

**“I resolved to cut. But there was before my eyes
the fear of haemorrhage.” Subjective, emotional
and author-centred discourse of the late nineteenth-
century case reports in the *British Medical Journal***

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ABSTRACT

The nineteenth century was a landmark era for medicine in terms of the revolutionary methods of diagnosis and treatment, but also in terms of the advances in medical reasoning and discourse. This paper explores the discourse of the late nineteenth-century case reports in the *British Medical Journal* in search of the linguistic manifestations of the changes taking place in medicine in that period. More specifically, taking a qualitative, “wide-angle” approach to discourse (Berkenkotter 2009), attention will be paid to the themes marking changes in medical reasoning as well as such aspects as patient’s presence, authorial persona and referential behaviour. The material under analysis constitutes a sample of one hundred and eight case reports published in the professional *British Medical Journal*. The results demonstrate that, although thematically the reports describe procedures and explanations in accordance with the significant changes medicine was undergoing, discourse-wise the texts still seem to reflect “individually and privately based non-specialised medicine” (Salager-Meyer – Zambrano 2001: 161).

Keywords: medical discourse, case report, nineteenth century, authorial persona, references, patient, theme.

1. Introduction

The nineteenth century was a turning point in medicine not only in how patients began to be diagnosed and treated but also how these procedures were understood and narrated about. The aim of the present paper is to delve into the discourse of the late nineteenth-century case reports on the

basis of the texts from the *British Medical Journal*. More specifically, the focus will fall not only on the matters discussed but also on the participants of the communicative event of case reporting, i.e. the doctor (the discussant) and the patient (the discussed) as well as other parties mentioned, i.e. other authors referred to. The aspects that will be analysed in the texts at hand include the authorial persona, referential behaviour, patient's presence as well as their significance. The rationale behind selecting the afore-mentioned aspects is that the character of their portrayal may shed light on the milieu in which the texts were produced and the practices in which they were involved.

2. Historical and theoretical background

2.1 Nineteenth century in medicine, medical reasoning and in medical discourse

The nineteenth century can be called "a golden age" (Ramos 2006: 115) in medicine. For one thing, more and more frequent autopsies shed light on the inside of the patient's body and its functioning, especially in the state of a disease. Secondly, the invention of particular diagnostic tools which allowed the inspection of the body with the senses of sight and hearing made the body even more transparent, translating visual and auditory phenomena into particular medical conditions (cf. Hurwitz 2006). In turn, the subsequent development of the medical field of pathological anatomy allowed doctors to conclude that the affected/changed aspect of the patient's condition always stems from some sort of dysfunctioning of tissues (Virchow 1980; Porter 2003: 47). At the heart of all the afore-mentioned activities lay the process of observation which led to particular conclusions regarding the patient's state (Sournia 1994: 696). The clinic, a new medical institution, developed at the turn of the nineteenth century and, combining the treatment of patients and the education of future doctors, had observation at its core (Cartwright 1977: 47-48). As a consequence, advances in medical practice led to an important transformation of medical reasoning. Disease ceased to be a mystery whose solving could not be possible without speculation and began to be understood as a condition when the body manifests some form of dysfunction which can be observed, linked to particular symptoms, and classified as a given disease. In this context, the changes in the way doctors understood disease and what it entailed also affected how it was described in medical discourse (Foucault 1963[2003]): practitioners began to use more precise and descriptive words to render what finally the doctor's eye (ear) saw

(heard) and could decipher, frequently with the support of some equipment. In this way the language became saturated with particular words referring to shades, texture, sound quality, "spatialising" and "verbalising" (Foucault 1963 [2003: xi]) particular phenomena. As Foucault claims, medical practice started to be governed by the "medical gaze" which became indispensable in reading the patient's body (looking for symptoms) and deciphering (diagnosing and choosing appropriate treatment) (1963 [2003: 71-72]). This focus on the signs of a disease and their interpretation meant that in medical texts it was "organs [which] assumed centre stage, and patients' views were retained as prefatory material" (Nowell-Smith 1995: 52).

