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Sezione monografica

«Air, Climate, Season, ... Situation, Food, Poisons, and a few other Things»¹: the lexis of fevers and epidemics in British medical writing, 1770-1800

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Abstract. Medical reports on fevers and epidemics are an interesting research field for investigating eighteenth-century medical language. The works under scrutiny here are focused on epidemic outbreaks which were widespread especially in large and medium towns. They provide linguistic evidence for the many processes of denomination and lexicalisation of diseases, and the lexicalisation of related notions (e.g. contagion and infection), ideas (e.g. environment and social groups), and values (e.g. public health, prevention, poverty and wealth). Starting from the two keywords *fever/s* and *epidemic/s*, the aim of this study is to analyse a set of texts published in the British Isles in the last thirty years of the century and referring to contemporary events (from the middle 1760s to the end of the century), in order to discuss the processes of lexicalisation and their impact and function at discourse level. Data were collected quantitatively and qualitatively: the analysis was first carried out on a corpus-based software (focus on occurrence, frequency, collocates, patterns); whereas close reading of concordances and manual selection of extracts represent the qualitative approach and examination for interpretation and discussion of preliminary quantitative results. Medical writing often becomes the background for introducing social issues and contemporary needs and values. The study will confirm this relevant function in the changing late eighteenth-century British society.

Keywords. Fevers, epidemics, eighteenth-century medical writing, public healthcare, prevention.

¹ J. Barker, *A treatise on the putrid constitution of 1777 and the preceding years, and the Pestilential One of 1778: Of the Obstinate Disorders that appeared in the Former, and the Malignant and Pestilential fevers that arose in the latter, Their Causes, and the best Method of preventing them; the Due Administration of Medicine, especially in the former, And the general Method of their cure. Also of The causes of disease in general; With some peculiar Remarks on some common Errors and dangerous Mistakes in the Use of the bark and other Medicines*, Printed by Pearson and Rollason, Birmingham; and sold by R. Baldwin, Pater-Noster-Row, London 1779, p. 11.

1. FEVERS, EPIDEMICS, AND EPIDEMIC FEVERS: A BRIEF INTRODUCTION

The general term *fever* represents one of the most widespread, interesting, and controversial events in the medical history of humanity, whether endemic or epidemic. It was used for a variety of febrile phenomena and epidemic outbreaks (e.g. epidemic fever/s), and was associated with more or less severe, persistent, and recurring illnesses, disorders, distempers, or affections. The very use of these alternative lexemes highlight the vagueness – or the complexity – of the linguistic and extra-linguistic reality called *fever/s*².

Fevers were a very frequent experience, an endemic companion in eighteenth-century everyday life, in the expanding towns, in the country, in confined places, or in unhealthy environments in general³. Fevers could be scaring and violent, or mild and more easily curable, «a very frequent Disorder, inseparably attended with an Inflammation, the Cause not only of many Diseases and Death, but, also, frequently of an happy and successful Cure»⁴. On the one hand, they were associated with the most malignant and dangerous events, and with degenerating processes, usually deadly (e.g. malignant, pestilential, putrid, bilious, etc.)⁵. On the other hand, they were perceived as ordinary affections whose development and outcome could be either completely positive, or suddenly worsen (e.g. fever and sore-throat).

Fevers could be considered as diseases in themselves, or as symptomatic manifestations of other dis-

eases (e.g. symptomatic fever), they could affect many people at once as epidemic outbreaks⁶ by either contagion or infection, or be confined to a more limited number of patients, and due to localised inflammation, or other causes. The lexicographic treatment of *fever* makes the manifold interpretations and disciplinary perspectives, and the many traditional or contemporary medical approaches to this phenomenon, emerge. S. Johnson defines it as a «disease in which the body is violently heated»⁷; B. Martin as a «distemper accompanied with great heat»⁸; whereas the *Encyclopaedia Britannica*, tracing back to Dr. Hoffman and encompassing Dr. W. Cullen's approach, defines it to be «a spasmodic affection of the whole nervous and vascular system, annoying all the functions of the body»⁹, and A. Rees refers to fever as «a disease, or rather a class of diseases, whose characteristic is a preternatural heat felt through the whole body»¹⁰. A *disease*, a *distemper*, a *spasmodic affection*, a *class of diseases* not only emphasise the difficulty to distinctly or unambiguously denote reality at the time, since many new approaches and observations were put forward¹¹, but also the fluid and encompassing experience eighteenth-century physicians and practitioners, and the lay people as well, had to face¹².

Fevers, and epidemic fevers especially, became the focus of attention of local administrators and the nation-

² W.F. Bynum, *Cullen and the Study of Fevers in Britain, 1760-1820*, «Medical History», Supplement No. 1, 1981, pp. 135-147: 135-136; E. Lonati, *Health and Medicine in 18th-Century England: a Sociolinguistic Approach*, in *The Popularization of Specialized Discourse and Knowledge across Communities and Cultures*, ed. by S. Kermas and T. Christiansen, Edipuglia, Bari 2013, pp. 101-128: 107-109; E. Lonati, *Communicating Medicine. British Medical Discourse in Eighteenth-Century Reference Works*, Di/segna Ledizioni, Milano 2017, pp. 120-122; K. Siena, *Rotten Bodies. Class & Contagion in 18th-Century Britain*, Yale University Press, New Haven and London 2019, p. 13; D.C. Smith, *Medical Science, Medical Practice, and the Emerging Concept of Typhus in Mid-Eighteenth-Century Britain*, «Medical History», Supplement No. 1, 1981, pp. 121-134: 124-125.

³ C. Creighton, *A History of epidemics in Britain. From the Extinction of Plague to the Present Time*, vol. 2, Cambridge University Press, Cambridge 1894, pp. 120-128; G.B. Risse, «Typhus' Fever in Eighteenth-Century Hospitals: New Approaches to Medical Treatment», «Bulletin of the History of Medicine», 59, 1985, 2, pp. 176-195: 176-177; Siena, *Rotten Bodies*, cit., pp. 124-132; Smith, *Medical Science*, cit., p. 127.

⁴ R. James, *A medicinal dictionary; including physick, surgery, anatomy, chymistry, and botany, in all their branches relative to medicine, together with a history of drugs [...]*, printed for T. Osborne, in Gray's-Inn; and sold by J. Roberts, at the Oxford-Arms in Warwick-Lane, London 1743-45. [3 voll.], s.v. «Pyretos»; cfr. Lonati, *Communicating Medicine*, cit., p. 121.

⁵ Cfr. Creighton, *A History of epidemics*, cit., pp. 120-128; Lonati, *Health and Medicine*, cit., pp. 109-111; Siena, *Rotten Bodies*, cit., pp. 21-27.

⁶ Cfr. Creighton, *A History of epidemics*, cit.; Risse, «Typhus' Fever», cit.; Siena, *Rotten Bodies*, cit.; D. Porter, *Health, Civilization and the State. A History of Public Health from Ancient to Modern Times*, Routledge, London and New York 1999.

⁷ S. Johnson, *A dictionary of the English language: in which the words are deduced from their originals, and illustrated in their different significations by examples from the best writers [...]*, printed by W. Strahan, for J. and P. Knapton; T. and T. Longman; C. Hitch and L. Hawes; A. Millar; and R. and J. Dodsley, London 1755, s.v. «Fe'ver».

⁸ B. Martin, *Lingua Britannica Reformata: or, A new English dictionary [...]*, printed for J. Hodges, at the Looking-glass, facing St. Magnus's Church, London-Bridge; S. Austen, in Newgate-street; J. Newbery, in St. Paul's Church-Yard; J. Ward, in Little-Britain; R. Raikes, at Gloucester; J. Leake, and W. Frederick, at Bath; and B. Collins, at Salisbury, London 1749, s.v. «Fe'ver».

⁹ *Encyclopaedia Britannica; or, A dictionary of arts and sciences, compiled upon a new plan. In which the different sciences and arts are digested into distinct treatises or systems; and the various technical terms, &c. are explained as they occur in the order of the alphabet [...]*, printed for Andrew Bell and Colin Macfarquhar, Edinburgh (1768-1771), s.v. «Medicine».

¹⁰ A. Rees, *Cyclopaedia: or, An universal dictionary of arts and sciences [...]*, By E. Chambers, F.R.S. with the supplement, and modern improvements, incorporated in one alphabet. By Abraham Rees, D.D., In four volumes, [...] printed for W. Strahan et al., London 1778-88, s.v. «Fever».

¹¹ Cfr. Bynum, *Cullen*, cit., p. 137; S. Dyde, *Cullen, a Cautionary Tale*, «Medical History», 59, 2015, 2, pp. 222-240: 224; Lonati, *Health and Medicine*, cit.; Lonati, *Communicating Medicine*, cit., pp. 117-118 and 121; Smith, *Medical Science*, cit., p. 133.

¹² Siena, *Rotten Bodies*, cit., pp. 2, 13-18.

al government: ever new plans were envisaged to prevent epidemics (and their frequent transition to endemicity), but also to deal with them when occurring, to sanitise the urban environment, to provide recovery buildings and ‘fever beds’ for the most indigent people, and to establish strict behaviour rules in public places (e.g. hospitals, recovery buildings, prisons) or in private dwellings (e.g. basic hygienic conditions, ventilation, window light).

The expanding pre-industrial towns, in particular, were often ravaged by epidemic emergencies. Narrow streets, lack of sewers, waste and filth, created the contexts in which fevers and disease easily spread:

old houses with very small rooms, into each of which four or more people were crowded to eat, sleep, and frequently to work. They commonly bore marks of a long accumulation of filth, and some of them had been scarcely free from infection for many years past. As soon as one poor creature dies or is driven out of his cell he is replaced by another, generally from the country, who soon feels in his turn the consequences of breathing infected air. There was hardly any ventilation possible, many of these old houses being in dark narrow courts or blind alleys¹³.

