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MEDIEVAL MEDICAL WRITINGS AND THEIR READERS: COMMUNICATION OF KNOWLEDGE IN MIDDLE ENGLISH MEDICAL RECIPES*

In late medieval England learned medicine leapt the walls of universities and became available to people with no formal medical training (cf. also Jones 1999, Jones 2004). This widespread interest in medicine was partly triggered by the vernacularisation of medical writings. This process involved, among other things, (1) gradual evolution of conventions and norms for, e.g. recipe writing (cf. Carroll 2004) and/or (2) employment of various strategies to adapt the texts to the new audience.

The study will attempt to explain what strategies were employed to adapt medical texts, in particular recipes, to the intended audience, i.e., "who speaks [writes] what language to whom and when" (Fishman 1979: 15). For instance, some recipes contain foreign (mostly French and Latin) or sophisticated terminology whereas other recipe collections make use of vernacular resources. This implies that the language of medieval recipes might be the indicator of a social distinction between the readers.

The data for the paper come from the *Middle English Medical Texts* (MEMT), a computerised collection of medical treatises written between 1330 and 1500.

1. Introduction

The present paper concentrates on Middle English medical recipes, i.e. "instructions on how to prepare medical substances/medicaments"[1]. These texts exhibit language external and language internal features that are characteristic of the instructive writings (Peikola, Skaffari and Tanskanen 2009: 4-5). The former involve, for instance, a goal oriented stage organisation: (1) the heading (statement

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[1] Carroll (2004: 188) suggests that apart from telling "how to make things" medical recipes instructed "how to do things". For instance, we find examples where the text is not about how to make a medicament but how to use some ingredients in order to cure a given ailment.

of the *purpose* and/or *rubric/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.[2] Each of these recipe elements plays some function, e.g. headings indicate the beginning of the recipe, the second part lists the ingredients necessary to prepare a medicament, the third part gives indications to be followed while preparing a medicine, and the last part informs about the possible effects to be achieved.[3] Language internal features, on the other hand, are usually signalled by "a set form of a title, imperative forms of verbs, short paratactical sentences following temporal sequence of instructions to be carried out, object deletion, measurement specifications, and formulaic endings" (Taavitsainen 2001b: 142). Görlach (2004: 124) adds "full sentences or telegram style", "use of possessive pronouns with ingredients and implements", "complexity of sentences", and "marked use of loanwords and of genteel diction".[4] Thus, a recipe can be examined from the point of view of a genre or a text type.[5]

Middle English medical recipes are found both in remedy books and specialised texts (academic and surgical treatises). The first group consists mostly of remedies, i.e. books for consultation which represent the earliest phase of vernacular medicine, established already in Old English (Taavitsainen 2001a; Sylwanowicz 2014). They belong to the lower, non-learned layer of medical practice. Specialised texts, on the other hand, were written and/or translated by university-trained physicians and were mostly compilations referring to ancient Latin, Arabic or contemporary medieval medical works. The texts included in these collections were mostly theoretical writings dealing with a specific field of specialisation or medical problem, e.g. instructions for surgical practitioners, treatises on sicknesses of women, discussions of various treatments (for fistula, ulcers, etc.). In remedy collections recipes constitute the largest part and are listed in a sequence. In specialised texts, in contrast, recipes are rare[6] and are usually part of longer treatises, which makes it difficult to discern them from the

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[2] Alonso-Almeida (2013) adds *storage* as an additional subsection of the recipe. This part of the recipe gives instructions on how to keep the final product for future use, e.g. *kepe yt in a boxe*; *kepe hit well in a glasse and stoppe hit well* (MEMT, Remedies and *materia medica*). These instructions, however, are rare and seem optional (cf. also Carroll 2005-2006: 307).

[3] For more on the structure of Middle English recipe see, e.g.: Taavitsainen (2001a, b), Görlach (1992), Stannard (1982), Mäkinen (2004, 2006), Carroll (1999, 2004), Jones (1998), Bator-Sylwanowicz (2017), Alonso-Almeida (1998, 1999, 2013).

[4] Werlich (1976: 122-125) proposed the following features that make a recipe an instructive text-type: "the use of commands or requests, first- or second-person point of view, topical coherence, topic-giving instructions, and a text structured either analytically or like a list" (after Carroll 2004: 178).