2.2 Case reports

The medical case report belongs to written medical genres and so can be associated closely with medical practice. Essentially, it "is a narrative of a single case of disease or injury" (Taavitsainen 2014). More specifically, "case reports (...) [are] brief reports describing an isolated clinical case or a small number of cases. They may describe new or uncommon diagnoses, unusual outcomes or prognosis [sic?], new or infrequently used therapies and side effects of therapy not usually discovered in clinical trials" (Khan – Thompson 2002: 849). It derives from the Latin genres of *consilia* and *practica*, "presenting typical cases of illness and how they should be treated" (Taavitsainen 2011: 84). It is understood to be one of the oldest forms of medical communication and for a very long period of time, "the core of medical instruction was based on typical cases of disease" (Taavitsainen 2011: 85), until a paradigm shift in 2000s (Kunt-Akbas 2013), when evidence-based genres gained primacy, among them research papers based on larger studies and larger populations, rather than abstracting from a single case.¹ Recently, however, one can observe a revival of the genre of the case report, which manifests itself in a variety of new forms and usages (Nissen – Wynn 2014b, cf. § 4.2.3).

2.3 Authorial persona

The current literature on authorial identity sees its main function as projecting the author as a credible and knowledgeable persona (Hyland

¹ It is worth mentioning that, after "the fall from favour" (Vandenbroucke 2001: 333) of the report, it made a comeback, adopting a variety of different forms which reflect changes in modern medicine.

2002: 1091), firstly, via “stance”, evaluating previous research, but also via “engagement”, i.e. inviting the reader to somehow participate in the presented study (Hyland 2005) “by constructing a coherent argument and by providing cohesive clues for the readers in discourse processing” (Dontcheva-Navrátilová 2013: 10). Both aspects seem of particular interest for the present study as the authors of the analysed reports also seem to wish to persuade their readers (stance) and convey content-specific information of various types in order to achieve that (engagement by means of different subject matter). In this context, various roles in authorial presence have proved to be an effective research tool. Although a number of alternative classifications based on research involving different data were proposed (Kuo 1999; Tang – John 1999; Carciu 2009; Sheldon 2009; Dontcheva-Navrátilová 2013), Vassileva’s (1998) classification of a variety of roles and discourse functions seems best to reflect the actual instances in the corpus. In her study, she examines academic texts from five languages, i.e. English, German, French, Russian and Bulgarian, and thus categorises these roles and functions into common and culture-specific features. The first group includes conclusive statements, reference to other people’s work, introduction of aims, procedures and advanced organisers, reference to common knowledge, terminology, theory engagement of the audience in the argumentation, methodology, procedures, and data analysis; the other contains back/self-reference, reference to previous personal/common experience, focusing, expression of personal view, exemplification, and introduction of terminology. Examples from both these groups have been attested in the current sample.

2.4 Referential behaviour

Referential behaviour of nineteenth-century scientific (medical) authors has been the subject of a number of studies. Gunnarsson (2009: 70) points to the nineteenth-century authors’ general tendency to cite and assess other scientists’ research. Salager-Meyer (1999) draws attention to the presence of verbatim quotes, as well as general and specific references, the latter being relatively imprecise, for example “Mr. Walter Beer, the celebrated oculist, last house physician, of Vienna, ...” (1823), testifying to the fact that the scientific communities during that time were small and that individual researchers knew each other well (1999: 300). This was due to the “individually and privately based non-specialised medicine” of those times, as explained in Salager-Meyer – Zambrano (2001: 161). Other authors of the time, though,

were more precise when referring to particular sources, for instance: "Mr. J. Ronald Martin, in his excellent work 'The Influence of Tropical Climates,' ... (1816)". These results were also confirmed by Zabielska (2018) in her study of ophthalmological case reports from the period, in which different types of references to individual physicians – with an exact location and particular sources – were identified.