Prevention, cure, and healthcare were a key issue in hospitals, infirmaries, and dispensaries, for the lowest ranks first, and, as a consequence, for society as a whole. The welfare and the comfort of the poor¹⁴, their good health, and their living conditions, were perceived as a primary goal. Philanthropic and charity institutions were established to alleviate wretchedness and suffering for the poor (e.g. industrious people, working poor, labouring people), and to provide those health services which will constitute the basics of the forthcoming public healthcare system¹⁵. This attention to poverty and the practical issues promoted at the time also represented the effort of the higher ranks (i.e. *the wealthy* or *the rich*) to preserve themselves. On the one hand, the urban environment physically marked the separation between

the elite and the rest of the population, the «quarters of the rich had gradually become detached from those of the poor»¹⁶; on the other hand, the marginalised poor were those labourers that guaranteed wealth and richness to the higher ranks, and the nation.

The following sections investigate the two key terms *fever/s* and *epidemic/s*, their occurrence and contemporary usage in a set of writings, and their strict connections with related terms and fields of wider socio-historical interest.

2. AIMS, SOURCES AND METHODS

The aim of this study is to investigate a number of medical texts to map the most relevant fever epidemics and/or epidemic fevers which spread among the population in the British Isles since the 1760s. The analysis starts from the keywords *fever/s* and *epidemic/s* and is focused on a variety of lexical items used to denominate, categorise (equivalence, hyponymy, etc.), and describe (denotation and reference; connotation) the epidemic outbreaks usually characterised by fever (considered either as a symptom or a disease, or both). In other words, how *fever/s* and *epidemic/s* are used, their occurrences and frequent collocations.

The lexicological perspective is the starting point for further in-depth discussion, since a second step in the analysis is focused on the impact of fever epidemics and/or epidemic fevers on the wider socio-cultural context and on the set of values of the period under scrutiny¹⁷. This means that the investigation moves to the co-text, that is from the association of *fever/s* and *epidemic/s* with other surrounding keywords (ideas, notions, concepts, and events), and their function at the textual and discourse levels.

The selection of the primary sources for the present study was carried out by exploring Gale Primary Sources Database¹⁸. Phase one in the selection of primary sources was focused on the following basic parameters, used to delimit the search:

- i. Key word/s: fever/s AND epidemic or epidemic AND fever/s (the sequences are interchangeable and do not interfere with other parameters ii, iii, iv, and general results)

¹³ Creighton, *A History of epidemics*, cit., p. 149.

¹⁴ Risse, ‘Typhus’ Fever, cit., pp. 179-181; I. Taavitsainen, G. Schneider and P. Murray Jones, *Topics of Eighteenth-century Medical Writing with Triangulation of Methods: LMEMT and the Underlying Reality*, in *Late Modern English Medical Texts. Writing Medicine in the Eighteenth-Century*, ed. by I. Taavitsainen and T. Hiltunen, John Benjamins Publishing Company, Amsterdam and Philadelphia 2019, pp. 31-74: 65.

¹⁵ Cfr. M. Gorsky and S. Sheard, *Introduction*, in *Financing Medicine. The British experience since 1750*, ed. by M. Gorsky and S. Sheard, Routledge, Abingdon, Oxon and New York, 2006, p. 3; A. Lehto, *Changing Portraits of Medicine and Patients in Eighteenth-century Medical Writing: Lexical Bundles in Public Health, Methods, and Case Studies*, in *Late Modern English Medical Texts*, cit., pp. 145-172: 155-159; A. Lehto, *Public Health* (2019) (LMEMT Category Description), in *Late Modern English Medical Texts*, cit., pp. 307-315.

¹⁶ Creighton, *A History of epidemics*, cit., p. 134.

¹⁷ I. Taavitsainen, P. Murray Jones and T. Hiltunen, *Sociohistorical and Cultural Context of Late Modern English Medical Texts*, in *Late Modern English Medical Texts*, cit., pp. 17-30: 17.

¹⁸ This resource was accessed via the Digital Library at the University of Milan.

- ii. Collection/s: General Reference I-II; Science, Technology, and Medicine I-II; Social Sciences I-II
- iii. Language: English
- iv. Time span: 1701-1800.

The total number of results is 2222 works, they were sorted on a *Relevance* basis, and this highlighted that most of them were issued in the second half of the century: it is to be noticed that «from about the year 1770 we begin to have more exact medical accounts of fever in London, which are not indeed numerically exhaustive, but good as samples of what was going on»¹⁹, and the same can be said of other expanding towns across the British Isles²⁰.

In phase two, the original search was further refined by the 1. *Topic finder* box (*Discover topics and results related to your search*: visual tool which groups and displays topics on an interactive map for preliminary in-depth search and data analysis based on previous results), 2. *Subjects* box (filters and lists results as families, ex. Fevers 86 works, Epidemics 69 works, Physicians 199 works, etc.), and 3. *Authors-Items* box (individual authors can be selected and their works visualised). By comparing and intersecting the results of this three-fold refinement process (*Topic finder*, *Subjects*, and *Authors-Items*), many connections and cross-references between topic/s-works-authors emerged: this was definitely useful to further delimit the number of relevant works.

Phase three in the selection of primary sources was focused on *local epidemic fevers*: groups of works already refined in phase two were further scrutinised and singled out to provide evidence of local epidemic outbreaks, and their impact on contemporary society. The final corpus was denominated *Local Epidemic Fevers Corpus* (LEF Corpus), and the final number of texts included in it has been strongly reduced: this allows a closer reading of data, and makes their qualitative interpretation more focused.

The study does not aim to be exhaustive, but to exemplify and map both denotation and reference of the lexemes *epidemic/s*, and *fever/s* in context, used alone or in combination (epidemic fever/s) in a set of works. The LEF Corpus includes 12 works, 234029 word tokens, 21314 word types²¹.

¹⁹ Creighton, *A History of epidemics*, cit., p. 133.

²⁰ Later on in his work, Creighton, *ivi*, p. 134, adds that «[...] these fevers have existed in narrow courts and alleys: The same is remarked by Currie for Liverpool, by Clark for Newcastle, by Percival and Ferriar for Manchester, by Haygarth for Chester, and by Heysham for Carlisle».

²¹ These works are of different length, their titles and their respective number of pages are provided in the following paragraphs. Some of them are short reports which discuss single events: Anon. Physician, *Advice to the People, upon the Epidemic Catarrhal Fever, of October,*

Local Epidemic Fevers Corpus (LEF Corpus). The works selected have a focus on local epidemic outbreaks of different kinds across the British Isles. All these outbreaks are characterised by (symptomatic) fever. The works were written by physicians²² (M.D.) to report and describe the epidemic fevers which spread locally (major towns and limited geographical areas), from the 1760s onwards: according to Creighton, «[t]he year 1765 marks the beginning of what has been called the Industrial Revolution; and it is also an important point of time in the history of the fevers of the country, for it is in the generation after that we obtain all the best information on what may be called industrial typhus, in the writings of a group of physicians who were at once philanthropic and exact»²³. Some of the LEF Corpus works start from local epidemic events and reports, as their titles clearly and explicitly declare, to expand the discussion on

November, and December, M,DCC,LXXV [...], Printed by C. Jenkin, [No. 58.] Dame-Street, Dublin 1775, 55 pp.; Barker, *A treatise*, cit., 97 pp.; A. Broughton, *Observations on the influenza, or epidemic catarrh; as it appeared in Bristol and its environs, during the months of May and June, 1782. To which is added, a meteorological journal of the weather*, by A. Broughton, Fellow of the Royal Medical Society of Edinburgh and of the Physicians of the Royal Infirmary, Printed for G. Robinson, Bristol; and J.B. Becket, London 1782, 29 pp.; W. Falconer, M.D., *An Account of the Epidemic Catarrhal Fever, commonly called the Influenza, as it appeared at Bath, in the Months of May and June, 1782*, Printed by R. Cruttwell, Bath; and sold by C. Dilly, Poultry, London 1782, pp. 29; W. Grant, M.D., *A Short Account of the Present Epidemic Cough and Fever. In a Letter to Dr. De La Cour at Bath*, Printed for T. Cadell, in the Strand, London 1776, 31 pp.; W. Grant, M.D., *Account of a Fever and Sore Throat, which began to appear in and about London, in September, 1776; in a Letter to Dr. William Saunders, of Guy's Hospital*, Printed for T. Cadell, in the Strand, London 1777, 49 pp.; W. Grant, M.D., *Observations on the Late Influenza, the Febris Catarrhalis Epidemica of Hippocrates, as it appeared at London in 1775 & 1782*, Printed for the Author, and sold by T. Cadell, in the Strand; Richardson and Urquhart, Royal Exchange; Sewel, in Cornhill, and J. Johnson, St. Paul's Church Yard, London 1782, 43 pp.; J. Heysham, *An account of the jail fever, or typhus carcerum: as it appeared at Carlisle in the year 1781*, by John Heysham M.D., Printed for T. Cadell, J. Murray, R. Faulder, and J. Milliken, Bookseller, London and Carlisle 1782, 62 pp.

