STYLISTIC PATTERNS IN 16TH AND 17TH C. MEDICAL RECIPES HISTORICAL STYLISTIC ANALYSIS FROM A COGNITIVE LINGUISTIC PERSPECTIVE

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Abstract

The stylistic analysis of historical records of everyday language use is yet to gain ground in Hungarian linguistics. This paper aims to redress the situation by an exploration of stylistic patterns in 16th and 17th century medical recipes. A key premise of my research is the view that genres evoke frames (or scripts) referencing individual and socio-cultural aspects of the text's production as well as features of linguistic construal.

The goals of the paper are threefold. Firstly, it addresses some general issues of the cognitive pragmatic approach to historical stylistics. Secondly, it aims to establish the genre as a basis for the study of stylistic variability. Finally and most importantly, it presents stylistic patterns as sets of co-occurring choices in construal, as they are found in 16th and 17th c. medical recipes. At the centre of this investigation will be the interpersonal relation between speaker and addressee(s), and the socio-cultural context of their discourse.

Keywords: historical stylistics, scientific vs. everyday stylistic patterns, genre, script, discourse community, discourse pattern, discourse domain, norm compliance, medical recipe

1. Introduction

In Hungarian historical linguistics, texts are typically regarded as products, or bodies of linguistic data for the study of various layers of grammar. The processual nature of these texts, and the communicative factors of their production and interpretation rarely move into the spotlight of attention (cf. Maitz–Molnár 2001). By contrast, the present research is built on the thesis that the basic linguistic and communicative forces operating today were also in place in the past (cf. Romaine 1987/1988: 1454). Thus, historical texts can be regarded, on the one hand, as achievements of individual minds, and on the other, as products of linguistic activity shaped by the shared conventions and knowledge of a community, and the overall socio-cultural context, being no different from today's texts in these respects (cf. Tolcsvai Nagy 2006: 67). Since the linguistic activity behind historical texts is only indirectly accessible, the study of these records must include an attempt at the fullest possible reconstruction of the underlying communicative processes, with regard to both production and interpretation. Especially useful for these purposes are the notions of discourse domain (Taavitsainen–Jucker 2010: 5) and genre (cf. Kocsány 2002; Kohnen 2004; Taavitsainen 2001a; Tolcsvai Nagy 2006), which provide a framework for analysing the features of typical speech situations.

In this paper, I explore stylistic patterns in 16th and 17th c. medical communication (the discourse domain of medication) through the genre of recipes. The study will focus on three manuscripts from the era and recipes for headache from a printed remedy book, and subject them to a systematic analysis on all levels of the texts. The theoretical background for the investigation is provided by the cognitive pragmatic interpretation of style.

The structure of the paper is determined by the goals specified above. In particular, the present introductory section (1) will be followed by a general discussion of historical stylistics, with special regard to the role of genres (2). Section 3 will then present the corpus for the study. As stylistic analysis focuses on the functioning of language, particular attention will be paid to the discourse domain and discourse communities of 16th and 17th c. medication, as well as the schema of recipes setting the scene for the exploration of medical discourse (4). Subsequently, the collected recipes for headache will receive a thorough analysis. A chief concern will be to determine the authors' attitudes to conventionalized discourse patterns, to the expectations of addressees, and to their own communicative goals; and further, to see how they are construing their interpersonal relations with the addressees. With all these factors in mind, I will establish a few characteristic stylistic patterns of 16th and 17th c. medical texts (5), and finally provide a summary of the results (6).

2. Stylistics, style and genre – a cognitive pragmatic approach

The research reported here takes the cognitive approach to language and style as its point of departure. This approach primarily focuses on the functioning of language, its central question being how meanings are generated and shared by communication. A crucial aspect of meaning generation is construal, i.e. our ability to process the same situation from alternate perspectives, in a variety of ways (cf. Labov 1972; Finegan 1985; Langacker 1987; Sanders–Spooren 1997; Tolcsvai Nagy 2004). Construal is thus also the key to the study of linguistic variability and style.[1] By construing a fragment of the world around us in particular ways (depending on our goals, knowledge, the communicative context, etc.), we are able to generate a range of different social and stylistic meanings. This process is driven by the discourse participants and their tendency to adapt to each other (cf. Tátrai 2011: 45–50, and Tátrai, this volume).

From a cognitive perspective, style is not a secondary or subsidiary element of meaning. Rather, it is an integral part of the discourse participants' meaning generation, in which "what", "how" and "with what goal" are closely intertwined (Sandig 1995: 28; see Tátrai and Tolcsvai Nagy, this volume). Style permeates all levels of the text, including what Tolcsvai Nagy (1996) calls its micro, meso and macro levels, pertaining (roughly) to interclausal (e.g. coreferential) relations, paragraph-length sections, and still higher-order organization, respectively. Knowledge of style is an important facet of one's command of a language. It is stored in the form of abstracted schemas called **style types**, and activated in discourse as demanded by the speaker's communicative goals. Style types are flexible categories, they are typically culture-specific, and may change relatively rapidly over history as a function

[1] 'Social and stylistic variation presuppose the option of saying "the same thing" in several different ways: that is, the variants are identical in reference or truth value, but opposed in their social and/or stylistic significance' (Labov 1972: 271).

of socio-cultural factors (Tolcsvai Nagy 2005: 39–41). Furthermore, it can be observed that particular varieties of style may differ in their degrees of routinization, salience, and conventionality. This latter aspect links up style with the evolution of traditions in a speech community, and the emergence of schematic communicative patterns (**genres**) associated with particular speech situations (cf. Szabó 1999; Taavitsainen 2001a; Tolcsvai Nagy 2005).

Remarkably, genres are often bound up with stylistic patterns, norms and expectations based on the intentions and linguistic routines of the interlocutors. However, genres and style types cannot be equated, since a given genre may be elaborated by varying style types, as the present study will also demonstrate (cf. Tolcsvai Nagy 1996: 122; see also Hámori, this volume, and Tátrai, this volume). Genres can be regarded as typical schematic conceptual and linguistic construals of a speech situation or of a complex fragment of the world (Tolcsvai Nagy 2006: 67), which nevertheless allow for a wide range of socio-culturally determined elaborations (stylistic construals) of the same world fragment.

Genres do not exist a priori and for their own sake; rather, they are created by the social communicative demands of a speech community. Therefore, they form part of the knowledge of both the community and the individual (Kocsány 2006: 20–21). The cognitive patterns of genres are activated in discourse under specific contextual circumstances. During activation, highly conventionalized patterns of a genre may be elaborated to different extents and in different ways, depending on the intentions and background knowledge of the interlocutors as well as other socio-cultural factors. It is in this linguistic elaboration where style comes to play a central role.

This paper explores characteristic stylistic patterns of 16th and 17th c. medical recipes. The framework for the analysis is provided by the script of the genre in question (cf. Nothdurft 1986: 93–94). The study places special emphasis on the attitude of the speaker to the conventionalized discourse patterns, and on how the interpersonal relation between speaker and addressee(s) is elaborated with respect to norms as orientating schemas. Among the socio-cultural factors of style, the domains of attitude, situation, and value will be especially significant (cf. Tolcsvai Nagy, this volume, and Tátrai, this volume).

In the era under study, the discourse domain of medication was divided into professional communication on the one hand, and a kind of popular(izing) discourse reaching a broader spectrum of society on the other. The use of Hungarian was strongly tied to the latter, which required that the author adapt to his wide readership of lay people when sharing information on healing. However, texts are highly varied in terms of how the author puts conventionalized discourse patterns to use, and how he is construing his knowledge of healing and his interpersonal relation to the addressees.

My observations suggest the prevalence of two basic stylistic patterns in 16th and 17th c. Hungarian medical recipes, in close correlation with socio-cultural factors: **scientific/professional** and **everyday**. These cannot be neatly separated, since their difference is scalar in character and their properties can only be defined relative to one another (cf. Figure 1). The two schemas are not viewed here as a priori given; rather, they are inferred on the basis of a systematic multi-level analysis of texts, all related to the same illness (headache).

The research represents an attempt at analysing historical texts and their stylistic features from the perspective of the functioning of language. It is framed by the study of genres and discourse domains, inviting a pragmatic perspective and reliance on text typology. In what follows, I will first describe the data for my research, then discuss the discourse communi-

ties of medication in the era under investigation, as well as the social and cultural factors figuring centrally in the study of stylistic patterns.

3. The data for the research

The research is based on a thematic compilation of 155 recipes (5513 words), taken from three manuscripts and a printed remedy book.[2] The genre and the common theme of the recipes (headache) make it possible to study subtle differences in meaning generation within a specific kind of speech situation. Before outlining the main features of the four sources, it is important to note what this small body of texts does not allow one to study. Firstly, the texts in question primarily discuss therapies, hence some characteristic features of recipes related to plasters, herbs, or phlebotomyare absent. Secondly, the four medical texts and the compilation of recipes for headache do not allow for a complete description of certain functional components of recipes. For example, no general conclusion can be drawn about strategies of persuasion. Thirdly, the recipes for headaches are not representative of the larger texts from which they are selected. A different choice of illness would produce both qualitatively and quantitatively different results.