2.5 Patient's presence

With regard to patient's presence, the model adopted for analysis is that developed by Zabielska (2014), in which the textual representation of patients in the professional medical text may be studied, specifying particular linguistic resources and their co-texts. In the model, textual references to the treated person are divided into direct and indirect forms. The former group includes nouns ("patient", "man") as well as pronouns – personal ("she", "he") and possessive ("her", "his") ones, whereas the latter contains body parts ("arm"), organs ("kidney"), etc., as well as the term "case". It should also be noted that the use of the words in the latter group allows the author to draw attention to different aspects of the patient's condition or management. From a different angle, the above-given reference options can be divided into those referring to the whole person (Wade – Halligan 2004: 1400) ("girl", "she") or part-references, pointing to particular body parts, organs, or aspects of the patient's health ("woman's", "his"). The character of patient's presence can also be affected by the sentential function of the patient's referring expression – i.e. subject, verbal object, or prepositional object, which contributes to different arrangements of communicative accents in a sentence, either foregrounding the sentential subject/object or the complement of a preposition (Givon 1990: 137-138; Halliday 1994: 75). The latter case can be encountered, for instance, in phrases such as "in the patient" (see the examples in § 4.2.3 below) emphasising the medical procedure carried out on/in the patient, which exemplifies the container metaphor (Lakoff – Johnson 1980) portraying the patient as a container/vessel. Finally, it should be mentioned that it is possible to discuss a patient's medical issues without referring to him/her at the level of the text, thus achieving the effect of depersonalisation (cf. § 4.2.3 below). Such examples were also identified in the above-mentioned study of case reports in ophthalmology (Zabielska 2018), i.e. the patient's perspective (the patient as the main focus of sentential attention), patient as location ("in the patient"), depersonalisation, and reference by means of the word "case".

2.6 Research to date

In a broader sense, the nineteenth century has been researched variously as a period in the development of scientific writing in general and medical discourse in particular. Regarding the former, Atkinson (1996) focused on – among many other things – perspective, while Valle (1997) on structure and homogeneity. Regarding the latter, Skelton (1997) studied hedging, Gunnarsson (2009) examined perspective as well as authorial identity and evaluation, while Salager-Meyer (1999) investigated criticism and Salager-Meyer – Zambrano (2001) rhetoric.

As regards case reports, the nineteenth century was a time when recording cases became a regular practice (Rylance 2006). Nineteenth-century case reports have received a measure of attention so far, in both synchronic or diachronic studies, some focusing on a particular medical area and others on a selected aspect of their discourse. With respect to a given medical field, Nowell-Smith (1995) examined reports in gynaecology, Berkenkotter (2008) in psychiatry, and Zabielska (2018) in ophthalmology. While the first study was synchronic, the latter two along with Salager-Meyer – Alcaraz Ariza's (2013), Salager-Meyer et al.'s (2013), and Taavitsainen – Pahta's (2000) contributions were diachronic in nature, spanning the period between 1840-2009 and comparing texts from the nineteenth and twentieth centuries respectively, both representing different areas of medicine. Additionally, an overview of the development of case reporting in medicine is offered by Hurwitz (2006) and Nissen – Wynn (2014a), with the latter emphasising the role of Freud in its development. Apart from those, Rylance (2006) offers some observations on nineteenth-century narratives in a more general and literary sense, which is also a key characteristic of Hurwitz's (2006) study. Aspect-wise, a number of discursive features have been investigated in the above-mentioned studies, including: titling and authorship (Salager-Meyer – Alcaraz Ariza 2013; Salager-Meyer et al. 2013), narration and perspective (Taavitsainen – Pahta 2000), authorial persona (Nowell-Smith 1995; Zabielska 2018), references (Zabielska 2018), and patient presentation (Hurwitz 2006; Rylance 2006; Zabielska 2018).

These studies demonstrate some significant differences between the reports under examination and the ones from the seventeenth and eighteenth centuries. While in the earlier period they also addressed a general audience, and thus focused more on patients' accounts and tended to highlight sensational content (Hurwitz 2006), the ones from the nineteenth century belonged rather to scholarly communication, touched

upon particular topics and had a defined purpose (Valle 1997). In greater detail, the scholars emphasise the rather subjective character of nineteenth-century case reports. Taavitsainen and Pahta point to their double narration, i.e. the writer’s first person narration (see also Nowell-Smith 1995 and Skelton 1997: 52) and the patient’s third-person account, taking his/her symptoms to the fore (Taavitsainen – Pahta 2000: 63-64). With respect to authorial persona, in this case doctor(s), the direction of the development of the genre was from one pole to the other, namely from involved, author-centred and narrative-like to informational, object-centred and abstract (Atkinson 2001: 61-63). While Atkinson (2001) studied scientific papers derived from the *Philosophical Transactions of the Royal Society of London* in the period between 1675 and 1975, a similar trend is observed by Taavitsainen (2011) in medical case reports between 1375 and 1700; however, she also compares her results with modern case reports. Regarding referential behaviour, the reports contain verbatim quotes, as well as general and specific references (Salager-Meyer 1999), which was confirmed also by Zabielska (2018) in the study of the nineteenth-century case reports from ophthalmology. Additionally, Atkinson (1996: 348) emphasises their attention to detail. Another novel feature of nineteenth-century case reports was titling, featuring the name of a disease (Nowell-Smith 1995: 54). Additionally, the author stresses the relatively impersonal character of the reports, which is achieved through the use of passive voice (1995: 85).

