

Tokens, Signs, and Symptoms: Signifier Terms in Medical Texts from 1375 to 1725¹

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1. Introduction

One of the fundamental tasks of practical medicine has always been to identify the signs of health and disease. In this paper, I contrast the *Oxford English Dictionary*² (henceforth *OED*) entries of four of the most common medical signifier terms (*token*, *sign*, *symptom*, and *accident*) in English vernacular medical texts from the end of the 14th century to the beginning of the 18th with their occurrences both in the *Corpus of Early English Medical Writing* (*CEEM*) and early dictionaries published between 1530 and 1775. Focusing on the medical senses of signifier terms and their patterns of usage, I suggest revisions to the *OED* entries on the basis of new data and argue that more comprehensive information should be recorded on frequency of use.

2. Signification in Medicine

Much of the classical medical learning from the Hippocratic and Galenic eras focused on discussion of diagnostic and prognostic signs. While the intricacies of the classical system were temporarily lost during the first millennium following the fall of the Roman Empire, the tradition of medical semiotics³ survived in the few remaining centers of learning. By the time medieval European healers were practising their art, medical learning was slowly recovering lost ground, classical terminology was just beginning to be reintroduced and the complexities of earlier medical theory were slowly rediscovered through mostly Latin translations of Greek texts. When vernacular medical writing in English began at the end of the fourteenth century, Galenic humoral theory dominated the field of medicine just as it had since late antiquity. With no means of directly observing the internal functions of the human body, diagnosis and prognosis had to be based on external evidence: signs manifest in the body and excrements, and observations of a patient's behavior and habits (Jones 1984: 56–75). The healer would prescribe a cure drawing diagnostic conclusions on the basis of a complex system of signs (Wittern 1987: 72–75). Signs were also observed for the purpose of prognosis, the foretelling of the healing process. Prognosis was generally more highly valued than diagnosis (Siraisi 1990: 133–134), both because it was naturally a topic of interest to the patient and because the accuracy of prognosis was something both colleagues and the rest of the community could evaluate when judging a physician's abilities.

From the end of the 16th century, classical medicine and natural philosophy slowly started giving way to the empirical approach. Innovators began advocating that the true signs and symptoms of

¹ I wish to thank my supervisor Irma Taavitsainen for her advice, Rod McConchie for sharing his knowledge of lexicography, and Ian Lancashire for early access to the Lexicons of Early Modern English (LEME) database.

² All references to the *Oxford English Dictionary* refer to the online version of the Second Edition, published in print in 1989 and available online since March 2000. The online version is continually updated with information that will be included in the forthcoming Third Edition. The information in the paper refers to *OED Online* no later than September 1, 2005.

³ Semiotics in the modern sense was named by the philosopher John Locke in *An Essay Concerning Human Understanding* (1690). Locke was closely associated with Thomas Sydenham, arguably the most influential British physician of his time and a proponent of medical semiotics (Faber 1923: 13). It is likely that Locke, who had also studied medicine, derived the term from the medical field.

illnesses should be distinguished from coincidental ones by extended observation of numerous instances of the same malady. Original interpretation of signs also became more acceptable, replacing the tradition of merely noting signs for diagnostic and prognostic purposes (cf. French 2003: 157–184). By the end of the seventeenth century, empiricists had largely taken over medical science and started replacing many of the classical beliefs with new ones based on first-hand observations and increased knowledge in fields like contagion and anatomy. The eighteenth century, marked by further changes of meaning to the signifier terms, was the era of greatest prominence for the semiotic approach to medicine.

3. The Signifier Terms in the *Oxford English Dictionary*

For nearly a hundred years, the *Oxford English Dictionary* has been an indispensable source on English etymology and the historical usage of words. However, particularly as large historical corpora have become available over the last couple of decades, linguists have become increasingly aware of omissions and inaccuracies in the dictionary, many of which are the result of well-known, self-imposed limitations (cf. Landau 2001: 81–83). The recording of technical and specialist senses of lexical items is particularly inconsistent and in need of the greatest attention (McConchie 1997: 65–66; Jackson 2002: 52). I will begin by discussing the datings, field markings and definitions of the medical meanings of the four signifier terms *token*, *sign*, *symptom*, and *accident* in the *OED* (see table 1).

