

## THE DISEASE TERMINOLOGY IN THE MEDICAL CODEX OF HILANDAR N°517

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**Abstract.** *In the middle ages, beginning from the end of the 12. century, the Serbs had hospitals which treated the patients according to the Byzantium and West medical knowledge of that time. The Medical Codex of Hilandar is the most complete Serbian book of the scientific middle age medicine and contains the basis of our medical terminology. The paper analyzes the disease terms only. The relationship between Slavic and non-Slavic terms have been analyzed, their structural and linguistic characteristics (phonetic, morphology and spelling), as well as the use of the middle age terms in the contemporary scientific and folk medical terminology.*

In the middle ages, at the end of the XII century<sup>1</sup>, the Serbs had hospitals to cure the ill people according to the medical achievements of that time. The impact of Byzantium was greater in the subsidiary sciences, while the Western impact was dominant in the practical medical sciences.<sup>2</sup>

Dating from the end of XVI century, the most complete Serbian handbook of the scientific medicine of that time *The Medical Codex of Hilandar* represents a translation and the revision of some of the medical manuscripts of the Salerno-Montpelje school, the basis of which is in the ancient medical thought and practice.

There was a photoprinting edition of the *Codex* in 1980 because of its great significance, and, soon after that, in 1989, it was transcribed and translated. The editor of the *Medical Codex of Hilandar*, R. V. Katic, guided by its medical contents, the time of its appearance and printing of the original manuscripts, thinks that the *Codex* appeared successively by translating Latin manuscripts from the end of XII century till the middle of the XVI century. The only preserved copy of the *Codex* which survived, the manuscript from the end of the XVI century, and which is preserved in the monastery of Hilandar at Mount Athos.

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<sup>1</sup> *Hilandarski medicinski kodeks, Beograd, 1989, XXI-XXVII.*

<sup>2</sup> *Kodeks, 1989, XVI.*

By analyzing these and other medical manuscripts,<sup>3</sup> R. V. Katic makes the following observations about the Serbian medieval medical terminology:

1. that the Serbs in the middle ages (in the XV century) had a well built medical terminology in the vernacular, since the two thirds of the terms in the *Medical Codex of Hilandar*, as the richest source of the medical terms, are of Serbian origin;<sup>4</sup>

2. that the terms cover the following fields of medicine which were developed in Europe: diagnostics, pharmacology with pharmacotherapy, nutrition, the therapy of organic and infectious diseases, general biology, physiology with pathophysiology, gynecology, while anatomy and surgery were not fully developed because of the medical ethics of that time;<sup>5</sup>

3. that in Serbian medical terminology, depending on the cultural impact in some periods, there can be found some untranslated and adapted Greek and Latin terms, and, since the *Codex* appeared after the invasion of the Turkish, there can be found some Turkish term;<sup>6</sup>

4. that the Serbian terms are sometimes descriptive, when the translator could not find the equivalent in Serbian, and, in spite of that, many terms are more correct than the ones in contemporary Serbian medical terminology;<sup>7</sup>

5. that 25% of the terms of the medieval Serbian medicine was derived from the contemporary Serbian or they acquired different meaning;<sup>8</sup>

6. that the spelling is not regular;<sup>9</sup>

## I

Since the medical terminology comprises the names of the human organs, the names of the diseases and symptoms, the names of medicines and the process of curing, the names of medicines and plants used in pharmacotherapy and etc., our goal is to reconsider and support the claims by doing research on the lexical level proper, and we decided on the terms of diseases.

The material has been taken from the Dictionary of Terminology within the translated edition of the *Medical Codex of Hilandar* and from two lexical works *Terminologija srpske srednjovekovne medicine i njeno objašnjenje* and *Terminološki rečnik srpske srednjovekovne medicine* by relying upon the text of the *Codex*.<sup>10</sup>

There has been collected about 250 terms, which would be exposed according to the medical fields they belong to, and since the majority of the terms is of Slavic origin, we will stick to the non-Slavic terms.

We will look at the spelling and linguistic (phonetic, morphological and syntactic) characteristics of the terms since we have noticed that the features of the secular and vernacular are merged.

<sup>3</sup> R. V. Katić, *Terminološki rečnik srpske srednjovekovne medicine*, Beograd, 1987, 13-14.

<sup>4</sup> *Kodeks*, 1989, XLVII.

<sup>5</sup> *Kodeks*, 1989, XVIII, XXXVII; Katić, *Terminološki rečnik*, 1987, 3.

<sup>6</sup> Katić, *Terminološki rečnik*, 1987, 4, 8; *Kodeks*, 1989, XLV.

<sup>7</sup> Katić, *Terminološki rečnik*, 1987, 9.

<sup>8</sup> Katić, *Terminološki rečnik*, 1987, 6-7.

<sup>9</sup> R. Katić, *Srpski prevod Liber de simplicibus medicina dictus Circa Instans*, Zbornik Matice srpske za književnost i jezik, knjiga XXV, sv. 2/1977, 193-275, *about orthography* 216-217.

<sup>10</sup> The examples will not be specially marked because they could be found in the dictionaries that have been mentioned.

We have been interested in the fact how much of the medieval disease terms are preserved in the contemporary medical terminology in vernacular, since the *Medical Codex of Hilandar* was rewritten many times and became, in a way, folk book "lekarusa", and some of the terms were preserved by people.

This paper is not a detailed research, because a larger and more complete research of the linguistic characteristics of the *Medical Codex of Hilandar* is planned. Our goal is to analyze the terminology referring to the diseases of the Serbian medieval medicine. The similar research can not be found.

In the Introduction of the photoprinting edition of the *Medical Codex of Hilandar*, R. V. Katic divides the medical fields, comprised by the text of the *Codex*, in the following way: internal medicine (cardiology, high temperature - acute and temporary, uroscopy), infectious diseases (plague and poxes, malaria), pharmacology (simple and complex medicines), toxicology, pediatrics, therapeutic notes, surgery. The paper refers to the terms of internal medicine, infectious diseases and pediatrics.

The term of the disease is given first, then the symptom, the curing, recovery, etc.

The disease was named by a greater number of terms which are not synonymous, and there is a sort of gradation among them as far as the seriousness of the disease is concerned: 60&NBE, 60&GHE, 60@, B5D5GHM, B98C;E, (GE) J9@=A HFD@ B9AE; GH585H ("боловати"). The chronic disease is named by a Slavic lexical material, above all by complex lexemes: 85JB5 60&GHE, =N85JB5 60&GHE, B9A COHM, J9@=?5 B9A COHE (B9A C?E), HF1 8M.

