SPECIFIC FEATURES OF TRANSLATING CHINESE MEDICAL TERMS

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Annotatsiya: So‘nggi o‘n yilliklarda Xitoy tibbiyotining mashhurligi oshishiga qaramay, xitoy tibbiyot bilimlarini g‘arbga uzatishda birlamchi xitoy manbalariga lingvistik kirishning darajasi pastligi muammolari, jumladan, past darajali tarjima va standartlashtirilgan ingliz terminologiyasining yo‘qligi hali ham to‘siq bo‘lmoqda.

Kalit sozlar: tibbiy tushunchalar, тоу (t′ou) (頭), лин ба (l′ın b¯a) (淋巴), ideogrammalar, нонг сионг (n′ong xi¯ong) (膿胸), фу шуи (f˙u shuˇı) (腹水), nei (nèi) (内) va vey (wèi) (外), xitoy tibbiy tushunchalari, ingliz va xitoy terminologiyasi va standartlashtirish.

Abstract: Despite the growth in popularity of Chinese medicine over recent decades, the westward transmission of Chinese medical knowledge continues to be hampered by a number of problems, including a low level of linguistic access to primary Chinese sources, a low level of translation, and a lack of a standardized English terminology.

Key word: Medical concepts, tou (t′ou) (頭), lin ba (l′ın b¯a) (淋巴), ideograms, nong siong (n′ong xi¯ong) (膿胸), fu shui (f˙u shuˇı) (腹水), nei (nèi) (内) and vey (wèi) (外), Chinese medical concepts, English and Chinese terminology and standardization.

Аннотация: Несмотря на рост популярности китайской медицины в последние десятилетия, передача китайских медицинских знаний на запад по-прежнему затруднена из-за ряда проблем, включая низкий уровень лингвистического доступа к первичным китайским источникам, низкий уровень перевода и отсутствие стандартизированной английской терминологии.

Ключевые слова: Медицинские концепции, тоу (t′ou) (頭), лин ба (l′ın b¯a) (淋巴), идеограммы, нонг сионг (n′ong xi¯ong) (膿胸), фу шуи (f˙u shuˇı) (腹水), нэй (nèi) (内) and вэй (wèi) (外), китайские медицинские концепции, английская и китайская терминология и стандартизация.

All languages have words for parts of the body. The number of body parts labelled in the LGP form of each language may vary, and the body parts covered by the vocabulary may vary from one language to another. For example, in French and German have no terms for knuckle, French none for shin, and in Russian there is no distinction between hand and arm (Pilegaard 1997: 162). Nevertheless, many body parts are clearly circumscribed, and have equivalents in most languages (‘head’, ‘neck’, ‘elbow’, ‘eye’, ‘nose’, etc.).

The analysis covers nearly a thousand terms (including commonly used combining forms) drawn from a terminology textbook for first-year medical students (Wiseman & F′eng 1998b). The terms denote anatomical, physiological, pathological, and therapeutic concepts spanning all the major systems of the organism. According to Fluck (1985: 91), the number of existing terms (in German), including those of peripheral fields, has been estimated at 500,000, but medical students get by with an active command of 6,000–8,000.

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Hence the term selection in the present study may be considered sufficiently representative. The English terms were divided into simple terms, combining forms, and complex terms. Variant forms such as derm- and dermat- considered the same. Combining forms that share the same root as a simple term, e.g., cut(an)- and cutis were also counted as being the same. Cognates, such as English heart, Latin cord-, and Greek cardi-, were considered as being different.

The Chinese terms were each assigned to one of the four categories of term formation in relation to the SL terms that were previously used to analyse the German and English terminology of Western medicine: LGP or Chinese medical equivalents (e.g., 頭 t´ou for head); loans (e.g., 淋巴 l´ın b¯a for lymph); loan-translations (e.g., 膿胸 n´ong xi¯ong for pyothorax); and source-independent formations (e.g., 腹水 f`u shuˇı for ascites).

Equivalents formed by loan or loan-translation show the most positive influence of the SL term in the formation of the TL term. Source-independent formations constitute the source-independent category.

When bodies of knowledge are transmitted from one language community to another, equivalents have to be found in the TL for the SL terms. Terminology theory offers no specific guidelines for the initial translation of terms from one language into another. The criteria for judging the acceptability of a term in any target language are the same as for any language; the most important thing is that the term in any language should represent the concept clearly and gain general acceptance. Thus, the question of translation is circumvented altogether. Terms are not translated; rather, parallel terms are created in the target language. Indeed, the formation of terms in a target language is considered to be an act of secondary term formation rather than translation. Consequently, terminology theory provides no answers to questions central to the present study, namely, how terms should be translated into, or how they should be formed in, the target language is of no concern in the field of terminology. Nevertheless, this is only theory. In practice, source language terms are regularly borrowed or provide the model for the creation of terms in a target language. There are several reasons for this.

Firstly, terminologists are aware that when a knowledge corpus is in cross-cultural transmission the existence of the term in the language of the community from which the knowledge is being transferred constitutes an influential precedent that the originators of the concept did not have (Sager 1998a). I would suggest that such a precedent is all the more influential when the lending community is accorded prestige by the receiving community, as is often the case.