Table 1. Signifier terms in the *OED*.

	first date (overall)	medical sense	first date (med.)	<i>OED</i> definition for the medical sense
token	c.890	2b	1634	A spot on the body indicating disease, esp. the plague. Now <i>rare</i> or <i>Obs.</i>
sign ⁴	a1225	7a	1297	A token or indication (visible or otherwise) of some fact, quality, etc.
sign		7f	1842	<i>Med.</i> An objective evidence or indication of disease (as opposed to a subjective one, or <i>symptom</i>); often used with the name of one who associated an indication with a disease characterized by it, to designate the former.
accident	1374	3	1563	<i>Med.</i> An occurring symptom; esp. an unfavourable symptom. <i>Obs.</i>
symptom	1398	1	1398	<i>Path.</i> A (bodily or mental) phenomenon, circumstance, or change of condition arising from and accompanying a disease or affection, and constituting an indication or evidence of it; a characteristic sign of some particular disease. Esp., in mod. use, a subjective indication, perceptible to the patient, as opposed to an objective one or sign.

Token and *sign*, neither of which had a specialized medical sense at first, are general signifier terms with relatively long histories in English going back to the OE period: *token* is perhaps the oldest

⁴ The *OED* quotes for sense 7a of *sign* include unequivocally medical usage and thus make it necessary to include 7a here. My suggested updatings (table 2) conflate all medical usage under sense 7f.

Germanic signifier term and *sign*, a Latin⁵ loan dating back to 1225 (*OED*) in the vernacular, is likely to have been one of the most familiar Latin words to the general public due to its frequency in the religious and astrological contexts. *Accident* and *symptom*, on the other hand, were introduced to English at the end of the fourteenth century and appear to have had medical meanings from the very beginning. The first known occurrence of *accident* in English has been found in Chaucer's *Troilus and Criseyde* in c. 1374 (*OED*), the date coinciding with the beginning of the scientific vernacularization process. *Symptom*, the only one of the four terms with an exclusively medical pedigree, is first dated by both the *OED* and the *Middle English Dictionary* (*MED*) to around the same time, Trevisa's *On the Properties of Things* (1398).

Three of the four signifier terms have a field explicitly marked as medical; *token*, the one item without a medical field mark, also has a sense with an unequivocally medical definition.⁶ For *sign*, only the modern sense (7f) is field-marked as medical, a decision which pays no attention to the fact that the word had been used in the medical sense since the fourteenth century.⁷ Sense 7a covers more general medical usage (as attested by a quote from Lanfrank's *Cirurgerie*), but leaving out both the field marker and an explicit reference to the medical context the *OED* makes this meaning easy to overlook. The medical meaning of *accident* is correctly field-marked *med*. With *symptom*, however, the editors have chosen the field marker *path* for pathology, a decision which appears strange considering the synonymous relationship between *accident* and *symptom* (see below).

The definition of *token* refers unambiguously to a 'spot on the body indicating disease', thus excluding non-somatic medical indications as well as indications for types of medical ailments other than diseases (see section four).⁸ For *sign*, sense 7a would appear to cover all manner of indications; sense 7f refers explicitly to diseases only. A loan from French to English, *accident* was a frequent translation for the Greek σύμπτωμα (*simptoma*) in Romance languages. *Accident* is defined concisely as 'an occurring symptom, esp. an unfavourable symptom', with no mention of the prevailing early medical sense of the word—as a co-occurring medical condition—at all. By indirectly referring the reader to consult *symptom*, the entry for *accident* not only implies that the former was the primary term, but also that its meaning is the same as it is today, which it is not. *Symptom* is the best defined of the four terms, no doubt because it is a specialist term and has therefore caught the eye of the contributors and editors. The definition covers both the early meaning of the term as a 'condition arising from and accompanying a disease' and its signifier sense as a sign 'constituting an evidence of [a disease]'. The decision to include the modern sense, 'subjective indication', under the same heading as the more general one seems ill-advised, particularly since the definition is not merely a matter of lexical practice but in fact a precise definition in modern medical terminology. It seems likely that the *OED* editors were not fully aware of the semantic relationship or diachronic developments of the terms *accident* and *symptom* in the medical context; throughout most of the early vernacular medical writing, *accident* and *symptom* had two concurrent (rather than mutually exclusive) meanings in the medical context.

