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The Dissemination of Medical Practice in Late Modern Europe:
The Case of Buchan's *Domestic Medicine*

Abstract

The aim of this study is to investigate the prefaces, introductory sections, tables of contents, indices, appendices and glossaries in the Italian and French translations of William Buchan's *Domestic Medicine* (1st ed., Edinburgh, 1769). The editions under scrutiny here are the 6th in English (1779, London), the 2nd in French (1780-, Paris) and the Italian edition issued in Milan (1785-).

The analysis will focus on the methodology adopted in the process of translation and adaptation, as they emerge from paratextual sections; the same sections (particularly tables of contents, indices, appendices), along with extracts from the main body, will exemplify textual and discourse features in the three languages (similarities, correspondences, differences, additions, adaptations, omissions, etc.).

The analysis also highlights how the widespread process of translation and adaptation of texts in the last quarter of eighteenth-century Europe is essential to the dissemination and the elaboration of contemporary medical issues (as disciplinary knowledge), with a view on specific medical practices.

1. *Introduction*

1.1. *General aim*

The general aim of this contribution is to investigate paratextual features in late modern medical writing, with specific reference to prefaces, introductory sections, tables of contents, indices, and appendices in the Italian and French translations of William Buchan's *Domestic Medicine* (1st ed.,

Edinburgh, 1769; hereafter ^{1st}*DM*).¹ This work became extremely popular in just a few years and it underwent revisions and publications in Great Britain well into the nineteenth century, and later in America. It was translated into many European languages soon after the first English version was issued in 1769.² It represents one of the major achievements in the dissemination of medical writing and medical practice in vernacular for a multilayered readership. For this reason, the study of its translation highlights both the innovative principles underlying the original plan, method, and function of Buchan's *DM* among the massive medical book production of the period, and the cosmopolitan nature of medical thought, ideas, topics, and approaches in Enlightenment Europe. In this perspective, the translation of *DM* will be examined as a cultural product, and as cultural activity: a fundamental, sociolinguistic tool for the circulation of notions and concepts originally addressed to a different target reader, and to a different book market.³ The following sections will introduce, analyse, and discuss

¹ William Buchan (1729-1805) was a Scottish physician who studied medicine and published his MD thesis in Edinburgh in 1761. He practised first in rural Yorkshire, and then was appointed medical officer of the Foundling Hospital at Ackworth. In 1772 Buchan became a fellow of the Royal College of Physicians of Edinburgh, and in 1778 he moved to London where he practised regularly at the Chapter Coffee House, near St Paul's. While in London he published several minor works. He died in February 1805. These few lines on Buchan's life are drawn from the *Oxford Dictionary of National Biography*, ODNB, <https://doi.org/10.1093/ref:odnb/3828>.

² According to Lawrence (1975, 20), after the first Edinburgh publication of 1769, many authorised and non-authorised editions and reprints were issued in Britain until 1846, and in America until 1913 (Boston; the first was Philadelphia, 1771). Rosenberg 1983 (22) maintains that the last edition was published in Philadelphia, 1871, by Claxton.

³ For the very specific aims of this study and the attention mainly addressed to the analysis of the three works under scrutiny, a thorough presentation of and discussion about the notion of *cultural translation* and the circulation of books in Enlightenment Europe is not possible here. For further, in-depth reading see: Oz-Salzberger 2006 and Burke and Hsia 2007 on the role of *cultural translation* in early Modern Europe, Burke 2007 on the cultures of translation, Pallares-Burke 2007 on adaptation and translation in periodicals, Pantin 2007 on the role of translation in scientific exchanges, Castagnino 2014 and Castagnino 2017 on the relationship between translation and historical mediation. For the fundamental role of printing and book trade in the dissemination of ideas in Early and Late Modern Europe and beyond, see Raven 1992 and 2007, Brown 1999, Furdell 2002, and Sher 2006. On the more specific topic of medical writing and

the (meta)textual and (meta)discourse strategies used by *DM* translators and the transformation of the source work for a new function and context of use.

1.2. *Primary sources: general presentation and method of analysis*

1.2.1. *Sources*

The three editions of *Domestic Medicine* at the core of the present investigation are the 6th in English (1779, London and Edinburgh; hereafter ^{6th}*DM*), the 2nd in French (1780, Paris; hereafter ^{Fr2nd}*MD*) and the Italian edition issued in Milan (1785; hereafter ^{ItMi}*MD*):⁴ the source text for each of them is explicitly declared in their respective title pages.⁵ ^{Fr2nd}*MD* is

(1) Traduit de l'Anglois par J.D. Duplanil,⁶ Docteur en Médecine de la Faculté de Montpellier, & Médecin ordinaire de son Altesse Royale Monseigneur le Comte

medical reading, along with the emergence of social medicine and the 'commodification of health', see Maggioni 1998 and Risse 2005.

⁴ The first French edition was issued in Paris in 1775, whereas in the 1780s two further Italian editions were published in Naples (1787) and Padua (1789), in addition to the Milan version strictly based on the second French translation.

⁵ The typeface in the title pages of the three versions under scrutiny varies in shape and size: for reasons of readability this variation has been ignored, and the transcription normalised according to present usage, here and elsewhere when quoting from title pages.

⁶ J.D. Duplanil (1740-1802) was a physician and academic at the Faculty of Montpellier; he translated many surgical English works, and Buchan's *Domestic Medicine* in 1775, in Paris. This first version was five duodecimo volumes, whereas from the second one to the latest in 1802, the octavo format was preferred, with the same number of volumes. Duplanil did not limit himself to a close translation, interpreting his role as a multifaceted one of author and compiler: "Duplanil ne s'est point borne au simple rôle de traducteur; indépendamment des notes nombreuses et importantes répandues dans les quatre premiers volumes, il est seul auteur du 5^e volume, qui contient en forme de dictionnaire, la définition de tous les termes de médecine, la description anatomique des organes du corps humain, et une idée de leur principales fonctions, le caractère des plantes médicinales, la composition des divers médicaments, [...], etc.", *Biographie*

d'Artois. Seconde Édition, Revue, corrigée, & considérablement augmentée sur la sixieme Edition de Londres. [...] (^{Fr2nd}MD, title page, Paris 1780)

and ^{ItMi}MD is

(2) Tradotta dalla sesta edizione inglese in lingua francese con molte aggiunte ed annotazioni dal sig. Duplanil, e dalla seconda edizione francese nella lingua italiana da un professore di medicina. [...] (^{ItMi}MD, title page, Milano, 1785)

According to the title pages, these two versions are 'complete treatises', "Traité complet" and "Trattato completo", suggesting that they include everything that might be necessary for the domestic, or private,⁷ practice of medicine since the work is "utile aux personnes de tout état, & mis à la portée de tout le monde", or "utile e adattata all'intelligenza di ciascuno" (^{Fr2nd}MD and ^{ItMi}MD, respectively).

Relevant information emerges from these few lines that only partially represent Buchan's original ^{6th}DM title. Indeed, here the reference to his public (people), or to the multilayered readership, and to its usefulness traces back to the first edition, which was made explicit as "an attempt to render the medical art more generally useful, by shewing people what is in their own power both with respect to the Prevention and Cure of Diseases" (^{1st}DM). There was, however, no inclusion of the word treatise in the original title. Instead of this reference to the 'kind of' medical writing, the second title of "Family Physician" (^{1st}DM) reformulated and highlighted the practical and private context. From the second English edition onwards

universelle ancienne et moderne (1855, vol. 12),
<https://gallica.bnf.fr/ark:/12148/bpt6k516524/f39.item.r=duplanil>

⁷ According to Johnson's *Dictionary of the English Language* (1755), the adjective domestic covers a series of meanings strictly related to the 'private sphere': "DOME'STICAL, DOME'STICK, *adj.* [*domesticus*, Latin] 1. Belonging to the house; not relating to things publick. [...] 2. Private; done at home; not open. [...]". The useful activity in which domestic, referring to private, clearly applies is the performance of "Private Practitioners" (^{6th}DM title page). The household is the preferred context of private practice, in the perspective of "public health" (^{6th}DM, Preface, viii). However, the book is "more generally useful" (^{6th}DM, Preface, x), since it includes "the most simple and approved forms of medicine" (Ibid.) to be administered by the lay people themselves: in this case, domestic and private refer to 'lay family practice', so common at the time.

(1772-), the title is modified, the description reduced, and the word ‘treatise’ introduced: “Domestic Medicine or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines”. Private practice (domestic), and more general notions (treatise), if not strictly theoretical, were definitely associated in Buchan’s work. What the two translations emphasise is *DM*’s exhaustiveness : “complet” and “completo”.⁸ This is also due to the series of expansions and modifications added to the original 6th*DM* text, “considérablement augmentée”, and “con molte aggiunte ed annotazioni” (Fr^{2nd}*MD* and It^{Mi}*MD*).

