MEDICAL PRACTICE

Christmas Books

A layman's view of medical translation

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It is notorious, as Henry van Hoof said, that medical and pharmaceutical language is the most incorrect and redundant, as well as the oldest, of all the scientific languages. The words used are the deposit of man's knowledge and superstition throughout the ages, with many hybrids built up opaquely from Greek (particularly pathology) and Latin (anatomy). Words like "anthrax" which sound foreign in any modern language still manage to have different and various meanings in the modern languages that have taken them over (splenic fever, anthrax, carbuncle). In psychiatry, with its many divisions, practitioners will dispute definitions within a language; between languages, the dispute becomes compounded. Even such terms as "chronic bronchitis" and "peptic ulcer" have different meanings in English, French, and German—and schizophrenia is a law unto itself.

The medical language register in European languages is a jungle of synonyms—different words being applied to the same condition, depending sometimes on whether the point of view is anatomical, clinical, or pathological, and sometimes on when and where the expression is used. Thus brucellosis has at least 25 (linguistic) synonyms in English alone (6-12 in other European languages). In 1973 Sliosberg again justified this chaos by stating that archaisms, "possibly considered as outdated by the younger generation, still often retain their value as basic documents," and he did not even try to distinguish them in his indispensable but inadequate dictionary. Add the notorious addiction to eponyms (Bruch's layer, Henle's membrane, and so on) resulting in several nations trying to appropriate the same test, reaction, condition, syndrome, or feature for one or more of their compatriots and, finally the universal craze for creating acronyms (not just to seek fame, but often because the writer is too lazy to repeat a multinous compound), temporary or permanent (the French even use English medical ones like ACTH or turn a title *Oblitérations artérielles aiguës des membres* into OAA), and one understands something of the difficulty facing a translator before he even starts. French doctors at

least have two organisations that try to keep their language pure—that is, free of English—but in spite of *agression*, *éruption*, *dérivation*, "stress," "rash," "shunt" keep coming in.

General principles and approach

Medical writing is primarily for doctors and is also read by nurses and students, while general medical articles and advertising are written for intelligent laymen. In both types of publication the translator is likely to have an aim similar to that of his author(s) unless he is translating for a medical readership with less knowledge than his author's. The content of medical reports and articles will usually not be specific to the source language culture, provided both it and the target language culture are set in developed countries. Hence some of the translator's problems—how to translate a word for a feature that does not exist in his own country, or the expression of the first writer's feelings, or a sound effect do not usually arise in medical translation. Tropical medicine translation presents few additional problems because researchers from developed countries have created the terminology and adopted the local terms. For all that, medical translation can be as complex, challenging, and difficult as any other kind of translation.

In medicine, but not in all translation, the translator's object is to elicit equivalent effect—that is, to attempt to produce the same cognitive and to a lesser extent emotive impression on his reader as, to the best of his belief and imagination, the writer of the original produced on his own (average) reader. Usually, his first aim is factual textual accuracy and his second a natural, sympathetic way of writing that will interest his reader. He must therefore assess his reader (articles for laymen and for specialists have different styles), and he has to translate effectively, removing barbarisms (unless the writer is well-known and his way of expressing himself important), clarifying and pruning where necessary, checking on any possible mistakes and misprints, and reducing longwinded jargon. If he is translating from a medical journal, he should where appropriate follow the house style of the *BMJ*, the *Lancet*, or the *Practitioner*: thus

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Essais Thérapeutiques may become "Medical Practice" and *Travaux Originaux* "Papers and Originals."

German house styles, as one might expect, are even more sober than English, but French, being inhibited by its use of the "impersonal" passive, are sometimes gloriously romantic with a free choice of metaphors (*l'autre volet du diptyque . . . l'examen ne laisse aucune place au doute*) and show little evidence of house style: the translated abstracts "appear to be done by people who are either not doctors or not English mother-tongue," or perhaps neither the one nor the other.

Medical translation is an exceptionally socially important occupation both nationally and internationally, and a modest growth industry; the traditional aphorisms about the impossibilities and treacheries of translation are irrelevant in this context.

The general principle is that the frequency of any feature of the source language text—a word, compound, syntactic structure, word order, technical term—must be matched by equal frequency of the corresponding feature in the target language text. At this stage, too, the translator should determine the degree of formality (use of passives or first person plural or both) and technicality of the text, bearing in mind that English medical style is sober, conservative, moderate, with emphasis on verbal nouns rather than active verbs, and on multiple noun-compounds ("consultant unit confinement," "mitogen-triggered lymphocyte DNA synthesis"). The translator also has to remember that the component parts of a text depend on three types of context: the linguistic, where the company a word keeps may modify or transform its primary sense; the situational, which connects each part with what is happening in "extra-linguistic reality"; and the cultural, if words like "tea" (British) and "slim" (approval) and "*poliklinik*" (GDR) have different senses in the respective languages.

