

***Physician versus surgeon: Exploring the evaluative
language in three texts concerning The Surgeons’
Bill of 1690***

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Master’s Thesis

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This thesis examines the evaluative language used by early modern physicians in England to evaluate surgeons versus themselves. The purpose of this study was to discover the physicians' linguistic expressions of their attitudes in the same year that the Surgeons' Bill of 1690 was read by the Parliament. The materials used for the study were three anonymous texts written by the London College of Physicians in the year 1690 for the purpose of arguing against the Surgeons' Bill, a bill that was brought to the Parliament by the surgeons, to procure the rights to administer internal medicines.

The data was categorised according to the categorisations of Appraisal Framework (AF) developed by J. R. Martin and P. R. R. White (2005). I identified evaluative language from the subcategories of Attitude, Engagement and Graduation according to AF. In the categorisation of data, close reading was applied to identify both explicit and implicit evaluative language in the utterances. Due to the subjective nature of the AF, this study was focused on qualitative analysis and quantities were analysed only briefly in the categories of Attitude and Graduation.

The physicians evaluated surgeons and themselves in the same categories of Appraisal, and the results show that the evaluation of ethics was the most frequent. As expected, the attitudes towards surgeons were overwhelmingly negative and those towards physicians positive. The study shows that physicians appraised the surgeons mostly as a group of unorganised practitioners and themselves based on the prestige of the London College of Physicians. It was determined in this study that the physicians used evaluative strategies typical for the early modern period to build solidarity and express their attitudes, but due to the narrow scope of this study the topic should be investigated further in future studies.

Key words: Early Modern English, history of medicine, appraisal framework, physicians, surgeons.

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1 Introduction

Reputation was vital to an early modern medical practitioner, as patients would often choose those who treated them based on the practitioner's professional reputation in the community (Chamberland 2009, 310). The changing atmosphere in the vast medical marketplace, new medical literature and vernacular texts in England provided those who could write the opportunity to attack others through written word. The early modern period saw many medical controversies in which highly educated people argued for their view on a variety of topics (Ratia & Suhr 2011, 181). On top of the medical professional ladder stood the physicians, the surgeons, and the apothecaries (Hiltunen & Tyrkkö 2011, 47). The first two of these, physicians and surgeons, shared a particularly difficult relationship (Siraisi 1990, 177). The cause for this rivalry was the competition for the most lucrative patients, as well as the surgeons sometimes treating internal conditions in addition to external, thus violating the law in London that guaranteed this right only to the physicians (Siraisi 1990, 177; Wear 2000, 23). The surgeons of London were allowed to use external salves and balms in their work but wished to acquire the same privileges as the highly educated physicians (ibid.). Physicians on the other hand did not wish to share their privileges of administering internal medicine and the London College of Physicians, the first nation-wide institution policing medical practice, would avidly prosecute those who did not meet their requirements (Jones 2011, 40; Wear 2000, 25). Especially surgeons who utilised the newfound method of printing to publish their own medical conventions and knowledge in the vernacular, provoked the College and its physicians (Jones 2011, 38–39).

In 1690, the surgeons of London came to the Parliament with a bill in which they demanded the right to administer internal medicines in all cases of surgery. This bill of the surgeons was read in the House of Commons the same year which agitated the College of Physicians that held the rights to both administer medicines and license medical practitioners. This study is focused on the physicians' attitudes towards surgeons and physicians during the late early modern period when surgeons made the claim towards having the right to administer internal medicines. I aim to show how the physicians used evaluative language in three texts regarding the Surgeons' Bill of 1690 to argue for their goal of having the bill rejected.

The materials used in this study are three late 17th century texts written by an anonymous member or members of the London College of Physicians. The texts were published in the wake of the reading of the Surgeons' Bill in the House of Commons on the 21st of October

1690. The studied texts were gathered from the online database *Early English Books Online (EEBO)*. The method I have used to analyse my data is based on the Appraisal Framework (henceforth AF), developed by J. R. Martin and P. R. R. White (2005), to investigate the interpersonal domain of language and attitude. In this study, I will also be utilizing the division of Attitude into emotion and opinion, introduced by White (2004), to better categorise my data. I apply close reading to analyse my material since the application of AF to historical data often warrants it.

The early modern period was characterized by changes in multiple areas of life, including language and science (Pahta & Taavitsainen 2011, 5). There were also changes to the literature and the nature of writing, which experienced a change regarding audience involvement and the overall politeness of the writers towards the readers (ibid.). A writer could now either demonstrate his superior knowledge towards the reader by humiliating remarks or show signs of respect towards them (Pahta & Taavitsainen 2011, 5). This makes documents of this period of special interest as we can potentially find rather blunt use of evaluative language. The use of evaluative language in historical context has been studied more recently, and there is an existing trend to study attitudes and evaluation in synchronic and diachronic change (Pahta & Taavitsainen 2011, 3). Despite this, to my knowledge there are no existing studies that would focus on the attitudinal language used by one group of early modern medical practitioners against the other groups.

The polemic between the university-trained physicians and the surgeons has been well documented in the field of cultural history and this study will aim to add to those by showing how language was used in this rivalry as a tool to express attitudes. As in my thesis I will be focusing on only three texts centred around the Surgeons' Bill, it is a preliminary investigation to evaluative language, and I will not aim at an all-encompassing result. In this thesis, my goal is to discover the attitudes of the physicians towards surgeons versus themselves, surrounding the reading of the Surgeons' Bill of 1690 and to analyse the ways in which language was used to convey and assert the physicians' communal attitudes to the readers. My research questions are:

1. How are realisations of emotion and opinion used to discuss surgeons versus physicians?
2. Based on their use of evaluative language, how did physicians evaluate the surgeons versus physicians?

Based on previous research, my hypothesis is that positive evaluations are used more when discussing the physicians and the College, and negative evaluations are used more when discussing the surgeons. The contents of these texts also suggest that evaluative realisations of opinion may be used more than those of emotion, since the texts were likely intended to affect the opinions of the learned elite by providing arguments against the Surgeons' Bill.

Next, I will give a brief overview of the structure of this thesis. Chapter 2 introduces the basic concepts of early modern medicine, its historical background, and literary conventions. In Chapter 2, I also give an introduction to the early modern practitioners of the medical marketplace, with an emphasis on physicians and surgeons. Here, I also deal with the contents of the Surgeons' Bill. Chapter 3 is focused on the Appraisal Framework that is used as a basis of the analysis in this study. The chapter introduces the three main categories and their subcategories that I have used to conduct this study and categorise my data. Chapter 4 deals with the materials, methods, and categorisations used for the analysis in this thesis. In Chapter 5, I begin my analysis with a quantitative overview and later move on to the qualitative analysis of the three domains of Appraisal and the realisations found in the data. I discuss the findings of Chapter 5 in Chapter 6 and deal with my research questions, as well as possible limitations of this study. Finally, I conclude my findings and propose how this subject could be studied further in the future.

2 Medicine in early modern England

In this chapter, my goal is to provide a brief overview of the field of early modern medicine, medical texts, and the people who practised medicine. Section 2.1 deals with the development of medicine and medical conventions in England. In this section I also introduce the types of medical texts available during the period and discuss the authors and readership of those texts. Section 2.2 is focused on the practitioners of medicine. In 2.2.1, I introduce the occupation of the university-trained physicians and their London College of Physicians in more detail. Section 2.2.2 deals with the other nominal group of early modern practitioners, the surgeons, and their Barber-Surgeons' Company. Lastly, in Section 2.3, I introduce the Surgeons' Bill and its contents in more detail.

2.1 Early modern medical texts, history and literacy

In order to understand the circumstances that the studied texts were written in, it is important to first focus on the nature of medicine during the early modern period. Thus, in this section I deal with the development of new ideas of medicine and medical texts in England. The field of medicine developed differently around the world, but I will mostly focus on the developments in England since the studied texts were published there. However, for the basic understanding of the evolution of medical texts and the early modern medical field, I start from the developments and common conventions in other parts of the world. Early modern medicine slowly evolved from, and lived side-by-side with, medical knowledge from the Middle Ages, and research has determined that the change between different periods is more gradual than has been assumed before (Pahta & Taavitsainen 2011, 3). The readership of medical texts in the early Middle Ages was still largely confined to ecclesiastical communities, where monks acquired simple medical skills from a scarce variety of texts (Siraisi 1990, 10). Beyond the Western world, the Muslim communities made advances in translation as Greek texts were copied into Arabic (Siraisi 1990, 12). These translations were important scientific and philosophical texts from Greek writers, such as Galen, and among them were works on medicine (*ibid.*). According to Siraisi (1990, 13), this started the growing interest in medical literature that reached Western Europe in the mid-11th century.

For medicine, the period of Middle Ages was largely defined by the ancient medical writings and authorities. During the early modern period, however, the growing dissatisfaction with the old regime resulted in the production of new publications on the medical field (Pahta &

Taavitsainen 2011, 3). For instance, in the field of anatomy a new book *De Humani Corporis Fabrica* (1543) by Andreas Vesalius offered a completely new outlook on anatomy based on empirical observation and later, William Harvey published his book *Exercitatio anatomica de motu cordis et sanguinis in animalibus* (1628) which brought about a new perspective in physiological inquiry (ibid.). This major epistemological shift naturally influenced the field of medicine, as well as other areas of science (Pahta & Taavitsainen 2011, 3). The new intellectual climate now moved from solely relying on ancient writers and medieval scholastic reading to gathering its knowledge using empirical methods and cognition (ibid.).

Latin had remained as the language of science and medicine from the Middle Ages (Wear 2000, 40–42). However, according to Pahta and Taavitsainen (2011, 4), by the 18th century, English had become the predominant language of medical texts written in England. These learned texts in the vernacular were still usually written and read by high-ranking people, among them educated physicians, surgeons, and other learned men (Taavitsainen 2010, 34). Writing medical texts in the vernacular was not immediately accepted by all of the educated elite. In fact, one issue creating polemic between the College of Physicians and the Barber-Surgeons' Company was the latter's work on medical English translations (Tyrkkö 2010, 123). The surgeons wrote almost exclusively in the vernacular since, unlike university-educated physicians, Latinate surgeons were rare (Wear 2000, 218). The College of Physicians was apprehensive about these efforts to translate medical works into English, as they feared that it would endanger the livelihoods of both professions to reveal medical secrets to common people (Tyrkkö 2010, 123). However, the general consensus of vernacularisation seems to have been positive as it made medicine accessible to a larger part of society (Wear 2000, 42–43). These vernacular texts offered the literate public, alongside practitioners, a way to learn about popular medicine.

Early modern medical texts have been studied quite extensively, and we know a great deal about the types of texts of the period. Taavitsainen et al. (2010) have compiled a corpus of early modern medical texts (EMEMT) that offers an introduction to these categories. They feature categories such as general treatises and textbooks, recipe collections, surgical treatises, almanacs, and many other types. Whereas treatises concerning specific illnesses were aimed at learned audiences, works like almanacs and pamphlets reached lay audiences as well (Taavitsainen 2010, 34). A variety of texts aimed at different audiences were thus written and published in the early modern period. In the next section, I move on to introducing a group as varied as the texts written: the early modern medical practitioners.

2.2 Medical practitioners of the early modern society

In this thesis I will be referring to all those who practised medicine as an occupation as practitioners or medical practitioners, using the more specific terms where needed. Medicine was practised most commonly by the ordinary people of the early modern society and not by trained professionals: in fact, medical issues were often treated by family members (Wear 2000, 21–22). Most of the English society were poor and while the available practitioners offered their services to paying individuals, the majority of people could not afford it. The common people's struggle to find a medical practitioner was not a sign that there were only a few of them, and the early modern society had a variety of different healers (Hiltunen & Tyrkkö 2011, 47; Wear 2000, 22). The highest-ranking of the practitioners of the period were the university-trained physicians, the surgeons, and the apothecaries. Practitioners with less formal education, who likely advertised cheaper prices, included gentlewomen, clergymen, herbalists, astrologers, empirics, and mountebanks, the last two of which were considered to be fraudulent healers or charlatans who falsely claimed to have medical knowledge (Wear 2000, 22–23).

Most practitioners of the early modern period should likely be considered generalists, rather than specialists (Wear 2000, 18). With only a limited amount of literature, many practitioners had the basic skills to treat patients, but even their knowledge was usually restricted to very rudimentary medicine. Outside of London, there were only a few university-trained physicians populating England which made patients turn to surgeons and other practitioners available (Hiltunen & Tyrkkö 2011, 48). In the competitive atmosphere of the early modern medical marketplace rivalry was typical, and the period saw a war waged against empirics (Wear 2000, 218). Both physicians and surgeons contributed to the cause to make the practice of medicine accessible for only groups with an occupational identity: the physicians, surgeons, and apothecaries (Mikkeli & Marttila 2010, 24; Wear 2000, 218). Despite this common goal of the three groups, the most frequent competition was likely that of the literate surgeons and academically trained physicians, as the two were in a pressing financial competition (Siraisi 1990, 174, 177). Fuelling this rivalry further was the strong division of the medical field into practical knowledge and theory (Hiltunen & Tyrkkö 2011, 44). This meant that the theoretically oriented practitioners, namely university-educated physicians, and those who relied on practical skills, such as surgeons, often had different views on the practice of medicine (Hiltunen & Tyrkkö 2011, 44).

2.2.1 Physicians and The London College of Physicians

The prestigious position of theoretical knowledge in the early modern society allowed physicians to claim their place on top of the medical profession (Hiltunen & Tyrkkö 2011, 45). Despite this, the university-trained physicians did receive their share of opposition as many opponents of the high education of the profession claimed that learned medicine was an academic exercise with no real value (Mikkeli & Marttila 2010, 23). Most physicians received a university training in which the students first studied the arts curriculum and afterwards moved on to receive education that included for instance natural philosophy (Wear 2000, 223). One of the most important abilities of a highly educated physician was the ability to identify a given disease, deduce its cause, and name a treatment for it (Wear 2000, 117). In addition to this, physicians with a university degree were allowed to administer and prescribe internal medicine: a privilege they sought to keep unreachable to other practitioners.

The London College of Physicians, sometimes referred to as the Royal College of Physicians, was founded in 1518. It was the first medical institution of that calibre in England where there had been no such nation-wide institutions before (Wear 2000, 25). The physicians of the College justified attempts to regulate other medical practitioners in England by relying on their exceptionally high education. Later, in 1523 the College gained power, previously held by the bishops, to examine and licence all physicians in the London area and within seven miles of it (Wear 2000, 27). Since then, they were able to reinforce the licensing of practitioners and aimed at prosecuting unlicensed practice of *physick*, a word often used to refer to the administration of medicines and medical practice of physicians in the early modern period (Jones 2011, 40; Wear 2000, 27; *OED Online* s.v. “*physic*,” n i.3a). This enforcement of unlicensed practise put them at odds with the Barber-Surgeons’ Company who, through various bills, attempted to gain the power to give internal medicines as surgeons, as well as license their own surgeons to do so. The attempts of the College to regulate the practice of others were frequent, and the College would use their prestigious position to co-operate with local authorities in order to prosecute offenders (Mikkeli & Marttila 2010, 23).

Wear (2000, 218) notes that it is short-sighted to say that the animosity between physicians and surgeons would have always been straightforward, and many of the learned physicians welcomed the education of surgeons on classical theoretical knowledge. Many physicians nevertheless demanded that a division between the two occupations remain, even when

surgeons were allowed to learn about the theory. Some physicians were equally interested in the practice of surgery, and they were even licenced dually as physician-surgeons or surgeon-physicians (Chamberland 2009, 318). In reality, then, the physicians' medical knowledge and the surgeons' surgical practice overlapped in the early modern period and making definite boundaries between the two occupational groups is rather difficult (Siraisi 1990, 174–175).

2.2.2 Surgeons and the Barber-Surgeons' Company

During the late Middle Ages and early Renaissance, surgery started to separate from the rest of the medical field (Siraisi 1990, 154). Unlike the university education received by physicians, the training of a surgeon was based on apprenticeship and the occupation was long considered a craftmanship (Wear 2000, 217). Despite the prevalent notion about the manual aspect of their work, the surgeons had a body of specialized literature and knowledge that they would often combine with manual practice (*ibid.*). The work of the surgeons, then, differed from that of the physicians in its practicality, and their work on a patient was more obvious than the work done by a physician (Wear 2000, 216). Patients considered surgery more dangerous and feared it for its external applications in comparison to internal medicines applied by physicians. It must be noted that the separation between physick and surgery was not as visible elsewhere as it was in London and even there, despite the attempts of the College of Physicians, many surgeons treated internal conditions in the absence of physicians (Siraisi 1990, 175, 180). Many of London's learned surgeons also took part, alongside physicians, in writing against the practice of unlearned empirics (Wear 2000, 220–221). Their aim was to disassociate their own craft of surgery from an empiric's reputation and emphasize the learning and prestige of the surgeon's occupation (*ibid.*).

The Barber-Surgeons' Company was established in 1540 by amalgamating the Guild of Surgeons, already licenced in 1368, and the Barbers Guild, first mentioned already in the 1300s (Wear 2000, 25; Taavitsainen 2010, 41). The members of the Barber-Surgeons' Company consisted of two groups: the barbers and the surgeons. The barbers' work was confined to minor procedures, while surgeons could perform major operations on patients (Chamberland 2009, 305). The Barber-Surgeons' Company held lectures and policed the attendance of its members in order to create a more unified and structured occupation. The disagreements between the physicians and the surgeons did not stop the Company from also co-operating with the College of Physicians, and in this vein a physician was chosen by the Company to give weekly lectures on anatomy to its members (Wear 2000, 217). Even though

the Barber-Surgeons' Company aimed at making the occupation one with definite boundaries and rules, it nevertheless remained non-organized, and its members varied much in expertise (Chamberland 2009, 305).

Surgeons would often practise their occupation in the armies and navy, and this made the work of the surgeons firmly associated with war (Siraisi 1990, 182–183). In the first part of the Royal Navy's inspector general William R.E Smart's (1874a, 199) three-part series, he argues that even though some prestigious surgeons were present in the Royal Navy's fleets, most surgeons that were chosen to serve were not properly trained in the craft. Therefore, Smart argues, even though the Barber-Surgeons' Company was enlisted to provide the navy with capable surgeons, they were mostly unable to do so (*ibid.*). The surgeons' work in the army and navy served as an argument for their need to administer internal medicines, which is why Smart's observations are of interest for this study. The surgeons of London, being at odds with the physicians on more than one occasion, acknowledged the boundaries between the two professions but did not accept inferiority (Chamberland 2009, 315). The demands made in the Surgeons' Bill testify to their desire to be accepted as equal practitioners of medicine.

2.3 The Surgeons' Bill

The Journal of the House of Commons volume 10 states that the Surgeon's Bill of 1690 was first read by the House of Commons on the 21st of October 1690. From this document we also know that it was resolved that the bill would be read a second time in this house. The surgeons had tried to pass similar bills, that would allow them to administer and prescribe internal remedies, before but they also met with ill fate (Wear 2000, 217). However, it was typical for failed bills to be introduced again the following session even if a different result was not guaranteed (Shapiro 2020, 192). Each legislation was required to be read three times by each house of the Parliament for it to pass, and the completion of a bill into an official statute was notoriously difficult and time-consuming (Shapiro 2020, 163). It is then not surprising that the bills presented by the surgeons did not prevail.

