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THE AUTHOR-READER RELATIONSHIP IN EARLY MODERN ENGLISH RECIPES[1]

ABSTRACT

Early Modern English medical compilations, printed and published in large quantities, were available to a wide audience – learned physicians and laypeople. According to Wear (2000: 103), these texts constituted "a shared material culture between lay people and medical practitioners". Therefore, medical compilers had to employ various strategies to adapt their texts to the intended audience.

The aim of this paper is to examine the use of interpersonal strategies in Early Modern English medical recipes. The study will explain whether the differences in the intended audience, learned and lay, are reflected in the texts under examination, i.e., "who speaks [writes] what language to whom and when" (Fishman 1979: 15).

KEYWORDS: Early Modern English, medical recipe, interpersonal strategies

STRESZCZENIE

Celem proponowanego artykułu jest opisanie strategii komunikacyjnych stosowanych przez autorów angielskich tekstów medycznych powstałych w szesnastym i siedemnastym wieku. Badanie oparte jest na korpusie tekstów medycznych powstałych w języku angielskim w okresie od 1500 do 1700 roku (*Early Modern English Medical Texts*, EMEMT)

SŁOWA KLUCZOWE: angielskie receptury medyczne, komunikacja interpersonalna

INTRODUCTION

The 16th and 17th centuries witnessed a dramatic increase in the production and publication of English medical compilations[2]. These texts, according to the editors of *EMEMT* (Early Modern English Medical Texts) corpus, were of diverse

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[2] The growth of interest in medical science was the result of many socio-cultural changes that took place in early modern England, e.g.: a fast development of print culture, the dominant position of English as a language of science and medicine, discoveries in the New World, proliferation of new diseases, the increase of anatomical and botanical research (Taavitsainen and Pahta 2011).

character and can be divided into the following categories: (i) general treatises and texts, (ii) treatises on specific topics (texts on: diseases, specific methods of diagnosis or treatment, therapeutic substances, midwifery and children's diseases, plague), (iii) recipe collections and *materia medica*, (iv) regimens and health guides, (v) surgical treatises, (vi) first scientific journal – the *Philosophical Transactions* (Taavitsainen and Pahta 2010).

The number of the texts that were circulating in early modern England suggests that their target audience[3] must have varied. The most obvious target of the medical works were university trained physicians and surgeons. Another group constituted practitioners who were trained outside the university: barbers and apothecaries who received training from guilds, and midwives or nurses who often learned through apprenticeship. The largest group, however, constituted those who undertook medical practice without any formal training[4]. As a result, medical compilers or authors had to employ various strategies to adapt their texts to the intended audience.

The aim of this paper is to examine the textual strategies that were used by the writers and compilers of medical texts to make these writings more accessible to the target audience. In this study we will concentrate only on one group of texts – the recipes, which were usually targeted at both learned and non-learned readers.

EARLY MODERN ENGLISH RECIPES

The earliest English medical recipes, dating back to the 14th and 15th centuries, are mostly translations or adaptations from Latin and French originals and they follow the traditions of scientific writing established by Latin medical writers. These recipes were mostly found in remedy books, i.e. texts representing the oldest tradition of medical writing. As Taavitsainen (2001: 85–86) observes, these recipes "are a well-defined procedural genre with a clear writing purpose" and their text-type features show "a high degree of standardization". Recipes were not confined to the remedy books and were also present in scientific texts, where they formed an integral part of longer treatises.

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[3] The identification of the potential audience of particular texts is not an easy task as there is not much evidence that would explicitly reveal the target readership of the book. However, a thorough linguistic examination of those texts might make it possible to reconstruct the discourse communities in question. For more on early readership and/or discourse communities and the circulation of knowledge see, e.g., Andersen and Sauer (2012), Chiari (2015), Cruz-Cabanillas (2017a), Kopaczyk and Jucker (2013), Leong (2014), Sylwanowicz (2017), Taavitsainen (2004, 2012).

