

AAOM notes

By Eric Brand

The AAOM must be commended for bringing our community together to address the issue of Chinese medical terminology. As medical information worldwide is increasingly moving towards a digital age, standards of expression in East Asian medicine are being addressed by a variety of organizations, including the World Health Organization (WHO), the World Federation of Chinese Medicine Societies (WFCMS), and China's State Administration of Traditional Chinese Medicine (SATCM). As the first US-based organization to address this issue, the AAOM has done a great service to the profession by stimulating discussion on this important topic. By bringing together the advice of American experts in the field, the AAOM is spearheading the task of identifying trends in English terminology use in the United States. Identifying these trends allows the AAOM to offer vital representation for the profession to larger organizations such as the WHO, which seeks to establish international standards in Chinese medical terminology.

This letter is essentially a review of my personal impressions of the meeting as a member of the audience. While it is impossible for me to encapsulate the depth of the presenters' speeches in a few brief sentences, I hope that my take-home impressions may offer a general overview of the meeting for those who were unable to attend.

Before I begin, I would like to briefly introduce myself so that my comments may be assessed in accordance with my experiences and personal limitations. My observations of the meeting are nothing other than personal observations, and I hope that they convey an accurate representation of the views of the various presenters. I flew in from Taiwan 2 days before the conference and drove through the night from LA in order to attend; I apologize if my memory is a bit imperfect on any issues, it is due to travel fatigue and not ill intent.

I am a graduate of the Pacific College of Oriental Medicine, with a prior background in undergraduate study of Chinese language, history, and cultural studies. I have lived for the past three years in Taiwan, where I have studied Chinese medical translation with Nigel Wiseman and Feng Ye while completing an extended clinical internship in the Chinese medicine department of Chang Gung Memorial Hospital. With regards to translation and terminology, my experience is primarily centered upon my work experience as a translator and editor for the US-based Paradigm Publications and the Beijing-based People's Medical Publishing House (PMPH, *Renmin Weisheng Chubanshe*). During my stay in Beijing, I assisted PMPH with training and recruitment of translators and was frequently involved in discussions with local experts and staff about translation styles and the English terminology of Chinese medicine. In Beijing, I attended the foundational terminology meeting of the World Federation of Chinese Medicine Societies (WFCMS), in which foremost experts from the PRC and foreign experts such as Nigel Wiseman and Paul Unschuld discussed issues of terminology. While I am a member of the WFCMS' terminology committee, it is a largely honorific position that is of less practical importance than my daily experience with translation and

editing of Chinese medical texts. Having studied Chinese for only ten years, I lack the depth of experience of the field's leaders, but I am nevertheless reasonably well-informed about a wide range of issues relating to translation theory and term choices.

Any review of the conference should naturally begin with my sincere gratitude towards Miki Shima and Will Morris, the people who made this timely discussion on nomenclature a reality. In my opinion, Will Morris, the president of the AAOM, has truly demonstrated his commitment to the profession by initiating one of the most important efforts towards the advancement of the field ever undertaken by a professional CM organization. I left the meeting vowing to join the AAOM as soon as I move back to the USA, and I certainly now perceive the AAOM to be at the forefront of all our professional organizations as a result of their efforts.

As a key organizer in the event, Miki Shima selected a balanced group of professionals with diverse perspectives to facilitate debate, discussion, and unity within the field. I left with a strong impression that Miki is very dedicated to resolving differences between different members of the field and is keen to create a unified and open system of terminology that will allow for enhanced correlation of concepts throughout the English literature. He seems to greatly value pluralism, which is seen by his desire to create an integrated and inclusive database of existing terminology.

Following an introduction by Will Morris and Miki Shima, Jeannie Kang took the podium to offer the group a brief report on her interactions with the WHO and their meetings in Seoul regarding standardized English terminology. Her presentation was eloquent and she struck me as an extremely intelligent individual. She seems to be an ideal representative for our community within a large organization like the WHO, which must constantly balance multiple agendas across many member states and medical styles. According to Ms. Kang, the WHO is already planning to incorporate Chinese diagnostic codes into its international classification of disease codes. Her report was a reminder that term standardization is an important and widely recognized issue internationally, and the increasing reliance on technology makes professional standards in terminology essential in an age of paperless hospitals and searchable databases of medical studies.