Many of the demands made in the Surgeons' Bill were based on the surgeons' work in the naval service (Smart 1874c, 228). One of the documents studied in this thesis called 'A Short State of the Case Between the Physicians & the Surgeons, Relating to the Surgeons' Bill, Now Before the Honourable House of Commons' (henceforth 'A Short State of the Case' 1690), relates the demands made in the Surgeons' Bill. The same demands are recounted in

the series of Smart's 1874 articles. Next, I will outline these demands made in the Surgeons' Bill of 1690. First, the surgeons of London demanded the liberty to give internal medicines in all cases that required surgery. Secondly, it was presented by them that physicians need to consult with them "[i]n all cases whatsoever..." (A Short State of the Case 1690). Lastly, the surgeons made a claim that they should be able to examine and license other surgeons to practise in the aforesaid manner. The reasons for these claims that were argued for in the bill were the following. The surgeons made a claim that they had formerly had such powers and that they were necessary in order for them to serve in the armies and the navy. In addition to this, the surgeons argued that the physicians had "[u]ntil recently..." (A Short State of the Case 1690) consulted with the surgeons in cases where medicine was administered.

This bill was a way for the surgeons to seek their removal from the supervision and control that the College exerted over them and the Barber-Surgeons' Company, and they endeavoured to change the view that surgery was inferior to physick (Chamberland 2009, 310). If the surgeons were to acquire rights to administer medicines in all cases of surgery, their dependence of physicians and the College would have likely decreased. According to Siraisi, financial competition motivated the rivalry between surgeons and physicians as well (1991, 174, 177). The passing of this bill in favour of the Company would mean that patients seeking medical treatment could lawfully choose either the care of a surgeon or a physician in all cases. Since the rates of the university-educated physicians were among the highest, their income could potentially decrease if patients had the opportunity to choose from a variety of practitioners, many of whom offered cheaper prices. Since the separation between the two occupations was still considerable, and many considered surgery a handcraft, the passing of this bill would also likely have diminished the power of the College over the medical field. The numerous attempts of the surgeons to procure the rights to administer all medicines, even if it was a long process, were endangering the privileges of the physicians (Wear 2000, 217).

I have now given a brief introduction to the early modern medical marketplace with its variety of medical literature and multitude of practitioners: among them, at the highest level, the physicians and the surgeons. My aim in this chapter was to give an overview of the early modern society in which the analysed texts were written in and introduce the circumstances that resulted in the writing of the texts that I analyse in this study. I now move on to presenting the methodological framework used in this thesis.

3 Appraisal Framework

This chapter introduces the framework used in this study. In the first section of this chapter, I deal with the history of the Appraisal Framework, developed in 2005 by J. R. Martin and P. R. White, as well as the study of evaluative language in general. Section 3.1 is focused on the first of the three domains of appraisal, Attitude. Section 3.2 deals with Engagement and 3.3 with Graduation, the other parts of the Appraisal Framework. I will give a brief introduction to all three subcategories, but my main focus is on the categories of Attitude.

The Appraisal Framework (AF) is used to identify and analyse linguistic realisations of emotion and opinion. It is thus used to study for instance those ways in which writers and speakers evaluate things positively or negatively (Martin & White 2005, 2). Evaluation in text has been studied extensively and there is a wide range of terms that can be used in regard to it. Perhaps the most general of these terms is that of *evaluation*: a term which I will be using in this thesis in addition to the term *appraisal*, defined by Martin (2000, 4) as a cover term for attitudinal meanings. Evaluative language can be recognized through different parameters which is why the terminologies vary as well (Thompson & Hunston 2000, 22). Most categorisations of evaluation have boundaries limiting them to the realisations of attitude in specific grammatical categories, such as adjectives and adverbs (*ibid.*). These alternative categorisations include the categorisations made by Biber & Finnegan (1989) labelled stance and a definition made by Labov (1972) in which only departures from natural narrative syntax are counted as evaluative language.

AF was developed as an extension to the Systemic Functional Linguistics (SFL) in the 1990s, which at that time was essentially focused on the study of language in use (Martin & White 2005, 1,7). One of the areas examined in SFL is that of *meaning* which comprises three domains: the ideational, the interpersonal, and the textual (Martin & White 2005, 7). The ideational meanings concern our own experience of the world and how we make sense of it, the interpersonal domain is described as a sort of ‘language in action’ since it involves interaction with others, and lastly the textual domain describes the concrete ways in which these aforementioned meanings are distributed (Halliday & Matthiessen 2014, 30–31; Martin & White 2005, 7). The AF develops the idea of interpersonal meanings further. It is thus concerned with the ways in which evaluative language is used to build relationships within a community instead of expressed individuality (Martin & White 2005, 7). The AF can be used to identify appraisal in both spoken and written utterances. However, in this thesis I focus on

only written instances of appraisal and therefore henceforth refer to only written texts and writers when discussing appraisal.

Appraisal as an interpersonal system can be located to the discourse semantics level within the SFL. This means, that in their framework Martin and White (2005, 33) treat appraisal as a way to communicate power and solidarity. Appraisal in AF is divided into three domains that interact with each other: *Attitude*, *Engagement*, and *Graduation* (Martin & White 2005, 35). It is worth noting that Martin and White (2005, 39) make a clear division between these categories and name Attitude focal of the three. Emotion has been placed into the centre of the framework due to its part as an inherent attribute of all people (Martin & White 2005, 39, 42). The first of the three domains of appraisal, Attitude, deals with feelings communicated through texts (Martin & White 2005, 35). This category is concerned with emotional reactions, judgements of behaviour, and our evaluations of things and phenomena (ibid.). The second domain of appraisal is called Engagement. Engagement looks at the ways in which the writer or speaker is positioned towards value positions, and it is also used to source attitudes (Martin & White 2005, 35, 37, 92). Lastly, Graduation is introduced by Martin and White as being used to grade phenomena: the strongness or weakness of something (Martin & White 2005, 37, 135).

I decided to use the AF in this study as it can be applied to evaluative language from all grammatical categories as opposed to approaches identified earlier in this chapter. Since this study is focused on the attitudes of the early modern physicians towards the surgeons and their practice and not on any individual, the interpersonal aspect of AF aligns with the goal of this study. I have used Martin and White's 2005 book on the Appraisal Framework as a base frame when conducting the analysis. In addition, I use White's 2004 division of Attitude into emotion and opinion to construe a clearer division for the analysis of data. My data will then be analysed using the division of Attitude into emotion and opinion and even further into their subcategories and their respective subcategories, shown in **Figure 1**. I use the domain of Engagement to trace the authorial voice in the data and categorise the Graduation of the identified evaluations according to the division of AF. However, as stated before, the main focus of the analysis will be on the category of Attitude.

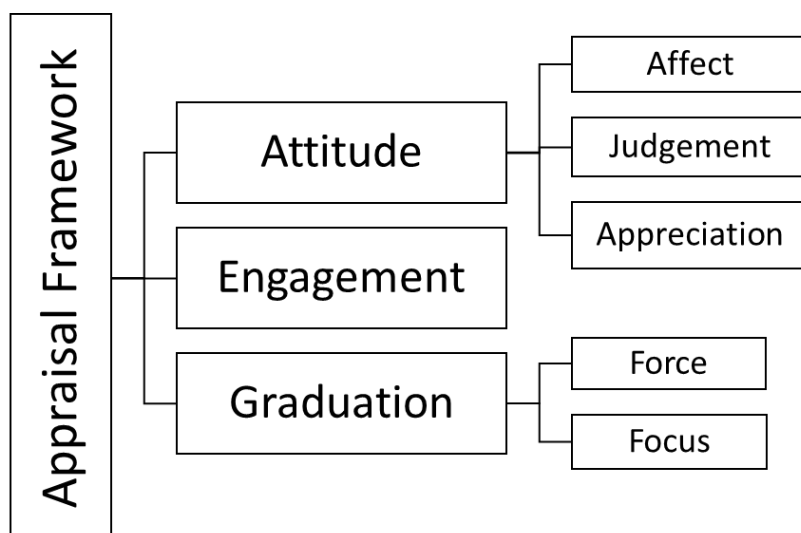


Figure 1 Martin and White's 2005 Appraisal Framework subdivisions on their highest levels.

3.1 Attitude

The first system of meanings introduced here is that of feeling, named by Martin and White (2005) as Attitude. Out of the three domains of Appraisal, Attitude is the most central to the framework. The three semantic regions that make up Attitude are most commonly referred to as emotion, ethics, and aesthetics (Martin & White 2005, 42). Emotion, referred to in the AF as *Affect*, deals with positive and negative feelings: how we react to different behaviour, processes, or phenomena (ibid.). Ethics, the evaluation of behaviour that we may criticize, admire, praise, or condemn, is referred to as *Judgement* (Martin & White 2005, 42–43). Finally, aesthetics is referred to as *Appreciation*, a category that deals with the valuation of things and phenomena (Martin & White 2005, 43, 45). Appraisals in each example of this chapter are marked in bold and provided by Martin and White in their 2005 book unless otherwise stated.

Following the division of Attitude into emotion and opinion made by White (2004), I first deal with the categories listed under emotion, in other words its only subcategory of Affect. Martin and White divide the realisations of emotion further into three: Affect as *quality*, *process*, and *comment* (2005, 45–46). These descriptors can be used to identify evaluations of Affect. The realisations of quality can be used to describe participants, attribute emotions to them, or describe a manner of a process (Martin & White 2005, 46). Affect as process has two different realisations, one used to describe mental processes experienced by someone such as in Example (1) and the other to describe behavioural processes attributed to an emotion (ibid).

Finally, Affect as comment covers those realisations that are desiderative, as demonstrated in Example (2) (Martin & White 2005, 46).

(1) His departure **upset** him (Martin & White 2005, 46)

(2) **Sadly**, he had to go (Martin & White 2005, 46)

In classifying what is considered to be an emotion, the AF recognizes the categories of UN/HAPPINESS, IN/SECURITY, and DIS/SATISFACTION (Martin & White 2005, 49).

UN/HAPPINESS consists of the so-called core emotions that have to do with the heart, such as sadness, hate, happiness, and love (ibid). Emotions of IN/SECURITY refer to the ecosocial well-being and emotions concerning it, such as anxiety, confidence, and trust (Martin & White 2005, 49). Lastly, the category of DIS/SATISFACTION is concerned with emotions regarding the pursuit of goals, such as displeasure, curiosity, respect, and ennui (ibid.). In my analysis, I use these three classifications of what is considered to be an emotion to categorise realisations of Affect.

The second subdivision that White names in his 2004 study is that of opinion. The category of opinion comprises the other two subcategories of Attitude in the AF: Judgement and Appreciation. Whereas emotions focus on the human subject's emotional response and reaction, opinions turn the focus away from them (White 2004, 233). These assessments of quality are inherent attributes of the person or phenomenon being evaluated (White 2004, 232). The category of Judgement evaluates people and their behaviour based on ethics and morality, and the AF divides them into two: categories of *social esteem* and *social sanction* (Martin & White 2005, 43, 52). Realisations of social esteem, often policed more informally through gossip or text, are further divided into CAPACITY, TENACITY, and NORMALITY (Martin & White 2005, 52). Judgements of CAPACITY evaluate the capability of someone, TENACITY measures the resoluteness of a person according to social norms, and appraisals of NORMALITY evaluate how unusual someone is (ibid). Judgements of social sanction are demonstrated in Example (3). Social sanctions are divided into PROPRIETY and VERACITY, the two policed more often through laws and other written forms of surveillance (Martin & White 2005, 52). Judgements of PROPRIETY evaluate how ethical someone is while VERACITY evaluates their truthfulness, as demonstrated in Example (3) (ibid).

(3) He is **truthful** (Martin & White 2005, 52)

The category of Appreciation is also categorised by White (2004) under opinion. It is a category used to assess the worthiness of things and phenomena (Martin and White 2005, 56). Evaluations of Appreciation are further divided into our *Reactions* to things such as their IMPACT and QUALITY, their *Composition* such as their COMPLEXITY and BALANCE, and *Valuation*, meaning the authenticity or innovativeness of the evaluated entities (ibid.). An Appreciation Valuation is then, for instance, the word *penetrating* in the utterance ‘a **penetrating** analysis’ (Martin & White 2005, 58). In the same way as evaluations of Judgement are dependent on the culture and rules of a group, also evaluations of Appreciation are context dependent and what is appreciated may vary considerably between fields.

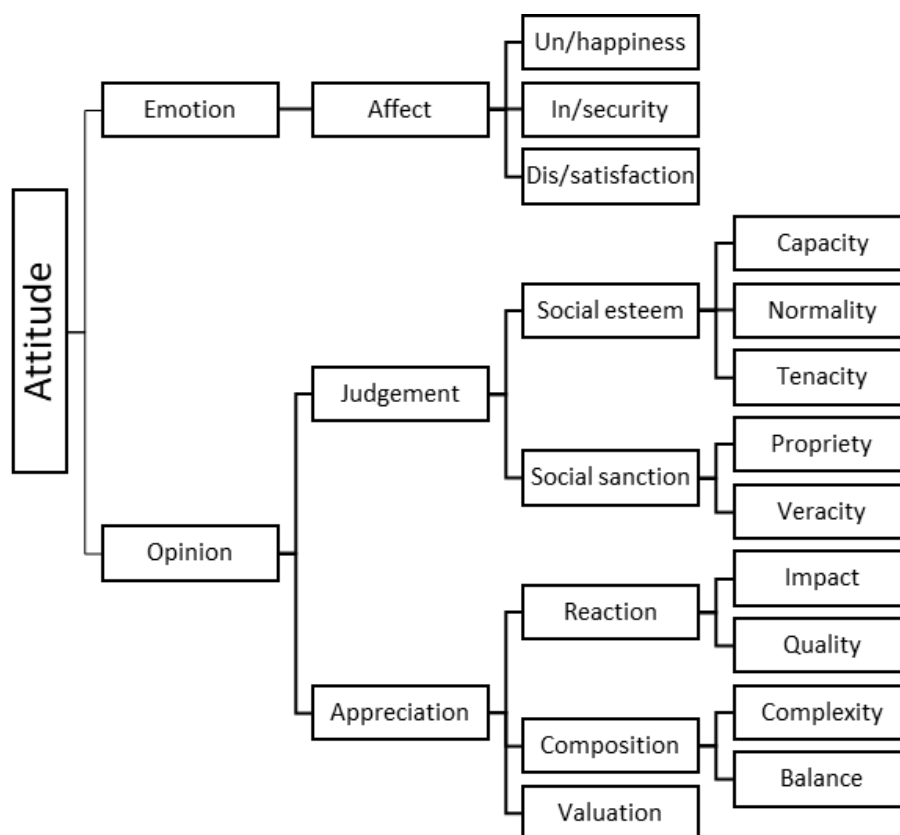


Figure 2 Subcategories of Attitude (Martin & White 2005) as used in this study incorporating White's (2004) division of Attitude into emotion and opinion.

In this introduction to the subcategories of Attitude, I have used examples that demonstrate what Martin and White (2005) call inscribed attitude. According to Martin (2000, 142), these inscribed appraisals are attitudes that are explicitly expressed in a text, such as in Examples (1) and (3). In addition to these inscribed appraisals that I have introduced, evaluation can be expressed implicitly with reference to certain states or events that conventionally, or within a certain community, cause a reaction (Martin 2000, 142). Martin and White refer to these

implicit appraisals in their book as invoked attitude (Martin & White 2005, 67, 79). In my analysis, I deal with both inscribed and invoked appraisals and refer to them as *explicit* for inscribed and *implicit* for invoked attitudes. I will indicate the kind of evaluation in each example of the analysis.

3.2 Engagement

The second domain of appraisal is named Engagement by Martin and White, and it deals with the use of different voices around opinions in discourse (2005, 35). This domain refers to the stances that the writer takes towards targets referenced by their texts, and those that they address (Martin & White 2005, 92). According to Martin's (2000, 147) overview of appraisal, Engagement resources are used to adjust the commitment of a speaker towards a subject. This adjustment can be done, for instance, with quoting or reporting speech and events, or denying and affirming them (Martin & White 2005, 37). Martin and White divide the category of Engagement into two: texts that do not reference any other voices or viewpoints and those that allow a dialogistic alternative (Martin & White 2005, 99–100). The first of these subcategories is labelled as *monoglossic* and the second as *heteroglossic* (ibid). The subcategories of monoglossic and heteroglossic will not be utilised in the analysis but they have been introduced briefly here to give a better understanding of the depth of the domain of Engagement.

Martin and White suggest that an author can attribute propositions to an external voice and thus disassociate their own voice from a proposition being made (Martin & White 2005, 104, 111). In my analysis of the Engagement resources, I focus solely on attributed authorial voice and therefore its further subcategories will not be used or introduced here. I use the domain of Engagement in my analysis to find out whether the utterances containing evaluations have been outsourced to further solidify propositions (Martin & White 2005, 116). To conclude, in this study I analyse the resources of Engagement only pertaining to sourced attitudes by the authors, deeming that elsewhere the voice most likely belongs to the authors themselves.

3.3 Graduation

Graduation is the third domain of appraisal, and it is used to grade phenomena. Both Attitude and Engagement resources can be graded (Martin & White 2005, 135–136). A prototypical feature for attitudinal meanings is that they are inherently gradable (ibid.). AF divides the domain of Graduation into two categories: *Force* and *Focus* (Martin & White 2005, 137,

140). Both categories are also further divided into subcategories, to which I will give a brief introduction next. Similar to the previous section, I will not introduce all of the subcategories of Graduation that Martin and White have given but instead present a brief overview of the domain. The analysis of Graduation in this thesis will be focused on the highest levels of the subcategories of Force and Focus. Therefore, the further subcategories are introduced simply in order to show the basis by which the grading of evaluations is classified into the subcategories of Force and Focus. In this section of the chapter the examples are again provided by Martin and White (2005), and the Graduations in the examples are underlined for clarity.

I first deal with the category of Graduation, Force. The category of Force can be further divided into the means of INTENSIFICATION and QUANTIFICATION (Martin & White 2005, 140). According to Martin and White, the category of INTENSIFICATION is used to assess the degree of intensity in an attitudinal meaning, and it can be used in regard with qualities such as *extremely* in ‘**extremely** foolish’, processes such as *slightly* ‘this **slightly** hindered us’, and verbal modalities referring to, for instance, regularity or obligation, as in Example (4) (ibid.).

(4) It’s very possible that... (Martin & White 2005, 140)

According to Martin and White, INTENSIFICATION can either be done by an isolated item or by fusing the degree of an evaluation with a meaning performing a semantic function separate from the word (2005, 141). Isolated items include words such as the aforementioned *extremely* and *slightly* and words belonging to the verbal modalities category, such as the word *very* seen in Example (4) (ibid.). Infused items that appear with no separate lexical item grading them, can define the intensiveness of an utterance by the use of words such as *contented*, *happy* or *startled* and with modality words, such as *possibly* or *certain* (Martin & White 2005, 143–144). INTENSIFICATION can also be performed through repetition, such as the doubling of the same word or a list of words with closely related meanings, to emphasize the degree of a statement (Martin & White 2005, 144).

Graduations of Force also include the subcategory of QUANTIFICATION which encompasses those assessments of amount that evaluate entities (Martin & White 2005, 141). This category consists of evaluations regarding the imprecise measuring of number and mass, such as *few* in ‘a **few** miles’ or *tiny* in ‘a **tiny** problem’, and the evaluations of the degree of extent, divided further by Martin and White into the categories of time and space (2005, 149, 151). Martin

and White also divide the categories of time and space into further subcategories. Example (5), for instance, shows a subcategory of extent, *time*, but I will not introduce the rest of these subcategories in full. For the purpose of this study, it is sufficient to simply clarify that the subcategory of QUANTIFICATION has realisations of time and space, as well as realisations that measure the number and mass of entities.