Secondly, one fundamental observation of terminologists is that many LSP terms are ordinary LGP terms used in their LGP sense. The anatomist, for example, uses thousands of technical terms to describe the body in the finest detail. However, the words for major body parts such as head, nose, ear, hand, leg, foot, etc., are just as much LSP terms as platysma, os sphenoideum, or choroid. Similarly, the botanist's leaf, root, and stem are just as much LSP terms as cotyledon, hilum, and rhizome. Although LGP, unlike terms of this kind tend to have LGP equivalents in different languages. Thus, in anatomy, the equivalents of the English head are predictably tˆete in French, cabeza in Spanish, and Kopf, in German, and t´ou in Chinese. When a whole terminology is translated from one language into another, LGP items are usually translated with the equivalent LGP terms.

This is not merely a question of convenience, but a matter of preserving in the TL the consensus reality of the layman. If LGP terms are not translated with LGP equivalents, unnecessary opacity is introduced in the TL. As we shall see, avoidance of LGP equivalents in the TL of LGP terms in the SL has been a major problem in Chinese medicine (Porkert's Terminology).

A third reason for close translation of SL terms lies in a major semantic characteristic of terms that relates to the functions of language and kinds of meaning. Just as LSPs are generally characterised by the absence of the expressive and phatic functions of language, so terminology is characterised by a simple relationship between sign (the term) and concept or referent that it signifies. The complexity of meaning that creates difficulties for translator in LGP texts is virtually non-existent for the term translation. In LSPs, words (and morphemes) are usually used in specific primary LGP senses, or in

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specific LSP extended senses. Terms are chosen that perform this function of representation without specific affective or expressive connotations. Physicians do not, in their specialist communications, talk about the cakehole, the tummy, the mawlers, or the tootsies; rather they use the standard words mouth, stomach, hands, and toes. Affective and emotive connotation generally plays no role within the LSP domain itself (Fluck 1985: 34). Terms may gain connotations when used outside the domain (for example, Hatim & Mason's discussion of racist use of sociological terminology, 1990: 141–142, 161–162), but in general they do not assume any expressive function in the LSP domain itself. In Baker's fourfold division of propositional, expressive, presupposed, and evoked meaning propositional meaning is of paramount importance while expressive meaning plays virtually no role at all. Furthermore, in term formation (primary or secondary), existing collocational restrictions, though often applied, may also be ignored since an unusual usage highlights a term as special. By the same token, various aspects of register may be largely borrowed from other fields, but they can also be created. All aspects of meaning evolve with the development of terminology.

A fourth reason concern metaphor, which although widely used in terminology, is used exclusively for descriptive purposes; it is not used for the expressive purposes that it has in the LGP and particularly in creative literature. As will become apparent further ahead, this is just as much the case in an ancient knowledge corpus such as Chinese medicine as it is in modern disciplines such as Western medicine. The significance of this in the realm of translation is that LGP equivalents of LGP terms are often easy to find, and that loan-translation is usually possible.

A fifth and final reason is related to the question of the acceptability of introducing neologisms (loans or loan-translations) in translation (discussed under Influence and Translation). Whatever resistance there is to borrowing in literary or other forms of LGP translation, it is much less prevalent in the realm of LSP terms. The need for unequivocal denotation predisposes LSP users to the acceptance of neologisms (either new terms or old terms used in new senses), and in so doing, defuses conservative antipathy toward 'foreign expressions', whether these be of foreign origin or have a foreign model.

In the field of Chinese medicine, there is one further and very important reason

why the source-language term rather than the concept should form the basis for choosing the target-language equivalent. Although the language of Chinese medicine is classed LSP according to the basic social and linguistic criteria, it differs from scientifically based modern LSPs as regards terminological rigor. In over two thousand years no concern has evolved to achieve unity of concept and unequivocal definition as is seen in modern LSPs. In the absence of crisply delineated concepts, the aim of source-orientation in translation the creation of a TL terminology that in its formal characteristics closely resembles the SL terminology.

Many insights into term translation are potentially to be gained from investigating comparable instances of successful terminological translation. Unfortunately, the transmission of Chinese medicine is subject to the same conditions in non-English-speaking parts of the West as in English-speaking countries, so we have nothing to learn from them. We do know that Chinese medical knowledge has been successfully transmitted from its homeland to Japan and Korea. Nevertheless, this experience is of no help to us since in neither case were terms translated. Both Japanese and Korean adopted Chinese medicine as part of a large cultural package, which included a writing system. Though both Japanese and Korean in time developed their own scripts that have partly (in the case of Korean almost fully) displaced Chinese characters, they have never entirely discarded them. Japanese, for example, uses Chinese characters to mark the stems of many nouns

and verbs, and its native kana for grammatical particles. In both Japanese and Korean texts of Chinese medicine, all the technical terms of Chinese origin appear in Chinese script (although they are of course pronounced differently). The problem of translating the Chinese terms was avoided altogether. Nevertheless, in Japanese, the Chinese terminology was adopted at expense of clarity since phrasal terms reflecting the typical subject-verb object order of Chinese, such as 清热解毒 q¯ıng rˋe jiˇe dˊu, clear heat and resolve toxin, do not comply with the subject-object-verb word-order of Japanese. Within the field of Chinese medicine, therefore, no precedent for the successful translation of terms exists. We

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therefore have to look to other fields. Western medicine has the merit of being a subject area dealing with the same subject and of having been transmitted successfully across culturolinguistic frontiers. An investigation of the translation of Western medical terminology provides the subject of the next chapter.

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