When selecting sources, I took into account their date of creation and the type of medical writings. Two pairs of works date from approximately the same time. Two works have in common that they are comprehensive remedy books on ailments and cures of the body, while the remaining two manuscripts are both compilations of recipes for everyday use (cf. Table 1).

***Ars Medica* (around 1577) – AM** author: György Váradi Lencsés (high-ranking paymaster) type of medical writing: remedy book recipes for headache: 3003 words in 68 recipes	**Pax Corporis (1690, 1695) – PC** author: Ferenc Pápai Páriz (doctor) type of medical writing: remedy book recipes for headache: 926 words in 23 recipes
***Orvoskönyv lovak orvoslása* [Medical book for curing horses] (before 1619) – Orvk.** author: János Török (unknown) type of medical writing: recipe collection recipes for headache: 570 words in 29 recipes	***Medicusi és borbélyi mesterség* [Medical and barber profession] (1668–1703) – Medbor.** author: György Becskereki Váradi Szabó (unknown) type of medical writing: recipe collection recipes for headache: 1014 words in 35 recipes

Table 1. Data of medical texts

I assume that the above criteria (date of creation and type of the medical text) enhance the relevance of comparison, and also make for a suitable basis of presenting characteristic patterns of professional and everyday style. In particular, remedy books are typically produced by learned authors, and directed at more or less well-trained healers. Hence, they are likely to

[2] This paper marks the continuation of previous research, which provided a textual typology of Hungarian medical recipes based on a corpus of more than 10.000 recipes (cf. Kuna 2011). In keeping with the small size of selected texts, the study uses predominantly quantitative methods to highlight stylistic tendencies. The results can serve as a basis for future quantitative research. In compiling the data, I worked with later editions of the original texts (for details, see in Kuna 2012).

display a more scientific character.[3] By contrast, recipe collections come from less educated authors or scribes, and they are aimed at society at large, serving an everyday purpose (cf. 4.). Importantly, though, the analysis of the texts below will not take the scientific vs. everyday opposition as a point of departure. Instead, I will first present the linguistic features of each text, then use typical co-occurrences and the known socio-cultural variables of style to discover characteristic tendencies of the two stylistic patterns (cf. **5.**). A key part of the enterprise is to come to an understanding of the context of medication in the era under study, including the associated text tradition, features of the discourse communities participating in healing, and the socio-cultural environment. In what follows, these will be addressed in turn.

4. Socio-cultural factors and discourse communities of 16th and 17th c. Hungarian medication

Medication in Hungary in the 16th and 17th century under study was characterized by a high degree of heterogeneity. While the traditions of Antique and Arabic medicine lingered on, folk healing also played a remarkable role, usually drawing on personal experiences and beliefs or superstitions. In addition, the influence of organized religion ought not to be overlooked (Benke 2007). Significantly, healing belonged to the spheres of both science and everyday practice, with the latter engaging a broad spectrum of society. This, along with the spread of Humanism and Reformation as well as printing technology, led to an increasing share of medical texts written in the vernacular language rather than Latin. Concomitantly, medical discourse was broadening in scope, reaching new lay men and women, with strong repercussions for the associated text tradition, including the stylistic features of medical recipes. A similar process is well documented in other languages and cultures as well (Taavitsainen–Pahta 2004).

The above trends gave rise to a functional split between *ars* and *vulgus*: Latin continued to dominate scientific and professional communication, whereas the vernacular language assumed a central role in the popular spread of information. However, this is not to say that the two domains were completely separate. Comprehensive medical writings appearing in Hungarian were usually based on foreign (and more scientific) sources; as a result, several classical discourse patterns found their way (in a more or less modified form) into vernacular medical communication.

The use of the vernacular brings a number of socio-culturally determined stylistic changes in its wake. Most importantly, the speaker[4] tends to simplify knowledge representations, adapting to the expectations of the addressees. This affects all levels of the texts, including the packaging of information, degree of explicitness, length, the use and explanation of special terminology, the adoption of Latinate discourse patterns, etc. Moreover, it can be observed that the speaker tends to construe his[5] interpersonal relationship with the addressee(s) and the social status of the interlocutors differently. Naturally, this correlates strongly with

[3] As there are no surviving, scientifically intended treatises among Hungarian medical language records, longer pieces of writing from trained doctors serve as the touchstone of the style and changes of more or less scientific medical discourse.

[4] In this paper, the terms *author* and *speaker* are used interchangeably. I prefer the notion addressee to that of recipient, as the latter would allow too broad an interpretation (including present-day readers of the recipes). By contrast, *addressee* profiles the narrower group that the texts under study were aimed at.

[5] *He* refers to a general healer (he or she) according to the convention.

the professional vs. everyday nature of the interaction. To reach a better understanding of these factors, we need to look at the layered structures of both healing and the associated text tradition, which together define the discourse domains behind the texts to be investigated.

In Figure 1, I have given a visual representation of the layered structures of healing and medical texts (in other words, the discourse domains of medication) in 16th and 17th c. Hungary, along with directions of communication. In addition, the figure also highlights how these factors relate to scientific and everyday language use, thus illustrating the main features of the socio-cultural background to medication and medical communication. Since the elements in the figure will play a central role in the stylistic analyses of section 5, I will now discuss them in detail.

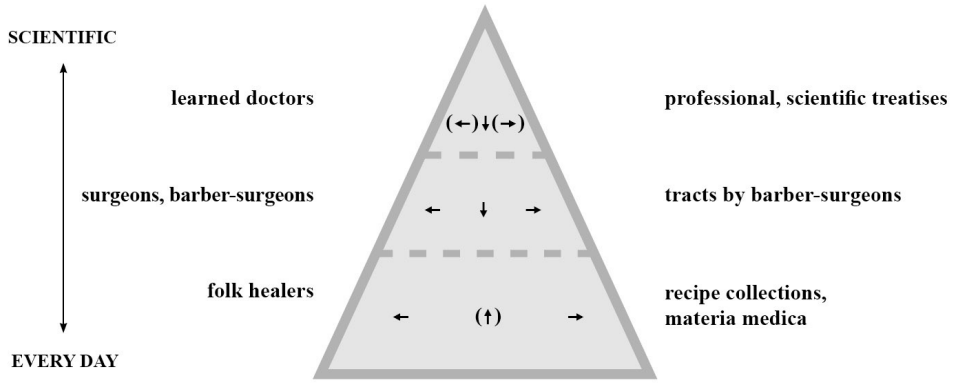

Figure 1: Correlations between the layered structures of medication and medical communication in 16th and 17th c. Hungary

As Figure 1 shows, the narrowest and best educated segment is represented by a low number of doctors and pharmacists, who typically work in royal courts and major cities. This is followed by the guilds of surgeons and barber-surgeons who attend to wounds and injuries, perform phlebotomy, or apply cupping therapy in a broader segment of society. The largest "mass" of people is catered for by folk healers possessing more or less professional knowledge. Belonging here are midwives, herbalists, wise-women, tooth extractors, etc. (cf. Hoppál 1990; R. Várkonyi 1990). The layers of course cannot be neatly separated.

The layered structure of healers correlates strongly with that of the text tradition of the era (for a related point on the English medical text tradition, see Taavitsainen–Pahta 2004: 14–15). The typical documents of professional medicine are treatises and tracts written, apart from a few exceptions, in Latin. The professional standard of Hungarian texts varies considerably. As Szlatky (1980: 131) points out, "in both printed texts and manuscripts, the use of Hungarian […] is more than a selected mode of exposition; it has a bearing on the content as well. The choice of Hungarian reflects either the author's lower level of education (lack of familiarity with Latin), or his conscious effort at 'popularization'." Therefore, vernacularization contributes significantly to the simplification of professional texts, to the higher engagement of laymen and to the diversification of levels of "service." All of this has broad implications for discourse structure and the variables at macro, meso and micro levels alike (cf. 5.).

Variation in the professional standard of Hungarian texts greatly depends on who wrote them for whom and for what purpose. Hence, selection and adaptation (Tátrai 2011: 45–50), as well as attitude to conventionalized patterns, play a predominant role. The highest standard is achieved by remedy books addressing all ailments of the body, which generally follow traditional discourse patterns (as do AM and PC). Their authors[6] are typically highly educated, and their primary addressees are literate healers working among the people (top–down communication; see the arrows in Figure 1). Correspondingly, several features of professional communication can be observed here. At the same time, though, in line with the aim of popularization, the language of these remedy books tends to be fairly simple.