4. Signifier Terms in the *CEEM* Corpus

The present study was motivated by the realization that the *OED* definitions for signifier terms do not accurately describe their usage in the texts of the *Corpus of Early English Medical Writing* (*CEEM*). The corpus, under compilation by the Scientific Thought Styles project at the Research Unit

⁵ The *OED* also proposes a French etymology for *sign*. The lexical item is likely to have been borrowed both from French and Latin, but the terms frequency in Latin medical writing would suggest that in the medical context the borrowing was primarily from Latin.

⁶ On field markers in the *OED*, see McConchie (1997: 214–215); on field labeling in general, see Landau (2001: 226–228).

⁷ The definitions of *sign* as an objective indication and *symptom* as a subjective one are modern senses established in the eighteenth century. The *OED* dates the modern medical definition of *sign* to W. A. Guy's *Hooper's Physician's Vademecum* (1842), an unlikely forum for the introduction of a new medical definition.

⁸ While the early meaning of *disease* (literally, dis-ease) covered virtually all physical ailments, the assumption must surely be that words used in a dictionary definition are to be understood in the modern sense unless otherwise noted.

for Variation and Change in English at the University of Helsinki, is a collection of medical texts from between 1375 and 1750. The 1.8 million words of the corpus have been keyed in or scanned primarily from edited texts and facsimile copies of early printed books, in addition to which some manuscripts have been transcribed by project members and associates.⁹ Texts are included as 10,000 word extracts, shorter texts *in toto*. The texts in the corpus are divided into four historically motivated time periods of 1375–1475, 1475–1550, 1550–1660 and 1660–1725. The compilation of texts from the last two time periods is currently ongoing and data from these periods should be considered tentative.

An initial wordlist and frequency analysis revealed four lexical items as the primary signifier terms in medical writing. The frequencies of the four—*token*, *sign*, *symptom* and *accident*—are represented in figure 1.

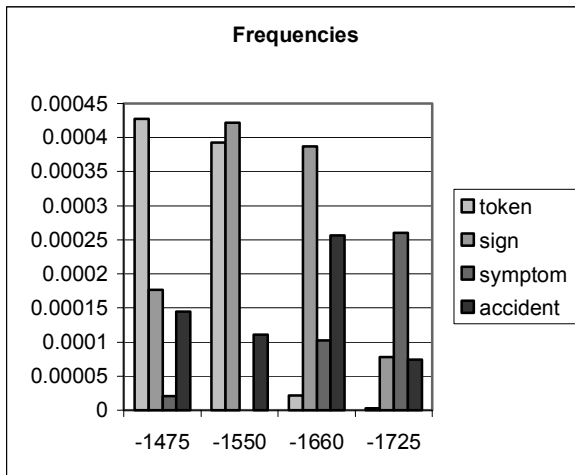


Figure 1. Frequencies of signifiers in the *CEEM* corpus.

The significant finding was that all four terms already appear in the corpus during the first time period of 1375–1475—during which time, according to the *OED*, only *sign* and *symptom* were used in the medical context. This finding antedates the *OED* entries for the medical senses of *token*, *sign*, and *accident*.¹⁰ By 1634, the suggested first dating in the *OED*, *token* had in fact almost disappeared from use in the medical sense. The case of *sign* is complicated by the two applicable senses given in the *OED*. The first three quotes for sense 7a predate the corpus material, but the only medical quote (from Lanfrank's *Cirurgerie*) dates to 'c. 1400' and can thus be slightly antedated by the *CEEM*. The explicitly medical sense 7f concerns the modern sense only and is thus of no interest for purposes of Middle English datings. *Accident* had been a frequent medical term for almost 200 years by 1563, the first-dating in the *OED*. Medical uses of all three terms can be found in Trevisa's *On the Properties of Things* (1398).¹¹ Data from the *CEEM* shows Middle English occurrences of *token*, *sign*, and *accident* (in the medical sense) in the works of John Arderne and Lanfranc, to mention two other authors