3. Methodological background

The present research is grounded in the “wide-angle” research approach to historical texts, which aims to address a number of levels of analysis (cf. Berkenkotter 2009). At the macro-level, the texts under examination need to be presented against their cultural and historical backdrop, taking into consideration medical case-related practices in which these texts were embedded, which additionally reflect the intellectual climate of that period. This has been effectively demonstrated by Bazerman (1988), who proposed the concept of “thought styles”. These are particular modes of reasoning which are followed in scientific communication and communication about science, and which are reflected in subsequent texts (Taavitsainen 2014). According to Taavitsainen (2014), they are essential to “the process by which meaning is produced, e.g. how scientific doctrines are understood and acted upon. “What is more, the relation between these doctrines and particular

text-types is dialogic, because the evolution of doctrines directly affects the evolution of genres, which are seen as “dynamic systems” responding to the “[s]ociocultural needs of communities of practice/discourse communities” (Taavitsainen 2014). At the micro-level, lexical, grammatical and syntactic elements are considered (Berkenkotter 2009: 13) requiring “a close reading of the text in order to provide insight into its organisation and construction” (Phillips – Hardy 2002: 22), relating particular linguistic choices to their co- and contexts. In this way researchers can conduct synchronic studies of particular texts of a given period with respect to the milieu in which they functioned, but they can also subsequently compare them with their equivalents from other periods to obtain a diachronic view and determine the direction of linguistic change in “genres as its loci” (Taavitsainen 2014). This line of reasoning, derived from the broader historical socio-pragmatic approach to genres (Culpeper et al. 2008), was adopted by Berkenkotter (2009) in her meticulous study of the development and significance of case histories in psychiatry, in which she not only analysed written historical cases but also delved into more modern texts authored by psychiatrists and conducted interviews with them. This allowed her to examine the final product – the outcome of particular meaning-making practices in psychiatry – and also to tap into the actual process, i.e. modes of reasoning characteristic of this profession.

4. Analysis

4.1 Data and methods

The sample for the analysis below consists of one hundred and eight case reports from the professional *British Medical Journal*. It first appeared on 3 October 1840 as the *Provincial Medical and Surgical Journal* and became known for high-quality research as well as for novel case reports. The main objective upon its establishment was the development of medical professionals and promotion of medical knowledge (Batrip 1990). The process of selecting articles began with a manual search of the texts on the journal’s website through typing the phrase “case report” in the search engine, a phrase appearing in almost all analysed texts, which was established in preliminary reading. Ultimately, electronic versions of the articles were downloaded from the journal’s website. With reference to the time frame studied, since the aim of the paper was to study the discourse of nineteenth-century case reports,

the results were narrowed down to the relevant period. The earliest texts available online from the period were published between 1865 and 1870, their length ranges from a quarter of a page to four pages and they cover a variety of medical areas. Title-wise, they follow a rather limited number of combinations, consisting of the name of a disease and accompanying symptoms (a feature characteristic of the reports of this century, Nowell-Smith 1995: 54), occasionally of additional patient features, and usually including the word "case": *On a case of...*, *the case of...*, *report of a case of...*, *note on a case in which...*, *notes on...*, *remarks on...*, *disease in (a patient)...*, *on (disease or condition), ...with observations*. What can also be observed is rather frequent use of the construction *in ... (a patient)*, which exemplifies the container metaphor (Lakoff – Johnson 1980), an element also relatively frequently employed in modern medical case reports (Zabielska 2014). Some titles tend to be relatively descriptive: "A case of ascites, accompanied with ovarian disease, in which paracentesis abdominis was performed fifty-five times" (B44); "Case of phosphatic calculus in the male bladder, with a nucleus of bone: Probably a sequestrum detached from the innominate bone" (B41). The publications in general are not structured, but some of them contain a section entitled "remarks" (visible also at the title level), which can be seen as an equivalent of the discussion section in modern case reports.