Others are longer and more systematic descriptions of fevers added to or including reports of local epidemics J. Clark, M.D., *Observations on Fevers, especially those of the Continued Type; and on the Scarlet Fever attended with Ulcerated Sore-Throat, as it is appeared at Newcastle upon Tyne in the year 1778. Together with A Comparative View of that Epidemic with the Scarlet Fever as described by Authors, and the Angina Maligna*, Printed for T. Cadell, in the Strand, London 1780, pp. 419; J. Ferriar, M.D., *Medical Histories and Reflections*. Printed by W. Eyres, Warrington; for T. Cadell, in the Strand, London 1792, [Physician to the Manchester Infirmary, and Lunatic Hospital], 258 pp.; A. Gordon, M.D., *Treatise on the Epidemic Puerperal Fever of Aberdeen*. Printed for G.G. and J. Robinson, Paternoster Row, London 1795. [Physician to the Dispensary], 132 pp.; J. Sims, M.D. *Observations on Epidemic Disorders, with Remarks on Nervous and Malignant Fevers* [Tyronne-Ireland], Printed for J. Johnson, in St. Paul's Church-Yard; and G. Robinson, in Pater-noster-row, London 1773, 290 pp.

²² Works written by apothecaries and surgeons were excluded from the corpus.

²³ Creighton, *A History of epidemics*, cit., p. 120.

fevers more extensively (generalisation on major symptoms, diagnosis, cure, mortality rate, case studies, etc.). This corpus includes reports of local epidemics which took place in the following towns: Aberdeen, Bath, Birmingham, Bristol, Carlisle, Dublin, London, Manchester, Newcastle, and County Tyrone (Northern Ireland). They are representative of a vast geographical area in which different or similar types of epidemic fevers raged among the population, in relation to medical, hygienic, social, environmental, and meteorological conditions.

AntConc preliminary search²⁴. The LEF Corpus has been searched by AntConc tools in order to

- a. determine the number of words (cfr. Section 2. above);
- b. identify multiword expressions: words or collocates clustered around *fever/s* and *epidemic/s*. This is necessary to determine their function and use primarily in relation to pre- and/or postmodifiers (to constitute lexical, textual, and discourse units of meaning in connections with other expressions/lexemes), and highlight the conceptualisation and lexicalisation of epidemic diseases characterised by fever. The focus is on collocates that refer to specific epidemic fevers and/or infectious diseases and/or medical events, and on terms related to medicine from different perspectives, as they emerge from the co-text (e.g. climate and environment; infection and contagion; public health and preventative medicine; cleanliness and hygiene; cultural and social issues; people, the poor, etc.);
- c. check and interpret results of previous search criteria in context, to connect concepts, to highlight the textual and discourse issues, and to make the medical setting/s in which terms and multiword expressions are or may be used explicit and clear²⁵.

The following sections discuss the main epidemics as they emerge from the LEF Corpus. Section 3. deals with the lexicalisation of epidemic diseases characterised by fever (or epidemic fevers); Section 4. is focused on the contemporary medical notions of *contagion*, *infection*, *poison*,

and *effluvia*²⁶; Section 5. introduces and discusses the lexicalisation of sociocultural issues (sociolinguistic perspective), with a view on the association between epidemic diseases and social groups. Section 6. is concerned with the conceptualisation and the lexicalisation of the relationship between epidemics, welfare, and public health.

3. THE LEXIS OF *FEVER/S* AND *EPIDEMIC/S*: GENERAL ISSUES

The words *fever* and *epidemic* are already used in the title pages of the works under scrutiny, and provide a general idea of the many local epidemics that affected the population across the British Isles since the 1760s: *epidemic catarrhal fever*²⁷, *malignant* and *pestilential fevers*²⁸, *influenza* or *epidemic catarrh*²⁹, *scarlet fever* [...] *ulcerated sore-throat* [...] *epidemic*³⁰, *epidemic fever*³¹, *epidemic puerperal fever*³², *epidemic cough and fever*³³, *fever and sore throat*³⁴, *influenza*, the *febris catarrhalis epidemica*³⁵, *jail fever*, or *typhus carcerum*³⁶, *epidemic disorders* [...] *nervous and malignant fevers*³⁷.

From these few examples, some interesting features emerge: *fever* is essentially used as the noun head of the lexical unit, and is usually preceded by at least one premodifier; *epidemic* is essentially used as a premodifier (or one of the premodifiers in the unit), but it may also be used as a noun head; the denominations may be inclusive and vague (e.g. *epidemic disorders*), or more specific (*epidemic catarrhal fever*); some expressions are paired by equivalents (e.g. *jail fever*, or *typhus carcerum*).

3.1. *Fever/s*

The most common multiword expressions drawn from the LEF Corpus, and referred to epidemic disorders, include two- and three-word clusters in which *fever/s* is the premodified head. Premodifiers may combine to make the clusters, and the type of *fever/s*, more

²⁴ L. Anthony, *AntConc* (Version 3.5.8 - Windows) [Computer Software]. Waseda University, Japan, Tokyo, 2019. Available at <http://www.antlab.sci.waseda.ac.jp/>

²⁵ The following *AntConc* tools were used to sort out and collect data: 1. The *Word list* tool was used to sort out the number of word tokens and word types; 2. The *Clusters/N-Grams* tool was set to sort out three-word clusters including the Search Term (*fever/s*, *epidemic/s*, etc.) placed on the left or on the right of the sequences; 3. The *Collocates* tool was set to sort out the Search Term in close proximity (left or right) to premodifiers or noun heads; 4. The *Concordance* tool was used to investigate the lexical units previously retrieved in the co-text. 5. The *File view* tool was used to visualise the search term occurrences in a broader textual and discourse context for individual works (files).

²⁶ Italics will be used throughout the text to highlight words and short multiword expressions quoted from the primary sources under scrutiny here; whereas, inverted commas will be used for longer extracts.

²⁷ Anon. Physician, *Advice*, cit., title page; Falconer, *An Account*, cit., title page.

²⁸ Barker, *A treatise*, cit., title page.

²⁹ Broughton, *Observations*, cit., title page.

³⁰ Clark, *Observations*, cit., title page.

³¹ Ferriar, *Medical Histories*, cit., The Contents (no page number).

³² Gordon, *Treatise*, cit., title page.

³³ Grant, *A Short Account*, cit., title page.

³⁴ Grant, *Account of a Fever*, cit., title page.

³⁵ Grant, *Observations*, cit., title page.

³⁶ Heysham, *An account*, cit., title page.

³⁷ Sims, *Observations*, cit., title page.

specific. Table 1 below arranges major results according to frequency, from the highest to the lowest. Even though lexical frequency is not the focus of the research (it also depends on the length of the works under scrutiny), it is worth considering the recurrence of certain words in the denomination of epidemics for the period considered. From this perspective, frequency might highlight the impact of certain epidemics rather than others:

Premodifier + fever	Premodifier + fevers
puerperal, scarlet, nervous, continued, putrid, bilious, catarrhal, epidemic, malignant, jail, comatous, pestilential, gaol, symptomatic, inflammatory, hospital, winter, stationary, secondary, particular, intermittent, common, catarrhus, child-bed, violent, variolons, remitting/remittent, petechial, miliary, eruptive, depuratory, contagious, concomitant, compound, comatose, atrabilious.	continued, malignant, putrid, pestilential, nervous, inflammatory, common, primary, epidemic, child-bed, tedious, remittent, puerperal, prevailing, present, petechial, mixed, intermitting, infectious, hospital, contagious, burning, apthous.

These premodifiers mainly refer to the nature or types of fevers or to their major characteristics (e.g. *nervous*, *pestilential*, *putrid*, *catarrhal*, etc.), associated symptoms (external manifestations) and development (e.g. *petechial*, *eruptive*, etc.; *continued*, *intermittent*, *remittent*, *comatose*), typical environment in which fevers may spread (e.g. *hospital*, *jail*), or highlight more general issues (*common*, *primary*, *secondary*, *particular*, *violent*, *infectious*, *contagious*, etc.).

Premodifiers either directly precede the search terms *fever* and *fevers*, or may be premodified in turn (e.g. by *epidemic*, *putrid*, *continued*, *true*, *truly*, *legitimate*, etc.), or used in association with other premodifiers (e.g. *bilious and comatous*, *hospital or putrid malignant*, etc.) as part of longer, more specific, and more complex sequences which highlight the abundance of symptoms and the severity of the disease. The extracts below exemplify the practice in the formation of lexical units which refer to more specific (e.g. *epidemic catarrhal fever*) or more general medical events (e.g. *continued epidemic fevers*), and which are associated to equivalents, related diseases, or related notions:

Example 1

- a. An account of the epidemic catarrhal fever, commonly called the influenza, as it appeared at Bath, in the months of May and June, 1782³⁸.

- b. THE epidemic catarrhal fever that has prevailed so lately in London, and spread over most parts of the kingdom, under the name of the Influenza³⁹.
- c. I had occasion to try the same method, in some cases this season, but with less success; so that I conclude the present stationary fever is not of the intermittent kind, which readily yields to the bark.; but is the same bilious and comatous fever which we have seen ever since the beginning of last October [...] some have received benefit from the bark, even in the present epidemic⁴⁰.
- d. No conclusion however is to be drawn from these ill effects of the bark in the Scarlet Fever and Sore Throat, or from any specific difference observed in the appearances in the sore throat in this disorder, and those of the Ulcerated sore throat, that the former is any true inflammatory fever; nor that it has not a putrid tendency, and that a very high one. Pestilential disorders, of which it has been already proved this is one, always have: [...]⁴¹.
- e. No one can read this description of the last stage of a nervous fever without reflecting upon the hospital or putrid malignant fever, which in every circumstance it so exactly resembles that I must own myself unable to make the distinction⁴².
- f. I would not by this be understood to mean that there is no difference in reality between a low nervous fever as it is called, and a putrid malignant one; I am well aware that there is, but am afraid that in the last stage of the nervous one as described by Dr. Huxham a change is brought about by his treatment of it that he little suspects, which is its degenerating into a truly putrid malignant fever in nothing distinguishable from the other described under that appellation⁴³.
- g. But that the cause of the epidemic Puerperal Fever under consideration was not owing to a noxious constitution of the atmosphere, [...] if it had been owing to that cause, it would have seized women in a more promiscuous and indiscriminate manner. But this disease seized such women only, as were visited, or delivered, by a practitioner, or taken care of by a nurse, who had previously attended patients affected with the disease⁴⁴.
- h. The symptoms and appearances observable in mixed cases of the worst kind as above described, though not comparable to those of the legitimate Scarlet Fever and Sore Throat in the worst cases described by Doctor Withering, were yet, dreadful; and to any accurate and sagacious Observer it must appear, that the due administration of medicine in them was a matter of uncommon delicacy and judgment⁴⁵.
- i. CASES OF THE CONTINUED FEVER WHICH PREVAILED IN NEWCASTLE, IN 1777. [...] That the bark will produce pernicious effects in pleurisies, and other

³⁹ Ivi, p. 3.

