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SILVANA R. VIEIRA DE SOUSA

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em portugal. Salua Conp'aoe et visitaçoe maioris Magist'ry.

Celestinus. Epus seruus seruorum Dei. Dilectis filiis. . . Haec pro
aali. et vniuersis. Comendatorib' et fratrib' domus. . . Salu. et apostolicum ben. Diligenter iustitiam et
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Editing and translating collections of Middle English medical recipes: possible strategies

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Abstract:

My PhD thesis will provide the first edition and the first translation into Italian of the Middle English medical recipes transmitted by a 15th century manuscript: Cambridge, Trinity College Library, MS R.14.32. The present paper offers insights into some crucial aspects of the project: the choice of the editorial and translating principles most suitable for these texts. After an overview on the text-type of medical recipes and on the corpus of texts that will be the object of study, an investigation of the features of different kinds of edition is presented in order to identify the most effective strategies to give value to the recipes of this manuscript. Then, some considerations on the role of translations of medieval texts into modern languages will be introduced, in order to discuss the main issues concerning the translation of the texts under examination and to pinpoint what translating practices could be adopted.

Keywords:

Medical recipes; Middle English; edition; translation.

1. Introduction

A considerable proportion of medical literature written in English during the Middle Ages comprises recipes: short texts providing instructions on how to prepare medicaments and cure different diseases. The large number of manuscripts that transmits medical recipes indicates that these practical texts were widely sought after in the medieval period. Their popular appeal notwithstanding, for a long time scholars have considered them of less importance than academic and surgical treatises. A change of attitude in the treatment of these texts can be seen during the last decades of the 20th century, when medical recipes started to be the object of specific studies concerning text-type features, specialised terminology, readership, and contents.¹

¹ The first one to analyse the features of recipes' text-type has been Manfred Görlach, who provided an in-depth study of cookery recipes: Manfred Görlach, "Text-Types and Language History: the Cookery Recipe," in *History of Englishes: New Methods and Interpretations in Historical Linguistics*, ed. Matti Rissanen et al., 736-761 (Berlin: Mouton de Gruyter, 1992). The intrinsic aspects of cookery recipes can also be applied to medicinal ones, since, according to Görlach, they are formally identical. Other scholars who have been dealing with the study of Middle English medical recipes as a text-type are, just to mention a few: Francisco Alonso Almeida, Ruth Carroll, Marta Sylwanowicz, Isabel De la Cruz Cabanillas and Irma Taavitsainen.

Nevertheless, a gap remains in the production of editions.² The main aim of my PhD research project is to fill this gap by editing and translating the Middle English medical recipes transmitted by a 15th century manuscript. The present paper will focus on a crucial aspect of the project: the choice of the editorial and translating principles most suitable for these texts.

Before discussing these issues, a brief description of the codex and the texts that are the object of study will contextualise the editorial activity I will undertake. The manuscript under examination is Cambridge, Trinity College Library, MS R.14.32 (henceforth TCC), a medical compendium that transmits 39 texts of various genres such as herbals, theoretical treatises and recipes, all dealing with different medical topics. The codex is made up of 173 folia: the first six quires (from f. 1 to f. 66) are of parchment, while the following nine quires (from f. 67 to f. 173) are of paper. Although the exact date of production is unknown, codicological and palaeographical evidence indicates that it was made during the second half of the 15th century.³ Most of the texts are in the vernacular, while three are in Latin. Occasional use of Latin is made also in *incipits* and *explicits* of texts, formulaic phrases, and names of ingredients, ailments and medicaments. The largest part of the writings was compiled by a single scribe, but other hands' interventions can be observed throughout the manuscript. Almost nothing is known about the history of production and circulation of this book, nor about the identity of its owner(s). The archives of the Trinity College Library suggest that it was given to the library by a John Wilson in the 18th century, but there is no evidence in the manuscript itself to confirm this. It continued to be used into the early

² Editions of Middle English medical recipes published so far are few and outdated: Fritz Heinrich, *Ein Mittelenglisches Medizinbuch* (Halle: Niemeyer, 1896); George Henslow, *Medical Works of the Fourteenth Century Together with a List of Plants Recorded in Contemporary Writings, with their Identifications* (New York: Lenox Hill, 1899); Herbert Schöffler, *Beiträge zur Mittelenglischen Medizinliteratur*, Sächsische Forschungsinstitute in Leipzig 3 (Halle: Niemeyer, 1919); Gottfried Müller, *Aus Mittelenglischen Medizintexten: Die Prosarezepte des Stockholmer Miszellankodex X.90*, Kölner Anglistische Arbeiten 10 (Leipzig: Bernhard Tauchnitz, 1929); Warren R. Dawson, *A Leechbook or Collection of Medical Recipes of the Fifteenth Century* (London: Kessinger Publishing, 1934); Tarquinio Vallesse, *Un Ignoto Ricettario Medico Inglese del XIV Secolo Trovato nella Biblioteca Nazionale di Napoli* (Naples: A.G.D.A., 1940); Carol F. Heffernan, "The Wyse Book of Maystyr Peers of Salerne': Edition and Study of a Fourteenth Century Treatise of Popular Medicine," *Manuscripta* 37, no. 3 (1993): 290-321. A more recent work is Francisco Alonso Almeida, *A Middle English Medical Remedybook Edited from Glasgow University Library, MS Hunter 185* (Heidelberg: C. Winter, 2014).