The epidemic is named descriptively: 60&GHE K GHF5 = GA FHB5, and since one of the most frequent and dangerous at that time was the epidemic of plague, the term for this disease, R A 5, C B=75 R A B55 can signify the epidemic in general.

The symptom, the sign of disease, is also named by Slavic terms: 6E† & E, and a serious symptom by complex lexemes: &@; E N@E, NE @E, &@; E.

To catch a disease (above all venereal disease): CDC 5B=H= (G9), I RH9H=H= (G9), and when the meaning is "razboleti se" there is a complex lexeme, which is used today, but has a stylistic meaning: D5GH= 60@BE.

Nowadays' Slavic term "lekar" is derived from the same word as the term "lečenje" @R65, while the old term JF5RE, can be found in the meaning of "čovjek koji leči vradžbinama i gatanjem".

In order to make a diagnosis, first there was a check up ("ispitivanje"), and then the process of curing started, which was named by many lexemes: J=85B9, JF5R9J 5B=/, CG@565, CG@56&J5H=, 7&@65, 7&@=H=, K A 9 O=H= (60@GHE).

The improvement in the process of curing was termed: 60@=B5, DC6@54 9B9, DC@E; O9B9 60&GH=; and recovery: 60&GHE DC =BI H= / DC =BI H= 60&GHE, =NJ =85H= 60&GHE, DCA E B?5B9 (60&GH=), CI JF5R9J 5H=, I ?F&D=H=, K H6C@=H=.

The *Medical Codex of Hilandar* gives the terms of the following diseases:

mental: J9@=?5 60&GHE / 9D=@B4 5, 4 5@CGH, =N; I 6=H= D5A 9HE, DF &G R9B9, F9B9 =OE, "89B9 69NE G@58 CGH=, D5GH= K F9L=;

nervous system: @H5F; 5, ABC C GD5H= I 60@9GH=, DCJ I RMBE K 6F5NE, O=B?CD5, H@5D@ B9 I B9GJ &GHE / GA 9H9B9 D5A 9H=;

head: 60&GHE JE; @5J &, 60&GHE; @5JB5; @5JB5 60@9GH; 60@9GH A C4 85B5, JFE HC @5JGHUC; @5J C6C@M B9A =HE, F&K A 5 I; @5J &;

throat: =NAI ?@; FE @K; ?505@E; ?505@E K 85JB5, CGHF=B5 JE; FE @, K H9?@; FE @, G <=?505@E;

respiratory organs: ;B=@5 D@?"; N5G=D; N5G=DE` K H` C85JB5; N5G=DE` K H` B5GHI 85; G=DB"; N5H=G?CJ5B9 8I <5; D@9 F90=0; H&G?CH5` I` DFE G&<E; ; H=4 =OE;

eyes: JFI ?=B5` I` K R\*; ?F5HE ?E` J=8E; ?FE JE` B5` CRA 5; A 9H5@?5` I` CR\*; C?C` 6&@C; CG@D@ B=/; K R99A / K R=A 5` 6C@&NBM` K R=6C@M; D5J @5 (5) B5` CR=\*; DCHMA B/ B9 K R\*; GJF56E` JE` K R\*; HE A BE` J=8E; H94 =B5` I` CR\*` = ?FA 9@; nose: 4 =J=B5` JE` BCGI;

mouth: 6C@9GHE` ?C` I N=A @` DC@E` / NMP5; 8969@CGH` =` H94 =B5` JE` / N=?I; ?@9; ?C9A` 9` I N9@ J&HFE` DC@E` 9NMP5; CGHFE` / N=?; H94 =B5` JE` / N=?I; H94 =B5` JE` / N=?I` =` 8969@CGH;

teeth: 6C@&GHE` NI 6B5; 89GB=?C9A` G9; F=NI` / ?C9A` G9; F=NI` 89GB>; ?C9A` H9R9 ?FE JE` =NE` 89GB>; C6F5N` K 6I <5@E;

ears: 6C@ B9` I O9BC; ; @C` <CH5; B94 =HE; I <C` N5@9` @K.

stomach: 50?@=H9OE; =8FOD=?; <=8FOD=4 5A E; 6C@&GHE` K H` B5GHI 8` I` GHCA 5<l; 6C@ GHE` I` GHCA 5<l` (HFE 6I OB5); J9@=?C` H9R9B9; J&HFM I` J9@=?CA` 7F&J I` (I` GHCA 5<l); ; F=N9B9` RF&J 5; 8C / HE` 9A I` RF&J C` DFC<C4 89B>5 B58JCFE; =N; I 6@ B9` GHCA 50BC=?` ?CGH=; ?FE JE` K H` N8C@5; B58=A 5B9; C6@` O H9B9` RF9J 5; K H9?@5` G&N9B5; K H9R9B9` JE` GHCA 5<l` =` JE` RF&J <E; F5GHM; N5HJ CF9BE; GD9?@E` (G9` I` B><); BC=; GD9R?5; GHCA 50B5` 6C@&GHE; HJFE 85` G&N9B5; H9R9B9` N8C@5; H9` CH5` JE` GHCA 5<l; H=A D5B=H=GE; RF&J C` B=H9; LC<58=` K H9?@=` H9FE` ?FE JE` =89` =NE` BM\*E;

back: 6C@&GHE` I` @98J` >E;

heart: 8=50?C@9B; GE HF99B9` GF875; HF99B9` B5` GFE 87I;

kidneys: ?5A 9B` I` 6I 6F&N&<E;

blood: 5DCD@94` >5; DF=OHMR\* A B=; G?@CDM/M&

muscles: F5G@56@ B=9; F&K A 5;

bones: 5FH9H=?5;

skin: 5DCGH9K A 5; 5DCGH9K A 5` HJF85; ; I 65; 8FC6B=? R=FE; 4 =J=B5/ N5@=OBC A &GC; N@&` ?F5GH&; =N&89B9; @=05=; @=05=? N@; A &GHC; B=@C; A CF= 95; B=7=B5; C; I 65J =H=? G9; CG=DBI H=? (G9); CGHFI D=H=? (G9); DF=OHM; DFC?5N5; DFC?5N5H=? (G9); F5B5` K H` ?C9` K HD585` A 9K; GJF56E; GC` <M` B9=G79@BM` B98C; E; GH5F5` F5B5; GHFI D; OI; 5.

The internal diseases were named by the common term: JE BI HFE B5` 6C@&GHE.