At this point, it is worth introducing some general features of 6th*DM* and briefly contextualising *DM* in eighteenth-century medical works for the lay people. Popular education was a central issue in the second half of the century. This meant a dramatic increase in medical publications of instruction and advice, compendia and handbooks for an expanding readership (Lawrence 1975; Rosenberg 1983; Lonati 2017). This pedagogical attitude, which stemmed from the need to make medical knowledge intelligible to the “literate classes” (Lawrence 1975, 23) and to distinguish it from quackery and “obscure metaphysics” (ibid.), along with the need to prioritise experience over hypothesis (Lawrence 1975, 24) were for Buchan motivating principles. In the mind of its author, it was to be “a book to read, and a book to use” (Rosenberg 1983, 24), a kind of guide mainly addressed to “an urban-oriented audience” and “self-consciously improving middle-orders” (Rosenberg 1983, 26), a lay readership interested in medical topics, domestic practice, and health issues. The opening lines of Buchan’s *Proposals* (1768) clearly state his main purpose, and the effort of his attempt, which is

⁸ The notion of exhaustiveness (*complet/completo*) is not explicit in 6th*DM* title page. However, that the work is ‘complete’ is suggested in 6th*DM* Preface, when Buchan introduces Tissot’s *Avis* (1st1761), “Had the Doctor’s plan been as complete as the execution is masterly, we should have had no occasion for any new treatise of this kind soon” (6th*DM*, Preface, xi; see also quotation (5) in the present study), and when he makes known to the reading public the existence of translations “both in France and Holland [...] enriched [...] with many useful observations of their [*men of distinguished abilities*] own; by which it [*DM*] is rendered more complete” (6th*DM*, Preface, xiii).

(3) not intended to encourage quackery, or put ignorant people upon the use of medicines which they do not understand; but to shew how far it is in the power of every man to preserve his own health by proper conduct, or restore it when lost by the help of such simple medicines as any person may procure with the greatest ease and apply with the utmost safety. Nothing is more remote from the Author's design than to represent the office of a physician, in attending the sick, as unnecessary. But [...] it is in the power of every prudent man to do more towards the preservation of his own health than all the physicians in the world can do for him. (*Proposals*, 1768, 3)

This attitude did not change in time, despite the many revisions carried out by the author himself until his death in 1805, and the many editions issued across decades. The format, the structure, the contents, and the function of the book remained essentially the same, and the “enlightened motives [...] or professions of humanitarianism” (Sher 1999, 48) were both summarised in the title page of ^{1st}*DM* and perspicuously expressed in the Advertisement to the same edition. Further details on the motives and function(s) of this reference work, with a view on methodological expansions, were added for the reader and user in the successful ^{2nd}*DM* (1772): the Preface (v-xv), and the Introduction (xvi-xxxii) were systematically reprinted in all the following publications, including ^{6th}*DM* (1779), and accurately translated in ^{Fr2nd}*MD* (1780, Préface de l'auteur, lxi-lxxii; Introduction de l'auteur, lxxiii-xcii) and ^{ItMi}*MD* (1785, Prefazione dell'autore, xliii-liiii; Introduzione dell'autore, liv-lxxi). The key points discussed in the Preface of ^{6th}*DM* concern utility (*generally* and *universally useful*, v and xxiv) vs. erudition (*narrow-minded [...] Faculty*, v), medical observation as extended practice (v-vi), prevention and public health (*general prophylaxis*, v and viii), regimen and non-naturals (vii-viii, *diet, air, exercise*, etc.), making medicine popular (*diffusing useful knowledge*, xii), plain language and plain sense (*some terms of art [...] common observation*, xii-xiii), target audience (*mankind in general*, xii), and acknowledgments to contemporary translations (*France and Holland*, xiii). The Introduction concentrates on the use of language and the necessity for physicians to abandon prescriptions in Latin, “unintelligible to the rest of mankind” (xv), as well as on “the investigation of truth” (xvi), based on “medical observations” (xviii), since “Disguising Medicine not only retards its improvement as a science, but exposes the profession to ridicule, and is

injurious to the true interests of society” (Ibid.). There is no reason against “laying Medicine more open” (xxi), a concept repeated more than once: “the prescriptions of physicians, instead of being couched in mystical characters and a foreign language, ought in my [Buchan’s] humble opinion, to be conceived in the most plain and obvious terms imaginable” (xxiii). Medicine should be considered as a “popular science” (xxv) and not “solely confined to a particular set of men, while all the rest have been taught, not only to neglect, but even to dread and despise it” (Ibid.). The final paragraph indeed summarises the leading and inspiring principles of the book:

(4) To assist the well-ment endeavours of the humane and benevolent in relieving distress; to eradicate dangerous and hurtful prejudices; to guard the ignorant and credulous against the frauds and impositions of quacks and impostors; and to show men what is in their own power, both with regard to the prevention and cure of diseases, are certainly objects worthy of the physician’s attention. These were the leading views in composing and publishing the following sheets. (^{6th}*DM*, Introduction, xxviii)

Buchan’s *DM* was not the first work of this kind, even though it was definitely the most successful.⁹ It was preceded and probably inspired by

⁹ The process of vernacularisation of medical works, as translation from Latin into English, was not new in the eighteenth century. It had started in the Early Modern Period along with an “increasing competence of different social groups in reading medical texts from 1500 to 1700” (Murray Jones 2011, 31) for primarily – but not exclusively – functional aims. Latin remained the prestigious language of erudition, of learning, and of the emerging scientific approach to describe reality. It was also used to provide reliability to vernacular medical handbooks, since “a phrase in the prestige language of medical learning [...] is intended to lend an aura of credibility and prestige to the book by association” (Pahta 2011, 116). However, in the meantime the use of English had been extending to all domains. In particular, the second half of the seventeenth century was “a key moment for the vernacular medical publishing market” (Rovelli 2018, 123; see also Furdell 2002 and Fissell 2007): a landmark was certainly represented by Nicholas Culpeper’s translation of the *Pharmacopoeia Londinensis* as *A Physical Directory, or, a Translation of the London Dispensatory made by the College of Physicians in London*, London: Peter Cole (1649). A century later, William Buchan’s *DM* was well established in the tradition of medical knowledge dissemination, with a dramatic growth of major works directly written in English, and later translated into other European languages.

Tissot's *Avis au peuple sur sa santé*, first published in Lausanne in 1761, reviewed soon after and published in Paris (1762), and Lyon (1764). It was also translated from French into English some years later by J. Kirkpatrick (London, 1765).¹⁰ In his 1772 Preface, duly reproduced in ^{6th}*DM*, Buchan acknowledges the relevance of other colleagues for his work, and in particular Tissot:

(5) Those to whom I have been most obliged were, Ramazini, Arbuthnot, and Tissot; the last of which, in his *Avis au Peuple*, comes the nearest to my views of any author which I have seen. Had the Doctor's plan been as complete as the execution is masterly, we should have had no occasion for any new treatise of this kind soon; but by confining himself to the acute diseases, he has, in my opinion, omitted the most useful part of his subject. People in acute diseases may sometimes be their own physicians, but in the chronic the cure must ever depend chiefly upon the patient's own endeavours. The Doctor has also passed over the *Prophylaxis*, or preventive part of Medicine, very slightly, though it is certainly of the greatest importance in such a work. He had, no doubt, his reasons for so doing [...]" (^{6th}*DM*, Preface, xi)

Hence, the main difference between these two milestones in the dissemination of medical principles and procedures essentially consists in the focus of their attention: Tissot's original plan only considered situations of emergency and acute diseases that required immediate intervention, "Conversely, whenever something was not simple enough, Tissot resisted including it in the *Avis au peuple*" (Signy 2010, 785), such as the cure of chronic diseases. They constitute, instead, most of *DM*, and the perception of its intrinsic 'completeness' (cf. above ^{Fr2nd}*MD*'s and ^{ItMi}*MD*'s titles pages, and note 8) is certainly one of the reasons for Buchan's consistent success.

1.2.2. *Method of analysis*

The frame of reference for the textual analysis is that of Descriptive Translation Studies (DTS), as "a descriptive-explanatory branch [...]"

¹⁰ For further reference to Tissot's *Avis*, and the relationship with Buchan's *DM*, it is worth reading Lawrence 1975 (27), Rosenberg 1983 (24-25), and Signy 2010.

approaching translation empirically” (Toury 1995, 4-5; see also Rosa 2010, 94-95). This means that any translation is investigated and contextualised as a process and as a product, in relation to its specific function/s in the target readership, and/or recipient culture. The present study highlights the complex relationship between the source-text (English) and the target-texts (French and Italian), from the linguistic, disciplinary, and cultural perspectives, in the light of knowledge dissemination in three different socio-cultural and socio-historical backgrounds.

The analysis is essentially qualitative and focuses on the methodology adopted in the process of translation and adaptation, with a view on prefaces and introductions. In this preliminary phase of the analysis, the function of these paratextual sections in anticipating, explaining, and exemplifying the complex process(es) of restructuring and reshaping of Buchan’s work, along with the modifications to the original 6thDM text in particular, are highlighted and discussed.¹¹ Other sections of the paratextual apparatus, with special reference to tables of contents, indices, and appendices, along with extracts from the main body, will exemplify (meta)textual and (meta)discourse features in 6thDM, Fr2ndMD, and ItMiMD (similarities, correspondences, differences, additions, adaptations, and omissions).