(5) recent arrival (Martin & White 2005, 151)

The second category of Graduation, that of Focus, is less tangible. The category of Focus refers to the degrees of prototypicality that, Martin and White explain, are either-or-categories in which the evaluations determine the degree to which something or someone belongs to a category (2005, 137). The category of Focus is further divided into two subcategories: Graduations used to SHARPEN, or upscale, and SOFTEN, or down-scale, an utterance (Martin & White 2005, 138).

(6) a true father (Martin & White 2005, 138).

Example (6) above is a sharpened Graduation of Focus. Whether a term is already attitudinal or not affects the outcome of the Graduations of prototypicality (Martin & White 2005, 139). Items that are not explicitly attitudinal are often made positive by the use of SHARPENING (Martin & White 2005, 138). However, SHARPENING an already attitudinal item often indicates maximal involvement and is done to align the reader with the propositions that are made (*ibid.*). SOFTENING a term that is explicitly attitudinal is more complex, and the outcome varies. Martin and White explain that when a term is already negative and attitudinal, its SOFTENING indicates the lessening of authorial involvement (2005, 139). According to Martin and White, the SOFTENING of a positive meaning is usually employed when an utterance may potentially put the author at odds with the reader and, therefore, it is used to build common ground (2005, 140). However, the SOFTENING of a positive attitudinal term can be more complex than this since the outcome has more variety, and often its result depends on the context and the words that are down-scaled.

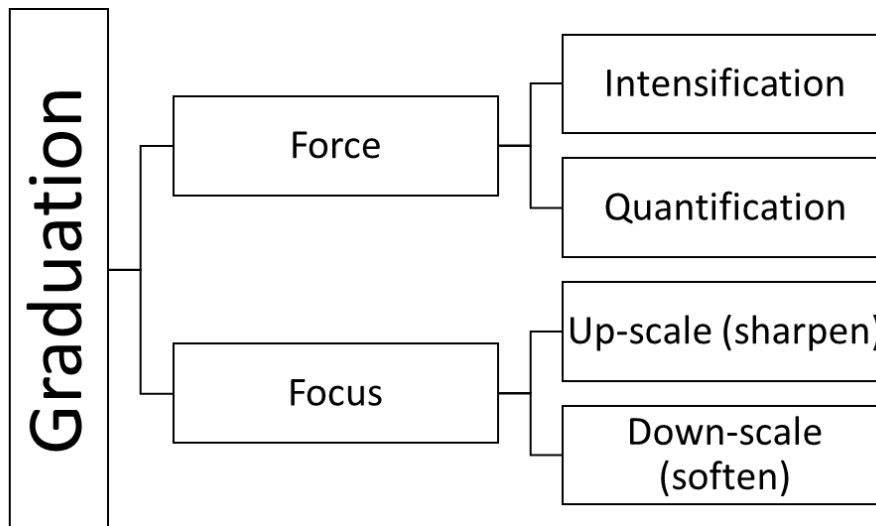


Figure 3 The divisions of Graduation in the Appraisal Framework as applied in this thesis.

In this chapter I have introduced the Appraisal Framework as it is applied in this thesis, as well as given a general overview in places where additional information, that may not be relevant in this study, is needed for the understanding of the framework. The AF is a very sizeable resource, which is why it must be noted that leaving out parts of it was necessary for the scope of this study. I have attempted to limit the size of the AF for the best possible applicability in this thesis to the best of my ability. It must also be noted that the AF is in places still incomplete and has only been applied to a handful of historical studies. In the next chapter I discuss the applicability of AF in historical materials in more detail and introduce the material and method of this study.

4 Materials and methods

This chapter deals with the material and methods used in this study. In section 4.1 I introduce the database used to access the materials, Early English Books Online, as well as the three texts collected from it. Next, in section 4.2 I present the process of the collection of data from the texts and the methods used for the analysis. In this section, I also discuss the caveats of AF in this type of study, along with previous historical research that has utilised the framework. Lastly, in section 4.3 I go over the categorising process of the data and the use of NVivo software to organize it.

4.1 Early English Books Online (EEBO)

The primary materials used in this thesis were all collected from a database called *Early English Books Online (EEBO)*. EEBO contains page images of nearly all the works printed in England, Ireland, Scotland, Wales, and British North America between 1473 and 1700. The database also features works that were printed elsewhere but written in English. Many libraries across the world have contributed to the collections of EEBO, and most of their material is available on the site as pdf images from scanned microfilms. Some texts on EEBO have also been transcribed; the number of their transcriptions being estimated now at 50 percent (EEBO 2024). EEBO draws from four bibliographical resources from which the Wing's Short-Title Catalogue, encompassing the period from 1641 to 1700, contains all three texts used as material in this thesis.

I collected the material by the criteria that the chosen texts had to deal with the issue of the Surgeons' Bill and be written in the same year of 1690. I chose to limit the year to 1690 since the bill was attempted by the surgeons the same year. The texts that were chosen were all written for the purpose of defending the College of Physicians' control rights to administering internal medicines and issuing licenses for it. The goal of these texts seems to have also been to affect the outcome of the Surgeons' Bill. Anonymity of the writer was not a criterion, but the three texts that fit the other criteria ended up being anonymously written, albeit known by their origin and contents to be written by a member or members of the College of Physicians. The reason for these specific criteria was that by having three texts similar in origin and topic, I could rule out some variables in the data caused by the difference in topic, author, and year. Naturally, a text written for the purpose of argumentation to prevent a bill from passing will produce different kinds of linguistic realisations than one written after this specific issue was

resolved in the Parliament. Similarly, whether the author writes under their own name or anonymously may cause variation.

I have utilised the categorisations of the Early Modern English Medical Texts (EMEMT) corpus to determine that the texts studied in this thesis belong to the category of medicine as a social phenomenon. This category is described by Taavitsainen and Suhr (2010, 133) as a heterogenous group with a diversity of topics. The category contains, for instance texts concerned with polemical arguments, medical conflicts, and the ethical aspects of medical professions (Taavitsainen & Suhr 2010, 136). The three texts examined in this thesis contain some elements typical of medical controversy pamphlets which were usually intended to be read by the learned elite. First, Ratia and Suhr (2011, 181) point out that it was typical for these pamphlets to represent a group rather than the thoughts of an individual, an observation that corresponds with the authorship of the texts studied in this thesis. The three texts chosen for the analysis also show another typical strategy for early modern medical pamphlets, pointed out by Ratia and Suhr (2011, 182): these medical pamphlets often list the arguments that they aim to counter and one by one argue against them. Lastly, the word ‘answer’ in titles of the pamphlets was frequently used to signal a controversy (Ratia & Suhr 2011, 185) and, accordingly, one of the titles of the texts studied in this thesis directly acknowledges itself as a “[r]eply to the surgeons answer” (The Physicians’ Reply 1690). Based on these aforementioned elements I have identified in the three texts; I determined their categorisation into this textual category.

The first text that I chose as material is the shortest of the three with only two pages and ca. 1,000 words. The text is titled *A Short State of the Case Between the Physicians & the Surgeons, Relating to the Surgeons Bill, Now Before the Honourable House of Commons* (Wing S3630B, 2nd ed.), and it was published in 1690 in London. The document has no known publisher and the author is anonymous, although they are likely a member of the College. The pdf found in EEBO is a reproduction of the original printed copy of this text that can be found in the Bodleian Library. The original of the text is worn out and has some stains and imperfections, and EEBO describes loss of text in this document. This text contains all the demands of the surgeons that were listed already in Chapter 2. The transcription of this text is provided in EEBO. Henceforth, for the purpose of this study, this text will be referred to using the short title *A Short State of the Case*.

The second text was also published in 1690, most likely in London, by an unknown publisher. The text is titled *The Physicians Reply to the Surgeons Answer* (Wing P2147aA, 2nd ed.) and it is four pages long, ca. 4,000 words. The contents of the text are similar to *A Short State of the Case*. The purpose of this text seems to be argumentative, and its goal is to oppose the Surgeons' Bill. The author utilises Latin in their text and thereby demonstrates their knowledge of medical law and previously determined statutes of the Parliament. This text is a reproduction of the original in the British Library, and its condition is good despite a mention of a show-through of print. Since EEBO does not offer a transcription of this text, for the purpose of this study I have transcribed it myself according to the pdf document. This text will be referred to in this thesis using the short title *The Physicians Reply*.

The third text I have used in this study is titled *An Historical Account of Proceedings Betwixt the College of Physicians and Surgeons, Since their Incorporation* (Wing H2095, 2nd ed.), and it is the longest text of the three, eight pages and ca. 6,900 words. This text was also likely published in London, by an unknown publisher in 1690. The purpose of this text is again to argue for the goal of the London College of Physicians in the case of the Surgeons' Bill of 1690 and to overturn the bill. The author has used citations and Latin to argue for their case, similarly to what was seen in *The Physicians Reply*. As the name of this text suggests, it introduces the history of the relationship between the College and surgeons, starting from the formation of the Barber-Surgeons' Company. EEBO does not have a transcription of the pdf document and hence I have transcribed it. In this thesis this text will be referred to using the short title *An Historical Account*.

Table 1 The source texts concerning the Surgeons' Bill.

Title of the text	A Short state of the case between the physicians & the surgeons, relating to the surgeons bill, now before the honourable House of Commons	The physicians reply to the surgeons answer	An historical account of proceedings betwixt the College of Physicians and Surgeons, since their incorporation
Author	Anonymous (London College of Physicians)	Anonymous (London College of Physicians)	Anonymous (London College of Physicians)

Title of the text	A Short state of the case between the physicians & the surgeons, relating to the surgeons bill, now before the honourable House of Commons	The physicians reply to the surgeons answer	An historical account of proceedings betwixt the College of Physicians and Surgeons, since their incorporation
Bibliographic no.	Wing (2 nd ed.) S3630B	Wing (2 nd ed.) P2147aA	Wing (2 nd ed.) H2095
Year & place of publication	1690, London	1690, London	1690, London
Publisher	s.n (unknown)	s.n (unknown)	s.n (unknown)
Pages	2	4	8
Words (ca.)	1000	4000	6900

The details of all three texts are summarised in **Table 1** above. The texts themselves are well preserved and mostly legible. I chose not to consider the one or more illegible phrases at the end of the last page of *The Physicians Reply* since full context was missing. All three documents contain long references to statutes of the College of Physicians, written partly in Latin. At the time that the texts were written and published, the transition from Latin to English as the language of institutional medicine was becoming established (Pahta & Taavitsainen 2011, 4). Some of the learned elite physicians still believed in the use of Latin as the proper language of medicine, and the use of Latin quotations in these texts suggests that they were written for educated professionals rather than the public (Wear 2000, 42). Thus, the intended readership was most likely that of the learned elite or educated professionals. The focus of this study is on evaluative language in English, which is why the Latin in these documents was not analysed. Acknowledging that the use of Latin was nevertheless an important part of the argumentation strategies of the College, I have not analysed the Latin quotations here for their contents but as part of the Engagement resources used to attribute authorial voice and argue for the goal of the College.

4.2 Methods and appraisal in historical analyses

This thesis aims at a preliminary look into the attitudes of early modern physicians by examining their use of evaluative language towards surgeons and physicians and how attitudinal language was used to convey interpersonal relationships. I determined close reading to be the most suitable approach in this thesis, since some evaluative language identified through the AF may be implicit and thus, can only be observed through a closer investigation of the texts. The data contains both explicit and implicit evaluations that I have classified based on my interpretation and with the help of the *Oxford English Dictionary Historical Thesaurus (OED)*. In addition to this, I have utilised secondary sources to familiarise myself with the early modern period and its conventions. Since the data was collected from only three texts and it contains implicit evaluations, that may be at times subjective due to the nature of the framework, I have not attempted an all-encompassing quantitative analysis. In order to answer my first research question of how evaluative language of emotion and opinion was used when discussing surgeons and physicians, I have done some comparisons between the number of instances in different subcategories of appraisal in the first part of the analysis. I decided on this method to better illustrate the differences in the use of evaluative language regarding both groups of practitioners.

The method of data categorisation I use in this thesis is based on Martin and White's (2005) Appraisal theory and the division of Attitude into emotion and opinion by White (2004), both of which have been introduced in Chapter 3. I have analysed my data by using the aforementioned AF on a broader level, dividing the realisations of Attitude into appraisals of emotion and opinion. In addition, I have used the further subcategories of Attitude and Graduation for a more comprehensive understanding of who was evaluated, how, by whom, and how intensely. To answer my second research question "Based on their use of evaluative language, how did physicians evaluate surgeons versus physicians?", I have analysed the Engagement in all of the texts as well, although it must be noted again that my analysis of the Engagement resources in this study is not comprehensive in terms of Martin and White's division. Therefore, rather than using the entire domain of Engagement, I look at this domain of appraisal in terms of authorial attribution and the ways in which the authors of the texts may use, for instance, quotations and famous authorities for their advantage to impact the opinions of the reader. Since I only identified the authorial attributions made through quotation, the quantities of use would not offer reliable information about the multitude of Engagement resources used in the texts, and I have determined that it is sufficient to offer

examples on how they were used and for what purpose. For these reasons, I have limited the analysis of the Engagement resources to only qualitative analysis. The analysis of Graduation is also limited to certain parts of the domain and not all subcategories are analysed in this thesis. The quantities of Graduation have been analysed briefly alongside those of Attitude.

Using AF to study historical materials is somewhat challenging but it has nevertheless been utilized by scholars. The framework has been applied both in regard to the evaluation of objects, such as books (Ruokkeinen 2021) and the appraisal of people and phenomena, such as attitudes in witchcraft pamphlets (Suhr 2012). Using AF, Sirkku Ruokkeinen studied early modern English attitudes on books in her dissertation. The focus of this study was on the evaluation surrounding books in Renaissance, and the personal and societal attitudes towards books, authors and translators (2021, iii). In her study, she explains that scholars have sometimes deterred from studying historical materials using AF, since the frames for the analysis are difficult to assume directly and unproblematically (Ruokkeinen 2021, 5). However, Ruokkeinen also notes that we should continue using the framework to study historical materials with the help of secondary sources to make sense of the surrounding cultures and difficult words (*ibid.*). Ruokkeinen has applied the framework into a large corpus and her method is more quantitative, which makes the approach somewhat different to mine. Regardless, I will follow her approach to data collection and keeping the focus on not all the tokens of appraisal found in the materials, but rather on the appraisals that are used to evaluate the two occupations (Ruokkeinen 2021, 89).

Carla Suhr also uses the frames of AF in her 2012 study into the attitudes in early modern witchcraft pamphlets. Suhr examines the targets and evaluators in these pamphlets regarding witches and witchcraft, with the goal of not only showing what kind of behaviour was expected from the contemporaries but also to reveal changing conventions especially reflected in texts (Suhr 2012, 132–133). Unlike I do in my study, she does not divide the collected data into the further subtypes under Judgement, Appreciation, and Affect but instead acknowledges that they exist and uses simply a division into positive and negative within the three highest subcategories (*ibid.*). Suhr (2012, 131) acknowledges that the distribution between positivity and negativity in the results appears rather obvious, and therefore the evaluators and their targets of evaluation reveal more and are of main interest to her. This is something I must acknowledge regarding my own material as well. Therefore, I specifically focus on the evaluators and their targets in this study, rather than only examining the distribution of positive and negative appraisals.

4.3 Categorising with NVivo

My data has been examined and categorised from the source texts using the NVivo software, to efficiently organize different realisations on different levels of the AF. NVivo is a software developed by Lumivero, and it is most often used for qualitative data analysis. The software allows for the organization, analysis and visualization of data, which makes it easier to recognize patterns in it (Lumivero 2025). In this section, I will briefly introduce the system of categorisation I implemented using NVivo.

I started the process of data collection by making text files for each of the three texts, and transcribing them when transcripts were not available through EEBO. I uploaded the texts to NVivo as separate documents, as this would help with identifying which appraisals were used in what text. The categorisation of data can be done in multiple ways using NVivo, and in this study I have used different codes, a word used by NVivo for different categories and subcategories, to label realisations. By first creating the main codes of Attitude, Engagement and Graduation I was later able to create codes under them and aggregate the number of realisations in each category and their subcategories.

After the initial division, I created the codes under Attitude and Graduation. I did not create further codes under the code for Engagement, since I determined that only utterances where the authorial voice was attributed to someone other than the author would be analysed under Engagement, and there was no need for a further division. The further division of Attitude and Graduation into their subcategories would later make it easier to identify the evaluative language under each respective code. Under the code of Attitude, I generated the codes for emotion and opinion. Under the code of emotion, I made codes for the subcategories of Affect: UN/HAPPINESS, IN/SECURITY and DIS/SATISFACTION. Similarly, under the code of opinion I created the codes of Judgement and Appreciation. I then divided Judgement into the codes of social esteem and social sanction and further into their subcategories. Under the category of social esteem, I created the codes for CAPACITY, TENACITY and NORMALITY and under the category of social sanction, the codes for PROPRIETY and VERACITY. The category of Appreciation was also divided further into Composition, Reaction and Valuation. Accordingly with the AF, I created the codes for BALANCE and COMPLEXITY under Composition and IMPACT and QUALITY under Reaction. Under the code of Graduation, I made a more itemised division again, dividing it first into Force and Focus, and further into their subcategories. For Force, QUANTIFICATION and INTENSIFICATION and, for Focus, those Graduations that SHARPEN

or SOFTEN an utterance. The division and subcategories I used for each of the main codes can be seen in **Figure 4** below.

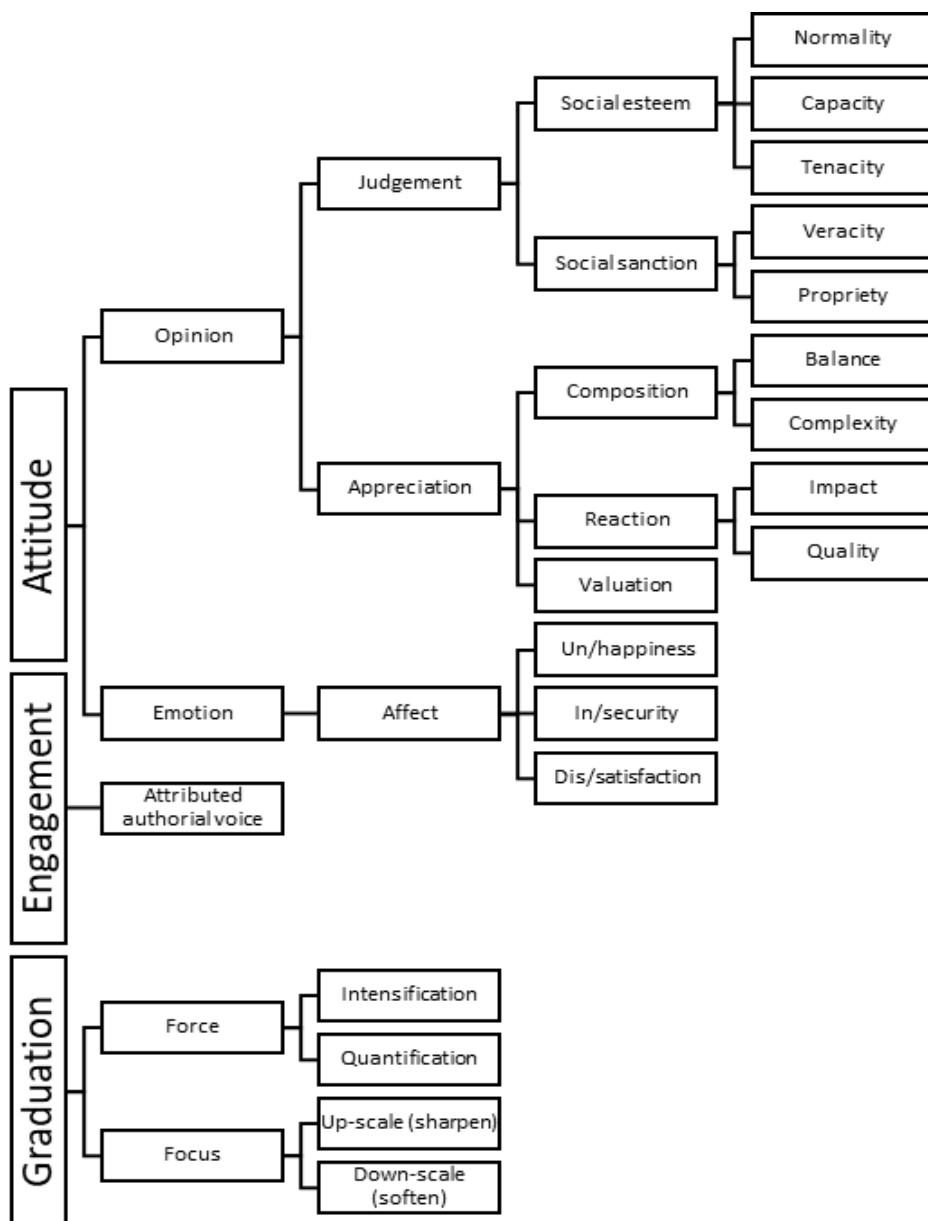


Figure 4 Categories of Appraisal Framework as classified in NVivo and applied this study.