[5] See the studies by Görlach (1992, 2004), Jones (1998), Keiser (1998), Carroll (1999, 2004, 2005-6), Taavitsainen (2001a, 2001b, 2012), Grund (2003), Mäkinen (2004, 2006), Alonso-Almeida (2008), Marques-Aguado (2014), etc.

[6] The number of recipes in remedies and specialised texts is not proportional. In the MEMT corpus, for instance, recipes constitute 47.5% of all remedy writings, whereas in specialised texts they constitute about 13.4% of the whole material (cf. also Table 1).

main body of the text. The beginning and the end of the recipe is often not indicated and the instructional part (usually marked by an imperative form of *take*) is preceded by the administration part (Taavitsainen 2001a: 95-96). Sometimes, however, the compiler of the specialised texts adds a separate section (called *antidotaria*), which is preceded by some introductory remarks and later followed by the recipes listed in a sequence (cf. Sylwanowicz 2015).

The number of the Middle English medical texts (learned and non-learned) suggests that the audience of these writings was also varied. The most obvious target of the medical works were university trained physicians. Another group constituted practitioners who were trained outside the university: surgeons, barbers and apothecaries received training from guilds, whereas midwives and nurses learned through apprenticeship (cf. Taavitsainen 2004; Jones 2004). The largest group, however, constitute those who undertook medical practice without any formal training (Jones 2004: 27). These could have been members of aristocracy, and the middle classes who gained practical skills in reading and writing thanks to the fairly well established grammar school system.[7]

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 medieval discourse communities. Before stating the aims of the study, the terms: *readership*, *audience* and *discourse community* shall be clarified.

According to Pahta and Taavitsainen (2004: 15) "readership consists of those who have actually read the text; and audience would be the potential readership the work is targeted at". The first term is avoided in the studies of medieval writings as it is hardly possible to identify those who read the book(s). Moreover, this term excludes those who were illiterate but still had a chance to learn the content of the texts through listening and/or apprenticeship to those who could read. The term *audience*, though much broader in sense, is also not satisfactory as it "suggests the passive reception of the texts in medieval society", thus, excluding the individuals who often produced those texts for personal or localised use (Jones 2004: 23-24). As a result, more studies turn to the concept of *discourse community*[8] which includes both producers and readers, cf. the definition by Barton (1994: 57, after Jones 2004: 24):

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[7] According to earlier studies the literacy in medieval England was steadily growing and by the end of the 15th century almost 30% of the population could read (Keen 1990: 224, after Taavitsainen 2004: 15). A more optimistic view was expressed by Lester (1987: 216) who suggested that "in the 15th century people of almost all ranks could read, write, and enjoy books" (in Taavitsainen 2004: 15).

[8] In recent publications concentrating on communities and their language we can find yet another concept, i.e. *communities of practice* (cf. Lave and Wenger (1991), Eckert and McConnell-Ginet (1998), Wenger (1998)). The term is primarily used with reference to those who are characterized by their mutual engagement in, for instance, the production of books; dissemination of knowledge, etc. (for more on *communities of practice* in the history of English see e.g. Kopaczyk and Jucker 2013).

(…) discourse community can refer to several overlapping groups of people: it can refer to the people a text is aimed at; it can be the set of people who read a text; or it can refer to people who participate in a set of discourse practices both by reading and by writing. (…) More generally, discourse communities are defined by having a set of common interests, values and purposes.

Jones (2004: 24) adds to this list those "who participate in a set of discourse practices not only by reading and writing, but also by listening". Also, reading should not be only understood as a practice of "silent private reading", but it should be referred to "public readings, or reading aloud within a family or a small local circle".

The aim of this paper is to examine what textual strategies were used by the writers and compilers of medical texts to make these writings more accessible to the target audience. This will be done by comparing recipes included in the remedy texts collection with those found in the specialised texts.

The strategies applied by the authors of the recipes will be compared by observing the following indicators: overt references to the reader/discourse community, references to the authorities, and the use of terminology and foreign forms. Also, the structure of the recipe, in particular the forms used in the heading will be taken into account.