In the following analysis, four discursive aspects of the sample at hand will be touched upon, namely authorial persona, referential behaviour, patient's presence, and the themes related to the developments in the medical practice of the period. In the case of authorial persona, the classification adopted will be Vassileva's (1998) (cf. § 2.3 above); with reference to patient's presence, it will be Zabielska's (2014) approach to patient imaging (cf. § 2.5 above), while in the case of themes the definition proposed by Braun – Clarke (2006) will be utilised.

4.2 Results and discussion

4.2.1 Authorial persona

What can be immediately observed is the evident visibility of the author through the use of the 1st person singular pronoun "I", as well as his clearly expressed views and precise descriptions. The former element is termed in Vassileva's (1998) classification as the EXPRESSION OF PERSONAL VIEW (1), where the author openly shares his opinion about the case discussed. Other author-related roles can be ADVANCED ORGANISER of the content presented (2); FOCUSING I, which is similar to the previous role, but more

precise and used only as metatext to limit some thought, idea described (Vassileva 1998: 170) (3); SELF-REFERENCE is used only to draw attention to the author (4); and finally PERMISSION (5), which, according to Vassileva (1988: 172), is characteristic of English and is exemplified in the phrase “let me[us]”:

- (1) *So far as I know* [PERSONAL VIEW], only eight cases of this particular lesion have hitherto been observed during life. B5
- (2) On another occasion *I should begin* [ADVANCED ORGANISER] with a drachm dose in sugar and water every half-hour till sleep *ensued*, and then *continue* drachm doses by the mouth every twelve hours (or half a drachm every six hours) regularly. B11
- (3) At present, *I restrict myself* [FOCUSING I] to averring that we know of no other disease capable of producing a secondary dicrotism, the trace of which exceeds in altitude a primary one. B1
- (4) *As I have already stated* [SELF REFERENCE], the mother never manifested a trace of syphilis, either locally or constitutionally, during either of her pregnancies. B79
- (5) Having now accounted for the disease in the child, *let us* [PERMISSION] turn to the wet-nurse. B79

Another group of authorial references is of a more descriptive nature with respect to the cases presented, in which the author offers precise information regarding the execution of treatment [METHODOLOGY/PROCEDURES] (6 and 7) and also refers to particular terminology [REFERENCE TO TERMINOLOGY] (8) as well as his professional experience [PREVIOUS PERSONAL EXPERIENCE] (9), with the last instance bearing some features of the author-related examples of authorial presence.

- (6) My son gave chloroform, *I made pressure* [METHODOLOGY] upon the subclavian artery where it passes over the first rib, by means of a large door-key well padded with lint. B58
- (7) From the hopeless condition of the patient, and the little chance there was of her long surviving, unless something was at once done, *I suggested* [PROCEDURES] removing the tumour. B45

- (8) We cannot doubt that this force is adequate to produce the *secondary dicrotic wave*, or, as we might term [REFERENCE TO TERMINOLOGY] it, the *tricrotism*. B1
- (9) *Since then I have operated seven times* [PERSONAL PREVIOUS EXPERIENCE]; in all twenty-eight operations of tracheotomy, with the result of ten cures. B14

This group of references also constitutes a textual representation of the changes that medical practice was undergoing at the time. As has been already observed in § 2.1, above, the introduction of new diagnostic methods, as well as increasing medical expertise were reflected in the publications in the form of precise descriptions of bodily changes and particular procedures carried out. It should also be noted that, following Vassileva's (1998) classification, both groups of references discussed, i.e. author-related and more descriptive, include culture-specific and common instances of authorial presence.

Additionally, the combination of the first person pronoun and particular verbs, the evident presentation of the author's views, can also be observed in the choice of particular lexis to describe the matter, in this case exceptionally subjective, referring mainly to the patient's condition. It can be expressed by means of adjectives (10 and 11) as well as a particular metaphor (12):

- (10) This *unfortunate individual* was found, after an abstinence of eighteen days, in a grave which he had digged for himself in a wood. B3
- (11) M.B., aged 16, *an intelligent and delicately constructed, but otherwise healthy girl*, was seized with *violent bleeding of the nose, and so weakened* thereby as to be compelled to keep her bed. B3
- (12) Her body was *wasted to such a degree that she resembled a living skeleton*. B3