5 Analysis of materials

In this chapter I focus on the analysis of the three texts and present the data found through close reading. Since the AF is always subjective to an extent, a fact which I have acknowledged in the previous chapters as well, I mainly focus on qualitative analysis. However, in order to discuss my findings more comprehensively, I first present some quantitative data and from Section 5.1 onwards deal with the qualitative analysis of the realisations of Attitude, Engagement, and Graduation. It must be noted again that my analysis of the Engagement resources will be purely qualitative due to the way in which the domain of Engagement is utilised in this thesis. The quantitative part of this analysis then introduces only the distribution of instances in the domains of Attitude and Graduation.

Many of the identified instances of evaluation are not inherently attitudinal but rather context dependent. Since some instances of evaluation cannot be categorised as such without context, the quantities presented in this thesis are based on the number of utterances that may have one or more attitudinal items embedded in them. In my qualitative analysis, I have justified these categorisations in more detail. Instances where an utterance contains evaluation from different categories have been counted separately as realisations of appraisal in those categories.

I now begin my analysis by dealing with the number of utterances where realisations of evaluation were found in the categories of Attitude. Shown in **Table 2** below is the number of utterances containing evaluation in the categories of Affect, Judgement, and Appreciation. The utterances have been categorised in the table below based on whether they are aimed at physicians or surgeons, and whether they are positive or negative.

Table 2 Evaluations of Attitude regarding surgeons and physicians.

	Affect	Judgement	Appreciation
Surgeons (positive)	0	1	0
Surgeons (negative)	11	42	11
Physicians (positive)	2	20	5
Physicians (negative)	2	0	0
In total	15	63	16

While I must acknowledge that the size of the dataset is fairly small, there are some notable differences between the categories. The most prominent of these differences is the number of evaluations found in the category of Judgement in comparison to the other two categories. There were 63 utterances in total with evaluative language found in the category of Judgement, while Appreciation and Affect were used a lot less. However, they were used almost the same amount with each other. There were 16 instances where Appreciation was used in an utterance for evaluation and 15 where Affect was used.

Both surgeons and physicians were evaluated mostly with appraisals of Judgement. Given the purpose of the texts, it is no surprise that from the total of 63 Judgements 42 are negative aimed at the surgeons, while the data only has one positive evaluation of them.

Unsurprisingly, in the category of Judgement physicians are strictly evaluated positively. Positive Judgements of physicians make up for the second largest group in the data, with 20 evaluations in total. Visible from these numbers is the authors' focus on the negative evaluation regarding the surgeons' ethics, and the positive evaluation of themselves using the same parameters. The distribution of negative and positive evaluations regarding the surgeons and the physicians were similar in the category of Appreciation, albeit the evaluations of Appreciation were used less frequently. Out of the total of 16 utterances containing evaluations, 11 were negative and aimed at surgeons. The remaining 5 were aimed at physicians and were all positive.

Evaluations of Affect were used the least but almost as much as those of Appreciation. Surgeons were evaluated the most in this category, in 11 utterances out of 15, and all of the evaluations were negative. This is a recurring similarity in the distribution in all three categories. However, it is noteworthy that this category slightly differs from the previous two. In this category also the negative feelings of physicians were discussed, contrary to the categories of Judgement and Appreciation. In total, negative feelings of the physicians were discussed in 2 utterances and positive feelings regarding physicians in 2 utterances. However, evaluations in this category may not mean an inherently negative or positive attitude per se. In reality, the targets and causes of the emotions determine much of the analysis regarding an evaluation in the category of Affect. I discuss the targets and causes of these emotions in the qualitative part of the analysis in more detail. For the time being, I shall simply determine that both positive and negative feelings were referenced regarding physicians.

Above I have focused on the domains of Attitude: Judgement, Appreciation, and Affect and dealt with the number of realisations and the division of positive and negative evaluations of surgeons and physicians in them. The distribution of evaluative language in the subcategories of these three domains of Attitude will be dealt with next. The distribution and numbers of instances in the subcategories of Judgement are introduced and shown below in **Figure 5**.

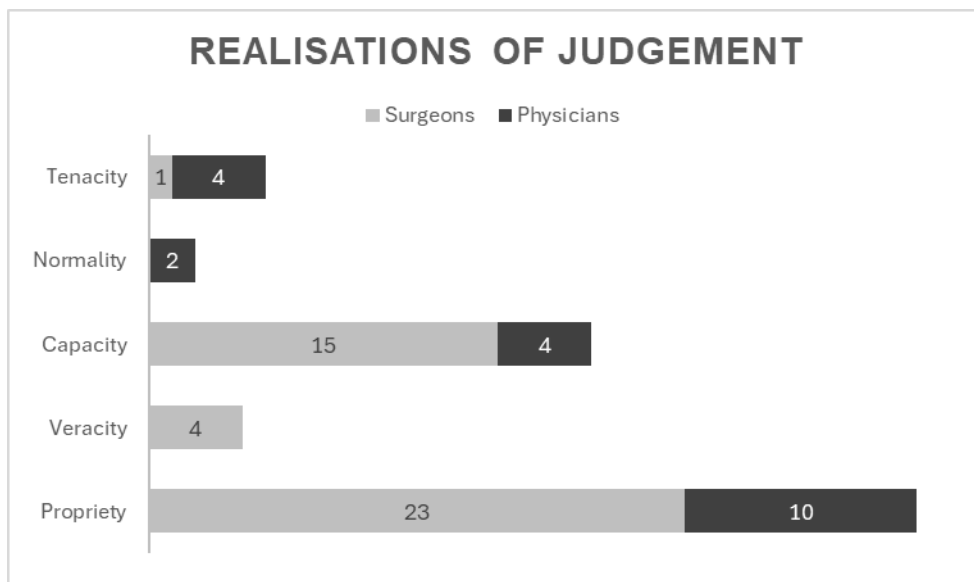


Figure 5 Realisations in the subcategories of Judgement.

Realisations of Judgement were distributed throughout its subcategories. As stated already in Chapter 3, Martin and White divide the category of Judgement further into social esteem and social sanction (2005, 52). Social esteem refers to the appraisals that evaluate a person's capacity, unusuality, and resoluteness: the categories of CAPACITY, NORMALITY, and TENACITY (*ibid.*). Social sanctions on the other hand evaluate the ethics and truthfulness of a person in the categories of PROPRIETY and VERACITY (Martin & White 2005, 52). Both surgeons and physicians were mostly evaluated in regard to their CAPACITY and PROPRIETY. Surgeons were most frequently evaluated in the category of PROPRIETY, in 23 utterances in total. Second came the evaluations of surgeons in the category of CAPACITY with 15 utterances. Physicians were also evaluated in these categories but substantially less than surgeons, with 10 evaluative utterances in the category of PROPRIETY and only 4 in CAPACITY. The number of evaluations was smaller in the other subcategories, and they do not offer substantial data.

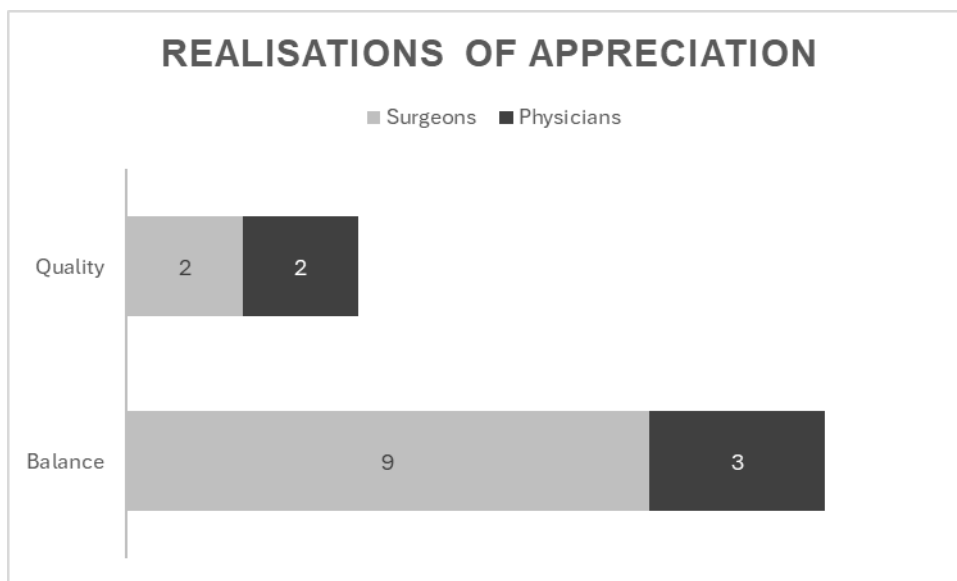


Figure 6 Realisations in the categories of Appreciation.

The distribution between the subcategories of Appreciation differs from those of Judgement, as is shown in **Figure 6** above, and the subcategories of Appreciation were not used as diversely as those of Judgement. These subcategories are Composition, Reaction and Valuation, from which Composition refers to the COMPLEXITY or BALANCE of things and phenomena, Reaction evaluates their IMPACT and QUALITY, and VALUATION their authenticity or innovativeness (Martin & White 2005, 56). Appreciations of VALUATION were not found in the materials, and thus the category is not shown in **Figure 6** above. The subcategory of Composition: COMPLEXITY and the subcategory of Reaction: IMPACT were also not used for evaluation and have been left out of the figure. Realisations of Appreciation were then distributed between only two categories: Composition, BALANCE and Reaction, QUALITY. The data shows that physicians were very infrequently evaluated in terms of Appreciation. Only 3 instances of utterances with evaluation of BALANCE and 2 of QUALITY regarding physicians were found. In comparison, surgeons were evaluated in 9 utterances in regard to BALANCE and in 2 instances regarding QUALITY.

I now move on to deal with the realisations of Affect: the emotions and emotive reactions described by the authors in regard to surgeons and physicians. Martin and White identify three subcategories of Affect into which emotions can be classified: DIS/SATISFACTION, IN/SECURITY, and UN/HAPPINESS (2005, 49). The category of DIS/SATISFACTION consists of emotions and emotive reactions that have to do with the pursuit of goals, such as respect and displeasure (ibid.). IN/SECURITY refers to the emotions connected with social well-being, such as anxiety, fear, and confidence (Martin & White 2005, 49). Lastly, UN/HAPPINESS consists of

core-emotions, such as happiness and sadness (ibid.). Emotions of the UN/HAPPINESS category were not found in the data and thus it has been left out of **Figure 7** below. **Figure 7** shows the distribution of evaluations in the subcategories of Affect.

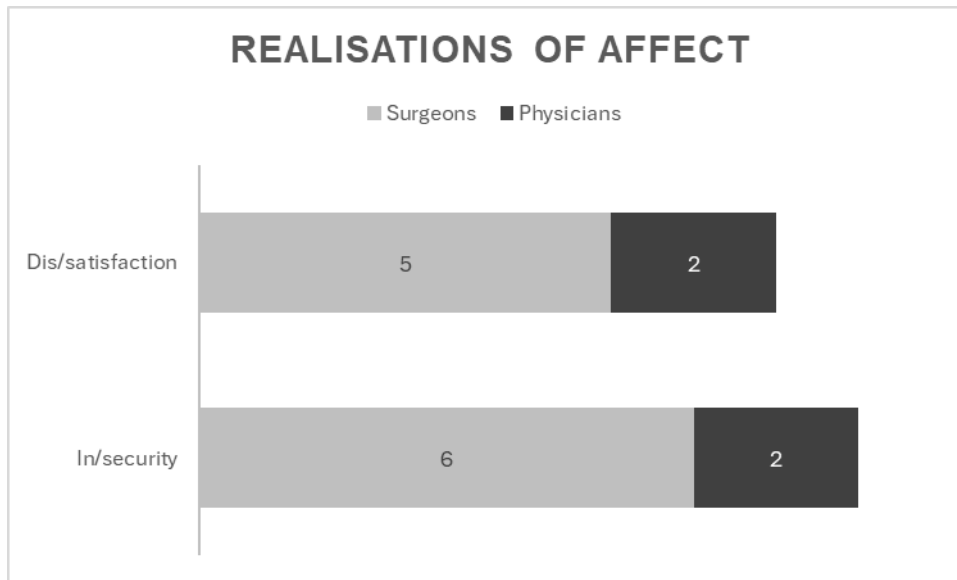


Figure 7 Realisations in the categories of Affect.

Instances of evaluation were almost equally distributed between the subcategories of Affect. Emotions regarding the surgeons' DIS/SATISFACTION were used in 5 instances. In the same category the physicians' emotions were discussed in 2 utterances. In the category of IN/SECURITY, the emotions of the surgeons were utilized in 6 utterances and the physicians' again in 2. The purpose for which the three texts were written for may explain the absence of the third subcategory in the data, that of UN/HAPPINESS. It is no surprise that the authors have chosen to focus on emotions associated with the eco-social wellbeing and the pursuit of goals, since the primary audience for the texts was likely a learned elite, one who the authors needed to convince through argumentation.

After a quantitative analysis into the utterances containing evaluative language, I now move on to the numbers of those utterances where attitudinal language has been graded. As stated before, all attitudinal language can be graded – this is an inherent property of it (Martin and White 2005, 135–136). It is not surprising, then, that almost all identified instances of evaluation in the data contain some grading, as Graduation is a way for the authors to express their alignment to an evaluation more strongly. As was previously done with categories of Attitude, the numbers of Graduations are also identified as being part of utterances, and in instances where one utterance contains Graduation from different categories they are counted

as separate instances. The distribution of instances in the subcategories of Graduation, Force, INTENSIFICATION and QUANTIFICATION and Focus, SHARPEN and SOFTEN, is shown in **Table 3** below.

Table 3 Instances of use in the subcategories of Graduation in the data.

Force: Intensification	55
Force: Quantification	16
Focus: Sharpen	4
Focus: Soften	0

As was determined in in Chapter 3, Graduations are divided into two categories: those that grade Force and those that grade Focus. The first subcategory of Force, that of INTENSIFICATION, is used to strengthen or weaken the intensity of an evaluation (Martin & White 2005, 140). The second subcategory, QUANTIFICATION, is used to grade the amount or quantity of an entity (Martin & White 2005, 141, 149). Subcategories of Focus grade the level of participation or prototypicality to a group by tokens that upscale or SHARPEN or downscale or SOFTEN them (Martin & White 2005, 137). The authors of the texts have utilised Graduation very frequently, but there is a significant difference between the number of uses of the subcategories. Force was used a lot more than Focus: in fact, Graduation of Focus was altogether very rare. The Focus of an evaluation was graded only in 4 utterances and only to SHARPEN, while there were no utterances that were SOFTENED. The division between the subcategories of Force was also notable: INTENSIFICATION was used in 55 utterances, while QUANTIFICATION was only used in 16. The purpose that the studied texts were written for likely explains this significant difference in distribution between the categories and subcategories of Graduation. INTENSIFICATION can be used to emphasize different qualities or opinions and make a stronger alignment towards the attitudes that the author wants the reader to adopt. The use of INTENSIFICATION, then, serves a distinct purpose of expressing a heightened positivity or negativity as the three texts share the goal of arguing against the Surgeons' Bill. The other categories and subcategories are more complex in comparison as they are not typically used for such an effect.

Having now dealt with the quantities of data in the categories of Attitude and Graduation, I move on to the qualitative analysis. In the next section of this chapter, I will show how attitudinal language was used in regard to the two occupations. Using the division made by White (2004), I divided the qualitative analysis of Attitude into sections that deal with realisations of opinion and emotion, as was done previously in Chapter 3. Thus, the following section 5.1 deals with the qualitative analysis of the realisations of opinion and 5.2 the analysis of the resources of emotion. Section 5.3 deals with the analysis of authorial attribution through Engagement. Finally, in section 5.4 I analyse the resources of Graduation.

5.1 Realisations of Opinion

This section deals with the qualitative analysis of evaluative language realised through the resources of Judgement and Appreciation. I begin this part of the analysis by examining opinion rather than emotion since resources of Judgement proved to be used the most by far. In this section, the analysis will be presented through examples from the source texts, making comparisons between the evaluations targeted at surgeons and the physicians. In addition to the categorisation of utterances into the subcategories of Attitude, I aim to show the target and evaluator of the evaluation in the examples and whether the evaluation can be regarded as positive or negative. The explicitness or implicitness of an appraisal in the examples will also be identified throughout this section. Authorial voice will be discussed only briefly in this section, in places where the voice of the authors themselves is explicitly visible. Attributed authorial voice is discussed in more detail in section 5.3, in the analysis of the Engagement resources. All punctuation and capitalisation in the examples of this chapter have been formatted according to the original texts. For clarity, evaluative language will be marked in bold in the examples in this section.

5.1.1 Judgement

Both the appraisals of social esteem and social sanction, the subcategories of Judgement, were common in the three texts. I start with examples from the subcategories of social sanction since those were the most common. Most evaluations of social sanction were aimed at the surgeons and the evaluator was the author himself, sometimes writing explicitly on behalf of the College of Physicians. The material included instances where the social sanction was aimed at the College as well, but these, unlike most of the evaluation aimed at the surgeons, were all positive. The specific targets of these evaluations of Judgement directed at surgeons

ranged from the whole of the occupation to individuals. The College of Physicians was most often the specific target of evaluations aimed at the physicians, but individual physicians were very rarely targeted. I begin this part of my analysis with the following examples of social sanction of PROPRIETY.