Although the topics of Miki Shima and Jeannie Kang were not oriented towards terminological issues related to their native Japanese or Korean medical traditions, their insightful presentations left me thinking about how crucially the Western field needs more input from the Japanese and Korean communities, especially in terms of terminology and the enhanced transmission of information that comes with it. While my personal experience with East Asian medicine is nearly entirely based on my interactions within the Chinese world, I have a strong opinion that increased insight from our Japanese and Korean colleagues is a much-needed element in our profession's growth. Indeed, I feel that one of the areas most deeply lacking in the discussions on terminology in the US is adequate representation from Korean and Japanese traditions; thus far very little material has been developed in English to illuminate the differences in terminology and other characteristics of Korean and Japanese styles of East Asian medicine. Miki and Chip Chace briefly touched upon some examples of different nuances of terms within the

Japanese literature, and this type of material would be a fascinating area for further development.

One interesting point that Ms. Kang touched upon in passing was that the WHO is particularly concerned with Evidence-Based Medicine (EBM). I was personally surprised that the issue of biomedical interface terms for EBM was hardly discussed at the AAOM meeting, whereas it was one of the most fundamental issues faced at the meetings of the WFCMS and the WHO. The differing needs of practitioners in an integrated or biomedical environment versus practitioners practicing more purely traditional medicine has a tremendous impact on the terminology chosen. In some circles, traditional medicine is regarded as less clinically important than integrated medicine, and biomedically-oriented term choices are typically favored in such communities. By contrast, individuals seeking terminology appropriate for classical texts or texts devoted purely to traditional medicine tend to favor term choices that reference the original source concept versus a possible biomedical correlate. In light of these different needs and different attitudes, some groups (such as the WFCMS) seek to establish biomedical interface terms for conditions that correspond closely with a given biomedical pathology, whereas a source-based translation may be chosen for traditional or historical works to preserve the original concept. An example of this can be seen in the following principle established at the WFCMS' terminology in Beijing in 2006:

“If the Chinese term closely corresponds to a specific Western medical term, it is acceptable to use multiple terms, i.e., 风火眼 wind-fire eye (acute conjunctivitis). However, it is preferable to keep terms to a minimum, with no more than two equivalents for a given Chinese term. While biomedical interface terms may be chosen to supplement traditional medical terms, the following points should be observed: a) If the concept is identical and no specialized knowledge or equipment is required for understanding the Chinese term, a single equivalent may be used (examples include dysentery, diarrhea, and malaria). b) If the concept is essentially the same but modern knowledge or equipment is required to understand the biomedical phrase, a biomedical interface term should be chosen for scientific works, while a term that preserves the original meaning of the Chinese concept should be used for historical or traditional works (ex. wind-fire eye vs. acute conjunctivitis).”

Next was a well-balanced presentation by Chip Chace. Like Craig Mitchell (who presented later), Chip is a very qualified translator who has worked with both Dan Bensky and Nigel Wiseman. Thus, the experience of Chip and Craig offers a relatively balanced perspective and an interesting angle of insight. Chip emphasized that he initially developed a strong mastery of Chinese medical Chinese based upon the systematic approach developed by Wiseman. In later years, he has gradually expanded, and he emphasized the need for constant questioning of his assumptions, even in words and concepts that he thinks he has mastered. He emphasized the importance of a strong and systematic base, and also emphasized the importance of not rigidly adhering to ideas and being open to different interpretations. He indicated that he noticed the need to continually refine his notions about a variety of terms, especially as his work expands

into new areas such as Japanese acupuncture where the terms may have different connotations.