2. Corpus material

The material examined for the present paper consists of recipes found in the *Middle English Medical Texts* (MEMT), a computerised corpus of half-a-million words including texts from c. 1375 to c. 1500. The MEMT corpus divides the texts into three main categories: (1) Surgical texts, (2) Specialised texts and (3) Remedies and *materia medica* (Taavitsainen-Pahta-Mäkinen 2005). The first two collections include texts representing the learned tradition of writing and in this paper these texts will be treated as one category and referred to as *specialised texts* as opposed to remedy books. Apart from the major categories of texts, the MEMT corpus includes also two collections (*First corpus compendium* and *Second corpus compendium*) written in the first half of the 14th century, which are included in the Appendix section to the corpus. These texts represent the remedy book tradition.

The MEMT corpus, with some exceptions, includes only fragments of texts. Therefore, the material for the present paper was supplemented with the full versions of the following specialised texts: Lanfrank's *Science of Cirurgie* (von Fleischhacker 1894), Arderne's *Treatises of Fistula in Ano, Haemorrhoids, and Clysters* (Power, 1910), *The Sekenesse of Wymmen* (Hallaert 1982), *Medieval Woman's Guide to Health* (Rowland 1981).

Since the present paper does not focus only on the "producers" of the medical writings but also on the potential readers or passive "recipients" of the texts, the term *discourse community* is preferred.

The material used in the analysis consists of 2026 Middle English medical recipes, all written in the 14th and 15th centuries, with a total of about 158 691 words. Table 1 below shows the exact number of the recipes found in the material (remedies and specialised texts) examined for the present study.

Table 1. The number of recipes in the analysed material

Collection	Number of recipes	Number of words
Remedy books	1487	109 573
Specialised texts	539	49 118
TOTAL	2026	158 691

As observed earlier, there is a large disproportion between the material found in remedies and specialised texts. Therefore, in the following analysis, whenever the data derived from the two collections will be compared, next to the real number of occurrences of adjectives in the recipes, relative normalised frequencies (RNF per 10 000 words) will also be given.

3. Analysis of data

3.1. Overt reference (reader, author, patient)

Overt reference is the most obvious method of indicating the author's awareness of the audience (cf. also Marttila 2011: 143; Sylwanowicz 2013: 305). Hence, the representative of the discourse community is not just an observer but also a participant, i.e. the one who can engage in the healing practice described by the authors of medical compilations. Implementing overt reference is one of persuasive strategies that often creates an intimate relationship between the writer and the discourse community and convinces the reader to the credibility of the text.

Table 2. Overt reference in medical recipes

	Remedy books	Specialised texts
1st Person Pronouns	2 [0.2]	46 [9.4]
2nd Person Pronouns	180 [16.4]	205 [41.7]
2nd Person Possessive Pronouns	63 [5.74]	3 [0.6]
3rd Person Pronouns	312 [28.5]	121 [24.6]
other (*the sick*, *the patient*, *woman*, *man*, etc.)	113 [10.3]	46 [9.36]
TOTAL:	670 [61.1]	421 [85.7]

A quantitative analysis of overt personal references (personal and posses-sive pronouns, nouns referring to human agents, e.g. patient, woman, and nomi-nal forms of adjectives referring to human agents, e.g. the sick – the last two categories are indicated in Table 2 as other) shows that explicit reference to the discourse communities was common in both collections, with a prevailing number of references in specialised texts. This does not necessarily indicate that the use of overt reference was more characteristic of specialised texts. This would be too far reaching generalisation. The differences in the frequency might be the result of the large disproportion between the analysed material. There-fore, let us concentrate on the qualitative examination of the results, in particu-lar on the differences in the choice of references.

The use of the first person pronoun is almost exclusive for the recipes ex-tracted from specialised texts. The 46 instances [RNF 9.4] include the following examples: *as I have taught*, *I wil teche*, *I shal sey*, *I haue sene*, *I haue full ofte proued*, *I have cured*, *I founde*, *I have holpyn*, etc. These examples obviously in-dicate a more authoritative character of the specialised writings, whose compil-ers were often physicians themselves and often the authors of various remedies who proved the cure themselves. In the remedy collection only two 1st person references were documented, in one recipe: *ffor I prevyd it full notable in [\f. 4v\] many cawsis but neu~ the lesse J will not at þ~ lay it on all sores but late and seldyne to grete and old sores* (MEMT, Remedies, Leechbook 1).