⁹ Some of the quantitative findings from the *CEEM* have been updated to reflect changes to the corpus after the conference paper. While the figures differ slightly from those presented at the conference, the overall patterns are unchanged. The first part of the corpus, *Middle English Medical Texts (MEMT)* has been published on CD-ROM by John Benjamins (2005). For more on the *CEEM* corpus, see Taavitsainen, Pahta, Leskinen, Ratia and Suhr (2002: 255–257).

¹⁰ Trevisa's *On the Properties of Things* (1398) is the earliest text with a certain dating in the *CEEM* corpus. Consequently, the antedatings for *token* and *accident* are 236 and 165 years respectively. Sense 7a of *sign* is antedated by at least two years and perhaps more, depending on the dating of Lanfranc's *Cirurgerie*. If sense 7f for *sign* is considered inclusive of the broader premodern medical meaning, the antedating for *sign* is 444 years.

¹¹ With no fewer than 820 earliest citations, Trevisa's *On the Properties of Things* is a particularly rich source for the *OED*. The fact that individual words (or particular senses) go unrecorded is not in itself unusual, but it does demonstrate how, in focusing on rare and unusual words, the *OED* contributors missed many of the more common ones.

included in the *OED* bibliography. Example (1) shows three of the four signifiers in the same short passage:

(1) A rigoor nys nothyng e llyss but as yt were a prikyng of nedlyss opere of nettlyss in þe flesch, and 3if þis rigoor come with a ffeuyre opere ellyss with outen ffeuyre, yt is worst **signe**, and 3if the crampe folwen, yt ys dedlye. Also þese beþ yuele **accidentes**: blaknesse of þe tonge, bleynesse aboute þe chyn opere þe chekenesse, opere in enye opere partye of þe hed þenne in þe wounde, ys an yuele **signe**, and sum tyme blod comyth out at þe erys & noseþrylles. And 3if þe more partye of þese **toknys**, opere ellyss alle comen, þe syke man moste nedys dey3en, namlye & þo **Accidentes** contynewen, and specialy 3if þat þe syke man haue y-be tofore manye daies in gode disposicioun, & after þilke disposicioun þese yuele **accidentes** fallen;

Lanfranc: *Chirurgia magna* 2

MS: New York Academy of Medicine 12, ff. 80b–88b
(Fleischhacker 1894)

Symptom, the first known occurrence of which is in Trevisa (1398), does not appear in the corpus at all between 1450 and 1550. Compounded with evidence from early dictionaries (see section five), it may be tentatively suggested that *symptom* was not in general vernacular use until the middle 16th century.¹² Because the *OED* does not note changes in the frequency of use of lexical items, the entry for the headword *symptom* could be understood to suggest that the term appeared at the end of the fourteenth century and continued to be used steadily thereafter. Such is clearly not the case.

The corpus also provides evidence for corrections to the definitions of the signifier terms. As noted in the previous section, most of the *OED* definitions for the medical senses of the terms refer to visible indications and fail to mention the rich variety of other indications ranging from changes in appetite, sleeping patterns and cognitive functions to observations of the pulse and medical samples, all of which are found in the corpus:

(2) When þu hast ete þi mete, be ware þu ete not eftsonis, vn-til þi mete bifore receiuid be perfiteyly digestid. And when þat is, þu shalt knowe by .ij. **tokenis**. One is when þine appetite cummith to þe ayene after þi mete which þu hast receyuid. Anopir token: if þi spettel be sotel, and li3tly will destende in to þi mouth. Iff þu take mete withoute appetite, þi naturall hete is feblid. And if þu haue a newe appetite, þi naturall hete is accendid.

Regimen Sanitatis: The Booke of Goode Governance and Guyding of Þe Body.

