HStud 33(2019)1, 175–184
DOI: 10.1556/044.2019.33.1.12

’OBSERVING TO DESCRIBE, DESCRIBING TO OBSERVE’: THE EPISTEMIC TURN OF MEDICAL WRITING IN THE 18TH CENTURY[1]

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This paper is intended to view a specific epistemic turn from various angles concerning the role and function of scientific cognizance in relation to the documentation forms of the medical writings of physicians operating in the eighteenth century. Nevertheless, the internal structure of eighteenth-century medical knowledge is also revealing itself as being instrumental in presenting new elements of knowledge and making them accepted as scientific facts, disregarding direct relationship between doctors and patients, or in other words, exclusively relying on the application of the academic knowledge of doctors and specific observations on patients. It is rather aimed at continuously comparing various illnesses, such as epidemics, recurring endemic diseases, or unique illnesses, as well as arranging them on the basis of perception into homogeneous series of information incessantly proliferating in space and time.

Keywords: paper technology, epistemic turn, medical writing, observation, case history, medical report

In the early hours of 20 June 1799 ten cartloads of large boxes sent from Nagykőrös arrived in Debrecen. The people travelling with them included a physician, József Szentgyörgyi (1765–1832), his wife and their four children. Doctor Szentgyörgyi and his family accepted the invitation of the City Council of Debrecen to take the post of the municipality’s chief physician which had become vacant on account of the death of the highly acclaimed predecessor, István Weszprémi (1723–1799).[2] Some months after his arrival Szentgyörgyi gave a detailed report of his daily routine as well as of his writing duties regarding his activities in one of his letters addressed to his brother. ‘At dawn my patients are calling, hardly letting me have some time to get dressed and eat, then I keep visiting my patients and the houses [apparently where his patients lived]. At twelve I dine and relax till two o’clock in the afternoon, which I actually manage to procure once every four or five days only, then, still at home, I occupy myself with official duties from two till four o’clock: drawing up *consultations,* medical *Gutachtens* in letters,

preparing *official reports, visa repertae, certficates,* or simply write letters to my friends. At four o'clock I leave for my evening visits which tend to take one, or one and a half hours. After that I usually go for a walk or pay a visit to a friend. Returning home I keep thinking over the daily routine, then *in the silence of the night,* when everything might seem different to the commotion of the passing day, I finally record the state of my patients, the unfolding changes, my remarks and ideas, or *resort to my Muse and study.* Sometimes I get woken up two or three times a night, which I am supposed to tolerate as a beginner, but I do not intend to for long in the future.'[3]

When Doctor Szentgyörgyi put down these lines, the contemporary European book market offered a large variety of medical manuals for doctors to help them with carrying out their administrative duties as well as facilitating the quick controlling and recording of their patients. The most popular ones of such manuals included the various types of medical calendars (*ärztliche Schreib-, Geschäfts-, Adresskalender*), patient diaries, notebooks, or pocket books which were used for recording the patients' personal data, including the chronological registration of the development of specific and widespread diseases. Collections of cases and an increasing number of medical periodicals were regarded as useful means of applying medical practices efficiently, or analysing the existing cases in a comparative manner. According to the existing booklists of Hungary's former medical libraries, the variants of these types of publications, mostly in Latin and German, were widely used by the doctors in contemporary Hungary.[4]

The last three decades of the eighteenth century saw the appearance of 'paper technology', i. e. samples of tables, patterns, printed forms, medical diaries with columns and headings to direct „a doctor's view", thereby bringing about a new era with offering a quick overview and help with recording specific cases and endemics. From the mid-eighteenth century on future doctors of medicine had been taught the practices of applying new registration methods and forms at all the medical faculties of Europe as part of the curriculum containing the compulsory completion of *praxis clinica*, i. e. attending bedside teaching courses in a hospital for one or two terms as *collegia ambulatoria*, or in the form of residential courses, both supplemented with prescription writing and case description practices of varying standards subject to the requirements of the universities concerned.[5] At the same time, the restructuring of the curricula of the medical faculties tend to show that the new medical practice was achieving an ever increasing autonomous status. The shifting paradigm of training practices within the education system of the medical faculties actually reflected contemporary government intentions aiming at the making of an efficient administrative system. Government policies exerted in a specific geographic space ranging from the Kingdom of France to the Habsburg Empire, including the northern peripheries as well as Italy, were meant to promote the public good by satisfying the continuous need for gathering

information on a regular basis as well as by making it easily comprehendible and transparent, including the production of information, its registration, traceability, distribution and circulation. Consequently, replacing the previous practices, a whole set of new obligations such as the description of patients and illnesses in different forms, quantities and qualities had to be met by the doctors of academic training who were regarded as the representatives of authoritative knowledge. The contemporary book market basically reacted to the above needs through the growing rate of publications in medical administrative literature appearing in the book lists which could be ordered at a relatively reasonable price.