Marnae Ergil followed with an extremely informative presentation on translation styles and the impact of terminology on the educational level of future practitioners. In my personal opinion, Marnae offered perhaps the most moving and resource-rich presentation of the morning panel. She emphasized the effect of different translation styles in terms of their impact on concept detail and accuracy, and drew attention to the crucial issue of identifying who our target audience is and what needs are required for this community. She drew attention to the fact that our core textbooks cannot be written as simplified materials oriented towards a lay audience with average adult literacy; rather we must recognize that the target audience of these texts is a specialist audience that has a clinical need to rely on professional, advanced materials as the basis for the responsible practice of medicine. In a detailed and insightful manner, Marnae pointed out a variety of ways in which the clinical potential of the field is limited by texts that use excessive simplification, biomedicalization, and other distortions of Chinese medical concepts. She also pointed out that many students in the field are quite capable of rising up to higher standards of clinical reasoning if they are given access to material that is taught at a level appropriate for aspiring medical professionals.

Following Marnae Ergil was Bob Felt, the publisher of Paradigm Publications and arguably one of the main people responsible for initiating the discussion of terminology in the Western community. By publishing the *Practical Dictionary of Chinese Medicine* and other key works by Nigel Wiseman, the range of literature produced by Bob Felt is truly the reason that the Western field has matured to the point of having nomenclature debates in the first place. The impact of Nigel Wiseman's foundational work was underscored by the first slide in Bob's presentation, which contained an image of an empty chair. The empty chair represented the absence of Nigel at the AAOM meeting, despite the fact that the entire discussion of terminology in the West was largely initiated by his creation of a standardized English terminology for use as a basis for discussion and as source of reference for translators. In addition to introducing the Western world to the importance of terminological accuracy, the work of Nigel Wiseman and his colleague Feng Ye has provided the only comprehensive tool available to native English speakers who wish to learn advanced Chinese medical Chinese; this is arguably one of the greatest contributions to the field ever made by a single group of individuals. Indeed, the focus of praise or criticism underlying nearly all the papers and presentations of the other panelists primarily revolved around their work, so the empty chair depicted in Bob Felt's Powerpoint served as a reminder that the AAOM's meeting on terminology was missing the foremost Western expert on the subject, in fact, the very man whose work helped propel the profession to its current level of academic maturity such that the debate could even take place to begin with.

Bob Felt reinforced the notion that standards are in no way limiting to the field, and emphasized his view that the field should embrace an open standard that is unrestricted and freely available. One of the most common misperceptions of the issue of standard terminology is that such standards would imply mandatory use of certain terms or limit

writers' expression in some way. Quite to the contrary, term standards offer tremendous freedom for deviation by individual writers and in no way are intended to reduce the accuracy or flexibility of translations; rather, there are extensive guidelines already in place to allow deviations for the specific preferences of writers or for the specific nuances of terms in different historical periods. Such deviations are a natural part of an accountable translation system. In such a way, all users can have the benefit of a systematic and accurate approach like Wiseman's, without having to use any words that some perceive as overly meticulous or uncommon (most people who dislike Wiseman's work actually just dislike some of the individual terms chosen, not the overall methodology and approach).

After addressing widespread misconceptions about term standards (such as an irrational fear of their mandatory imposition), Bob brought our attention to some of the most important but least discussed factors limiting progress in terminology across the profession- money and power. As a bookseller, Bob recognizes that the primary sector of the CM book market is the textbook market for the examinations. Because all students must pass their exams and all colleges base their curriculum around the exams, the terminology used in the exams actually creates the de facto standard of term use. Thus, the central textbooks that are required by the exams essentially create the term standards. Within this is a powerful financial incentive to resist changes in terminology, owing to the largely consolidated power held by the parties that benefit financially from the current status quo. Thus, Bob's recommendation was that for terminology to progress and impact the field in any meaningful way, the issue of terminology must be addressed by the exam committees. Publication of approved and correlated terminology lists by the exam committees would allow the exams to be opened up to increased market competition. Currently, all the influence is held by a few key players in the market that may stand to benefit financially by the exclusion of other terminologies, thereby controlling the primary sector of profit in the textbook industry and limiting the field's ability to progress and incorporate the higher educational standards that could be achieved by increased differentiation of clinically important concepts in Chinese medicine.

