

R.W. McConchie

*Lexicography and Physicke: The Record of Sixteenth-Century English Medical Terminology.* Oxford Studies in Lexicography and Lexicology. Oxford: Clarendon Press, 1997. Pp.ix, 448. ISBN 0-19-823630-1.

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Can we call Roderick McConchie's *Lexicography and Physicke* a labor of love? By its sheer weight of reference, its close detail work, as well as its lucid explanatory style, this book represents the kind of beneficial academic spadework that serendipity can inspire. In this case McConchie, in the midst of a different project, found the *Oxford English Dictionary's* treatment of the history and use of the medical lexicon inadequate and inaccurate. But McConchie's book does more than simply correct the *OED*. He surveys the situation of sixteenth century medical texts, asserting that "from about 1560 there is a spectacular increase in the scope and sophistication of vernacular medical texts, and therefore in the amount of terminology put into use, a fact which in itself must have had a standardizing influence, as the competing terminologies were sifted for their relevance and adaptability" (93). As McConchie so ably demonstrates, medical terminology provides a way to examine the interrelations between lexicon and Early Modern society. Indeed, lexicon and social patterns must be treated in tandem, McConchie argues, even if their intersections remain, regrettably, understudied and undertheorized, despite new and powerful ways to attend to these issues.

Unlike a number of critics treating the Early Modern period, McConchie has acquainted himself with the medieval medical lexicon and medieval medical books, primarily through the work of Linda Voigts. At the same time, McConchie's allegiances show in his choice of printed books: he treats the Early Modern as a separate category, while at the same time hoping to establish a "new model for the science of these times" (9). Most importantly, McConchie shifts his audience's attitudes toward medicine and literacy by disrupting a progressivist paradigm: he challenges the idea of "separate lexicons," and shows that a number of quite common words, like "loose", have their first recorded instance in mid-sixteenth-century medical texts (197). That we can best (or at least initially) appreciate these changes to our historical and cultural thinking at the level of vocabulary warms the lexicographer's heart.

McConchie recognizes his challenges: he must set out his issues for at least two audiences. He must address those with an interest in the medical lexicon, such as historians and literary critics, as

well as those interested in lexicography as a discipline, since this book was published in the Oxford Studies in Lexicography and Lexicology series. For both of these groups McConchie begins his argument with the

issue of English's adequacy for medical use. Through his exploration of the "inadequacy trope" and its implications, both groups can follow his assertions as he builds his argument about lexicography and "physicke."

McConchie's book presents its argument and evidence in essentially two parts: a seven-chapter, richly detailed historical-literary thesis (pages 1 to 222) and three appendixes (together totaling some 196 pages). The seven argumentative chapters themselves fall roughly into two parts: Chapters 1 through 3 introduce the historical argument, and Chapters 4 through 7 aim at lexicography and, eventually, the *OED*. McConchie's book, in both its argument and its exhaustive appendixes, goes a long way towards clarifying our historical understanding of hundreds of words from the medical lexicon. But, in order to convince his audience, as well as to put to rest a number of misprisions about the English medical lexicon, he must dispel some misinformation about the adequacy of English for the medical lexicon.

In his first chapter, McConchie introduces larger issues of the meaning and interpretation of vocabulary itself, pointing out our assumptions about the ways vocabulary works, and the way dictionaries, in their seeming transparency, ostensibly evoke historical experience. From there, in Chapter 2, his discussion treats evidence from some twenty-two Early Modern authors whose texts have been recognized as medical in nature, and who have often been characterized as denigrating English as a language inadequate to the task of medical use and definition. McConchie debunks the scholarly commonplace. His close reading of Sir Thomas Elyot's *The castell of helthe* (1541), as well as the work of Elyot's early sixteenth-century contemporaries (like John Bannister and George Baker, heretofore used to demonstrate the sixteenth century's attitude toward English's inadequacy in the realm of "physicke"), shows that contemporary texts do not denigrate English; rather, some accord English high praise, in fact, for its medical terminology. If English as a language actually does receive comment, the authors have other concerns in mind. About Elyot McConchie writes "the actual criticism [of English medical terms] concerned his rank and what was a fit occupation for it, while his comment on the ire of physicians is anticipatory" (25): in this, as in all other cases, English's inadequacy is not the point. McConchie provides convincing details to show that, far from decrying the English language's paucity, mid-sixteenth-century medical writers use and argue in favor of English's medical terminology. One prime example is the work of John Jones (fl. 1565-1580), who considers his company Chaucer, Gower, Surrey, Dee, Fox, and Holinshead (44) and writes "In fyne, if the mother tongue be most meete for hir own children, and easyest to be vnderstanded, then this in our own, you will affirme, is not to bee abandoned" (40). McConchie shows that texts that really do lament the state of English's medical terminology appear later than previous scholars have proposed--very late sixteenth, and early seventeenth century--and that these laments have more to do with other shifts in England--attitudes towards professionalism and elite vocabulary, humanist efforts to eradicate whatever smacks of the medieval--rather than a paucity of English medical terminology.

In Chapter 3 McConchie invents a term, "encyst," to denote words that, while repeatedly attested by contemporary references, remain only partially naturalized. One example McConchie provides is the word [http://www.as.uni-hd.de/prolepsis/00\\_4\\_bis.html](http://www.as.uni-hd.de/prolepsis/00_4_bis.html)

"larynx": it appears in numerous English texts, evidently needing no explanation, and in fact the English compound "voicebox" is first attested only in 1912 (77). Another example: the word "empiric" which, while bereft of its Latin endings, fails to undergo the kinds of vowel or consonantal shifts expected from thoroughly Englished words. McConchie offers that encypts, although part of the English lexicon, become de-familiarized (reacquainted with their Latin endings, for instance) in later texts that wish to present them as new, for the reasons he had outlined in Chapter 2, such as humanism's desire to define its terms as new and Latinate. McConchie calls this process "re-alienation," and cites a number of examples, including the word "empiric" which Robert Bostocke (1585), writing in the late sixteenth century, makes into *empiricus*. These examples make sense when we keep in mind McConchie's thesis about the wider social and educational forces at play in the sixteenth century and their manipulation at the hands of those establishing more than a medical lexicon.

