

**Introduction to *Dictionary of  
Chinese Medicine:***

**The Translation of Chinese  
Medical Terminology**

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# **Introduction to *Dictionary of Chinese Medicine:* The Translation of Chinese Medical Terminology**

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The successful transmission of a complex body of knowledge from one language community to another depends on the effectiveness of the strategy chosen to overcome the language barrier. This barrier can be overcome when either the recipients of the knowledge learn the source language so as to gain access to original texts or when an effective translation method is developed. The absence of both language acquisition and translation methodology continues to be a major obstacle to the transmission of Chinese medical knowledge to the West.

Although Chinese medicine has undergone steady growth in popularity over the past 30 years, the Western student's poor access to information has been a drawback to its reception in the West. Not every school of acupuncture or Chinese medicine offers instruction in the Chinese language; probably none ensures sufficient training to a level that would enable students to read Chinese medical texts and translate with ease. The very few who acquire proficiency in Chinese do so by personal effort. A large proportion of Western translation has and continues to be done, not by clinical practitioners, but by sinologists, linguists, and historians. Furthermore, since there are more Chinese proficient in English than Westerners proficient in Chinese, a sizable proportion of translation work is performed by Chinese, again from a variety of fields not limited to medicine.

A major problem of Chinese medical translation that attracts increasing attention in both China and the West is the non-existence of a standardized English terminology. The difficulties created by varying terminologies are immense. Concepts labeled with relative consistency in Chinese lose their integrity and their distinctions when translated into a foreign language in different ways. As a result, the foreign student does not know how to relate information between different texts when the language in each differs.

## **Opposing Trends**

The absence of a unified terminology stems from disagreements not only about how Chinese medicine should be expressed in English, but also how it should be understood.

One approach to translation recognizes that Chinese medicine, like any body of knowledge, is a conceptual system, and that the translator should represent that system in such a way as to ensure that the foreign reader can understand it as it is understood by the source language community. An opposing approach seems to suppose that the conceptual system of Chinese medicine is better understood when transposed into the more solid framework of modern understanding. One example should suffice to make this difference clear. The term 瀝 (xiè), describing a therapeutic stimulus in acupuncture, is translated in the first approach as "drain" and in the second as "sedate." The word "drain" in this context is a literal equivalent of the Chinese term, whereas "sedate" indicates a modern understanding of the effect of the stimulus on the nervous system. The latter rendering implies that qi and the channels—and hence the action of "draining" them—are the products of speculation and that the modern foreign reader is better served when they are replaced with sounder Western medical notions. It supposes that any conceptual system is only a way of understanding reality and that other systems can be usefully applied to understand it. It implies, somewhat paradoxically, that although Chinese medicine is worthy of being presented to a foreign readership, the Chinese concepts are faulted, and should be "corrected." By contrast, the first approach, presents the Chinese notion as it is, and leaves the reader to deal with any problems that the nature of qi, the channels, and the stimulus might create in the modern mind. It recognizes that a conceptual system is independent of the reality it describes, and independent of any other conceptual system that describes the same reality.

Admittedly, Chinese medical theory comprises elements that have not been validated by procedures generally recognized in modern science, notions that we would now deem speculative. Yet, for this very reason, any connection with the reality described by any other system of knowledge, such as that of modern medicine, is equally speculative. Indeed, in the above example, the presumed equation between the channel system and the nervous system is supported only by partial evidence. The work of establishing correspondences between Chinese medicine and modern medicine may well be a historical necessity given the latter's global dominance, but it is not the work of the translator.

A fairly literal approach to translation would appear be the more rational of the two described above. However, it is often rejected on purely linguistic grounds. Languages, as we well know, do not have matching vocabularies, and the translator is often hard pressed to find equivalents. The high degree of polysemy, synonymy, and vagueness that characterizes Chinese medical terminology create problems for the translator that prompt some to argue that the

meaning of a text can only be made clear by selecting renderings meaningfully according to context and by applying paraphrase. Unfortunately, the result of such an approach is that specific concepts denoted by Chinese terms are not clearly conveyed to the foreign reader.

Given the nature of Chinese medical terminology, even those who favor literal translation do not necessarily choose the same renderings. One Chinese term may be rendered with different expressions in English. For example, 營氣 (*yíng qì*) is rendered by some as "nutritive qi" and others as "construction qi." Furthermore, one English term may be used by different writers to render two distinct Chinese terms. For example, "stagnation" is used by some writers to render 滯 (*zhì*) and by others to render 郁 (*yù*). Such differences in terminology create obstacles for students reading different literature. In the first case, they have to learn that very different English terms (nutritive, construction) are synonymous. In the second case, their ability to distinguish the two concepts will depend on how thoroughly the translators have explained them.