4.2.2 Referential behaviour

Similarly to the studies discussed in § 2.6 above, in the current sample, referential behaviour seems comparable and testifies to the fact that the very mentioning of an author's surname is presumed as enough for the readers to identify him (cf. Salager-Meyer 1999; Zabielska 2018). In the selected instances below, one may observe: a reference only to the author (title plus surname) and where he is based (13), a variation of this in (14), where the journal publication is mentioned, yet without any further details, in (15)

the book publication including the title, and, finally, in (16) a rather rare reference is made to a lecture as the source. Further, this excerpt includes a verbatim quote, which has been identified as a characteristic feature of reports of the period at hand by Salager-Meyer (1999) and by Zabielska (2018). Also worth noting is the authors' presence and subjectivity in these excerpts, which draw attention even to the fact that a particular publication was read by him (13) and his explicit expression of admiration for another author's intellectual abilities (17).

- (13) *Having read a paper on this disease written by the late Dr. Spence of Lerwick, I had no difficulty in diagnosing the presence of the larva of the CestrusBovis, and, cutting down upon the above-mentioned hard substance, I ejected the intruder.* B50
- (14) *THE article in a late number of the JOURNAL by Dr. J. Turnbull, on chorea, has brought forward a subject, on which much has been written, and yet no very precise information rendered respecting the pathology or the treatment of the disease, on both which our knowledge is painfully defective.* B12
- (15) (...) but I believe it will be found to be due, not so much to a morbid condition of the blood, or a defective state of the capillaries (*Miller's System of Surgery, p. 231*), as to some lesion or loss of energy of the organic nervous centres, induced; sometimes by blood-poisoning. B54
- (16) And to go on quoting from *Dr. Markham's lecture*, "What other remedy do we know of under the sun which is capable of producing off-hand, then and there, such great results in such formidable disease." And yet phrenitis is not an inflammatory disease, "in the course of, or out of which, arise impediments to the play of the heart and lungs." B106
- (17) Such a possibility suggested itself to *the ingenious mind of M. Marey*; but the circumstances of his case did not afford means of proof; B1

4.2.3 Patient's presence

In the current sample, a patient's textual presence is marked in a two-fold way. Firstly, it can be marked by direct quotations in quotation marks, where the patient's exact words are seen by the doctor as worth sharing, possibly deemed as best expressing the communicated ideas (18 and 19), or by reported speech, while still attempting to convey the patient's viewpoint

via particular verbs ("complain" in 19 and 21 as well as "burn" in 21), nouns ("pain" in 19, 21, 24 and 25, "sufferings" in 22, as well as "sickness" and "restlessness" in 25), and adjectives ("gnawing" in 19, "great" in 21, "relieved" in 23, and "worse" and "distressing" in 25), expressing the patient's experience of illness. In (24), what particularly draws attention is the very detailed and evaluative description of the patient's condition, which points to the evident subjectivity on the part of the author, who seems to wish to express his sympathy towards the treated. The instances of patients' exact words and of reported speech as well as subjectivity were also identified in the eighteenth-century case reports by Lehto – Taavitsainen (2019) and by Zabielska (2018) in the reports from ophthalmology (only short verbatim quotes). In the case of the former study, these were not only words but also patient's letters to the editor recounting their health problems and requesting advice, patients' testimonies and texts authored by doctors who at some point happened to be patients too. What is more, recent developments of the genre seem to refer to this aspect in the formats where doctors' reports are complemented by sections featuring 1st-person accounts by patients (*interactive* case reports) or offer exchanges between patients and their doctors (*narrative- and evidence based* case reports, Żelazowska-Sobczyk – Zabielska 2016).

- (18) *He said, "Don't give me anything, it will make me go raving mad."* B26
- (19) *She complained of "gnawing pain" in the bones of the back, hips, and thighs.* B42
- (20) (...) *although a strong-minded woman (to use her own words), she could not get the glare of the rabbit's eyes out of her thoughts (...)* B101
- (21) *He complained of great pain at the root of his penis and in his rectum, and said that the few drops of urine he passed felt as if they burned him.* B8
- (22) *His sufferings were very great; he had not been able to work for many months.* B13
- (23) *On recovering consciousness, however, he said he was much relieved.* B25
- (24) *He was a thin, withered old man, looked anxious, and complained much of pain about and across the abdomen.* B91

- (25) Twelve hours afterwards (7 P.M.), he was *worse; the pain, sickness, and restlessness were most distressing*. B107

In the following group of examples, one deals with instances where the reference is still to the whole person of the patient, and not, for instance, to his/her particular body part or element of treatment, but evidently, sentential emphasis is redirected to a particular medical aspect that is found “in” the patient. As has already been alluded to in § 2.5 above, such phrasing is an example of the container metaphor, which contributes to the image of a patient as a vessel, with an in/out orientation and where sometimes this threshold is crossed by the doctor.