[4] Sylwanowicz (2013) in her study of the titles of Early Modern English medical compilations distinguished at least seven groups of lay readers: (i) a curious reader (i.e. anyone interested in health care), (ii) a house-keeper, (iii) women and young girls, (iv) countrymen (i.e. not city dwellers), (v) seamen and travellers, (vi) chimney sweepers and tobacconists, and (vii) the poor.

The recipes that circulated in the first decades of early modern England, with a few exceptions, followed medieval traditions. Hence, their content seemed outdated and required some additions that would comply with the latest developments in treatment. In addition, their authors were often anonymous and not always professional physicians, and the prescriptions lacked uniformity in the composition of the medical preparations. For instance, some collections ordered recipes according to the site of the ailment (a medieval head-to-foot textual pattern), the type of ingredient (herbs, animal parts, etc.) or grouped them alphabetically. Therefore, the College of Physicians (founded in 1518) proposed a publication of pharmacopoeia, i.e. "a collection of formulae for medicinal preparations issued under the authority of some publicly recognised body. It embodied a list of approved drugs and described the various methods of preparing them for administration or use, together with the proper weights and measures to be employed for accurate compounding." (Thompson 1929: 136). This would "regulate the variety of practices in the production of medicines and standardise medical compositions" (Marttila 2011: 137).

The first English edition of the *Pharmacopoeia* (*Pharmacopoeia Londinensis*) was issued in 1618, soon after the establishment of the Society of Apothecaries (1617), and was entirely in Latin. The publication required all practitioners of medicine and pharmacy to make use of only those remedies that were included in the *Pharmacopoeia* (Thompson 1929; Anderson 2005). By the end of the 17th century, the work had three more editions, each in Latin and with some additions or deletions. In 1649, without the approval of the College of Physicians, the *Pharmacopoeia* was translated into English by Nicholas Culpeper who was known for his strong criticism of the *London Pharmacopoeia*, as it was written in Latin and hence was not accessible to anyone interested in the art of healing (Anderson 2005; Zebroski 2016).

The pharmacopoeias, being a mixture of classical and new preparations, were usually arranged in three sections: (1) list of simples, i.e. ingredients of animal, vegetable and mineral origin, (2) preparations and compounds, often subdivided into various categories, e.g.: confections, decoctions, electuaries, ointments, medicated waters, pills, plasters, powders, syrups, etc., and (3) chemical substances, subdivided by source (Thompson 1929; Anderson 2005).

The language of the pharmacopoeias differed significantly from the collections of recipes written by and for non-professionals. The former were characterised by technical instructional passages, usually including Latin names of preparations or ingredients and abbreviated forms (cf. also Marttila 2010: 104). In addition, the recipes were often supplemented with additional comments or alternative solutions provided by the editors of the collections (e.g. Salmon's *Pharmacopoeia Bateana* or *Phylaxa medicinae*, EMEMT). The group of texts aimed at lay readers, on the other hand, were much simpler and employed less specialised terminology.

As regards the structure of the recipes that were circulating in the 16th and 17th centuries, they generally followed the medieval pattern. They usually consisted

of (1) the heading (statement of the purpose and/or title), (2) list of ingredients, (3) advice on preparation and application of medicinal substances and (4) additional comments, usually focusing on the effectiveness of the recipe (Taavitsainen 2001: 86; Mäkinen 2004: 146)[5]. This list can be completed by the following elements: information on (i) how to store the preparations, (ii) their expiration date and (iii) their virtues (cf. also Alonso-Almeida 2013: 72). Of all these stages only the list of ingredients was compulsory, whereas the remaining parts were optional.

Each of these recipe elements played some function. The heading[6] indicated the beginning of the recipe and informed about its content, e.g. specified the ailment or the medicament for which a given recipe had been written. The second part listed the ingredients necessary to prepare a medicament. This section was often a part of the preparation stage that usually started with the verb *Take* or *Recipe*. The following elements of a recipe may have included instructions on how and when a given medicament should be applied or how it should be stored. In the last part one could find information about the possible effects of the remedy, including (i) frequent references to other physicians who recommended a given recipe, or (ii) Latin expressions, e.g. *probatum est*, that ensured the successful use of the medicament. In addition, especially in the collections for professionals, the last part of a recipe included comments on the virtues of the medicaments or advice on (i) what herbs could be used if one did not have or could not afford those proposed in a recipe; (ii) other ways of mixing the ingredients or applying them to the patient; (iii) how to store the preparations. Sometimes, the author of a given collection recounted his earlier practice, usually in a form of a short and loose narrative.