Differing interpretations, varying degrees of literalness, and variable paraphrase introduce untold variables into the body of translated literature. It takes little imagination to realize that the net impact on the reader is that Chinese medicine possesses a terminology of only a handful of terms. Since terms are the means by which we communicate technical concepts, the absence of an English terminology prevents the English-speaking reader from a full appreciation of the conceptual system.

This situation is lamentable, and all the more so because it can be avoided. A translation approach that is faithful to the original concepts, that involves minimal interpretation on the part of the translator, and that achieves maximum consistency in the use of terms is possible. I believe that this approach presents the Chinese conceptual system more objectively, and that in the current confusion of approaches it therefore ultimately has the greatest chance of winning general acceptance. And since, by its own nature, it would reduce term choices to manageable limits, it has the greatest chance of generating a coherent standardized terminology. Thirty years have elapsed since Chinese medicine started a new phase of expansion in the West, but that expansion may have been curbed by false suppositions about the Westerner's ability to understand Chinese concepts and about the capacity Western languages to express them faithfully.

## Objects, Concepts, and Terms

The language of Chinese medicine is a technical language. Modern terminologists define a "technical language" as a form of any given language that is used by people involved in a specialism and that has a "terminology," i.e., a set of expressions not used in the common language or, as is often the case, expressions that are used in a different or more specific way than in the common language.

The problems of communication created by the vast growth and profusion of technical languages that has come with the burgeoning in technological knowledge in the modern era has created the need to rationalize and standardize terms, and has therefore led to the emergence of terminology as a special discipline. The study of terminology is closely related to technical translation, because of the need for different language communities to have a matching set of terms for all forms of technical language. Terminological theories have been applied, for example, in the translation of viticulture terminology into Norwegian in the context of EC legislation.

Over recent years, theories used in modern terminology have been applied in Chinese medicine to rationalize terminology and improve definitions. Terminological theory represents a solid codification of principles for technical translation and applied to Chinese medicine helps to clarify issues relating to terms and concepts, even though it highlights certain problems.

Any corpus of specialist knowledge is a complex edifice of interrelated concepts, and the terminologist's goal is that each concept and its relationships to other concepts should be expressed in clear terms. The *concept* is the mental representation of an *object* (including material objects, process, events, states, actions). The *term* is the expression of a concept in language, and the *definition* of the term is the description of the concept. Concepts are the terminologist's natural focus of attention because they are the basic elements of a knowledge system.

A popular misconception about technical terms is that they are words used exclusively by specialists. In actual fact, technical terms in most disciplines largely, if not mostly, come from the common language. Any language only has a certain number of words, and new terms are usually combinations of existing lexical items. Many terms are completely indistinguishable in form from expressions in the common language although they are more specific in meaning. The term "leaf," for example, as used by a botanist has a more precise, and slightly different meaning from that associated with it in the layman's mind. Many terms are common language expressions used metaphorically, as

the "menu" used in computer science to mean a list of functions to choose from, or "cock" as used in plumbing. The process whereby common language expressions are given more specific or metaphorical meanings in the technical contexts is called "terminologization."

Other commonly observed term formation processes include the combining of lexical items into compounds, borrowing of foreign words, abbreviation, and notation etc. These processes vary from one language to another. I shall leave these aside here since they are not of immediate interest.

Terminologists have also established guidelines for making the best terms. The most important of these are as follows:

1. The term must be well *motivated*. Any new term is ideally formed from lexical items (in English, words or morphemes; in Chinese, characters) whose literal meaning indicates the new concept it is intended to represent. Thus "television" aptly describes technology that projects images by means of radio waves over long distances. Good motivation of terms is especially important for new concepts, since a term that clearly communicates the concept will aid the understanding of the concept. Its value lessens once the concept and term that represents it are adopted as a convention. The English word "atom," literally meaning "something that cannot be split," remains an established term in chemistry although technology developed since its discovery enables it to be split. Good motivation is especially important when a mature body of knowledge is being translated into a foreign language en masse, because large numbers of concepts as well as terms may be unfamiliar to the reader.
2. The term should be as short as possible without adversely affecting its clarity. A term is an expression that *represents* a concept. It should pinpoint a concept by indicating one or two main features, but it should be as short as possible so that the delivery of information for people familiar with the concepts is not affected by verbose phraseology.
3. The term, ideally, should not be polysemous and should have no synonyms. This means that each expression should denote one concept only, and each concept should be denoted by one term only. An expression that is polysemous may cause the reader of a text to pause to consider which meaning is intended. The existence of synonyms means that the reader has to remember that a given concept has multiple names. Both polysemy and synonymy affect the reader's ability to associate concepts with terms.
4. The term should be systematic. Thus, in a list such as "heart disease," "lung disease," and "liver disease," the term "disease in the kidney" would be unsystematic.