³ The analysis of the materials, handwritings and language has been especially helpful in dating the manuscript. In particular, the examination of watermarks has revealed that the paper used circulated in England from the 1430s, and the mixed handwriting, with elements of both Anglicana and Secretary scripts, was very common during the 15th century. I would like to thank Professor Orietta Da Rold of St John's College, Cambridge and Professor Teresa Webber of Trinity College, Cambridge for their assistance during the codicological and palaeographical analysis of TCC.

modern period, as it is demonstrated by various annotations and further medical recipes added by 16th century hands. The thematic unity and cohesion of the compilation of TCC is striking: not only do all the texts deal with medical topics, but they also appear to have been purposely arranged. Indeed, the first part of the codex transmits texts of more general and theoretical character, such as an herbal and treatises on various medical subjects; while from f. 92v, there follow medical recipes that describe how to put this knowledge into practice. This suggests that TCC was possibly made for a medical practitioner, or someone directly involved, or at least interested, in the practice of medicine.⁴

The corpus of Middle English medical recipes contained in TCC which I have selected for my PhD thesis comprises 288 recipes of two different kinds: recipes for the preparation of medicaments and recipes to cure sicknesses. Of these, 284 are gathered in eleven collections of various length, while four are inserted as individual texts. Some of the collections are thematically organized (for example, a remedybook collecting recipes for the preparation of ointments, or another containing remedies against toothache), others follow the typical head-to-foot order, while others gather miscellaneous material.⁵ The manuscript also contains a collection of recipes in Latin and many additional recipes embedded in other texts, such as the herbals. These recipes will not be included in the edition because they fall outside some central aspects of the research project, whose main focus is on textual production in Middle English and on the practical application peculiar to the recipes gathered in collections.⁶

In the following paragraphs I will briefly outline the essential features of medical recipes as a text-type, in order to help introduce the main concerns about editing and

⁴ The description of TCC provided here is based on the analysis I personally conducted at Trinity College Library which has been compared to the previous works by Montague R. James, *The Western Manuscripts in the Library of Trinity College, Cambridge: a Descriptive Catalogue* (Cambridge: Cambridge University Press, 1902), 2: 317-319; and Linne R. Mooney, *The Index of Middle English Prose, Handlist XI: Manuscripts in the Library of Trinity College, Cambridge* (Cambridge: D.S. Brewer, 1995), 31-38, 154.

⁵ The term 'remedybook' is used here to indicate collections of recipes which may include charms, as indicated by George Keiser, "Works of Science and Information", in *A Manual of the Writings in Middle English, 1050-1500*, ed. Albert E. Hartung, 3653 (New Heaven: the Connecticut Academy of Arts and Science, 1998), X. Another useful distinction is that proposed by Tony Hunt, *Popular Medicine in Thirteenth Century England: Introduction and Texts* (Cambridge: D. S. Brewer, 1989), 7-8, who defines 'receptaria' as collections of simples meant for popular use, and 'antidotaria' as collections of more elaborate pharmaceutical preparations against any kind of disorders. In the case of the collections of recipes of TCC the terms 'remedybooks' and 'antidotaria' can be used interchangeably.

⁶ Recipes contained in remedybooks and those embedded in learned medical treatises display some differences both in their formal aspect and in the function they served. See Irma Taavitsainen, "Middle English Recipes: Genre Characteristics, Text-type Features and Underlying Traditions of Writing," *Journal of Historical Pragmatics* 2, no. 1 (2001): 106-07.

translating such texts. Then, I will analyse the characteristics of different kinds of editions in order to pinpoint the best strategies to adopt in this specific case. Finally, I will consider the function of translation into a modern language, and the benefits this could bring to the edition.