A similar authoritative voice is seen in the use of the second person pro-nouns. As seen in Table 2 these forms also prevail in specialised texts (205 instances, RNF 41.7). A thorough examination of the use of these pronouns has revealed that in specialised texts these pronouns are mostly found in the context where the author of the text puts himself in the position of an instructor, e.g.: *þou schalt y-knowe/wete/vnderstande*; *thou must wite*; *(But/And) witte thou*; or in the context where the author assumes the user of the text is a physician him-self, e.g.: *when thou wilt*, *if thou wilt*, *if thou maiste*, leaving the decision for the reader. As regards the remedy books the 2nd person pronoun is mostly found in expressions ensuring the reader/user that they should recover soon, usually re-corded as the final statement of the recipe (so called efficacy phrase), e.g.: *thou schalt be hole*. Thus, in remedy book recipes we can observe a more intimate attitude to the reader who is not only a healer but most of all a patient.

The last significant difference in overt reference concerns the use of the second person possessive pronouns (63 [RNF 5.74] in remedy books vs. 3 [RNF 0.6] in specialised texts), e.g.: *And put þer-off in thyn eye*, *anoynt thyn gomys*, *kepe it to thy own wse*, *lay itt to yere hede*. This way of highlighting the address-ee makes the recipe more personalised and intimate. Hence hardly any record in specialised context, which relies on a more indirect reference.

As for the references to the patient in both collections the frequency is com-parable (cf. Table 2). The only seemingly striking difference is the use of *the sick* (58 records) in remedy books, whereas in specialised context a more for-malised form, i.e. *the patient* (36 records) is used.

3.2. References to Authorities

Apart from personal reference the authors/compilers used many strategies to convince the readers that the remedies described in the compilations were actually effective (cf. Wear 2000: 85; Marttila 2011). This was done by, for instance, referring to the source of the medicine, usually some medical authorities.

The references to authorities can be categorised into the following seven types (Marttila 2011: 149): (i) classical medical authorities, (ii) modern medical authorities, (iii) the writer him- or herself, (iv) the reader and his or he presupposed knowledge, (v) the inclusive *we*, (vi) the general public or ordinary laypeople, (vii) divine authority, i.e. God. In the material examined for the present study only four categories of authority references have been identified. These include (i) standard Greek and Arab medical authorities, e.g.: Avicenna, Galen, Hippocrate, Rasis, (ii) medieval medical authorities, e.g., Arderne (a 14th c. English surgeon), Bernard of Gordon (a 13th c. French physician at Montpellier), Gilbertus Anglicus (also Gilbert of England, a 13th c. English physician), Lanfranc of Milan (an influential surgeon; founder of the 14th c. French school of surgery), Master Petrus de Bonato (a 14th c. surgeon at Lyons, probably a friend of Guy de Chauliac), Master Arnald de Villanova (13th/14th c. physician; translated a number of medical books from Arabic), (iii) divine authority and (iv) the writer himself, cf. Table 3 and the examples under (1).

Table 3. References to medical authorities

	Remedy books	Specialised texts
classical authorities	6	13
medieval medical authorities	3	8
divine authority, i.e. God	10	5
the writer himself	0	1
TOTAL:	19 [1.7]	24 [4.9]

(1)

Here bygennes mani a god medecine þat leches han drawn out of þe bokes of **Galion** and Sclepius **and Ypocras** (MEMT, Remedies, *Second Corpus Compendium*)

And **mayster pers Bonant seyd** that he pruvyd it (…) (MEMT, Remedies, *Leechbook* 1)

Þe lesse wondeȝ..cured I with vnguento viridi, i.*[e.] grene oyntment of **lanfrank**. (Power, c1425 *Arderne* 54/3)

Þis is þe medycine which **I, Iohn Arderne**, made. (MEMT, Specialised texts, *Fistula in Ano*)

Drynke the juce off weybrede and yt schall stawnch **be goddys grace** (MEMT, Remedies, John of Burgundy, *Practica physicalia*)

And **with goddis help** þu shall be hole (MEMT, Remedies, *Leechbook* 1)

As seen in Table 3 references to various authorities are common in recipes representing both writing traditions. However, they differ slightly in the choice of referents. Although the references to classical and modern authorities are less frequent in recipes extracted from remedy book collection, still their presence in these texts suggests that these names (Ypocras, Galen, Auicenna, Arderne, Lanfrank) must have been recognised even among lay audience. Despite medical authorities in the texts directed at lay audience we find frequently repeated phrases: *with goddys help*, *be goddis grace*, usually found in the end statements of the recipe. This indicates a strong belief in the authority of God, especially among lay readers. These appeals to divine authority are not surprising, as they were a common feature in medieval medical recipes (cf. other studies, e.g. Alonso-Almeida and Cabrera-Abreu, 2002).