⁴⁰ Grant, *A Short Account*, cit., p. 26.

⁴¹ Barker, *A treatise*, cit., p. 46.

⁴² Sims, *Observations*, cit., p. 244.

⁴³ Ivi, pp. 248-249.

⁴⁴ Gordon, *Treatise*, cit., p. 63.

⁴⁵ Barker, *A treatise*, cit., pp. 63-64.

³⁸ Falconer, *An Account*, cit., title page.

local inflammations we readily allow: but cannot subscribe to the opinion, that it would prove dangerous in the Plague and continued epidemic fevers; for in certain Stages of those diseases, it will be found to be the most valuable of all medicines⁴⁶.

- j. BEING led to suppose both by experience and the descriptions of the best authors, that nervous and putrid malignant or hospital fevers arise from something vitiated in the stomach and bowels, which seems too little attended to in their treatment, I shall here give, the reasons in a concise manner that induced me to believe so, independent of my own practice⁴⁷.
- k. I have always been doubtful as to the exhibition of antimonials in simple inflammatory fevers, where, there was no suspicion of any thing vitiated in the stomach and bowels; [...] ⁴⁸.
- l. Cronical disorders original [...] as well as those succeeding malignant and pestilential fevers, have been also and are pretty common, as is usual in Pestilential Constitutions⁴⁹.

Extracts a., b., and e. exemplify the use of equivalence (*epidemic catarrhal fever* or *influenza*; *hospital* or *putrid malignant fever*): this strategy was used to limit the dispersion of different denominations for the same disease, or very similar affections. The multiplying and vagueness of denominations was often the principal cause of ambiguity and misunderstanding among medical men (physicians and practitioners) and lay people. The need for clarity was felt both at a disciplinary level, and in a more general context of use. Another linguistic strategy to group similar external manifestations of sickness and disease, and try to categorise them into classes at a disciplinary level, is the use of hyponymy. In this case, more general terms are associated with more specific ones in a *genus-differentiam* relationship (or the reverse, *differentiam-genus* sequence, from more specific to more general). This does not mean that the linguistic and disciplinary relationships established were considered valid for everybody, since there was much debate on them. Medical research was in progress, and the systematic acquisition of new data on case studies and direct professional experience made any classification fluid. An example of linguistic-disciplinary hierarchy is represented by extract c. (*present stationary fever*-hyponym/kind of vs. *bilious and comatous fever*-superordinate). In the remaining extracts, the denominations display some common features: they either include lexemes highlighting general characteristics (extracts i., k. and l., e.g. *continued epidemic fevers*, *simple inflammatory*

fevers; *malignant and pestilential fevers*), or more specific issues (extracts e. f. g. h., e.g. *putrid malignant fever/truly putrid malignant fever*; *hospital fever*; *epidemic Puerperal fever*; *legitimate Scarlet fever*). Moreover, these more-or-less specific types of fever are associated by recurrent common features, or premodifiers, which often mark both the nature of the fever/s and the degenerating process: *pestilential*, *putrid and malignant* (e.g. extracts d. e. f. j. l.). Along with different types of fever, the extracts in Example 1 also introduce related topics: climate and environment (a. *months of*, c. *season*, g. *noxious constitution of the atmosphere*), role of the human body (j. *something vitiated in the stomach and bowels*), nature of transmission (g. *seized such women only, as were visited, or delivered, by a practitioner, etc.*).

In Example 2, the premodifiers *infectious* and *contagious* highlight the way epidemic fevers spread among the population, infection and contagion are due to different causes, and specific living conditions. The following extracts a. and b. expand the lexical network related to *fever/s* and *epidemic/s*, and provide new related topics:

Example 2

- a. And in small houses, where there is great want of free air, where the families of the poor are much crowded, and where little regard is paid to cleanliness, the effluvia arising from the perspiration and breath of a number of persons, have frequently become so virulent, as to generate the most infectious fevers. Many instances of this kind have happened in jails, hospitals, and other confined places⁵⁰.
- b. In treating this Disease [angina mucosa] it is necessary to remember, that although the contagion is always the same, yet the degree of distemper occasioned by that contagion is by no means the same in all constitutions; on the contrary, if twenty people are infected, you may expect to see almost as many degrees, or at least varieties of the same disease. [...] If the degree of inflammation is considerable, I order bleeding in this, with the same freedom and success, as in the measles: an idea has prevailed against bleeding in all contagious fevers, which has been the death of many⁵¹.

Extract a. associates the origin of the infectious fevers, and the propagation of the infection, with confined places (e.g. *small houses*, *jails*, *hospitals*) crowded with people (e.g. *families of the poor*, *number of persons*), and with poor hygiene (e.g. *want of air*, *perspiration*, *effluvia*, *little regard [...] to cleanliness*): the living setting and human physiology (e.g. *breath*), as well as human

⁴⁶ Clark, *Observations*, cit., p. 135.

⁴⁷ Sims, *Observations*, cit., p. 237.

⁴⁸ Idem, pp. 65-66.

⁴⁹ Barker, *A treatise*, cit., p. 94.

⁵⁰ Clark, *Observations*, cit., pp. 216-21.

⁵¹ Grant, *Account of a Fever*, cit., pp. 25-26.

behaviour (e.g. *little regard is paid to*), are at the basis of disease transmission. Social conditions (e.g. *poor, crowded, small houses*) are suggested to be both cause and effect in the process. Extract b. expands the perspective by relating the severity of contagious fevers to differences among people, patients, human beings: *the degree of distemper, the degree of inflammation, the varieties of the same disease*, in other words the quality of the contagion, are the manifestation of individual body *constitutions* (i.e. characteristics). Before an in-depth discussion of all these new notions related to infectious and contagious fevers (closed environments, limited ventilation, human physiology, social groups), in Sections 4., 5., and 6., the investigation moves to the use and function of the other key term at the core of the study: *epidemic/s*.

3.2. Epidemic/s

The term *epidemic* is mainly used in attributive position to premodify nouns and adjectives in multiword lexical units, but it can also be used as a noun. Multiword expressions refer to a variety of medical events, characterised by fever. As in the case of the term *fever/s*, recurrence of lexical associations, as well as the nature of lexical associations to denominate and/or connect medical events (e.g. *genus-differentiam > differentiam-genus*, hyponymy, equivalence, etc.), is relevant for signalling widespread diseases. The most common collocates of *epidemic* and *epidemics* are arranged in Table 2 below:

Epidemic + nouns/ adjectives	Epidemic (noun)	Epidemics
catarrhal fever, puerperal fever, cough and fever, disease/s, fever, bilious constitution/s, catarrh, disorder/s, season, inflammatory complaints, distemper	usually followed by a variety of prepositional phrases and verb phrases	usually followed by a variety of prepositional phrases and verb phrases, and relative clauses

The premodifier *epidemic* may be followed by more than one lexeme to represent general affections which are epidemic or become epidemic (e.g. *epidemic inflammatory complaints*), or predisposing circumstances and physiological factors (e.g. *epidemic bilious constitution*); the noun *epidemic/s* usually appears in combination with other medical, physiological, and/or environmental issues to describe and represent epidemic events. The following extracts exemplify the textual and discourse functions of *epidemic/s*, and establish connections between the medical perspective of epidemic outbreaks

and the physiological, environmental, and social ones. A number of notions and ideas have already been introduced in the *fever/s* section above (poverty, infection and contagion, constitution).

In the examples below, they are further expanded and contextualised:

Example 3

- The concurrence, therefore, of such powerful causes [small crowded houses, effluvia, etc.], with the contagion of the Scarlet Fever, will account for the malignity, and frequency of the epidemic amongst the poor⁵².
- It will not be improper to give a short account of such cases, as they will tend further to explain the malignant nature of the epidemic, [...] ⁵³.
- For these two epidemics [puerperal fever and erysipelas] began in Aberdeen at the same time, and afterwards kept pace together; they both arrived at their acme together, and they both ceased at the same time⁵⁴.
- [...] to find that it is not only epidemic, but infectious; by which it has done more⁵⁵.
- I shall [...] proceed to investigate the cause of the epidemic Puerperal Fever under consideration. That the cause of this disease was a specific contagion, or infection, I have unquestionable proof. [...] when it prevails as an epidemic, its cause has been referred to a noxious constitution of the atmosphere⁵⁶.
- In the winter of 1789, and in spring 1790, an epidemic fever prevailed much in Manchester and Salford. The preceding summer and autumn had been uncommonly moist, and the month of November set in with much cold and heavy rain⁵⁷.
- About the 22nd of October, 1775, an epidemic Catarrhal Fever appeared at Newcastle, and became so general, that few of the inhabitants escaped feeling more or less of its effects. In about 18 days it spent its force, and soon totally disappeared. By accounts, from different parts, it appeared, that the disease, about the same time, spread itself over the island⁵⁸.
- Observations on the influenza, or epidemic catarrh; as it appeared in Bristol and its environs, during the months of May and June, 1782⁵⁹.
- I have seen several cases of Puerperal Fever arising from different causes, both before the commencement and

⁵² Clark, *Observations*, cit., p. 217.