- (26) I have collected the only instances that I can find recorded of the existence of aneurism *in patients* under the age of 21. B4
- (27) This case may claim some attention from the rarity of enchondroma *in so young a child*. B105

The redirection of attention, however, can go even further when the author no longer focuses on the entire patient – as has been the case in the examples so far – but instead wishes to concentrate on a chosen body-part, aspect of diagnosis or treatment. Therefore, while in instances such as “the patient was thin”, “he complained of” or “in patients” one is dealing with whole-references, the examples below illustrate part references, in which both “his gums” (28) and “the kidney” (29) metonymically stand for the patient. Yet, it needs to be noted that although in (28) only the possessive pronoun marks the patient’s presence more prominently, in the second example, only “the” organ is present. Such instances were also identified in the eighteenth-century case reports by Lehto – Taavitsainen (2019).

- (28) *His gums* howed the blue line of plumbism common in his trade. His first symptoms were characteristic pains in the back and belly. B1
- (29) In this case, no other *organ of the body* was found diseased *the right kidney*, was healthy. B36

Reference to the patient by means of the word “case” can be considered as an even more depersonalising strategy. Although nowadays the argument against referring to patients as cases has received significant support (Kline 2008; Antic et al. 2013: 428; Joubert – Rogers 2015: 34), this practice can be

observed in the late nineteenth-century case reports, and while in (31) the word refers to an individual instance of a disease in a patient ("her case"), in (30) the word refers explicitly to the patient, as the case eventually "died".

(30) *The second case was bled sparingly, and died.* The third case was largely bled; coma was not continuous, and perfect consciousness returned in twelve hours. B97

(31) *With Dr. Habershon's permission, I communicate the following notes of her case, which were taken by Mr. Wilson Eager, the clinical clerk.* B102

The last instance of patient's presence is lowest on the scale of patient's visibility, i.e. is the most depersonalised, and this is where an account of symptoms as well as diagnostic and treatment procedures are described, but with no textual reference to the patient. Here, the reader may have the impression that particular experiences are narrated about, or that an instructive text about particular medical management is offered, in both cases as if outside the patient's milieu. In the examples below, (32) features a description of a particular mental state of the patient as described by the doctor, (33) presents some bodily changes and symptoms, while (34 and 35) give accounts of procedures carried on the patients. The effect of the impersonal character of the latter two examples is achieved through the use of the passive voice, similarly to the instances identified by Nowell-Smith (1995) in gynaecological case reports of the same period.

(32) This feeling at times increased until, as on one occasion when I was present, tears ran down the face, and faint sounds of suppressed sobbing showed the alteration in the mental vision, and the removal of the "angels ever bright and fair" from the world in which the poor creature existed. B3

(33) There was considerable edema of the legs and thighs, with some ascites. There was short frequent cough and somewhat abundant expectoration of a liquid albuminous matter, mostly airless, mixed with a little froth and a few specks of blood. B5

(34) With great difficulty, in consequence of the rigid state of the jaws, a tube was passed into the oesophagus; and, by the aid of *the stomach-pump*, a quantity of warm water was injected, which returned clear and of apple green colour. B56

- (35) In the fourth of the following cases, the bones were removed without being detached from each other, and their extremities were found united together by fibrous bands. B30

Finally, in order to obtain a more complete picture of a patient's presence than individual sentences might generally offer, a longer passage describing a particular patient was examined to parse how the narration of a particular case progresses discursively. As can be seen below, the presence of the patient is marked visibly at the very beginning of the text with whole-references ("patient", "she"), drawing sentential emphasis to the treated person and, as the text progresses, the references change to particular aspects of the patient's condition, i.e. "secretion" or "breathing", standing on their own, only to return full sentential attention to the patient again at the end of the text. Such patient imaging has also been found in modern case reports in larger stretches of texts (Murawska 2014; Zabielska 2014).