This paper is intended to take different perspectives on a specific epistemic turn of the aformentioned aspects regarding the doctors' use of 'paper technology' forms, including the changing role and function of medical writing supporting the development of scientific knowledge based on patient bedside observations.

Paper and knowledge, form and technique, that is to say, the registration of things, or phenomena as seen, heard, read or experienced, cannot be separated and mutually define each other. In the last decade and a half scientific historiography has been seeking to describe the complexity of various forms of writing techniques applied in the course of gathering, recording, arranging and storing data and information with the help of a museological term, *paper technology,*[6] comprising lists, formularies, text formations such as excerpts, indeces, or other paper technologies such as cards and files, including the concomitant material objects such as pens, scicssors, or glue. The writing techniques of eighteenth-century scientific life, including the ones applied in the field of medicine, were by and large linked to the social and cultural practices of the humanist literature of the previous centuries despite the fact that the various schools seemingly showed great differences. The working method of humanist scientists can be characterized by the practice of preparing the *loci communes,*[7] which was based on the reading of Antique and some other acclaimed authors, the excerpts made from their works, the compilation and recording of the gems of their wisdoms, the systematic arrangement of the contents according to alphabetical and chronological entries, including their memorization, traceability and applicability in the future. By doing so, this method brought about an epistemologically open, and therefore incessantly expandable knowledge base, which incorporated quotations taken from their original contexts, or brief summaries of the previously read texts for their possible rearrangements in the future according to the intentions and purposes of the person concerned. The ultimate function of this *loci communes* technique, without ever aspiring to create a system or theory, was an accumulation of knowledge by way of decontextualization and categorization. As far as the field of medicine was concerned, this method comprised not only the records made on the basis of readings, but a doctor's empirical observations, the use of healing products, including personal experiences acquired in the course of meet-

ing other healers, patients, or their relatives, too.[8] Accordingly, the medical *loci communes* should be identifiable with the object of observations, i. e. the illnesses themselves, such as three-day fever, dropsy, etc., or the symptoms, such as *suffocatio uteri, vaperus*, etc., which can hardly be related to current terminology.[9] Nevertheless, it should also be noted that a complex material and technological apparatus was dedicated to the *loci communes* consisting of notebooks and booklets made up of empty sheets of paper, large and small scraps of paper, cards, and canvasses, strings, small nails, scissors, glue, writing desks, cabinets with drawers and boards, and finally quills, pencils, inks of various colours for their systematic arrangement.[10]

The paradigmatic description of Doctor Szentgyörgyi's daily routine and writing duties presented in the above quotation definitely reveal the work methods of doctors operating at the end of the eighteenth century and some of the specific elements of medical writing practices in its traditional form as well as being adjusted to the rising needs of the age. The figure of a doctor is being conjured up 'in the quiet of the night' while recording and systematizing his daily observations as well as turning to his 'Muses', i. e. his books, to acquire the necessary knowledge in accordance with the humanist practice of contemplation. The actual process of learning and the reading material serving as a basis of excerpting should by all means be reconstructed according to the available volumes of Hungary's medical libraries or the existing book lists. The material of the libraries as well as the proportion of the different genres clearly show that doctors operating at the turn of the eighteenth and nineteenth centuries could not do without the daily consultations of Latin and German, sometimes French or Italian volumes of collections of specific medical cases and periodical articles. The popularity of case descriptions and collections throughout Europe and Hungary is definitely reflected by the variety of genres manifested in the titles themselves. The publications, books and periodical articles alike, are occasionally entitled 'Fragment', thereby proving their literary and philosophical implications, but more often express direct reference to scientific practices by having such telltale titles as 'Beobachtung', 'Observationes', or 'Versuch'. The intensive discourse and flow of information taking place in the world of *respublica litteraria medica* seem to be represented by similarly evocative notions, such as 'Gedanken', 'Beiträge', 'Nachrichten', 'Bemerkungen'. Likewise, the eighteenth-century prevalence of humanist work methods is shown by the practice of 'consultation writing' mentioned among Doctor Szentgyörgyi's afternoon writing activities, more precisely, 'conferring with' Hungarian or foreign colleagues, thereby discussing and disseminating specific and seemingly unresolvable cases through his correspondence.[11]

