dictionaries, either universal or medical. They are usually less prestigious English (core vocabulary) or more formal anglicised variants (morphological adaptations), but more scholarly Greek equivalents may also be included (e.g. s.v. ABSCESSUS, HÆMATOCELE, HÆMOPTYSIS, ICHOR, PANACEA, PARACENTESIS, *MD*; s.v. PANACEA, *Ba*NMD and *CMD*; s.v. PARACENTESIS *CMD*; s.v. HÆMORRHAGE, HÆMOPTYSIS, PANACEA, PARACENTEIS, 5thCy; s.v. ICHOR, PANACEA, ReCy). In this case, Greek equivalents also act as prestigious spelling variants, and partly overlap with etymology: the structure is usually H+(Lab) + Greek SpV/Eq + Core Eq/Def.

Equivalents can be used in isolation, immediately following the headword-topic, or be part of a definition. The most recurrent structures are H+(Lab) + Eq or H+(Lab) + Eq-Def/Def-Eq. In either case, some examples may be found across dictionaries s.v. ABDOMEN (*belly, lower belly, lower venter*), s.v. ABDUCTOR (*abducent, a leader from*), s.v. ABSCESS (*suppurated phlegmon, inflammatory tumor, imposthume / impostume, tumor, apostema*), s.v. HAEMORRHAGIA/Æ-HÆMORRHAGE (*eruption of blood, flux of blood*), s.v. HÆMATOCELE (*hernia, false hernia, any tumor, collection of blood*), s.v. HÆMOPTYSIS (*spitting of blood, bleeding at the nose, vomiting of blood*), s.v. ICHOR (*sanies, humour of the blood, watery humour, etc.*), s.v. PARACENTESIS (*tapping, perforation of the breast*). On the one hand, multiword explanatory equivalents merge with very concise, minimal definitions, unfolding the general semantic load (e.g. ABDUCTOR – *a leader from*; HÆMORRHAGIA – *eruption/flux of blood*; PARACENTESIS – *perforation of the breast, etc.*). On the other hand, translation equivalents express various sense relations: particularly, synonymy (ABDOMEN – *belly, lower belly, lower venter*; PANDEMIUS – *epidemical*; PANDEMIC – *a synonym of epidemic*; PAPULA – *pimple*; PARACENTESIS – *tapping*) and hyponymy/hypernymy (HABENA – *name of a bandage*; HÆMATOCELE – *species of hernia*; ICHOR – *a kind of serum*; PANACEA – *title of many remedies, a medicine*; PAPULÆ – *eruptions of various kind*).

Etymology. The etymological principle, or the regular inclusion of the origin and derivation of words in eighteenth-century language dictionaries, is also frequently – if not systematically – adopted by universal dictionaries of arts and sciences (encyclopaedias), and by specialised dictionaries. The reference works under scrutiny here provide an effective example of this practice: the etymology of medical terms is usually included in the opening lines of the entry, it introduces the (original) meaning/s and the morpho-syntactic components of the headword-topic. It is perceived and used as a basic subsidiary element to support lexical definitions, and foster subsequent encyclopaedic expansions: e.g. “ABDOMEN, The belly. [...] this word is from abdo, to hide: as its contents lay hid in it. The body is generally

divided into three cavities, called bellies” (H + Eq + Ety + Def + Exp, MoNMD). The same or similar structures and sequences – with etymology preceding or following Def and/or Exp – may be found across dictionaries s.v. ABDOMEN, ABDUCTOR, AB(S)CESSUS/ABSCESS, HÆMORRHAGIA/Æ, HÆMORRHAGE, HÆMATOCELE, HÆMOPTYSIS, ICHOR, PANACEA, PARACENTESIS.

As a rule, etymologies consist of Latin and/or Greek originals, followed by English translation equivalents: e.g. “of *abdo*, L. to hide” (s.v. ABDOMEN, BaNMD), “*The word is purely Latin, and is derived from *abdere*, to hide: either because many of the viscera of the body are contained [...]” (s.v. ABDOMEN, 5thCy), “from *abscedo*, to depart” (s.v. ABSCESSUS, MoNMD), “from *αἷμα*, blood, and *κήλη*, an hernia or tumor” (s.v. HÆMATOCELE, BaNMD), “*αἱμόπτωσις*, from *αἷμα*, blood, and *πτύω*, to spit” (s.v. HÆMOPTYSIS, MD), “from *αιμορροίς*, an eruption of blood”, (s.v. HÆMORRHAGIÆ, CMD), “*πανάκεια*, from *πάν*, the Neuter of *πας*, all, and *ἀκ*[...], a Remedy” (s.v. PANACEA, MD), etc.

The length and detail of etymological sections vary according to the general aim, nature, and size of the work: the most accurate may be found in 5thCy (e.g. s.v. ABDOMEN), as well as in MD and ReCy. In comparison to them, MoNMD is more selective and concise. BaNMD and CMD provide interesting examples: despite their size (octavo and duodecimo, respectively), they testify to systematic inclusion, and detailed treatment. EB represents an exception, since etymology is omitted from this work, and reputed not necessary to background contemporary meaning and contents. For all the examples above mentioned, and further details, cf. Appendix 2.