5. The term should be productive of any necessary derivations (clear heat → heat-clearing formula).
6. The term should be formed in accordance with the syntactic rules of the language. In Chinese medicine, terms that are modelled on Chinese syntax such as "Clear Heat and Stop Excessive Uterine Bleeding Decoction" (清热止崩汤 *qīng rè zhǐ bēng tāng*) are potentially confusing.
7. The term should also be internally logical, avoiding internal contradictions such as "green leukorrhea" or "mineral herbs."

The modern terminological observation that technical terms are largely derived from the common language is reflected clearly in Chinese medicine. Those acquainted with the language of Chinese medicine are aware that most of the characters they come across in Chinese medical texts are used in the common language. They are also aware that most of the anatomical entities spoken of (heart, stomach, kidney) are a matter of common knowledge. Causes of disease (heat, cold, dampness, etc) are phenomena experienced by people who have no knowledge of medicine. We might note that this situation differs markedly from Western medicine, where many terms denoting anatomical structures and causes of disease convey little meaning to the lay. Nevertheless, in the language of Chinese medicine, lay terms have more specific definitions than they do for the ordinary person by dint of the technical ideas associated with them. Furthermore, although most of the individual characters used in Chinese medical literature are familiar to the layman, the combinations in which they occur may be less familiar (e.g., wind-heat, stomach fire).

Modern guidelines for the formation of terms are potentially of value to the translator attempting to recreate Chinese terminology in a foreign language. The notion that a term should not be polysemous and should have no synonyms means that the translator, as far as possible, should not use one English term to translate two or more distinct Chinese terms and should not translate one Chinese term with multiple English terms. It may also mean, however, that where two Chinese terms are acknowledged to be absolute equivalents, the translator may be justified in offering a single rendering. The rule that terms should be productive of derivations poses the need to bear in mind, for example, that whatever rendering we might choose for a term such as 清热 (*qīng rè*), in this text rendered as "clear heat," we ideally need adjectival and noun forms. The rule that terms should be as short as possible without affecting clarity is pertinent in Chinese medical translation where paraphrase is commonly used. More will be said about these points in due course.

Undoubtedly the most important rule is that a term should be well motivated. Modern terminology bases term motivation on understanding of the

object and the definition of the concept, not on the literal meaning of words. Terms in different languages do not need to have the same literal meaning. The fact that the English "light bulb," the German *Glühbirne*, literally "glowing pear," and the Chinese 灯泡 (*dēng pào*), "lamp bubble," have different literal meanings (they are different metaphors) is irrelevant since the term in each language is unequivocally associated with this familiar object. A problem in Chinese medicine is that certain key terms are not explicitly defined. In such cases, the literal meaning of the term and the synthesis of its various contextual definitions assume greater importance in our understanding of the concept and in the choice of English rendering. This needs a little more explanation.

## Chinese Medical Concepts

Chinese medicine has an unbroken lineage that can be traced back to the earliest extant literature on the subject. Still to this day, it claims to follow the system laid down in *Nèi Jīng*. An investigation of the origin of concepts is therefore not simply a matter of historical curiosity.

The development of what we now call "Chinese medicine" two thousand years ago represented a realization that human health and sickness was governed not, as had previously been thought, by demons or spirits, but by the laws of nature. Those laws, however, were understood through different cognitive approaches. The basic theories of Chinese medicine are of distinctly heterogeneous origin. It would appear that the workings of the body were partly understood through deductions from simple dissection and partly through inferences from yin-yang and the five-phase analogies. Dissection would have revealed, for example, that the kidney passed on urine to bladder and therefore was the organ responsible for the management of body fluids. Its association with water led it, by a completely different logic, to be ascribed to the water phase in five phase system. Through the philosophical associations of the five phases with winter and the notion of storage, the kidney was further understood to store the essence of human life required in reproduction. Furthermore, the kidney's ontological relationship with the bladder was understood in terms of the yin-yang system. The kidney was considered yin by virtue of its involvement in internal functions, and the bladder was considered yang by dint of its communication with the exterior of the body. Although different processes of reasoning operated to create theories concerning the kidney, no contradiction was apparently sensed.

Yin-yang and the five-phase theory offered a framework for the observa-



tion of meaningful correspondences. The analogical thinking on which these systems were based was by no means confined to them. The doctrine of signatures, for example, played a part in the development of theories concerning drug properties.