CORPUS MATERIAL

The data come from the *Early Modern English Medical Texts* (EMEMT) corpus which includes works that were published between 1500 and 1700. These texts were written by university-trained physicians and non-learned practitioners of medicine and are the most representative source that provides an overview of medical practice

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[5] For more on Middle English recipes see, e.g.: Taavitsainen (2001a, b), Görlach (1992), Stannard (1982), Mäkinen (2004, 2006), Carroll (1999, 2004), Jones (1998), Alonso-Almeida (1998, 1999, 2013), Marqués-Aguado (2014), Bator (2016, 2017a, 2017b), Bator and Sylwanowicz (2017), Cruz-Cabanillas (2017b).

[6] In various publications this part of the recipe is given different labels, e.g. purpose (Stannard 1982, Mäkinen 2004), rubric and indication (Hunt 1990), title (Görlach 1992, Taavitsainen 2001a, Alonso-Almeida 2013). The recipes examined for the present study vary in the presentation of the information included in the stage preceding the ingredient part. Some include a clear statement of purpose (*For feuer quotidian, To purge the heed*), whereas other include only the name of the medicament (*Aqua Bezoatica, Our Cordial or Plague Water, Vnguentum Rosarum*). Therefore, in the present study, the introductory passage of a recipe – placed before the ingredient part – is referred to as a heading (cf. also Grund 2003).

that prevailed in Early Modern English, whether learned or non-learned. The corpus includes texts representing various medical genres, e.g.: theoretical treatises, surgical texts, regimens of health, medical journals or recipe collections and *materia medica*. The proposed study focuses on the last group of texts, i.e. recipes and *materia medica*. According to the editors of *EMEMT* the texts included in this group contain little or no diagnostic or theoretical material and focus mainly on the preparation of remedies and the properties of various therapeutic substances.

The material used in the analysis consists of 1733 Early Modern English medical recipes, with a total of about 187 640 words, that were extracted from 27 recipe collections[7]. In the present study these texts are divided into two categories: (i) recipes aimed at learned readers (e.g. medical practitioners, apothecaries) and (ii) recipes aimed at lay readers. The division is mainly based on overt references to the target audience, as found in the titles of these collections[8]. For instance, the titles of 12 collections indicate explicitly that they are directed either at lay readers, e.g.: *Good huswifes iewell, Delightes for ladies, Pore-mans plaster box, Widdowes treasure, Gentlewomans companion*, etc., or professionals, e.g.: *The Antidotharius (…) profytable for euerye Surgyan, therin to be expert, and redy at all tymes of nede*, (EMEMT, Anonymous 1552), *A Physical directory or a translation of the London dispenatory made by the Colledge of Physicians in London. Being that book by which all Apothicaries are strictly commanded to make all their Physick….* (EMEMT, Culpeper 1649). Also, the descriptions and comments provided by the editors of *EMEMT* were helpful in identifying the target audience.

Table 1 below shows the exact number of the recipes found in the material (texts aimed at learned and lay readers) examined for the present study.

Table 1. The number of recipes in the analysed material

Collection	Number of texts	Number of recipes	Number of words
Texts aimed at learned readers	11	368	68 122
Texts aimed at lay readers	16	1365	119 518
TOTAL	27	1733	187 640

The data in the table reveals a large disproportion between the material found in the writings aimed at lay and learned readers. Therefore, in the following analysis, whenever the data derived from the two collections will be compared, next to the real number of occurrences of the analysed examples, relative normalised frequencies (RNF per 10 000 words) will also be given.