Before starting the thorough analysis and discussion of a limited set of extracts taken from the three editions under scrutiny, it is compelling to examine their structure, their internal complexity, the material aspects characterising all the three versions and to evaluate their extension and length (number of volumes, and number of pages per volume). This will contextualise the similar vs. different aim(s), function(s), and target user(s)

¹¹ In her study based on previous research, Rosa (2010, 96-97) maintains that to provide a “comparative analysis of source and target texts” a four-step scheme is required, including 1. *preliminary data* (e.g. title, title pages, metatexts, etc.), 2. *macro-level data* (e.g. text division, titles and presentation of sections, etc.), 3. *micro-level data* (e.g. selection of words, dominant grammatical patterns, modality, language levels, etc.), and 4. *systemic context data* (e.g. oppositions between macro- and micro-levels, intertextual and intersystemic relations). This preliminary descriptive network is the core of the present DM analysis.

of the three works, highlighting Duplanil's perspective and the significant changes operated for the ^{Fr2nd}MD version, later reproduced by "un professore di medicina" for the Italian ^{ItMi}MD.

1.2.2.1. ^{6th}DM

It consists of a single octavo volume of 798 pages, and includes the 1772 dedication to John Pringle, the Preface and the Introduction of the same year, and the Contents. All of them precede the main text, divided into two sections. The first is focussed on The General Causes of diseases (1-143), whereas the second is titled Of diseases (144-687), and is more extended. It includes detailed descriptions of single diseases (causes, symptoms, regimen, medicine), grouped into chapters according to their similarities. This basic structure of the work never changed over time and is mirrored in the two translations. Back matter paratext includes the Appendix (691-756) of a List of Simples (i.e. natural substances) and Medical preparations (i.e. medical remedies in alphabetical order). The Appendix is preceded by an Introduction (691-696) and is followed by the alphabetically arranged Index (twelve pages, not numbered) of cross-references to the main text. Sometimes the Index also provides basic definitions for the 'headwords' included.

1.2.2.2. ^{Fr2nd}MD

It counts five octavo volumes, each of them covering from a minimum of about five hundred pages to more than six hundred. It opens with the Epitre dédicatoire (v-viii) and the Avertissement du traducteur (ix-lviii). The French translation of the original English letter to John Pringle (lix-lx), the Preface (Préface de l'auteur, lxi-lxxii), and the Introduction (Introduction de l'auteur, lxxiii-xcii) follow. The total number of volumes and of pages clearly underlines the huge amount of 'revisions, corrections, and additions' ("édition *Revue, corrigée & considérablement augmentée*", ^{Fr2nd}MD title page) by

J.D. Duplanil, translator-compiler-author at a time. The essential two-section structure of the original work is respected. Volume one is completely devoted to the Première partie, Des causes générales des maladies. Volumes two to four include the Seconde partie, Des Maladies: Buchan's five-hundred-page Part II/Of Diseases underwent considerable increases (about threefold the original text, excluding the Contents/Sommaire des chapitres; vol. 2/1-448, vol. 3/1-558, vol. 4/1-535). Volume two also includes the Avertissement du traducteur sur le Tableau des Symptomes (1-8), and the Tableau des symptoms (9-52), additions which precede the 'translation' of the main text (1-448). The tables of contents, or the Sommaire des chapitres, paragraphes, et articles du tome, are always placed at the end of their volume of reference: if compared to the original 6thDM Contents, they are extremely detailed (vol. 2/449-516, vol. 3/559-632, vol. 4/536-597; see § 2.2. of the present study). Volume five is completely new, conceived as a Table Générale des matières (1-588), and is preceded by an Introduction à la Table Générale (5-35), explaining the novelty and the function of this 'table'. An alphabetically organised Pharmacie domestique, ou Etat des Médicaments simples & composés (36-40) immediately follows.

1.2.2.3. It^{Mi}MD

The Italian edition is consistently based on the Fr^{2nd}MD introduced above: i.e. its structure, additions, and the general innovations introduced by J.D. Duplanil. For this reason, it is to be considered a clear case of second hand translation.¹² It consists of five octavo volumes covering an average of

¹² Second hand translations “were [...] made indirectly. The unashamed references to this process on title-pages indicate a different culture of translation from the one which became dominant in the nineteenth century. In England, for instance, Greek, Italian, and Spanish texts were often translated via French” (Burke and Hsia 2007, 27). Moreover, “In the later seventeenth century, French culture gradually opened to translations from English, a generation or so before the notorious ‘Anglomania’ of the eighteenth century [...] The growing prestige of French is revealed by its use as an

three to four hundred pages each. It opens with the Prefazione del traduttore italiano (iii-viii), followed by the Italian translation of the French Avertissement, Avvertimento del traduttore francese (ix-xlii), and of the original English Preface and Introduction, Prefazione dell'autore (xliii-liii and liv-lxxi) and Introduzione dell'autore. The first volume is devoted to the first section of Buchan's work and Duplanil's translation (vol. 1), Parte prima. Delle cause generali delle malattie (1-288). Volumes two to four present, describe, and discuss the Parte seconda. Delle malattie (vol. 2/1-349; vol. 3/1-447; vol. 4/1-420). The main text in volume two is preceded, as before for the French version, by the Avvertimento del traduttore francese. Sopra il Prospetto de' Sintomi, ec., che precede la Seconda Parte (iii-viii), and by the Prospetto De' Sintomi, che caratterizzano, e costituiscono le malattie generali interne, e gli altri mali gravi (ix-xlvi). The table of contents, or Sommario de' capitoli, paragrafi, ed articoli, is placed at the end of each single volume: the 'sommari' are very detailed and cover many pages (vol. 1/289-308; vol. 2/350-338; vol. 3/448-492; vol. 4/421-460; see § 2.2. of the present study). Volume five, as already mentioned, is completely new and essentially consists of a glossary-index, Tavola generale delle materie contenute nei Quattro volumi della Medicina Domestica (1-310), and of a list of useful medicines, Farmacia Domestica, ossia catalogo de' Medicamenti semplici e composti (xxvii-xxx). Both these sections are introduced by the Introduzione alla tavola generale (iii-xxiv), translated from the French version, to which is added il Ragguaglio de' Pesì di Francia e quei di Venezia e di Milano, onde non mancasse nel men necessario questa Edizione (xxv-xxvi), i.e. the comparison between Paris and Milan/Venice weights and measures.

2. ^{Fr2nd}MD and ^{ItMi}MD: *unfolding, adapting, and expanding medical practice*

intermediary, for English books to be translated into German, for instance, and sometimes into Spanish, Italian or Russian" (Burke and Hsia 2007, 22).

This section presents and discusses the key features of the French ^{Fr2nd}MD and the Italian ^{ItMi}MD versions, as they emerge from their paratextual apparatus. Paratext, conceived as

(6) le renfort et l'accompagnement d'un certain nombre de productions, elles-mêmes verbales ou non, comme un nom d'auteur, un titre, une préface, des illustrations, dont on ne sait pas toujours si l'on doit ou non considérer qu'elles lui [*au texte*] appartiennent, mais qui en tout cas l'entourent et le prolongent, précisément pour le *présenter*, au sens habituel de ce verbe, mais aussi en son sens le plus fort: pour le *rendre présent* au monde [...]. Cet accompagnement, d'ampleur et d'allure variables, constitue ce que j'ai baptisé [...] le *paratexte* de l'oeuvre. (Genette 1987, 7),¹³

is a very complex component in both of them, and is fundamental for mapping these works. On the whole, it provides crucial information on the translators' aims, motivations, plans, methodology, and expectations. The reader is guided through a tight network of contents, connections, and cross-references, all of them explained and exemplified. The same approach is adopted in the following paragraphs to uncover the underlying mechanisms in use: single text features and discourse strategies are analysed and exemplified in detail, along with their corresponding explanation in the paratext. For reasons of space, the extracts included and commented on here are limited, but they provide an overview of the multilayered process of cultural translation “as cultural exchange within Europe” (Burke and Hsia 2007, 10), and as close translation, adaptation, and expansion.

2.1. The ^{Fr2nd}MD *Avertissement* and ^{ItMi}MD *Avvertimento*: *translating and reshaping Buchan's original work*

The *Avertissement du traducteur*/*Avvertimento del traduttore* francese (hereafter ^{Fr}*Av* and ^{It}*Av*) includes in general terms the perspective of the French translator, and the more practical *Division de l'Ouvrage*/*Divisione*

¹³ For the complex notion of paratext, the reference work is Genette's *Seuils* (1987). For further reading, cf. also Goffman 1986, and Genette 1997.

dell'Opera. Except for a few marginal differences, the Italian version faithfully reproduces the original French one, not only in this section, but throughout the contents of the five volumes. This means that the Italian translation includes the ideal, structural, and concrete choices of the 'second hand' source text. This also highlights the prestige of the French cultural perspective in Enlightenment Europe, and the use of the French language as the privileged mediator between English and Italian (see note 12, and Kontler 2006, Oz-Salzberger 2006, Burke and Hsia 2007, Castagnino 2017). The examples will be given in the two languages when possible, otherwise the French version will be preferred.