The theoretical foundations of Chinese medicine were laid at a time when unprecedented socioeconomic changes were uniting loosely related communities into a centrally governed empire. The new social and economic order is clearly reflected in the language of Chinese medicine. The major organs of the chest and abdomen are organs of national administration. According to philological research, 脏 (*zàng*) and 腑 (*fǔ*) originally denoted grain collection centers, the former being used generally to denote a storehouse, and the latter a locus of administration. In the Chinese medical conception, the terms imply a hierarchical difference. The stomach, for example, is responsible for preliminary decomposition of food, but is under the control of the spleen, responsible for the more delicate work of extracting the materials required by the body and dispatching them to other administrative centers. The spleen and the stomach are referred to together as the "officials of the granaries." Our modern notions of a clear relationship between morphological structure and function might lead us to overlook the possibility that social and economic analogy played a role in the development of theory. The *Nèi Jīng* tells that the heart is "monarch" from which the "spirit" emanated. Since the time of the *Nèi Jīng* signs of heart disease have been explained by disturbance of the heart spirit. The *Nèi Jīng* also tells us that "heart governs the blood and vessels" and "all blood belongs to the heart." Although our modern understanding of the heart might lead us to think that its authors viewed it, as we do today, as a pump that propelled blood through a circuit, there is no conclusive evidence for this. The heart's central location in the chest and connection to major blood vessels may have been enough to prompt the analogy to the seat of sovereignty.

The development of the notion of *qi* and the channel system was also influenced by analogical thinking. The concept of *qi* as an active principle in the body was evidently derived through analogy since the character originally meant vapor. It has been suggested that flow of some vapor-like substance around the body may have been subjectively experienced in the practice of *qigong*, or that the ability of a stimulus applied at points on the body could induce some distant physiological response may have suggested the idea of transmission lines. Yet however true these conjectures may be, it is nevertheless likely that the theory of *qi* and the channels owes its existence, at least in part, to the speculation that if the body functions like a highly organized empire, it, too, must necessarily have a communications system. The rich im-

agency of waterways and highways in terminology pertaining to the channel and network is of such a high consistency as to suggest that the system as a whole may have been conceived through it.

It may be valuable to distinguish "understanding by analogy" from "naming by analogy," which is metaphor. Metaphor is a specific form of analogy used to describe or name things. Systems of knowledge that make little use of analogical thinking as a cognitive approach nevertheless use metaphor in their terminology because it is simple method of producing a communicative term. Western medicine makes great use metaphor, although in English this is partially concealed, perhaps deliberately, in its Greco-Latin terms. When modern doctors talk of "inflammation," they are aware that they mean "something like a flaming" rather than any actual flaming. When investigating Chinese medicine, on the other hand, we must be aware that it might be a mistake to dismiss the analogy in cognition as merely metaphorical naming. When translating, there is much greater reason to preserve the analogy for the foreign reader.

The distinction between analogical and causal relationships is not always clear in Chinese medicine. Wind, cold, fire, summerheat, dampness, and dryness are environmental phenomena experienced by any person. The attribution of disease to such causes is by no means a unique characteristic of Chinese medicine (we say "catch a cold" in English). Of interest here is Chinese medicine's statement that these entities actually enter the body and that their presence in the body is reflected in the similarities of their pathological effects, as judged through observable signs, to the effects of the external phenomena. What is more, all etiological processes triggered by these causes are described in language similar to that used to describe the effects of the external phenomena. However, we cannot be sure to what extent they were originally viewed as being identical with the original phenomena. Wind, for example, was understood to penetrate the body through the interstices. Diseases attributable to such a pathology were, as time went on, gradually re-attributed to internal wind. Never was it suggested, however, that an external or internal wind could exit the body through the interstices and regain its physical form. Clearly, wind in the body, whether perceived as being of external or internal origin, is not identical with the physical entity we call wind. A possible explanation for this is that, in its original conception, wind was not understood in a purely physical sense as we would now understand it, but as a spiritual entity not bound to the laws of nature. This is quite possible since wind as a cause of disease dates back to the time when the forces of nature were endowed with magical qualities. Here, again, there is a message for the translator. Those

who would choose a non-literal rendering (the transliteration "Feng" has been suggested as being more appropriate than "wind") might be doing so out of a retrospect understanding.

The speculative nature of certain concepts makes them difficult to define. Returning to a previous example, *qi*, a key term in Chinese medicine, denotes phenomena both outside and inside the human body.

1. Air, gas, vapor, smell, and breath (e.g., 大气 (*dà qì*), "great qi," 急气 (*qì jí*), rapid breathing).
2. Environmental forces (cold, dampness, dryness, etc.).
3. Anything of a particular nature, e.g., 四气 (*sì qì*), the four qi; 阴气 (*yīn qì*), yin qi; 清气 (*qīng qì*), clear qi. In this meaning, it may denote solid and liquid matter, e.g., 浊气 (*zhuó qì*), "turbid qi," referring to waste in the digestive tract, or blood (?), as in 浊气归于心 (*zhuó qì guī yú xīn*).
4. Any of various dynamic phenomena of the body e.g., 原气 (*yuán qì*), "source qi," 真气 (*zhēn qì*), "true qi," 卫气 (*wèi qì*), "defense qi," and 营气 (*yíng qì*), "construction qi," by which physiological functions are explained.
5. Disease states, e.g., 脚气 (*jiǎo qì*), "leg qi" (beriberi), and 疝气 (*shàn qì*), "mounting qi."
6. An abbreviation for disorders of qi (qi vacuity, qi stagnation), as appearing in the terms 气秘 (*qì bì*) "qi constipation," 气瘤 (*qì liú*) "qi tumor," and 气呕 (*qì ǒu*), "qi vomiting."