Definition. The inclusion and the variety of definitions depend on the nature, function, and size of the dictionary (e.g. folio vs. octavo and duodecimo, medical vs. universal, expert and/or semi-expert and/or non-expert user), and the aim(s) of the compilers (e.g. those of EB vs. 5thCy and ReCy). They may be distinguished into lexical definition (LDef, limited to word meaning) and extended definition (EDef, including concise encyclopaedic description). Lexical and extended definitions are usually provided across dictionaries: they are more typical of universal dictionaries of arts and sciences and small-size dictionaries, and less frequent in medical dictionaries. These works tend to shift directly from equivalents and etymology to encyclopaedic-medical contents (Expansion/Exp). In this case, the entry structure is H + (SpV) + Eq and/or (Ety)+(LDef) Exp+(CRef). Examples of this kind are documented s.v. ABDOMEN, ABDUCTOR POLLICIS MANUS, ABSCESSUS (MD, MoNMD); s.v. HÆMORRHAGIA/Æ (MoNMD, CMD); s.v. HÆMOPTYSIS (CMD); s.v. PANACEA (MD). The entries encompassing LDef and EDef usually display more compound and/or complex structures, especially when all the lexicographic components are included (the notions of compound and/or complexity do not overlap

with entry length). The sequence highlights the minimum (bold)-maximum (bold + brackets) degree of inflation **H**+(SpV) + (Lab) + **Eq** and/or **Ety** + **LDef** and/or **EDef**+(Exp) + (CRef). Examples may be found s.v. ABDOMEN, ABDUCTORS, ABSCESSUS, HÆMATOCELE, HÆMOPTYSIS, ICHOR, PARACENTESIS across dictionaries, universal and specialised (from minimum to maximum inflation); and s.v. HABENA (*MD*, *MoNMD*, *BaNMD*), s.v. HÆMORRHAGIA/Æ (universal dictionaries, *BaNMD*, *MD*), s.v. PANACEA (universal dictionaries, *MoNMD*, *BaNMD*, *CMD*). This scrutiny highlights two relevant issues: the *EB*, coherently with its aims and macrostructure, includes only more concise and essential entries, usually **H**+(Lab)+(Eq) + **LDef**/(EDef) + (CRef); this is the reason why *EB* is not included in previous examples; across dictionaries, the entries are progressively reduced in length and complexity, particularly after A, for the letters H, I-J, and P, except for particularly relevant topics, treated in detail, e.g. HÆMORRHAGIA/HÆMORRHAGE (*MD*, *MoNMD*, *ReCy*), HÆMOPTYSIS (*MoNMD*, *ReCy*), and ICHOR (*MD*). To conclude this section, it is worth mentioning minimal entry structures (cf. *Spelling variants and equivalents*), whose sequence may be as follows **H**+(Eq)+(Def)+(CRef), e.g. s.v. ICHOR (*MoNMD*, *BaNMD*, *CMD*, *EB*), s.v. PANDEMIUS, PAPULA/Æ (medical dictionaries), PARACENTESIS (*EB*).

Expansion. Expansions refer to encyclopaedic matter proper, and they encompass the exposition of medical contents and the description of medical events extending beyond the opening lines. In this context, the microstructure of the entry displays the complexity of text and discourse construction, gradually adapting to the necessity of lexicographic treatment. The entry may cover a few lines (from folio to duodecimo volumes), or many folio columns (e.g. s.v. ABDOMEN, *MD*; s.v. ABSCESSUS, *MD* and *MoNMD*; s.v. HÆMORRHAGIA/HÆMORRHAGE, *MD*, *MoNMD* and *ReCy*). In view of the aim of the present study, that is to say the analysis of the opening sections in a selected number of entries across dictionaries to identify stabilising features in medical terminology (cf. § 1.), and in view of the nature of the works under scrutiny (cf. § 2), the transcription of these long sections cannot be included in Appendix 2 and, as a consequence, cannot be fully discussed in this paper. However, as regards text and discourse construction, some strategies already emerge from the short excerpts selected in the definitions (LDef and EDef, cf. above). If *MD*, 5thCy and *ReCy* still tend to focus on individuals (medical men), as the starting point of encyclopaedic treatment, or the exposition of medical contents, *MoNMD*, *BaNMD*, and *CMD* systematically topicalise, or thematise, the object of the discussion. This change highlights a different approach in the elaboration of medical

writing, and scientific writing in general, in the second half of the eighteenth century. The attention of the writer/compiler (and necessarily of the reader) shifts from agent/s to content/s, making text and discourse definitely (more) informational and abstract (Lonati 2017: 27), and laying the foundation for specialised communication.

In Appendix 2, this approach is documented s.v. ABDOMEN as “Anatomists have generally divided the body into three great cavities” (*MD*), “Anatomists usually divide the body into three regions” (5thCy and ReCy) vs. “The body is generally divided into three cavities, called bellies” (MoNMD), “the cavity of the body from” (BaNMD), “A cavity between the thorax and the pelvis” (*CMD*), “The abdomen begins immediately under the thorax, and terminates” (*EB*, s.v. ANATOMY, Of the Abdomen).

This process of reformulation may also be found, with some variations, in other entries of the sample: s.v. ABDUCTOR/S, “the/a name given by anatomists to the following muscles” (*MD* and BaNMD) vs. “Several muscles are thus called” (MoNMD), “a name given to those muscles” (*CMD*), “name common to several muscles, whose action is” (5thCy and ReCy), “the name of several muscles which serve” (*EB*); s.v. ABSCESSUS, “The words [...] used very frequently by Hippocrates [...] by modern authors to signify” (*MD*), “This word is generally used, by modern authors, to signify” (BaNMD) vs. “A cavity containing pus, or gathering” (MoNMD), “A collection of pus in the” (*CMD*), “inflammatory tumor, containing purulent matter” (5thCy and ReCy), “tumor or cavity containing purulent matter” (*EB*); s.v. ICHOR, “by some is called [...] by others [...] Some take it” (*MD*), vs. “It is a thin” (MoNMD), “a kind of Serum” (BaNMD), “A thin aqueous, and acrid discharge” (*CMD*), “a thin wat(e)ry humour, like serum” (5thCy, ReCy, and *EB*); s.v. PANACEA, “Title of many Remedies both among the Antients and Moderns” (*MD*), “epithet given by the antients to those remedies” (*CMD*), “a remedy for all diseases [...] The accurate Boerhaave” (5thCy and ReCy) vs. “title given to many remedies” (MoNMD), “a medicine which cures all diseases” (BaNMD), “a remedy for all diseases” (*EB*).