The most interesting points exposed in the first part of the ^{Fr}*Av* regard the methodology and the underlying motivations for the translation. Firstly, Duplanil states that his translation will be a faithful one, “cette Traduction, que je me suis attaché à rendre fidele” (x), translated into Italian as “questa Traduzione, che mi sono studiato di render Fedele” (^{It}*Av*, ix). Secondly, he highlights the relevance of *DM* for the dissemination of useful medical principles, and he implicitly supports his ^{Fr2nd}*MD* translation:

(7) Le succès de la Médecine domestique, en Angleterre, n'est pas équivoque. [...] cet Ouvrage est du petit nombre de ceux qui font époque, et qui peuvent véritablement prétendre à être utile au genre humain. [...] il n'en est pas [*d'ouvrages/works*] que l'on puisse comparer à la Médecine domestique, soit pour la vérité des principes, la sagesse des péceptes, la justesse des idées; soit pour la multitude des choses qu'elle renferme. *L'Avis au Peuple*, le seul livre de ce genre qu'on lise, borné à l'exposé & au traitement des Maladies aiguës, semble n'avoir pas atteint le but que son Auteur se proposoit [...] l'omission de deux objets essentiels, savoir, l'Hygiène & les Maladies chroniques, le rendent incomplet. (^{Fr2nd}*MD*, ^{Fr}*Av*, xi-xii)¹⁴

The same ideas are also included in the Italian version, and in the Prefazione del traduttore italiano (hereafter ^{It}*Pv*), preceding the ^{It}*Av*. The emphasis on the general validity of medical principles, along with the dynamic relationship between physicians across Enlightenment Europe, is worth highlighting here: “non v'è che una Medicina generale, che si possa

¹⁴ On the notion of *complet/complete* vs. *incomplet*, cf. 1.2.1. *Sources*, and note 8.

insegnare, e l'esperienza sola dee adattarla ai casi particolari" (^{It}Pr, vi), and "gli stessi Inglesi venivano ad apprendere la Medicina dagli italiani, ed al presente alcuni de' nostri Medici vanno ad impararla da essi. [...] quella Scienza non è che generale, cioè che i suoi precetti si adattano ad ogni luogo; quindi vano era il bisogno di ridurre questo libro alla natura e al clima nostro" (^{It}Pr, vi-vii). In this context, the use of the vernacular (*volgar favella* and *bello e facile volgare*, ^{It}Pr, viii) for disseminating practical-popular science (*precetti della Medicina*, ^{It}Pr, vii) among the people takes on a key role:

(8) Ella [*l'opera/the work*] è tradotta nella volgar favella, dappodichè la latina essendo morta tra noi, non si può negare ch'ella non ci riesca e più scarsa e più oscura della volgare; [...] e la lingua nostra è attissima a scrivere di tutte le materie in tutti i generi ed in tutti gli stili, non le mancando copia di voci, varietà di maniere, proprietà di termini, vaghezza d'ornamenti, sublimità di frasi, forza d'espressione; finalmente perché essendo quest'Opera fatta anche per quelli, cui non abbisognò lo studio della latina, così per la maggiore utilità di chi vorrà leggerla, si è anteposto il bello e facile volgare, che per un tacito consenso di tutta Italia omai [sic] si sceglie per l'uso degli scritti e dei libri d'ogni genere, e che senza vanità può chiamarsi il più nobile ed il più significante dentro questa circonferenza dall'alpi e dal mare. (^{ItMi}MD, ^{It}Pr, viii)

The anonymous Italian translator, as his French colleague, implicitly motivates the reasons for ^{ItMi}MD: to be faithful to the source is to be faithful to the discipline, which is one and general. Dissemination overlaps with vernacularisation and adaptation to "una pratica della Medicina più breve e più semplice [...] una ragionata osservazione e [...] una giudiziosa e prudente pratica sperimentale, cosa tanto desiderata da Ippocrate, e non seguita dalla maggior parte de' moderni" (^{It}Pr, iv). The scientific procedure of observation, experimentation, and evaluation based on – and guaranteed by – reason are definitely the frame of reference for this kind of works.

The *ragionata osservazione*, or rational principle in elaborating science, represents the epistemological framework and the very concrete perspective at the basis of the second part of the ^{Fr}Av/^{It}Av: the Division de l'ouvrage/Divisione dell'opera (hereafter ^{Fr}Di and ^{It}Di).

The following paragraphs will provide the methodological issues and the innovations in order of appearance in the ^{Fr}Di and ^{It}Di. For reasons of

space, attention is predominantly placed on the multifarious adaptations newly introduced, and characterising ^{Fr2nd}MD and ^{ItMi}MD, as Duplanil plainly affirms:

(9) Mais comme j'y ai fait beaucoup d'augmentations, sur-tout dans la seconde Partie, je dois, à ce même Public, des details qui l'instruisent de ce qui n'appartient pas à l'Auteur [*Buchan*], afin qu'on ne lui impute pas les fautes que j'aurois faites & les négligences que j'aurois commises, & que l'on soit en état de juger en quoi cette Edition differe de la premiere. (^{Fr}*Di*, xviii)

A series of very concise sections introduces the strategies used to translate and adapt the English source to a new context of use and users. Short extracts taken from ^{Fr2nd}MD and ^{ItMi}MD will concretely exemplify the text in the target versions, the modified nature of these works, their epistemological perspective, with reference to their encyclopaedic comprehensiveness, and the discourse implications in the French and Italian translations.

2.1.1. *French and Italian versions: additions, annotations, cross-references*

One of the major differences, and the starting point of the comparison with the original ^{6th}DM, concerns the expansion of the main text or main body, that is to say the additions defined by Duplanil as “toutes ces augmentations [...] une phrase, un alinéa, &c. [...] des Articles; des Paragraphes, des Chapitres entiers:” (^{Fr}*Di*, xxvi). These *augmentations*, “tout ce qui m'a paru pouvoir contribuer à développer & à étendre les idées de l'Auteur, sur le caractere, les causes, les symptoms & le traitement des Maladies” (^{Fr}*Di*, xxvii), are recognisable since they are enclosed between brackets, “je les ai enfermées entre deux parentheses” (*ibid.*). This graphic strategy allows the French translator-compiler-author to include further topics and explanations in the original source, and detail information. The extracts below exemplify his clustering technique, which recreates ^{6th}DM as a kind of hypertext. Table 1 compares the paragraphs on remitting and intermitting fevers:

Table 1

6 th DM – original	Fr2 nd MD – translation		It ^{ME} MD – second hand translation	
<p>CHAP. XIII OF FEVERS IN GENERAL. [pp. 150, 151, 157]</p>	<p>CHAPITRE II. <i>Des Fievres en général.</i> [pp. 15, 19, 33]</p>		<p>CAPITOLO SECONDO. Delle febbri in generale. [pp. 11, 15, 26]</p>	
<p>[...] A REMITTING fever differs from a continual only in degree. It has frequent increases and [decreases, or]</p> <p>exacerbations and remissions, but never wholly leaves the patient during the course of the disease.</p> <p>Intermitting fevers, or agues, are those which, during the time that the patient may be said to be ill, have evident intervals or remissions of the symptoms. [...]</p> <p>The diet must be light, but nourishing. It should be</p>	<p>[...] La <i>fièvre rémittente</i> differe de la <i>fièvre continue</i>, uniquement dans ses degrés. Comme cette derniere, elle ne quitte point le malade pendant tout le cours de la Maladie; mais elle a, dans le vingt-quatre heures, de fréquents accroissements, de fréquentes diminutions, <u>ou, comme les Médecins disent, de fréquents redoublements & de fréquentes rémissions.</u> (C'est-à-dire, des moments ou elle est plus forte , d'autres ou elle est plus foible).</p> <p>Les <i>fièvres intermittentes</i> sont celles qui, pendant le temps qu'elles attaquent le malade [...] laissent des intervalles marqués, où les <i>symptoms</i> de la <i>fièvre</i> disparaissent entièrement: (de sorte que, pendant ce temps, la personne n'éprouve plus aucun sentiment de <i>fièvre</i>, & que souvent elle paroît jouir de la santé: mais au bout de quelques heures, de quelques jours, plus ou moins, la <i>fièvre</i> reparoît de nouveau, pour disparoître plus ou moins de fois , jusqu'à ce qu'enfin elle soit parfaitement guérie.)</p> <p>[...] Les aliments doivent être légers, mais nourrissants. Il</p>	<p>Ce qu'on entend par fièvre rémittente;</p> <p>Par fièvre intermittente.</p> <p>Quels doivent être leurs</p>	<p>[...] La <i>febbre remittente</i> differisce dalla <i>continua</i> unicamente ne suoi gradi. Nella stessa guisa di questa ultima ella non abbaddona il malato durante tutto il corso del male; ma spiega dentro le ventiquattr'ore de frequenti accrescimenti, delle frequenti diminuzioni, <u>o come dicono i Medici, de' frequenti raddoppiamenti, e delle frequenti remissioni.</u> (Ch'è quanto a dire de momenti, dove ella è più forte degl'altri dove ella è più debole).</p> <p>Le <i>febbri intermittenti</i> sono quelle, che tra il corso del tempo, ch'elleno sorprendono il malato, gli lasciano alcuni intervalli notabili, dove i <i>sintomi</i> della <i>febbre</i> svanifcono onninamente: (di modo che durante questo tempo la persona non prova più verun sentimento di <i>febbre</i>, e sovente ella sembra godere salute; ma a capo di alquante ore, di alcunisgiorni più, o meno la <i>febbre</i> comparisce di nuovo per disparire più o meno di volte, finchè alla fine resti perfettamente guarita.)</p> <p>[...] Gli <i>alimenti</i> devono essere leggieri, ma nutritivi. Bisogna</p>	<p>Cosa intendasi per febbre remittente.</p> <p>Per febbre intermittente.</p> <p>Quali devono essere I loro</p>