Infectious diseases: 6C` =B/` J5F=C@5/ ?CN>5R9; 6C@&NBE` GFMBRMB5; 6C@&GH=?C9` DF=@=?I` \* H` ?E` RI A BCA I` FC8I; 4 @E H=B5` DC` K 6F5NI; ?5I 4 CB; A CF6=@; A CF6=@` 50H9` N5HJ CFMH` G9` =` B9` DC` \*` B58JCFE; B5@<l A 9F5; C; B=75` RI A B55; C4 I H&H=? H&@C; RI A 5; RI A 5` JFE @5` =` R9A 9F B5; RI A 5` @&HB55` =` J9@=?55` =` N@55.

Malaria: ; FQNB=75` ?C` HF99 / 8E B` 8BE` =` 8FI; M& B&; ; FQNB=75` ?5I 4 CBE and ?5I 4 CB; HF=8B9J B5` HF&G5J=75; R9HJFE H=B=75.

The terms for gynecological and urological diseases: ;B=@5` D@C8CJ5/` D@C8CJ5; ;B=@5; N5HJ CF9B5` D@C8CJ5/` D@C8K J5` N5HJ CF9B5; GE GE` N5RFJ 9B=@E` =` K H9?@E; RF9&J C; B=H9; @BE; H5=B=? I 8E` A 9?E BE.

High body temperature was considered a special group of diseases: JG5?C8BE 5; ; FQNB=75; A 5@9` 6C@9GH=; B5GHI 8E; K; BM&75; K; BM&75; ;B=@5; C; BE; C; B=75; ;B=@5` =` 9` =A 9F5; C; B=75` 9` =A 9F5` K H` 5DCGH9K A &; C; B=75` 9` =A 9F5` K H

J9@=?M9 JFI ?=BM C; B=75 9 =A 9F5 K H ABC; C F56QH5B5; C; B=75 9 =A 9F5 K H ABC; C " 89B5; C; B=75 9 =A 9F5 K H ; @58=; C; B=75 A5@; B5; C; B=75 K H B5GH 85; C; B=75 K H AC?FCH=; C; B=75 K H JFI ?=B&; C; B=75 K H G <CH=; C; B=75 K GHF5; CHB=75 DFCGH5; C; B=75 DF&K GHF5; C; B=75 : @9A 5H=?5; C; B=75 K H JF&B5 8=ACJE; C; B=75 K H ?FEJ=; C; B=75 K H D=5BCGH=; C; B=75 R I A B55; DCGD5B9 JE C; B=M7= J9@=?C; DF&CGHF5 C; B=M75; GE HF99B9; HF9G5J=75; I <J5?/ B9; : 96F=0 D5F50=4 A 5; / N5; / N5 B5DF5GB5.

Children's disease: J9@=?5 6C@&GHE H9FE G9 GHF999 I ?C@D?9.

It is evident that the material exemplifies the Slavic origin of the terms, but there are also terms of foreign origin.<sup>11</sup> There are more of Greek origin: 5DCGH9K A5, 50?@=H9OE, J5F=C@5, 8=50?C@9B, =8CD=4 A 5, @9H5F; 5; D@9 F90=0, F&K A 5, H=A D5B=H=GE, HF H9K O., : F9B94 =OE, LC<58=, ?5I 4 CB, and there are Latin words: 5FH9H=?5, =H9F=75, ACF6=@, : 96F=0 D5F50=4 A 5, : H=4 =OE, O=B?CD5, and of Turkish origin is OC; 5. The Balkan word of the Turkish origin is R A 5,<sup>12</sup> while it is probably from Italian *guta*.<sup>13</sup>

It is obvious that there are many terms for some diseases:

1) two or more foreign terms: O?@=H9OE, =8FCD=?, <=8FCD=4 5A E (all of Greek origin), Serbian term of disease is also in use J C8CHFCI 8B=;

2) Serbian and foreign term, which is very frequent (we think of relatively equal use of Serbian and foreign term): J5F=C@5/ 6C =B/, ?CN5R9, 9D=@B4 5/ J9@=?5 6C@&GHE /B98C; M GJ 90H9BM=; 5FH9H=?5/; I H5; =H9F=75/ 4 @E H=B5 DC K 6F5NI, 4 I H=B5; C4 I H&H= H&@; HF H9K OM HF=8B9J B5 HF&G5J=75; ; FCNB=75 ?C HF9(9 / 8E B 8BE 8FI; M B&; O=B?CD5/ GA 9H9B9 D5A 9H=, H@5D@ B9 I B9GJ&GHE; OC; 5/ GJF56M.

3) two or more Serbian synonyms which describe the disease in different ways: 4 =J=B5, N5@=OBC A &K; N5G=DE, G=DB"; N5HJCF9BE, GD9?@E G9 (I B>< ; BC=), GD9?5; K R9G9A/ K R=A 5 6C@&NBM K R=6C@M; N5G=D C85J B5, H&G?CH5 I DFE G&<E, N5H=G?CJ 5B9 8I <5; B58=A 5B9; J&HFM I J9@=?CA 7F&J I (I GHCA 5<I); GE HF99B9; HF9G5J=75; H99B9 N8C@5; J9@=?C H99B9; R I A 5 JFE @5 = R9A 9FB5; R I A 5 @HB55 = J9@=?55 = N@55; C?C 6&@C, A 9H5@?5 I CR\*.

Some of the terms are not synonyms since one of them has a wider scope of meaning: H9?@5 G@&N9B5, F5GHM; HJFE 85 G@&N9B5; GQ <= B9=G79@BM; B98C; M DFC?5N5; I 65; ?C9A 9 I N9@ J&HFE D@ 9NM?5; H94 =B5 JE / N=?I.

4) The syntax of the old Serbian accepts the possibility that the adjective is often after the noun so that in some names the adjective can be found before or after the noun: JG5?C8BE 5; FCNB=75; FCNB=75 JG5?C8BE 5; NE @E ; &@; E; 6&@; E N@E; ; B=@5 D@C8CJ 5; D@C8CJ 5; B=@5; N5HJCF9B5 D@C8CJ 5; D@C8K J 5 N5HJCF9B5; DF&CGHF5 C; BM75; C; B=75 DF&CGHF5; HFJ 85 5DCGH9K A 5; 5DCGH9K A 5 HJFE 85

<sup>11</sup> There are, of course, the combinations of Slavic and non-Slavic words in complex names of diseases: 5DCGH9K A 5 HJF85; J5F=C@5 ?FEJ9B5; J5F K @; HJFE 8& = N9@&BE; ; FCNB=75 ?5I 4 CB; ACF6=@= 50H9 N5HJCFM H G9 = B9 DC \* B58JCFE; C; B=75; B=@5 = 9 =A 9F5; C; B=75 9 =A 9F5 K H 5DCGH9CA &; C; B=75 9 =A 9F5 K H J9@=?M9 JFI ?=BM C; B=75 9 =A 9F5 K H ABC C F56QH5B5; C; B=75 9 =A 9F5 K H ABC C " 89B5; C; B=75 9 =A 9F5 K H ; @58=; C; B=75 A5@; B5; C; B=75 K H @9A 5H=?5; F&K A 5 I ; @5J&, etc.

