

Physician's Lexicon

Vernacular Medical Terminology of the 17th Century

Physicians pride themselves that their diagnostic terminology, derived largely from ancient Greek and Latin, is contaminated only marginally by vulgar words of ambiguous meaning. We now live by the constraints placed by our edited dictionaries. In the past, however, it had been otherwise and diagnostic terms were selected from sundry sources and were rarely regularized.

In 17th Century London during the recurring epidemics of bubonic plague, a decision was reached to find answers to two compelling questions: How high was the general mortality rate? And second, what was killing so many Londoners in the year, 1665?

The clerks of each of London's 97 parishes were ordered to submit weekly reports (called *The Bills of Mortality*), recording the weekly numbers of christenings, burials, and the likely causes of each death. And in that tragic year of 1665, for example, 97,306 Londoners perished, 68,596 dying of the plague.

The names given to the many mortal diseases by the parish clerks, were quaint, often

vernacular and, at times, singularly inventive; nonetheless they provide some insights into the way English was employed in the 17th Century. Some of the more common diagnoses, mentioned in *The Bills of Mortality*, are listed below; and while many sound as though they originated in London's back streets, they yet have a linkage to the ancient Mediterranean tongues.

Chrisom: The baptismal robe of the infant; and by extension, referring to any infant dying within a month of baptism. (from the Greek, meaning to anoint.)

Canker: a gangrenous sore, perhaps cancer or chancre. (from the Latin, *cancrum*, meaning crab-like.)

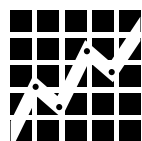
Tissick: a corruption of the word, phthisis, a synonym for tuberculosis; from a Greek word meaning wasting. Consumption, another synonym for tuberculosis, is from the Latin, *consumere*, meaning to devour, destroy.

Calenture: A burning, often tropical, fever; from the Latin, *calens*, meaning warmth.

There were many 17th Century diagnostic terms, permissively spelled, that can still be recognized in the 21st Century. For example: ague, fever, bloody fluxes, scow-rings (diarrhea), collick, dropsie, king's evil (scrofula), livergrowne (hepatomegaly), meagrom (hemispharium, migraine), impostume (abscess and if used theologically, meaning an apostasy), quinsie.

And finally there are the more perplexing names reflecting the sense of wonderment experienced by the parish clerks. Words such as bedrid (describing a chronic, lingering disease); childbed (maternal mortality), mouldfallen (describing an ill-defined neonatal death), purples (probably spotted fever), teeth and worms, and plannet (born to misfortune), a useful term sadly missing from our contemporary diagnostic listings. Rising of the lights, a common 17th Century diagnosis, probably refers to croup in youngsters.

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VITAL STATISTICS

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Rhode Island Monthly Vital Statistics Report Provisional Occurrence Data from the Division of Vital Records

Underlying Cause of Death	Reporting Period			
	August 2010	12 Months Ending with August 2010		
	Number (a)	Number (a)	Rates (b)	YPLL (c)
Diseases of the Heart	167	2,057	195.3	2,689.5
Malignant Neoplasms	199	2,062	195.8	5,700.0
Cerebrovascular Diseases	34	428	40.6	562.5
Injuries (Accidents/Suicide/Homicide)	50	564	53.6	9,218.0
COPD	43	454	43.1	545.0

Vital Events	Reporting Period		
	February 2011	12 Months Ending with February 2011	
	Number	Number	Rates
Live Births	850	11,802	11.2*
Deaths	833	9,904	9.4*
Infant Deaths	(8)	(66)	5.6#
Neonatal Deaths	(7)	(63)	5.3#
Marriages	243	6,076	5.8*
Divorces	271	3,262	3.1*
Induced Terminations	438	4,221	357.7#
Spontaneous Fetal Deaths	56	706	59.8#
Under 20 weeks gestation	(50)	(639)	64.5#
20+ weeks gestation	(4)	(65)	5.5#

(a) Cause of death statistics were derived from the underlying cause of death reported by physicians on death certificates.

(b) Rates per 100,000 estimated population of 1,053,209. (www.census.gov)

(c) Years of Potential Life Lost (YPLL).

Note: Totals represent vital events that occurred in Rhode Island for the reporting periods listed above. Monthly provisional totals should be analyzed with caution because the numbers may be small and subject to seasonal variation.

* Rates per 1,000 estimated population

Rates per 1,000 live births