⁵³ Ivi, p. 334.

⁵⁴ Gordon, *Treatise*, cit., p. 56.

⁵⁵ Anon. Physician, *Advice*, cit., p. 25.

⁵⁶ Gordon, *Treatise*, cit., p. 63.

⁵⁷ Ferriar, *Medical Histories*, cit., p. 117.

⁵⁸ Clark, *Observations*, cit., p. 65.

⁵⁹ Broughton, *Observations*, cit., title page.

since the cessation of the epidemic constitution; [...] The cause of the Fever, in this case, was the application of putrid matter to the uterus from a foetus which had been retained for a considerable time after death, and was in a very corrupted state⁶⁰.

- j. These Observations soon led me to see that there was some species of Contagion different from the epidemic bilious constitution; [...] Epidemic Catarrh, at the same season of the year, and complicated with the same bilious constitution, but also the same comatose Fever: here I met with a real practical discussion of the whole disease, whether simple, or complicated with other diseases; [...]⁶¹.
- k. Pleurisies and peripneumonies had begun to abate in frequency during the last constitution, [...]. Sudorifics were as unsuccessful, and I am inclined to imagine that the malignancy which we have been sometimes told of in epidemic inflammatory complaints, depended like this entirely upon mismanagement⁶².
- l. That the erysipelas accompanied the epidemic disease of lying-in women, of the years 1787 and 1788, described by Dr. Clarke of London, appears from the following words [...]⁶³.
- m. THE Epidemic Disorder, which now rages in Dublin, is, as was said, distinctly enough marked by the following Symptoms⁶⁴.

On the one hand, the general features and the nature of an epidemic is represented in extract g. as an event which becomes «so general, that few of the inhabitants escap[e]», and spreads itself «about the same time [...] over the island», or in different parts of it. On the other hand, evidence of more specific aspects emerge from local reports of epidemic disorders. Extracts a. b. and k. introduce the notion of *malignity*, *malignant nature*, and *malignancy* as worsening effects of any epidemic in particular circumstances (e.g. *powerful causes, among the poor, such cases, mismanagement*), ultimately referred to the severity of the affections. Extracts c. and d. highlight, once again, how an epidemic may be worsened by related factors, such as *contagion*, *infection*, or the bad or poisonous quality of the atmosphere (e.g. *noxious constitution*); whereas extracts i. and j. associate the epidemic constitution with a degenerating notion of putridity, corruption, and bilious fluids (e.g. *putrid matter, very corrupted state, complicated with [...] bilious constitution, etc.*)⁶⁵. Creighton, starting from late eight-

eenth-century sources, summarises the manifestations of putrid fevers as follows:

*Fevers with symptoms of putrescency were marked by nausea, bitter taste, and frequent vomiting, by laboured breathing and deep sighing, offensive breath, sweats offensive and sometimes tinged with blood, almost constant delirium, the tongue dry, the tongue, teeth and lips covered with black or brown tenacious foulness, thrush and ulceration in the mouth and throat, the urine with a dark sediment, the stools excessively nauseous and foetid, and blackish or bloody, the eyes horny or glassy, with the whites often tinged of a deep blood colour, spots on the skin like flea bites, or larger haemorrhagic vibices, bleeding from the gums, nose or old ulcers, hiccup near death, often a cough through the fever*⁶⁶.

The gravity of the epidemic may also be due to the combination of two or more diseases (e.g. *disease, whether simple, or complicated with other diseases*, extract j.): *puerperal fever* and *erysipelas* (extract c.), or *erysipelas* and *epidemic disease of lying-in women* (extract l.). Extracts f., h., j. k. emphasise the influence of climate and environment on the kind of diseases and their epidemic manifestation (e.g. *winter, spring, summer, autumn; moist, cold; the months of; season of the year; during the last constitution*).

It is worth here focusing on two terms which are particularly relevant in the definition, propagation, and progress of diseases in an eighteenth-century 'epidemic perspective', that is the notion of *constitution* (of body or environment), and the notion of *malignant* (as a worsening feature of many affections). Both of them are central for the association with the notion of putridity, and related conditions (cfr. Sections 4., 5., and 6)⁶⁷.

Constitution refers to the general characteristics of the environment, that is to say the «season, situation and climate»⁶⁸; or of the bodies, «the particular constitution of each person»⁶⁹, for example *ages, temperaments, manners of life, or robust, delicate, strong, healthy*, thus affecting the progress of the disease, since «some diversity in constitution renders the disease mild or malignant»⁷⁰; or of the disease itself, sometimes highlighting a «gradual change of the precedent Inflammatory Constitution into a Putrid One»⁷¹. Johnson's *Dictionary* defines it as «2. State of being; particular texture of parts; natural qualities. [...] 3. Corporeal frame. [...] Temper of body,

⁶⁰ Gordon, *Treatise*, cit., p. 114.

⁶¹ Grant, *Observations*, cit., p. 11.

⁶² Sims, *Observations*, cit., pp. 167-168.

⁶³ Gordon, *Treatise*, cit., p. 56.

⁶⁴ Anon. Physician, *Advice*, cit., p. 7.

⁶⁵ Cfr. Lonati, *Health and Medicine*, cit., pp. 109-111.

⁶⁶ Creighton, *A History of epidemics*, cit., p. 136.

⁶⁷ Ivi, pp. 120-128.

⁶⁸ Clark, *Observations*, cit., p. 6.

⁶⁹ Sims, *Observations*, cit., p. 3.

⁷⁰ Clark, *Observations*, cit., p. 312.

⁷¹ Barker, *A treatise*, cit., p. 15.

with respect to health or disease»⁷²; whereas James's *A Medicinal Dictionary* refers to it as «habitude, State, or Condition, of any thing. The Word is frequently used by Hyppocrates, to signify the Constitution of the Air or Seasons, or the Nature of a Disease [...] the essential Nature, or Form [...] of Things»⁷³. *Constitution* is thus conceived as a kind of environmental and/or bodily predisposition, which in the last decades of the eighteenth-century is often associated with putrefaction and putrid diseases, and ultimately with poverty⁷⁴ (cfr. extracts above).

Malignant refers to either specific fevers or general characteristics that certain fevers may assume, and it is often associated with other severe diseases or conditions: «Inflammatory, Nervous, Putrid, Biliou, Petechial, Miliary, Malignant, Pestilential, &c.» (footnote) and «the essential symptoms of these species of fever»⁷⁵; or «These milder Fevers, though indeed malignant in general, yielded to the use of a vomit»⁷⁶. In the first example *malignant* has a more specific function, since it distinguishes a kind of fever, or disease. In the second example, it is used to qualify in general terms a group of fevers. In the following quotation, instead, it highlights the degenerating progress of the fever: «they were apt to degenerate into malignant putrid, or slow nervous fevers»⁷⁷. Johnson's *Dictionary* defines it as «2. Hostile to life: as, *malignant* fevers»⁷⁸, whereas James's *A medicinal dictionary* and Motherby's *A new medical dictionary*⁷⁹ explain the nature of *malignant* s.v. *Malignitas*. James

*conceive[s] that all the Malignity, which appears in epidemics, whatever its specific Nature be, consists and centers in very hot and spirituous Particles, that are more or less opposite to the Nature of the Juices contained in the Body; [...] producing so sudden an Alteration of the Juices, as is frequently observed in malignant Diseases*⁸⁰.

⁷² Johnson, *Dictionary*, cit., s.v. «Constitution».

⁷³ James, *A medicinal dictionary*, cit., s.v. «Catastasis» – to constitute.

⁷⁴ Cfr. Siena, *Rotten Bodies*, cit., pp. 41 and 44.

⁷⁵ Clark, *Observations*, cit., pp. 6-7.

⁷⁶ Barker, *A treatise*, cit., p. 58.

⁷⁷ Sims, *Observations*, cit., p. 246.

⁷⁸ Similar and complementary definitions are included in Johnson, *Dictionary*, cit., s.v. «Malign», «2. Infectious; fatal to the body; pestilential», and s.v. «Malignancy», «2. Destructive tendency. The infection doth produce a bubo, which, according to the degree of its malignancy, either proves easily curable, or else it proceeds in its venom. Wiseman».

⁷⁹ Motherby, *A new medical dictionary; or, general repository of physic. Containing an explanation of the terms, and a description of the various particulars relating to anatomy, physiology, physic, surgery, materia medica, pharmacy, &c.*, [...] Printed for J. Johnson, No 72, St. Paul's Churchyard, London 1775.

⁸⁰ James, *A medicinal dictionary*, cit., s.v. «Malignitas».

Motherby is more precise, and refers to the many possible interpretations and functions of *malignity* and *malignant*:

*Very different are the definitions of malignity, or the different accounts of what constitutes it. The fevers termed malignant, upon examining their symptoms, seem to proceed from coagulation, or from dissolution of the juices; [...] malignant disorders arise from manifest causes; so that the notion of malignity from a secret something falls to the ground. The fevers that are malignant proceed from some particular contagious qualities of the air, not cognizable perhaps by the senses; corrupt and putrefied matters diffused in the air may both cause and continue them. [...] Those disorders in general may be called malignant which suddenly destroy the strength of the patient, and in which the flame of life seems at first to be almost quenched*⁸¹.

In the first extract, James seems to refer to one of the widespread explanations of malignity, that is to say the physiological degeneration of bodily fluids, especially depauperated, diluted, and corrupted blood⁸²; whereas, in the second extract, Motherby highlights how malignity is due to the (noxious) constitution of the air. In any case, *malignant* was systematically linked to complex and dangerous diseases (e.g. eruptive, miliary, spotted, hospital fevers, etc.), also denominated *poisonous*, *putrid*, and *pestilential*⁸³.