<sup>12</sup> P. Skok, *Etimologijski rječnik hrvatskoga ili srpskoga jezika*, I-IV, Zagreb, 1971-1974, see čuma.

<sup>13</sup> Lj. Radenković, *Imena nečiste sile u narodnim bajanjima*, Leksikografija i leksikologija, Zbornik radova, Novi Sad - Beograd, 1984, 141-146. see page 144.

etc. The first possibility is in accordance with the vernacular and the contemporary Serbian language, and postposition is the old Slavic and Serbian-Slavic manner, which was intensively used with the old writers till the middle of the XIX century.<sup>14</sup> Such a sequence is dominant in the rest of the syntagms, which is obvious from the examples which illustrate the aspect of the adjectives, and they are given in the part on morphology.

5) With some complex terms the order of words in a phrase is different: '89GB=' ?C9A G9 ; F=NI ; ?C9A ' G9 ; F=NI ' 89GB>; 'H94 =B5' JE ' / N=?I ' = ' 8969@GHE ; ' 8969@GH = ' H94 =B5' JE ' / N=?I ; ' I GE <@5' D@CJ =75' H& @5 ; ' D@CJ =75' H& @5 ' I GE <@5, or the different language material is used: GE HF9GB>9 GF875 ; HF9GB>9 B5' GE871 .

6) Many diseases can bear one name because, from the present point of view, they have similar symptoms and are treated as the same disease in the medieval Serbian medicine: ' B94 =HE ; ' ?5I 4 CB ; ' B9BCI ; M' B=7=B5 ; ' DFC?5N5 ; ' N5@-OBC A & GK ; ' 6C&NBE ' GE8RMB5' and so on.

Taking everything into account that has been given in the text, the number of the named diseases is significantly smaller than the number of the collected terms. Many terms for the same phenomenon exemplify the richness of the language on one side, but when the terminology is concerned, we can ascribe to it the irregularity of terms. Still, the medical terminology of that time was in the process of becoming. The same is still present because it is necessary to internationalize this kind of terminology on one side, and, on the other side, it is necessary to make it closer to a non-expert of whose life it is also a part.

It is clear that the terms of diseases are made of Serbian linguistic material mainly, and that they are, to a great extension, complex lexemes, or the whole sentences and they have descriptive properties. We will be dealing with their structure in the part on linguistic characteristics of terms.

## II

Although it is not proper to talk about spelling and linguistic characteristics on such a restricted material, we do this in order to justify some irregularities as far as spelling and language of the listed examples is concerned and to enumerate general characteristics to show which language the manuscript belongs to.

Since we are dealing with the manuscript from the end of the XVI century, when the standard old Slavic spelling was not used any more, it is natural that there are many mistakes as far as the use of some letters is concerned (the weak and strong jer, iota, vocalic r and l, etc.). On the other side, there are some characteristics of Serbian vernaculars.

Nasal 1 has given [u]: 6C&GH=' ?C9 DF=@=?I \*\_H' ?E ' RI ABCAI ' FC8I , 6C&GHE DC ; =BI\_H=, JE BI\_HFE B5' 6C&GHE , 89GB=' ?C9A ' G9 ; F=NI , N5G=DE ' KH' B5GHI\_85, CG=DBI\_H=' G9, and nasal 2 has given [e]: ; FCNB=75' ?C' ' HF9G9 / 8EB' 8BE' =

<sup>14</sup> D. Brozović, P. Ivić, *Jezik srpskohrvatski/hrvatskosrpski, srpski ili hrvatski*, Izvadak iz II izdanja Enciklopedije Jugoslavije, Zagreb, 1988, 40; Irena Grickat, *Aktuelni jezički i tekstološki problemi u starim srpskim ćirilskim spomenicima*, Beograd, 1972, 94.

8FI; M̄ B&, N5@-OBC A & GC etc. As it is known, the changes have been performed on Serbian vernacular at the end of the X century.<sup>15</sup>

The letters for weak and strong jer are often omitted in weak position at the end of the word: 6C =B/ 50H9 J=8=0 85 =< G9 D9H =@= 09GH G@/ N5/ 8BC; 6C@9GH AC4 85B5; 6C@&GH= ?C9 DF=@=?I \* H ?E R A BCA I FC8I; J & HFM I J9@=?CA 7F9I; 8969@CGH = H94 =B5 JE / N=?I, in the middle of the words: N& ?F5GH&, even in strong position: 6& @; E N@E; 6C@&NBE GFMBRB5; HE A BE J=8E, where their pronunciation should be guessed because it is about of the writing mistake.

The rare regular use of jers can be encountered: of the front position: 6C@&NBM GFMBRB5, DF=HOHM and the back position: 6C@&GHE JE; @5J&, J9@=?5 6C@&GHE, BCOHB=?E, ?F5HE ?E J=8E, N5HJCF9BE. Their intermingling is also very frequent: JF5RE, J9@=?5 B9A COHE (B9A C?E), B98C; M̄ 6C@&NBE, HE A BE J=8E.

All this can be encountered in the words of the foreign origin. The omission at the end of the word and in the middle of the word in consonant clusters: 8=50?C@B, D@9 F9D=O, ?5I 4 CB,<sup>16</sup>; 96F=0 D5F50=4 A 5; @H5F; 5; A CF6=@, the writing mistakes: 50?@H9DE; H=4 =OE; F9B94 =OE; and the correct writing: HF=HK OM

We can conclude that there was no difference in pronouncing jers. There are no traces of the consonant prephonologization in strong position in the given examples, which is the characteristics of the central stokavian dialects starting from the XIV century. However, it is known that the semi-vowel has been preserved in the east part of the stokavian dialect (the dialects of the Prizren-Timok area).<sup>17</sup>

Since the phoneme iota changed into [e]<sup>18</sup> at the end of the XIII century in the area of Prizren-Timok dialect which was used by the compiler of the *Codex*,<sup>19</sup> the hesitation of using this letter is understandable, so that instead of e (etymologically or of 2) & is used in the root of a word or in flexion: N5@-OBC A & GK, J5F \* @ HJFE 8& = N9& B&, 6C =B/ RFJ & B&, N& ?F5GH&.