Also included in professional communication are the surgeons' tracts on phlebotomy, wound healing and the preparation of plasters. These typically belong to sideways communication, i.e. they are aimed at fellow surgeons, although the texts may also be used by healers working among the people. It is important to note that surgeons' tracts often contain recipes of various kinds; and conversely, remedy books and recipe collections for everyday use also frequently include information about surgery. This follows partly from the way these texts were distributed, copied and translated, and partly from the layered structure of medication discussed above. Furthermore, it reinforces the point that the layers involved are not independent; rather, they can be best interpreted in relation to one another.

Medical writings reaching the broadest spectrum of society are recipe collections for everyday use, with recipes detailing therapies, the effects of herbs, and instructions for preparing plasters, etc. Moreover, it is not uncommon for these writings to include, in addition to medical recipes, information about household chores such as cooking, gardening, the curing of animals, and beekeeping. They are typically produced by compilation, translation and copying, and have little in the way of a unifying principle. Here again it is important to remark, though, that the professional standard of these compilations may vary greatly with authors, depending on the quality of their sources and that of the translation. The key feature of these collections is that they serve practical purposes. Occasionally, they are to be found as parts of diary notes. Generally they are produced in the lower and wider segment of society, distributed by copying, and used on a daily basis. The authors come from a more educated, literate layer of society, whereas the addressees represent the people at large. The recipe collections mostly give evidence of sideways communication (cf. the arrows in Figure 1). This is also manifested in the fact that the texts often address the patient herself rather than a healer (self-healing, cf. 5.2.; 5.4.). These factors strongly influence the language of the recipe collections as well (cf. 5.2.; 5.4.).

To conclude, the Hungarian discourse domains of medication in the era under investigation show a highly varied picture. The authors are literate persons with varied skills and knowledge. Addressees are even more heterogeneous, with remedy books aimed primarily at healers who are able to read. Surgeons' tracts are directed especially at fellow surgeons versed in phlebotomy, the healing of wounds and the preparation of plasters. Finally, recipe collections serve the widest spectrum of society, including healers and the patients themselves. Each level is characterized by a different degree of professionalism, which can best be captured as a continuum from scientific to everyday communication. It is important to note, however, that the layers and directions of communication discussed above cannot be

[6] With regard to the era under investigation, authorship has a broader meaning than usual. It includes not only authors in the strict sense but also translators, copiers, and the creators of compilations.

neatly separated; rather, they are closely intertwined. Hence, each level features the mixing and skewing of the above tendencies to a certain extent. The same can also be said about the relationship between scientific and everyday communication, whose direction is not exclusively top-down, only typically so. The contact between the two spheres is more complex than suggested above, which also manifests itself in linguistic construal (cf. 5.), to be demonstrated by the analysis of medical recipes. This genre provides a suitable framework for the study of style, as it is present at all levels of the medical text tradition. Before turning to the specifics of the analysis, I will first present the basic properties of recipes in the era.

4.1. Hungarian medical recipes in the 16th and 17th centuries

Medical recipes represent one of the oldest genres of the medical text tradition, in which several ancient therapies, tips, descriptions of herbs and medicines as well as records of superstitious beliefs have been preserved (Hunt 1990).[7] The continuity of this long evolving tradition also demonstrates the important role attached to the genre in medication (*the notion of social relevance*, Heinemann 2000: 520). However, recipes have had varied functions over the ages in several languages and cultures. Thus, in the 16th and 17th centuries, their sphere of use extended much beyond their current domain restricted to professional doctor-pharmacist interactions. So much so that in many cases, recipes give us a rare insight into early physician-patient communication.

Recipes from the era under study can be assigned to thematic groups linked to particular communicative contexts, which show varying degrees of standardization (cf. Hunt 1990; Stannard 1982; Taavitsainen 2001b). For the purposes of the present study, therapeutic recipes are the most significant, which provide tips for curing a disease. Of the remaining categories, recipes about herbs and plasters display a range of conventional features. In what follows, I will limit the scope of the analysis to factors relevant for the ensuing stylistic investigation (for more on Hungarian recipes, see Kuna 2008, 2011).

The central concept of recipes as a basic level genre is USEFULNESS,[8] elaborated in various ways by particular subtypes and text tokens, mostly associated with instructions for performing an action ('this is how you should do it'). Recipe as a discourse is a scene of joint attention in which the author employs linguistic symbols to direct the addressee's attention to ways of doing something useful for a third person or herself (cf. Tátrai 2011: 31). Hence, the three main participant roles defined by the script of recipes are as follows: the speaker possessing knowledge (prototypically marked by 1SG), a healing person (prototypically marked by 2SG), and a patient (prototypically in 3SG). Recipes attach a central role to both KNOWLEDGE and ACTION (Croft 1994: 470), as manifested in the knowledge representations and elaborations of interpersonal relations found in the genre.

The concept of USEFULNESS is typically accessed by conventionalized patterns, subject to a high degree of thematic and linguistic variability. This affects in particular the packaging of information in the recipes and the linguistic expression of specific functions. Recipes contain pieces of information (Fachinformationen; vö. Stannard 1982: 60–65) which typically occur in them, although not obligatorily so. Their arrangement can vary; however, a clear communicative or text-build-

[7] The present research is based primarily on Hungarian recipes. However, the features of similar English and German texts, as well as the results of the corresponding specialized literature, have also been taken into account.

[8] Conceptual spheres such as USEFULNESS are marked by small caps, in line with the tradition of cognitive linguistics.

ing strategy can be observed which is characterized by chronological sequencing (Taavitsainen 2001b: 98). Recipes in several languages in early medical writings tend to include the following kinds of information. First, they begin with a title-like element (heading/rubric/title) activating the conceptual domain of a particular disease or herb. This is typically followed by information on ingredients, either in a separate list or in the running text. Concomitantly, quantities (with measures) and any necessary tools are also specified. Next is the method of preparation, followed by information on doses, and finally a closure for the purposes of justification, motivation, or persuasion (for details, see Hunt 1990: 16–24; Stannard 1982: 60–65). These pieces of information are prototypically organized into three functionally grounded structural units. Specifically, the texts begin with an initiator (corresponding to the heading). Second is the section for instructions, detailing the ingredients, methods and circumstances of preparation, and the tools required for the process. This part performs the main function of the recipe, viz. instruction, with strong implications for the shaping and construal of interpersonal relations as well. Finally, recipes often end with an act of persuasion highlighting the efficacy of the cure, creating a positive attitude, and profiling emotions beyond the sphere of knowledge (for details, see Kuna 2008, 2011).

The elaboration of these functional units correlates strongly with issues of style, studied in the next section on the basis of a small thematic collection of illustrative texts.

5. Style types, stylistic patterns in recipes for headache

The four works mentioned above (cf. 3.) will be analysed by the same criteria, most of which are motivated by socio-cultural factors. Special attention will be paid to the knowledge representation of the speaker and his construal of his interpersonal relationship with the addressee, i.e. the domains of situation and attitude (cf. Tátrai, this volume). A further crucial point will be to assess the speaker's disposition or attitude to the conventionalized patterns of medical discourse; in other words, his degree of compliance with schemas, traditions, and norms (cf. Tolcsvai Nagy, this volume). In addition, specific elements of the script (frame) of recipes will be discussed, including the linguistic representation of the author, the healer and the patient; the types and relative frequency of instructions[9]; the modes of representing knowledge; and finally, the contribution of factors specific to 16th and 17th c. medication. Furthermore, I will examine what types or patterns of style emerge from the stylistic potential inherent in the above. My key concerns include the variable of situation, the speaker's efforts at adapting to the addressees, and thus also the issue of interpersonal distance.

5.1. *Ars Medica* (around 1577)

Ars Medica continues the tradition of Classical medicine in several respects, e.g. by moving from head to toe in its exposition of diseases. Headache is thus addressed in the first book. The condition receives a highly differentiated description, as the general introductory section is followed by a discussion of eleven different types of headache, with a special treatment recommended for children. As a general feature of textual structure, each recipe begins with a title-like initiator activating the conceptual domain of a particular kind of headache (e.g. *Újon-*

[9] My quantitative data only yield approximate results due to the limited size of the text collection. Only a larger corpus would warrant general conclusions.

nan való főfájásról 'On renewed headache', *Hévségről való főfájásról* 'On headache caused by heat'). In the part selected for analysis, there is only one instance in which the target group of patients is profiled instead of the condition itself (*Gyermekcsének* 'For a small child'). The initiator is typically followed by a descriptive section in which the signs and symptoms of the condition are detailed. Next is the instructive part, usually divided into 1) recommendations for food and drink, as well as general lessons, and 2) recipes addressed to a healer. The two parts display a marked difference in many aspects of linguistic construal (cf. 5.1.2., 5.1.3.). The reader's understanding of the text is aided by margin glosses and indices. Moreover, it can be noted that there is a unified theory behind the description and curing of diseases. This is provided by humoral pathology, going back to scholastic traditions, which holds that the proportion of the four humours (blood, saliva, black bile and yellow bile) determines one's health (cf. Duin–Sutcliffe 1992). Accordingly, curing tools and therapies may be hot, dry, cold or wet.