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[7] The category Recipe collections and *materia medica* includes 37 texts. However, 10 of these collections contain only descriptions of plants/herbs, stones and other examples of *materia medica*. Hence, these texts are not included in the present study.

[8] For more on overt references and interpersonal strategies used in the titles of Early Modern English medical texts see Sylwanowicz 2013.

ANALYSIS OF DATA

The identification of the potential audience of particular medical texts is not an easy task as there is not much evidence that would explicitly reveal the target readership of the book. However, a thorough linguistic examination of those texts might make it possible to reconstruct the early modern English discourse communities.

The examination of the textual interaction between the members of discourse communities will be done by the observation and comparison of the following possible indicators of the interpersonal relation between the author of the text and the target audience: overt references to the reader and references to the authorities (cf. also Marttila 2011). In addition, the study will examine the recipe headings (titles and/or statement of purpose) as possible indicators of the authors' awareness of their audience (lay or learned).

OVERT REFERENCE

Overt reference to the target audience may involve the use of personal and possessive pronouns or expressions denoting human agents (man, woman, the sick, patient, doctor, etc.). The examination of the use and distribution of these expressions might reveal: (i) the attitude of the author towards the reader; and (ii) the assumed role of the reader, i.e. a mere observer or the one engaged in the healing practice.

A quantitative analysis of overt personal references has revealed that explicit reference to the readers was common in both collections (aimed at learned and non-learned readers), with a prevailing number of references in the collections directed at lay audience (990 [RNF 145.3] vs. 2295 [RNF 192]). However, a qualitative difference in the distribution of personal references reveals some tendencies in the way the writers were referring to the readers (cf. Table 2 below).

Table 2. Overt reference to the reader

	Texts aimed at learned readers	Texts aimed at lay readers
1st Person Pronoun 'we' (the inclusive 'we')	3 [0.4]	12 [1]
2nd Person Pronouns	419 [61.5]	1040 [87.1]
2nd Person Possessive Pronouns	103 [15.1]	608 [50.9]
3rd Person Pronouns	338 [49.6]	431 [36.1]
Other (*the sick*, *the patient*, *woman*, *man*, etc.)	127 [18.6]	203 [16.9]
TOTAL	990 [145.3]	2295 [192]

The main difference between the texts directed at the learned and lay readers is that in the latter collections second person references outnumber those found in the texts for professionals nearly two to one (1648 [RNF 138] vs. 521 [RNF 76.6]). This might imply that the intention of the authors of the texts aimed at less professional readers was to create a more personal and intimate relationship with the reader. Thus, the main task of these texts was not only to instruct how to prepare a medicament but to support the reader who was at the same time a patient troubled with some ailment (cf. also Marttila 2011). Hence, in the recipes for the lay audience we find frequently recurring phrases that assure the reader-patient of the effectiveness of the medicament. These include a formulaic Latin *probatum est*, or such phrases as "you shall be hole", all found in the end part of the recipe (i.e. additional comments section). These efficacy phrases are also frequent in the headings of the recipes, usually underlining the fact that a given medicine or remedy was approved, cf.:

(1)
An **approved** Medicine taught by Dr. Blacksmith for the Cough.
(EMEMT, *W.M. Queens Closet*)

A most excellent Eye Water, for any Disease of the Eyes, often **approved**, with happy Success.
(EMEMT, Hannah Wooley, *Supplement to the compleat servant maid*)

In the texts directed at professionals, the end statements testifying the effectiveness of the medical preparation were much less common (cf. also Mäkinen 2011). In the recipes examined for the present study there is only one example where the reader is directly assured of the positive effects of the treatment: "Eate litle at nighte/ no entrayles of beastes/ as harte/ lyuer/ &c. nor sucker/ and kepe good diet/ and *thou shalt be hole*." (EMEMT, Hieronymus Braunschweig, *Homish apothecarye*). In addition, a thorough reading of the texts under study has revealed that whenever the authors of recipes for professionals use the second person pronoun (*you* or *thou*) they seem to assume the reader is a physician. This may be exemplified by frequent uses of such phrases as: (a) *you may cure anyone, you must give a small dose, you will minister him*, where *you* is an obvious reference to the one who heals others, and (b) *if ye wyll, if you desire, as you think sufficient, as your reason will tell you, as your own genius will tell you*, where it is suggested that the final decision on how to prepare or apply a medicament is left for the reader, being presumably an experienced practitioner.