2. Historiographical framework

A clear and concise definition of recipes has been given by Irma Taavitsainen: “Recipes are a well-defined procedural genre with a clear writing purpose. They give instructions on how to prepare medicine, a dish, or some household utility like ink”.⁷ Recipes are thus part of instructive literature, and, as indicated by Annemie Leemans, constitute the main vehicle to communicate and transmit practical knowledge in the written form.⁸

Medical recipes are texts with a double nature that combines two opposite poles: stability and flexibility. As Tony Hunt pointed out, stability in medical recipes can be observed at three different levels: (1) the “long and unusually stable history” of these texts, which originate in ancient eastern civilizations and continue flourishing in the West with Hippocrates and Galen up to the Late Middle Ages and over; (2) continuity of form; (3) stability of linguistic features.⁹ All these elements have contributed to make these writings a well-defined text-type. The typical structure of a medical recipe, including those covered by my study, is characterised by the following sections: a title stating the purpose of the recipe; the list of ingredients; the description of the medicament’s preparation; the application section, including dosages and frequency of administration of the medicine; and finally, an evaluation statement – not always present – that ensures the efficacy of the medicament. Representative linguistic features include an extensive use of the imperative mood, causative verbs such as *make*, *do* or *let* followed by a bare infinitive and the object; temporal clauses marked by adverbs such as *then* or *after* to emphasise the sequence in which the procedure should be carried out; and a paratactic syntax characterized by a wide use of the conjunction *and*.¹⁰

⁷ Taavitsainen, “Middle English Recipes,” 86.

⁸ Annemie Leemans, *Contextualizing Practical Knowledge in Early Modern Europe*, CITCEM Studies in Literature 13 (Berlin: Peter Lang, 2020), 56.

⁹ Hunt, *Popular Medicine*, 1.

¹⁰ A detailed description of medical recipes’ structure and formal features is provided by Francisco Alonso Almeida, “‘Gyf hyr þis medycyn’: Analysing the Middle English Recipe Medical Discourse,” *Revista de Lengua para Fines Específicos* 6 (1999): 47-82.

On the other hand, precisely because they served a practical function, medieval medical recipes are an extremely versatile literary form in terms of audience, written realization, and writing tradition. They could be addressed to audiences ranging from specialized figures such as physicians, surgeons, and apothecaries, to common people – including women – in search for directions to provide for family healthcare. Similarly, their textual tradition is heterogeneous, for they could be gathered in collections that also include charms and prognostic texts or be embedded in more theoretical treatises. These different contexts affected the formality of their phrasing and the degree to which the texts themselves became standardised and stable.¹¹

At this point, it is necessary to make some observations on the factors that influenced the textual transmission of medical recipes. First to consider is the ancient origin of these texts, which has clearly left traces on their late medieval written form. The practical nature of medical recipes also made them prone to changes and adaptations by their compilers, who could draw on more than one source and combine their contents at will – usually without declaring it – or modify the material at their disposal according to their (or their client's) needs or personal expertise through deletions or additions. As a result, these texts could assume a more or less elaborate and detailed form depending on the level of education of their addressee and on the context of their production. Moreover, it is possible that a scribe, or a practitioner compiling his own remedybook, wrote the texts from memory, which could introduce further variations to the texts. A further crucial factor is that of authorship: most of these recipe texts were anonymous. As we have already pointed out, they are usually found in compilations comprising a wide variety of material drawn from different sources and which stemmed from an old tradition. In addition, the main aim of these texts was to communicate practical medical knowledge, and the transmission of such knowledge was far more important than that of the name of the person who put it into the written form. For this reason, it is better to speak of a writer or a compiler of recipes' collections, rather than of an author.¹² Clearly, the lack of an identifiable author has had an impact on the textual tradition, since these collections were assembled according to the needs of their users, and thus seldom acquired a fixed form.

¹¹ See note 6 above.

¹² Further reflections on the concept of authorship in recipes are presented by Leemans, *Contextualizing Practical Knowledge*, 58-59.

The rich production and the lasting written tradition of medical recipes prompts some questions. Why have scholars devoted so little attention to these texts? And why have so few been edited hitherto? Medical recipes have long been considered a kind of texts of secondary importance in relation to other genres of scientific and medical topic, especially those of a more theoretical nature. Moreover, the close relation of medical recipes to charms has contributed to the idea that recipes belonged exclusively to the folk tradition, and that their contents could not therefore be regarded as scientific. The similarities between recipes and charms as text-types are unquestionable, and – due to the medieval strong belief in their effectiveness as healing instruments – it is indeed quite common to find healing charms alongside recipes in remedybooks. However, the presence of collections of medical recipes in manuscripts apparently made for trained practitioners, as is the case of TCC, confirms that these texts were also used by physicians and were not merely confined to the domestic sphere.¹³ Closer study of remedybooks will enable us to better understand the role played by these collections in the transmission of medical knowledge also among learned doctors.