To conclude, the author of *Ars Medica* consistently follows the patterns established by scholastic medicine. His work gives evidence of a conscious text-building strategy, and a unified theoretical background. Such macro level factors have broad repercussions for constural at meso and micro levels as well. In the sections below, I will analyse all levels in more detail. The two parts of the texts mentioned above will be addressed separately. Since my main goal here is to analyse instructions, descriptive sections will only receive a few general remarks.

5.1.1. Descriptive parts

The discussion of each headache type begins with a description of the signs, causes and symptoms of the condition. One salient feature of these mid-sized textual units is the high frequency of nominal expressions, e.g. *az nedvességeknek tele voltától* '[caused] by the saturation of humours' (AM 1.); *elménék gyakorlatossággal való megháborodásitól* '[caused] by the disturbance of the mind due to work' (AM 5.); *az orrából való felette sok takonynak a kiszármazása* 'the exit of a lot of snot from the nose' (AM 6.) stb.

5.1.2. Instructive part – food, drink, lessons

The description of deseases is generally followed by suggestions on food and drink as well as the drawing of general lessons. The order of these, however, can vary. In the relevant parts of my data, I have investigated the linguistic representation of instructions, their frequencies and roles, with special regard to what they tell us about the author, the addressee (healer) and the patient, as well as their interpersonal relations. This study has yielded a total of 109 instructions. The proportion and distribution of these are presented below in Table 2.

The linguistic representation of instruction	**All instructions/ number of occurrences**	**Percentage**	**Example**
instructions anchored to a person			
2SG imperative form	109/11	10.15%	*adjad* 'give' (AM 2.); *kössed* 'tie' (AM 4.)

3SG imperative form	109/48	44%	*járjon* 'walk-IMP.-SG3', *éljen* 'live -IMP.-SG3 [with sg]', *igyék* 'drink-IMP.-SG3' (AM 10.)
other type of 2SG instruction	109/3	2.75%	*kened* 'you spread', *csinálod* 'you do that'(AM 3.)
other type of 3SG instruction	109/2	1.85%	*dolgok ne essenek* 'things should not happen' (AM 5.); *megeheti* 'he/she may eat it' (AM 11.)
impersonal instructions			
kell 'must' + infinitive	109/17	15.6%	*el kell távoztatni* 'it must be removed'; *meleg helyen kell lenni* 'one must stay in a warm place' (AM 4.)
jó 'good'/*hasznos* 'useful' + infinitive or noun	109/15	13.75%	*alvás is jó* 'sleeping is good' (AM 4.); *meleg fürdő is hasznos* 'a hot bath is also useful' (AM 4.)
legyen 'be-IMP-3SG'	109/9	8.25%	*ital penig víz legyen* 'as for the drink, it should be water' (AM 2.)
-ván/-vén 'after V-ing'	109/1	0.9%	*melegítvén* 'after heating it' (AM 2.)
passive	109/3	2.75%	*távoztassék* 'remove-PASS-IMP-3SG' (AM 5.); *megüresítessék* ' empty-PASS-IMP-3SG' (AM 7.)

Table 2: Linguistic representations of instructions and their relative frequency in the parts of *Ars Medica* discussing food, drink, and lessons

As the table shows, instructions are elaborated in the text in either of two ways: anchored to a person, or with an impersonal construction. In sections about food, drink, and lessons, the linguistic representation of instructions displays a high degree of variability. Third person singular forms in imperative mood have the largest share (44%); their function is to express what the patient is required to do. These are thus indirect commands directed at the patient. The imperative verb forms found in the section under study tend to be semantically different from those appearing in the section on medicines (cf. 5.1.3.). There are a low number of second person singular forms addressing the healer (10.15%). By contrast, impersonal instructions are highly frequent (41.25% in total). These patterns often profile the circumstances of healing (*-ván/-vén* 'after V-ing', *vmi vmilyen legyen* 'something should be so and so'), NECESSITY (*kell* 'must' + infinitive, *szükséges* 'necessary') or USEFULNESS (*hasznos* 'useful', *jó* 'good').

In instructive parts about food and drink, the speaker emphasizes the role of the patient; it is this participant whose tasks and behaviour are highlighted. In addition to the instructive patterns reviewed above, his person is also evoked by other verbal and nominal structures, primarily those related to the disease or a body part. Note, for instance, the use of verbal person/number suffixes (imperative forms; *innia* 'for him to drink' AM 2.), possessive suffixes (*álmából* 'from his dream' AM 2.), pronominal reference (*magát* 'himself' AM 2., 9.; *az kin*

vagyon 'on whom there is' AM 10.), and finally, names of body parts (*fejet* 'head-ACC' AM 3.) and diseases (*az ilyen főfájó* 'such a one suffering from headache' AM 5., 6.). It is important to emphasize again that the healer and the patient are typically not the same person.[10] Apart from instructions directed at him, the healer is also profiled in many cases in his relationship with the author. This is characterized by a knowledge-based hierarchy; e.g. *Ezt jól eszedbe vegyed, hogy az hideg főfájást mindenkor meleggel kössed és kenjed* 'This you should note carefully, that you must always cure cold headache with hot compress and poultice' (AM 4.).

The author appears not only implicitly in his relationship with the healer but also explicitly on several occasions. This is typically associated with the marking of metapragmatic awareness, and with references being made to other parts of the book (saying, writing, referring). In the sections about headache, the author is represented by exclusive 'we' (Tátrai 2011: 132), which results from the use of a source and the translation strategy being adopted.[11] At the same time, it also betrays something about the knowledge representation typical of the time, which reinforces a knowledge-based hierarchy rather than joint action with the healer (cf. scientific thought-styles Taavitsainen 1994, 1995; Taavitsainen–Pahta 1995). The author only shares a community with those at the same level of knowledge: *Kikről ide alább egyéb helyeken megemlékeztünk* 'Of whom we have made mention here in other places' (AM 6.).

In conclusion, a key feature of the instructive part is that it assigns a central role to the patient: his disease, tasks, and the circumstances of healing receive special attention. The relationship between the author and the healer is also elaborated at various levels, which correlates strongly with the author's representation of knowledge and his text-building strategy. Also noteworthy is the significant variability of instructions. On the one hand, this results from the function of the instructive part (presenting the tasks to be performed by the patient as well as the appropriate circumstances). On the other, it may also reflect the fact that instructions of this kind show a lesser degree of conventionalization; they are not arranged into a genre to the same extent as recipes are.

In the text collection for headache, *Ars Medica* is the only text containing an instructive part about the tasks of the patients. In part, this indicates that the speaker accepts and follows the patterns of his source regarding the structure of the text. At the same time, however, it also implies the author's ability to pass on in-depth professional knowledge about healing. In the following section, I will turn to the features of recipes listed under the label "medicines".

5.1.3. Instructive part – recipes

In the 12 texts on headache taken from *Ars Medica*, there are 68 recipes in total (1356 words). These are often to be found under the labels *orvosságok* 'medicines' or *orvosságai* 'its medicines'. In my study of recipes I have paid special attention to the representation of instructions, the profiling of the patient and the healer, the explanations provided by the author, and various circumstances of the healing process (its result and related attempts at persuasion; when and how something needs to be applied, etc.).

[10] The persons of patient and healer are only identical in the introduction before recipes for headache, and in recipe no. 11. The recipe in question addresses drunkenness, i.e. it bears on the treatment of an "everyday" type of headache.

[11] In the book as a whole, various other modes of representing the 'I' can also be found. However, of the markers of metapragmatic awareness, the type represented by *írtuk* 'we wrote' and *mondtuk* 'we said' is the most frequent.

Instructions in recipes are conspicuously different from those in the instructive part discussed above. There is a lower degree of variability, with 2nd person imperatives playing an especially dominant role (see Table 3).

The linguistic representation of instruction	All instructions/ number of occurrences	Percentage	Example
instructions anchored to a person			
2SG imperative form	218/194	89%	*süss* 'bake', *vedd ki* 'take out', *törd meg* 'break', (AM 1.)
impersonal instructions			
kell 'must' + infinitive	218/17	7.8%	*kell indítani* '[one] must start (it)', *kell látni* '[one] must see (it)' (AM 3.)
-ván/-vén 'after V-ing'	218/3	1.4%	*törvén* 'after breaking it' (AM 4.); *megtisztítván* 'after cleaning it' (AM 7.);
jó 'good' + infinitive/noun	218/2	0.9%	*a sárnak kivételére penig igen jó* 'it is very good for the removal of waste', *jó élni* 'it is good to live [with sg]/use [sg]' (AM 9.)
legyen'be-IMP-3SG'	218/1	0.45%	*(összveelegyítvén) legyen ital* 'it should be a drink (after it has been mixed)' (AM 9.)
passive	218/1	0.45%	*kezdessék* 'let it be started' (AM 7.)