The examples above, beyond highlighting the basic but relevant features of structuring scientific text and discourse, also unfold the dependencies across and among dictionaries. MoNMD and BaNMD definitely draw from *MD* but, for different reasons, reduce the amount of information in their entries; 5thCy and ReCy are closely connected, since the second one is a partial reworking and reorganising of the first; *EB* is essential, and sometimes reproduces very concise versions of 5thCy; *CMD* also testifies to the tendency to focus on contents.

5. Qualitative results and concluding remarks

When dealing with qualitative results, some correspondences and methodological similarities across medical dictionaries and universal dictionaries of art and sciences undoubtedly emerge: in particular, the tendency to reduce and stabilise the number of equivalents and spelling variants, or the tendency to focus on necessary and useful contemporary contents, starting from definitions. Lexicographic components and their morpho-syntactic arrangement, which structures text and discourse, define the particular function of specialised and/or universal dictionaries. The following sections summarise the key points discussed in this study and try to provide a general frame of reference for further investigation. They especially focus on methodological similarities and recurrent features of lexicographic inclusion. In other words, they highlight the process of regularisation in compilation practices, and the effort to balance lexicographic needs and scientific discourse issues.

5.1 Stabilising features of lexicographic inclusion

Except for letter A in *MD* (cf. §§ 2.1 and 3.; McConchie 2019: 156-157) and *MoNMD*, a stricter correspondence in the wordlists clearly emerges for the letters H-I/J-P across *MD*, *MoNMD*, and *BaNMD* (cf. § 3. fn. 9; McConchie 2019: 172, 174). The correspondence between *MD* and *BaNMD* is particularly relevant, due to the different nature, function, and size of their works. The selection of terms is quite the same, with a drastic reduction of contents per single entry in *BaNMD*: according to McConchie (2019: 172), Barrow's entries "are James's by and large with all the encyclopaedic and scientific material expunged. Barrow essentially retains the linguistic information and deleted the rest, making his entries characteristically very short" (cf. Appendix 2 and § 4.1). This similarity across the three dictionaries highlights that a backbone of medical terminology is being established and that lexicographic practice is fundamental to this process.

Consulting and collecting materials from previous dictionaries clearly help in stabilising – almost *fixing* – medical wordlists in the second half of the century: this emerges as a selective – if not prescriptive – practice, or habit, with a strong influence on disciplinary wordlist delimitation, and on disciplinary issues as well.

Octavo and duodecimo dictionaries, *BaNMD* and *CMD* respectively, display a more even distribution of pages per letter if compared to folio

dictionaries, and they help establish a lexicographic frame of very practical usage in a specialised disciplinary domain. Mid-dictionary words correspond to the H-L continuum (cf. Osselton 2007: 82; fn. 9); the entries are concise, and the number of headwords per page more stable. *CMD* stands out as different in comparison with others: it is far more selective, and scientifically essential.

5.2 Stabilising qualitative features – methodological similarities

As regards denominations, the use of Latin is systematic for the headwords in the medical dictionaries examined (cf. McConchie 2019: 190-191); instead, in universal dictionaries of arts and sciences, usage shifts between Latin/Latinised and English/Anglicised spelling variants and equivalents. The 5th*Cy* and Re*Cy* tend to include (prestigious) anglicised variants if in use, whereas *EB* headwords are usually anglicised or English variants. The distribution of spelling variants and equivalents is not systematic, and generally depends on the nature of the work(s) under scrutiny. Specialised spelling variants and equivalents are mainly used in medical dictionaries (e.g. Greek), whereas core vocabulary spelling variants and equivalents chiefly characterise universal dictionaries (e.g. in definitions). This distribution is also necessarily determined by their reading public, of expert, semi-expert, and/or lay readership.

Except for those of *MD*, contents tend to focus on necessary and useful contemporary topics: this actually delimits the inclusion of scholarly digressions on the history of medicine and medical thought within single entries.

In general terms, similar stabilising attitudes emerge in the compilation of dictionaries, promoting a more refined lexicographic practice, and a more selective attitude at a disciplinary level. Selection, reduction, recurrence, adoption, and adaptation make form (spelling and lexical variants), structure (entry components), and content (semantic and pragmatic – lexical and encyclopaedic load) converge, and stabilise their relationship disciplinarily as well as lexicographically and/or lexicologically.

The fact that, towards the mid-century and later, reference works known as *scientific* dictionaries are more frequently compiled and published than in the past, suggests a new perspective on science as a whole, and medicine in particular. This means that disciplinary areas become professional areas whose boundaries are being more strictly defined: terminology is ultimately conceived as a distinctive professional mark.