The above classification suggests that the term *qi* denotes a broad range of phenomena. The original meaning of "vapor" extends to cover gases in general and subtle forms of matter used to explain physiological activity. At the same time, "qi" sometimes denotes tangible entities. Objects denoted by the term are distinct, yet are partly interrelated. For example, although environmental phenomena would appear to be distinct from dynamic phenomena in the body, the dependence of original qi on air drawn in by the lungs would suggest an underlying identity. Precise distinctions in meaning are often difficult to make. It is not always entirely clear whether 正气 (*zhèng qì*), "right qi," is intended in sense 4, namely as an activating principle in the body, or in sense 3, as all forces maintaining health and resisting disease, which would include the blood. Indeed the term would appear to be used in both senses. Whether terms listed in sense 4, such as "original qi" and "source qi," are to be viewed as distinct entities or different functions of a single entity is another question that remains unanswered. Indeed, *qi* as an activating force is not distinguished from its activating function with any clarity.

The entanglement of thing and function that is seen in the question of

qi is also observed in the realm of anatomy. The term 筋 (*jīn*), "sinew," is often boldly equated with the modern tendon and ligament, but the use of the term in the acupuncture point locations shows that it is often equivalent to the modern concept of muscle. This is further borne out the fact that "hypertonicity of the sinews" is a condition of the muscles. It would appear then that "flesh" (governed by the spleen) and "sinew" (governed by the liver) represent a functional difference perceived as an anatomical difference. A similar entity/function dichotomy is presented by 三焦 (*sān jiāo*), "triple burner," and 命门 (*mìng mén*), "life gate," whose nature has been the subject of discussion for centuries, as most readers will know.

Before the modern era, no systematic analysis of the relationship between object, concept, and term was ever made in Chinese medicine. Terms were understood through specific definitions provided by the writers that used them, through the context in which they were used, and through usage in the common language meaning. No attempt was made to define concepts in their clear relationship to others. Terms denoting various forms of breathing abnormalities such as 气喘 (*qì chuǎn*), 喘息 (*chuǎn xī*), 喘逆 (*chuǎn nì*), 上气 (*shàng qì*), 气短 (*qì duǎn*), 少气 (*shǎo qì*), 气少 (*qì shǎo*), 气促 (*qì cù*), and 气急 (*qì jí*) were never comprehensively defined in relationship to one another, and hence individual users of the terms see differing shades of differentiation among them. The term 少气 (*shǎo qì*), for example, is used in the sense of 气虚 (*qì xu*), "qi vacuity," and 气短 (*qì duǎn*), "shortness of breath," and often it is difficult to know which meaning is intended. Over past few decades, an immense effort has been made to settle problems of this kind, but much has still to be done.

The origins of Chinese medicine are heterogeneous, confused, and uncertain. Concepts are often speculative and lack clear definitions. For the translator of Chinese medical literature, the firm ground of clearly denoted objects and clearly defined concepts that characterizes modern specialisms is lacking. This observation together with an awareness of the importance of analogy in Chinese thinking should be enough to suggest to the translator that, unless good reason exists, terms should be rendered by their literal meanings. The danger that poor definition poses for the translator, however, lies in the temptation to impose an order on things that may not actually be there. This temptation is especially strong for modern translators—Chinese or Western—whose notions of human health and sickness derive from the much more precise and structured picture painted by Western medicine.

## Language and Terms

A term is an expression used in a definite or specific sense. For the translator, it is an expression that must be rendered consistently in all contexts. Substantial differences in current renderings of Chinese medical terms reveal not only different choices of terms; they also reveal disagreements about what constitutes a term, and notably to what degree the component characters of terms are of terminological significance.

A characteristic of the Chinese language is the compound formed of two virtually synonymous characters. The compound 津液 (*jīn yè*) refers to fluids in the body, and its components probably are as close in meaning to each other as the "fluid" and "liquid" are in English. The translator may be inclined to find a single English term to render the two. There would be nothing out of the ordinary here in terms of translation practice, because Chinese regularly expresses notions with two characters. Think, for example, of 碗盘 (*wǎn pán*) and 保护 (*bǎo hù*), "crocery" and "protect". However, once acquainted with a distinction based on the degree viscosity, the translator might decide to translate them as "thin fluids" and "thick fluids." Then again, when the translator encounters the compound 互液 (*wǔ yè*), he may consider dropping the adjective, since the things it denotes include fluids classed as "thin" according to his guiding definition. Similarly, when he meets 阴液 (*yīn yè*), he has to decide between an exact translation, "yin thick fluids" and a shorter but less specific "yin fluids." The fact is Chinese terms do not always have the precise definitions they have been given in some contexts and in such cases translations based on definitions are problematic.