Another level of work methods is represented by *case descriptions based on observations* and incorporated in the official annual medical reports as had been done from the 1770s onward, thereby going beyond the exclusive levels of pri-

vate use.[12] After visiting their patients, doctors regularly sat down to record the day's work 'in the silence of the night, when everything might seem different to the commotion of the passing day'. As Szentgyörgyi puts it, 'I record the state of my patients, the unfolding changes, my remarks and ideas […]'.

Eighteenth-century scientific life could not do without gathering experiences and facts based on observations which appeared as an ultimate tool and purpose of the production of knowledge, whereas setting up a comprehensive system and theory still proved to be a serious challenge.[13] Consequently, contemporary medical literature overwhelmingly influenced by casuistics regarded *the case* as the dominant principle for regulating and explaining illnesses; the pattern of medical case descriptions comprising four structural elements, which could be discerned from scientific, literary and an aesthetic point of view, had evolved by the mid-eighteenth century.[14] At the same time, medical case histories regarded as casuistic constructions were trying to present 1) the evolvement of symptoms more clearly as well as applying a semantically sophisticated set of tools, usually embedded in a biographical narration, 2) the specific turning points needed for diagnostic setups and prognosis, 3) the deviations from normal symptoms, 4) the exemplary elements of the case which might used for potential generalization.

Covering the previous year's medical, climatic, and epidemic affairs in his annual narrative report to the Health Department of the Council of Governor-General, broken down to monthly periods, Franciscus de La Rose (?-?), the Chief Physician of Hont County, worded the case history of one of his patients suffering from fever in 1787.[15] To begin with, the Chief Physician presented some facts, which could by all means be interpreted from a biographical aspect as well, informing that on 28 November 1786 the thirty-six year old nobleman was hit by shivering which lasted about an hour. Then he was in a feverish state for two days. Doctor de La Rose went on gathering, listing and identifying external body reactions and symptoms in order to give a verification of the illness, i. e. severe headache, thirstiness, lack of appetite, drowsiness, and weariness. The focus of the given case history is determined by the effort to designate the illness itself on the basis of the aforementioned configurations and articulations, thereby complying with a prevalent nosological theory integrated into the botanical model of the age. Consequently, illnesses were not decided alongside their morphological structure, but on the basis of a taxonomy used for classifying various physiological manifestations within the order of the created world according to a set hierarchy of class, division, family, and species. As far as the current case is concerned, the doctor was most probably relying on one of the editions of Cullen's nosology,[16] thereby determining its identity according to the class of fevers (*febris*), the division of continuous fevers (*febris continuae*), and the species of bilious fevers (*febris biliosae*), whose seat is to be found in 'in the first ways', i. e. in the bowels. For this reason, the first recommended treatment for easing the symptoms was established

on the above classification and Doctor de La Rose ordered the application of an emetic which was supposed to relieve the patient of 'the harmful maerial', the smelly, bilious and rotting mucus through the mouth and the bowels. The illness then came to a turning point changing into severe bouts of fever which was finally identified by the doctor as a four day fever. However, the exemplary treatment based on the application of a concoction of wild grass (*Agropyron repens*), tamarind (*Tamarindus indica*), and tartar emetic to facilitate relief between the bouts brought about the abatement of the fever. Then an appropriate diet and the above concoction given to the patient four times a day for over a week resulted in the complete clearing of the 'the first ways'. The doctor finally got rid of the fever with the help of the highly esteemed medicine of the age made of the bark of the cinchona tree (*Cinchona calisaya*). The patient had fully recovered.

The annual reports containing descriptions of infectious and endemic diseases, including other illnesses affecting large numbers of people, which, however, could not be termed as epidemic, basically followed the structure of specific case descriptions. However, the concrete description of illnesses was preceded by an elaboration of climatic and meteorological conditions, such as temperatures, winds, including the composition of air, prevailing at the time of massive outbreaks. The denomination of illnesses was done with the help of the correlation between climatic conditions and the typical constellations of symptoms abstracted from specific cases. Then came the documentation of the course of illness, whereby doctors were trying to generalize all courses of illnesses in the cases of patients producing similar symptoms. Deviations from the above pattern, mostly the occurring variations subject to age and sex, were either integrated into the main bulk of the text, or were annexed to the report as specific case histories. Finally, the descriptions were concluded with the presentation of the applied therapy and medicines.