4. MEDICAL PERSPECTIVE: CONTAGION, INFECTION, POISON, AND EFFLUVIA

Contagious and *infectious* are systematically associated with putridity, *effluvia* and *miasmata* (usually *putrid*, *morbid*, *noxious effluvia/vapours*; *pestilential* and *putrid miasmata*)⁸⁴. Arising from the air (climate and meteorological conditions), the environment (natural or urban), and the human body, they are considered among the major causes for the origin and propagation of epidemics and epidemic fevers⁸⁵.

A concordance search on the preceding terms with AntConc has produced the following results, and con-

⁸¹ Motherby, *A new medical dictionary*, cit., s.v. «Malignitas».

⁸² Siena, *Rotten Bodies*, cit., pp. 23, 35-38, and 40.

⁸³ Lonati, *Health and Medicine*, cit., pp. 121-123; Siena, *Rotten Bodies*, cit., p. 26.

⁸⁴ Johnson, *Dictionary*, cit., defines contagion as «2. [sic] The emission from body to body by which diseases are communicated. [...] 2. Infection; propagation of mischief, or disease. [...] 3. Pestilence; venomous emanations» (s.v. «Contagion»); and establishes equivalence between contagious and «Infectious; caught by approach; poisonous; pestilential» (s.v. «Contagious»).

⁸⁵ Siena, *Rotten Bodies*, cit., pp. 21-22.

nected them to further related ideas: *Contagious effluvia*⁸⁶, *infectious effluvia*⁸⁷, *contagious putrid miasmata*⁸⁸, and *infectious miasmata*⁸⁹ are «subtile active and virulent substance[s]» that can escape from the body of sick persons⁹⁰. This may depend on «some disposition in the air or temperature»⁹¹, on «particular states of the atmosphere»⁹², on «the breath and effluvia of the infected persons»⁹³, or on «any general cause, (as a particular disposition in the air) affecting several persons at once, which is the proper meaning of the word epidemical»⁹⁴.

Epidemic fevers usually spread among the working people, *labouring family*⁹⁵, are prevalent *amongst the poor*⁹⁶, especially in the urban environment, and may also arise *among the servants of the rich*⁹⁷ who get in contact with the sick. Epidemics and «contagious disorder[s], or propagated from one person to another in the course of infection»⁹⁸ are thus associated with the labouring people and poverty⁹⁹, and poor people's «clothes [...] thoroughly penetrated by contagious effluvia»¹⁰⁰.

Contagious and *infectious effluvia*, which highlight the kind of transmission as well as the nature of diseases, can be more generally denominated *noxious effluvia*¹⁰¹, *corrupt* and *noxious effluviae*¹⁰², and *noxious vapours*¹⁰³. Johnson defines *noxious* as «1. Hurtful; harmful; baneful; mischievous; destructive; pernicious; unwholesome»¹⁰⁴, and *to corrupt* as «to become putrid; to grow rotten; to putrefy»¹⁰⁵, none of them is directly associated with medical events, but to general conditions that can be related to the human body¹⁰⁶, or the environment¹⁰⁷. In these noxious contexts, Clark and the 1775-Anon. physician also suggest some preventative issues to clean and sanitise confined places, sanitation being an

expanding and developing practice at the time, with a view on (public) welfare (cfr. Section 6 below)¹⁰⁸.

Example 4

The apartments of the sick were kept as clean as possible, and fresh air was admitted by the windows; and this, together with the sprinkling the room with vinegar, in my opinion, is the best method of correcting the noxious effluvia, which arise from the bodies of those who labour under putrid diseases¹⁰⁹.

[...] to maintain the Perspiration against its Malignity: [...] FIRST, To burn large Fires in the Houses, and Rooms generally occupied. From this alone spring these three salutary Consequences, the free Circulation of the Air is promoted; its noxious Vapours are destroyed; and the Perspiration of the Body is maintained¹¹⁰.

The lexical units above and the two extracts in example 4, beyond providing evidence of the general and specific role of *effluvia* and *miasmata*, help to expand the network of ideas and concepts related to epidemics. Non ventilated settings, poor clothes, and poor hygiene closely interacted to spread any kind of fevers, and make them epidemic and eventually deadly.

Further investigation on the terms *effluvia*, *contagion*, *putrid*, *malignant* opens to related areas of interest. The attention is placed on the urban environment (e.g. *populous cities low and ill aired, streets narrow and foul*), the natural environment and climate (e.g. *hot weather, marshy countries after hot seasons*), hygiene (e.g. *foul confined places; small and close apartment; hospitals; jails; houses dirty; filth, nastiness, and confined air*, etc.), and people (e.g. *persons crowded together, sick in hospitals and their nurses, rooms crowded with many inhabitants*, etc.). Appendix 1 provides evidence of the most frequent and interconnected circumstances related to epidemics, alongside the variety of recurrent expressions used to lexicalise either ideas and values, or the external reality.

5. SOCIOLINGUISTIC AND SOCIOCULTURAL OUTLOOK: BODIES, PERSONS, AND THE POOR

The discussion on and around the terms *fever/s* and *epidemic/s* has highlighted many related ideas which go beyond the emerging disciplinary boundaries of medicine and the medical perspective. In particular, epidem-

⁸⁶ Falconer, *An Account*, cit., p. 12; Ferriar, *Medical Histories*, cit., p. 140.

⁸⁷ Clark, *Observations*, cit., p. 215.

⁸⁸ Sims, *Observations*, cit., p. 245.

⁸⁹ Clark, *Observations*, cit., p. 20.

⁹⁰ Heysham, *An account*, cit., p. 23.

⁹¹ Falconer, *An Account*, cit., p. 12.

⁹² Clark, *Observations*, cit., p. 20.

⁹³ Ivi, 215.

⁹⁴ Falconer, *An Account*, cit., p. 11.

⁹⁵ Ferriar, *Medical Histories*, cit., p. 140.

⁹⁶ Clark, *Observations*, cit., p. 21.

⁹⁷ Ferriar, *Medical Histories*, cit., p. 140.

⁹⁸ Falconer, *An Account*, cit., p. 11.

⁹⁹ Siena, *Rotten Bodies*, cit., p. 27.

¹⁰⁰ Ferriar, *Medical Histories*, cit., p. 140.

¹⁰¹ Ivi, p. 234; Clark, *Observations*, cit., p. 255.

¹⁰² Barker, *A treatise*, cit., p. 74.

¹⁰³ Anon. Physician, *Advice*, cit., pp. 16 and 18.

¹⁰⁴ Johnson, *Dictionary*, cit., s.v. «Noxious».

¹⁰⁵ Ivi, s.v. «To Corrupt».

¹⁰⁶ For example, *bodies*, Clark, *Observations*, cit., p. 25; *human bodies*, Anon. Physician, *Advice*, cit., p. 16.

¹⁰⁷ For example, *air*, Anon. Physician, *Advice*, cit., p. 16.

¹⁰⁸ Cfr. also Lehto, *Changing Portraits*, cit.; and Lehto, *Public Health*, cit.

¹⁰⁹ Clark, *Observations*, cit., p. 255.

¹¹⁰ Anon. Physician, *Advice*, cit., p. 18.

ics had a strong impact on contemporary society, since they affected a vast number of people. In section 4., there are explicit references to people as *body/bodies* and *human bodies, persons*, and *the poor*. Starting from these lexemes, the present section investigates the conceptualisation, lexicalisation, and textual representation of people and social groups in medical reports on epidemics, and their relevance at discourse level. The reports in the LEF Corpus under scrutiny explicitly refer to local epidemic outbreaks in major British towns and cities, and to the urban setting.

Body and Bodies. These two terms are usually associated with negative issues and qualities (*effluvia* or *noxious effluvia, putrefaction, poison, exhalation, stench, mortification*), and ultimately with death, independent of either contagion or infection, or the possibility to spread epidemic disorders. Frequent expressions are «the effluvia of dead bodies»¹¹¹, «the putrefaction of dead bodies generates a poison» and «noxious effluvia frequently arise from putrefying bodies»¹¹², «the stench of the putrid bodies»¹¹³. The body emerges as a generic anonymous substance which produces poison and noxious effluvia, which «arise from the bodies of those who labour under putrid diseases»¹¹⁴; or it represents an entity to be examined, as in «the dissection of those who have died of fevers»¹¹⁵. Effluvia arise from either the living body, or the dead body. Exhalations, however, are not the primary cause of epidemic outbreaks or epidemic fevers. They may represent degenerating processes, either associated with «the reigning constitution of the air, the nature of seasons, and their effects on bodies»¹¹⁶, or associated with confinement, poor hygiene, and poor diet. Prisoners themselves are lexicalised as bodies, «the bodies of the prisoners»¹¹⁷, and not as human beings, or persons. The body, and in particular the body of the poor, is considered «actively pathogenic»¹¹⁸, and is finally conceptualised and lexicalised as a dehumanised, deteriorating entity: «threats about the pathogenic qualities of the plebeian body consistently crept beyond subgroups like criminals or vagrants to voice sweepy statements about the poor generally»¹¹⁹.

Persons and the Poor. The lexeme *person/s* may be found in different contexts, and is variously connected to epidemics, or epidemic fevers. People are defined and

lexicalised according to many recurrent parameters (e.g. age, gender, rank, constitution, etc.), whose combination may foster the spreading of the disease, and characterise epidemic outbreaks. Appendix 2 highlights the intersection of the categories Rank & Social Issues (R&SI), Health & Disease (H&D), and Living Condition & Setting (LC&S).