<p>taken frequently, but in small quantities. It is dangerous at such a time to eat as much as the stomach may crave.</p>	<p>faut qu'il mange souvent, mais peu à la fois. Il seroit dangereux pour un <i>convalescent</i>, qu'il mangeât à chaque repas autant que son <i>estomac</i> le demande. (Ce n'est pas ce que l'on mange qui nourrit, c'est ce que l'on digere. Le <i>convalescent</i> qui mange peu, digere et se fortifie. Celui qui mange beaucoup surcharge son <i>estomac</i>, qui, fatigué par le <i>régime</i>; par les <i>remedes</i>; par la Maladie, n'a pas assez de force pour digérer; bien loin d'être nourri & fortifié, il périt peu à peu. [...])</p>	<p>aliments. Il faut qu'ils mangent peu à la fois & souvent. Pourquoi?</p>	<p>mangiare sovente; ma poco alla volta. Sarebbe pericoloso per un <i>convalescente</i>, ch'ei mangiasse in ciaschedun pasto, quanto il suo stomaco ricerca. Non è ciò che si mangia, che nutrisce, egli è ciò che si digerisce. Il <i>convalescente</i>, che mangia poco digerisce, e si fortifica. Quegli, che mangia molto, aggrava il suo <i>stomaco</i>, che spossato dal modo di <i>vitto</i>, dai rimedj dalla malattia, non ha forza bastante per digerire; e ben lungi dal nodrirsi, e fortificarsi, egli poco a poco si strugge. [...]</p>	<p>alimenti. Bisogna che ei mangi poco alla volta, e di sovente. Perchè?</p>
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Table 1 displays the structure of the target texts, ^{Fr2nd}MD and ^{ItMi}MD. The expansions between brackets (the bold is mine), conceived for the French version, and not systematically reproduced in the Italian one, aim at reformulating (*C'est à dire/Ch'è quanto a dire*), exemplifying (*de sorte que/di modo che*), and conceptualising (*Ce n'est pas ce que l'on mange qui nourrit/ Non è ciò che si mangia, che nutrisce*). Other expansions in the text (*comme les Médecins disent/ come dicono i Medici*, underlined sections above) explicitly introduce the translation of Buchan's technical equivalents (e.g. *exacerbations/remissions* vs. *redoublements/remissions*, and *raddoppiamenti/remissioni*) of previous, more general notions, concepts, and terms (*increases/decreases* vs. *accroissements/diminutions*, and *accrescimenti/diminuzioni*). Two other major strategies emerge from the comparison: the glosses in the margins (paratextual apparatus) and the terms in italics within the text (cross-references to paratextual apparatus). The specific hypertextual and discourse functions of these two techniques are provided, once again, in the ^{Fr}Di (and ^{It}Di):

(10) Nous avons également mis, dans tout le cours de cette seconde Partie, en marge & à côté des alinéa qui en sont susceptibles, des *additions*, qui nous ont paru d'une plus grande importance encore ici [...] une espece de guide, qui lui [*au lecteur*] montrât du

bout du doigt, pour ainsi dire, ce qui, dans cette Maladie, doit particulièrement fixer son attention [...]. (^{Fr}*Di*, xxx)

et

(11) L'expression, sous laquelle est dénommé chacun de ces objets [*terme de l'art, médecine, plante, remede, etc.*], est imprimée, dans tout le cours de l'Ouvrage, en *caracteres italiques*. [...] Le Lecteur est donc prié de chercher à la Table générale, Tome V, chaque terme de Médecine, de plante, de remede, tant simple que composé, qu'il rencontrera en caractere italique, dans tout le cours de l'Ouvrage. (^{Fr}*Di*, xxiii-xxv, passim)

In the first case (10), the glosses are not integrated within the text, and their main function is to signal the bullet points of the discussion (see also § 2.2. Sommaire/Sommario). In the second case (11), the text, paratext, and discourse network are skilfully connected and integrated within a complex and multilayered main body by the mere introduction of a graphic device. The impact is remarkable: the reader's attention is stimulated, and the hypertextual function made clear (see also § 2.3. Table générale des matières/Tavola generale delle materie).

Footnotes, partially integrated within the main body by a superscript number or letter, are the other components of the 'hybrid' ^{Fr2nd}*MD* and ^{ItMi}*MD* translations. Numbers refer to Duplanil's footnotes, whereas letters belong to Buchan's *DM*. Their function varies: they may provide further explanation or details, suggest different perspectives, comment on the topic. As Duplanil himself declares,

(12) Dans tout le cours de la premiere Partie, j'en [*expansions and additions*] ai fait des notes; &, pour les distinguer de celles de l'Auteur, je les ai désignées par les chiffres arabes 1, 2, 3, 4, 5, 6, &c., tandis que j'ai désigné celles, qui appartiennent à M. Buchan, par les lettres de l'alphabet *a, b*, [...] réflexions, observations, &c., son réjettées dans des notes. [...] les notes se trouvent être en plus petit nombre, dans cette seconde Partie, qu'elles n'étoient dans la premiere Edition, parce que beaucoup d'objets qui sont aujourd'hui insérés dans le texte, étoient alors en notes. (^{Fr}*Di*, xxvi-xxix, passim)

As is the case with the main body, the key points in footnotes are highlighted by glosses in the margins. Table 2 below exemplifies their

function(s); the selection is drawn from the same chapters on fevers, as above.

Table 2

6th DM – original	Fr2nd MD – translation		ItMi MD – secondary translation	
<p style="text-align: center;">CHAP. XIII. OF FEVERS IN GENERAL. [pp. 150-151]</p>	<p style="text-align: center;">CHAPITRE II. <i>Des Fievres en général.</i> [pp. 15-16]</p>		<p style="text-align: center;">CAPITOLO SECONDO. Delle febbri in generale. [p. 12]</p>	
<p>[...] The distinguishing symptoms of fevers are, <i>increased heat, frequency of pulse, loss of appetite, general debility, and a difficulty in performing some of the vital or animal functions.</i></p> <p>[...]</p>	<p>[...] Les <i>symptomes</i> caractéristiques des <i>fièvres</i>, sont la chaleur excessive, la <i>fréquence</i> du <i>pouls</i>, la perte de l'appetit, une foiblesse universelle & une difficulté / à remplir quelques-unes des <i>fonctions</i>, soit vitales, soit animales (1).</p> <p>[...] (1) Cette énumération des <i>symptomes</i> annonce assez que la <i>fréquence</i> du <i>pouls</i> ne constitue pas seule la <i>fièvre</i>, comme on le croit communément. En effet, quoique tous concourent à manifester la <i>fièvre</i>, on ne peut pas dire que l'un lui soit plus essentiel que l'autre; si l'on excepte un seul, dont M. BUCHAN ne parle que plus bas, qui est le <i>mal de tête</i>. Voici ce que M. LE ROY, ancien Professeur de Montpellier, aujourd'hui célèbre Praticien de la Capitale, nous disoit, à ce sujet, dans ses <i>Leçons publiques sur les pronostics d'HIPPOCRATE</i>. Le <i>mal de tête</i>, qui a son siege au front, est si communément un <i>symptome</i> de <i>fièvre</i>, que les Médecins, qui ne trouvent point dans le <i>pouls</i> les signes nécessaires pour annoncer la <i>fièvre</i>, ont ordinairement recours à cette partie, quand ils ont lieu de supçonner cette maladie. Si le malade, ajoute-t-il, ne sentoit point de douleur à la tete, il faudroit lui faire faire un mouvement plus ou moins violent, & il ne tarderoit pas à le sentir.</p> <p>[...]</p>	<p>La fréquence du pouls ne constitue pas seule la fièvre.</p> <p>Symptome le plus fréquent des fievres.</p>	<p>[...] I <i>sintomi</i> caratteristici delle <i>febbri</i> sono il calore eccessivo, la <i>frequenza</i> del <i>polso</i>, la perdita dell'appetito, una debolezza universale, e una difficoltà d'adempire alcune delle <i>funzioni</i>, tanto <i>vitali</i>, come <i>animali</i> (1).</p> <p>[...] (1) Cotesto annoverameato di <i>sintomi</i> fa noto abbastanza, che la sola <i>frequenza del polso</i> siccome comunemente si crede, non costituisce la <i>febbre</i>. In fatti benchè tutti concorrano a manifestare la <i>febbre</i>, non si può dire, che l'uno sia ad essa più dell'altro essenziale; qualora se ne eccettui uno solo, di cui il Signor BUCHAN ne parla solo in appresso, ed è la <i>doglia di capo</i>. Ecco quanto il Signor LE ROY soleva dirci a questo proposito nelle <i>pubbliche lezioni sopra i pronostici d'IPPOCRATE</i>. La <i>doglia di testa</i>, che pianta sede sul fronte è comunemente un <i>sintomo</i> di <i>febbre</i>, talmente che i Medici, che non trovano nel <i>polso</i> i segni necessari ad annunziare la <i>febbre</i>, si rivolgono ordinariamente a questo indizio, quando abbiano motivo di sospettare siffatto malore. Se il malato, soggiunge, non risentisse verun dolore di capo, converrà fargli fare un movimento più o meno violento, per cui non tarderà guari a risentirselo.</p> <p>[...]</p>	<p>La sola frequenza del polso non costituisce la febbre</p> <p>Sintomo il più frequente delle febbri.</p>