3.3. Attributive adjectives

The use of attributive adjectives can be another indicator of the target audience of the medical recipes. I shall focus on the distribution and use of qualifying and classifying adjectives in noun phrases (mostly names of medicaments).

Qualifying/descriptive adjectives usually specify incidental features of the referent, such as: size, weight, temperature, colour, and value (evaluative judgements, emotions), whereas classifying adjectives indicate essential features of the referents of the head noun (Biber et al. 2008; Rijkhoff 2008; Warren 1984). This dichotomy, however, is not always clear. It is possible that an adjective, depending on the context, may serve as both qualifying and classifying modifier. For instance, in the medical material examined for the present study, nouns are often modified by the adjectives *hot* and *dry*. These adjectives are found in a qualifying function, e.g. *hot/cold water*, or in a classifying function, e.g. *cold/ hot medicine*, *cold/hot electuary*. In the latter case, the examples do not specify the temperature of the preparation but suggest that the therapeutical use of substances depended largely on humoral medicine. This theory classified medicines according to what humours (hot, cold, moist or dry) they eliminated, hence the use of adjectives in this function, i.e. to distinguish between the members of the same set (cf. also Sylwanowicz 2016). Similarly, adjectives indicating the colour (*green ointment* vs. *red ointment*) or healing properties (*moist medicine*, *dry medicine*, *corrosive ointment*, *abating medicine*) of the medicaments are treated here as classifying adjectives.

Table 4. The distribution of qualifying and classifying adjectives in the analysed material

	Remedy books	Specialised texts
Qualifying adjectives	129 [11.8]	102 [20.8]
Classifying adjectives	142 [12.9]	168 [34.2]

In the present analysis classifying adjectives are prevalent (cf. Table 4). This is due to the fact that medical recipes, being instructional texts that inform the reader how to prepare a medicament, abound in nominal phrases that denote types of medicinal preparations. The head noun of these phrases is usually expressed by: (i) a general term for a medicament (*medicine*, *remedy*, etc.), (ii) a term indicating a dosage form (*ointment*, *sirup*, *powder*, etc.), and sometimes (iii) terms referring to some specifics (*collirie*, *terebentyne*, *tiriacle*, etc.)[9]. These head nouns are modified by adjectives that identify the colour of the medicament (e.g. *unguentum viride*, *green ointment*, *colery whit*, etc.) or the properties of the medicament (e.g. *syrup laxatyff*, *medycine confortatiff*, *oynement resolutif*, *dryinge medicyne*, *hot medicyne* etc.).

As regards the qualifying adjectives, their role in the examined recipes seems to have been twofold: (i) to describe the features of the noun referents (e.g. *hot/colde/warme water*, *fresche butter*, *strong wijn*, *rounde ballys*, *ƿicke syrupe*, etc.), being mostly ingredients of the medicinal preparations, and (ii) to evaluate the medicament or remedy (e.g. *gude poudir*, *precious oynment*, *nobil medicine*, *prophetabull baƿe*, *worschipfull serip*, *high medecyn*, etc.). The second group of the qualifying adjectives prevails, constituting about 51% of the records[10]. The use of such adjectives was a very common practice in medical writings as "much of the discourse about remedies was concerned with convincing the readers that they worked" (Wear, 2000: 85). Such nominal phrases are usually found in two parts of the recipe: the heading (title/statement of purpose) and/or additional comments,[11] cf. 2a and b respectively:

(2)
(a) **A nobil medicine** for greuous ache as it were in franesye. (MEMT, Remedy books, *Cophon experimentes*)
  A gude oyntment for alle feuerr. (MEMT, Remedy books, *Liber de diversis medicinis*)

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[9] For more on the names of ME medical preparations see Sylwanowicz (2014, 2015).

[10] In the present corpus out of 238 nominal phrases with qualifying adjectives, 121 records contain evaluative adjectives.