APPENDIX 1: QUANTITATIVE DATA

Table 1

ISSUE DATE – SIZE NR VOLUMES – NR PAGES	A	H	I-J	P
JAMES 1743-45 – medical 3 voll. folio (tot. pp. text + paratext 3327/only text 3153) % pages single vol. → % pages all voll. →	741 (1 vol. 1091/960) 77% 23%	95 (2 vol. 1181) 	82 (2 vol. 1181) 	230 (3 vol. 1055/ 1012) 23% 7%
MOTHERBY 1775 – medical 1 vol. folio (tot. pp. text + paratext 640/ only text 603) % pages single vol. → % pages all voll. →	128 21% 21%	20 	22 	48 8% 8%
BARROW 1749 – medical 1 vol. in-8° (tot. pp. text + paratext 591/only text 585) % pages single vol. → % pages all voll. →	78 13% 13%	21 	17 	43 7.5% 7.5%
HOOPER 1798 – medical 1 vol. in-12° (tot. pp. text + paratext 308/only text 303) % pages single vol. → % pages all voll. →	28 17.5% 17.5%	12 	11 / I 2.5 / J 	25 20.5% 20.5%
CHAMBERS 1741-43 – universal 2 voll. folio (tot. pp. text + paratext 2069/only text 2040) % pages single vol. → % pages all voll. →	184 (1 vol. 1076/ 1047) 17.5% 9%	92 (1 vol. 1076/ 1047) 	49 (1 vol. 1076/ 1047) 	201 (2 vol. 993) 20.5% 10%
BRITANNICA 1768-71 – universal 3 voll. in-4° (tot. pp. Text + paratext 2576/only text 2570) % pages single vol. → % pages all voll. →	564 (1 vol. 782/776) 73% 22%	60 (2 vol. 976) 	28 (2 vol. 976) 	77 (3 vol. 818) 9.5% 3%
REES 1778-88 – universal 4 voll. + 1 vol. plates folio (preface in vol. 5-pp. 37; tot. pp. 1-4 voll. front pages + text 4940/only text 4936) % pages single vol. → % pages all voll. →	368 (1 vol. 1082/ 1080) 34% 7.5%	212 (2 vol. 1249/ 1248) 	139 (2 vol. 1249/ 1248) 	483 (3 vol. 1212/ 1211) 40% 10%

Table 2

	A (mean nr of entries per page)	H (mean nr of entries per page)	I-J (mean nr of entries per page)	P (mean nr of entries per page)
1. first 10 pp. per letter 2. 10% of pages per letter 3. mid-dictionary				
MD 1743-45 mid-dict. EUP-EUS	24 terms (2.4) A-ABDOMEN	28 terms (2.8) H-HAEMOR- RHOIDES	76 terms (7.6) I-ICTERUS	51 terms (5.1) P-PALPITATIO
1 vol. A-CAL mid > ANETUM	165 terms (2.2) 74 pp. up to ACETUM	28 terms (2.9) 9.5 pp. up to HAEMORRHOIDES	76 terms (9.2) 8.2 pp. up to ICTERUS	129 terms (5.6) 23 pp. up to PARALYSIS
2 vol. CAL-M mid > EPILEPSIA				
3 vol. N-Z mid > SALIVATIO				
MoNMD 1775 single vol. A-Z	76 terms (7.6) A-ABSCESSUS	220 terms (22) HABASCUM- -HERPES	160 terms (16) IACINTHUS- -INFLAMMATION	194 terms (19.4) P-PARTURIO
mid > ELLEBORINE- EMOLLIENTIA	78 terms (6.9) 12.8 pp. up to ABSINTHIUM	23 terms (11.5) 2 pp. up to HAEMORRHAGIA	62 terms (28.1). 2.2 pp. up to ILEUM INTESTINUM	127 terms (26.4) 4.8 pp. up to PAPILLAE MEDULLARES

1. first 10 pp. per letter 2. 10% of pages per letter 3. mid-dictionary	A (mean nr of entries per page)	H (mean nr of entries per page)	I-J (mean nr of entries per page)	P (mean nr of entries per page)
BaNMD 1749 single vol. A-Z mid > HEPAR-HERBA	161 terms (16.1) ABAPTISTON- -ACUPUNCTURA 129 terms (16.5) 7.8 pp. up to ACRITON	203 terms (20.3) HABENA-HERODI- US 55 terms (25) 2.1 pp. up to HAMIA	254 terms (25.4) JACEA-INTEROSSEI 52 terms (30.5) 1.7 pp. up to ICTHYOCOLIA	256 terms (25.6) P/PUGIL- -PEPASTICA 92 terms (21.3) 4.3 pp. up to PAPAVER
CMD 1798 single vol. A-Z mid > LAVENDULA- LEVATORANI	83 terms (8.3) A/AA/AAA- ALPHUS (VITILIGO) 24 terms (8.5) 2.8 pp. up to ACETABULUM	66 terms (6.6) HAEMATEMESIS- HYGROLOGY 13 terms (10.3) 1.2 pp. up to HEARING	50/I-8/J terms (5.8) ICE-IRON, JALAPIUM-JUNIPERUS 7/I-1/J terms (5.5) 1,1/I-0.25/J pp. up to IDIOSINCRASY, JALAPIUM	98 terms (9.8) P-PHILEGMASIAE 21 terms (8,4) 2.5 pp. up to PAPILLAE

APPENDIX 2: quantitative data
(transcriptions of extracts: single entries across dictionaries)

ABDOMEN

ABDOMEN. Anatomists have generally divided the body into three great cavities, which they call *bellies*. The *head*, or the *upper belly*; the *thorax*, or the *middle belly*; and the *abdomen*, or *lower belly*. The Arabians, and some writers in the barbarous ages, call'd the *Abdomen*, or at least the external part of it *Mirach*; and the *Peritonæum*, *Siphac*. *Zacutus Lusitanus*. [MD, s.v. ABDOMEN – 23 folio columns]

ABDOMEN, The belly. As some say, this word is from *abdo*, to hide: as its contents lay hid in it. The body is generally divided into three cavities, called bellies; viz. The head, or upper belly; the breast, or middle belly; and the abdomen, or lower belly. The belly is divided on its outer surface [...] [MoNMD, s.v. ABDOMEN – 1,5 folio columns]

ABDOMEN (of *abdo*, L. to hide) the lower belly, or the cavity of the body from the *Thorax* downwards to the *Os pubis*. [BaNMD, s.v. ABDOMEN – full entry]

ABDŌMEN. The belly; from *abdo*, to hide; because it hides the viscera. A cavity between the thorax and the pelvis, lined by a smooth membrane called the peritoneum, and containing the omentum or epiploon, stomach and intestines, liver, gall-bladder, mesentery, spleen, pancreas, kidneys, renal glands or capsules [...]. [CMD, s.v. ABDOMEN – medium length entry, eight duodecimo lines the full entry]



ABDOMEN*, in anatomy, the belly, or lower venter; or that part of the body comprehended between the thorax, and the hips. See VENTER, &c.