The transcription in Table 2 makes explicit the (para)textual and (meta)discourse functions of footnotes, as envisaged by the translator-compiler-author: the example provides textual reference (*dont M. Buchan ne parle que plus bas, qui est le mal de tête*), complementary perspectives (*M. Buchan, M. le Roy, ancien Professeur de Montpellier, les Médecins*), further details (*Cette énumération [...] ne constitue pas seule la fièvre; Le mal de tête, qui a son siege au front [...] sentir*). Therefore, footnotes help to structure the text, by stimulating in-depth reading and by structuring medical discourse as disciplinary interaction between experts.

The next sections trace back to the glosses in the margins, and the terminology highlighted in italics in the main body: their role points directly to another level of the well-structured paratextual apparatus or, in other words, to completely new (para)textual sections (*Sommaire et Tables générale des Matières*), both in ^{Fr2nd}*MD* and ^{ItMi}*MD*.

2.2. *Tables of contents and Sommaire/Sommario: listing, mapping, and clustering*

This section strictly refers to what is generically defined as the table of contents and especially focuses on the manner topics and sub-topics are arranged, allowing the reader to retrieve the information and the notions required. The way the contents are arranged not only suggests the general plan of the work, but also the compiler's epistemological perspective: Duplanil conceives his 'translation' as an encyclopaedic comprehensive compendium which, starting from Buchan's almost 'complete backbone' title pages (cf. ^{Fr2nd}*MD* and ^{ItMi}*MD*), maps and clusters by additions the (popular) science of medicine. In the *Sommaire/Sommario*, as the French and Italian versions call the table of contents, the disciplinary outlook and the discourse functions of the multi-volume endeavour emerge. The *Sommaire/Sommario* pays special attention to this aspect: it is based on and linked to other (para)textual devices (headings, glosses in the margins/main body, notes), and, in turn, reinforces the connections between the single shortest paragraphs of the work. As Duplanil explains

(13) J'ai mis dans tout le cours du texte & des notes, en marge & à côté des alinéa qui en sont susceptibles, des additions qui indiquent, en peu de mots, ce qu'ils contiennent. Enfin j'ai rassemblé toutes ces *additions*, & j'en ai formé un *Sommaire* [...] qui, composé des phrases décousues, est uniquement destiné à désigner ce qu'on veut faire remarquer dans un Ouvrage. (^{Fr}*Di*, xix-xx)

and, further on

(14) Nous avons également rassemblé toutes ces additions à la fin de chaque volume, sous le titre de *Sommaires*, [...] la distribution des Chapitres, que nous avons divisés, & subdivisés par des titres multipliés, y [*ordre, méthode, précision*] contribue aussi. (^{Fr}*Di*, xxxi)

Table 3 below exemplifies the essential features of the original ^{6th}*DM*, and the elaborated – rather inflated – versions of ^{Fr2nd}*MD* and ^{ItMi}*MD*.

Table 3

^{6th} <i>DM</i> – original	^{Fr2nd} <i>MD</i> – translation	^{ItMi} <i>MD</i> – second hand translation
Key terms and general ideas pp. xxix-xxxii	From ^{6th}<i>DM</i> captions to ^{Fr2nd}<i>MD</i> and ^{ItMi}<i>MD</i> discourse (Tome II – Tomo II)	
CONTENTS [...] PART II. Of Diseases. CHAP. XII. Of the Knowledge and Cure of diseases 144 CHAP. XIII. Of Fevers in general 150 CHAP. XIV. Of intermitting Fevers or Agues 157 CHAP. XV. Of an Acute Continual Fever 168 [...] CHAP. XIX. Of the Slow or Nervous Fevers 202 CHAP. XX. Malignant, Putrid, or	SOMMAIRE [...] CHAPITRE II. <i>Des Fievres en general, page 15</i> TOUS les hommes doivent connoître les caufes des fievres. Pourquoi? <i>ibid.</i> Causes générales des fievres, <i>ib.</i> Les fievres sont les Maladies les plus fréquentes & les plus compliquées, <i>ib.</i> Symptomes essentiels des fievres, <i>ib.</i> La fréquence du pouls ne constitue pas seule la fievre, 16 Symptome le plus fréquent des fievres, <i>ib.</i> Symptomes généraux des fievres, 16. [...] §. 1. <i>Des divers especes de Fievres, 17</i> [...] Ce qu'on entend par fievre rémittente , 19 Par fievre intermittente , <i>ib.</i> §. II. <i>Généralités sur le traitement des</i>	SOMMARIO [...] CAPITOLO SECONDO. <i>Delle febbri in generale. ivi [14]</i> Tutti gli uomini devono conoscere le cagioni delle febbri. Perchè? <i>ivi</i> Cagioni generali delle febbri Le febbri sono le malattie le più frequenti, e le più complicate <i>ivi</i> Sintomi essenziali delle febbri <i>ivi</i> La sola frequenza del polso non costituisce la febbre <i>ivi</i> Sintomo il più frequente delle febbri <i>ivi</i> Silntomi generali delle febbri - pag. 12 [...] §. 1. <i>Delle diverse specie di febbre ivi</i> [...] Cosa intendasi per febbre remittente - Per febbre intermittente 15 §. II. <i>Generalità sul governo delle febbri</i>

<p>Spotted Fever 210 CHAP. XXI. Miliary Fever 220 CHAP. XXII. Remitting Fever 227 CHAP. XXIII. The Small-pox 231 Inoculation 245 CHAP. XXIV. The Measles 261 --Scarlet Fever 266 --Bilious Fever 268 [...]</p>	<p><i>Fièvres, 20</i> [...] §. III. Maniere de traiter les malade: dans la convalescence, 31 [...] Quels doivent être leurs aliments, 33 [This is the last paragraph tracing back to <i>6thDM</i>. What follows is between brackets, from p. 33 to p. 35] Il faut qu'ils mangent peu à la fois & souvent. Pourquoi? <i>ib.</i> Regles qu'il faut suivre dans le traitement de convalescence, [...]</p>	<p>ivi [...] § III. Maniera di governare i malati nella convalescenza 24 [...] Quali devono essere i loro alimenti 26 [This is the last paragraph tracing back to <i>6thDM</i>. What follows is not enclosed between brackets, from p. 26 to p. 27] Bisogna, ch'ei mangi poco alla volta, e di sovente. Perché? <i>ivi</i> Regole, che bisogna seguire nel governo della convalescenza <i>ivi</i> [...]</p>
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The left column displays the contents as they are arranged in the English version: a list of chapters devoted to general topics and more specific sub-topics. The multiword sequences (e.g. *Of the Knowledge and Cure of diseases, Of intermitting Fevers or Agues*, etc.) and individual disease denominations (e.g. *Miliary Fever, The Small-pox, Inoculation*, etc.) express general ideas: key words point to areas of interest, but do not map or cluster contents within the single chapter. The detailed structure, suggesting or anticipating the internal epistemological organisation of *6thDM* text and discourse (i.e. the sequence description of the disease, causes, symptoms, remedies/medicines, cure), is not included here. The mid and right columns, ^{Fr2nd}*MD* and ^{ItMi}*MD*, unfold and identify the smallest components of the chapter: the headings of sections and paragraphs, along with rhetorical questions, reproduce the glosses in the margins of the main body. The ‘main body’ (or, the main text) of the paratextual apparatus (Sommaire/Sommario and glosses in the margins) is used to map the core of the work (the ‘traditional’ or ‘official’ main body). The system of cross-references, and the network which emerges from them, is complex, and multilayered. What is marked in the left column (bold is mine), dramatically expands in ^{Fr2nd}*MD* and ^{ItMi}*MD*: only the section on fevers has been used to exemplify Duplanil’s method, in his effort to bring to the surface what lies hidden in – if not added to – the source text. The Sommaire/Sommario was conceived to stimulate

discourse and to help establish the epistemological perspective of encyclopaedic exhaustiveness, which was not envisaged in the same manner in ^{6th}DM. This seems to be confirmed by ^{Fr2nd}MD's and ^{ItMi}MD's usage sections (^{Fr}Av and ^{It}Av):