Table 3: Linguistic representations of instruction and their relative frequency in *Ars Medica*'s recipes for headache

The data of the table allow us to conclude that instructions in recipes are primarily expressed by 2SG imperative forms, which indicates a high degree of conventionalization (89%). Without exception, the request is addressed to the healer. In addition, the construction *kell* 'must' + infinitive is also relatively popular (7.8%). For example, it repeatedly occurs in descriptions of phlebotomy.

In the context of a hierarchical relationship between author and healer (directive speech acts, deontic modality), the instructions profile the role of the healer. His person is highlighted in several instructions and remarks of the author, with the knowledge-based hierarchy also expressed: *mindezt cselekedjed* 'do all this' (AM 1.); *de ezt mind unos-untalan megújítsad* 'but renew this again and again' (AM 3.). As for the patient, he is represented in recipes in the same way as in other parts of the data, however, the relative frequency of distinct types of representation is different. Whereas in the instructive part about food, drink, and lessons, verbal person suffixes are most frequently used in this function, in recipes, the naming of body parts predominates (with 56 occurrences). In a smaller number of cases, body part names are also supplied with a possessive suffix (18 tokens). As far as other types of representation are concerned, no significant difference shows up in comparison to the preceding instructive part.

Regarding recipes, a further issue worth discussing is the manner (and level of detail) in which the healing process is elaborated. The selected texts from *Ars Medica* have no shortage

of detailed explanations such as *kell penig megvágni az karon való eret, kit cephalicának, azaz főnek erének hínak* 'and one must cut the vessel in the arm which is called *cephalia*, that is, main vessel'. In other cases, however, technical terms are used without explanation, i.e. knowledge of them seems to be presupposed (*trociscosokat csinálj belőle* 'make *trociscos* of them' AM. 1., 2.). Also noteworthy is the fact that recipes often specify measures very precisely, although everyday units of measurements are also widespread (*valami kevés* 'a little', *kicsin sáfrány* 'small saffron' AM 1.). In addition, remarks on the suitable method or circumstances for preparing a medicine or applying a therapy occur relatively frequently, e.g. *mint egy pépet* 'like a pulp', *jól* 'well', *melegen* 'warmly' (AM 1.). Finally, expressions highlighting the result of the therapy and serving a persuasive function are commonly used by the author. This may mean emphasizing the stopping of the disease (*elveszi a főfájást* 'it takes away headache' AM 1.), the success of the cure (*meggyógyítja az fájó fejet* 'it heals the aching head' AM 2.); the tried and tested nature of the method (*ez igen megpróbáltatott* 'this has been thoroughly tested' AM 12.); an immediate positive effect (*azonnal megszűnik a fájdalom* 'the pain will stop at once'); or reference to an authority (*azt írja Galenus, hogy ezzel meggyógyul* 'Galen writes that this will cure [the patient] AM 4.). In most cases, these strategies of persuasion are used in combination (for details, see Kuna 2013).

In conclusion, texts about headache in *Ars Medica* are characterized by varied knowledge representations, and give evidence of the author's carefully implemented text-building strategy. The headings of the 12 passages, each discussing a different type of headache, show a uniform picture (except for the part addressing children's headache, AM 3.). All information is elaborated in sufficient detail. The patient is typically evoked by 3SG imperative verb forms or by the mentioning of the body part to be cured. The schema of self-healing is almost entirely absent (but note the part on drunkenness, cf. AM 11.). Textual clues make it clear that the book is written by an author with professional knowledge, and it is aimed at (more or less) skilled healers, who are prototypically addressed by 2SG forms. The author predominantly appears in his relation to the healer, with a knowledge-based hierarchy defining their roles. Their relationship can be regarded as formal rather than informal in the domain of situation. To a large extent, this is due to the fact that the author strongly adheres to the traditional features of remedy books, and also applies the era's dominant thought-style, which attached a special role to authority (cf. Taavitsainen 1994, 1995). This is clearly shown by the linguistic representation of instructions, deontic modality, methods of healing, and metapragmatic awareness. In contrast to *Pax Corporis* (cf. **5.3.**), *Ars Medica* gives priority to compliance with dominant conventions and norms rather than individual style and adaptation to the addressee. This is reflected at various levels of the text (detailed knowledge representation, consistent use of instructions in recipes, elaboration of a hierarchical relationship, etc.).

5.2. *Orvoskönyv Lovak orvoslása* 'Medical Book, The curing of horses (before 1619)

This recipe collection was created at approximately the same time as *Ars Medica*. Some texts related to headache appear in isolation, with a large distance between them, while others form text colonies, closely following each other (cf. Carrol 2003). There are groups composed of eleven, four, and two recipes, the remaining recipes being scattered throughout the book.[12] The positioning of recipes may follow from the method and time of copying as well as the use of

[12] Text colony of 11: Ork. 855–865.; group of 4: Orvk. 1511–1514.; group of 2: Orvk. 1347–1348.; isolated recipes: Orvk. 1., 34., 58., 161., 342., 372., 418., 449., 1132., 1366., 1466., 1518.

a source text. The handwriting in the manuscript betrays that János Török spent many years compiling the book. This may explain why one recipe appears twice in the collection (cf. Orvk. 418., 1347.). Incidentally, an almost identical text is also included in *Ars Medica* (AM 1.).

The *Medical Book* contains no separate descriptive and instructive sections, only recipes. These are typically short and to the point (cf. (1a), (1b)). Characteristically, they include all three functional units of the genre, viz. the initiator, the instructive part, and a closure for persuasion (1a). Initiators are hardly ever missing, with some recipe groups making an exception. For example, in the group of eleven recipes for headache, the first text is introduced by the initiator *Főfájásról* 'On headache' (Orvk. 855.), then the headings *Jó főfájásról* 'Good for headache' (Orvk. 857) and *hasonlatosképpen* 'in a similar way' (Orvk. 858.) appear. In the remaining texts, however, there is no title-like specification of an illness, only the recipes' consecutive order signals their belonging together. It can be observed, though, that recipe groups often feature the repetition of an initiator, or else the phrases *más* 'another one', *ugyanarról* 'about the same', or *ismét* 'again' indicate thematic continuity (cf. Orvk. 1511–1514.).

The level of elaboration and length of instructive parts may vary. The linguistic construal of instructions is also subject to a high degree of variability, as illustrated by Table 4 below.

The linguistic representation of instruction	All instructions/number of occurrences	Percentage	Example
instructions anchored to a person			
2SG imperative form	74/54	73%	*főzd öszve* 'cook together', *kend meg* 'lubricate it' (Orvk. 58.)
3SG imperative form	74/9	12%	*rakja* 'put-IMP-3SG', *töltsön* 'pour-IMP-3SG', *kösse* 'tie-IMP-3SG' (Orvk. 1513.)
3PL imperative form	74/1	1.4%	*kenjék* 'spread-IMP-3PL' (Orvk. 1366.)
impersonal instructions			
kell 'must' + infinitive	74/5	6.8%	*kell megönteni és [kell] reá kötni* '[one] must pour it on [the patient], and tie it on him (Orvk. 34.)
jó 'good' + infinitive/noun	74/3	4%	*jó, ha orrába csöpögteti* 'it is good if he drips it into the nose' (Orvk. 855.)
-ván/-vén 'after V-ing'	74/1	1.4%	*egybe elegyítvén* 'having mixed them together' (OrvK. 372.)
passive	74/1	1,4%	*megkenettetik* 'is lubricated' (Orvk. 858.)

Table 4: Linguistic representations of instruction and their relative frequency in the *Medical Book*'s recipes for headache

It can be observed that instructions with 2SG imperative forms are the most frequent in the recipes of the *Medical Book* (73%), followed by 3SG imperative forms (12%). Unlike what we find in *Ars Medica*, instructions are not only directed at the healer but also at the patient. Self-healing is conceptualized either by a 2SG imperative form combined with the name of a body part with a 2SG possessive suffix, or the corresponding forms in third person singular (cf. (1a)). Addressing the patient reflects the goal-oriented norm of the speaker to make

KNOWLEDGE and ACTION conducive to healing accessible to ordinary people.

(1a) *Az ki nem alhatik és feje fájna.* Vegye az fejér ürmöt, és levelét törje meg, és vízben főzze meg, es valami szép ruhácskára tegye és kösse az fejére, és nagy fájdalmakat elveszen róla, és nagy gyönyörűséggel altatja. (Orvk. 1.)
'*He who cannot sleep and has headache.* Take [IMP.- 3SG.] white mugwort, crush [IMP.- 3SG.] its leaves, and cook [IMP.- 3SG.] them in water, then put [IMP.- 3SG.] them on some nice cloth and tie [IMP.- 3SG.] them on the head, it will take away great pains, and make him sleep beautifully.' (OrvK. 1.)