Procedure

With this proviso, I offer some general hints on procedure. Firstly, translate the title last—because it should designate the subject or the intention of the paper or both, and may not do so in the foreign text. Secondly, treat any translated abstract at the end of the paper with reserve—for example, *précoce* translated as "precocious," *sonde à ballonnet* as "Fogarty's gas-bag probe"), but trust the English titles in the bibliography, which should give some of the theme-words. (I assume that the translator's "language of habitual usage"—the only one he should use—is here English).

Finally, never accept a bilingual or multilingual dictionary as an authority. It often contains too many synonyms without their context, obsolete words or "dictionary" words (that is, those that are found only in dictionaries). All unfamiliar words have to be checked for accuracy and currency in two or three monolingual dictionaries in each language (and with an informant, too, if there is still doubt). The best medical dictionaries—Dorland, Stedman, Gould—are in American English, and Butterworth must be used for British English spelling and usage. Only the latest editions should be consulted, particularly on medical growth subjects. Furthermore, at the first reading, repeated words should be underlined for quick reference, because the various contexts are likely to shed a light on their meaning.

FAUX AMIS OR NOT

The main change in *faux amis* (misleading cognate words) in the last 40 years has been that many of them may or may not now be *fidèles*, partly due to the *franglais* impact. This applies to *contrôle* although *contrôle médical* remains unambiguous. Even so, *observation* may be "case history," or "observation"; *accident* "accident," "episode," or "complication" (not arising from the same cause as the original disease); *complication* may be medical or figurative; *intervention*, "the action or the part

played by," "surgery," "assistance"; *emcombrement*, "congestion," "obstruction" (plus "overall dimensions," "total space," etc); *syndromes de sevrage* is not "weaning" but "withdrawal symptoms"; *incident*, "incident" or "side effect"; *incidence*, "incidence" or "influence"; *a priori*, "in theory" or "at first sight"; *a posteriori*, "in fact" or "when the attack is over"; *évolution*, "modification" or "course of the disease"; *essentiel*, "idiopathic" but *organes essentiels*, "vital organs"; *constitution*, "constitution" or "make-up"; *face hippocratique*, "hippocratic facies," but *hippocratismes digitaux* "clubbed fingers"; *résultats, examens, biologiques*, "laboratory findings or investigations," but *produits biologiques* is "organic or natural products" and *arme biologique*, "biological weapon" (insects or toxins).

COLLOCATIONS

A collocation consists of two or more words used in normal association with one another in a given language together to form one word group—for example, "benign" (not "harmless") and "malignant" (not "malign") collocates with "tumour" (*tumeur bénigne ou maligne, gutartiger oder bösartiger Tumor*); *douleur atroce ou exquise*, "acute or extreme pain"; *l'abcès suppure*, "the abscess discharges"; *faire une cure*, "take a cure." In the three types of collocation, the noun remains firm, the other collocate has to adapt. The danger of collocations in medical translation is that they are "transparent" (*chimie de synthèse*) or semantically motivated (*Lungenentzündung*), but are not correspondingly translated. Take *asthme intriqué*, a rare enough term translated as "mild chronic asthma" in the *De La Mare Dictionary*, described as "chronic bronchitis due to secondary infection which may provoke heart failure" in the *Larousse Petit Dictionnaire de la Médecine*. The translator has no choice but to quote both these terms, the first in the text, the second as a note, adding the French *asthme intriqué* (the procedure is known in translation theory as a translation triplet) which he must on no account translate as "intricate asthma." Transparent collocations, which sound convincing but have not been previously seen, are among the translator's biggest pitfalls.

NEOLOGISMS

In this type of translation, one must never invent words. Brand names of drugs have to be looked for in the Merck or Martindale. A drug's name in one language—for example, *Dalzac*—may have a different one in English—Eraldin. As different firms have different names for the same drug, the generic name—here "practolol" (now, withdrawn) should be included. Other generic names—for example, oxytetracycline—have a large number of branded drugs in the UK, as well as other countries. Again, hepatolenticular degeneration has a great many alternative names, and it is not surprising that it is usually referred to as Wilson's disease, since this is the neatest name.

GRAMMAR

The medical translator has much more freedom with grammar than with lexis, and he must be ready to exercise it when necessary. There are about 20 ways of rewriting: "To make a diagnosis is not possible," all of them more natural than that—and it's naturalness we are aiming at. But a "diagnosis" is a diagnosis is a diagnosis, to paraphrase Gertrude Stein.