The regular use of this letter can also be found: & @; E; C@&NBM J & HFM I J9@=?CA 7F&J I; ?5A 9B I 6I 6F&N&<E; @R65; A & GHC; B=@; C4 I H&H= H&@, C?C 6& @; CG& D@ B=/; K H9? @ G& N9B5; K H9R9B-9 JE GHCA 5<I = JE RF&J &<E; DF&G&R9B-9 H@5D@ B-9 I B9GJ & GHM J 7& @65.

The signs for omicron (o) and omega (,) were used equally in some examples: J5F=C@9 J5F \* @ HJF8& = N9& B&; K; BM75; C B=75 K GHF5; JFI ?=B5 I K R\* / K R99A 6C@&NBM; K R=6C@M; ?FE JE B5 CRA 5; D@8K J5; D@8CJ 5 N5HJCF9B5; N5@-OBC A & GK; 4 @E H=B5 DC K 6F5NI; =NAI ?@; FE @K; ?505@E K 85JB5. The preposition KH is regularly written with K in the examined material.

The ligature<sup>21</sup> is used to mark the vowel [u]: I 65; I H5; 4 =J=B5 JE BCG, =N; I 6=H= D5A 9HE; D@CJ =75 H& @5 I GE <@5; I JF5R9J 5H=, N5H=G?CJ 5B-9 8I <5, but there is also a diagram: B98C; M̄ GC <M̄ B9=G79@BM; B98C; M̄; @C <CH5. In one example, after the weak R the vowel u is marked by pre-iota sign: DF=OHMR\* A B=.

<sup>15</sup> A. Belić, *Osnovi istorije srpskohrvatskog jezika*, knj. I, *Fonetika*, Beograd, 1960, 71-72.

<sup>16</sup> But also: FCNB=75 ?5I 4 CBE.

<sup>17</sup> A. Belić, *Fonetika*, 1960, 82-83.

<sup>18</sup> In the XIII century, in the manuscripts of Raska, & was replaced by e, which means that these phonemes were equalized in speech. See A. Belić, *Fonetika*, 1960, 89.

<sup>19</sup> According to the compiler of the *Medical Codex of Hilandar* R. Katić. *Kodeks*, 1989, XXXVIII.

<sup>20</sup> But also F5B5 KH ?C9 K HD585 A 9K.

<sup>21</sup> In the paper instead ligature (4) monogram (I) is used

Apart from the examples in which the sign for jeri (M), which disappeared from Serbian vernacular,<sup>22</sup> was written correctly, which is the result of the writing tradition ;FCNB=75 ?C HF9G9 / 8EB 8BE = 8FI; M B&, ?C9A 9 I N9@ J&HFE DC@ 9NM?5, 8969@GH = H94 =B5 JE / NM?I, the hesitations to write: 6C@9GHE ?C I N=A @ DC@E / N=?5, CGHFE / N=?E are frequent, as well as the obvious mistakes, i.e., where its writing was not correct according to the etymology: CDC 5BMH= G9, G?@DM?M-nom.pl.

There is also a hesitation to write a vocal r. It is marked without jers: 5DCGH9K A5 HJF85, 6C =B/ RFJ&B&, 6C@&GHE K GHF5 = GA FHB5, GE HF9G9B-9 GF875, H9G?CH5 I DFG&<, H94 =B5 I CR\* = ?FA9@, with the strong sign: HJFE85 5DCGH9K A5, H9G?CH5 I DFE G&<E, H94 =B5 I CR\* = ?FEA9@, HF9G9B-9 B5 GFE87I, R9HJFEHB=75, AFE NCGH B5 GH9, =NAI ?@; FE @, etc.

The vocal [l] changed into [u],<sup>23</sup> but there are the examples with the vocal l marked by the diagram (@.), and without it: 4IH=B5, C4IH&H= H&@C, and 4@EH=B5 4@H=B5 DC K 6F5NI.

According to Serbian vernacular, instead of the initial JE, it was written l, as it was pronounced in stokavian dialects at the end of the X century:<sup>24</sup> 6C@&GHE KH B5GHI 8 I GHCA 5<l, J&HFM I J9@=?CA 7F&JI, JFI ?=B5 I KR\*, ?5A9B I 6I 6F&N&<E, A9H5@?5 I CR\*, F&KA5 I ;@J&. Still, there are the examples with JE in old Slavic: 6C@&GHE JE ;@J&, JE BI HFE B5 6C@&GHE, 4 =J=B5 JE BCG, CGHF=B5 JE ;FE @, GJF56E JE I KR\*.

The final [-l] is preserved: C6F5N K 6I <5@E, N@E 6&@&E; ?C9A 9 I N9@ J&HFE DC@ 9NM?5, G@?@E G9 I B><; BC=, GE GE N5RFJ9B=@E = KH9?@E, which is still the characteristics of the Timok-Luznica dialect.<sup>25</sup>

The consonant [h] is also preserved: @C <CH5, GI <=?505@E, GQ <=?B9-G79@BM- B98C; M

The group JGis has not been changed: JG5?C8BE 5; FCNB=75.

The group RF has been changed to 7F, in an example J&HFE HC 7F&JI<sup>26</sup>, otherwise it is: 6C =B/ RFJ&B&, GE GE N5RFJ9B=@E = CK H?@E, 6C =B9 RFE B&, ;F=N9B-9 RF&J5, 8C/H 9AI RF&JC DFC<C4 89B5 B58JCFE, C6@ OH9B-9 RF9J5.

The old Slavic groups OH and 48 are replaced by Serbian vernacular dj and é: J9@=?5 B9A COHE / B9A C?E, I <J5?/ B-9 I <J5?&B=9, JFI ?=B5 I KR\*, ACF6=@ 50H9 N5HJCFMH G9 = B9 DC, \* B58JCFE, 8C/H 9AI RF&JC DFC<C4 89B5 B58JCFE; but also B5GHI 48=H=, B9A COHIM BCOHB=?E, CG@56@ B-9A COHBC.

There are some exceptions in the writing of the weak consonants lj, nj: lj (6C@-B5, ;@J C6C@M K R=6C@M ?505@E); lje (6C@&GHE ?C I N=A @ DC@E / N=?5, 6C@ B-9 I O9BC, =N; I 6@ B=9 GHCA 50BC= ?CGH=, CG@56@ B-9 ACOHBC); lja (6C@, CG@56@&J5H=); lju (C6@ OH9B-9 RF9J5); nj (; B=@5 D@8CJ5, ; B=@5 D@ ?); nje (6C =B/ <sup>27</sup>, DCHMA B/ B-9 KR\*, ; F5G@56@ B=, ; CG@&D@ B=, ; B58=A5B-9, ; F=N9B-9 RF&J5, DCA EB?5B-9 6C@&GH=, H@5D@ B-9 I B9GJ&GHE); nja (G=DB), Still their marking is by legislatures, pre-iota signs, which are also used to mark the groups ja and

<sup>22</sup> A. Belić, *Fonetika*, 1960, 74. Since the end of the XII century M has been equalled to i in Serbian folk speech.