Following up on Bob Felt's presentation was a presentation by Bob Flaws. Bob (Flaws) articulated a number of important points, notably the need for increased numbers of Western translators to develop the range of English literature available. His presentation called attention to the fact that many schools do not adequately emphasize the importance of language, and too few students elect to pursue Chinese medical Chinese. These factors limit the range of new knowledge that enters the field and ultimately puts a ceiling on our development as a profession. He emphasized the need for transmitting technically accurate concepts in Chinese medicine for the simple point that it makes the educational process more clear and enhances the clinical potential of practitioners. A common theme with several of the morning presenters, including Bob Flaws, was the notion that higher standards of terminology is not a peripheral academic concern but rather is a fundamental clinical issue.

The next presenter was Dan Bensky. Dan appears to place less importance on establishing standard forms of expression and rather emphasizes a wider variety of expression based on context. He rather humbly pointed out that the more experience he has, the more he realizes that the exact static meaning of a particular concept is sometimes difficult to pin down. I agree with him on some level, because the more I learn, the more I realize how little I know. Chinese medicine and language is humbling and some lines are nebulous in meaning. What I gathered overall from Dan and later Craig Mitchell was that they tend to promote the idea that diversity in the English expression of Chinese medicine helps to flesh out concepts and provides more interpretations than a single term standard could.

The podium then came to Jake Fratkin. In my opinion, Jake's presentation unfortunately represented a dramatic departure from the well-researched presentations of the other panelists. His presentation was riddled with errors that strongly suggested a lack of basic competence on the topic, and while I do not wish to offer an extended criticism, I suppose that I am somewhat obliged to justify my rather harsh review of his presentation by providing details. However, since I was overwhelmingly impressed with the meeting as a whole, I do not wish to interrupt the flow of my informal conference review to pick apart the details of his presentation. Therefore, I have added on a few comments about Mr. Fratkin's presentation at the end of my review of the conference. Interested readers can then continue, while those not wishing to be bothered by a detail-oriented critique can skip it. Suffice to say that Jake and I have one thing in common and one great difference of opinion: our common ground is that we both have a variety of individual terms in PD terminology that we don't like to use, despite our overall appreciation of the structure and scope of the PD; our difference is that we seem to have dramatically different standards in terms of what constitutes an acceptably well-researched position paper for a professional conference and have dramatically different opinions on what constitutes expertise in the subject of Chinese medical Chinese.

While I may be mixing up the order, I think that Jake was followed by Xiao Tian Shen, a Chinese medical practitioner and teacher in the US. Originally from Sichuan, he struck me as a remarkably intelligent man with a deep understanding of Chinese medicine. His spoken English was absolutely beautiful, and he offered a number of valuable insights on the importance of technology and the challenge of finding perfect correlative concepts when translating between Chinese and English. I particularly liked his example of the conceptual differences between the words for "box" in Chinese and English; in Chinese, the word can only be used for a three-dimensional container, whereas in English it can be either a container or a two-dimensional box that you put a mark in on a piece of paper. He touched upon the fact that language evolves naturally, and noted that phrases deeply imbedded in popular use tend to become standard forms of expression despite the existence of a standard word that is actually more accurate or official. In the Chinese language, this can be seen with the words for many computer products, including computers themselves, which have official Chinese names that are actually less commonly used in colloquial speech than other popular terms or abbreviations. Implied in his speech was the need to recognize terms in popular use that, while perhaps less precise than an official term, have attained a distinct identity within the community and

deserve to be placed on correlative term lists (unless they represent frank errors, I presume).

If I haven't completely botched the order of panelists by this point, I believe that the podium next came to Z'ev Rosenberg. Z'ev is the chair of PCOM's herbal medicine department and is one of the few practitioners and educators in the field of Chinese medicine who has been going strong for over 25 years. Because he has seen so many students and has watched the CM knowledge base of Westerners evolve over time, Z'ev has a number of insights that are extremely valuable. Z'ev has instilled in many generations of students a love of endless study; in particular, he values language study greatly and has clearly noticed that Chinese language acquisition has helped his students to access tremendous knowledge beyond the limitations of the English literature. As an educator, he has also witnessed a dramatic change in the quality of student knowledge over the past 25 years. He believes that one of the greatest factors in improved student comprehension of clinical concepts was the release of the *Practical Dictionary of Chinese Medicine*, which has become an indispensable text in his classes. Truly the increased emphasis on investigating concepts and the increased range of reliable translations has transformed the potential of the field.