* The word is purely Latin, and is derived from *abdere*, to hide: either because many of the viscera of the body are contained, and as it were hidden in this part; or as others imagine, because the part itself is usually covered and concealed from sight, whereas the part over it, viz. the thorax, is frequently left bare. Others suppose the word *abdomen*, a compound of *abdere* and *omentum*, in regard the omentum or caul is one of the parts contained in it. Others take it for a mere paronymon, or different termination of *abdere*; especially as in some ancient glosses it is written *abdomen*, which might have been formed from *abdere*, as *legumen* from *legere*, the *o* and *u* being often interchanged.

Anatomists usually divide the body into three regions, or venters: the head, the thorax or breast, and the *Abdomen*, which makes the lowest part of the trunk; being terminated by the diaphragm above, and the inguen or pubis below. See BODY. [5thCy, s.v. ABDOMEN – 0,5 folio column]

ABDOMEN, in anatomy, is that part of the trunk of the body which lies between the thorax and the bottom of the pelvis. See ANATOMY, part VI.

ANATOMY [...] Of the ABDOMEN. [pp. 256-257] The abdomen begins immediately under the thorax, and terminates at the bottom of the pelvis of the ossa innominata.

Its circumference, or outer surface, is divided into regions, of which there are three anterior, viz. The epigastric or superior region, the umbilical or middle region, and the hypogastric or lower region. [...] [EB, s.v. ABDOMEN, and ANATOMY – *two quarto columns included into a long treatise, pp. 145-310*]

ABDOMEN, in *Anatomy*, the belly, or lower *venter*; or that part of the body comprehended between the *thorax* and the hips.

The word is derived from *abdere*, to *hide*.

Anatomists usually divide the BODY into three regions, or venters; the head, the *thorax* or breast, and the *Abdomen*, which makes the lowest part of the trunk; being terminated by the diaphragm above, and by the *inguen* or *pubis* below. [ReCy, s.v. ABDOMEN – *1,5 folio columns*]

ABDUCTOR/S

ABDUCTOR, is a name given by anatomists to the following Muscles.

[*many specific sub-headwords as run-ons*]

ABDUCTOR POLLICIS MANUS, or THENAR, Arises by a broad tendinous and fleshy beginning from the transverse Ligament of the Carpus, and from one of its Bones that articulates with the Thumb; Is inserted tendinous into the second Joint of the Pollex digiturum manus. Its use is to draw the Thumb from the Fingers. [MD, s.v. ABDUCTOR – *1,5 folio columns*]

ABDUCTOR, a leader from, or that draws away. Several muscles are thus called.

[*many specific headwords follow, 1 folio column the full entry*]

ABDUCTOR POLLICIS MANUS, called also Thenar. It rises by a broad, tendinous, and fleshy beginning, from the inner part of the transverse ligament of the carpus, and from one of its bones which articulates with the thumb, and is inserted tendinous into the second joint of the thumb. It draws the thumb from the fingers. [MoNMD, s.v. ABDUCTOR POLLICIS MANUS – *full entry*]

ABDUCTORS (of *ab* from, and *duco* to draw) a name given, by anatomists, to those muscles which serve to open or pull back divers parts of the body; they are opposite to *adductores*.

ABDUCTOR *policis manus*, or *thenar*, is that which serves to draw the thumb from the fingers. [BaNMD, s.v. ABDUCTORS and ABDUCTOR POLICIS MANUS – *full entry*]

ABDUCTOR. From *ab*, from, and *duco*, to draw; a name given to those muscles, which pull back parts of the body, into which they are inserted.

ABDUCTOR POLLICIS MANUS. A muscle of the thumb, which moves it from the fingers. [CMD, s.v. ABDUCTOR and ABDUCTOR POLICIS MANUS – *full entry*]

ABDUCTOR*, or ABDUCENT, in anatomy, a name common to several muscles, whose action is the withdrawing, opening, or pulling back the parts they are fixed to. See MUSCLE.

* The name is *Latin*, compounded of *ab*, from; and *ducere*, to draw. Their antagonists are called *Adductores*. See ADDUCTOR[5thCy, s.v. ABDUCTOR, + *sub-headwords – 0,5 folio column*]

ABDUCTOR, in anatomy, the name of several muscles which serve to open or draw back the parts to which they are fixed. See ANATOMY, Part VI. [EB, s.v. ABDUCTOR – *full entry*]

ABDUCTOR, or ABDUCENT, in *Anatomy*, a name common to several muscles, whose action is the withdrawing, opening, or pulling back, the parts they are fixed to.

The name is compounded of *ab*, from; and *ducere*, to draw. Their antagonists are called ADDUCTORES. [ReCy, s.v. ABDUCTOR, + *sub-headwords – 0,5 folio column*]

ABSCESSUS – ABSCESS

ABSCESSUS, *Απόστημα*. The words *απόσασις* and *απόστημα*, used very frequently by Hippocrates, are translated by Celsus *Abscessus*, and sometimes *Vomica*. Hence the word *Abscess*, generally used by modern authors to signify a Suppurated Phlegmon, or Inflammatory Tumour, though sometimes it signifies a Tumour of any other kind, which will not admit of discussion, as all Encysted Tumours. [...]

[MD, s.v. ABSCESSUS – *35 folio columns*]

ABSCESSUS, an Abscess; from *abscedo*, to depart. A cavity containing pus, or a gathering of matter in a part. So called, because hereby the parts which were joined are now separated; one part recedes from another to make way for the collected matter. *απόσασις* and *απόστημα*, used by Hippocrates, are translated by Celsus, *abscessus*, and sometimes *vomica*. Paulus Ægineta [...].