There are also practical problems inherent to this kind of texts that may have deterred scholars from editing them. This is the reason why very few philologists have attempted to edit remedybooks and, in some cases, have even denied the need for such editions. Quoting the remarks of Linda Voigts: “I am convinced that further editing of remedybooks is a far less pressing desideratum for Middle English textual scholarship than is the editing of learned treatises [...]”.¹⁴

The first difficulty derives from the scant attention paid to medical recipes hitherto: specifically, the problem of their identification in manuscripts, a task for which existing catalogues are not always helpful. As Isabel De la Cruz Cabanillas pointed out:

¹³ For the heterogeneous readership of medical recipes see for example: Taavitsainen, “Middle English Recipes,” 88; Päivi Pahta, and Irma Taavitsainen, “Vernacularisation of Scientific and Medical Writing in its Sociohistorical Context,” in *Medical and Scientific Writing in Late Medieval English*, ed. Irma Taavitsainen and Päivi Pahta, 17 (Cambridge: Cambridge University Press, 2004); and Marta Sylwanowicz, “Medieval Medical Writings and their Readers. Communication of Knowledge in Middle English Medical Recipes,” *Linguistica Silesiana* 38 (2017): 112-124.

¹⁴ Linda Voigts, “Editing Middle English Medical Texts: Needs and Issues,” in *Editing Texts in the History of Science and Medicine*, Papers given at the 7th annual conference on editorial problems, ed. Trevor H. Levere, 49 (New York: Garland Publishing Co., 1982). It should be noticed that this assertion by Voigts dates back to 1984, and that – despite the scant number of edited remedybooks – the research field on medieval medical writings has been reconsidering in a positive way the role of these collections since then.

[...] even specialised catalogues are rarely comprehensive and do not include cross-references to other catalogues, which makes the identification of recipes an arduous task and, consequently, their edition and study.¹⁵

The traditional model for the identification and description of texts in catalogues of manuscripts does not apply particularly well to recipes for several reasons related to both the structure of catalogues and the nature of medical recipes themselves. Different types of catalogues may arise different kinds of problems linked to recipes: for example, collection catalogues, which tend to bring a standard but generalised approach to the contents of a library, may lack the degree of technical depth or writing space required by recipes, whereas *incipits* catalogues do not fit the form of the recipes well, and usually do not include the description of other codicological elements that can provide important contextual information particularly useful for this kind of texts. On the other hand, the mutable shape of recipes and collections of recipes as broader units makes their recording in catalogues a quite complex task.¹⁶ Moreover, catalogues generally overlooked recipes, especially if they were marginal additions, or dismissed them as being of secondary importance and thus not worthy of mention. For the prospective editor it can therefore be time-consuming and difficult, even impossible, to identify further manuscripts containing the same collections of recipes and to collate them.

The versatility of medical recipes makes these writings especially worthy of study: analysis of the different forms of remedybooks can reveal some traces of the uses made of them, the different levels of medical education of their addressee, and illustrate how medicine was practiced in the Late Middle Ages. Editing medical recipes' compilations will shed light on a different area of medical practice and enquiry than academic and

¹⁵ Isabel De la Cruz Cabanillas, "Editing the Medical Recipes in the Glasgow University Library Ferguson Collection," in *Advances in Digital Scholarly Editing. Papers Presented at the Dixit Conferences in the Hague, Cologne, and Antwerp*, ed. Peter Boot et al., 115 (Leiden: Sidestone Press, 2017).

¹⁶ I am extremely grateful to Dr. James Freeman, Medieval Manuscripts Specialist at Cambridge University Library, for his precious suggestions on the issues derived from the relation between recipes and catalogues. For further investigation on indexing Middle English recipes see also Henry Hargreaves, "Some Problems of Indexing Middle English Recipes," in *Middle English Prose: Essays on Bibliographical Problems*, ed. Antony S. G. Edwards and Derek Pearsall, 91-113 (New York: Garland Publishers, 1981).

learned treatises and enable us to extend further the insights gained through the study of the form of these texts and their intended readership.

3. Methodology

The difficulty in identifying more witnesses of the same collection, along with the already mentioned high degree of variation in remedybooks' compilation and the lack of a named author, seem to make the realization of the traditional critical edition – which aims at the reconstruction of a text as close as possible to its original form basing on the comparison of more versions of that text – too ambitious and arduous to undertake. Moreover, apart from the complications that may derive from the gathering of multiple witnesses of the same collection, the practical purpose of these texts and their consequent unstable form is what make medical recipes so peculiar and unique among the medical literary production of the Middle Ages; something which cannot be dismissed when planning an edition. In order to really understand the function of a given collection of recipes it is essential to look at it from the perspective of the context of its production. The edition of a single manuscript may seem the best strategy to achieve this goal. In her edition of the Middle English version of Gilbertus Anglicus' *Compendium medicinae*, Faye Marie Getz states:

To present an edition of a single witness of a medical text containing recipes, giving due attention to the role both that witness and others like it played in the transmission of medical learning, would seem to be the only method of edition that has any chance of producing a text that will be of lasting value.¹⁷

Although Gilbertus Anglicus' recipes do not occur in a collection, but are embedded in an encyclopaedic medical text, other scholars have indeed chosen to provide the edition of remedybooks transmitted by a single witness.¹⁸

¹⁷Faye Marie Getz, *Healing and Society in Medieval England. A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus* (Madison: The University of Wisconsin Press, 1991), xliii.