Person/s may be used to introduce general characteristics related to age, gender, and constitution: in these three cases, the term simply denotes reality and neutrally refers to *children, infants, old age, maturer age, different ages; male, female; valetudinary persons, persons of all constitutions* (cfr. Appendix 2). However, *person/s* also refers to more specific external realities: in this case, it is often associated with positive vs. negative circumstances, or status, in contrast with one another, and the expressions used are more marked. In R&SI, H&D, and LC&S (Appendix 2), persons of the *highest rank* are opposed to the *lowest*, the *families of the rich* to the *families of the poor, clean and healthy persons* to *infected persons*, with an increasing emphasis – and bias – on poverty. As a consequence, a clear-cut, lexicalised and stigmatised division between two major social groups emerges. On the one hand, the ‘wealthy’ seem to be a more homogeneous group, and are mainly evoked as the *highest rank* or *the rich*. On the other hand, the ‘poor’ undergo detailed and recursive descriptive attention in relation to their living conditions: *many persons crowded, many persons in indigent circumstances, persons are shut up together in a small room, house of a poor person, one house [...] one room, indigent circumstances [...] great towns, small room [...] large cities, small houses, jails, hospitals, confined places*.

In these degrading contexts, mainly lexicalised as «the house of a poor person» or «their dwellings», the poor are devastated by epidemics and fevers, since «every circumstance favouring its [fever] progress [...] it attacks the family in succession»¹²⁰. Their condition seems to be inescapable: the poor are physiologically defined, «the poor perpetuate animal poisons»¹²¹, and socially established, «preserved [...] among the poor alone [...] pent up in small houses»¹²². Expressions such as «exist among the poor»¹²³, «very prevalent amongst the poor»¹²⁴, «frequency of the epidemic amongst the poor»¹²⁵ repeat the idea that epidemics, fevers, and the poor are inevitably bound to a common lot, one

¹¹¹ Ferriar, *Medical Histories*, cit., p. 231.

¹¹² Ivi, p. 233.

¹¹³ Ivi, p. 232.

¹¹⁴ Clark, *Observations*, cit., p. 255.

¹¹⁵ Ivi, p. 26.

¹¹⁶ Barker, *A treatise*, cit., p. 39.

¹¹⁷ Heysham, *An account*, cit., p. 27.

¹¹⁸ Siena, *Rotten Bodies*, cit., p. 28.

¹¹⁹ Ivi, p. 31.

¹²⁰ Ferriar, *Medical Histories*, cit., p. 243.

¹²¹ *Ibidem*.

¹²² Ivi, p. 245.

¹²³ Ivi, p. 135.

¹²⁴ Clark, *Observations*, cit., p. 130.

¹²⁵ Ivi, p. 217.

of wretchedness, disease, and death: «They are driven to hire disease, and when fevers prevail in the families inhabiting these cells, to undergo the horror of lying in the same room, and often in the next bed, to the dying or the dead»¹²⁶. Want of fresh air, filth and uncleanness¹²⁷, and inadequate food¹²⁸ contribute to their misery. Not even the wealthy would be capable to help them and «render wholesome those fruits of the earth which had been damaged by an untoward season»¹²⁹. In such circumstances or «mortifying sense of their condition»¹³⁰, recovery for «the sick-poor»¹³¹ appears to be unpredictable. Nonetheless, local governments in large towns or in provincial areas started to establish modern healthcare services in order to cure and systematically assist poor people, with a view on the prevention of dramatic epidemic events.

The following section will discuss the emerging health policies that professionals and institutions implemented to support the poor, to support society, and improve social cohabitation at large.

6. INSTITUTIONAL, PRIVATE, AND PUBLIC HEALTH ISSUES: REGULATION, AUTHORITY, AND PREVENTION

The second half of the eighteenth century is characterised by a growing interest in health, and healthcare issues¹³², and in welfare in general. If disease still represents a widespread reality pervading everyday life, and epidemic outbreaks are still perceived as frightening experiences, though locally, a new perspective is definitely emerging as a major issue: prevention. Preventative medicine and its related interest in preserving health, along with curing illnesses, are at the centre of governmental and private attempts to provide effective assistance to the lower classes which populated large and expanding pre-industrial towns¹³³. These healthcare policies are also crucial in stabilising *the poor* as a distinct – and separate – social group.

As a consequence, medical issues are necessarily connected with urban planning, regulations and vigi-

lance, welfare and social stability, and the nation. In the LEF corpus, this complex network emerges from the works of Ferriar, Anon. Physician, and Clark. The *poor man*¹³⁴, *the sick-poor*¹³⁵, or *the poor*¹³⁶ are always at the centre of the debate in order to improve their living conditions.

The first issue concerns the nature of urban dwellings to admit and provide overnight support to indigent people. Ferriar¹³⁷ introduces the qualities of this innovative kind of buildings (*proper ventilation, flues, central heating by the steam of warm water*), and the essential facilities they should guarantee to *impure lodgers*: a *straw-mat and a blanket*, a *bath*, and *coarse, clean dresses of flannel*. All of that, he says, «would be luxury to a poor man, who would gladly pay an equal sum for admission, to that required by a keeper of fever-beds [...] either gratuitously, or for a trifling sum»¹³⁸. The same plans «to provide relief and medical assistance for the sick-poor» are also practised in provincial towns, with «the superior duty of preventing their distresses»¹³⁹. The anonymous author-physician of the 1775 *Advice* describes the function of the *House of Industry* in Dublin, an *excellent Institution*: it is a place of recovery for *the Poor*¹⁴⁰, particularly those «who were seized with this Disorder [Catarrhal Fever]»¹⁴¹ during the epidemic. Clark instead provides evidence of another kind of institution and of its related function: *the Dispensary*. Tracking epidemic outbreaks beyond the cure of patients, or «to trace the infection from house to house»¹⁴², is also to be enhanced to delimit disease transmission.

A general and essential feature of these recovery places is the adoption of strict regulations to admit and administer their indigent guests: this would produce positive effects on the guests themselves, and on society as a whole. Ferriar affirms that the place he envisages would be «properly superintended, might prove an asylum to those who wish to avoid guilt, and would assure the good conduct of every person admitted»¹⁴³. For him «regulations enforced by authority» and the «vigilance of the inspectors» would also be applied when *clearing, cleaning, and sweetening* of an infected house and «close

¹²⁶ Ferriar, *Medical Histories*, cit., p. 145, footnote.

¹²⁷ For example, «Stagnation of air [...] the filth and uncleanness of the people», Heysham, *An account*, cit., p. 33.

¹²⁸ For example, «dearth of provisions», Sims, *Observations*, cit., p. 10.

¹²⁹ *Ibidem*.

¹³⁰ Ferriar, *Medical Histories*, cit., p. 219.

¹³¹ Ivi, p. 143.

¹³² Cf. Lehto, *Changing Portraits*, cit., and Lehto, *Public Health*, cit.

¹³³ B. Croxon, *The price of charity to the Middlesex Hospital, 1750-1830, in Financing Medicine*, cit., pp. 23-25; Gorsky and Sheard, *Introduction*, cit., pp. 3-4; Porter, *Health, Civilization and the State*, cit., pp. 48-49, 54, and 57-60; Siena, *Rotten Bodies*, cit., pp. 16-17.

¹³⁴ Ferriar, *Medical Histories*, cit., p. 146, footnote.

¹³⁵ Ivi, p. 143.

¹³⁶ Clark, *Observations*, cit., p. 132.

¹³⁷ Ferriar, *Medical Histories*, cit., pp. 143-146.

¹³⁸ Ivi, pp. 145-146.

¹³⁹ Ivi, pp. 143-144.

¹⁴⁰ Capitalisation reflects the original spelling, which is widespread for all the substantives in the Anon. 1775 *Advice*. In this context, it does not seem to be a mark of emphasis for the conceptualisation and lexicalisation of this social group.

¹⁴¹ Anon. Physician, *Advice*, cit., pp. 46-47.

¹⁴² Clark, *Observations*, cit., p. 132.

¹⁴³ Ferriar, *Medical Histories*, cit., p. 146, footnote.

and dirty rooms»¹⁴⁴ are compulsory because prevention has previously failed; whereas the anonymous physician emphasises that due to the introduction of «the wise Regulations of the pious and humane Governours» and «the positive Directions of the Medical Gentlemen, [...] the Poor of that House have been absolutely forbid the Use, and consequently all Abuse of Spirituous Liquors»¹⁴⁵.

From these examples two major issues once again emerge. On the one hand, the positive, benevolent, and philanthropic attitude and qualities of governors (*pious and humane*) and physicians (*gentlemen*), and their social practice are established. On the other hand, the strong bias on the «stubbornness and contempt» and cunning behaviour (*mistaken cunning*) of the poor, «very difficult to convince [...] their adopting willingly regulations enforced by authority»¹⁴⁶, is highlighted. Authority is thus necessary to avoid, and eventually suppress, crime (e.g. *guilt*, *ibid.*) and drunkenness (e.g. *Abuse of Spirituous Liquors*; Anon. above), and superintend or forbid deviant behaviour.

Though the social cleavage between «the poor [...] the first sufferers» and «the most opulent» is reinforced¹⁴⁷, wretchedness and disease cannot be confined to the indigent alone: if the wellbeing of these people is ignored (e.g. *neglect*, *insensibility*, *ibid.*), the impact will damage the entire society. It is at this point that Ferriar introduces the notions of *welfare* and *comfort* in the concluding pages of his work, and directly associates them to *the safety of the rich*:

Example 5

- a. Thus it appears, that the safety of the rich is intimately connected with the welfare of the poor, and that a minute and constant attention to their wants, is not less an act of self-preservation than of virtue. For we are not only exposed now, to the ravages of disorders, the poisons of which are, perpetuated in the abodes of misery, but we are threatened with the rise of new contagions, the danger of which cannot be foretold, nor perhaps the remedies easily ascertained¹⁴⁸.

and

- b. In any event, a closer attention to the comfort of the poor, than is commonly practised, is a desirable object

of attainment; and it may excite the benevolence of some men, if they can be convinced, that acts of charity will not only serve them in another life, but promise them a longer enjoyment of the present. THE END¹⁴⁹.