[MoNMD, s.v. ABSCESSUS – *12,5 folio columns including sub-headwords*]

ABSCESSUS (of *abs*, and *cedo* to retire, because the parts are disunited by the matter contained) This word is generally used, by modern authors, to signify a suppurated phlegmon, or inflammatory tumour; though sometimes it signifies a tumor of any other kind, which will not admit of discussion, as all enchysted tumors. [BaNMD, s.v. ABSCESSUS – *full entry*]

ABSCESS. *Apostema*. Impostume. A collection of pus in the cellular or adipose membrane; from *abs* and *cedo*, to retire. [CMD, s.v. ABSCESS – *full entry*]



ABSCESS*, in medicine, a kind of inflammatory tumor, containing purulent matter, pent up in a fleshy part, and corrupting and consuming the fibres, and other substance thereof. See TUMOR.

* Authors are divided as to the reason of the appellation: some think the tumor thus called, by reason parts before contiguous, *abscedunt*, or separate from each other; [...]. [ten lines of etymology]

Abscess is the same with what the Greeks call *apostema*, and the English, *imposthume*, or *imposthumation*. See APOSTUME.

Almost all *Abscesses* are the consequences of inflammation. [5thCy, s.v. ABSCESS – 0,3 folio column]

ABSCESS, in medicine and surgery, an imposthume, or any tumor or cavity containing purulent matter. See SURGERY, title, *Of tumours or abscesses*. [EB, s.v. ABSCESS – full entry]

ABSCESS, in *Medicine*, a kind of inflammatory TUMOUR, containing purulent matter, pent up in a fleshy part, and corrupting and consuming the fibres, and other substance thereof.

Abscess is the same with what the Greeks call *apostema*, and the English *imposthume*, or *imposthumation*.

Almost all *abscesses* are the consequences of inflammation. [...]

[ReCy, s.v. ABSCESS – 0,3 folio column]

HABENA

HABENA. The name of a Bandage, contriv'd to keep the Lips of Wounds together, and supply the Place of a Suture. [MD, s.v. HABENA – full entry]

HABENA. The name of a bandage, contrived to keep the lips of wounds together. [MoNMD, s.v. HABENA – full entry]

HABENA. A bandage used to draw the lips of a wound together, and supply the place of a suture. [BaNMD, s.v. HABENA – full entry]

HÆMATOCELE

HÆMATOCELE, *αίματοκήλη*. A species of Hernia, caused by extravasated Blood. *Ingrassias Comment. in Avicenna. de Tumor*. [MD, s.v. HÆMATOCELE – full entry]

HÆMATOCELE. It is a species of false hernia in the scrotum; it consists of a collection of blood in the tunica vaginalis; its appearance is the same as when an hydrocele is the disorder, and so is the method of its cure. See Celsus, P. Ægineta. [MoNMD, s.v. HÆMATOCELE – full entry]

HÆMATOCELE, (from *αίμα*, blood, and *κήλη*, an hernia or tumor) any tumor caused by extravasated blood. [BaNMD, s.v. HÆMATOCELE – full entry]

HÆMATOCĒLE. A collection of blood in the tunica vaginalis, or cellular membrane of the scrotum; from *αιμα*, blood, and *κηλη*, a tumour. [CMD, s.v. HÆMATOCELE – full entry]



HÆMATOCELE, of *αἷμα*, *blood*, and *κηλη*, *tumor*, is a tumor of the scrotum, or of the spermatic process, occasioned by extravasated blood. This disease is distinguished by Mr. Pott into four kinds; [...]. [ReCy, s.v. HÆMATOCELE – 0,5 folio column]

HÆMATOCELE: not included in 5thCy and EB.

HÆMOPTYSIS – HÆMOPTOE

HÆMOPTYSIS, *αἰμόπτωσις*, from *αἷμα*, *blood*, and *πτύω*, *to spit*. A Spitting of Blood. See PHTHISIS, and SPUTUM. [MD, s.v. HÆMOPTYSIS – full entry]

HÆMOPTYSIS, from *αἷμα*, *blood*, and *πτύω*, *to spit*. A spitting of blood; also called hæmoptoe, and hæmoptys. If blood is discharged from the nose or mouth, it is generally called a spitting of blood; but it seems more proper when blood flows from the nose, to call it a bleeding at the nose; when from the stomach, a vomiting of blood; and only when from the lungs, a spitting of blood. [MoNMD, s.v. HÆMOPTYSIS – 1 folio column]

[HÆMOPTYCUS, (from *αἷμα*, *blood*, and *πτύω*, *to spit*) one who spits blood]

HÆMOPTYSIS, (from the preceding derivation) a spitting of blood. [BaNMD, s.v. HÆMOPTYSIS – full entry]

HÆMOPTYSIS. A spitting of blood; from *αἷμα*, *blood*, and *πτύω*, *to spit*. A genus of disease arranged by Cullen in the class *pyrexia* and order *hæmorrhagia*. It is characterized by coughing up of florid blood, or trothy blood; heat or pain in the chest; irritation in the larynx, and a saltish taste in the mouth. Species, I. [...]. [CMD, s.v. HÆMOPTYSIS – medium length entry, 10 duodecimo lines the full entry]



HÆMOPTYSIS*, ΑΙΜΟΠΤΥΣΙΣ, corruptly also called HÆMOPTOSIS, and HÆMOPTOE, in medicine, a spitting of blood; occasioned by the rupture, or erosion of some vessel of the lungs; and accompanied, usually, with a cough, and a sense of pressure on the breast. See BLOOD.