MS: Bodl. Rawlinson C.83, ff. 1–8.
(Manzalaoui 1977a)

(3) Here be ye **sygnes** of dethe to perseyve in a seke body: hys forhed rede, hys browes schall falle, hys lyste ye schall wax lytyl, hys nose schall wax pale and whyte, hys wytte schall fayle, hys pouse before schall renne, hys fete schall wax colde, hys belly wexeth laxe, in a 3ong man wakyng and in a holde man slepyng and of a man if hys rygth ye watty, he schall dye.

Peers: *The Wyse Boke of Maystyr Peers of Salerne.*

MS: College of Physicians of Philadelphia Med. Misc. I, No. 3, ff. 1–18.
(Heffernan 1993)

¹² The relatively late ‘reintroduction’ of *symptom* (considered from the perspective of broad use in medical writing) is interesting because *symptom* is both a medical term of the oldest classical stock and a central concept in medical writing. As noted by Taavitsainen (2001: 194–195) and Norri (2004: 108–111), the borrowing of medical terminology had decreased considerably by the mid sixteenth century.

As seen in figure 1, *token* was the most frequent or second most frequent medical signifier until the middle of the 16th century. The claim made in the definition that *token* was used especially of indications of the plague cannot be corroborated with corpus evidence, as *CEEM* concordance information shows no particular collocation between *token* and *plague*.¹³

Turning from types of signs to the ailments that they signified, signifier terms were used not only for indications of diseases, but also for wounds, injuries, and more general assessments of the body:

(4) Lykewyse certeyne vlcres enge~dre spasme, bycause of the place, as the vlcres whyche be nye the synnowes, chiefly those which are in the backe, by reason of the nighnes of the nuke, and the vlcres whyche bene in the former parte of the knee, bycause the lacertes be very synnowie, & therefore the woundes and vlcres of that place, doth sone enduce a spasme, and manye other euyll **accidentes**, as we haue declared in the chapter of the woundes of the sayd place.

de Vigo: *The Most Excellent Workes of Chirurgerye*. (1543)

(5) And þe **tokyn** of a goode stomake is þis: lyghtnes [\ f. 43v \] of body, and clernes of wytte, and goode appetyte. The **tokynys** of a febyl stomak and of febyl dygestyon be þise: slugynes of þe body and starkenes, slownes in alle dedys, but in specyal in gate, and also softnes, bolnyng of þe face, and oftyn gapyng with þe mowthe, heuynes of þe eyn, ..

De Priuute of Priuuteis. MS: In Private Collection.
(Manzalaoui 1977b)

In conclusion, signifiers were used much more broadly in medical writing than the *OED* definitions would let us believe. While it may not be necessary or even possible to define the medical uses of the terms exhaustively, the definitions currently provided in the *OED* are clearly insufficient.

5. Signifier Terms in Early Dictionaries

Contemporary dictionaries provide invaluable information on how words were understood, what their origins were believed to be and, in some cases, how lexicographers thought they should be used. Although one must be careful not to overinterpret the inclusion or exclusion of words in early dictionaries, at least some tentative hypothesis can be formed on the basis of such information, particularly in cases where a lexicographer has explicitly stated the objectives or intended audience of the dictionary.¹⁴ In the case of medical signifiers, the fact that quite a few of the early lexicographers were educated as physicians means that the definitions will be reflective of contemporary understanding.¹⁵

¹³ The first outbreak of the Black Death (bubonic plague) ravaged Europe from 1348 to 1349. The *OED* definition has most likely been affected by the (over)abundance of texts dealing with the outbreak of plague in London from 1665 to 1666. The word *plague* (*plage*) was used more broadly in ME (Norri 1992: 118), but this meaning cannot be considered relevant to the *OED* definition.

¹⁴ For example, the title page of Cawdrey's *A Table Alphabeticall* (1604) states that the dictionary teaches the 'true writing and understanding of hard usuall English words' and is intended for the 'benefit and helpe of Ladies, Gentlewomen, or any other unskilfull persons'.

¹⁵ Among the compilers of early dictionaries (either general or medical), Elyot, Levins, Cooper, Baret, D'Oylye, Bullokar, and Scott practised or had studied medicine (cf. McConchie 1997: 99, 112; Starnes and Noyes 1991).