Dr. Ding, a representative of the NCCAOM, was the next panelist. She had a great presentation and attitude, and her words revealed that the NCCAOM is truly responsive to the needs of the profession. In speaking with both her and Bryn Clarke of the NCCAOM, I was struck by the fact that the NCCAOM truly cares about the profession and is dedicated to continually advancing their exam system so that it best serves the community. With regard to terminology, it appears that the NCCAOM is highly responsive to the recommendations of expert panels such as the one assembled by the AAOM, and they appear quite willing to adopt improved standards in terminology according to such recommendations. In this way, the NCCAOM has shown that they are a neutral, unbiased organization that simply seeks to stay at the forefront of developments in the community. Commendable.

Next up was Craig Mitchell. As the dean and a language instructor at SIOM, Craig has a unique position of being an educator in the only school that mandates study of Chinese language. Craig emphasized that students who are exposed to Chinese language throughout their study have an advantage conceptually, clinically, and academically, with wider access to source materials and less dependence on English expression for their ideas of CM. He took the angle that a diverse number of renderings for given terms expands the students' concept of the meaning of the word more than a single standard achieves, and emphasized that learning to cope with a certain amount of chaos was beneficial for these students because it rounded out their impressions of English connotations, while their Chinese knowledge allowed them to maintain a link to the Chinese source concept itself. In this way, the English terminology becomes a moot point because the default concept is studied in Chinese and is not dependent on the English correspondence. Someone asked whether this same "chaos" is as beneficial for monolingual students at large schools who lack the basis of Chinese to fall back upon, an interesting question that was rather politely deflected. Regardless of whether the SIOM

students' experience is applicable to the wider student body, it is apparent that the approach that is taken at SIOM is a step above and is a boon to the profession. Craig pointed out one of the best single lines of the conference: "Imagine what would happen to the profession if all students graduated with the ability to approach Chinese literature." Indeed, if more than one small school produced bilingual graduates, the entire profession would rapidly transform by the influx of new knowledge that would be available.

Overall, I was very impressed with the quality of the presentations and I am deeply grateful that the AAOM has allowed this dialogue to move forward. To show my support for the AAOM's endeavors in addressing this valuable issue, I have two contributions: 1) I will be joining the AAOM so that I can contribute financially to their efforts (and I will encourage my colleagues to join), and 2) I am attaching a sample of first draft charts that compare the prominent English terminologies in use. By assessing the three main term bases available in English (by Wiseman and Feng, Xie Zhu-Fan, and Eastland Press), I have assembled a variety of files. One file matches all the known matches between Xie's terms and Wiseman & Feng's terms (this file also highlights matching terms that can be found in the Eastland list). One file matches all the known matches between Wiseman & Feng and Eastland only (i.e., terms not matched to Xie's list). One file matches correspondence terms found in all three lists. Finally, one file illustrates the number of terms found only in Wiseman's list (terms not matched in the other lists); this file is an astounding 750 pages.

Because the lists were matched by computer, there are a number of known errors. Certain terms may not have been matched due to formatting issues, and there are around 300 Eastland terms missing because matches were not found in the general database for them. Some of the matches (particularly comparing the PD and EP) are incomplete from the PD side, due to a limitation in the computer processing that caused only one PD definition to appear for a given term. In other words, these comparative lists represent only the first draft effort of a unified term bank, and the list will require numerous minor corrections and additions. While imperfect in many ways, these term lists may be the greatest digital comparison available in the English world, and are thus a valuable building block for future developments and discussions.

Personally, I think that the AAOM should appoint a panel of experts (largely consisting of the experts present at the recent meeting, with perhaps the inclusion of Wiseman himself) to provide peer review and be responsible for the maintenance of a unified term database. Database files could be maintained by the group, and members of the general community (particularly experts in particular terms or historical periods) could make various suggestions on terms inside an additional field for feedback. Feedback and reasons for particular term selections could be maintained in the database, and the panel of experts could review new terms and suggestions for inclusion. Yearly meetings could refine the database, fill in its gaps, and make informed additions and modifications as required. The evolution of terminology is a natural process that cannot be dictated by a given committee, but the committee could support an open system that allows the English terminology to develop naturally with rigor, peer review, and diverse input.