* The word comes from *αἷμα*, *blood*; and *πτύειν*, *to spit*. [...] [5thCy, s.v. HÆMOPTYSIS – 0,25 folio column]

HÆMOPTOSIS, HÆMAPTYSIS, or HÆMOPTOE, in medicine, a spitting of blood. See MEDICINE. [EB, s.v. HÆMOPTOSIS – full entry]

HÆMOPTOE, in *Medicine*. See HÆMOPTYSIS.

HÆMOPTYSIS, formed of *αἷμα*, *blood*, and *πτύειν*, *to spit*, corruptly also called HÆMOPTOSIS, and HÆMOPTOE, in *Medicine*, spitting of blood; occasioned by the rupture

or erosion of some vessel of the lungs; and accompanied usually with a cough, and a sense of pressure on the breast. [...] [ReCy, s.v. HÆMOPYSIS – *about 2 folio columns*]

HÆMORRHAGIA

HÆMORRHAGIA. An Hæmorrhage, or Eruption of Blood; from *ἀίμα*, Blood, and *ρήγνυμι*, or *ρήσσω*, to break forth. The spontaneous Evacuations of Blood, produced by Nature, are generally made from those Places which are of a lax and tender Texture, have highly minute and slender Vessels everywhere dispersed thro' them, and are not everywhere braced up by firm Membranes. [MD, s.v. HÆMORRHAGIA – *10,5 folio columns*]

HÆMORRHAGIA, from *ἀίμα*, blood, and *ρήσσω*, to break forth. There are but few hæmorrhages (not owing to external violence) which would prove fatal, if no means were used to stop them; hence many medicines have, at different times, had the repute of being specifics. Periodical and critical hæmorrhages have generally their cause in the primæ viæ, [...]. [MoNMD, s.v. HÆMORRHAGIA – *about 2 folio columns*].

HÆMORRHAGE, (from *ἀίμα*, blood, and *ρήγνυμι*, to break forth) an hæmorrhage, or flux of blood from any part. [BaNMD, s.v. HÆMORRHAGE – *full entry*]

HÆMORRHAGIÆ. Hæmorrhages; from *αιμορροεις*, an eruption of blood.

An order in the class *pyrexiae* of Cullen's nosology; characterized by pyrexia, with a discharge of blood, without any external injury; the blood on venæsection exhibiting the buffy coat. [CMD, s.v. HÆMORRHAGIÆ – *full entry*]



HÆMORRHAGE*, ΑΙΜΟΡΡΑΓΙΑ, in medicine, a flux of blood at any part of the body; arising either from a rupture of the vessels, as when they are too full, or too much pressed; or from an erosion of the same, as when the blood is too sharp and corrosive. See FLUX, and BLOOD.

* The word is compounded of the Greek *ἀίμα*, *sanguis*, blood; and *ρήγνυμι*, *frango*, *rumpo*, *erumpo*, I break, burst forth, &c.

The *hæmorrhage*, properly speaking, as understood by the Greeks, was only a flux of blood at the nose; [...]. [5thCy, s.v. HÆMORRHAGE – *0,3 folio column*]

HÆMORRHAGE, in medicine, a flux of blood from any part of the body. See MEDICINE. [EB, s.v. HÆMORRHAGE – *full entry*]

HÆMORRHAGE, compounded of *ἀίμα*, *blood*, and *ρήγνυμι*, *I burst forth*, in *Medicine*, a flux of blood at any part of the body; arising either from a rupture of the vessels, as when they are too full, or too much pressed; or from an erosion of the same, as when the blood is too sharp and corrosive.

The *hæmorrhage*, properly speaking, as understood by the Greeks, was only a flux of blood at the nose; [...]. [ReCy, s.v. HÆMORRHAGE – *5 folio columns + sub-headwords*]

ICHOR

ICHOR, *Ιχϝρ*, by some is called *Sanies*; by others, an aqueous Humour of the Blood: Some take it for an aqueous and serous Humidity, either of the Blood, or of some other Humour, and that, most properly, when consider'd as in the Body; For out of the Body, it is *Sanies*. *Ichores*, *Ιχϝρες*, according to Galen, are the thin and serous Humidities, contained in the Body, and its Vessels; and are observable in all the Humours, [...]. [MD, s.v. ICHOR – 1 folio column]

ICHOR, also called *sanies*. It is a thin, but acrid fluid, which distils some wounds. [MoNMD, s.v. ICHOR – full entry]

ICHOR, a kind of *Serum* ting'd with blood. [BaNMD, s.v. ICHOR – full entry]

ICHOR. *Ιχϝρ*. A thin, aqueous, and acrid discharge. [CMD, s.v. ICHOR – full entry]



ICHOR*, properly signifies a thin watry humour, like serum; but is sometimes also used for a thicker kind, flowing from ulcers; called also *sanies*. See SANIES.

* The word is originally Greek, *Ιχϝρ*; where it signifies *any humour*, or *humidity*. [5thCy, s.v. ICHOR – full entry]

ICHOR, properly signifies a thin watery humour, like serum; but is sometimes also used for a thicker kind, flowing from ulcers, called also *sanies*. [EB, s.v. ICHOR – full entry]

ICHOR, *Ιχϝρ*, signifying any *humour*, or *humidity*, properly denotes a thin, watery humour, like serum; but is sometimes also used for a thicker kind, flowing from ulcers; called also SANIES. [ReCy, s.v. ICHOR – full entry]

PANACEA

PANACEA, *πανάκεια*, from *πάν*, the Neuter of *πας*, all, and *άκ*[...], a Remedy. A pompous Title of many Remedies both among the Antients and Moderns: Thus the *Arcanum Duplicatum* is call'd *Panacea Duplicata*. Many Preparations of Antimony are, also, called by this Name: Thus, besides that given by this Title, under the Article ANTIMONIUM, there are two others, one of which is thus prepared: [...]. [MD, s.v. PANACEA – 0,5 folio column]

PANACEA, from *πάν*, the neuter, of *πάς*, all, and *άκ*[...], a remedy. A pompous title given to many remedies, and imports an universal remedy. [MoNMD, s.v. PANACEA – full entry]

PANACEA, (*πανάκεια*, from *πάν*, all, and *άκέομαι*, to cure) a medicine which cures all diseases. [BaNMD, s.v. PANACEA – full entry]

PANACEA. *Πανακεια*; from *παν*, all, and *ακεομαι*, to make well. An epithet given by the ancients to those remedies which they conceived would cure every disease. Unfortunately for those of the present day, there are no such remedies. [CMD, s.v. PANACEA – full entry]



PANACEA*, ΠΑΝΑΚΕΙΑ, an universal medicine; or a remedy for all diseases. See ELIXIR, &c.