- (36) Dr. Tindal and I continued to visit *the little patient* daily; but during the first three days *she* was indebted for safety and comfort to the continuous attendance of a number of my senior students, who kindly volunteered their services; so that at no time during day or night was *she* without a skilled assistant at *her* bedside. It is a most important part of the after-treatment to keep the tube clear of any secretion which may be couched up into it. Fortunately, the disease seemed to be checked; for the secretion, instead of becoming viscid, assumed a more fluid consistence, so that it could be readily removed with a feather. The iodide of potassium was continued for two days. *The patient* was nourished with beef-tea, and after the second day with more solid food. Steam was introduced within the bed-curtains by a tube attached to the spout of a kettle which was kept boiling on the fire; and it was noticed that, when any slight difficulty of breathing through the tube occurred, an increase in the amount of steam soon relieved it. The tube was removed on the fourth day; when the respiration was found to be quite free, all symptoms of the disease having passed off. *She* continued to improve daily after the removal of the tube, breathing, eating, and sleeping in a natural way. B14

4.2.4 Themes related to the development of medical practice

As defined by Braun – Clarke (2006: 82), a theme "represents some level of patterned response or meaning within the data set [...], identify[ing] and systematis[ing] elements repeating in at least some of the examples" and

these can be broadly understood stories, interviews, etc. Since case reports can generally be viewed as stories about single patients with interesting cases of given diseases, they can also yield themselves easily to such an analysis. The overarching theme of the excerpts studied in this paper is the developing medicine of the nineteenth century, within which smaller themes can be identified, i.e. the presence of new diagnostic tools (see below), etc. Furthermore, changes in medical discourse – e.g. changing the foci of attention – resulted in more detailed descriptions of smaller and smaller fragments of the patient's body and frequent patient depersonalisation (cf. 33-35 above). This can be connected to greater diagnostic possibilities (i.e. via tools, such as the stethoscope) which made it possible to inspect more, thus contributing to the textual presence of certain accounts of bodily changes marking particular dysfunctions.

Like the reference to pieces of equipment in (34) above, references to particular diagnostic tools are present in (37) and (38) below:

(37) *The instrument did two things.* It detected the minor dicrotism (B), and it gave a faithful and permanent record of that and of the major dicrotism (c). B1

(38) *The ophthalmoscope shows* the optic disc to be of a manifestly whitish colour, and its arteries extremely attenuated. B43

The very fact that certain procedures are presented in detail testifies to the new possibilities that became available in medicine during the period. With reference to the already discussed changes in medical discourse (cf. § 2.1 above), since medical knowledge was developing rapidly – partly thanks to the already mentioned diagnostic tools which allowed practitioners to inspect (i.e. hear and see) more – the publications became more detailed, also at the level of vocabulary, e.g. (28) and (33-35). This aspect, however, is not present in the numerous instances of the author's subjective comments, nor in the descriptions – which is the primary feature of the data analysed herein – where what is narrated about is not what was observed but what was believed to be the case, e.g. (20 and 21) and (32) above.

5. Discussion

The aim of the present paper has been to investigate the discourse of the late nineteenth-century case reports published in the *British Medical Journal*. The sample was approached from the perspective of wide-angle,

qualitative analysis and grounded more generally in the historical socio-pragmatic approach which views genres as dynamic entities subject to constant modification, reflecting the changes in the milieu in which the texts function. The results show that the themes appearing in the examined texts and the very nature of the descriptions offered in the reports illustrate the changes medicine was undergoing in the nineteenth century, i.e. new diagnostic and treatment possibilities. Consequently, what was available (visible, audible) to the doctor became narrated about, which additionally testifies to the changes at the level of medical reasoning and thus at the level of discourse. At the same time, despite the innovative thematic elements, the study demonstrates the evidently subjective character of the discourse of case reporting of the nineteenth century, which was ascertained in the case reports from the previous centuries (Smith 1860: 587). This can be observed in such aspects as authorial persona, patient's presence, and referential behaviour, with the case report authors drawing attention to their own personas as well as availing themselves of expressing personal comments about patients' conditions and about other authors, all of which have been confirmed in previous studies. Additionally, in comparison to more modern case reports, the texts still do not display a rigid structure, yet a significant level of depersonalisation in the descriptions of patients, typical of the present-day discourse about the patient, can be noted as well, which points to the fact that the doctors' ability to inspect more seemed to have affected their narration about the treated.

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