<sup>23</sup> The characteristic of Serbian stokavian dialects at the end of the XIV century. A. Belić, *Fonetika*, 1960, 77.

<sup>24</sup> D. Brozović, P. Ivić, *Jezik*, 1988, 8.

<sup>25</sup> D. Brozović, P. Ivić, *Jezik*, 1988, 69.

<sup>26</sup> This is the characteristic of the stokavian dialects in the XIV century. D. Brozović, P. Ivić, *Jezik*, 1988, 12.

<sup>27</sup> Mainly, but also 6C =B9 RFE B&.



je:(“ mainly after the vowels and in the initial position: ‘; FQNB=75’ ?C” ‘ HF9G9 / 8E B 8BE ‘ =’ 8FI ; M’ B&, ‘ AFE NCGH’ B5” GH-9; ?CN5R9, / in the initial position CGHFE / N=?E, and after the vowels 9is used more frequently: ‘ 6C&GH=’ ?C9 DF=@=?I \* H’ ?E R I ABCA I ‘ FC8I , ‘ 89GB=’ ?C9A ‘ G9 ; F=NI , ‘ ?C9A ‘ 9 I N9@ J&HFE ‘ DC@ 9NMP5, =N&89B-9), the marking of ć and dj in a Cyrillic manner (by letters k and g): ‘ B=@5 D@ ?”, ‘ J9@=?5’ B9A C?E, ‘ I <J5?/ B-9; ‘ I <J5?&B=9, 8C/ H’ 9A I ‘ RF&JC DFC<C4 89B-5 B58JCFE, ‘ ACF6=@=’ 50H9 N5HJCFMH ‘ G9 =’ B9 DC, \* ‘ B58JCFE; ‘ as well as the mentioned use of iota sign (E)<sup>28</sup>, the writing of the decasyllable i (j), omega (K) and the Greek letters chi (L) confirm the claims of D. Bogdanovic, and which was used by R. Katic in the Introduction of the photoprinting edition of the *Medical Codex of Hilandar* from 1980, page XII, that the spelling of the manuscript exemplifies some Resava characteristics.

The consonant s from the foreign words, Latin and Greek, was transferred at the end of the word as O and in the middle of the word as 4: ‘ 5O?@=H9OE ‘ (ascites, ασκίτης), 8=5O?C@B ‘ (διαστολη, diastola), ?5I 4 CB (καυσων, καυσονω), D@9 F9O=O (πλευριτις), HF=H9K OM (τριταιος), O=B?OD5 ‘ (syncopa), =8OD=4 A 5 ‘ (ιδρωτικος, hydropticus), : 9F=O ‘ D5F5O=4 A 5 ‘ (febris paroximalis), : F9B94 =OE ‘ (φρενα, φρενιτικός, frenesis), : F=4 =OE (phtisis). Latin and Greek L (chi) was transferred as such: D5GH= ‘ K F9 = (anorexia), LC-58= (ξοχαθη), or the consonant cluster was simplified: 5DD@94 5 (αποπλεξι’α, apoplexia).

The vowels in foreign terms were changed sometimes: ‘ F&K A 5 ‘ (ρευματικός, rheumatismus, in today’s medical terminology *reuma*); 9D=@B4 5 (επιληψια, epilepsy, today *epilepsija*), or some vowels were inserted: ‘ 5DCK H9K A 5 (αποστημα, apostema).

We will also enumerate some morphological features.

The genitive singular in feminine nouns which end in -a- in nominative, has the ending of -ja- basis: 9<2(C, B=75’ 9. =A 9F5’ K H’ J9@=?M9 JFI ?=B&), which is the characteristic of the earliest Serbian manuscript since the end of the XII century.<sup>29</sup>

Nominative plural of the feminine nouns in -a- ends in e (<2), which results from reducing some of the nominal declinations and it is the characteristic of Serbian stokavian dialects which can be seen in the earliest manuscripts:<sup>30</sup> N@& ‘ ?F5GH&, R I A B& K ; B=79. When these forms are written with &, it is a sign of the ekavian characteristics of the speech of the compiler of the *Codex*, or its original.

The locative singular of the feminine nouns in -a- ends in -e (it is marked by &), which characterizes the oldest Serbian manuscripts, it is still the characteristic of stokavian ekavian dialects of the Kosovo-Resava speech area,<sup>31</sup> as well as of the Prizren dialect:<sup>32</sup> 6C&GHE ‘ JE ‘ ; @J&, J9@=?5’ 6C&GHE ‘ H9FE ‘ G9 HF9G9 I ‘ ?C@9D?9, B5GHI 8 ‘ I ‘ ; @J&, F&K A 5 ‘ I ‘ ; @J&.

The genitive plural of the masculine gender with their basis in -o- ends in Ø: 6C&GHE ‘ K H’ B5GHI 8 ‘ I ‘ GHCA 5<I , C, B=75’ K H’ JF&B-5 8=A CJE .

The nominative plural of the nouns in masculine gender in -o- basis ends in -i: G?@D7M. The accusative plural of the monosyllabic nouns R=FE has both characteristic

<sup>28</sup> The sign Mwas used instead of both semi-vowel signs in Raska and Zeta spelling. A. Belić, *Fonetika*, 1960, 82.

<sup>29</sup> D. Brozović, P. Ivić, *Jezik*, 1988, 22.

<sup>30</sup> A. Belić, *Istorija srpskohrvatskog jezika*, knj. II, sv. 1. Reči sa deklinacijom, Beograd, 1972, 42.

<sup>31</sup> A. Belić, *Reči sa deklinacijom*, 1972, 39.

<sup>32</sup> S. Remetić, *Srpski prizrenski govor I (glasovi i oblici)*, Srpski dijalektološki zbornik, XLII, Beograd, 1996, 461.

of stokavian declination which date from the oldest Serbian manuscripts: the broadening of -ov- and the general ending of the accusative plural of the weak declination (the basis is -je-)<sup>33</sup>: 8FC6B> R=FK J&.

The locative plural of the neuter nouns of the strong -o- declination preserved the old ending -&<E : K H9R9B-9 JE GHCA 5<I ' = JE RF&J&<E .