The use and distribution of second person possessive pronouns also point at different attitudes towards the assumed readers. In texts for lay readers these pronouns are mostly direct references to the reader as a patient (344 records out of 609 recorded examples of 2nd person possessive), cf. also 2a. As regards the learned texts, out of 103 records of the 2nd person possessive pronouns, only

13 suggest that the reader is also a patient, cf. 2b. The remaining records focus on the medicament (e.g. *your ointment*), or ingredients (e.g. *your herb*), cf. 2c.

(2)
(a)   [To make the Face fair, and the Breath sweet.]
Take the Flowers of Rosemary, and boyl them in White-Wine, then wash **your** Face therewith and use it for to drink, so shall you make **your** Face fair, and **your** Breath sweet: Probatum est.
(EMEMT, Hannah Wooley, *Supplement to the compleat servant maid*)

(b)   [}17 To cure Burning with Gun-Powder, or burning with fire and scalding.}]
You may beate into the Cream the white of an Egge, if **your** eyes or eye-lids should be burned.
(EMEMT, Richard Elkes, *Approved medicines*)

(c)   [Tertium vnguentum pro Cham+eleontiasi.]
Boyle **your** Herbes, **your** Pouder and Coloquintida altogether, **your** Herbes beynge a lytle broused in a morter, and **your** Coloquintida broken in smale peeces.
(EMEMT, Thomas Gale, *Antidotarie*)

Based on the above, one may conclude that the authors of the texts aimed at professionals tended to create a more distant relation with a reader. This assumption can be additionally supported by a relatively higher frequency of patient reference, i.e. the use of the 3rd person pronouns or such phrases as *patient* or *the sick* (cf. also the results in Table 2), cf.:

(3)
To **the patient** may be gyuen Diapenidion/ Diagalanga or Pliris cum musco/ made in the Apothecarye.
(EMEMT, Hieronymus Braunschweig, *Homish apothecarye*)

Or these following; +R Cypress Turpentine +o ij. Aniseeds, Caraways in fine Pouder, ana, enough to make it up into Pills; of which **the Sick** may take from +Q j. ad. ij. every Night going to Bed.
(EMEMT, William Salmon, *Pharmacopoeia Bateana*)

REFERENCES TO AUTHORITIES

One of the aims of the compilers of medical recipes was to convince potential readers that the remedies and medicaments prescribed in these texts were effective (cf. also Wear 2000: 85; Marttila 2011). Therefore, in many collections one can find frequent references to the sources of the recipes, usually medical authorities (ancient, medieval or contemporary). In this way, the reader was assured of the therapeutic values of the medicament.

In the material examined for the present paper, the following types of authorities have been identified: (i) classical and medieval medical authorities, (ii) modern

authorities (medical and lay), (iii) the writer him- or herself, (iv) divine authority, i.e. God, see also Table 3[9].

The references to classical and medieval authorities (e.g. Galen, Avicenna, Rasis, Lanfrank, etc.) were more frequent in the recipes directed at professionals. The scarce or hardly any indication of such authorities in the recipes for the lay audience might be explained by the fact that those readers might not have been familiar with those names, mostly due to lack of formal medical education.

Table 3. References to authorities

	Texts aimed at learned readers	Texts aimed at lay readers
Classical and medieval authorities	16 [2.3]	4 [0.3]
Modern authorities (medical and lay)	17 [2.5]	33 [2.8]
Divine authority, i.e. God	3 [0.4]	37 [3.1]
The writer him- or herself	134 [19.7]	315 [26.3]

As regards modern authorities, their distribution is proportionate in both types of the examined texts. These references usually involved names of doctors and a body of learned people, or some eminent personages (e.g. lords, queen), see examples under (4).