¹⁸ Among the editions of Middle English medical recipes based on a single witness there are: Henslow, *Medical Works of the Fourteenth Century* (based on a ms in possession of the author, usually referred to as H, and extracts of three other mss: British Museum MS Harleian 2378, MS Sloane 2584 and MS Sloane 521); Müller, *Aus Mittelenglischen Medizintexten* (based on Stockholm, Royal Library, MS X.90); Dawson, *A Leechbook or Collection of Medical Recipes* (based on MS 136 of the Medical Society of London); Vallese, *Un Ignoto Ricettario Medico Inglese* (based on Napoli, Biblioteca Nazionale, MS

In TCC the first collections of recipes deal with the preparation of medicaments and only later in the codex are there remedies against sicknesses. This suggests that the texts had not been copied randomly, but that the scribe had in mind a precise writing scheme when he was compiling the book. Since each collection acquires meaning not only from its own contents and their arrangements, but also from its context and place in the volume as a whole, and considering the difficulties of the *recensio* of multiple witnesses of the same remedybook already explained, editing all the collections of this manuscript along with the individual recipes seems to be the most effective editorial strategy for gaining a more comprehensive view of the functions that this book fulfilled, and of the practical and intellectual relationships between its texts.

The most obvious approach would be a diplomatic edition. However, other aspects should be taken into consideration: namely the purposes the edition may serve and the audience to which it is addressed. Editing a single manuscript inevitably stimulates an in-depth reflection on the materiality of such codex and on its place in the socio-historical context of production. In the specific case of TCC, the purpose I would like to achieve is to emphasize the textual and historical value of its collections of recipes, both on their own and as part of a greater codicological entity. The solution I propose is a double edition: diplomatic and critical. On the one hand, a diplomatic edition, which reproduces the texts as far as possible as they are in the manuscript, is necessary to offer a realistic picture of the recipes in TCC and to promote linguistic and philological studies, thus being useful especially to a readership of specialists. On the other hand, the critical edition discloses the philological investigation and study of the texts, aiming at clarifying obscure passages and at presenting a text easily accessible both by scholars and ordinary readers.¹⁹ I will now describe the most relevant editorial principles I intend to adopt in my double edition.

As previously pointed out, the diplomatic edition offers a transcription of the texts as faithful as possible to the manuscript version.²⁰ Therefore, I intend to

XIII.B.29); Heffernan, *The Wyse Boke of Maystyr Peers of Salerne* (based on a ms held at the College of Physicians of Philadelphia); and Alonso Almeida, *A Middle English Medical Remedy Book* (based on GUL, Hunter 185).

¹⁹ For in-depth considerations on issues concerning the readability of editions see Maria Grazia Cammarota, "On the Readability of the Critical Edition," in *Mittelalterphilologien heute. Eine Standortbestimmung. Teil 1: die germanischen Philologien*, ed. Alessandra Molinari and Michael Dallapiazza, 187-201 (Würzburg: Koenigshausen & Neumann, 2016).

²⁰ For a description of the principles of the diplomatic edition see François Masai, "Principes et Conventions de l'Édition Diplomatique," *Scriptorium* 4, no.2 (1950): 177-193.

reproduce the manuscript pagination layout in all its aspects, i.e. lines' division; blank spaces between the recipes; and different scripts employed by the scribe which will be conveyed by the use of different types (headings which in the codex are in Textura script will be written in bold in the edited text, while the normal style will be used for the body of the text written by the scribe in a mixed handwriting with elements of Anglicana and Secretary scripts). The only element that will not be replicated will be page division, for a mere reason of space. All the copyists' writing practices, including different execution of letters, ligatures, abbreviations, symbols, capitalisation, punctuation, scribal deletions, additions and errors, will be kept as in the manuscript. Similarly, whenever possible, I am going to reproduce every otiose stroke typical of the copyist's handwriting. All the elements that cannot be conveyed graphically, along with marginalia, will be described in the Critical Apparatus placed at the bottom of the page, below the diplomatic edition. Here follows an example of diplomatic transcription and critical apparatus of a recipe for the preparation of an anaesthetic potion called *dwale* situated on f. 92v:

**To make a dzyinke that men clepe
dwale to make a man to flepe while
he is cozuen .,**

- Take · 11j · þonfull of gattþ of a barrowgh ~~←11j→~~
5 fo2 a ma_ñ 7 fo2 awoma_ñ of a gelte · 11j · þon-
jufe
full of homlok _^ 11j · þo_ñ · of wylde nepe · 11j ·
of letufe · 11j · of popy · 11j · of henba_ñ · 7 11j · þon=
full of ey3eþ 7 boyle hem aþ to gedeþ 7 do hit
in to a glaþfe wele ſtoþped · And do · 11j · þon=
10 full heþ of to a po_{tt}eþ of gode wyne 7 med=
le hē weþ to ged¹ 7 hete it ou the fyeþ 7 dzy=
nke wele th¹ of tiþ thu faþ a flepe 7 tha_ñ
may thu fafely be cozve_ñ ·/ And whan the
cure is done · waþch the pacyent w¹ vyneþ¹
15 7 faþ 7 waþch wele the templys þbatū ē ·//

4 ~~ij~~] espunzione dello scriba mediante barratura.

6 jufe] aggiunta interlineare dello scriba soprascritta a *ij* e segnalata dal simbolo ..

7 letufe] una macchia o una raschiatura sul *folium* copre le prime tre lettere della parola ma non ne compromette la leggibilità.²¹

The critical edition I aim to produce is conservative, and it will differ from a semi-diplomatic edition in certain specific ways. A conservative critical edition is not meant to reconstruct the original form of the texts, but to shed light on the difficult passages and facilitate readability, the final purpose always being to emphasize the historicity and uniqueness of the texts in this manuscript version. For this reason, editorial interventions will be kept to a minimum and will include the expansion of abbreviations in italics; graphic normalization of letters realized in different ways (for example, long <f> and normal <s> both rendered as s); hyphenation of words written separately by the scribe but forming a single word in contemporary writing practices; silent word division for words erroneously written as a single word; and emendation of evident scribal errors, in my opinion mainly due to the copyist's oversight. Some scribal practices will be kept as they are in the manuscript to leave them free from the editorial interpretation. Thus, the scribe's alternation of <u> / <v> used indiscriminately for both letters *u* and *v*, and of <i> / <j> / <y> for vowel *i*, as well as the use of punctuation and capital letters, will be maintained. Since this critical edition does not aim at the reconstruction of the original texts, in case of illegible words and lacunae I will not try to reconstruct the corrupted forms in the edited text; however, when the overall meaning could be deduced from the context, I will advance my hypothesis of interpretation in the translation and in the Commentary placed at the end of the edition. The critical edition of the recipe for *dwale* on f. 92v is here displayed:

To make a drynke that men clepe

dwale to make a man to slepe while

he is coruen .,

Take · iij · sponfull of galles of a barrowgh { · iij · }

5 for a man *and* for a woman of a gelte · iij · spon=

²¹ For the transcription I use the font *JuniusX* that allows the reproduction of special characters typical of medieval handwritings. The font is available at: <<https://psb1558.github.io/Junicode-New/>>.

- full of homlok 'juse' iij · spon · of wylde nepe · iij ·
of letuse · iij · of popy · iij · of henban · *and* iij spon=
full of eyzell *and* boyle hem all to-geder *and* do hit
in-to a glasse wele stopped · And do · iij · spon=
10 full her-of to a pottell of gode wyne *and* med=
le hem well to-geder *and* hete it ouer the fyre *and* dry=
nke wele ther-of till thu fall a-slepe *and* than
may thu safely be corven ·/ And whan the
cure is done · wasch the pacyent *with* vyneger
15 *and* salt *and* wasch wele the templys *probatum est* ·//

The choice of a critical edition in spite of a semi-diplomatic one is primarily due to the fact that the critical edition aims at offering explanations to the form and content of the texts presented, also correcting those errors that could jeopardise textual understanding. Such an effort goes beyond the mere assistance to reading typical of a semi-diplomatic edition.

An additional instrument at the reader's disposal will be the translation.²² Clearly, since the translation accompanying my edition is in Italian, the case study presented here will be understandable to an audience with a knowledge of this language; however, broadly speaking translations of medieval texts into modern languages undoubtedly constitute a precious resource for their comprehension and interpretation. Some general considerations, preliminary to the active process of translation, may be worthy of mention. First of all, each text requires a translating strategy suitable for itself, and there are no universally acceptable general rules for the translation of a text.²³ Secondly, it should be borne in mind that a translation always implies a prior act of critical reading of the source text and its consequent

²² In this part regarding translation, I adopt the canonical terminology employed in Translation Studies which identifies with the *source text* the original writing, and with the *target text* the translation.