In the early dictionaries¹⁶ I surveyed for the study, both *sign* and *token* make their first appearance as headwords in bilingual dictionaries: *sign* in Palsgrave's *Lesclarcissement de la langue francoyse* (1530) and *token* in Huloet's *Abecearium Anglico-Latium* (1552). As headwords in a monolingual dictionary, both terms appear for the first time in Cockeram's *English Dictionarie* (1623). The explanations are general in nature and make no reference to a specifically medical context. Indeed, none of the early dictionaries give a medical definition for either lexical item in English.¹⁷ *Token* and *sign* are rare as headwords before the comprehensive dictionaries of the early 18th century, but frequent in definitions.

The cases of *accident* and *symptom* are more complicated, particularly when it comes to meaning descriptions. Elyot's *The Dictionary of Syr Thomas Elyot* (1538), a Latin-English dictionary with a considerable number of medical headwords, is the earliest dictionary source for both lexical items. *Accident*, in the Latin form *accidentia*, is defined as 'thinges that chaunce or happen to a man, and properly misfortunes.' The definition is notable for its lack of reference to medicine, suggesting that *accidentia* (or *accidens*) did not have a specifically medical sense in Latin texts. This interpretation is supported by the definition given for *symptoma* (spelled in the classical rather than Medieval Latin form) in the same dictionary:

(6) a greeche worde used amonge physicians, for lacke of a latine worde fyt, for the thynge which it signifieth, it is a certeyne effecte folowyng sicknesse, lyke as cause doeth procede, or is before sicknesse. it is a sensible grieffe ioyned with the sicknesse.¹⁸

Elyot notes that the lexical item in question is used by physicians and that it is a Greek borrowing to fill a lacuna in Latin—which suggests that Elyot did not consider *accidentia* a semantic equal to *symptom*, for otherwise he would not have said a suitable Latin word is lacking.

A point of contrast can be picked up by looking at *accident* as a headword in a contemporary monolingual glossary compiled by the translator Bartholomew Traheron for Vigo's *The Most Excellent Workes of Chirurgerye* (1543). Firstly, unlike Elyot, Traheron defines *accidentes* with an explicit reference to medicine: 'As vehement payne may be an aposteme, or from it, withoute remouynge of the aposteme.' Secondly, the fact that Traheron would have included *accident* in his glossary of 'strange words' is noteworthy as an indication of the lexicographer's evaluation of the term's usage, particularly considering that corpus data shows it had already been in frequent medical use for some 150 years (see section 4). Thirdly, we note that the glossary entry (as a headword, no less) antedates the *OED* medical sense of *accident* by 20 years, despite the fact that Vigo's text is included in the *OED* bibliography.

Definitions given for *accident* in sixteenth and seventeenth century dictionaries clearly demonstrate that the primary meaning of the lexical item was the co-occurrence of a thing or quality with something else. The explanation in Bullokar's *English Expositor* (1616) is a typical example: 'that which happeneth by chaunce: sometime it signifieth that which belongeth to a thing, and yet is no part of the substance, as the quantitie, qualittie and such like.' Medical meanings, when given, mostly paraphrase the same formula, substituting *disease* for *thing*. Toward the end of the seventeenth century, medical explanations of *accident* start referring to *symptom* for a more thorough definition; *accident* in turn appears frequently as the definition (or part thereof) of *symptom*. The modern meaning of *accident* starts appearing as the primary dictionary explanation of *accident* from the early 18th century and the

¹⁶ The dictionaries consulted are listed as an appendix under the compiler's name and year of publication (where the compiler is not known, the name of the dictionary is used instead). For full references to works published prior to 1605, consult the list of dictionaries collected by Stein for Starnes and Noyes (1991: xiii–cxi); for works published after 1605, see Stein (1985: 410–431); Levins (1570) can be found in McConchie (1997: 227); Garfield (1657), Blankaart (1684) and Quincy (1719) are listed under primary sources. For further information on early dictionaries, see Schäfer (1989) and Lancashire (1999).