- (7) [t]his true and succinct History of the various **Designs and Attempts** of the Surgeons to **usurp** upon, and **intrude** themselves into the peculiar Province of the College of Physicians. (1690_ An Historical Account)
- (8) So that it is apparent, that the Surgeons by this their Bill **intend not the Publick good**, but their **own private advantage...** (1690_ A Short State of the Case)

The category of social sanction: PROPRIETY was used the most overall, and it contained the most negative evaluations directed at the surgeons. I have identified Example (7) as PROPRIETY since the author describes a negative conduct of the surgeons that contradicts social norms. Example (7) shows explicit evaluative language, such as the words *usurp* and *intrude*. These words are rarely used in the positive sense regardless of context. According to the *Oxford English Dictionary Historical Thesaurus* (henceforth OED), both words essentially have the meaning of (illegally or by force) going where one is not supposed to go (OED s.v “usurp,” v. I.1.b.; OED s.v “intrude,” v. 4.). The target of this evaluation is named in the text as the surgeons, but identifying the evaluator in the utterance is more challenging. However, since this is an explicit appraisal that shows no attributions of authorial voice, I have identified the author as the evaluator in this example. Example (8) shows similarly an explicit appraisal that is used to evaluate ethically unwanted behaviour; I have thus identified the evaluation in this utterance as negative PROPRIETY. The statement in Example (8), that a bill presented by the surgeons is intended for their own advantage and not the good of the public, is an explicit evaluation of the immorality of the surgeons.

Positive social sanctions of PROPRIETY were used less than negative PROPRIETY, and the instances of use were invariably directed at the appraisal of the physicians or the College. Positive evaluations of social sanction: PROPRIETY and social esteem: CAPACITY often overlapped in the data, and they were occasionally hard to distinguish and categorise to only one category. I will demonstrate this with Example (9).

- (9) [T]hat perhaps no Society of Physicians in Europe are **so highly Renowned and Celebrated** for their **Learning and Vertue**, as the present College of Physicians. (1690_ The Physicians Reply)

- (10) [t]hey cannot but be judged, by Vertue of their Education and Learning, **the most proper Judges** of the Fitness of al Persons to give internal Physick in Chirurgical or any other Cases... (1690_An Historical Account)

In Example (9) the author has used an explicit positive appraisal by using words that are inherently positive, *renowned* and *celebrated*. The former is a word that could be categorised as a marker of social esteem of CAPACITY in a different context. However, since the implication in this utterance is that the College of Physicians may be the most virtuous and learned in the whole of Europe, thus being beyond reproach, I have categorised this utterance into social sanction: PROPRIETY. An instance of an evaluation of positive PROPRIETY can be seen in Example (10) as well. The physicians of the College are appraised by the author explicitly as *the most proper Judges* which invokes a positive viewpoint for the reader. According to the OED, the word *proper* in its first sense, as an adjective, means to be ‘Suitable for a specified or implicit purpose or requirement’ (OED s.v “proper,” a I.1.). Since the word in this context refers to a prestigious position, its sense is explicitly positive. The text discusses the judicial position on who should regulate the administration of medicines; therefore, I categorized the appraisal as social sanction rather than social esteem. Next, I briefly analyse the realisations of social sanction: VERACITY, those evaluations where the truthfulness of a person is being appraised.

The data did not have many occurrences of VERACITY overall as previously discussed in the quantitative part of the analysis. All appraisals of VERACITY were negative, and they were aimed at the surgeons. Instances of evaluation most common in this category were words such as *untruthful* or *untruth*, used to target the surgeons. I demonstrate this appraisal of VERACITY in Example (11).

- (11) [t]heir next attempt was to print and deliver certain Paper (intituled the Surgeons Case) to several Members of the House of Commons... Wherein they blush not to **set forth the following Untruths**: Viz. “That they had the Power to examine and approve their own Members, to administer as well Internal as external Medicines, in all Chirurgical Cases (1690_An Historical Account)

The appraisal in Example (11) is targeting the truthfulness of the surgeons. This evaluation is explicitly negative, as the word *untruth* immediately suggests to the reader that they are expected to regard the actions of the surgeons as going against social norms. I have

determined that the target of this appraisal is the surgeons, rather than their claims which would have situated the utterance as an Appreciation, since in this utterance the author's negative arguments target the actions of the surgeons and not the claims per se. Thus, since in this example the author evaluates the surgeons as performing an untruthful action, I have categorised this utterance as explicit negative VERACITY. In Example (12), the nature of the evaluation of VERACITY and its target is not as clear as in the previously given example.

- (12) **[p]retending** that they had been from time to time **much oppressed** by the College of Physicians... (1690_ An Historical Account)

The target of the explicitly negative word *oppressed* would seemingly be the College of Physicians. Countering this evaluation, the author references the initial evaluator, the surgeons, with another negative evaluation, *pretending*. Hence, rather than being a negative evaluation towards the physicians, it seems the real target of the evaluation is the surgeons' (un)truthfulness. I have thus identified Example (12) as VERACITY. Having now shown examples and justified the categorisations made in the category of social sanction, I move forward to instances of social esteem.

Positive appraisals of social esteem were mostly aimed at physicians, while surgeons were almost always evaluated negatively in this category. Contrary to the distribution of the targets of evaluations in the category of social sanction, surgeons were once evaluated positively in this category. I begin with examples from the subcategory of social esteem: CAPACITY, since it was used significantly more than the other subcategories. Overall, the category of CAPACITY was second to only social sanction: PROPRIETY. The next examples concern the analysis of the social esteems of CAPACITY.

- (13) [a]nd therefore they are required to hang out Signs, that the King's People may know at all times whither to **resort for their Remedies in time of necessity...** (1690_ The Physicians Reply)

Appraisals of CAPACITY refer to evaluations of the capability of someone to perform something. Unlike the appraisals of PROPRIETY, these appraisals are not directly ethical assessments but rather evaluate the ability of the target (Martin & White 2005, 52). Example (13) above can be regarded as an implicit appraisal. According to the OED, the word *resort* means "To have recourse to something for aid, assistance, or as the means to an end..." and this meaning has been maintained from its first detected use in 1425 to the present (OED s.v.

“resort,” v1. I.1.b.). It is explained in the OED that the word is used especially in the context of when the situation is an undesirable one and the course of action that is taken is the last choice in a difficult situation (*ibid.*). In this utterance the negative meaning of the word is implied by the context and the word choices of the author. By stating that only *in time of necessity* might someone want to consider a surgeon’s services, the reader is being suggested that the aid of the surgeons is not something they should consider, unless there is no other choice. For these reasons, I have classified this utterance as negative CAPACITY, even though the words themselves do not carry inherently negative meanings. The target of this appraisal is the surgeons, but the evaluator remains more complex. Since the statement is most likely based on a law, the author utilises some authorial attribution. Nevertheless, the attitude of the author in the text is visible through their choice of words, which is why I have determined that the evaluation is ultimately also made by the author.

(14) [b]oth Army Fleet and Merchant Men will be constantly furnisht with **able** Physicians or Surgeons. (1690_ The Physicians Reply)

(15) [i]f such great numbers of Surgeons, and perhaps **many meer Quacks**, under that Name... (1690_ A Short State of the Case)

Example (14) above is a rare occurrence in the materials, as surgeons alongside physicians are evaluated positively in regard to their skill. *Able* has an explicitly positive sense here, as it is used to evaluate the capability of a person. It is suggested that there is such a thing as *an able surgeon*. In Example (15) the author has again made an explicit evaluation. Perhaps the most explicitly evaluative language in this utterance is the use of the word *quack*. According to the OED, the word was used already in the late 1630s, and it refers to a person who falsely claims to have medical expertise (OED s.v. “quack,” n2 1a.). Therefore, I have categorised the utterance in Example (15) as negative CAPACITY targeted at the surgeons. The next examples introduce the category of social esteem: TENACITY.

It is unsurprising that the instances of TENACITY, those appraisals referring to a person’s resoluteness, show a similar distribution between negative evaluation towards surgeons and positive towards physicians. In Examples (16) and (17) below, the author is evaluating the resoluteness of the physicians versus the surgeons in their willingness to serve in the Royal navy and army.

(16) And the Truth is, the College of Physicians is **so far from expressing any unwillingness** to serve the Publick, that **they now are and ever were ready** to serve in the Royal Fleet and Army, when ever commanded. (1690_The Physicians Reply)

(17) [i]t is but too **notorious**, that the Surgeons of any Ability or Name in Town, do **generally avoid serving** in their own Persons... (1690_ A Short State of the Case)

Example (16) at first glance shows nothing explicitly positive in the evaluation but a positive appraisal can be inferred nonetheless which makes this an implicit appraisal. The intensified degree of this positive appraisal of TENACITY is discussed further in Section 5.4. The author's intention of aligning the reader for a positive reaction towards the physicians is visible in their use of language. It is emphasized by the author *how far* the physicians are from unwillingness to serve: therefore, that they are more ready than ever to serve. A similar use of evaluative language can be seen in Example (17), where the target is the surgeons, and the evaluation is negative. Comparing Examples (16) and (17) there is a visible contrast: it is stated that the physicians are more ready than ever, while it is a known fact that surgeons usually avoid serving at the sea or in the armies. I have, for these reasons, classified Example (16) as positive TENACITY and Example (17) as negative TENACITY.

There were 2 instances of evaluation in the category of NORMALITY. Both of these evaluations were used to positively appraise esteemed individual physicians, a rare occurrence in the materials, using explicit evaluations with adjectives. The two evaluations were made using the evaluative adjectives *eminent* and *famous*. The former of these, according to the OED, refers to a reputable character who has achieved success (s.v "eminent," a. II.2.b.). These instances of NORMALITY will not be discussed further using examples, since they were rare and showed explicit evaluation. The next section of this chapter will introduce the qualitative analysis of Appreciation.

5.1.2 Appreciation

Appraisals of Appreciation were rare in comparison to Judgement, but the data has both positive and negative evaluations in this category as well. As was noted already in the quantitative part of the analysis, while the data contains a considerable number of appraisals of Composition, no instances of Valuation were found and the category of Reaction only consisted of a few utterances. The distribution within these two subcategories was noteworthy

as well: all appraisals of Composition focused on evaluations of BALANCE, and all Reactions focused on the subcategory of QUALITY. The targets of these evaluations deal with the evaluation of different statutes, bills, the College (building), and less tangibly the evaluation of the surgeons' claims. The next examples discuss the subcategory that was used the most in the category of Appreciation: Composition: BALANCE.

(18) [t]hat the very Grounds upon which the Surgeons have built their late Petition, are **meerly fictitious** and **prevaricating**... (1690_An Historical Account)

(19) [t]his Clause being **just** and **reasonable**... (1690_ The Physicians Reply)

Appraisals of Appreciation evaluate things and phenomena. Example (18) shows a negative evaluation made by the author regarding the arguments of the surgeons in support of their bill. The negativity of this utterance is implicit and context dependent: being *fictitious*, for instance, is not an inherently bad quality. However, when one is trying to argue for the passing of a petition the reader likely interprets it as such. For this reason, I have categorised this utterance as negative BALANCE aimed at the surgeons. Seen in Example (19) on the other hand is an explicit positive appraisal of BALANCE. The author refers to a clause that allows medical practice only for university-trained physicians and describes it as *just and reasonable*. The use of these words that have an explicitly positive sense leave no room for the reader to question whether this clause can be regarded as good or bad.

(20) When the Surgeons found that the Right Honourable the House of Lords favoured not their **unjust pretensions** and **desires**... (1690_An Historical Account)

As contrast to the positive evaluation made in Example (19), where author describes a clause in explicitly positive terms (as *just and reasonable*), Example (20) has an explicit negative evaluation where the surgeons' aims are described by the author as *unjust*. Following the use of this word, the words *pretension* and *desire* have a heightened negative sense. I have classified these three above Examples (18), (19), and (20) as BALANCE as they all have to do with the essence of the evaluated things, and the author is evaluating their constitution. In the next examples I briefly analyse the only other category of Appreciation found in the data, Reaction, QUALITY.

- (21) [t]he College has been at great charges in purchasing ground and building a **fair** and **noble** Structure and Library for the use of their Members... (1690_ The Physicians Reply)
- (22) [a]nd this is the Truth of that Arbitrary Clause, which is so **ungrateful** for them. (1690_ The Physicians Reply)

The data only had a few utterances where appraisals of QUALITY were employed. In Example (21) the college building is evaluated. This evaluation is explicitly positive, and it has an underlying target of the physicians of the College. It can be inferred that the physicians themselves make a claim towards having put in the effort to make the building into *a fair and noble structure*. The reader is then being both persuaded by the beauty of the building, as well as the noble intent of the physicians behind it. I have classified this utterance as an explicit positive appraisal of QUALITY, since the primary target of the evaluation is the building. In Example (22) the appraisal of QUALITY is negative, and the evaluation is aimed at the surgeons. I have identified Example (22) as an appraisal of QUALITY, rather than that of BALANCE, since it reacts to the question of whether the target of the evaluation is appreciated or not. In this utterance, the explicitly negative evaluation can be detected in the word *ungrateful*. The author evaluates a clause that affects the surgeons negatively and therefore is described as *ungrateful* for them.

In this section I have analysed the realisations of opinion used by the authors and given examples of the ways in which they used evaluative language. It is worth noting, that the authors frequently utilised both evaluations of Judgement and Appreciation to argue against the Surgeons' Bill. As I have shown, the targets of these appraisals, as well as the explicitness of the evaluations, differ, but the authors consistently evaluate physicians positively and surgeons mostly negatively. In the next section I move on to the second category of White's (2004) division of Attitude, that of emotion.

5.2 Realisations of Emotion

After examining appraisals in the category of opinion, I now move on to the other major category of Attitude, emotion, and its only subcategory, Affect. In this section, I analyse the target of the evaluations and whether they are positive or negative as was done previously in the analysis of the realisations of opinion. I use the categorisations of Affect by Martin and White (2005) into the emotions of UN/HAPPINESS, IN/SECURITY, and DIS/SATISFACTION. I also aim to identify the emoter, the person who is feeling the described emotions, in the

realisations. The following section is focused on the analysis of the appraisals of Affect, the subcategory of emotion. The identified appraisals in the examples are again marked in bold.

5.2.1 Affect

All three texts contain descriptions of emotions and emotive reactions, the appraisals of Affect. The majority of these realisations of Affect are emotions attributed to the surgeons by the author, and notably almost every appraisal of Affect describes negative emotions. The distribution between the subcategories IN/SECURITY and DIS/SATISFACTION was fairly even, but appraisals of the UN/HAPPINESS category were not used by the authors as discussed in the quantitative part of this analysis. Using the following examples, I first analyse the utterances where emotions having to do with IN/SECURITY are described.

- (23) Probable it is therefore, that Conscience of their own Ignorance, and **fear** to have their Insufficiency detected, have chiefly induced them to decline due Examination... (1690_An Historical Account)

Examples (23) above and (24) below are representative of utterances where emotions of IN/SECURITY are utilised. Example (23) shows an explicit negative emotion as feelings of fear are being attributed to the surgeons by the author. Since fear can very rarely be considered a positive emotion, I have categorised the utterance as explicitly negative. The assumed feelings of the surgeons are discussed by the author in a scenario where the incompetence of the surgeons is revealed. Most other utterances where emotions of IN/SECURITY were being expressed were those of attributed fear as well. The use of fear in describing the surgeons' emotions, rather than attributing them feelings less extreme, such as worry, seems to have been a way for the authors to emphasize the actions of the surgeons as extremely condemnable.

There were only a few positive utterances in the category of IN/SECURITY. These positive emotions had to do with the trust and confidence of a higher authority figure towards the physicians and the College. The emoter of these feelings was sourced to second parties by the author, a similar finding to what was previously discussed regarding the attributed feelings of fear.

- (24) [s]o great was the **Trust** and **Confidence** which the King and Parliament then reposed in them... (1690_An Historical Account)

In Example (24) the author attributes positive feelings to the King and the Parliament. The author claims that, since these authorities have made statutes and laws in the favour of the College, the King and the Parliament must have *trust and confidence* in them. The other utterances employing emotions of positive IN/SECURITY in the data similarly consisted of the feelings of trust attributed to an outside party. The next examples will introduce those utterances where feelings of DIS/SATISFACTION are being employed.

(25) This Opinion of that great and eminent Lawyer was so **ill received** by the Surgeons, that in the beginning of this Reign, they petitioned the Right Honourable the House of Lords (1690_ An Historical Account)

(26) That the Surgeons did meet with such **disappointments** in the Reign of K.J.I. as the College hath published, is notorious (1690_ The Physicians Reply)

Only instances of negative use were found in the category of DIS/SATISFACTION. The emoters of these feelings consisted of surgeons and physicians. Again, there were instances where the author attributed emotions to the surgeons similarly to what was done with emotions of IN/SECURITY. Example (25) shows an emotional reaction of disappointment, or possibly anger, attributed to the surgeons by the author. In this example, the author implies that the emotional reaction was caused by someone in a very prestigious position. This then suggests to the reader that the emotional reaction of the surgeons is unreasonable, as it was caused by judgement from a person in a position above them, assumably with more power and knowledge. This suggestion may incline the reader to agree with the agenda of the author who has used the prestige of a high authority for their advantage. Most typical utterances regarding the feelings of DIS/SATISFACTION were those such as in Example (26) that explicitly express the disappointment of the surgeons. Again, these feelings are not necessarily those of the surgeons, but they are attributed to them by the author as the surgeons' supposed reaction to the undesirable turn of events.

Previously, in the quantitative part of this analysis, the distribution of positive and negative emotions in the category of DIS/SATISFACTION was discussed, since this is the only category where negative evaluative language regarding physicians was used. Using Example (27) below, I now discuss a rarity in the data: a negative emotion regarding the physicians.

(27) We are **surprised** at their confidence to mention that ACT, it being an ACT so far from granting any Priviledges to them, that they are therein branded by the publick Authority of the Nation, as a Body of Men minding only their OWN

LUCRES, and not the PUBLICK GOOD, as may fully appear by the foresaid Act... (1690_The Physicians Reply)

Example (27) shows a key difference that the category of Affect has to those of Judgement and Appreciation. In the other two categories a negative evaluation most often means discussion about a bad quality. However, with emotions the underlying attitude can be shown on the basis of the target and cause of the emotion. In the utterance in Example (27) the emotion that the author expresses is that of surprise. Surprise is not an inherently, or explicitly, negative emotion but, in this context, it is implied that the feeling is stronger than that of mere surprise. The emotion expressed by the College seems to show more outrage than simple surprise. This is suggested by the rest of this utterance in which the author argues against the claim of the surgeons. Regardless of a strong negative implication about the physicians' emotions, this appraisal works in their favour due to the target of the emotion. The outraged surprise felt by the physicians is targeted at the immorality of the surgeons. Therefore, even if the emotion itself is negative, this utterance serves the purpose of the physicians.

I have now analysed both categories of opinion and emotion. I aimed at an encompassing analysis of the ways in which the authors of the texts wrote about physicians and surgeons to advance their goal and seek the solidarity of the readers by using evaluative language. In the next section I move on to discuss attributed authorial voice and the use of high authorities as a means to influence a reader's potential stance: the category of Engagement.

5.3 Engagement

This section is focused on the sourcing of authorial voice in the materials and the analysis of possible attribution of evaluations to other voices: the resources of Engagement. My goal is to identify when the authors have utilised other voices in their argumentation and investigate how this helps them to solidify their viewpoint. Since the three texts are argumentative with a goal of invalidating the Surgeons' Bill, it is probable that most authorial attributions help the authors to achieve this goal. Where applicable, I discuss the attributed authorial voice by using the Examples from (7) to (27). When an example has already been discussed previously, it is indicated in the examples of this section. In addition, I also provide new examples of attributed authorial voice. In the following examples the analysed appraisals of Attitude are again marked in bold, and the authorial attribution and enhancement of the

author's voice is shown in italics. Since I have already discussed explicit and implicit evaluations that show the voice of the author as the evaluator, I now begin my analysis of attributed authorial voice.