Thus concludes my review of the conference. I would like to thank and congratulate all those who made it possible. Keep up the good work!!!!

The comparative term files have been uploaded to the “files” section of CHA.

Eric Brand

Note:

I realize that I was a bit direct with my criticism of Mr. Fratkin in the paragraphs above, and I want to elucidate the reasons for my criticism since it is simply a professional criticism and not a personal attack in any way. However, I found Mr. Fratkin’s presentation to be quite unprofessional and it is worth addressing. If you don’t care about such details, stop reading now.

After making preliminary comments praising the translations coming out of mainland China, Jake emphasized that the English literature already available is more than enough for the clinical needs of the Western community. Having personally worked on translations in China, I am familiar with the methodology commonly used for many of the PRC publications, and I must respectfully disagree with Jake’s assessment of the Chinese publications. Many English texts translated in the PRC are done by grad students or volunteers with minimal knowledge of translation theory or methodology, and the term lists used often have little basis in the nomenclature actually used in Western countries. Most of the translators have never traveled abroad and nearly all of them have never even heard Chinese medicine discussed in English. Word-by-word translation is done based on dubiously-composed term lists, and the copy editing is frequently done either by local Westerners with little to no knowledge of Chinese medicine, or is farmed out to India by larger companies with more advanced infrastructures for cost control. Frequently, unreasonable deadlines and mismanaged committee decisions propel the books to print before any truly qualified Western reviewers can evaluate the text for its accuracy or methodological integrity. While the situation is improving as the Chinese begin to recognize the importance of working in teams with qualified Westerners (and also start to implement more widely-used term standards), many of the smaller publishers are still not putting out the quality of material that the field needs. But this side note has nothing to do with my disappointment in Mr. Fratkin’s presentation.

Jake was a vocal critic of a number of Wiseman’s term choices, and offered a number of examples of terms that he found particularly offensive. I also have preferences that occasionally differ from Wiseman’s, and a good healthy critique is a very useful basis for dialogue. However, Jake’s critique was hard to take seriously because he had dozens upon dozens of mistakes; he ascribed so many terms to Wiseman that Wiseman never uses that the critique appeared sloppy, as though the critique was made without actually reviewing the topic of criticism. Personally, I doubt that he was deliberately misrepresenting Mr. Wiseman’s term choices in an effort to malign his terminology; rather, I think that Jake simply prepared a well-intentioned but stunningly poorly researched piece of work. Despite having months to prepare and a supposed 20 years

worth of experience translating Chinese medical works, he assembled a list of exemplary terms that was filled with errors so pervasive that I am amazed he presented it in public. After making an effort to identify 155 terms to exemplify the differences between his translations (informed by 20 years of “clinical experience”) and those of Mr. Wiseman, he managed to make gross errors on over 60 of the terms that he isolated; in other words, misrepresentations or basic language mistakes accounted for well over a third of the document. Despite the widespread free publication of Wiseman’s entire term set, Jake not only failed to accurately transcribe dozens of examples of Wiseman’s terminology, he also managed to make countless blunders that illustrated a profound lack of understanding of Chinese language and terminology. He listed numerous “terms” that could not be found in China’s largest Chinese medical Chinese dictionaries (which contain over 30,000 technical terms), as well as many extremely basic phrases that contain such fundamental errors that the reader can only conclude that the document was prepared by someone lacking in anything beyond an extremely rudimentary knowledge of the Chinese language. The very selection of terms was characteristic of a list selected by someone with minimal knowledge of Chinese medical Chinese, as the selection appeared to be a hodge-podge lacking in any fundamental structure or basic utility, with randomly interspersed biomedical terms that are completely irrelevant to the discussion of Chinese medical terminology.