Grammar can be recast at the word, group, clause, or sentence level. At the word level, the most common "transposition" is from French adjective-plus-noun and from German bound compound to English unbound compound: *cellule nerveuse*, *Nervenzelle*, "nerve cell"; cf *masse liquidienne* as "blood volume"; *réaction transfusionnelle*, "reaction to transfusion." Note also

that German verb-nouns or French infinitives often become English gerunds: *Das Titrieren des Wasserstoffs*, *titrer l'hydrogène*, "titrating hydrogen." At group level, French adjective plus adjectival noun may crisscross with two English adverbs or adverb plus adjective: *d'un intérêt exceptionnel*, "exceptionally valuable"; *d'identification facile*, "easily identified." At clause level, French relative or adjectival clauses often become English present participles, while source language "empty" verbs (to form, exist, rise, have) are deleted in the context. Thus *les meilleurs résultats obtenus* (or *qu'on a obtenus*) *dans cette expérience*—"the best results from the experiment."

LEXIS

I use lexis in the sense of the descriptive area of the vocabulary, the objects, attributes, and events roughly represented by nouns, adjectives, and adverbs of quality, and verbs respectively. For the entire standardised language area of lexis (terminology, agreed hospital and medical jargon such as inpatient or outpatient, *stationär* or *ambulant*, *malade hospitalisé* or *externe*) the translator seeks the recognised equivalents. But there is another aspect—words like *leise*, "livid," *truculent* (f) *schmächting*, *blaß*, *bleich*, *fahl*, "sluggish," "limp," "flaccid," non-standardised language, often more or less coloured by cultural attitudes and therefore in the interstices of translation, where, unless the words are of marginal importance, the translator analyses their semantic features, first outside, then within the context (the first procedure clarifies the problem) and may translate one to two or one to three words in order to transmit the maximum meaning—for example, "sluggish digestion," perhaps *digestion laborieuse et lente*.

"MINUTIAE" AND MISPRINTS

A translator must translate everything, in particular statistics, abbreviations, acronyms—units of mass, length, and intensity, for instance, should be converted and recalculated in SI units. Proper names, names of institutions, addresses, and so on, should be transferred unless they are eponyms or mentioned

for their connotations not known in the target language culture.

"*Elle avait un uvéakolobrom congénital*": thus a case history in yet another French medical journal. The "uvea" is clear, but how does one handle the improbable *kolobrom*? If "k" doesn't work, try "c" is my hint, which takes one straight to "She had a congenital coloboma of the uvea" (a defect in the iris). A translator can sometimes waste hours on contexts, reference books, etymologies, even telephone calls to informants when he should merely be thinking of misprints, misspellings, missing words. Translating is excellent training in lateral thinking, and vice versa. Sense has to be pursued in the most unlikely circumstances, but somehow reconciled to common sense. A medical translator has to assume that his author knew what he meant, and clarify this information: it may not always be correct, but if it's in print, it must make sense. (Language is used for lies and concealment as well as truth.)

Usage

Finally, the most difficult problem for the translator who is neither medical nor paramedical himself is that of usage. What would doctors actually call a *insuffisance cardiaque à majoration droite*? Here the word *majoration* appears to be a vogue word (*majoration des prix, taxes, frais*) dragged in by the author to replace *hypertrophie*. It might be safely described as "increased right-sided cardiac insufficiency," but this would not be usage, and the "increased" (enlarged) is left without an object. A more technical description would be "right-sided heart failure with venous and hepatic hypertrophy." This could take the translator to the nearest term "*cor pulmonale*" (pulmonary heart disease), which, however, is more generic in its intention.

The above discussion illustrates the heart of the medical translation problem, as far as terminology alone is concerned, the search for contemporary forward-looking usage, avoiding over-translation (specific for general terms), and under-translation (general for specific terms) as far as is possible. I have neglected to discuss the emotive side of medical translation (value judgments, recommendations, discussion)—often in a low key, but usually present—but I still submit that this form of translation may be no less difficult and challenging than that of poetry.

Provided you like Steadman's cartoons—in *Punch*, *Private Eye*, and the *New Statesman*—and that you have some interest in Freud, you will enjoy this extraordinary (and extra large, 10.5" × 12") production, *Sigmund Freud* (Paddington Press, £8.95). By combining a biography of Freud with a discussion of the analyst's own analysis of jokes and *Their Relation to the Unconscious* Steadman gives himself a justification for illustrating a collection of the most contorted jokes (some of them Jewish) ever to be set down in print: "I didn't know your Grete was married," says a Viennese to the girl's grandmother, who replies: "I've told the Rabbi, if only you men wore your trousers the same way round some of you wear your collars, this would never have happened." Jung, Adler, Charcot, and Freud's family appear in the pages—all in bizarre caricature, but wickedly well observed. Steadman's characteristic hard black-and-white tones are

perfect for formal life in Vienna in the early years of this century, and he has a marvellous feel for whiskers. All in all, just the present this Christmas for any psychiatrist/psychologist/sociologist who takes himself too seriously.