(4)
Dr. Stephens Water.

(EMEMT, Nicholas Culpeper, *London dispensatory*)

Divers Physitians have written several recepts of this water, as Gesner, Andr. e Lacuna, Med. Florent. and Coloniens.

(EMEMT, Nicholas Culpeper, *London dispensatory*)

Sir John Digbies Medicine for the stone in the Kidnies.

(EMEMT, Elizabeth Grey, *Choice manual*)

This was **Queen Elizabeths Electuary** for these infirmities.

(EMEMT, *Queens Closet*)

A Cordial Water in the time of infection, by **Sir Thomas Mayner**.

(EMEMT, *Queens closet*)

Similarly, the references to author's personal authority is relatively comparable. The examples include the use of the first person pronouns *I* and *we* (usually referring to a group of specialists), or such expressions as: *the author of this book*. Also,

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[9] Marttila (2011: 149) distinguished seven categories: (i) classical medical authorities, (ii) modern medical authorities, (iii) the writer him- or herself, (iv) the reader and his or her presupposed knowledge, (v) the inclusive we, (vi) the general public or ordinary laypeople, (vii) divine authority, i.e. God. This paper follows Marttila's typology but with slight modifications and generalisations.

statements reflecting the author's expertise or experience are included in this category, e.g. *to my knowledge, in my opinion, I have proved*, see also examples below (5).

(5)

(...) this **I can assure** with constant use in a little time will take away the Corn.

(EMEMT, Hannah Woolley, *Gentlewomans companion*)

Therefore **we** correcte thys vnguente wyth Lithargyri and Cerusa, as **we** haue wryten here before in thys vnguent.

(EMEMT, Thomas Gale, *Antidotarie*)

We have told you, That a small dose brings sleep; a little more, madness; a larger, death.

(EMEMT, Giambattista della Porta, *Natural magick*)

The Author of this book hath proved it in practice on a hundred several children.

(EMEMT, Abraham Miles, *Countrymans friend*)

Another remedy for bleeding at the Nose which hath helped divers **to my knowledge**.

(EMEMT, Richard Howes, *Poore-mans plaster-box*)

In addition, the authors of medical recipes often revealed the names of their patients who were successfully cured, see example (6) below. Hence, the users of a given collection of recipes could verify the author's claims of the effectiveness of the remedy.

(6)

A medicine for a Dropsie, approved by the **Lady Hobby, who was cured** herself by it.

(EMEMT, *Queens closet*)

The recurring references to contemporary experts might be explained by the rise of interest in the experimental philosophy. Thus, the patients and professionals were more prone to use the latest discoveries concerning medical lore, rather than rely on older, often outdated, ways of curing.

Despite a more scholastic approach to medical practice, a number of early modern English collections of recipes included appeals to God as a medical authority – a practice very common in medieval medical texts. Hence, such recurring phrases as: *God willing*, *with Gods help*, *it will by Gods blessing help you*, etc. As seen in Table 3 above, such appeals were characteristic of the texts directed at lay readers.

FORMS OF RECIPE HEADING

As stated in section two of this paper, the heading is a part of a recipe whose main function is to introduce the reader to the content of a recipe. A thorough examination of the material has revealed that the headings, whose distribution in the recipes is presented in Table 4, can be divided into 4 general types, depending on the information included within the recipe:

(1) the statement of purpose that specifies the ailment or the medicament for which a given recipe is written, e.g.: *For bledynge at the nose*, *Agaynst spottys in the eyen*, *To make sirrop of Roses or Violets*, *A Medicine for the falling sicknesse*, *An excellent Balm for a green Wound*;

(2) the name of the medicament, e.g.: *Dr. Stephens Water*, *Aqua Benedicta Composita/The Blessed Water Compound*, *Oleum Nenufaris*, *Apostolicum salue*;

(3) a long descriptive title that includes the name of the medicament, the statement of purpose, information on the source or the author of the remedy or even expected results of the cure[10], e.g.: *A soft playster that clenseth all foule wou~des that is olde, they that hath rotten flesshe, or maketh moch matter, and is called mundificaciuum de apium/ this hath occupied wilhelmus, Lancfrancus, Henricus de monte villa Guido and all surgyans of Paris*;

(4) expressions such as, *Another*, *Another for the same*, *For the same*, *Or else*, all of which were incorporated in order to avoid repetitions.