The genitive and locative plural of the neuter nouns with -s- have the old dual ending -\* : gen. pl. DCHMA B/ B-9 K R\* ; loc. pl. JFI ?@-B5 I I ' K R\* , A 945@?5 I ' CR\* , D5J @5 5 B5 ' CR\* , GJF56E ' JE ' K R\* , H94 =B5 ' I ' CR\* ' = ?FA 9@ . So, the equality of genitive and locative according to the duality is still preserved. In dative plural of the same nouns, apart from the old ending -9A (E), (analogously to the weak -jo- declination of the neuter nouns) K R999A ' 6C@&NBM there is a modern plural form with the dual ending: K R=A 5 6C@&NBM.

The adjectival declination preserves the old genitive singular form of the feminine nouns of the definite aspect, which is, certainly, the characteristic of the secular language.<sup>34</sup> C; B=75' 9 =A 9'5' K H J 9@=?M9 JFI ?=B&. The dative singular of the masculine adjectives: 6C@&GH= ' ?C9 DF=@-?I \* H ' ?E ' R I A B C A I ' F C 8 I ; as well as the locative: J & H F M I ' J 9@=?C A 7 F & J I ' (I ' G H C A 5 < I ) end according to the pronominal declination, and this is the characteristic of the vernacular language.<sup>35</sup>

Although, in vernacular, the endings of the definite adjectival aspect have been overcome by the endings of the pronominal declination<sup>36</sup> since the XIII century, there are some forms of the definite adjectival aspect in the *Codex*: C; B=75' 9 =A 9'5' K H J 9@=?M9 JFI ?=B&, ; F C N B = 7 5 ' ? C ' ' H F 9 9 / 8 E B ' 8 B E ' = 8 F I ; M B & , ? C 9 A ' G 9 ; F = N I ' 8 9 G B > , @ = 0 5 = ' N @ , A 5 @ = 9 6 C @ 9 G H = , C ; B = 7 5 ' R I A B 5 5 , G C I < M B 9 = G 7 9 @ B M B 9 8 C I ; M I H F = 8 B 9 I B 5 ' H F & G 5 J = 7 5 , R I A 5 ' @ & H B 5 5 ' = J 9 @ = ? 5 5 ' = ' N @ 5 5 .

It is understandable that there are forms of the indefinite aspect: J C 8 C H F C I 8 B = , 5 D C G H 9 K A 5 ' H J F 8 5 , 6 & @ & ; E ' N @ E , 6 C ; = B / R F J & B & , 6 C ; = B 9 R F E B & , 6 C @ & N B E B 5 D F 5 G B 5 , 6 C @ & N B E ' G F M 8 R M B 5 , 6 C @ & G H E ; @ 5 J B 5 / ; @ 5 J B 5 ' 6 C @ 9 G H , 6 C @ & G H E ' N I 6 B 5 , 6 C @ & G H E ' A C 4 8 5 B 5 , 6 C @ & G H E ' K G H F 5 = G A F H B 5 , J 5 F = C @ 5 ' ? F E J 9 B 5 , J 9 @ = ? 5 6 C @ & G H E , J 9 @ = ? 5 ' B 9 A C O H E ( B 9 A C ? E ) , J 9 @ = ? C H 9 R 9 B - 9 , J E B I H F M B 5 ' 6 C @ & G H E .

The old verbal ending -HE in third person singular and plural disappeared very early in the vernaculars: ; F C N B = 7 5 ' ? C ' ' H F 9 9 / 8 E B ' 8 B E ' = 8 F I ; M B & , 8 9 G B = ' ? C 9 A ' G 9 ; F = N I , ? C 9 A ' H 9 R 9 ? F E J E ' = N ' 8 9 G B > , but there is -H(E) of the enclitic pronoun H.<sup>37</sup> in the manuscripts of Raska, and this also can be the characteristic of the secular language. There are also the following examples: 6C@&GH= ' ?C9 DF=@-?I \* H ' ?E ' R I A B C A I F C 8 I , 8 C / H ' 9 A I ' R F & J C ' D F C < C 4 8 9 B 5 ' B 5 8 J C F E , A C F 6 = @ = ' 5 0 H 9 N 5 H J C F M H ' G 9 = B 9 D C , \* ' B 5 8 J C F E .

The syntactic structure of the Serbian medieval terms of diseases is very different. The single monosyllabic lexemes (4 =J=B5, 4 5@CGHE, N5G=DE, =N&89B=9 etc., which can be complex with the vowel: ; @ 5 J C 6 C @ M J F E H C , @ 5 J G H J C , K R = 6 C @ M R F & J C ; B = H 9 ) , are equally used with the complex polysyllabic lexemes. Disyllabic lexemes have different structure: with the congruent adjective whose place can be before or after the noun (DF=OHM R\* A B=, DF&CGHF5' C; BM/5), with the incongruent adjective (F&K A 5

<sup>33</sup> D. Brozović, P. Ivić, *Jezik*, 1988, 23.

<sup>34</sup> A. Belić, *Reči sa deklinacijom*, 1972, 151.

<sup>35</sup> D. Brozović, P. Ivić, *Jezik*, 1988, 26.

<sup>36</sup> D. Brozović, P. Ivić, *Jezik*, 1988, 26.

<sup>37</sup> A. Belić, *Istorija srpskohrvatskog jezika*, kw. II, sv. 2, Reči sa konjugacijom, Beograd, 1973, 58.

l' ; @5j &, D5j @5' 5' B5' CR=\* , / 89B>9 69NE' G@58CGH=, GA 9H9B>9 D5A 9H=, K R99A 6C@&NBM), with the adjective (; FCNB=75' ?5i 4 CBE). Polysyllabic complex lexemes are syntagms with more congruent (GE GE' N5RFJ 9B=@E' = ' K H9?@E, Rl A5' JFE @5' = R9A 9FB5, Rl A5' @&HB55' = ' J9@=?55' = ' N@55), or incongruent adjectives (H94 =B5' l' CR\* = ' ?FE A 9@, ' K H99B>9 JE' GHCA 5<l' = ' JE' RF&J&<E), or their combinations (C B=75' 9' =A 9F5' K H' J9@=?M9 JFI ?=B&), or the whole sentences (F5B5 K H' ?C9 K HD585' A 9GK, A CF6=@= 50H9 N5HJ CF=H' G9 = B9 DC \* B58JCFE, ' 6C@9GHE' ?C' l' N=A @' DC@E' / N=?5' ?C9A' 9 l' N9@ J&HFMD@ 9NMP5, 6C@&GH= ?C9 DF=@=?l' \* H ?E' Rl ABCAl' FC8l, ' J9@=?5' 6C@&GHE' H9FE' G9 GHF9G9 l' ?C@D?9, 8C / H' 9Al RF&J C' DFC<C4 89B>5' B58JCFE). Because of their descriptiveness or their length, these terms were mostly subjected to changes.