The practices of writing medical reports in Hungary had achieved a different stage by the mid-1780s as a result of the introduction of paper thechnology, thereby bringing about an epistemic turn in medical knowledge, perception, and writing.[17] In 1786, as part of a comprehensive modernization programme of the professional registration practices introduced by Joseph II in the Habsburg Monarchy, the chief physicians of the municipalities were supplied with pre-printed samples of tables and instructions. The tables were initially copied and filled in by hand, but the municipalities had passed them printed to the chief physisians from the 1790s onward. Doctors were required to present a more objective and purposeful registration of the substantial contents of the running texts taking into consideration the terms and aspects included in the samples of tables.[18] As regards the contents, all aspects of life, which might have affected health affairs one way or another, had to be explored topographically. The appraisal summary tables of professionals providing health services (*Conduitlisten*), annually for-

warded to the supervising department, originally comprised fifteen headings, which were subsequently reduced to seven or eight, regarding their mandatory practice of recording 'external' and 'internal' illnesses occuring in the municipality (*Krankenbericht*), including their remedies, the visitations to pharmacies (*Apotheken-Visitation*), or contagious diseases affecting humans and animals alike (*Seuchenbericht*). At the same time, supplements to the reports quite often listed illnesses caused by rabid animal bites, statements of tools used by surgeons, obstetricians and midwives, medical opinions (*Gutachten*) as seen before among the writing duties of Doctor Szentgyörgyi, medical certificates (*visum repertum*), or even the copies of certificates issued to midwives and surgeons attesting the educational activities of the physicians themselves.

Medical reports and additional statements arranged into tables were created on the basis of professional consensus. It was virtually the Medical Faculty of the University of Vienna that established their decisive elements, which, however, were controlled by the Medical Faculty of the University of Pest as well as carrying out minor amendments to the actual version of tables concerning some local conditions which were then to be distributed to the municipalities through the Council of Governor-General. The resulting set of aspects comprised the following elements, i. e. wheather and atmospheric conditions in which the fluids causing the actual diseases appeared, the season of the year, the climatic conditions coinciding with the outbreak, the sexes and ages of the affected persons, previous illnesses, body parts affected, the consumption of specific foods which make people prone to falling ill, the beginning of the illness, its course, development and deterioration, outcome and duration, the character of accompanying fevers, the possible inheritability of the illness, special cases, possible relapses, treatments applied by the common people, treatments applied by the doctor, and treatments causing adverse effects. Of all these, however, the atmospheric conditions and treatments remained in the tables broken down on a monthly basis.

Specific tables containing reports on epidemics had evolved in a similar way, whereby the registration of contagious diseases affecting humans included the description of climatic conditions, the locality where it was recorded, the names of diseases, such as illnesses most frequently accompanied with fever, the time of the outbreak, the affected age groups, the stages of disease progression, and the applied therapy. Tables reflecting an increasingly refind system almost made it possible for professionals to grasp facts, figures, and the routes for spread of epidemics at first glance. Similar logic was applied in the cases of tables when recording the circumstances of plagues mostly affecting cattle, sheep and horses regarding the specific seasons, the prevailing climatic conditions at the time of the outbreaks, the state of stocks, the decrease of appetite, the external and internal symptoms around the mouth, the changes appearing on the skin and the body, the state of the abdomen (soft, hard, swollen), the observations made at the

autopsy of carcasses, most generally and specially relating to the tongue, throat, lungs, stomach, bowels and liver.

How can we grasp the essence of an epistemic turn taking momentum from the mid-eighteenth century onward? The tables including titles and headings established a system of guided and supervised observations. The physicians virtually brought about sets of parallel series by recording climatic, weather and topographical conditions on a daily, or sometimes on a monthly basis, including the descriptions of extraordinary and specific illnesses, endemics, epidemics, morbidity rates, nosological classifications and analyses, progressions, outcomes, and applied therapies. These series made it possible for doctors to continuously control, store, and compare information on the basis of analogies at local levels, whereas the various administrative bodies, such as Health Department of the Council of Governor-General, the Chief Physician's Office, including the medical faculties of the universities of Vienna and Pest were able to do so at national and imperial levels. Consequently, the comparison of the contents and figures arranged into specific series of tables forwarded by the municipalities to the various officies of administration made it possible for them to assess the complex system of causes and effects as well as reconstructing some possible new links in regard of the various illnesses, and by doing so, facilitating the rise of new elements of knowledge.