His analysis of these attitudes in the first part of his discussion makes McConchie's book compelling. McConchie does not treat the medical lexicon, or any lexicon for that matter, as separate from other cultural meanings, such as the meaning of literacy, or the meaning of medicine. His points depend on the "nature of the lexicalization of concepts" which includes metaphoric substitutions, descriptions and periphrasis, neologism, and borrowing and calques (1), as well as noting that the bars to English's use for medicine are not lexicographical or linguistic, but educational and social (Chapter 2). One could have wished more in the way of social or educational information on "reading" in these chapters, especially when McConchie implies a medical hierarchy similar to the modern one and treats physicians with the kind of unifying idiom which he decries in the early editors of the *OED*. The professionalism of doctors and surgeons in sixteenth-century England is unlike that of modern medicine: rather, Early Modern medicine is peopled by many kinds of healers, some of whom used, and perhaps produced, English books. Indeed, it is possible that the shift from early- to late-sixteenth and early-seventeenth century attitudes towards English's adequacy (the result, McConchie asserts, of humanism's efforts to eradicate the "medieval") are part of a wider social program trying to expand distinctions between "healers" and doctors in order to ratify a new doctorly professionalism. Some more attention on McConchie's part to the question of audience--at times said to be other physicians, at other times apothecaries and others (83)--would make the social and historical dimension of his book even more compelling.

In the second part of his discussion, after having treated twenty-two sixteenth century texts and their authors, McConchie analyzes in detail thirteen Early Modern printed texts and their treatment in the *OED*. McConchie pleads for more research of this sort in order to make the *OED*, in whatever electronic or print guise it appears, more accurate and compelling for the things it can teach us about history, lexicons, and the interrelations among the social, linguistic, and literary academic enterprises.

With Chapter 4 McConchie moves into the second part of his seven-chapter thesis and gets down to the business of the *OED*'s work with and presentation of the medical lexicon. This chapter is primarily concerned with sixteenth-century Latin-English and English-English dictionaries, themselves not specialized

in treating only medical words: for example, John Bulloker (c. 1580-c. 1641) announces his aim at "diuers termes of art, proper to the learned in Logicke, Philosophy, Law, Physicke, Astronomie, &c, yea and Diuinities it selfe, best knowne to the seuerall professors thereof" (112). Essentially, McConchie points out how the *OED* relied on these English-English dictionaries, themselves following the "hard words" principle, while it was the Latin-English dictionaries which more fully affected medical vocabulary and its uses. "The early monolingual dictionaries therefore offer little insight into the resources of contemporary medical terminology, having tended either to avoid it or to deal with it unsystematically, both tendencies being sufficiently clear in spite of the small scope of the works involved" (115).

In Chapter 5 McConchie explains his methodology--the thirteen primary texts on which he focuses, and what he did with them--with an eye towards the changes that could be wrought through computer-based and/or computerized comparisons. Only through a computerized data-base approach could McConchie compare every word in his thirteen texts with every word in the *OED*. In a subsequent chapter he outlines how he did computerize two of his thirteen texts in order to perform a computer-based comparison, a task made possible through the computerized *OED*; in Chapter 5, however, he is more interested in detailing his thirteen texts and pointing out some practices, such as the ways various forms of a word are treated, that, because the computerized *OED* continues to follow them, make a comparison of this sort difficult. He sees computerized comparisons as steps towards accuracy, but believes that using theoretical analyses of the socio-historical matrix to inform methodology makes as great a difference in our understanding of medical lexicography as computerized analyses.

In Chapter 6 McConchie gets to the object of his book: to focus our attention on the material he has assembled in his appendixes for what they imply for his and future work on the medical lexicon-- its exclusivity or generality, its size--and on the *OED*, the influence of which cannot be discounted. Chapter 7 adds some of the particular historical background of the *OED*'s creation. McConchie spent time in the *OED* archives, sorting through note cards and entry slips, trying to get a handle on how medical texts were read for the dictionary. With the *Middle English Dictionary* as his model, McConchie argues for "development and change in the processes of research" (183) away from late-century grandiosity and a false idiom of completeness. McConchie's analysis of the *OED*'s creation reveals a detective's subtlety and investigative powers (it's no surprise that academics like mystery novels). But McConchie's serious points never get lost or abandoned: he wants to see the medical lexicon treated with the importance and accuracy it deserves.

McConchie's appendixes--"An Alphabetical List by author of the Data Excerpted," "Graphs of the lengths of Antedatings by Author," and "Medical Antedatings"-- accomplish a number of tasks. As a lexicographer sensitive to history, McConchie keeps the historical situation firmly in front of his reader by keying his appendixes to bold-type words in his seven chapters. In the age of computer-oriented lexicography, he puts in our hands a reader-friendly reference work which updates the *OED* in this significant area. Anyone who works on Early Modern printed books, especially ones connected to "physicke" in its widest sense, and those who work on later texts as well, must now consult McConchie in order to avoid the lexical pitfalls he

outlines. McConchie is correct when he states that more work needs to be done, but his book has certainly added a great deal to our understanding of the sixteenth-century medical lexicon and the ways it has been misunderstood and abused.

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