Table 4. Types of headings and their distribution in the recipes

Types of headings	Texts aimed at learned readers	Texts aimed at lay readers
Type 1	131 [19.2]	1041 [87.1]
Type 2	178 [26.1]	102 [8.5]
Type 3	20 [2.9]	24 [2]
Type 4	24 [3.5]	159 [13.3]

The results in Table 4 reveal a significant difference in the choice of the first two types of the headings. Type one (statements of purpose) seems to have been preferred in the texts for the lay audience, whereas the second type (name of medicaments) was much more frequent in the recipes aimed at professionals. This difference in the distribution and the choice of the type of heading may be accounted for the fact that the authors of the recipes directed at professionals assumed that the users of these texts would not need further explanation on the properties of the medicament whose name was given in the title part of the recipe. Hence, also the use of Latin names: *Aqua Mirabilis*, *Aqua Benedicta*, *Gracia dei*, *Apostolorum*, many of which had been very common preparations used in medieval medical practice. Thus, it was expected that physicians, due to their formal medical education and experience, were expected to recognise those medicaments and know their purpose. As regards the lay audience, the recipe collections were to serve as quick reference books that would enable one to quickly identify a remedy for a given ailment. Therefore, in these collections prevail statements of purpose (617 out of 1041 examples of Type 1 headings), where it is stated what sort of

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[10] See also the discussion of recipe titles in Alonso-Almeida (2013).

medical problem might be cured with the use of a given recipe, e.g. *To comfort the Heart and Spirits, and to suppress Melancholy, For the Griping of the Guts, To stop the Bleeding of a Wound*. The remaining examples of Type one headings are those where the name of the medicament is followed by the statement of purpose, e.g.: *A Defensive for greene Wounds*, *Aqua Composita good for head, Memory, and all Diseases*, *A good cooling Plaster for greene wounds*, *Doctor Hatchers powder against the Stone*.

Type four headings (*Another for the same*, etc.), whose aim was to avoid repetitions, are also more frequent in the recipes for lay audience. This difference in their distribution, however, is probably due to the much bigger number of recipes found in the recipe collection for the non-learned audience.

CONCLUSIONS

The present paper, being another contribution to the studies of early modern English recipes, offers an examination of the strategies used in the textual interaction between the author of the text and the target audience. Altogether 1733 recipes from the 16th and 17th centuries were analysed. The material has been divided into two groups: recipes aimed at learned readers and those aimed at lay readers. The analysis allows for several tentative conclusions.

The results of the analysis have revealed that those involved in compiling medical recipes were well-aware of the importance of the strategies that would adapt the text to the intended audience. The use of the strategies often depended on the level of the text within which recipe collections were included. For instance, in the collections aimed at lay readers we could observe a tendency to establish a more familiar and intimate relationship with the potential reader/user (cf. the use of 2nd person possessive pronouns). In the collections for professionals, a more authoritative and distant voice prevails. In both collections we can observe the tendency to assure the reader of the effectiveness of the remedies. This was done, for instance, by references to various medical authorities (mostly fairly well known names); and the use of efficacy phrases (especially in the collections for lay users). The last, but not least, strategy was ensuring the accessibility of the texts, especially those directed at lay audience. This was done by adapting the form of the headings of recipes to the intended audience. In the collections for lay readers prevail headings that clearly state the purpose of the recipe (usually indicating the ailment to be cured). As a result, such recipes served as quick reference for both specialist and lay readers. In specialised collections, the heading of a recipe usually includes only the name of the medicament (often a Latin or anglicised form of a Latin term). This indicates a more learned character of the collection and the expectation that the prospective user should be a professional practitioner.

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