At the same time, the systematic comparison of the aforementioned series incorporated into the medical reports practically represented the validation and legitimization of medical knowledge, including its purposeful distribution and dissemination. As for the central administrative offices, the practice of making comparisons made them recognise some new elements of knowledge and experience in connection with the specific endemic diseases or epidemics, which were subsequently included in the ordinances forwarded to the municipalities, or distributed and publicised in the imperial and royal rescripts. The use of applicable therapies was decided in a similar way in connection with the prevalent diseases, including the focuses and tasks of making further observations, the distribution of new reading lists, the obligation of writing and translating works on new topics, or even the universally accepted most up-to-date and legitimate forms of medical knowledge. Nevertheless, the internal structure of eighteenth-century medical knowledge is also revealing itself as being instrumental in presenting new elements of knowledge and making them accepted as scientific facts, disregarding direct relationship between doctors and patients, or in other words, exclusively relying on the application of the academic knowledge of doctors and specific observations on patients. It is rather aimed at continuously comparing various illnesses, such as epidemics, recurring endemic diseases, or unique illnesses, as well as arranging them on the basis of perception into homogeneous series of information incessantly proliferating in space and time.

Notes

1 The writing and research for this paper was supported by the NKFIH Project No. K_16 119577.

2 József Szentgyörgyi duly made records of the scenes and important events of his activities, family and friendly relations on a daily basis as was customary among the intellectual circles of his age. His original diary was lost in 1956, but excerpts from it compiled and completed in 1952 by his grandson, Lajos Szentgyörgyi, with the title „My Grandfather's Family Life, 1765-1832", and consisting of 136 typscript pages contain several quotations.
See the manuscript in the Magyar Tudományos Akadémia Könyvtár és Információs Központ, Kézirattár [The Library and Information Centre of the Hungarian Aacademy of Sciences, Department of Manuscrpits], MS 4112/171. (Szentgyörgyi Lajos „Nagyapám családi élete, 1765–1832") pp. 23–33. passim.

3 Ibid. p. 34. (The bold parts of the quoted lines have been highlighted by the author of this article.)

4 See the printed booklist containing 1060 items of the library of Venceslaus Trnka (1739–1791), professor of anatomy and clinical practice at the Medical Faculty of the University of Pest: *Catalogus Librorum, et actorum medicorum Wenceslai Trnka M.D. Pestini*: Typis Matthiae Trattner, 1796. See also the booklist of a doctor father and his son, János Justus Torkos (1699–1770) and János Torkos (1733–?), comprising of 878 items, which was subsequently auctioned: *Verzeichniß der von Herrn Dr. Johann von Torkosch hinterlassenen medizinisch-chirurgischen Büchern, welche um die äußerst herabgesetzten Preise, bey Andreas Schwaiger Buchhändler im Doktor von Torkoschischen Hause zu haben sind.* Preßburg: gedruckt mit Wederischen Schriften, 1798. József Cseh-Szombathy (1748–1815) and Sámuel Cseh-Szombathy (1757–1838), the popular doctor brothers of the City of Pest bequeathed their specialist library consisting 3700 titles to their *alma mater*, the Reformed College of Debrecen. See the booklist entitled *Series Librorum Bibliothecae Cseh-Szombatianae* and compiled in 1864: Debreceni Református Kollégium Nagykönyvtára, Kézirattár [The Library of Reformed College of Debrecen, Department of Manuscripts], R 71.10. Mihály Kováts (1768–1851), a medical author and practising doctor in the City of Pest also bequeathed his library consisting of 590 titles and 738 items to his former school, the Reformed College of Sárospatak. See the manuscript list: Sárospataki Református Kollégium Tudományos Gyűjteményei, Kézirattár [The Scientific Collections of the Reformed College of Sárospatak, Department of Manuscripts], 2378.

5 See for example: Axel Karenberg: *Lernen am Bett der Kranken: Die frühen Universitätskliniken in Deutschland 1760–1840.* Guido Pressler Verlag, Hürtgenwald, 1997.