- (28) And accordingly, one Roger Jenkin a Surgeon was prosecuted for Practising Physick, and when his Case was brought before *Sir John Popham Lord Chief Justice of England*, he declared that no Surgeon as a Surgeon ought to Practise Physick. (1690_ The Physicians Reply)
- (29) When the Surgeons found that *the Right Honourable the House of Lords favoured not their unjust pretensions and desires* (1690_ An Historical Account, = Example 19)
- (30) We are **surprised** at their confidence to mention that ACT, it being an ACT so far from granting any Priviledges to them, that they are therein *branded by the publick Authority of the Nation, as a Body of Men minding only their OWN LUCRES, and not the PUBLICK GOOD, as may fully appear by the foresaid Act...* (1690_ The Physicians Reply = Example 26)

In Examples (28) and (29) the authorial voice is attributed to a higher authority. This is a means to further emphasize an argument made by the author. Indirect quotations such as in Examples (28) and (29) are then used to underline a preferred narrative and affect the opinion of the reader. In Example (28), by using a declaration made by an esteemed person, a chief justice of England, the author brings attention to the seriousness of an offense of the surgeons. Similarly, in Example (29) the negative evaluation is being enhanced by essentially attributing the opinion in the utterance to the House of Lords. This is a way for the authors to both distance themselves from the argument and the need to express a harsh evaluation as their own as well as emphasize the evaluation. Example (30) shows how the author ties their own evaluation into that of an esteemed source. As discussed already in Example (27), the author of the text expresses the physicians' surprise that is bordering on shock. This emotional reaction in Example (30), an appraisal of Affect, reveals the author as one of the evaluators. However, the later use of the *public Authority of the Nation* as another evaluator in the utterance redirects the harshest part of the evaluation away from the author's own feelings and strengthens the argument. In the following examples direct quotation is similarly used to emphasise the view of the author via authorial attribution.

- (31) And as for what they mention about the late Lord Chancellor, *his Lordships answer to them was: "Gentlemen! Would ye be Dragouns in your Profession? Keep your Knives and Launcets, and the Physicians will not interrupt you."* (1690_ The Physicians Reply)

- (32) For the Physicians were made a Corporation, the 10 H.8. and the Surgeons, not till the 32 H.8. (though the Barber Surgeons were) as *appears from the following words of the said Statute*. "The Company called the Surgeons being not Incorporate, not having any manner of Corporation, &c. [...]" (1690_ The Physicians Reply)

As shown before, an indirect quotation from an esteemed, or otherwise notable, person can further solidify an evaluation. The same is true of using a direct quotation, an instance of which is shown in Example (31). In Example (31) the quotation is used to argue in favour of the physicians and to revoke an earlier statement concerning the Lord Chancellor and the surgeons. From this example it can also be inferred that the surgeons have utilised esteemed sources in their argumentation as well. In Example (31) the attributed authorial voice of the Lord Chancellor further solidifies the negative assessment concerning the surgeons, and it invites the reader to align themselves with the view of the author. Much like Example (31), Example (32) also has a direct quotation, but in this utterance the source is a statute rather than a person. In Example (32) the authorial voice belongs to the author themselves, while the quotation attributes the factuality of the argument elsewhere. Attributing the information that is given to an esteemed statute may again incline the reader to agree with the statements made by the author while the author can keep a distance to the evaluation.

Both *An Historical Account* and *The Physicians Reply* use blackletter to emphasize certain statutes and quotations. However, not all statutes or quotations are highlighted in this way. Blackletter is also used to emphasise other words and phrases in the texts, but a further study of them is outside the scope and focus of this study. In addition to blackletter, *An Historical Account* has marginal comments identifying the statutes and bills that the quotations are from. The authors of these texts also use other forms of attribution to solidify their viewpoints in addition to indirect and direct quotations. These means include the use of Latin clauses in cursive. The contents of these Latin quotations have been left outside of this study, since my focus is on the English language and its use in communicating attitudes. It should nevertheless be stated that this was one of the ways for the authors to attribute an authorial voice elsewhere and demonstrate their authority. As discussed in Chapter 2, the use of Latin by physicians was, among others, a way to exert power over surgeons who very rarely understood it (Wear 2000, 218).

I have now introduced the ways in which the resources of Engagement were used and shown that the authors relied on the use of outside voices in their argumentation. Both direct and

indirect quotations were employed for the enhanced authority of the physicians' arguments. Bills, statutes, and quotations from different authorities could often work as a way to distance the author from an argument, thus refraining from extreme views. In the next section I move on to look at the resources of intensity used to grade the identified appraisals: the analysis of Graduation.

5.4 Graduation

In this last part of the analysis I deal with the means used by the physicians to express a stronger or weaker alignment to the evaluations made: the degrees of Graduation. I first show the means used to grade the Force of an evaluation and second the means of Focus used to grade evaluations. In those examples that have been introduced earlier, the attitudinal evaluation is marked in bold, authorial attributions are marked in italics, and lastly, the resources of Graduation have been underlined for clarity.

5.4.1 Force

Most utterances identified in the previous sections of the analysis as evaluative display some sort of grading. This is unsurprising, since Martin and White have point out that all attitudinal items are gradable (2005, 135). Resources used to grade appraisals in the data were most often those of Force: INTENSIFICATION. With the following examples, I first show some of the most typical Graduations of INTENSIFICATION used by the authors.

(33) We humbly conceive it will not be thought reasonable, only for the sake of the Surgeons, to permit raw and unexperienc'd persons to pick up their Skill of giving Internal Medicines (1690_A Short State of the Case)

(34) [y]et notwithstanding they have been so charitable to Learned and Skillfull Physicians (1690__The Physicians Reply)

Examples (33) and (34) show three types of INTENSIFICATION used frequently by the authors of these texts to grade appraisals. In both Example (33) and (34) the authors use stacking of evaluative language to demonstrate a more pronounced evaluation of surgeons and physicians. Martin and White identify this type of repetition of words with closely related meanings as a means to intensify an utterance (2005, 144). The author evaluating surgeons in Example (33) has stacked together in the same utterance two explicitly negative evaluations *raw and unexperienc'd*, both less than ideal qualities for a medical practitioner. This helps the author to align the reader more strongly towards a negative attitude towards an expectation of

the surgeons' skills. In the beginning of the same utterance the author has used the word *humbly*, a word that downplays their own complicity to the evaluation and conveys a sense of rapport to those readers who may not fully agree on the assessment. The evaluation in Example (34) is explicitly positive, and the author has employed similar stacking of appraisals to emphasise this evaluation. In the same utterance, the attitudinal evaluation is emphasized by the use of the word *so* in *so charitable*. This is an INTENSIFICATION commonly used in the three texts. In the next examples I discuss the degree of evaluation, QUANTIFICATION with the use of a formula *so far from*, a rhetorical device also frequently used by the authors.

- (35) And the Truth is, the College of Physicians is **so far from expressing any unwillingness** to serve the Publick, that **they now are and ever were ready** to serve in the Royal Fleet and Army, when ever commanded. (1690_ The Physicians Reply = Example 15)
- (36) Ney, this Act is so far from favouring the Surgeons pretences, to examine their own Members to give internal Medicines, that it hath appointed 4 Doctors in Physick for that purpose. (1690_ The Physicians Reply)

Examples (35) and (36) show two ways in which the QUANTIFICATION *so far from* was used by the authors to indicate their alignment to an evaluation. In Example (35) this Graduation is used in a positive way to argue how far the physicians are from unwillingness to serve in the Royal fleet and army. The author's use of *litotes*, a rhetorical device of saying something positive through a negation instead of a positive admission (Neuhaus 2016, 118), indicates that the physicians are *willing*. In Example (36) the *so far from* formula is used in an opposite, and in a more traditional, way to express negativity towards the surgeons' claims. It is implied that the claim of the surgeons could not be further from the truth which, again, is a means to further align the reader with the authors' negative statement.

In addition to the Graduations of INTENSIFICATION and QUANTIFICATION analysed in the above examples, the data also showed other means of Graduation from these two subcategories. I will deal with them only briefly here and without the use of examples of each type, since especially the subcategory of INTENSIFICATION was used very frequently, and therefore the material was large, as was seen in Section 5. Other instances of INTENSIFICATION occurred with words such as *notorious(ly)*, *meer (mere)*, and *great* that were used to grade other words. Many instances of QUANTIFICATION dealt with time, and the use of words such as *oftentimes* and *at all times* was fairly common. Graduation, Force was overall a category very frequently used by the authors of all texts to emphasise their involvement and intensity of their

evaluations regarding both surgeons and physicians. This was also determined in the quantitative part of this analysis, where 55 utterances with instances of INTENSIFICATION and 16 instances of QUANTIFICATION were found.

5.4.2 Focus

Resources of Focus were used rarely in comparison to those of Force. Since the category of Focus is more abstract and it grades prototypicality instead of intensiveness, it is not surprising that there were less instances of use. The data had no graduations of SOFTENING, and SHARPENING was used very infrequently, in only 4 utterances. All instances of SHARPENING were positive appraisals concerning the physicians. Due to the small number of data in this category, I deal with this part of the analysis of Graduation only briefly. I now begin my analysis of the category of Focus, by using two examples.

- (37) [t]hey cannot but be judged, by Vertue of their Education and Learning, **the most proper Judges** of the Fitness of al Persons to give internal Physick in Chirurgical or any other Cases (1690_An Historical Account = Example 10)

The utterances in Examples (37) above and (38) below have been graded according to their prototypicality. This means that their membership of a group is being evaluated based on their involvement in the group that the graded words belong to (Martin & White 2005, 138). In Example (37) the group, in relation to which prototypicality is being assessed, is the *judges* (of administering medicine). In this utterance, the SHARPENING by Focus indicates the highest membership that one belonging to this group can have. According to Martin and White, when a word being up-scaled is not inherently attitudinal, the statement is often made explicitly positive by the use of SHARPENING (2005, 139). In Example (37) the up-scaling of the word *Judges* with the words *the most proper* indicates that there is no one who is a more proper judge, and thus the membership of a group is maximal. This is again a way for the author to enhance the statement that has been made and affect the opinion of the reader. The next example is slightly different but also shows a SHARPENING of Focus.

- (38) [t]his true and succinct History of the various Designs and Attempts of the Surgeons to usurp upon... (1690_An Historical Account)

Example (38) has similar stacking of Graduation that was discussed in the previous section regarding INTENSIFICATION. However, here I have dealt with this Graduation as being that of SHARPENED Focus, since what is being graded is *history* based on how truthful it is. In this

example, the group membership is not as easily detectable as in Example (37). According to Martin and White, categories that are not inherently scalable are usually either-or categories that can be defined with various different properties (2005, 137–138). The grading of these categories is done by the use of interpersonal semantics that makes us believe that certain properties are more desirable to different groups (ibid.). In Example (38) the prototypicality of *history* told by the physicians is being evaluated. On the maximal end of this membership, we are likely to find *true history* since accuracy is often a requirement for it. I have categorised this example as Focus, SHARPENING, since in this utterance history is being graded in its maximal state as *true and succinct*. It is then not only the words used for Graduation that determined this categorisation but also the object of it.

I have now shown through examples how the physicians communicated their attitudes towards the two groups of practitioners. In this chapter, I presented the quantities of use and showed the different ways in which the physicians' used language to not just express their own attitudes, but also to persuade the reader into agreeing with their evaluations. In the next chapter, I will answer my research questions based on my analysis and discuss the findings of this study in more depth.

6 Results and discussion

The aim of this study was to chart the attitudes of physicians towards the two most prestigious groups of medical practitioners in the early modern society: the surgeons and the physicians. The first goal of this study was to investigate which realisations of emotion and opinion are used in the three documents to discuss the two groups of medical practitioners. The emphasis was especially on determining what domains of Attitude were used and, thus, what was evaluated regarding surgeons and physicians. The results of this study show that resources of opinion: Judgement were used by far the most out of the categories of Attitude which means that, throughout the texts, the evaluation of ethics of both surgeons and physicians was the most common. Surgeons were evaluated in the category of Judgement, social sanction of PROPRIETY the most, altogether in 23 utterances. Appraisals of the category of social esteem: CAPACITY were used the second most, in 15 utterances regarding the surgeons. Physicians were most frequently evaluated in the category of social sanction: PROPRIETY as well, in 10 utterances in total. The hypothesis to my first question was that resources of opinion would be used the most and that surgeons would be mostly evaluated negatively and physicians positively. This was proven correct, as the data showed that the use of evaluations of opinion was by far the most common and that the surgeons were, not considering one instance of positive evaluation, only evaluated negatively and physicians only positively.

The second goal of this study was to more broadly investigate how physicians evaluated surgeons and themselves and thereby discover the attitudes of the physicians expressed through language. This was done by examining the aforementioned domains of Attitude and the evaluators and their targets in the utterances. The results of the second research question show that when the surgeons were targeted in the texts, the target was most often individual surgeons or simply *surgeons*, as opposed to referring to the already well-established Barber-Surgeons' Company. Physicians as the targets of evaluation on the other hand were most often referred to using the College of Physicians as a specified target. Both surgeons and physicians were most often evaluated based on the ethics of their work and character, as previously discussed. For the surgeons this meant that they were often evaluated on negative parameters, for instance that they were uneducated, self-serving, or greedy. The physicians, unsurprisingly, were often described as highly educated and virtuous in their profession.

Resources of Appreciation did not constitute a notable category, and they were used very infrequently. The targets of these evaluations were different bills, statutes and even the

College building. Instances of Appreciation were only found in two subcategories, and they were most often used to describe a bill or a statute that was either beneficial for physicians or invalid in their opinion. Overall, in the category of Appreciation there were 16 instances of evaluation from which 11 regarding the surgeons and 5 regarding the physicians. The lack of instances in this category is likely explained by the fact that the principal targets of the evaluations are professions. Therefore, rather than evaluating objects or phenomena, the appraisals are focused on people.

The authors of the texts described resources of emotion very infrequently, as was hypothesised. It is noteworthy that emotions of IN/SECURITY and DIS/SATISFACTION were used almost the same amount, but no instances of UN/HAPPINESS were found in the materials. The results of this study show that emotions were generally attributed to others and the authors rarely expressed or described their own feelings in the texts. The majority of the category of Affect consisted of negative emotive reactions attributed to the surgeons by the authors. In addition to emotions attributed to the surgeons, the authors also attributed feelings to esteemed authorities in order to express positive evaluation towards the physicians.

The appraisals in the identified utterances were most often expressed explicitly by the authors themselves. However, authorial attribution was used in places to solidify the authors' arguments, for instance when a previous claim of the surgeons needed to be countered. The use of statutes and quotes from famous and powerful authorities were a way for the physicians to express their arguments more strongly and align the reader with the proposals they made. Such authorities include the Lord Chancellor and statutes from the College of Physicians' own charters. Graduation of the appraisals was done frequently to emphasize both a heightened negativity and positivity. These Graduations include the regular use of the stacking of attitudinal words and superlative forms to maximize the impact of the statements, as well as the quantifying *so far from* structure. Resources of Force were used in most evaluative utterances, from which the subcategory of INTENSIFICATION was the most frequently used with 55 instances of use. The subcategory of Focus did not form a notable category, as it was used in only 4 utterances.

The results of this study confirm by linguistic evidence what has already been established in the area of cultural history. As Mikkeli and Marttila (2010, 23) point out, legally chartered groups of highly educated physicians, among them the London College of Physicians, were notorious for their attempts to regulate the field of physick. Linguistic evidence of this is seen

in the examples I have provided and the overall picture formed by the results of this study. The authors frequently emphasized, through Judgements of Attitude, the learnedness and skill of the physicians while simultaneously undermining the same qualities in the surgeons. The physicians also bring in outside voices to strengthen their statements and therefore rely on the quotation of the law and famous authorities in their argumentation, a means to both flaunt their knowledge and align the reader with their goal. According to Taavitsainen (2010, 40–41), both physicians and surgeons had well-established institutionalized identities well before the year 1690 when the texts analysed here were written. Hence, it seems likely that the authors of these texts made a deliberate decision to refer to themselves using their institution, the College of Physicians, while simply using the occupational term surgeons when they were the target of an evaluation. This suggests that the physicians wished to convey to the readers an idea that, while the physicians were an organised group of medical practitioners, the surgeons were a more scattered group with a less established company.

My results on the distribution of the targets of the appraisals is similar to what Ruokkeinen found in her 2021 study on the attitudes towards books. Even though Ruokkeinen's goal was to find out "what is a good book like, according to early modern English translators" (2021, 240) by using a larger material, the distribution of the resources of appraisal is similar to my own study. Ruokkeinen (2021) found that most often when the author or translator of a book was evaluated, the categories used in the appraisal were those of social esteem: CAPACITY and social sanction: PROPRIETY. The results of my study suggest that physicians and surgeons were also most often evaluated in these two categories. The similarity of the results may be explained by the fact that in both studies the target of the evaluation is an occupation, what is being evaluated is the work that is done by the target, and how well they are able to perform in it. Ruokkeinen (2021) also found in her study that tokens of Affect were rarely used, and that these tokens were mostly used for the predictions of emotions of those who read the texts. Accordingly, my results show that the predicted or assumed emotions of other persons were a lot more frequent than any other tokens of Affect. In her study of the attitudes in witchcraft pamphlets, Carla Suhr (2012) found that pamphlets from the mid-1600s contain less emotive language than the pamphlets published before that. Since the results of my study also show that emotive language is scarce, and thus resources of Affect are rarely used, the absence of Affect in the three texts may be a result from a change in writing conventions.

7 Conclusions

The focus of this study was on the attitudes of the physicians and the linguistic means that they used to convey these attitudes regarding their own and the surgeons' occupations. This study was conducted by examining three texts written by anonymous authors as counter arguments on the issue of the Surgeons' Bill of 1690 that dealt with the rights of the surgeons to administer internal medicines. The scientific atmosphere as well as writing conventions started to change in the early modern period which made these texts of special interest linguistically. In addition to this, the argumentative nature of the three texts suggested that even highly attitudinal language may have been used. To achieve my goal, I examined the texts using the Appraisal Framework developed by Martin and White (2005), as well as White's (2004) division of Attitude into opinion and emotion. My goal was to discover how the attitudes of the physicians towards themselves and the surgeons were visible in the categories of the AF and identify the targets and evaluators of these appraisals in order to determine what was evaluated. To further discover the linguistic means used by the physicians to express their attitudes, I also examined the attributed authorial voice and the degree in which the author showed evaluation in the utterances.

In this study I have shown that the physicians evaluated themselves and the surgeons on similar parameters but using a juxtaposition to emphasize the negative and positive qualities. It was determined that resources of opinion, and especially those of Judgement, were used the most frequently to appraise the ethics of both occupations, while appraisals of emotion were rare overall. The results show that the surgeons were evaluated as untruthful and lacking ethics in their occupation while physicians received a much kinder evaluation as learned, skilful, and set to help people.