Thus, the addressees of recipes can be either healers or the patients themselves. Only rarely does the author appear explicitly, and there are only weak indications of a knowledge-based hierarchy. Therefore, explanations and other similar remarks are absent. The patient is linguistically represented in a way similar to what we find in *Ars Medica* (verbal person suffix, possessive suffix, name of a body part, pronoun). One difference, though, is that names of body parts more frequently occur with a possessive suffix than by themselves. Persuasive closures primarily profile the end of the illness and the result of the therapy (*főfájást eloszt, és alhatik is* 'it dissolves headache, so that he can sleep' Orvk. 1518.). Furthermore, there is a discrepancy in the two texts' level of elaboration. The recipes of the *Medical Book* are in many ways simpler and more concise than those analysed above, with some inconsistencies complicating the picture (which may be a result of copying; cf. Orvk. 34.).

In the recipes of *Ars Medica*, participant roles are carefully specified. The author typically represents knowledge from his own perspective (1SG), although 1PL and 3SG forms may also occur in this function. In such cases, perspectivization or the shifting of perspective is involved (cf. Sanders–Spooren 1997: 88–91; Tátrai 2011: 122). In *Ars Medica*, the addressee is the healer, typically represented by 2SG, while the patient is elaborated by 3SG forms. The same uniform system cannot be found in the *Medical Book*. The appearance of the schema of self-healing makes the most significant difference, often resulting in a change of addressee (functioning as healer) even within the same recipe. I also interpret this as a shift of perspective.

(1b) *Főfájásról*. Jó főfájásról az borostyánnak leve, ha orrában csöpögteti, és azonnal föstöt tesznek orra alá. (Orvk. 855.)
'*On headache.* The juice of ivy is good for headache, when he is dripping it into his nose, and they immediately put smoke under his nose.'

In (1b), the participant roles are ambiguous. The possessive suffix (*orrában* 'in nose-POSS(3SG)'/'in his nose') and the 3SG verbal suffix (*csepegteti* 'drip-3SG-DEF.OBJ'/'He is dripping it') suggest that the patient himself should perform the actions. However, the 3PL verb form *tesznek* 'they are putting' indicates the presence of a separate healer or healers. A similar shift of perspective (with an elliptical structure) can be found in several recipes.

By way of summary, the first thing to note is that the position of the 27 recipes indicates no underlying organizing principle. The texts may appear either in isolation or in groups. They typically begin with an initiator. Instructive parts are short and often elliptic. The addressee may be either the healer or the patient, hence the schema of self-healing is introduced. In many cases,

coreferential relations can be observed whose referents are not (or not fully) established in the text by a proper antecedent (Tolcsvai Nagy 2006: 80). These coreferential relations, elliptical structure, and inconsistencies in perspective are features characteristic of spoken discourse, indicating that a less consistent text-building strategy is applied by the author (cf. Koch–Österreicher 1985). Compared to *Ars Medica*, the style of the *Medical Book* can thus be described as rather informal, featuring approach rather than avoidance in terms of interpersonal movements. At the same time, it is remarkable that almost without exception, all main functional elements of the script of recipes are elaborated, thus the conventionalized patterns of the genre also have a strong influence.

5.3. *Pax Corporis* (1690; 1695)

Pax Corporis adopts the "head to toe" arrangement of recipes, thus headache is addressed at the beginning of the first volume. The theory behind diagnosis and therapy is provided by humoral pathology, which leaves its mark on both the presentation of the causes of particular diseases and on the ensuing recipes. The section under study begins with the title-like initiator *A főfájásról* 'On headache'. This is followed by a summary description of the loci, symptoms and interpretations of various kinds of headache. The recipes, 23 in total, are found under the heading *Orvosságai* 'Its medicines'. Hence, the same text-building strategy is evident in this text as the one observed before in *Ars Medica*.

In the descriptive part, there is a high number of nominal expressions. For example, in the section *Okai* 'Its causes', the following patterns are found: *a terehnek érzése a főben* 'the feeling of burden in the head', *a dobogó fájdalom az élő-erekben vagy artériákban a bőség miatt megtolult igen meleg vértől* 'the pulsating pain in veins or arteries due to the compression of very hot blood caused by its abundance' (Szablyár 1984: 17–18). The instructive part consists entirely of recipes, offering no specific advice on food, drinks or general behaviour. The elaboration of instructions displays a high degree of variability, as demonstrated by Table 5 below.

The linguistic representations of instruction	All instructions/ number of occurrences	Percentage	Example
instructions anchored to a person			
2SG imperative form	78/29	37.1%	*reszelj* 'grind', *törd öszve* 'crush', (PC 4.)
3SG imperative form	78/2	2.6%	*igyék* 'drink-IMP.- 3SG.' (PC 19.); *rágja* 'chew-IMP.- 3SG.' (PC 23.)
3PL imperative form	78/13	16.7%	*égessenek* 'burn-IMP.- 3PL.', *mossák* 'wash-IMP.- 3PL.' (PC 1.)
impersonal instructions			
kell 'must' + infinitive	78/5	6.4%	*eret kell vágatni* 'a vessel must be cut' (PC 9.); *mosni kell* 'it needs washing' (PC. 11., 13.)
-ván/-vén 'after V-ing'	78/11	14.1%	*megtörvén* 'after breaking it', *kifacsarván* 'after squeezing it' (PC 15.)

jó 'good' / *jobb* 'better' / *hasznos* 'useful' + infinitive / noun	78/14	18%	*jó itt kenni* 'it is good to lubricate it here' (PC 17.); *megvágatni igen hasznos* 'it is very useful to have it cut', (PC 8.)
-ás/-és '-ing'+ *szükséges* 'necessary', *használ, segít* 'it helps'	78/4	5.1%	*köpölyözés jól segít* 'cupping helps a lot' (PC 8.); *dörgölés is használ* 'a massage also helps' (PC 19.)

Table 5: Linguistic representations of instruction and their relative frequency in the recipes for headache of *Pax Corporis*

The data in the table clearly shows that 2SG imperative forms also dominate in the recipes of *Pax Corporis* (37.1%), although they are not as frequent as in the previous two texts. The imperative clauses in question are typically directed at the healer. Interestingly, 3SG imperative forms are also relatively frequent (17.1%); they typically appeal to healers in general. While the schema of self-healing is absent, pharmacy and people with related skills do appear in the text (cf. (2)). Furthermore, it can be observed that the performance of particular tasks receives a more careful elaboration. For instance, healers must get someone to perform phlebotomy or to prepare certain medicines rather than undertaking these tasks themselves.

(2) Mindezek mellett igen jó lészen elsőben is valami sárt felyül hánytató orvossággal (vomitoriummal) élni, ahhoz értő emberrel készíttetvén.
'Besides these, it will be very good to begin by using a vomitory medicine, having it prepared beforehand by a skilled person.' (PC 7.)

Impersonal instructions also have a significant share (43.6%). In the section under investigation, the author is only explicitly referred to once by an inclusive 'we' (*nálunk* 'at our place', PC 23.). However, throughout the book, his cooperation with and compassion for healers are manifested several times. The patient is typically evoked by the name of a body part and the associated possessive suffix (*fejét* 'head-POSS(3SG)-ACC.', *homlokát* 'forehead- POSS(3SG)-ACC.', PC 3.). On the other hand, the body part's name by itself is rarely used (*szem* 'eye', PC 10.). In addition, verbal suffixes (*vomitóriummal élhet* 'he may use a vomitory medicine', PC 10.) and metonymic expressions related to the word *ember* 'man' or the disease deserve special mention (*a fájdalmas részre* 'onto the painful part', PC 15.).

Albeit not under separate initiators, many types of headache are discussed in the text, with two recipes devoted to the treatment of child headache (PC 11., 19.). Types are usually introduced by reference to their symptoms, which facilitates understanding. In terms of linguistic elaboration, the *ha–akkor* ('if–then') construction is fairly frequent, where the adverbial subclause expresses temporality and condition, cf. *ha a belső főfájás forróságban vagyon* 'if/when the inside of the head is aching in fever' (PC 2.). Compared to other texts, *Pax Corporis* features a high number of adverbial subclauses of reason and goal, in which the effects of a cure are explained: *eret kell vágatni […], hogy a megtolult vér szabaduljon* 'a vessel must be cut […] so that the compressed blood can free up' (PC 9.). These explanations also address the question of what may or must not be done. Occasionally, clarifying expressions are used, as in *felyül hánytató orvossággal (vomitóriummal)* 'with medicine causing vomiting at the top (with vomitory medicine)' (PC 7.). Despite the conciseness of certain recipes, the methods of preparing or administering a medicine

are always made sufficiently clear by phrases such as *ilyen módon* 'in this manner'*, ecetben* 'in vinegar'*, minden nap egynéhányszor* 'a few times every day'*, gyakorta* 'often' (PC 1.). Circumstances and modes are often expressed by adverbial participles (ending in *-ván/-vén*, see the tables above), closely intertwined with the instructive function of recipes.