(15) la premiere Partie est un manuel, [...] la seconde Partie demande non-seulement une attention réfléchie, mais encore une application sérieuse, pour se familiariser avec les caracteres généraux de la foule de Maladies auxquelles l'espece humaine est exposée. [...] L'usage de la Médecine domestique demande donc une application active, une attention réfléchie, un courage soutenu & une patience à toute épreuve. [...] Mais les avantages [...] ne seront pas aussi bornés pour les gens sensés & instruits [...] dans les Villes & dans les Campagnes [...]. (^{Fr}Av, *Manière de faire usage de la MD*, xliv-liiii passim)

The Sommaire/Sommario is the setting scene which sketches the work, defines and instructs its readership on the nature, richness and usefulness (i.e. *Pourquoi?*, see Table 3 above) of the book. The Sommaire/Sommario definitely exemplifies what the ^{Fr}Av clearly anticipates in (15) above: *les gens sensés & instruits, un manuel, la foule des Maladies, les avantages*. The last section of this study focusses on volume five, which is original in the French and the Italian versions (^{Fr2nd}MD and ^{ItMi}MD), but definitely rooted in the more limited Appendix and Index of the source text ^{6th}DM.

2.3. From ^{6th}DM Appendix and Index to ^{Fr2nd}MD and ^{ItMi}MD Table générale/Tavola generale

The paratextual apparatus of ^{6th}DM includes, as back matter, an Appendix (^{6th}DM *Ap*), and a general Index (^{6th}DM *Ind*) of subjects, both alphabetically arranged. The Appendix consists of a list of the principal remedies and medical preparations for domestic use. The Index refers to the sections of the main body (essentially by page number) in which single terms, notions, topics, and diseases are treated. ^{6th}DM *Ap* is preceded by a concise introduction (^{6th}DM *Ap*, 691-696) that distinguishes between “Ignorance and superstition”, which explain the attribution of “extraordinary medical virtues to almost every production of nature” (^{6th}DM *Ap*, 691), and the

“different forms of medicine [...] never to be wantonly increased” (ibid.) to be of use. In Buchan own words, the general aim, or “design” (^{6thDM}*Ap*, 692) of this introduction

(17) is to exhibit such a list of drugs and medicines as may be necessary for private practice. [...] Multiplying forms of medicine for the same intention tends rather to bewilder than assist the young practitioner, and the experienced physician can never be at a loss to vary his prescriptions as occasion requires. (^{6thDM}*Ap*, 692-693).

The alphabetical order is useful to the “generality of readers” (^{6thDM}*Ap*, 695), and suitable to pinpoint the articles of interest; the use of the vernacular, “the plainest English I could” (^{6thDM}*Ap*, 696), brings to light what is usually obscure in “a medical prescription, when wrote in Latin” (ibid.).

The French ^{Fr2nd}*MD* and the Italian ^{ItMi}*MD* display a very different frame for partially similar functions. Duplanil is the author-compiler of a new lexicographic volume (Tome V), which is completely devoted to the definition, explanation, and in-depth description of the italicised terms included in the main body. The original ^{6thDM} Appendix and Index are combined in this resourceful lexicographic volume. The opening pages include the translation of Buchan’s ^{6thDM}*Ap* introduction, as the backbone of tome five, putting forward the same general aims, values, and functions. However, the introductory section, known as the Introduction à la Table générale des matières (^{Fr2nd}*MD*, 5-35), is expanded by many additions that describe and explain in detail the structure, the internal organisation, and the specific function and usage of the whole volume. The original ^{6thDM} is integrated with Duplanil’s expansions, but the two texts remain distinct: they never merge, though they definitely cluster (expansions are enclosed in brackets, 8-22 and 27-31 in ^{Fr2nd}*MD*; v-xvi and xix-xxi in ^{ItMi}*MD*, without brackets). The closing paragraphs clearly summarise Duplanil’s perspective and his Table générale des matières, which is far more complex than a usual glossary, since

(18) Indépendamment de la description des plantes & des médicaments simples; indépendamment de la recette des remedes composés, la Table générale donne encore la

définition des termes de l'art qu'on a été obligé d'employer, ainsi que la description anatomique des principaux organes du corps humain, & l'explication physiologique des fonctions de chacun de ces organes. Elle donne de plus le titre de tous les Chapitres, de tous les Paragraphes & de tous, les Articles dont est composé cet Ouvrage. On y trouvera encore, sous les mots les plus essentiels, tels que DIETE, ALIMENTS, ENFANTS, FEMMES, FIEVRE, MALADIES, RÉGIME, REMEDES, SAIGNÉE, &c., toutes les réflexions auxquelles chacun de ces objets a donné lieu dans le cours de l'ouvrage. On les y trouvera rassemblées sous un seul point de vue, avec l'indication des pages de chaque Volume, où elles sont éparses: le tout par ordre alphabétique. (Voyez l'Avertissement du Tome premier.) (^{Fr2nd}MD, Table, 29-30)

Therefore, this new volume actually integrates the two functions of an extended medical glossary (almost a dictionary), and of an index, whose object is the retrieval of specific chapters, and sections, in which the headword-topic is discussed. Table 4 and 5 below compare some very concise extracts (*abortion-avortement-aborto* and *fever-fièvre-febbre*) taken from the source-Index in ^{6th}DM (^{6thDM}Ind) and the target-Table/Tavola in ^{Fr2nd}MD and ^{ItMi}MD.

Table 4

^{6th} DM, p. 690 ff.	^{Fr2nd} MD, Tome V	^{ItMi} MD, Tomo V
<p>INDEX</p> <p>A.</p> <p>ABORTION PAGE 579</p>	<p>TABLE GENERALE DES MATIERES</p> <p><i>Contenues dans les quatre Volumes de la MÉDECINE DOMESTIQUE: donnant de plus l'explication des termes de l'Art qui y sont employés, la définition des Plantes & des Médicaments simples qui y sont prescrits; enfin, la recette & la Préparation des Remedes composez qui y sont ordonnés; le tout par ordre alphabétique.</i></p> <p>[...]</p> <p>AVORTEMENT, <i>Fausse-couche</i>. On donne ce nom à la sortie prématurée de l'enfant hors de la matrice, avant le terme marqué par la Nature: cependant ce nom ne convient, à strictement parler, qu'à la sortie de</p>	<p>TAVOLA GENERALE DELLE MATERIE</p> <p><i>Contenute nei quattro Volumi della MEDICINA DOMESTICA; nella quale v'è di più la spiegazione dei termini dell'Arte che si sono adoperati; la descrizione delle piante, e dei medicamenti semplici ivi descritti; finalmente la ricetta, e la preparazione dei rimedi composti, che si sono ordinati; il tutto per ordine alfabetico.</i></p> <p>[...]</p> <p>ABORTO, sconciatura. Si dà questo nome alla sortita immatura del bambino fuori della matrice, avanti il termine prefisso dalla natura: tuttavia questo nome non conviene, strettamente parlando, che alla sortita</p>

<p>[...]</p>	<p>l'enfant, qui a lieu avant le septieme mois, parce que jusqu'à cette époque les enfants sortent morts, ou périssent peu de temps après leur naissance. Mais comme à sept mois & par-delà, on a plusieurs exemples de foetus qui, non-seulement ont survécu, mais même sont parvenus a une assez grande vieillesse, on n'appelle plus ces accouchements, avortements, mais seulement prématurés.</p> <p>La tumeur du ventre causée par la rétention des regles dans les pâles couleurs, est quelquefois suivie d'une évacuation subite & abondante, qu'on a prise pour une fausse-couche: méprise qui peut ternir la réputation de la fille la plus sage, <i>Tome IV</i>, page 123.</p> <p>AVORTEMENT, (de l') ou <i>Fausse-couche</i>, <i>Tome IV</i>, pages 151-156.</p> <p>[...]</p>	<p>del bambino, che succede avanti il settimo mese, perchè fino a quest'epoca i bambini sortono morti, o periscono poco tempo dopo la loro nascita. Ma siccome a sette mesi, e al di là si trovano parecchi esempi di feti, che non solamente sono sopravvissuti, ma anche sono pervenuti ad una estrema vecchiezza; non si chiamano più questi parti aborti, ma solamente immaturi.</p> <p>Il tumore del ventre cagionato dalla ritenzione delle regole nella clorosi, è talvolta seguito da una evacuazione subitanea, e abbondante, che s'è presa per una sconciatura: errore che può offuscare la riputazione della più saggia fanciulla.</p> <p>[cross-references not included here, for the Italian version]</p> <p>[...]</p>
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On the one hand, Table 4 exemplifies the headword *abortion*: in ^{6thDM}*Ind*, the only information provided is a cross reference to the text, whereas in the adapted versions, a full lexicographic entry includes an equivalent (*fausse-couche*, *sconciatura*), a general definition (*sortie prématurée de l'enfant*, *sortita immatura del bambino*), a more specific sense (*sortie de l'enfant [...] avant le septieme mois*, *sortita del bambino [...] avanti il settimo mese*), essential encyclopaedic-disciplinary explanation (*parce que jusqu'à cette époque [...] La tumeur du ventre, perchè fino a quest'epoca [...] Il tumore del ventre*), and a closing paragraph with cross-references to the main body.