*The word is formed from the Greek *παν*, all, *ακιομα*, I cure.

The accurate Boerhaave overturns the notion of *panacea*'s; and shews, from the different causes, natures, effects, seats, &c. of diseases, that several may be cured by one medicine; but all, by none. See MEDICINE. [...] [5thCy, s.v. PANACEA – 0,2 folio column]

PANACEA, among physicians, denotes an universal medicine, or a remedy for all diseases; a thing impossible to be obtained. [EB, s.v. PANACEA – full entry]

PANACEA, *Πανακεια*, formed from *παν*, all, and *ακεομαι*, I cure, an universal medicine or remedy for all diseases. The accurate Boerhaave overturns the notion of *panaceas*; and shews, from the different causes, natures, effects, seats, &c. of diseases, that several may, indeed, be cured by one medicine; but all by none. [...] [ReCy, s.v. PANACEA – 0,2 folio column]

PANDEMIUS – PANDEMIC

PANDEMIUS. Epidemical. [MD, MoNMD, BaNMD, s.v. PANDEMIUS, full entry]

PANDEMIC. A synonym of Epidemic; from *παν*, all, and *δημος*, the people. See Epidemic. [CMD, s.v. PANDEMIC – full entry]

PANDEMIUS/PANDEMIC: not included in universal dictionaries of arts and sciences.

PAPULA – PAPULÆ

PAPULA. A pimple, or ulcerous tubercle. [MD, s.v. PIMPLE and TUBERCLE; MoNMD, BaNMD, s.v. PAPULA – full entry]

PAPULÆ. Solitary hard tumours, that are either resolved, or emit a humidity, and desquamate. They differ from pustules, because they never suppurate: such are herpes, lepra, &c. [CMD, s.v. PAPULÆ – full entry]



PAPULÆ, a name used by many authors for eruptions of various kinds upon the skin, but appropriated by Bontius to those reddish and rough eruptions thrown out

all over the surface of the body by sweat in the East Indies. These are thrown out all over the surface of the body, and at their first appearance are accompanied with an intolerable itching and desire to scratching. Strangers are more exposed to these eruptions, at their first arrival in these countries, than the natives [...] the biting of the mosquitos, [...]. [ReCy, s.v. PAPULÆ – 0,5folio column]

PAPULÆ: not included in 5thCy and EB.

PARACENTESIS

PARACENTESIS, *παρακεντησις*, from *παρακεντέω*, to make a Perforation. The Name of a chirurgical Operation, which consists in making a Perforation in the Abdomen, in a Dropsy, in order to evacuate the Water in an *Ascites*. See HYDROPS. The Perforation of the Breast, in order to let out extravasated Blood, Water, or Pus, is, also, called *Paracentesis Pectoris*. [MD, s.v. PARACENTESIS – full entry]

PARACENTESIS, from *παρακεντέω*, to make a perforation. This operation is commonly called tapping, and is used for discharging water through the integuments of the belly from the cavity thereof. The place appointed for the perforation, is about four fingers breadth from the navel, or rather in the middle betwixt the navel and the upper part of the os ilium. The left side is usually preferred, on account of not injuring the liver, Mr. Sharp observes that, if the navel protuberates [...]. [MoNMD, s.v. PARACENTESIS – 0,5 folio column]

PARACENTESIS, (from *παρακεντέω*, to pierce, or make a perforation) the perforation of the belly in hydropical cases, or of the breast in impostumations. [BaNMD, s.v. PARACENTESIS – full entry]

PARACENTESIS. *Παρακεντησις*; from *παρακεντεω*, to pierce through. The operation of tapping, to evacuate the water in ascites, dropsy of the ovarium, uterus, &c. [CMD, s.v. PARACENTESIS – full entry]



PARACENTESIS*, ΠΑΡΑΚΕΝΤΗΣΙΣ, an operation in chirurgery, popularly called *Tapping*.

* The word is formed from the Greek *παρα*, with, and *κεντειν*, *pungere*, to prick.

It consists in opening a little hole in the lower venter, or belly, to let out waters collected in the cavity thereof, or between the teguments, in an ascites or water dropsy. See DROPSY. The ancients cut the aperture with a lancet; but the moderns punch it with a kind of stillet or bodkin; clapping a cannula or tap into the hole when made, to carry off the water. See CANNULA. [...] [5thCy, s.v. PARACENTESIS – 0,3 folio column]

PARACENTESIS, an operation in surgery, commonly called tapping. See SURGERY. [EB, s.v. PARACENTESIS – full entry; treatise SURGERY, pp. 641-879]

PARACENTESIS, *Παρακεντησις*, formed from, *παρα*, *with*, and *κεντειν*, *to prick*, an operation in surgery, commonly called TAPPING.

PARACENTESIS is also a name applied by some authors to all operations either with the lancet, the needle, or punch; not excepting the operation of couching for cataracts: this sense is founded on the etymology of the word. Others restrain it to apertures made in the head, breast, belly, and scrotum; and others to the single operation of tapping in the dropsies. [ReCy, s.v. PARACENTESIS – *full entry*]

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