The above factors indicate that a knowledge-based hierarchy also obtains between the author and the healer in *Pax Corporis*; however, clarity receives more emphasis. In other words, the book's author adapts himself to a wider range of addressees than was the case with *Ars Medica*. A further interesting feature is the more frequent occurrence of conditional mood, and more generally, a more subtle expression of possibility and necessity (cf. *kaphatod* 'you may get it', PC 2.). Despite the complexity of linguistic construal, the recipes are short and clear, not overloaded with information. In many ways they are similar to the recipe collection reviewed above (cf. **5.2**). The consecutive order of therapies is often explicitly signaled, just as we have seen in recipe groups before (*vagy* 'or', *ismét* 'again', *ugyanazon okon* 'for the same reason', etc.), which cannot be said for *Ars Medica*, for example. However, the texts of *Pax Corporis* are not elliptic, nor do they feature inconsistent shifts of perspective within a given recipe (except for PC 2.). The creation of a positive attitude is given priority here as well, mostly through the elaboration of the concepts GOOD and USEFUL, often in conjunction with an instructive function, cf. *legjobb a főfájásban* 'it is best for headache' (PC 4.); *jól segít* 'it helps well' (PC 8.); *az is használ* 'that also helps' (PC 11.).

It can be concluded that the sections on headache in *Pax Corporis* betray a well-organized textual strategy. The theoretical background of the text is provided by humoral pathology. With regard to instructions, a key tendency is the use of impersonal constructions, which may combine with the function of creating a positive attitude, or with the highlighting of circumstances. The recipes are short and to the point without being elliptic; on the contrary, they include explanations when necessary. Headache is addressed in all its variety, and in a practical-minded way. Hence, symptoms rather than technical terms receive special attention. The author shares his knowledge and experience in an accessible way with those engaged in healing. While the schema of self-healing appears to be missing, there are numerous references to the circumstances of healing (e.g. the need to involve skilled persons). The author of *Pax Corporis* puts a premium on adaptation to the addressees, and on achieving the goals of the remedy book. The concise recipes with the appended explanations contribute significantly to the promotion of the recommended healing practices amongst ordinary people (even the *igyefogyott szegények* 'miserable poor',[13] as they are called in the preface). The adaptive effort of the author is also evident from his use of the inclusive 'we'. At the same time, though, the work also carries the footprint of contemporary medical thought as shared by learned doctors. This is manifested, for example, in the structure of the book, the Latinate expressions being used (and explained), the technical vocabulary, and the elaborate, explicit linguistic forms.

The style of *Pax Corporis* is heterogeneous. On the one hand, the author follows the patterns of remedy books, respects the values of the medical profession, and thus often opts for formal (distancing) stylistic devices. Nevertheless, the author's personal tone is also evident, e.g. when he is paraphrasing something in his own "idiolect", departing from strict translation, or when subtle forms of expressions are used (for signaling possibility or necessity). Also noteworthy is

[13] From the preface of *Pax Corporis* (Szablyár 1984: 15).

the attention the author pays to the expectation norms of the addressees (brevity, clarity, explanations). Occasionally, the relationship between author and addressees is construed by an inclusive 'we', in a way approximating familiar style (compared to other texts in the corpus). The creation of a positive attitude is also prioritized, drawing primarily on emotions. Acts of persuasion are typically expressed by impersonal forms (*jó* 'good' / *hasznos* 'useful' + infinitive). A stylistic analysis therefore demonstrates that despite belonging to the same type of medical writing, *Pax Corporis* places significantly less emphasis on authority and hierarchical relations than *Ars Medica* does. This is probably due to both personal differences in style and changes in patterns of thought which occurred during the hundred years separating the two texts (cf. the notion of scientific thought-style; Taavitsainen 1994, Taavitsainen–Pahta 1995, 1998).

5.4. *Medical and barber profession* (1668–1703)

This recipe collection dates from around the same time as *Pax Corporis*, and the latter was probably one of its sources. There are 35 recipes for headache in total, of which nine are isolated, and the remaining 26 constitute a text colony.[14] No organizing principe or unified theoretical background of the kind we have seen in remedy books can be discerned here. The recipes are typically concise, and include all three prototypical functional units which are characteristic of the genre. Initiators display greater variation than the medical writings analysed so far, cf. *Ha fejed fáj* 'If your head is aching' (Medbor. 121.); *Főfájástól jó igen* 'Very good for headache' (Medbor. 144.); *Más azonról ige[n] jó* 'Another very good one for the same' (Medbor. 500.). These examples demonstrate not only the variability of linguistic construal but also the fact that attempts at creating a positive attitude may occur right at the beginning of recipes. Thus, the two functional units are often conflated. Initiators are not omitted in the recipe group either. They either profile a type of headache (*Az igen nagy főfájásról való* 'About very heavy headache' Medborb. 494.), or signal repetition (*Más azonról való* 'Another one about the same' Medbor. 495.).

Types of instruction and their frequency figures are presented below in the familiar format (Table 6).

The linguistic representations of instruction	All instructions/ number of occurrence	Percentage	Example
instructions anchored to a person			
2SG imperative form	123/94	76.4%	*egyed, rágjad* 'eat it, chew it' (Medbor. 33.); *mosd meg* 'wash it' (Medbor. 121.)
3SG imperative form	123/3	2.45%	*vegye* 'take-IMP.- 3SG.', *szíjjon fel* 'take-IMP.- 3SG. in' (Medbor. 508.)
2SG instruction in declarative mood (*ha–akkor* 'if–then')	123/10	8.1%	*ha az veronikának vizét veszed, azt iszod* 'if you are taking Veronica's water, you are drinking it' (Medbor. 1247.)
3SG instruction in declarative mood	123/1	0.8%	*úgy használ, hogyha homlokát és vak szemeit keni véle* 'it helps if [the patient] rubs it on his forehead and closed [lit. blind] eyes (Medbor. 193.)
impersonal instructions			

[14] Text colony of 26: 493–517.; isolated recipes: 33., 121., 144., 193., 412., 427., 1177., 1247., 1314.

kell 'must' + infinitive'	123/7	5.7%	*meg kell főzni* 'it must be cooked', *kenni kell* 'it must be spread' (Medbor. 511.)
-ván/-vén 'after V-ing'	123/3	2.45%	*öszvefacsarván* 'having squeezed it', *elegyítvén* 'having mixed it' (Medbor. 513.)
jó 'good' + infinitive / noun	123/5	4.1%	*álom ellen jó* 'good against sleepiness' (Medbor. 427.); *jó bekötni vele* 'it is good to tie it on' (Medbor. 503.)

Table 6: Linguistic representations of instruction and their relative frequency in the recipes for headache of *Mecical and barber profession*

In *Medical and barber profession*, the prototypical linguistic representation of instruction (2SG imperative) is the most frequent (76.4%), followed by constructions with *kell* 'must' and its infinitival complement (5.7%). These proportions are remarkably similar to the ones observed in János Török's *Medical Book* (cf. section 5.2.: 71% and 7.2%, respectively). Other notable similarities include the way in which the patient is represented, and the presence of the schema of self-healing. The latter is even more prevalent here than in the *Medical Book*, and it is typically construed by means of a 2SG imperative form and the name of a body part with a 2SG possessive suffix.[15]

This recipe collection also contains texts which are overly elliptic, inconsistently structured, or include mistakes in grammatical agreement (cf. Medbor. 193., 427., 502., 510., 1177.). It can be observed, though, that the method of preparing a medicine and the timing of its application receive more attention than in the recipes of the *Medical Book*, which may also result from the sources being used by the author. This effect is achieved by such phrases as *reggelenként* 'every morning', *erősen* 'strongly' (Medbor. 33.); *az állán által* 'over his chin', and *jó szorosan* 'very tightly' (Medbor. 492.). The use of "official" measures (cf. *lott* Medbor. 516., 517.)[16] in addition to the informal ones such as *borsónyi* 'the size of a pea', *egy-egy marokkal* 'with a handful of each' (Medbor. 33., 517.) may receive a similar explanation.

Compared to the *Medical Book* and the other two works, one difference comes from the heavy use of persuasive passages. More than one expression with a persuasive function may appear in the same recipe, and somewhat unconventionally, they may even occur in initiators, cf. *használ* 'it helps' (Mebor. 144.); *megyógyít*, *igaz úgy* 'this will cure you, it is truly so' (Medbor. 427.); *pro[batum est]*[17] (Medbor 497.); *kitisztítja a rossz nedvességeket* 'it cleans you from bad humours' (Medbor. 508.), and the examples mentioned above. This recipe collection places the most emphasis on the creation of a positive attitude, on winning the trust of the patient and the healer, as demonstrated by the frequency of persuasive expressions and other phrases with an emotional appeal directed at the addressee, cf. *elhidd* 'believe it' (Medbor. 193.); *szépen így cselekedjél* 'kindly act like this' (Medbor. 509.). Therefore, it can be concluded that in the relationship between the author and the healer (or in many cases the patient), it is not so much a knowledge-based hiearchy that is highlighted conceptually. Rather, the efficacy of the cure and the author's good will are reinforced time and again, creating a familiar tone of style in the domain of attitude.