I now briefly consider the limitations of this study and the method I used for the classification of the data. The focus of this study was on three texts, all written anonymously for the College of Physicians on the same year, under the same conditions, and for the same purpose, to argue against the Surgeons' Bill of 1690. For the purpose of this study, the similar background of the texts was ideal to exclude any variation caused by, for instance, a famous writer or the effect caused by the rejection of this bill. However, this limited the scope considerably. The results of this study cannot therefore be applied as evidence to the general attitudes of the physicians, but instead I suggest that in this group of texts written by the College of Physicians in the early modern period, their attitudes are visible through linguistic

evidence. The method of data collection and categorisation in this study followed Martin and White's 2005 Appraisal Framework, a framework that most often requires close reading and is quite large in size. Due to the size of the AF, its use in this thesis as a whole was not feasible and the categories of Engagement and Graduation were not used in full. The application of AF to historical materials is also still rare since the categorisation often requires good knowledge of the surrounding culture and language of the analysed texts, which is a challenge for the study of any historical material. The use of AF as it was applied in this study may raise a question regarding the quantities of the appraisals found in the texts, especially since I have chosen to present the numbers of utterances where evaluative language was found rather than individual tokens. The question regarding the numbers is somewhat unavoidable, since the classifications of the framework are always subjective to an extent and their numeral comparison to other studies is not entirely accurate. Therefore, even though the results cannot be taken as evidence of the physicians' attitudes altogether, they show that the early modern physicians frequently utilised appraisal in their texts for their own benefit.

The practitioners of the early modern period lived in an atmosphere where reputation and prestige was vital for the practice of medicine, especially when treating the most lucrative patients. In this study I have shown that evaluative language was frequently used by the physicians to defend their position on top of the medical marketplace, even rather bluntly at times. This study has added to those historical studies that utilise the Appraisal Framework, and the purpose of this study was to provide linguistic evidence on the attitudes of early modern practitioners, a topic that has rarely been studied outside of cultural history. In their studies that utilise Appraisal Framework, both Ruokkeinen (2021) and Suhr (2012) found that in texts of this period, the appraisals of emotion were rarely used and those of opinion, Judgement were used considerably. Due to its narrow scope, the results of this study may only suggest that the conventions of this period were applied by the physicians, but they are nevertheless visible in the three texts examined. Hence, the diachronic change in the evaluative language strategies of the medical practitioners would deserve more study.

The focus of this study was solely on the attitudes and the appraisal employed by the physicians. It is likely that the three texts were written as a response to argumentative texts written by the surgeons, texts that would warrant more study in the future. The AF was proven to be a functional resource to tracing the attitudes of the physicians. I suggest that in the future a diachronic comparative study on the evaluative language used by the surgeons versus the physicians could eliminate some of the shortcomings of this study and reveal more

about the attitudes and linguistic evaluative strategies of the two groups of medical practitioners.

References

Primary sources

Anonymous. 1690. *A Short State of the Case Between the Physicians & the Surgeons, Relating to the Surgeons Bill, Now Before the Honourable House of Commons*. London. Wing S3630B. 2nd ed. Early English Books Online. Accessed 13 November 2024. ProQuest Ebook Central.

Anonymous. 1690. *The Physicians Reply to the Surgeons Answer*. London. Wing P2147aA. 2nd ed. Early English Books Online. Accessed 13 November 2024. ProQuest Ebook Central.

Anonymous. 1690. *An Historical Account of Proceedings Betwixt the College of Physicians and Surgeons Since Their Incorporation*. London. Wing H2095. Early English Books Online. Accessed 13 November 2024. ProQuest Ebook Central.

Early English Books Online (EEBO). Accessed 13 November 2024.

<https://www.proquest.com/eebo/index>. ProQuest.

Secondary sources

Chamberland, Celeste. 2009. "Honour, Brotherhood and the Corporate Ethos of London Barber-Surgeons' Company, (1570–1640)." *Journal of the History of Medicine and Allied Sciences* 64, no. 3: 300–332. Oxford University Press Journals.

Early English Books Online (EEBO). Accessed 13 November 2024.

<https://www.proquest.com/eebo/index>. ProQuest.

Halliday, M.A.K and Christian M.M. Matthiessen. 2014. *Halliday's Introduction to Functional Grammar*. 4th ed. Oxford: Routledge. Taylor & Francis.

Jones, Peter Murray. 2011. "Medical Literacies and Medical Culture in Early Modern England." In *Medical Writing in Early Modern English*, edited by Irma Taavitsainen and Päivi Pahta, 30–43. Cambridge: Cambridge University Press.

Hiltunen, Turo and Jukka Tyrkkö. 2011. "Verbs of Knowing: Discursive Practices in Early Modern Vernacular Medicine." In *Medical Writing in Early Modern English*, edited by Irma Taavitsainen and Päivi Pahta, 44–73. Cambridge: Cambridge University Press.

- “House of Commons Journal Volume 10: 21 October 1690.” *Journal of the House of Commons* 10, 1688–1693 (London 1802), 447–449. Accessed 29 October 2024. <https://www.british-history.ac.uk/commons-jrnl/vol10/>. British History Online.
- Lumivero. “NVivo: About NVivo” 2020. Accessed 20 October 2024. <https://help-nv.qsrinternational.com/20/win/Content/about-nvivo/about-nvivo.htm>.
- Martin, J.R. 2000. “Beyond Exchange: Appraisal Systems in English.” In *Evaluation in Text: Authorial Stance and the Construction of Discourse*, edited by Susan Hunston and Geoff Thompson, 142–175. Oxford: Oxford University Press.
- Martin, J. R., and P. R. R. White. 2005. *The Language of Evaluation: Appraisal in English*. Basingstoke: Palgrave Macmillan.
- Mikkeli, Heikki, and Ville Marttila. 2010. “Change and Continuity in Early Modern Medicine (1500–1700).” In *Early Modern English Medical Texts. Corpus description and studies*, edited by Irma Taavitsainen and Päivi Pahta, 13–27. Amsterdam: John Benjamins Publishing Company.
- Neuhaus, Laura. 2016. “On the Relation of Irony, Understatement, and Litotes.” *Pragmatics & Cognition* 23, no. 1: 117–149. Accessed 23 February 2025. EBSCOhost.
- Oxford English Dictionary*. 2025. Oxford: Oxford University Press. Accessed 1 January 2025. <https://www.oed.com/>.
- Ratia, Maura, and Carla Suhr. 2011. “Medical Pamphlets: Controversy and Advertising.” In *Medical Writing in Early Modern English*, edited by Irma Taavitsainen and Päivi Pahta, 180–203. Cambridge: Cambridge University Press.
- Ruokkeinen, Sirkku. 2021. *Historical Appraisal Analysis: Evaluation of the Book in Sixteenth-century England*. Turku: University of Turku.
- Shapiro, Barbara J. 2020. *Law Reform in Early Modern England: Crown, Parliament and the Press*. London: Hart Publishing.
- Siraisi, Nancy G. 1990. *Medieval and Early Renaissance Medicine: an Introduction to Knowledge and Practice*. Chicago: University of Chicago Press.

- Smart, William R.E. 1874a. "On the Medical Services of the Navy and Army from the Accession of Henry VIII to the Restoration." *The British Medical Journal* 1, no. 684: 168–169. Accessed 20 October 2024. <https://www.jstor.org/stable/25237953>.
- 1874b. "On the Medical Services of the Navy and Army from the Accession of Henry VIII to the Restoration." *The British Medical Journal* 1, no. 685: 199–200. Accessed 21 October 2024. <https://www.jstor.org/stable/25238000>.
- 1874c. "On the Medical Services of The Navy and Army from the Accession of Henry VIII to the Restoration." *The British Medical Journal* 1, no. 686: 228–229. Accessed 19 October 2024. <https://www.jstor.org/stable/25238042>.
- 1874d. "On the Medical Services of the Navy and Army from the Accession of Henry VIII to the Restoration." *The British Medical Journal* 1, no. 687: 264–266. Accessed 19 October 2024. <https://www.jstor.org/stable/25238084>.
- Suhr, Carla. 2012. "Portrayal of Attitude in Early Modern English Witchcraft Pamphlets." *Studia Neophilologica* 84, no. 1: 130–142. Accessed 5 October 2024. EBSCOhost.
- Taavitsainen, Irma, Päivi Pahta, Turo Hiltunen, Martti Mäkinen, Ville Marttila, Maura Ratia, Carla Suhr, and Jukka Tyrkkö. 2010. *Early Modern English Medical Texts Corpus*. Amsterdam: John Benjamins Publishing Company.
- Taavitsainen, Irma. 2010. "Discourse and Genre Dynamics in Early Modern English Medical Writing." In *Early Modern English Medical Texts*. Corpus description and studies, edited by Irma Taavitsainen and Päivi Pahta, 29–53. Amsterdam: John Benjamins Publishing Company.
- Taavitsainen, Irma, and Carla Suhr. 2010. "Medicine in Society." In *Early Modern English Medical Texts*. Corpus description and studies, edited by Irma Taavitsainen and Päivi Pahta, 133–146. Amsterdam: John Benjamins Publishing Company.
- Taavitsainen, Irma, and Päivi Pahta. 2011. "An Interdisciplinary Approach to Medical Writing in Early Modern English." In *Medical Writing in Early Modern English*, edited by Irma Taavitsainen and Päivi Pahta, 1–8. Cambridge: Cambridge University Press.

- Thompson, Geoff, and Susan Hunston. 2000. "Evaluation: an Introduction." In *Evaluation in Text: Authorial Stance and the Construction of Discourse*, edited by Susan Hunston and Geoff Thompson, 1–26. Oxford: Oxford University Press.
- Tyrkkö, Jukka. 2010. "Surgical and Anatomical Treatises." In *Early Modern English Medical Texts. Corpus description and studies*, edited by Irma Taavitsainen and Päivi Pahta, 119–126. Amsterdam: John Benjamins Publishing Company.
- Wear, Andrew. 2000. *Knowledge and Practice in Early Modern Medicine, 1550–1680*. New York: Cambridge University Press.
- White, Peter. 2004. "Subjectivity, Evaluation and Point of View in Media Discourse." In *Applying English Grammar: Corpus and Functional Approaches*, edited by Caroline Coffin, Ann Hewings, and Kieran O'Halloran, 229–246. London: Routledge.

Appendices

Appendix 1 Finnish summary

Johdanto

Tämä tutkielma käsittelee lääkäreiden arvottavan kielen käyttöä ja asenteita lääkärin ja kirurgin ammatteja kohtaan kolmessa 1690-luvun tekstissä. Tutkielmassa keskitytään lääkärien asenteellisen kielen käyttöön vuonna 1690, kun kirurgit toivat Englannin parlamenttiin lakialoitteen, jonka tarkoituksena oli saada kirurgeille oikeus antaa potilaille suun kautta otettavia lääkkeitä ulkoisten voiteiden ja salvojen ohella. Varhaismodernin ajan Lontoossa tämä oikeus kuului lain mukaan ainoastaan Lontoon lääketieteellisen yliopiston lääkäreille (Wear 2000, 23). Kirurgit saattoivat kuitenkin laista huolimatta antaa potilailleen suun kautta annettavia lääkkeitä, mikä lisäsi skismaa ammattien välillä. Kirurgien ja yliopistokoulutettujen lääkärien välejä tulehdutti myös kilpailu parhaiten maksavista asiakkaista (Siraisi 1990, 177). Varhaismodernin ajan teksteille on tyypillistä, että auktorin ja lukijan suhde salli aikaisempaan verrattuna kärkevämpää kielenkäyttöä, minkä vuoksi aikakauden tekstit ovat arvottavan kielen tutkimuksen kannalta kiinnostavia (Pahta & Taavitsainen 2011, 5).

Tässä tutkielmassa on käytetty aineistona kolmea anonyymiä vuonna 1690 Lontoon lääketieteellisen yliopiston julkaisemaa tekstiä, joissa auktorit esittävät perusteita kirurgien lakialoitetta vastaan. Tekstit on kerätty tietokannasta Early English Books Online (EEBO). Tutkielmassa keskitytään analysoimaan lääkärien teksteissään käyttämää kieltä sekä itsestään että kirurgeista, ja havainnollistamaan sitä, miten Lontoon lääkärit määrittelivät itseään ja kirurgeja. Asenteellista kieltä on tutkittu kielen vuorovaikutukseen ja sen kautta ihmisten välisiä suhteita tutkimaan keskittyvän Appraisal-teorian avulla. Asenteisiin keskittynyt kielentutkimus on saanut pohjaa myös historiallisten aineistojen tutkimuksessa viime aikoina, minkä vuoksi aihe on ajankohtainen (Pahta & Taavitsainen 2011, 3). Siitä huolimatta, että lääkäreiden ja kirurgien välinen kilpailu on kulttuurihistorian alueella erittäin tutkittua (e.g. Wear 2000), ei näiden ammattiryhmien asenteista toisiaan kohtaan löydy kielitieteellistä tutkimusta.

Tutkielmassani pyrin selvittämään, missä suhteessa lääkärit käyttivät affektiivista kieltä (emotion) ja mielipidettä (opinion) ilmaisemaan asenteitaan. Asenteellista kieltä tutkivan Appraisal-teorian kategorioiden avulla pyrin vastaamaan siihen, millaisia kielellisiä

merkitysvalintoja lääkärit tekivät teksteissä puhuessaan kirurgeista ja lääkäreistä, ja täten selvittää niitä asenteita, joita he halusivat teksteissään välittää niiden lukijoille.

Varhaismodernin ajan lääketieteelliset tekstit

Keskiajalta varhaismodernille ajalle tultaessa havainnointiin perustuva, epistemologinen muutos tieteellisessä tutkimuksessa vaikutti muiden tieteenalojen ohella myös lääketieteen kenttään (Pahta ja Taavitsainen 2011, 4). Kansankielisten lääketieteen tekstien määrä lisääntyi vähitellen Englannissa, ja varhaismodernin ajan loppupuolella englanti oli korvannut latinan lääketieteellisen tutkimuksen kielenä (ibid.). Kansankielellä lääketieteestä kirjoittivat erityisesti kirurgit, ja tekstejä julkaisi kirurgeista ja partureista muodostunut yhdistys, Parturi-Kirurgien kiltä (Tyrkkö 2010, 123). Toisin kuin yliopistokoulutetut lääkärit, kirurgit olivat harvoin opiskelleet latinaa, ja kansankielellä kirjoitettujen tekstien avulla heillä oli mahdollisuus jakaa tietoa ammatinharjoittajien kesken. Lääkärit suhtautuivat kirurgien kansankielellä kirjoitettuihin teksteihin vaihtelevasti: toisaalta nähtiin hyvänä asiana, että lääketiede oli lähestyttävämmässä asemassa, mutta toisaalta lääketieteellisten salaisuuksien levittäminen tavalliselle kansalle myös uhkasi lääkärien ja kirurgien toimeentuloa (Tyrkkö 2010, 123; Wear 2000, 42–43). Lääketieteellisiä tekstejä kirjoitettiin edelleen pääasiassa oppineelle eliitille ja toisille lääketieteen harjoittajille, vaikka esimerkiksi almanakat olivat myös tavallisten kansalaisten ulottuvilla (Taavitsainen 2010, 34). Tässä tutkielmassa käytetyt tekstit kuuluvat useiden piirteidensä puolesta Early Modern Medical Texts (EMEMT) korpuksessa määriteltyyn tekstikategoriaan, joka käsittää lääketieteelliset poleemiset pamfletit.

Varhaismodernit lääkärit ja kirurgit

Varhaismodernin ajan lääketieteen harjoittajat olivat hajanainen joukko, ja kaupunkeja lukuun ottamatta yliopistokoulutuksen saaneita lääkäreitä oli harvassa (Hiltunen ja Tyrkkö 2011, 47; Wear 2000, 22). Kaikista arvostetuimpia lääketieteen harjoittajia olivat kirurgit, apteekkarit, ja yliopistokoulutetut lääkärit, joista viimeksi mainituilla oli erityisen kunnioitettu asema yhteiskunnassa. Lääketiede oli jakautunut vahvasti kahtia teoreettiseen tietoon ja käytäntöön (Hiltunen ja Tyrkkö 2011, 44). Lääkärien valta-asema siis perustui siihen, että heidän koulutuksensa painottui tiukasti teoriaan ja esimerkiksi filosofisten tekstien opiskeluun (Hiltunen & Tyrkkö 2011, 45). Lontoossa yliopistokoulutetut lääkärit ja Lontoon lääketieteellinen yliopisto olivat saaneet yksinoikeuden suun kautta otettavien lääkkeiden annosteluun ja lääkärien lisensoimiseen (Wear 2000, 27). Tätä asemaa lääkärit aktiivisesti

puolustivat ja hyökkäsivät lainrikkoojia vastaan sekä verbaalisesti että tuomitsemalla näitä oikeudellisin keinoin (Mikkeli ja Marttila 2010, 23).

Kirurgien koulutus ja työ perustuivat kädentaitoihin ja ruumiilliseen työhön, ja vain harva kirurgi oli saanut teoreettista koulutusta (Wear 2000, 217). Useat kirurgit työskentelivät armeijoissa ja laivastoissa, joten ammatilla oli kiinteä kytkös niihin (Siraisi 1990, 182–183). Siinä missä lääkäreiden instituutiona toimi Lontoon lääketieteellinen yliopisto, olivat parturit ja kirurgit yhdistyneet vuonna 1540 perustettuun Parturi-Kirurgien kiltaan (Wear 2000, 25; Taavitsainen 2010, 41). Nimensä mukaisesti kilta muodostui sekä partureista, jotka suorittivat pieniä toimenpiteitä, että kirurgeista, jotka tekivät suurempia kirurgisia operaatioita (Chamberland 2009, 305). Yhteisestä organisaatiosta huolimatta kirurgit olivat hajanainen ryhmä, joka kuitenkin pyrki jatkuvasti erottamaan itseään empiirikoista ja muista huijareiksi katsotuista lääketieteen harjoittajista. Rajanveto lääketieteen ja kirurgian välillä ei kuitenkaan ollut varhaismodernilla ajallakaan aivan niin suoraviivaista, kuin ammattien väliset kiistat ja jako teoriaan ja käytäntöön voisi antaa olettaa. Oli siis myös varsin tavallista, että lääkärit ja kirurgit kouluttautuivat esimerkiksi molempiin ammatteihin.

Kirurgien vuoden 1690 lakialoite

Vuonna 1690, lokakuun 21. päivänä Englannin parlamentin alemmassa huoneessa luettiin kirurgien lakialoite (Journal of the House of Commons). Kirurgit olivat lukuisia kertoja pyrkineet saamaan oikeudet antaa lääkkeitä potilailleen ilman lääkärin paikalla oloa, mutta aloitteet kaatuivat poikkeuksetta parlamentissa. Lakien hyväksyminen oli äärimmäisen aikaa vaativaa, ja päästökseen pidemmälle käsittelyssä, tuli aloitteet lukea kolmesti jo pelkästään parlamentin alemmassa huoneessa (Shapiro 2020, 163). Lakialoitteessaan kirurgit vaativat siis oikeuksia saada annostella suun kautta otettavia lääkkeitä kaikissa sitä vaativissa tapauksissa, sekä oikeuksia myöntää näitä samoja lupia kiltansa kirurgeille. Vuoden 1690 aloitteessa vaadittiin tämän lisäksi, että lääkärin tulisi konsultoida kirurgeja kaikissa tapauksissa. Lontoon lääketieteellinen yliopisto ja sen lääkärit pyrkivätkin kiivaasti kumoamaan aloitteen, joka olisi läpi mennessään ollut uhka sekä heidän sosiaaliselle asemalleen, että toimeentulolleen. Yliopistokoulutetut lääkärit olivat varhaismodernin yhteiskunnan kalleimpia ammatinharjoittajia, ja kirurgien mahdollinen oikeus antaa potilaille lääkkeitä lain puitteissa olisi avannut kansalaisille mahdollisuuden turvautua halvempiin lääketieteen harjoittajiin.