²³ Giuliana Garzone, "Quale Teoria per la Traduzione del Testo Medievale?", in *Testo Medievale e Traduzione*, ed. Maria Grazia Cammarota and Maria Vittoria Molinari, 47 (Bergamo: Bergamo University Press, 2001).

interpretation on the part of the translator.²⁴ As a result, the reading of a translated text is inevitably influenced by the translator's perspective.

In her volume *Translating as a Purposeful Activity*, Christiane Nord identifies three steps of the translation process: (1) the importance of the translation brief (which aims at comparing the source text and the target text profiles to identify their main divergencies); (2) the analysis of the source text (meant to evaluate the feasibility of the translation assignment, which source text units are relevant for the function of the translation, and which strategy will bring to an effective translation); (3) and finally, the creation of a functional hierarchy of translation problems, which leads the translator in the choice of the most suitable strategy.²⁵

As it has been advocated by the *Skopostheorie* in the 1970s, two decisive factors in the choice of the translating strategy are the text-type and the function of the translated text, which may not be the same as that of the original.²⁶ As far as the medical recipes transmitted in TCC are concerned, we are in front of informative texts produced to be actually used by medical practitioners. Conversely, the translation I will include in the final thesis will be the first Italian translation of Middle English medical recipes, and for this reason it will respond, first and foremost, to a historical interest, its aim being to benefit the contemporary reader with an example of practical medical literature of the Late Middle Ages. Such a translation is meant to be a support to the edition, useful to clarify ambiguous and difficult passages, and to help readers not accustomed to facing 15th century English. Moreover, from a forward-looking perspective, it could also provide a starting point for studies that seek to compare its contents with those of similar contemporary manuscripts written in Italian vernaculars.

The difference in the functions of the source and the target texts is also due to the intertemporal dimension. Indeed, the original texts being written in the 15th century, there is a tangible distance separating the source text and the target text which can be

²⁴ On the strict relation between translation and interpretation see Umberto Eco, *Dire quasi la stessa Cosa. Esperienze di Traduzione* (Milano: Bompiani, 2017), 225-253.

²⁵ Christiane Nord, *Translating as a Purposeful Activity* (Manchester: St Jerome Publishing, 1997), 59-68. For a concise summary of these principles see Jeremy Munday, *Introducing Translation Studies: Theories and Applications*, 2nd ed. (London and New York: Routledge, 2008), 82-84.

²⁶ For a summary of the principles of the *Skopostheorie* see Edwin Gentzler, *Contemporary Translation Theories* (Clevedon: Cromwell Press Ltd., 2001), 70-75.

perceived at different levels: temporal, linguistic and cultural.²⁷ As a result, it is impossible to recreate the same conditions of production and reception of the medical recipes under examination, which implies that their translation will create at all effects a new text for a new audience, and namely an audience of specialists such as philologists, linguists and historians of medicine, but also one of non-specialist readers interested in learning about medieval medical recipes. An accurate picture of the translator of medieval texts and of his/her role has been given by scholar Fulvio Ferrari, who identifies this figure with that of the philologist, capable of reconstructing the meanings to translate which come from a distant and evanescent past.²⁸

Moving from theory to practice, considering the aim of this translation and the complex relationship between the source and the target texts, I intend to adopt a flexible translating strategy: very often more than one solution will be possible to face translation problems, which will require source-oriented choices in some cases, and target-oriented ones in other cases for the sake of readability. The translation is thus regarded as a dynamic process mirroring the dialogue between the source and the target cultures.

In terms of writing conventions, the approach may vary. As previously demonstrated, medical recipes constitute a well-defined text-type, and the translation could not ignore its intrinsic features. Therefore, as far as genre conventions are concerned, replicating the structure and linguistic production of the source text is preferred to the target text's standards in order to offer a picture of Middle English medical recipes as authentic as possible. Thus, for instance, the use of the imperative 2nd person singular to address the performer is maintained, instead of using the 2nd person plural typical of contemporary Italian recipes. An example from a recipe for the preparation of a medicinal water on f. 98r is here provided:

[...] Take alysaundre als moch as *thu* wilte and braye it and put / it in
a lymbeke and destill therof water [...].

²⁷A definition of Intertemporal Translation has been provided by Douglas Robinson, "Intertemporal Translation," in *Routledge Encyclopaedia of Translation Studies*, ed. Mona Baker, 114-116 (London; New York: Routledge, 2000).

²⁸Fulvio Ferrari, "Tradurre Cosa e per Chi? Instabilità del Testo Medievale e Autocensura", in *Testo Medievale e Traduzione*, ed. Maria Grazia Cammarota and Maria Vittoria Molinari, 60 (Bergamo: Bergamo University Press, 2001).