6 Cf. Anke te Heesen: The Nootebook. A Paper-Technology, in Bruno Latour – P. Weibel (eds.): *Making Things Public. Atmospheres of Democracy*. MIT Press, Cambridge Mass.–London, 2005. 582–589; Volker Hess — Andrew J. Mendelsohn: Case and Series. Medical Knowledge and Paper Technology, 1600-1900, in *History of Science,* (48), 2010, 287–314.

7 See some further analyses of the notion and humanist use of *loci communes*: Wilhelm Schmidt-Biggemann: *Topica universalis. Eine Modellgeschichte humanistischer und barocker Wissenschaft.* Meiner Verlag, Hamburg, 1983.

8 Michael Stolberg: Medizinische *Loci communes*. Formen und Funktionen einer ärztlichen Aufzeichnungspraxis im 16. und 17. Jahrhundert, in *NTM Zeitschrift für Geschichte der Wissenschaften, Technik und Medizin*, (21), 2013, 37–60.

9 Michael Stolberg: *Homo patiens. Krankheits- und Körpererfahrung in der Frühen Neuzeit.* Böhlau, Weimar, 2003. 215–229.

10 Vö. Michael Zedelmaier: *Bibliotheca Universalis und Bibliotheca Selecta. Das Problem der Ordnung des gelehrten Wissens in der Frühen Neuzeit.* Böhlau, Köln-Wien-Weimar, 1992; Markus Krajewski: *Zettelwirtschaft. Die Geburt der Kartei aus dem Geiste der Bibliothek.* Kulturverlag Kadmos, Berlin, 2002.

11 The volumes of Herman Boerhaave's (1668-1738) consultation letters held in Hungarian medical libraries seem to have served as an example. See *Consultationes medicae cum responsis Hermanni Boerhaave*. Göttingen, 1752.

12 From the last three decades of the eighteenth century on medical case descriptions were beginning to appear in writings drawn up for various purposes and of all kinds of genres. The study tour in Western Europe of a Hungarian physician, Pál Gerics (1792-1868), the professor of the first Hungarian college of farming, can be regarded as a prime example, for he recorded his experiences gained at his visits to hospitals, including his meetings with doctors. György Kurucz: Tanulmányúton Nyugat-Európában: Gerics Pál georgikoni tanár angliai levelei gróf Festetics Lászlóhoz, in *Agrártörténeti Szemle,* (39), 1997, 712–713.

13 Cf. Lorraine Daston: Perchè i fatti sono brevi?, in *Quaderni storici,* (108), 2001, 745-770; Lorraine Daston – Elizabeth Lunbeck (eds.): *Histories of Scientific Observation.* The University of Chicaco Press, Chicago–London, 2011.

14 For the analysis of the uses of eighteenth-century medical cases and case history collections from a complex scientific and medical history, literary and aesthetical prospective see: Nicolas Pethes: Ästhetik des Falls. Zur Konvergenz anthropologischer und literarischer Theorien der Gattung, in Sheila Dickson – Stefan Goldmann – Christof Wingertszahn (Hrsg.): *„Fakta, und kein moralisches Geschwätz". Zu den Fallgeschichten im „Magazin zur Erfahrungsseelenkunde" (1783–1793).* Wallstein, Göttingen, 2011. 13–32.

15 See Magyar Nemzeti Levéltár Országos Levéltára (MNL OL) [The National Archives of Hungary] C 66 111. cs. 1. kf. No. 664. pag. 349v (Francicus de La Rose: Sanitäts Bericht, Ipolys ág, 18 November 1787.)

16 William Cullen: *Kurzer Inbegriff der medizinischen Nosologie: oder systematische Eintheilung der Krankheiten von Cullen, Linné, Sauvages, Vogel und Sagar.* bey Caspar Fritsch, Leipzig, 1–2 Bde, 1786.

17 To the idea of *epistemic turn* see, Gianna Pomata: Sharing Cases: The *Observationes* in Early Modern Medicine, in *Early Science and Medicine,* (15), 2010, 193–236.

18 The existing 170 health reports from the period between 1786 and 1790 are held in the following classes of papers of the Council of Governor-General: MNL OL C 66 98–100. cs. 56. kf. (1–392. pag.)/1785–86.; 107–111. cs. 1. kf. (1–759. pag)/1787.; 123–126. cs. 1–10. kf./1788.; 128–129. cs. 1 kf. (1–144. pag.)/1789.; 134. cs. 2. kf. (1–83. pag)/1790.