A translation approach based on specific interpretations of terms rather than on their literal meanings often involves supplying information from the context. For example, 化湿 (*huà shī*), 燥湿 (*zào shī*), and 利湿 (*lì shī*) have been rendered non-literally as "eliminate upper Jiao dampness," "eliminate middle Jiao dampness," and "eliminate lower Jiao dampness," and more literally as "transform dampness," "dry dampness," and "disinhibit dampness" (the renderings used in this text). The non-literal renderings recognize only the second of the two Chinese characters composing the term as a fixed component to be rendered systematically. The verbs in each case are translated by the same word "eliminate", and an additional element is added to the English term referentially (location in one of the three burners). The differences in action expressed by the three Chinese verbs ("transform," "dry," "disinhibit") are replaced with distinctions in location. Although this method offers the reader potential benefits, it is not without snags. Firstly, the translator can-

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not be sure that the distinctions in location always attach to the three terms. Secondly, when is embedded in another term, a shortening or even omission of information is highly likely. If 利湿 (*lì shī*) is rendered as "eliminate lower Jiao dampness," a concise translation of 清胆利湿汤 (*qīng dǎn lì shī tāng*) becomes problematic.

The addition of information from the context is inappropriate when misleading or unsubstantiated information is added. The natural tendency nowadays is to introduce Western medical information. "Promoting blood circulation by removing stasis" as a translation of 活血化瘀 (*huó xuè huà yū*) implies that Chinese medicine has a clear theory about the "circulation" of the blood that we understand by this modern term, which, as has already been argued, is not strictly true. Although, it may well be that drugs traditionally said to "quicken the blood and transform stasis" may be found through pharmacological research to stimulate blood circulation, the translator's goal is to faithfully represent the Chinese conceptual system as traditionally understood. The work of the researcher should not be confused with that of the translator.

A great many Chinese terms have been used to denote different things by different writers over the centuries. A classic example of this is 少腹 (*shǎo fù*), whose different meanings have been rendered as "lower abdomen" and "outer part of the lower abdomen." Here the problem is that the translator often simply does not know which is meant. "Anus," "perineum," "area beneath the canthus," "KI-11" as possible renderings for 下极 (*xià jí*) might present an even more complex problem.

A rendering based on contextual meaning tends to add information that makes the translation more specific than the original term. Under some circumstances, it can also eliminate information. The term 血厥 (*xuè jué*) rendered as "syncope due to excessive bleeding" or "syncope resulting from blood disorders" may be a fair representation of the concepts in the local context, but the clarity is achieved at the expense of obscuring the relationship of the concept to other concepts in the system. The character 厥 (*jué*) indicates a reversal in the direction or spread of qi that manifests in syncope when it affects the head and in cold when it affects the limbs. The notion of "reversal" is lost when 四肢厥冷 (*sì zhī jué lěng*) is rendered, as it often is, as "cold limbs." The rendering "syncope" in the above examples thus neglects the importance of the notion of "reversal" in conceptual system as a whole.

The English equivalents in most of the above examples are more specific than the Chinese terms. The gain in clarity sought through this additional specificity is largely defeated by loss in consistency in the use of terms. The high relativity of the Chinese medical term undermines the translator's appre-

ciation of its technical status, and allows him to drift into the habit of selecting or modifying terms according to context and, at worst, introducing of notions from an alien frame of reference. He thus bases his translation on the denotative meaning of compounds in the context rather than on the intensional meaning of the individual character that provides the semantic link between its different applications.

A philological approach to translation clearly avoids a whole range of problems. However, as I have already said, translators may reject such an approach on the grounds that it poses too many linguistic difficulties. Many of these difficulties center around Chinese polysemy and synonymy.

### *Polysemy*

Many claim that Chinese medicine defies literal translation because of the polysemous nature of the Chinese character. Before drawing a hasty conclusion on this matter, we should look into it in closer detail.

Polysemy is a basic feature of human language that is logically attributable to economy. Existing expressions are naturally used for new concepts. All languages probably follow this process, but because the existing vocabulary in each language is different, it develops by taking on new meanings in different ways. Moreover, some words by their very nature lend themselves to broad application. Technical translation reveals this fact clearly since translators tend to choose different words in the target language for a single terminological item in the source language. A simple example should help to make this clear. When terms beginning with the Latin prefix *sub* are translated into Chinese, different equivalents are naturally used.