### III

At the end we will examine to which extension medical terminology is preserved in secular and modern Serbian language and how it has been changed.

The following terms have survived with the phonemic and morphological changes: *boginje, glavobolja, boljitak* (6C@=B5), *unutrašnja bolest, vrtoglavica, pre(gledanje), gluvoća, žutica, sipnja, promuklo grlo, kamen u bubrezima, kašalj, kratkovidnost, lečenje, lišaj, nadimanje, osuti se, oslepljenje, oteklo grlo, (pre)boleti* (K H6C@=H=), *pao apetiti* (D5GH= ' K F9 =), *olakšanje bolesti, padanje u nesvest, reuma, svrab, sipnja, sklopci, stara rana, suvi kašalj*.

In folk medical terminology the following terms are also preserved: *boljka* (6C@), *velika bolest, vetar u stomaku, metaljka u očima* (400)<sup>38</sup>, *guta (kod stoke)*, and *zle gute* (402); *ned'gav* "weak, exhausted, ill" (Rpg, Lr), *nežit* (391), *micina (nicina)* (402) "skin furnucle", *nicina* "the swelling under the armpits and around the genitals" (Rkm), *ognjica* "high body temperature" (Rlg), *očobolj* (from Prizren, in *Terminološki rečnik* under K R=6C@M), *okobolja* (400), *prišt* (398). In the proverbs: as boring as the *zubna bolest*, or with the special stylistic value: *pasti bolan, izvidati*.

Some eradicated diseases are known for their old terms: *guba, čuma* (as well as the mythic creature), *šuga*, while some terms have changed their meaning: *žalost, beleg, vrač*.

To justify R. Katic's claim that some old medical terms have been replaced by the foreign ones: *hronična bolest* (=N85J B5' 6C@&GHE), *rak* (4 =J=B5), *miom, tumor* (N5@=OBC' A & GK), *nekroza* (=N&89B>9), *hiperemija vežnjače očiju* (?FE JE' B5' CRA 5).

Still, it is justifiable that some very descriptive terms: 6C =B' 50H9 J=8=0' 85' =< G9 D9H' =@= 09GH G@=/ N5' 8BC, J9@=?5' 6C@&GHE' H9FE' G9 GHF9G9 l' ?C@D?9, ; FCNB=75' ?C' HF9G9 / 8EB' 8BE' = 8FI; M& B&, 6C@9GH' ?C' l' N=A @' DC@E' / N=?5' ?C9A' 9 l' N9@ J&HFE' DC@ 9NMP5, H94 =B5' l' CR\* = ' ?FA 9@, F5B5' K H' ?C9 K HD585' A 9GK, ' 89GB= ?C9A' G9 ; F=NI, ' A 9H5@?5' l' CR\* ; DCJl RMBE K 6F5NE, ' 8969@CGH' = H94 =B5' JE' / N=?l, ' 6C@GH= ?C' DF=@=?l' \* H ?E

<sup>38</sup> The number in brackets is the number of pages of Lj. Radenkovic's book *Narodne basme i bajanja*, Nis, 1982, where these terms were confirmed. If the words is confirmed in some dictionary of dialects, it will be marked by Rpg - N. Živkovic, *Rečnik pirotskog govora*, Pirot, 1987; Rlg - B. Mitrović, *Rečnik leskovačkog govora*, Beograd, 1992; Lr - D. Manić Forski, *Lužnički rečnik*, Babušnica, 1997; Rkm - G. Elezović, *Rečnik kosovsko-metohijskog dijalekta I-II*, Srpski dijalektoloski zbornik IV, Beograd, 1932, VI, 1935. The examples that are not marked are from our sources.

RI ABCAI` FC8I,` ACF6=@= 50H9 N5HJCF=H` G9 =` B9 DC,\*` B58JCFE, GE GE NE RFJ9B=@E` =` KH9?@E, H9R9B:9 N8C@5,` JFI?=@B5` I` KR\*,` ; F=N9B:9 RF&J5, 8C,/H` 9AI` RF&JC DFC<C4 89B:5` B58JCFE,` A5@9 6C@9GH=, have been replaced by the foreign ones: konfluirani oblik velikih boginja, fras kod male dece, tercijarna malarija, edem (otok)<sup>39</sup> jezika sa paralizom, gnojni konjuktivitis, maligni edem (gasna gangrena), zapaljenje desni sa ulceracijama, glaukom, paraliza živaca lica: or the domestic words: oduzetost (paraliza) jezika, zarane (infektivne) bolesti, male boginje bez osipa (egzantema), zapaljenje mlečne žlezde, proliv, zapaljenje sluzokože očiju (konjuktivitis), grčevi u stomaku, ispadanje zadnjeg creva, lakše tegobe.

It can be concluded that the disease terms in the *Medical Codex of Hilandar* were used for different diseases that were known at that time.

The terms are mainly of Slavic origin, but there are also foreign ones, mostly of Greek origin, of Latin, and then Turkish origin. It is quite understandable since the medical knowledge came in those languages at that time.

The terms are mainly disyllabic and polysyllabic (about 60%). A few are very descriptive, and the translator of the *Codex* has taken them when there has not been appropriate equivalent. Still, many terms for the same disease indicate the incompleteness of the medieval medical Serbian terminology.

The invasion of the Turks in the XV century disrupted the development of Serbia in every respect. The continuity in the development in the development of medicine and medical thought by contacting the Eastern and Western cultures has been lost. In spite of that disruption, the medieval terms for diseases are well preserved in the contemporary medical folk terminology, although they have undergone the necessary changes. The contemporary medical terminology, as well as the disease terms, has undergone an additional foreign influence, which is mainly the result of the striving to internationalize medical science.

## NAZIVI BOLESTI U HILANDARSKOM MEDICINSKOM KODEKSU N° 517

**Nadežda Jović**

*U radu su analizirani nazivi bolesti iz Hilendarskog medicinskog kodeksa N° 517, najpotpunijeg srpskog srednjovekovnog medicinskog spisa. Razmatra se odnos slovenskih i neslovenskih naziva, njihove strukturne i jezičke (fonetske, morfološke i pravopisne) karakteristike, kao i zastupljenost tih srednjovekovnih naziva u savremenoj naučnoj i narodnoj medicinskoj terminologiji.*

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<sup>39</sup> The terms in brackets confirm that today's medical terminology is non-standard, i.e., that some terms have more than one name, domestic or foreign ones.