In conclusion, it is fair to say that the recipes of *Medical and barber profession* display remarkable similarity to those in the *Medical Book*. This is manifested in the way the speech situation

[15] See also Medbor. 33., 144., 193., 427., 493., 494., 495., 496., 499., 500., 501., 509., 512., 1247.
[16] *Lat* (*lot*, *lott*) 'unit of weight, between 14 and 19 grams'.
[17] *Probatum est* (lat.) 'it has beeen tested'.

characteristic of the recipe collection is conceptualized and linguistically construed in a relatively informal style. The most significant difference between the two works concerns the relationship between the author and the addressee. In particular, the author of *Medical and barber profession* places more emphasis on the creation of a positive attitude than that of the *Medical Book*.

In what follows, I will provide something of an overview by examining what typical patterns or stylistic patterns emerge from a careful analysis of the recipes. Also, I will address the question of how these relate to the participants of the scene of joint attention and their socio-cultural background (with special regard to the variables of situation, value, and attitude).

5.5. The features of scientific and everyday stylistic patterns

In previous sections, we have seen that the construal of texts is greatly determined by the script associated with the genre of recipes. It has been observed, for example, that the recipes of all four medical works under study conform to the prototypical arrangement of information (chronological sequencing). A further general result the analysis affords is that 2SG imperative can be regarded as the prototypical form of instruction in the therapeutic recipes of the era, with high frequency and high level of conventionalization across different authors and addressees. However, there are also several differences in the texts, depending on such factors as the author's attitude to conventionalized discourse patterns, his level of education, his way of representing knowledge, his goal-oriented norms and his efforts to adapt to the addressees.

The texts' analysis and information on their historical background both suggest that *Ars Medica* and *Pax Corporis*, as well as the *Medical Book* and *Medical and barber profession* display similar properties in the construal of recipes. This results in large measure from the fact that the authors comply with the norms (goal-oriented norms and expectation norms) associated with the medical texts in question. As we have seen before, whereas remedy books provide systematic information on illnesses and their cures, recipe collections are primarily aimed at quick information transfer. In the case of both genres, the authors address a broad spectrum of society; the texts are intended to be read (or even read aloud) by ordinary people. At the same time, though, there are also numerous differences in construal. Capturing these requires a stylistic analysis informed by socio-cultural factors.

The analysis supports the conclusion that remedy books (covering the illnesses of the whole body) are basically norm-conforming texts. This is reflected in their theoretical background, structuring of information, degree of planning in text-building strategies, as well as their representation of knowledge and heavy use of impersonal constructions. These features suggest that remedy books are characterized by formal (distancing) style in terms of the domain of situation. The discourse patterns, conventional knowledge representations, and other aspects of formal style can be found at levels of the texts. Together, they establish the scientific style of the era (cf. Table 7). And although they were presumably meant to be read aloud as well, their primary mode of usage cannot have been this.

In contrast with remedy books, recipe collections feature rather informal style and a lesser degree of norm compliance. More freedom and less prior planning can be detected in their text-building strategies and knowledge representations. Their concise, easily-to-follow wordings and elliptic structures allow for quick access to information, even when the texts are read aloud. In short, these recipe collections converge toward everyday style (cf. Table 7).

scientific stylistic pattern	everyday stylistic pattern
Macro level • there is a scientific theory in the background (although folk beliefs are also present) • the texts, recipes are arranged according to a specific organizing principle (e.g. from head to toe) • structured, elaborate text-building strategy • the recipes are included in lengthier, more detailed texts (with both descriptive and instructive parts) • varying length but typically with clear structuring into meso-level units	**Macro level** • mixing of folk observations and beliefs with scientific theories • generally no organizing principle behind the arrangement of recipes (exceptionally, alphabetical order or thematic grouping) • less elaborate, less structured text • recipes are independent short texts, sometimes included in text colonies • short length, quick information transfer, recipes themselves are of medium length (meso level texts)
Meso and micro levels • chronological sequencing (and the schematic expression of causal relations; explanations) • elaborate knowledge representation (technical terms and explanations) • higher proportion of nominal expressions • knowledge-based hiearchy between author and addressee (top–down communication) • more frequent occurrence of 1SG (authorship, subject of consciousness, metapragmatic awareness) • of the functional units of the recipe, the initiator is missing in several instances (as the recipe is part of a larger text) • prototypical forms of instruction: 2SG imperative, *kell* 'must' + infinitive; frequent impersonal constructs • various devices for persuasion (appeal to famous doctors or aristocrats; elaboration of the concepts of RESULT, USEFULNESS, and CERTAINTY) • separation of healer and patient roles (in the schema of healing) • the circumstances of healing are made more explicit	**Meso and micro levels** • chronological sequencing • short, elliptic structure (activation of factors in the background of the script) • proportionate distribution of verbal and nominal expressions • sideways communication, less hierarchical relationship between author and addressee • rarer use of 1SG (unknown author, copying) • initiators are rarely omitted (some signal of repetition even in text colonies) • prototypical forms of instruction: 2SG imperative, *kell* 'must' + infinitive (frequent representation of interpersonal interaction) • various devices for persuasion (elaboration of CERTAINTY, USEFULNESS, RESULT, appeal to EMOTIONS) • the healer and the patient are often the same person (the schemas of healing and self-healing are both employed) • the circumstances of healing are less elaborately construed
• rare shifts of perspective (conscious and consistent signaling of perspective)	• more frequent shifts of perspective (often in an unconscious, inconsistent way)

Table 7: Macro, meso and micro level features of scientific and everyday style

The analysis suggests that the proto-text (cf. Tátrai, this volume) of therapeutic recipes in the era under investigation displays a contrast between scientific and everyday types of style, based primarily on different levels of formality in the domain of situation, and varying degrees of compliance with discourse norms. These two stylistic patterns can be best interpreted in comparison to each other. The two differ in the way they construe the interpersonal relationship between the author and the addressees. Whereas scientific style is typically characterized by the expression of interpersonal distance (impersonal constructions, nominal elements, technical terms, knowledge-based hierarchy), everyday style highlights proximity (elliptic structure, features of spoken discourse, appeal to emotions). However, it should be noted that individual texts vary greatly. For example, familiarity between the author and the addressees, and appeal to emotions are charac-

teristic especially of *Pax Corporis* and *Medical and barber profession*, which date back to around the same time. Understanding the reasons behind these similarities and differences would require the study of a larger corpus as well as consideration of the source texts used by the authors.

6. Summary, conclusions

The analysis above has shown that historical texts can be treated not only as products but also in a more dynamic way, with a view to the underlying processes. To understand texts in terms of the interaction between author and addressees, one must crucially reconstruct their historical and socio-cultural background. Furthermore, it is important that the texts to be analysed should be comparable and representative of the phenomenon under investigation. As we have seen, the compilation of a corpus can be guided by the concepts of genre and discourse domain, as these allow one to observe varying modes of construal for a given typical speech situation (cf. recipes) related to a particular thematic area (in the case at hand, the discourse domain of medication). In the case at hand, however, I have worked with a relatively small text collection, subjecting it to qualitative analysis. The research has highlighted that historical texts are fundamentally varied with regard to construal, in close correlation with such factors as the alternate modes in which the speech situation can be conceptualized, the range of available discourse patterns, and the personalities and goals of the discourse participants, i.e. socio-cultural variables.

Accordingly, the paper presented the layered structure of medication in the era (as determined by the socio-cultural background), and concomitantly, the discourse communities involved in the production and interpretation of medical writings, with special regard to the script associated with recipes as a genre. This latter provided a framework for the study of style in recipes for headache in four selected medical works of the 16th and 17th centuries. Crucial aspects of the study of socio-cultural factors included participant roles, knowledge representations, and the ways in which elements of the script were elaborated in comparison to the established norms. Of the socio-cultural variables of style, the domains of situation, value and attitude were especially prominent.

A general conclusion of the stylistic analysis is that the medical recipes of the era give evidence of two basic stylistic patterns, different primarily with regard to the domain of situation. The scientific stylistic pattern is characterized at all levels of the text by formality and the marking of interpersonal distance. This goes hand in hand with stricter adherence to the conventionalized discourse patterns, and the elaboration of a knowledge-based hierarchy (top–down communication) with a lesser degree of familiarity in the relationship between author and addressees. By contrast, the everyday stylistic pattern of recipes is characterized by informality. Although the norms associated with the script of recipes are typically respected, knowledge representation is adjusted to a broader spectrum of addressees. Moreover, the patterns of recipe collections allow for much more freedom and flexibility in transferring medical information. This brings with it a less prominent role of the knowledge-based hierarchy, and often produces features of sideways communication such as informal style and the elaboration of interpersonal proximity between author and addressees. It is important to note, however, that the two stylistic patterns cannot be neatly separated, as the texts of the data and their analysis have shown.

Overall, I hope to have demonstrated in this paper that the stylistic analysis of 16th and 17th c. medical recipes opens the way for a deeper understanding of the functioning and evolution of the genre, with regard to both shared conventions and individual tendencies in construal.

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