- subcranial 颞下 (*bú xià*)
- sublingual 舌下 (*shé xià*)
- subculture 次培养菌 (*cì péi yǎng jūn*)
- subgallate 次没食盐 (*cì mò shí yǎ suān yán*)
- subexcite 亚兴奋 (*yǎ xīng fèn*)
- subchronic 亚慢性 (*yǎ màn xìng*)
- subluxation 不全脱臼 (*bù quán tuō jiù*)
- subinflammation 轻炎 (*qīng yán*)

The differences in translation here are not due to any whim of the translator, since even in English we can identify different usages of the prefix *sub*: below (as in subcranial and sublingual, translated as 下); secondary (as in subculture and subgallate, 次); low-grade (as in subexcite and subchronic, 亚); imperfect (as in subluxation, 不全); mild (as in subinflammation, 轻). The Latin prefix, which originally meant "below," has assumed abstract ap-



plications for which the Chinese language naturally uses a variety of other characters. Thus *sub* in the sense of "mild" is represented by the 輕 (*qīng*), meaning light (in weight), which again is an abstract usage of that character. Chinese is the same as English in regard to laws governing the development of vocabulary; its vocabulary simply develops differently because of its different resources.

Polysemy only arises in any language because the context in which an expression is used usually indicates its intended meaning. In a technical text, we can first of all distinguish between a technical context and a non-technical context. Technical language is usually mixed with other forms of the language, and the difference in a technical and non-technical usage of an expression is clear from the immediate context. Thus, if we encounter in a medical text the phrase 虛无飄渺 (*xū wú piāo miǎo*), "illusory," expressed in Chinese literally as "vacuous-misty," the 飄渺 (misty) enables us to discount the medical meaning of 虛 (*xū*), "vacuity." However, when the translator encounters 虛熱 (*xū rè*), *xū* heat, or 脾虛 (*pí xū*), spleen *xū*, the context clearly indicates a technical usage. When we analyze the usage of characters within the technical context, we can detect certain clear differences. For instance, the term 散 (*sàn*) in the context of channel pathways is used to describe the way in which a channel spreads over a certain area of the body; in the context of therapeutic action, the same character means to dissipate (spread or scatter a disease evil in such a way as to weaken and destroy it). In these different contexts, clearly distinct meanings are intended, and so it might be quite permissible to use different English words. In some cases, the usage of character may be different, but a similar idea is meant. For instance, the condition called 脾虛濕困 (*pí xū shī kùn*), "spleen vacuity damp encumbrance," manifests in 肢体困重 (*zhī tǐ kùn zhòng*), "heavy cumbersome limbs." Here, the 困 (*kùn*) in the symptom description appears to be resonance of the understood etiology.

Each language breaks up quality spectrums in different ways. One concept in one language may correspond to multiple concepts in another. The classic example is the color spectrum. A shade that an English speaker would describe as being light tan or loosely as brown in color might be described by a Chinese speaker as 黃 (*huáng*) or by a French speaker as *jaune*, even though the primary English equivalent of *huáng* and *jaune* is "yellow." In literary translation, the translator is justified in picking the word closest to the intended meaning. However, where the divisions in the color spectrum take on a technical value as they do in Chinese medicine, we face a problem. The "five colors" in Chinese medicine is a five-phase analysis of color. In the context of a discussion on the five phases, these colors might be rendered as "white," "green," "black,"

"red," and "yellow," but in the diagnostic context other words might often seem more appropriate. However, by freely choosing the contextually most appropriate word, a possible association with the five phases may escape the reader. A complexion described as "yellow" is associated "spleen-earth," but the association may be destroyed if the translator uses a contextually more appropriate the word "sallow." Likewise, if 青 (*qīng*) is rendered as "green" in the context of the five phases and as blue when describing a complexion, a meaningful association may sometimes be lost.

Although Chinese characters are notorious for their wide range of meanings and multiple applications, the way in which this affects the translator in the strictly technical context of Chinese medicine may be overestimated. In my experience, a large number of characters at the core of Chinese medical terminology are most commonly used in only a limited number of distinct technical senses.

### *Synonymy*

Synonymy is another basic feature of language that the translator has to cope with in the technical context. Expressions that might be partially or completely synonymous in the common language may carry distinct meanings in the technical language. The problem for the translator wishing to find literal equivalents for these terms is that he has to choose from English expressions that do not yet carry the specific technical meanings that the Chinese expressions have developed in Chinese medicine. The available English options appear more synonymous.

The largest single source of synonymy lies in the tendency of Chinese medicine to reduce the explanation of the complex manifestations of disease essentially to "superabundance," "insufficiency," "obstruction," and "insecurity." Terms falling in these categories, which can be seen in the lists that follow this introduction, together provide the basis for a large proportion of etiological explanations. The terms in each category include many close synonyms, as is seen in the case of "obstruction:" 滯 (*yù*), and 郁 (*yù*), rendered in this text as "stagnation" and "depression"; 积 (*jī*), 蓄 (*xù*), and 聚 (*jù*), rendered as "accumulation," "amassment," and "gathering"; and 厥 (*jué*), and 逆 (*nì*), rendered as "reversal" and "counterflow." Although characters within each group or pair are partial synonyms, in the medical context they are often clearly distinguished in meaning. The character 滯, stagnation, is a general term for sluggish movement, whereas 郁, depression is most commonly used to describe stagnation associated with the liver and emotional disturbance. The character 厥, reversal, and 逆, counterflow, both indicate a reversal in the movement or spread of qi, and in some contexts, such as 四肢厥冷 (*sì zhī jué lěng*)

*jué lěng*) and 四肢逆冷 (*sì zhī nì lěng*), they are interchangeable. However, 厥, reversal, is never used to describe the upward flow of stomach qi, and is much more commonly used in descriptions of pathologies involving loss of consciousness.