Translation proposed (with the 2nd person singular): [...]
prendi del corniolo, tanto quanto ne vuoi e frantumalo e mettilo / in
un alambicco, e da lì distilla un'acqua [...]

**Domesticating translation, respecting the Italian standards
(with the 2nd person plural): [...]** *prendete* del corniolo, quanto ne
volete, e frantumatelo e mettetelo / in un alambicco, e da lì distillate
un'acqua [...] (emphasis always mine).

Otherwise, since the original texts display the late medieval phase of the language's development (a phase in which English was far from standardized), in some cases translation will necessarily deviate from the Middle English text for the sake of fluidity and readability in the target language.

Some difficulties regarding terminological choices may arise. An example could be the rendering of terms denoting units of measure such as *vnce*, *pynte* or *dragm*, which will be maintained as in the original text even if, not being part of the Italian measurement system currently in use, may sound strange to the Italian readers. In a case like this, looking for lexical equivalents such as *gram*, *litre* and so on does not seem necessary since the aim of the translation is not to produce a text that works in the target culture as it did in the source culture, but to present the text as it appeared to its original addressee. These literal translations may produce a foreignizing effect but without undermining the global understanding.²⁹ Another challenging task will be the identification and correct rendering of botanical names and other recipes' ingredients, which indeed is an obstacle also for adaptations into Present-day English. To overcome these barriers, although the translating choice may not be completely satisfactory due to the limits of understanding imposed by the temporal and cultural distance from the source text, the notes in the Commentary will provide explanations as exhaustive as possible.³⁰

I would like to conclude this reflection on the translation of a medieval text and its affinity with the editorial process quoting the words of Maria Grazia Cammarota:

²⁹On the dichotomy between foreignizing and domesticating translation see Gentzler, *Contemporary Translation Theories*, 36-43; and Munday, *Introducing Translation Studies*, 144-146.

³⁰ The use of textual notes to clarify and disambiguate some translating choices is advocated also by Nord for what she calls a 'philological documentary translation'. This practice offers an additional instrument to the reader, who is always aware that what he/she is reading is just one of the possible translations, based on one of the possible interpretations. See Nord, *Translating as a Purposeful Activity*, 49.

The translator has to face many obstacles on the way to a satisfactory understanding of the semiotic system that the medieval author shared with his audience, and is ready to accept the limits of understanding. The reader can be guided to undertake a similar journey into a world that is different and that sometimes remains inexplicable.³¹

The complexity of the translating process notwithstanding, the edition and translation of a medieval text serve precisely as instruments to shorten the distance between the present day and a past time. In the same way, the edition and translation of the Middle English medical recipes of TCC want to bring to light inedited texts that transmit practical medical knowledge, trying to lead the reader through their critical comprehension and interpretation.

4. Provisional structure of the PhD thesis

After this overview on the objective, theoretical framework, and methodology at the basis of my PhD research project, in this paragraph, I will illustrate the structure designed for the final thesis. The thesis will be developed in two main sections: the first part will provide a theoretical introduction to the subject, including an overview on how medicine was conceived and practiced in late medieval England, a survey on the textual production, and a detailed description of the manuscript and the recipes under examination. The second part will be constituted by the edition: the diplomatic transcription will be situated on the left page, followed by the Critical Apparatus, whereas on the right page there will be the corresponding critical edition followed by the Italian translation. Finally, a Commentary will provide explanations and an in-depth analysis of the passages requiring it, while a Glossary will guide the reader in the detection of meanings related to medicine.

5. Conclusions

The lack of a considerable number of editions of Middle English collections of medical recipes makes their demand quite urgent. For too a long time these texts have

³¹Maria Grazia Cammarota, "Translating Medieval Texts. Common Issues and Specific Challenges" in *Tradurre: un Viaggio nel Tempo*, ed. Maria Grazia Cammarota, 49 (Venezia: Edizioni Ca' Foscari, 2018).

been dismissed as folk production of irrelevant scientific value. Thanks to more in-depth studies on their textual typology and contents, this limited view has been overcome, and now time has come to enrich the corpus of edited texts already available, thus encouraging further investigation on the role played by these writings in the transmission of medical knowledge in late medieval England.

My PhD project places itself in this field of research, aiming at contributing to fill this gap. The observations on the choice of the editorial and translating principles most suitable to this text-type presented in this paper wanted to stimulate the discussion on these issues, and to provide some possible strategies to undertake. The considerations on the Italian translation which will accompany my edition were meant to emphasize the role translations of medieval texts into modern languages may have as instruments complementary to the edition itself: an additional device at the reader's disposal, useful to enhance the interpretation of these texts.