Prevention and regulations, healthcare and medical treatments for the poor are «not less an act of self-preservation» (cfr. extract a.). The poor are constantly marked by *wants* and *abodes of misery*; the rich with *virtue* and *benevolence*, and *acts of charity* (cfr. extracts a. and b.). The goal is a very concrete one: the welfare of the nation by «supporting the poor»¹⁵⁰. In other words, the final aim is to prevent disease, and the spread of disease, preserve health, and stabilise society, especially «the middle and higher ranks»¹⁵¹.

7. FINAL REMARKS

This study has investigated the spreading of epidemic outbreaks in the British Isles from the 1760s to the end of the century, starting from a number of medical works focussed on local fever epidemics and epidemic fevers. The works selected for the analysis, denominated LEF Corpus (Local Epidemic Fevers Corpus), testify to the contemporary medical events, occurring at the time of writing, or later, but very close to it. This had an impact on the way descriptions and medical processes were provided by professionals (i.e. physicians, M.D.). On the one hand, the immediacy of their circumstantial experience, what they saw and lived in performing medicine; on the other hand, the broader medical perspective, which was a disciplinary one, looking for connections, explanations, and categorisation, but also encompassing their social gaze. They essentially collected observations and reports, along with case studies, about widespread illnesses that raged in the main British towns across a vast geographical area: England, Scotland, Wales, and Northern Ireland. For this reason, the LEF Corpus works have emerged as an interesting source of data from the medical, linguistic, and sociolinguistic perspectives.

The analysis started from the two key terms *fever/s* and *epidemic/s* (Sections 3.1. and 3.2.) to identify the most frequent and relevant collocates, their co-text and context of use, and the entities or events they lexicalised at the time: the same, similar, or different diseases, disorders, affections, complaints; people and places, patients, and contemporary values. What emerges is a

¹⁴⁴ Ivi, pp. 142-143.

¹⁴⁵ Anon. Physician, *Advice*, cit., pp. 46-47.

¹⁴⁶ Ferriar, *Medical Histories*, cit., pp. 142-143.

¹⁴⁷ Ivi, p. 241.

¹⁴⁸ Ivi, pp. 246-247.

¹⁴⁹ Ivi, p. 248.

¹⁵⁰ Ivi, p. 218.

¹⁵¹ *Ibidem*.

variety of medical expressions and common collocates built around *fever/s* and/or *epidemic/s*, or both, to conceptualise and lexicalise diseases and processes. Multiword units are used to reduce both the vagueness and ambiguity of more general terms or expressions, and the range of possible extra-linguistic referents. The inclusion of equivalents (e.g. *putrid malignant or hospital fever; epidemic catarrhal fever, epidemic catarrh, or influenza*), or recurrent premodifiers (e.g. *putrid, malignant, putrid malignant; noxious, infectious, contagious, etc.*), also helps to categorise a multifaceted reality (cfr. Example 1, Section 3.1.; Example 3, Section 3.2; and Example 4, Section 4.). Recurrence is a key feature: this highlights medical terminology – and disciplinary categorisation as well – in the making, but also the most frequent kind of epidemics widespread in the last thirty years of the eighteenth century.

The lexemes *fever/s* and *epidemic/s* are strictly associated with, and recur alongside, the lexis of expanding pre-industrial towns (e.g. Manchester, London, etc.), urban spaces (e.g. *hospitals, jails, streets narrow and foul, etc.*), private dwellings (e.g. *small houses, small room, persons crowded, etc.*), and specific social groups (e.g. *the poor, families of the poor, etc.*). They lexicalise illnesses, and label social conditions: on the one hand, the highest rank, the rich, clean and healthy persons; on the other hand, the lowest, the infected ones, in filth and uncleanness. The emphasis here is on the language of poverty, wretchedness, and mortification: these are the explicit, direct, immediate, necessary associations of *fever/s* and *epidemic/s* in the works under scrutiny. Prevention and the lexis of prevention (e.g. *ventilation, warm water, clean dresses, etc.*), supported by the philanthropic outlook and values of private people and public institutions (e.g. *benevolence, acts of charity, regulations; Section 6.*) are the key issue. Local governments planned new separate spaces to avoid epidemics, cure the *sick-poor* (e.g. fever hospitals, fever beds, dispensaries, etc.), and preserve social stability: the welfare and comfort of the poor is an attempt to guarantee the safety of the rich (cfr. Section 6.).

To conclude, the study has demonstrated that the terms *fever/s* and *epidemic/s* are at the core both of multiword lexemes and of frightening experiences to represent and categorise complex linguistic and medical realities. They are also related to the fundamental efforts to establish the first healthcare services on a public basis. From this perspective, they behave as catch-all words which definitely mirror and lexicalise the dynamics of medical and social issues in progress.

APPENDIX

Appendix 1

Authors	Epidemic/s Fever/s	Urban environment	Natural environment and climate	Hygiene	People	Other
Sims 1773, p. 249	- putrid malignant or hospital fever - dysenteries, mortifications, or other putrid diseases - putrid disorder, such as the small-pox	*cfr. Hygiene and People	- hot weather	- foul confined places - small and close apartment	- persons crowded together	
Sims 1773, p. 249		*cfr. Hygiene and People		- hospitals - jails	- sick in hospitals and their nurses - prisoners in jails	- prevention
Sims 1773, p. 254	- malignant fevers and fluxes	- populous cities low and ill aired - [no] common sewers - streets narrow and foul - *fresh water is scarce	- marshy countries after hot seasons	- houses dirty - *fresh water is scarce - *jails or hospitals crowded, not ventilated and kept clean	- *jails or hospitals crowded	
Heysham 1782, p. 25	- jail fever - putrid effluvia			- court house - *stream of air from the prisoners - room	- crowded with people - *stream of air from the prisoners	
Heysham 1782, pp. 23-24	- poison effluvia			- filth, nastiness, and confined air - *rooms crowded - ships, hospitals, and jails	- *rooms crowded with many inhabitants	
Ferriar 1792, pp. 240-241	- pestilential disorders - dysenteries - worst cutaneous disorders - febrile contagion - new diseases	- our great towns		- sieges, camps, jails, and hospitals	- persons in indigent circumstances	
Ferriar 1792, p. 235	- *effluvia - poison of fever			- confined in close situations - jails and hospitals - want of cleanliness	- *effluvia of living persons	- mortality
Ferriar 1792, p. 242	- animal poisons			- want of fresh air - want of cleanliness	- the poor are still exposed	- deficient or improper diet - want of a proper renewal and change of clothes - anxiety and depression of spirits

Appendix 2

Parameter	Evidence
Age	<ul style="list-style-type: none"> - all ages were affected from children [...] to extreme old age [...] very old persons (Falconer 1782, p. 8) - inflammatory diseases reigned among persons of a maturer age [...] infants (Sims 1773, p. 54) - they attack persons of as different ages (Sims 1773, p. 3) - all the children [...] and even old persons did not always escape (Clark 1780, p. 215)
Gender	<ul style="list-style-type: none"> - the male and female sexes equally (Falconer 1782, p. 8)
Rank & Social issues	<ul style="list-style-type: none"> - This disorder attacked all persons indiscriminately, from the highest rank to the lowest (Falconer 1782, p. 8) - a poor person [...] communication of the disease to the families of the rich, among whom it would never have been produced (Ferriar 1792, pp. 243-244) - affected [...] about one in eleven or twelve of all the inhabitants (Heysham 1782, p. 7) - attacks the family (Ferriar 1792, p. 243) - families of the poor are much crowded (Clark 1780, p. 216) - its appearance in any family (Clark 1780, p. 214)
Constitution	<ul style="list-style-type: none"> - valetudinary persons [...] people in robust health (Falconer 1782, p. 8) - particular constitution of each person (Sims 1773, p. 3) - It attacks persons of all constitutions when exposed to infection [...] weak and infirm (Clark 1780, p. 241)
Health & Disease	<ul style="list-style-type: none"> - clean and healthy persons, free from mental uneasiness (Ferriar 1792, p. 242) - breath and effluvia of the infected persons (Clark 1780, p. 215) - the effluvia of living persons, confined in close situations,* produces the poison of fever. (cfr. also Living condition & Setting; Ferriar 1792, p. 235) - the effluvia arising from many persons crowded in one house, and frequently in one room.* (cfr. also Living condition & Setting; Clark 1780, p. 216) - many persons in indigent circumstances [...] febrile contagion (Ferriar 1792, p. 240) - a number of persons are shut up together in a small room,* dreadful putrid disorders sometimes arise (cfr. also Living condition & Setting; Sims 1773, pp. 129-130) - effluvia [...] perspiration and breath of a number of persons [...] so virulent, as to generate the most infectious fevers (Clark 1780, pp. 216-217)
Living condition & Setting	<ul style="list-style-type: none"> - the house of a poor person [...] their clothes, and the woollen and cotton, parts of their furniture become infected, retain the infection tenaciously; dwellings and persons continually breathe contagion (Ferriar 1792, pp. 243-244) - close situations* (cfr. also Health & Disease; Ferriar 1792, p. 235) - one house, and frequently in one room* (cfr. also Health & Disease; Clark 1780, p. 216) - indigent circumstances [...] great towns (Ferriar 1792, p. 240) - a small room [...] large cities more unhealthy and subject to these complaints than country places (Sims 1773, p. 130) - small houses [...] great want of free air [...] little regard is paid to cleanliness (Clark 1780, p. 216) - jails, hospitals, and other confined places (Clark 1780, p. 217)