[11] 81 records have been found in the headings, 26 in additional comments and only 12 in the ingredient part; to these last items belong such examples as: *gude wyne/water/syrip, fyne hony/wyne.*

A good composicioun for þe firste cause/ Take oold oile iiij partis (…) (Specialised texts, Lanfranc, *Sciencie of Cirurgie*)

(b) For this ys **a precious watere** and conteynyth many vertous. (MEMT, Remedy books, *Alchemical waters*)
ffor thys is a **pryncypall oyntment** for scabbys. (MEMT, Remedy books, *Wyse book of Maystyr Pyrs of Salerne*)
& þis is **a good consolidatif** (Specialised texts, Lanfranc, *Sciencie of Cirurgie*)

The difference in the usage of qualifying and classifying adjectives reflects the difference between learned and lay authors. In other words, the adjectives seem to have been indicators of the style of writing. Thus, classifying adjectives, as a means of giving weight to professional style, were more common in specialised writings (cf. Table 4).

3.4. Form of recipe headings

As stated earlier, Middle English recipes are a fairly well organised genre. They are usually divided into stages, each having informative function. The element of the recipe that might be treated as an indicator of the intended audience is the heading. The headings identified in the analysed material can be divided into 4 types, depending on the information included within this part of the recipe (cf. also the studies by Hunt 1990 and Taavitsainen 2001a):

(1) the statement of purpose that specifies the ailment or the medicament for which a given recipe is written: *For harness of þe splene, For to delyuer wynde and for þe colyk, For streytnesse off þe brest, For to make a drynk of antyoche, For to make vnguentum album, ffor blakke entrete*, etc.;
(2) the name of the medicament (hence rubric/title): *Medritatum, Nefrocatarrum, Opopira, Oximel, Pillule Aurere, Unguentum Populyoun, Yerapigra Galieni*;
(3) the name of the medicament and the statement of its purpose (i.e. Type 2 + Type 1): *Syrop for þe feuer tercyane, A gude oyntment for alle feuers, Emplaster for þe gout*;
(4) expressions such as, *Item, Another, Another for the same, For the same*, all of which were probably incorporated in order to avoid repetitions.

Table 5. Types of headings in the analysed material

Types of headings	Remedy books	Specialised
Type 1	674 [61.5]	48 [9.8]
Type 2	157 [14.3]	154 [31.3]
Type 3	99 [9.1]	118 [24.02]
Type 4	226 [20.6]	62 [12.6]

The first type of the heading (T1 in short) is more frequent in recipes found in remedy books, constituting 58% of all the headings collected for the present study. Within this group we can find two types of statements of purpose: (i) statements specifying the ailment and (ii) statements specifying the medicament, of which the latter is the least frequent (found in 32 out of 674 headings within this category of headings). In the specialised text material, on the other hand, Type 2 (names of specifics) prevails. This difference in the distribution and choice of the headings of recipes can be accounted for the fact that in remedy texts, whose main role was to serve as quick reference book for both specialist or lay readers, the compiler might have focused on the statement of purpose (with special attention to specifying the ailment rather than pharmaceutical). For instance, the term *alcalcolon* 'a compound medicine against tertian fever' might have been meaningless for an inexperienced reader and/or practitioner. Hence, starting a recipe with such statements as: *For/Against tertian fever* or *Medicine against fever*, seemed a better solution.

4. Conclusions

This study is another contribution to the studies of medieval medical writings. The analysis allows for several tentative conclusions.

The results of the analysis have revealed that writers/compilers of medical texts 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 remedy book collections we could observe a tendency to establish a familiar and intimate relationship with the potential reader/user (cf. the use of 2nd person possessive pronouns). In the specialised texts, a more authoritative voice prevails (the 1st person pronoun or even 2nd person). This instructor like character was also present in remedy collections, but was infrequent. 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/familiar names – especially in remedy book collections); and the use of attributive adjectives (qualifying adjectives: *good*, *precious*). The last, but not least, strategy was ensuring the accessibility of the texts, especially those directed also at lay audience. This can be observed in the form of the headings of recipes: in remedy collections prevail headings that clearly state the purpose of the recipe (usually indicating the ailment to be cured not the medicament, which might not always be known to an inexperienced user). As a result, such recipes served as quick reference for both specialist and lay readers. In specialised collections, recipes are part of longer treatises and often lack a heading; if there is any heading, it usually referrs to the name of the medical preparation (often a Latin or anglicised form of a Latin term). This is the marker of a more learned register and the expectation that the user of the text should be a professional practitioner.

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