On the other hand, Table 5 displays a series of more concise sub-entries, which correspond only partially to the source-^{6thDM}*Ind*: this clearly and undoubtedly highlights how differently the paratextual apparatus operates in the original ^{6thDM}*DM* vs. ^{Fr2nd}*MD* and ^{ItMi}*MD* versions (the bold is mine to emphasise correspondences).

Table 5

6 th DM, p. 690 ff.	Fr2ndMD, Tome V	ItMiMD, Tomo V
<p>FEVERS in general 150</p> <p>[in the translated/adapted versions, the order may be different]</p> <p>---their most common causes ib.</p> <p>---their distinguishing symptoms ib.</p> <p>---their divisions 151</p> <p>---intermitting 157</p> <p>---acute continual 168</p> <p>---slow or nervous 202</p> <p>---miliary, incident to women in childbed 586</p> <p>---child-bed, or puerperal, most fatal to them 587</p>	<p>FIEVRE. Voyez ce qu'on doit entendre par ce mot: & véritable idée qu'il faut se faire de la fièvre, Tome II, page 20.</p> <p>[...]</p> <p>[this entry is extremely long, and cannot be fully transcribed here, pp. 230-232/233. It starts with a general description with cross-references to the main text/previous volumes. Many sub-headwords are included, and just a few of them trace back to 6thDM.]</p> <p>FIEVRE <i>intermittente.</i> (Voyez FIEVRE <i>intermittentes</i>.)</p> <p>FIEVRE (<i>de la</i>) <i>continue aiguë.</i> Tome II, <i>pages:</i> 64-84. La fièvre continue aiguë inflammatoire peut être convertie en fièvre maligne, Tome II, <i>page</i> 168. Le flux hémorrhoidal est souvent critique dans la fièvre continue aiguë inflammatoire, Tome III, <i>page</i> 46. Traitement de l'évanouissement qui succede à un redoublement de fièvre continue aiguë. Tome IV, <i>page</i> 465.</p> <p>FIEVRE <i>lente nerveuse.</i> (Voyez FIEVRES <i>lentes nerveuses</i>.)</p> <p>[...]</p> <p>FIEVRE <i>miliaire des femmes en couches.</i> Tome IV, <i>pages</i> 190-191.</p> <p>[...]</p> <p>FIEVRES (<i>des</i>) <i>en général.</i> Idem, page 15-35.</p> <p>FIEVRES. (<i>des diverses especes de</i>) Idem, page 17-19.</p> <p>FIEVRES. (<i>généralité sur le traitement des</i>) Idem, pages 20-30.</p>	<p>FEBBRE (Vedi cosa debba intendersi per questa parola, e vera idea che dee formarsi della febbre. T. II. p. 15.)</p> <p>[...]</p> <p>this entry is extremely long, and cannot be fully transcribed here, pp. 113-114. It starts with a general description with cross-references to the main text/previous volumes. Many sub-headwords are included, and just a few of them trace back to 6thDM.]</p> <p>– (della) migliare nelle donne di parto. T. IV. pag 149. Mezzi di prevenire la febbre migliare nelle donne di parto. <i>ivi.</i></p> <p>[...]</p> <p>FEBBRI (delle) in generale T. II, pag. 11.</p> <p>FEBBRI. delle diverse spezie di T II pag. 13.</p> <p>FEBBRI. (generalità sul governo delle) T. II pag. 15.</p>

	<p>FIEVRES (<i>des</i>) intermittentes, <i>telles que la fièvre quotidienne, la fièvre tierce, la fièvre quarte, la fièvre double tierce, la fièvre double quarte, les fièvres d'automne & de printemps. Idem, pages 36-63.</i> Traitement de l'évanouissement qui succede à un accès de fièvres intermittentes, <i>Tome IV, page 465.</i></p> <p>FIEVRES (<i>des</i>) lentes nerveuses. <i>Tome II, pages 148-161.</i> Les fièvres lentes nerveuses peuvent être converties en fièvres malignes, <i>page 168.</i> [...]</p>	<p>FEBBRI intermittenti, come la cotidiana, terza la quartana, doppia terzana, le febbri autunnali, vernali T. II. p. 28. 29. Cura delia febbri intermittenti, <i>ivi.</i> Maniera di governare gli adulti. <i>ivi.</i> i fanciulli pag 45. Non deve assumersi l'impegno di guarirsi di se stessi dalle febbri intermittenti quando elle sono singolari, o accompagnate da li atomi pericolosi . pag. 47. FEBBRI lente nervose T. II pag 117. Cagioni. <i>ivi.</i> Sintomi – p. 118 vitto p. 119 Rimedi, p. 120. Possono convertirsi in febbri maligne. pag. 132. [...]</p>
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The left column shows the essential nature of headwords, as cross-references, typical of indices, whereas the mid and right columns highlight more or less expanded additions, introducing new information as regards the headwords-topics and the connections within the main body. These entries include very detailed references and anticipate the kind of contents that the reader will find in the main body. In this case, they mirror the function of the glosses in the margins, as well as their listing in the Sommaire/Sommario. In sum, volume five covers the function of both a paratextual apparatus to preceding volumes and an independent lexicographic work of reference, a kind of portable medical dictionary, especially for the many entries similar to *abortion-avortement-aborto*.

3. Final Remarks

This analysis has shown how the widespread process of translation and adaptation of texts in the last quarter of the eighteenth century was essential to the dissemination and the elaboration of contemporary medical issues (understood as disciplinary knowledge) in Enlightenment Europe. The practice of *cultural translation* (Burke and Hsia 2007, see note 3) stimulates the acquisition of original works, their re-contextualisation, and

their textual and discourse adaptation for different communities of readers in different societies (DTS perspective). Buchan's *Domestic Medicine* (1st1769, and later editions) surely represents one of the best examples of this process: the general characteristics of the book (structure, contents, plain language, target readership, epistemological outlook, etc.), the universal principles it contains and discusses (see extract 4), the practical observations and the medical descriptions based on experience (*extensive practice for several years*, 6thDM, Preface, vi), the effort to make medicine known as popular science (6thDM, Introduction, xxv) to lay educated people (*laying open Medicine*, 6thDM, Introduction, xix) are key points of its success. These 'benefits to mankind' highlight the main object of the author and his attention to the emerging concerns for public health (6thDM, Preface, viii), in order to prevent, rather than cure, acute and chronic diseases, and frequent epidemics. Buchan's achievement also reflects the multifaceted nature and interests of eighteenth-century European society, as well as the underlying mechanisms promoting knowledge dissemination, the circulation of ideas, and the production of books: the cultural, disciplinary, editorial, and commercial issues are tightly, and inextricably, interdependent (see Sher 2006). Buchan's *DM* embodies this complex socio-cultural network and provides the concrete background to promote further achievements in other languages.

The French ^{Fr2nd}*MD* and the Italian ^{ItMi}*MD* give voice to, unfold, and expand upon the many possibilities provided by the original 6thDM text. The translation, or the *traduction/traduzione*, as the title pages declare, is an in-depth transformation, whose methodology and motivations constitute the main subject of the many introductory sections. Translation means here *close translation-traduction fidele-traduzione fedele* (^{Fr}*Av*, x; ^{It}*Av*, ix), but with many additions when needed, *beaucoup d'augmentation* (see extract 9). The outcome is an extensive, complex, encyclopaedic work, whose aim(s) and function(s) have indeed changed in comparison with the original 6thDM source: glosses in the margins, footnotes, detailed tables of contents-sommaire/sommario, list of medicines, list of general symptoms, glossary-index or *table générale des matières/tavola generale delle materie*, cross-references have inflated Buchan's original plan dramatically. The result is a hypertext that includes

Buchan's principles and methodology but emerges from his *Proposals* (1768) and ^{6th}*DM*, expands the epistemological perspective, and makes the 'useful reading' of ^{Fr2nd}*MD* and ^{ItMi}*MD* a more refined activity (*application sérieuse*, see extract 15). While the new readership is doubtless a more restricted one, *les gens sensés & instruits* (15) vs. *capacities of mankind in general* (^{6th}*DM*, Preface, xii), the new work aims at comprehensiveness (*complet/complete*, cf. title pages), a feature that was not envisaged in such detail by William Buchan.

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