One would think that his hand-picked 12 “most egregious Wiseman terms” found in the main paper and presentation would at least represent some valid criticisms and room for improvement, but out of these 12 carefully selected terms, 5 very obvious errors (covering both erroneous attribution to Wiseman and mistakes in the fundamental Chinese source terms) made a mockery out of the critique. For example, in the 12 hand-picked examples, we find the phrase *qian xu huo* ascribed to Wiseman as “subdues frenetic vacuity fire.” To begin with, the phrase *qian xu huo* is not a standard term in widespread use in the literature; it cannot be found in a Chinese medical dictionary with over 30,000 terms. Furthermore, the word Wiseman translates as “frenetic” is absent in the phrase, so even if the phrase existed, Wiseman would theoretically translate it “subdues vacuity fire,” not “subdues frenetic vacuity fire.” Given the fact that Nigel has a widely available free term list with 30,000 of his term choices, and Chinese sources have their own lists of over 30,000 terms, there should be little reason to pull misrepresented theoretical examples out of thin air for the sake of argument. Also on the short list of 12 terms was the attribution of *sheng jin* to Nigel as “engenders humors,” whereas Jake’s translation was “engenders fluids.” However, Nigel translates *ye* (the thick fluid) as “humor,” *jin* (the thin fluid) as “liquid,” and the combination *jin ye* as “fluids.” This type of misrepresentation shows a remarkably superficial investigation of Nigel’s term set. Also on the same 12 term list, Fratkin lists the phrase *yin xu huo wang dong*; anyone with even a basic knowledge of Chinese medical Chinese will recognize that the 5 character phrase is non-standard (and is not found in CM dictionaries). The basic phrase is just the first four characters (which Fratkin again manages to bungle with a misrepresentation of Nigel’s translation). These errors, along with the inclusion of Western medical terms in the term list (such as *jiang suan*), makes one truly question whether Fratkin actually has the ability to read Chinese literature in the first place. His repeated misattributions to Wiseman over very basic terms like *luo* (Wiseman=network

vessels), which Fratkin attributes to Wiseman as “connections,” makes one wonder if Fratkin even spends much time reading the English literature. I mean, sure, we all have seen “network vessels” and “collaterals,” but has anyone ever seen any writer use the word “connections” for those channels?

As if the outright misrepresentation and astounding abundance of mistakes was not enough, Mr. Fratkin claimed that his translations represented clinically important improvements on Wiseman’s terms gained through Mr. Fratkin’s 20 years of clinical experience. Such “clinical” translations include recommending changing Wiseman’s translation of *jin* from “sinew” to “tendon.” Despite the fact that Mr. Fratkin has studied Chinese medicine since before I was in preschool, I had identified this mistranslation as a clinical issue before I even graduated from my basic education at PCOM. I originally encountered this difference in conceptual anatomy while working as an apprentice at a Chinese herbal pharmacy; the old Chinese boss was teaching me tuina techniques and he described the *jin* as essentially ropy tissues, the part that can be “plucked,” including things that are clearly muscle bellies in Western anatomy, such as the upper trapezius and SCM muscles. Later, I pursued the definition of *jin* with Nigel Wiseman and at the terminology meetings with Wang Kui of the WFCMS, along with a variety of doctors in top academic positions in both Taiwan and China. Unanimously, the experts and Chinese medical dictionaries agree that *jin* is a concept that is clinically distinct from tendons (it overlaps with ligaments, tendons, and fascia, as well as certain muscle bellies such as the SCM). Therefore, I do not understand why Mr. Fratkin is trying to demonstrate the “clinical” superiority of the word “tendon” when it obscures the fundamental nature of the category of tissue related to the liver. This is an issue in Chinese medicine with vast clinical implications, and it is precisely this type of distortion of concepts that standards in Chinese medical terminology seek to eliminate. The exact problem that plagues our field is people walking around with 20 years of misconceptions that are promulgated until they become accepted as fact.

Another “clinical” criticism of the PD terminology offered by Mr. Fratkin is the suggestion to change the word “panting” for the Chinese word *chuan*. Mr. Fratkin suggests the word “wheezing” instead, but the list of terms is so haphazard that it offers no suggestion for the *chuan*’s commonly-paired word *xiao*; which is translated by Wiseman as “wheezing.” In fact, it is *xiao*, not *chuan* that is associated with sound. It is one thing to dislike Wiseman’s term choices out of colloquial preferences, but to suggest that alternatives such as these represent more “clinically useful” or accurate translations is an altogether different matter. So Jake and I have our differences in terms of what we think the profession needs, I suppose...

Eric