Teoreettinen viitekehys

Tässä tutkielmassa aineiston analysoimiseen on käytetty J. R. Martinin ja P. R. R. Whiten vuonna 2005 kehittämään Appraisal-teoriaa, joka tutkii erityisesti kielen intersubjektuaalista ulottuvuutta. Appraisal-teoria on osa systeemifunktionaalisen kielitieteen kenttää, ja se on keskittynyt tutkimaan nimenomaan sitä, kuinka kielen avulla rakennetaan suhteita muihin (Martin & White 2005, 1, 7). Arvottavaa kieltä voidaan etsiä kaikista kieliopin kategorioista Appraisal-teorian avulla. Sekä tämä, että Appraisal-teorian intersubjektuaalinen lähestymistapa kieleen, vaikuttivat sen valikoitumiseen tutkielmassa käytetyksi viitekehyyksi.

Appraisal-teoria jakautuu pääpiirteittäin kolmeen eri alasysteemiin, joista ensimmäinen, ja teorian kannalta keskeisin, on *asenneituminen (Attitude)* (Martin & White 2005, 39). Asenneitumista tarkastellaan puolestaan kolmessa eri alakategoriassa, jotka käsittävät affektiivisuuden ja *tunteet (Affect)*, ihmisiin liittyvän toiminnan *arvioinnin (Judgement)*, sekä ei-inhimillisten asioiden ja *ilmiöiden arvioinnin (Appreciation)* (Martin & White 2005, 42–43). Tässä tutkimuksessa käytän myös Whiten (2004) jakoa, jossa asenneitumisen kategoria on jaettu niihin ilmentymiin, jotka arvioivat joko *emootioita (emotion)* tai *mielipiteitä (opinion)*. Emootioiden alle White (2004) on kategorisoinut affektiivisuuden alakategorian, ja mielipiteiden alle inhimillisiin ja ei-inhimillisiin kohteisiin liittyvien arviointien alakategoriat. Nämä alakategoriat Martin ja White (2005) ovat jakaneet vielä useisiin alakategorioihin, joita tässä tutkielmassa käytetään materiaalin analysointiin ja luokitteluun.

Affektiivisuuden ja tunteiden alakategorioiksi Martin ja White nimeävät tunteet, jotka kuvailevat *epä/onnellisuutta (un/happiness)*, *epä/varmuutta (in/security)*, ja *epä/mukavuutta (dis/satisfaction)* (Martin & White 2005, 49). Kategorioista ensimmäinen viittaa syvimpiin tunteisiin, kuten iloon ja suruun, toinen viittaa esimerkiksi yhteiskunnallisen hyvinvoinnin tunteisiin, kuten ahdistukseen ja itseluottamukseen, ja kolmas tavoitteiden saavuttamiseen liittyviin tunteisiin, kuten tyytymättömyyteen ja arvostukseen (ibid.). Inhimillisen toiminnan arvioinnit jaetaan kahteen alakategoriaan: sellaisiin arvioihin, joilla kuvataan *sosiaalista arvostusta (social esteem)* ja *sosiaalisia sääntöjä (social sanction)* (Martin & White 2005, 43, 52). Arvostukset jaetaan edelleen arvioihin, jotka koskevat henkilöiden *kyvykkyyttä (capacity)*, *sinnikkyyttä (tenacity)*, ja *tavanomaisuutta (normality)* (Martin & White 2005, 52). Säännöt taas jaetaan kahteen eri kategoriaan, joista toisella kuvataan henkilöiden *eettisyyttä (propriety)*, ja toisella *rehellisyyttä (veracity)* (ibid.). Martin ja White (2005) jakavat myös ei-inhimillisten asioiden ja ilmiöiden kategorian useaan eri alakategoriaan. Alakategoriat

koostuvat *reaktioista (reactions)*, kuten arvioista asioiden *laatuun (quality)* ja *vaikuttavuuteen (impact)* liittyen, asioiden *koostumuksen (composition)* arvioista, kuten niiden *haastavuudesta (complexity)* ja *tasapainosta (balance)*, ja viimeisimpänä niiden *arvostuksesta (valuation)* (Martin and White 2005, 56). Martin ja White (2005, 142) jakavat nämä kaikki edellä mainitut asenteellisen kielen esiintymät suoriin (inscribed) ja epäsuoriin (invoked) ilmauksiin. Tässä tutkielmassa analysoidaan molempia, käyttäen suorista ilmauksista termiä *explicit* ja epäsuorista ilmauksista termiä *implicit*.

Toinen Appraisal-teorian alasyteemi, *sitoutuminen (Engagement)* pyrkii luokittelemaan niitä lähteitä ja ääniä, joista arvottava kieli on lähtöisin (Martin & White 2005, 35, 92). Tutkielman laajuuden vuoksi, tutkitaan teksteistä sitoutumisen keinoja ainoastaan sellaisissa tapauksissa, joissa auktorit ovat joko suoran tai epäsuoran lainauksen muodossa jakaneet vastuuta tehdystä arviosta. Appraisal-teorian kolmatta alasyteemiä, *asteittaisuutta (Graduation)* käytetään arvioiden intensiivisyyden ja prototyyppisyyden ilmaisemiseen (Martin & White 2005, 137, 140). Martin ja White (2005) jaottelevat asteittaisuuden kentän kahteen kategoriaan: ilmauksiin, jotka säätelevät arvion *voimakkuutta (Force)* ja arvioihin, jotka säätelevät niiden *tarkkuutta (Focus)* (ibid.). Voimakkuuden ja tarkkuuden kategoriat on vielä jaettu alakategorioihin, joista tässä tutkimuksessa käytetään voimakkuutta määrittäviä *intensiivisyyden (intensification)* ja *määrällisyyden (quantification)* alakategorioita, sekä tarkkuutta määrittäviä *terävöittämisen (sharpen)* ja *pehmittämisen (soften)* alakategorioita.

Tutkimusmateriaalit ja menetelmät

Tutkimusmateriaalina tässä tutkielmassa on käytetty kolmea EEBO-tietokannasta kerättyä tekstiä. Kaikki kolme tekstiä valittiin sen perusteella, että ne on kirjoitettu samana vuonna 1690, saman organisaation toimesta, ja niillä on sama tavoite. Auktorin anonymiteetti ei ollut kriteerinä, mutta aineistoksi valikoituneet tekstit olivat lopulta kaikki anonyymeja. Näillä valintakriteereillä tutkielmassa pyrittiin sulkemaan pois sellaiset tekijät, jotka vaikuttaisivat olennaisesti auktoireiden käyttämiin arvottavan kielen ilmaisuihin tutkielman fokuksen ulkopuolella. Kaikki kolme tekstiä ovat siis anonyymeja, vuonna 1690 Lontoon lääketieteellisen yliopiston julkaisemia, poleemisia pamflettitekstejä, joiden pääasiallinen tarkoitus oli vastustaa vuoden 1690 kirurgien lakialoitetta. Tekstit “A Short State of the Case”, “The Physicians Reply”, sekä “An Historical Account” ovat pituuksiltaan eri mittaisia, mutta sisällöltään samankaltaisia vastauksia kirurgien vaatimuksiin.

Tutkimuksessa analysoitiin arvottavaa kieltä sekä määrällisesti että laadullisesti, mutta pääasiallinen fokus oli laadullisessa analyysissä. Tekstien analysoinnissa käytettiin lähilukua, sillä erityisesti epäsuorien asenteellisten merkitysten tunnistaminen vaati tällaista lähestymistapaa subjektiivisuutensa ja merkitysten implisiittisyyden vuoksi. Siitä huolimatta, että arvottavan kielen analyysi on haastavaa historiallista ainestoa tutkittaessa, subjektiivisuutensa vuoksi, ovat Appraisal-teoriaa siihen käyttäneet sekä Suhr (2012) että Ruokkeinen (2021). Appraisal-teorian käyttäminen historiallisen materiaalin tutkimiseen vaatii esimerkiksi sanojen ja tapahtumien kontekstualisoimista. Tässä tutkimuksessa onkin käytetty Oxford English Dictionary (OED) -sanakirjaa arvioivien sanojen varhaismodernien merkitysten selvittämiseksi.

Tutkielman analyysissä lähdeteksteistä tunnistettiin instanssit, joissa asennoitumisen alakategorioita oli käytetty auktorien toimesta. Arvottavan kielen määrällinen analyysi toteutettiin asennoitumisen ja asteittaisuuden alakategorioissa lausekekohtaisesti yksittäisten sanojen sijaan, ja kummastakin luokasta laskettiin näin esiintyvyys alakategoriakohtaisesti. Emootioiden ja mielipiteiden kategorioissa vertailua tehtiin asteikolla positiivinen-negatiivinen, jakaen esiintyvyydet sen perusteella, olivatko kohteena lääkärit vai kirurgit. Sitoutumisen esiintymiä analysoitiin ainoastaan laadullisesti. Tutkielman laadullisessa analyysissä pyrittiin määrittämään asennoitumisen alakategorioiden lisäksi arvion kohde, sen tekijä, sekä arvion eksplisiittisyys. Sitoutumisen laadullisessa analyysissä pyrittiin myös määrittämään arvion kohde, sekä mahdollinen auktorin ulkopuolinen arvioija, jonka asenne oli nähtävillä tekstissä. Asteittaisuuden laadullisessa analyysissä selvitettiin sitä, millaisilla keinoilla auktorit kohdistivat ja muokkasivat arvion intensiivisyyttä. Datan jakamiseksi eri kategorioihin tutkielmassa käytettiin NVivo-ohjelmaa, jonka pääasiallinen käyttötarkoitus on tukea laadullista tutkimusta.

Tulokset ja pohdinta

Asennoitumisen alakategorioiden, affektiivisuuden (Affect), inhimillisen toiminnan arvion (Judgement) ja ei-inhimillisen toiminnan arvion (Appreciation), määrällinen analyysi osoitti, että sekä kirurgeja että lääkäreitä määriteltiin eniten arvioimalla heitä inhimillisinä toimijoina. Yhteensä inhimillisyyttä arvioivia esiintyvyyksiä oli 63, joista 42 oli negatiivisia ja kohdistettu kirurgeihin. Läkäreitä arvioitiin ainoastaan positiivisesti tässä kategoriassa, yhteensä arvioita oli 20. Tutkimuksen tulokset osoittavat, että affektiivisuuden ja ei-inhimillisten asioiden arviointi oli huomattavasti vähäisempää. Arvioita näissä kategorioissa

oli kuitenkin lähes saman verran keskenään: negatiivisia emootioita koskien kirurgeja yhteensä 11 ja negatiivisia ei-inhimillisen arvioita myös 11. Negatiivisia ja positiivisia emootioita koskien lääkäreitä esiintyi yhteensä 2 kumpaakin, ja ei-inhimillisen positiivisia arvioita lääkäreistä yhteensä 5.

Tutkielmassa todettiin, että inhimillisen toiminnan kategorioista sekä kirurgeja että lääkäreitä arvioitiin eniten ammatinharjoittajien eettisen käytöksen (propriety) perusteella. Toiseksi suurin joukko olivat kyvykkyyteen (capacity) liittyvät arviot, erityisesti kirurgeista, mutta myös lääkäreistä. Inhimillistä toimintaa kuvaavia arvioita löydettiin kuitenkin jonkin verran kaikista sen alakategorioista. Tutkielmassa todettiin tyypilliseksi, että kirurgeja koskevissa arvioissa arvottavaa kieltä käytettiin negatiivisesti kuvaamaan kouluttamattomuutta, oman edun tavoittelua, ja epäluotettavuutta. Läkäreitä kuvattiin samojen ominaisuuksien kautta, mutta positiivisin termein oppineiksi ja hyveellisiksi.

Ei-inhimillisten asioiden ja ilmiöiden arvioinnit olivat kokonaisuudessaan melko harvinaisia ja ne keskittyivät vain kahteen alakategoriaan. Eniten esiintyvyyksiä löytyi kohteen koostumusta (composition) arvioivasta tasapainon (balance) alakategoriasta. Esiintyvyydet tässä kategoriassa olivat kuitenkin äärimmäisen vähäisiä verrattuna inhimillisen toiminnan arvioiden esiintyvyyksiin. Tutkielman tulokset osoittavat, että tässä kategoriassa arvioinnin kohteena olivat useimmiten eri lakipykälät ja -tekstit.

Affektiivisuuden ja tunteiden alakategorioissa esiintyvyydet jakaantuivat kahden alakategorian välille: tunteisiin, joilla ilmaistiin epä/varmuutta (in/security), ja tunteisiin, jotka ilmaisivat epä/mukavuutta (dis/satisfaction). Molemmissa alakategorioissa esiintyvyydet olivat kuitenkin jälleen äärimmäisen vähäisiä. Huomionarvoista tutkielman tuloksissa affektiivista kategoriaa koskien oli se, että teksteissä auktorien ilmaisemat tunteet olivat vain harvoin heidän omiaan. Tekstien tunneilmaisuuksissa tyypillisintä olikin, että auktorit määrittivät tunteita toisille, ulkopuolisille tahoille ja esimerkiksi kirurgeista puhuttaessa auktorit tyypillisesti määrittivät heille pelon tunteita.

Tutkielmassa todettiin, että lääkärit käyttivät teksteissään jonkin verran sitoutumisen keinoja vaikuttaakseen lukijoiden mielipiteisiin. Teksteissä lainattiin esimerkiksi korkeassa juridisessa asemassa olevia henkilöitä sekä lakipykälää, joiden avulla auktorit ikään kuin siirsivät vastuun tehdyistä arvioista pois itseltään. Teksteistä tunnistettiin runsaasti asteittaisuuden esiintyvyyksiä. Erityisesti arvottavan kielen intensiivisyyttä (intensification) sääteleviä esiintyvyyksiä oli runsaasti, ja niitä tunnistettiin teksteistä kaikkiaan 55. Toiseksi eniten

esiintyvyyksiä oli määrällisyyden (quantification) kategoriassa, mutta niitä teksteissä oli kuitenkin ainoastaan 16. Arvioita terävöittämään (sharpen) käytettyjä esiintyvyyksiä löydettiin ainoastaan 4, eikä pehmentäviä (soften) esiintynyt lainkaan. Tyypillisiä tapoja käyttää asteittaisuutta, olivat merkitykseltään lähekkäisten sanojen toisto sekä ”so far from”-rakenne, jota käytettiin sekä negatiivisessa muodossa ilmaisemaan etäisyyttä toivotusta tuloksesta, että positiivisesti litoteesin muodossa. Huomattava jakauma kategorioiden välillä asteittaisuuden esiintyvyyksissä selittyy sillä, että tekstit oli suunnattu vakuuttamaan oppinut yleisö lääkärien ja kirurgien positiivisista ja negatiivisista ominaisuuksista.

Lopuksi

Tämän tutkielman ensimmäinen tavoite oli selvittää, kuinka lääkärit käyttivät emotioita ja mielipiteitä väitellessään kirurgien vuoden 1690 lakialoitetta vastaan. Toiseksi tutkimuksessa pyrittiin Appraisal-teorian kategorioiden avulla vastaamaan laajemmin kysymykseen siitä, miten lääkärit arvioivat kirurgeja ja itseään. Oletuksen mukaisesti kirurgeja arvioitiin pääasiassa negatiivisin arviolin ja lääkäreitä positiivisin. Myös hypoteesi siitä, että mielipiteet olisivat tunnekuvauksia yleisempiä, osoitettiin oikeaksi. Tulokset siis osoittivat, että mielipiteen kategorioista ihmisiin liittyvää toimintaa arvioitiin eniten eettisellä tasolla, sekä kirurgien että lääkärien kohdalla. Tutkimuksen tulokset osoittivat myös, että kirurgeihin kohdistuneet arviot kohdistuivat usein yksittäisiin kirurgeihin, tai ammattinimikkeeseen, ja Parturi-Kirurgien kilta oli harvalti arvottavan kielen kohteena. Tätä vastoin lääkäreitä koskevien arvioiden kohde oli useimmiten Lontoon lääketieteellinen yliopisto, ja yksittäisten lääkärien kielellinen arviointi oli hyvin vähäistä. Tutkimuksen tulokset osoittavat, että lääkärien kielenkäytössä näkyi selkeä vastakkainasettelu: kirurgeja ja lääkäreitä arvioitiin samojen ominaisuuksien perusteella, mutta täysin vastakkaisesti.

Tässä tutkimuksessa havaittu kielellinen evidenssi tukee niitä havaintoja, joita on tehty kulttuurihistorian tutkimuksen alalla. Esimerkiksi Mikkeli ja Marttila (2010, 23) ovat todenneet varhaismodernien lääkärien olleen tunnettuja kiivaista yrityksistään kontrolloida lääketieteen kenttää. Tutkielman tulokset ovat myös linjassa muiden Appraisal-teoriaa historiallisten materiaalien tutkimuksessa hyödyntäneiden tutkimusten tulosten kanssa (e.g. Suhr 2012; Ruokkeinen 2021), mistä voidaan päätellä, että tekstit seuraavat varhaismodernin ajan käytänteitä.

Tutkielman rajoitteet liittyvät käytettyyn teoreettiseen viitekehykseen sekä aineistoon. Appraisal-teoria historiallisen aineiston tutkimuksessa on edelleen hyvin vähän käytetty, ja

sen heikkous on esiintymien subjektiivisuus ja kontekstiriippuvaisuus. Tässä tutkielmassa on pyritty rajaamaan teoriaa sen optimaalista käyttöä varten, ja ilmaisemaan kerätyn materiaalin tietynasteinen subjektiivisuus, jonka vuoksi määrällisen analyysin tuloksia ei voida käyttää täysin totena vertailukohtana tuleville tutkimuksille. Tutkimuksessa käytetyn aineiston koko oli erittäin pieni ja keskittyi nimenomaisesti tutkimaan lääkäreiden arvioivaa kieltä yhden tapauksen kohdalla. Sen sijaan, että tutkielmassa tehtäisiin johtopäätöksiä yleisellä tasolla varhaismodernien lääkäreiden asenteista, ehdotan, että tutkitussa joukossa tekstejä lääkärit demonstroivat kielellisesti asenteitaan ja käyttivät ajanjaksolle tyypillisiä keinoja arvioidessaan kirurgeja ja lääkäreitä.

Tämän pro gradu -tutkielman tavoitteena oli selvittää lääkäreiden asenteita ja niitä kielellisiä keinoja, joita he käyttivät arvioidessaan kirurgeja ja lääkäreitä vuoden 1690 kirurgien lakialoitetta vastustaessaan. Varhaismodernilla ajalla lääketieteen harjoittajan maine oli avainasemassa erityisesti varakkaimpien potilaiden hoidossa, minkä vuoksi sanalliset hyökkäykset saattoivat olla erityisen tuhoisia ammatinharjoittajille. Tämä tutkimus on pyrkinyt selvittämään sitä, millaisilla keinoilla lääkärit kielellisesti ilmaisivat näitä asenteita, ja täten myös kartuttamaan Appraisal-teoriaa käyttäneiden historiallisten tutkimusten kenttää. Tässä tutkielmassa on tutkittu ainoastaan pientä joukkoa tekstejä, joten tulevaisuudessa tutkimus suuremmalla aineistolla voisi antaa kattavampaa tietoa varhaismodernin ajan lääkäreiden asenteista ja kielellisistä keinoista. Tämä tutkimus ei käsitellyt kirurgien asenteita, mutta tutkielman materiaalista voidaan päätellä, että kirurgien tekstit vuoden 1690 lakialoitetta koskien voisivat myös tarjota mahdollisuuden arvottavan kielen tutkimukseen.