¹⁷ *Sign* sometimes appears in Latin to English dictionaries in a postmodified form such as *signum morbi*, 'symptom of disease'. See e.g. Blankaart's *The Physical Dictionary* (1684).

¹⁸ The last part of the definition, 'sensible grieffe ioyned with the sicknesse', is a formulaic definition later repeated word-for-word in a number of early dictionaries (e.g. Cooper 1565, Thomas 1587, Blount 1656).

medical meaning is quickly lost: Quincy's *Lexicon physico-medicum* (1719), a medical dictionary, does not include *accident* at all.¹⁹

Making its first appearance in Mulcaster's spelling guide *First Part of the Elementarie* (1582), *symptom* turns up for the first time in a proper dictionary in Cawdrey's *A Table Alphabeticall* (1604)—almost exactly 200 years after its first known occurrence in a vernacular text. The infrequency of *symptom* both in dictionaries published between 1400 and 1600 and in the corpus, suggests that it was a rare word in English until the end of the sixteenth century. *Symptom* appears as a headword in virtually every general dictionary after Cawdrey,²⁰ a fact which may be taken to suggest that its frequency in medical writing increases rapidly during the 17th century. *Symptom* is frequently defined as 'an accident', followed by formulaic explanations such as the aforementioned 'sensible grief joined with sicknesse' and physical examples like 'headache following ague, want of sleep, fainting, swooning', etc.²¹ From the middle of the seventeenth century, *symptom* begins showing a shift from a specialist medical meaning toward equivalence with *sign* and starts appearing in explanations and definitions for other words. The definitions for *symptom* in successive dictionaries by Kersey exemplify this semantic change. In *A New English Dictionary* (1702), *symptom* is defined as 'an accident, that happens to a disease, a sign, a token discovering what the distemper is.' Only seven years later, Kersey's *Dictionarium Anglo Britannicum* (1708) broadens the definition to include non-medical signification: 'an Accident or Effect, accompanying a Disease; also a Sign, or Token of any thing.'²² Fifty years later, dictionaries such as Dyche's *A new general English Dictionary* (1744) and Johnson's *Dictionary of the English Language* (1755) define *symptom* simply as 'a sign and a token.' Johnson gives the classical sense, 'something that happens concurrently with something else, not as the original cause, nor as the necessary or constant effect', but makes no reference to medicine.

All in all, early dictionaries confirm the results of the corpus data on *accident* and *symptom*. The intratextual references between dictionary entries show that *accident* was the primary term for the concurrent medical ailment until the end of the 18th century. The exclusion of *symptom* in glossaries prior to 1600 supports the notion that *symptom* was a very rare lexical item until the 17th century. Both of these facts should be reflected in their respective *OED* entries.

6. Updates to the *OED*

The findings of this study, presented below as revised *OED* entries (see table 2), demonstrate the value of a corpus linguistic approach to the investigation of the lexicon. While a sufficiently large corpus can also yield new information for purposes of dating and defining lemmas, the particular value of corpora comes from the perspective they offer on diachronic changes in both the overall quantitative occurrence patterns of lexical items and the contexts of their usage. The *OED* does not currently record information on frequency of use, only the last known quotes for words that have disappeared and occasional markers such as *rare* or *obs.* It would, however, be advisable to make diachronic changes in usage patterns more explicit. To take an example from the present study, the *OED* entry for *symptom*, factually correct as it may be, simply informs us that the lexical item is first known to have occurred in the English lexicon in 1398. With no other information on frequency of use, a reader might believe that

¹⁹ The exclusion of *accident* is significant, because Quincy (1719: x) makes a point of criticizing Blanchard (referring to Blankaart, one of many alternate spellings of the name) for having included terms 'long since intirely [sic] out of use' in his *Lexicon Medicum* (1683). It seems likely that Quincy excluded *accident* from his own dictionary for this reason.

²⁰ A notable exception being the four identical dictionaries published between 1735 and 1742 by the allegedly different authors Defoe (1735), Anonymous (1737), Sparrow (1739) and Manlove (1741). See Starnes and Noyes (1991: 139–146).

²¹ These examples, particularly 'headache following ague', are repeated in one dictionary after another, attesting to both the level of 'borrowing' practiced by early lexicographers and the fact that many of them probably did not know the medical meaning and were consequently limited to repeating examples found in other works.

²² Kersey's (1708) definition for *accident* does not mention a medical sense at all, although the meaning in the field of logic, 'whatever does not really belong to a thing, but only casually' bears some remnants of the medical meaning of a co-occurring ailment.

by the late 16th century the word belonged to the standard lexicon of medical language while in reality *symptom* was only just beginning to be used more widely and in fact indicated a rather cutting edge lexical choice.

Table 2. Updatings to *OED* entries of the signifier terms.

	medical sense	first date (med)	Corrected definition for the medical sense
token	2b	1398	<i>Med.</i> A mental or physical indication of a condition such as disease or injury. Also used of indications observed in medical samples. <i>Rare</i> after 1550, <i>Obs.</i> from c. 1700.
sign	7f	1398	<i>Med.</i> A mental or physical indication of a condition such as disease or injury. Also used of indications observed in medical samples. In mod. use, an objective evidence or indication of disease (as opposed to a subjective one, or <i>symptom</i>); often used with the name of one who associated an indication with a disease characterized by it, to designate the former.
accident	3	1398	<i>Med.</i> A secondary medical ailment ancillary to a primary one; also used as a means of identifying it. A translation of <i>symptom</i> prevalent throughout the Early Modern period. <i>Rare</i> or <i>obs.</i> after 1800.
symptom	1	1398	<i>Med.</i> A bodily or mental phenomenon, circumstance, or change of condition arising from and accompanying a disease or affection, and constituting an indication or evidence of it; a characteristic sign of some particular disease. <i>Rare</i> before 1550. In mod. use, a subjective indication, perceptible to the patient, as opposed to an objective one or sign.

CEEM corpus material dates all four terms to 1398 (Trevisa's *On the Properties of Things*).²³ The findings also highlight the need to revisit the texts in the *OED* bibliography as a partially untapped resource of antedatings. The other suggested revisions are aimed at improving consistency (i.e., changes to field markers) and expanding the definitions to better reflect the true usage of the terms. Specifically, the definitions should reflect the possibility of both somatic and non-somatic indications and the variety of conditions which may thus be indicated. I have kept the modern definitions of *sign* and *symptom* under the same medical sense as the historical meanings for consistency with *OED* practices.

The usage markers *rare* and *obs.* could be used more, not only in conjunction with last known occurrences but also to indicate slow adoption of new lexis or intermittent fluctuations of use frequency (as in the case of *symptom*). By adopting a policy of including such usage information as soon as it becomes available, the *OED* would greatly assist the reader who needs to place an early text in context or evaluate intertextual transmission patterns.²⁴ This would be a valuable addition to an already remarkable dictionary.

²³ Note that with *sign*, sense 7a remains unchanged. I do, however, suggest moving the Lanfranc quotation to 7f, where it properly belongs.

²⁴ Many research questions of this kind will be addressed by the forthcoming *Historical Thesaurus of English*, compiled at the University of Glasgow. See <<http://www2.arts.gla.ac.uk/SESSL/EngLang/thesaur/homepage.htm>>.

Appendix: Early Dictionaries Studied for Section 5 (see note 16)

Palsgrave (1530); Elyot (1538); Salesbury (1547); Huloet (1552); Cooper (1565); Levins (1570); Huloet (1572); Baret (1574); Mulcaster (1582); Thomas (1587); Cote (1590); Florio (1598); Withals (1602); Cawdrey (1604); Cotgrave (1611); Bullokar (1616); Cockeram (1623); Culpeper (1651); Blount (1656); Garfield (1657); Phillips (1658); Coles (1677); Skinner (1691); Blankaart (1684); Cocker (1704); Phillips (1706); Coles (1707); *Glossographia Anglicana Nova* (1707); Kersey (1702); Kersey (1708); Kersey (1713); Quincy (1719); Bailey (1721); Bailey (1724); Defoe (1735); Dyche (1744); Bailey (1749); Wesley (1753); Johnson (1755); Scott-Bailey (1775)

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