The problem of polysemy is not confined to etiological descriptions but even affects disease names. The character 痹 (*bì*) is traditionally explained as meaning "blockage," a word which could be used to translate 阻 (*zǔ*), 遏 (*è*), 闭 (*bì*), or 不通 (*bù tōng*). More significantly, the therapeutic actions exhibit a parallel problem, since "too much" requires removal of something and "too little" of something requires its replacement. Thus 补 (*bǔ*), rendered in this text as "supplement," is similar in its literal (and applied) meaning to 益 (*yì*), "boost"; 养 (*yǎng*), "nourish," is similar to 育 (*yù*), "foster"; 泻 (*xiè*), "drain" is similar to 泄 (*xiè*), "discharge"; 散 (*sàn*), "dissipate," is similar to 消 (*xiāo*), "disperse." Modern Chinese medical dictionaries establish some synonymy in definitions. For example, it is usually said that 补阴 (*bǔ yīn*), "supplement yin," 益阴 (*yì yīn*), "boost yin," 养阴 (*yǎng yīn*), "nourish yin," and 育阴 (*yù yīn*) "foster yin" are synonyms. By contrast, 补阳 (*bǔ yáng*), "supplement yang," 回阳 (*huí yáng*), "return yang," and 壮阳 (*zhuàng yáng*), "invigorate yang," imply different things. Since dictionaries tend to list terms used in the classics and do not list all the terms that are in common usage, the synonymy between terms is sometimes questionable. For example, we must be aware that 散血 (*sàn xuè*), "dissipate blood," which occurs at least nine times in the *Zhōng Yào Dà Cí Diǎn* although it is not given in any dictionary I have consulted, potentially means something different from 破血 (*pò xuè*), "break blood." Since one writer may use both these terms, the possibility exists that he means different things by them, such as a different intensity of action. How these two terms relate to 散瘀 (*sàn yū*), "dissipate stasis," 化瘀 (*huà yū*), "transform stasis," and 祛瘀 (*qù yū*), "dispel stasis," is yet another question. No single dictionary covers all of these terms comprehensively.

Partial synonymy pervades many aspects of Chinese medicine. The terms 唾 (*tuò*) and 涎 (*xián*) denote two components of saliva, but the latter term in practice has a broader practical application, denoting fluid that does not necessarily originate in the mouth. These are distinguished in this text as "spittle" and "drool," the latter conveying precisely the elastic (涎) quality highlighted by the figurative expression 垂涎三尺 (*chuí xián sān chǐ*), "streaming three feet of drool," i.e., to "drool" with covetous affection. The terms 痰 (*tán*) and 饮 (*yīn*), distinguished in this text as "phlegm" and "rhum," are often simply translated as "phlegm" or "mucus" when a technical distinction sometimes exists. The same is true of 津 (*jīn*) and 液 (*yè*), often rendered as "fluids," which

have already been discussed. These are distinguished in this text as "liquid" and "humor," while only the compound of the two is rendered as "fluids." In diagnosis, the terms 煩 (*fán*) and 躁 (*zào*) are often paired, but individually their usage is different, the former being a subjective sensation and the latter implying visible fidgetiness. These are distinguished in this text as "vexation" and "agitation." In the pulse examination, the distinction between 数 (*shuò*), "rapid," and 疾 (*jí*), "racing," might easily be lost, as is the distinction between 虚 (*xū*), "vacuous," and 无力 (*wú lì*), "forceless." The characters 痉 (*jìng*) and 拘 (*jū*) could be expressed with the single term "spasm."

Relative synonymy within groups of characters creates an immense obstacle to the transmission of Chinese medicine. Distinctions between terms are lost when the translator translates freely. They are also lost for the person reading different books in which the concepts are carefully distinguished by each writer, but with different terms.

## Methods for translating terms

When translating Chinese medical terminology into English, a number of different term formation methods may be applied. Writers who comment on their methodology categorize their options in different ways. However, the schema presented below hopefully embraces all the commonly recognized categories and should be acceptable to most. To ensure clarity, however, I will first outline the categories before proceeding to evaluate each of them.

**1. Using existing equivalents:** Existing equivalents can be divided in *common language equivalents* and *Western medical equivalents*.

(a) *Common language equivalents* are lay expressions that fit the meaning of the original Chinese terms. Distinction can be made between *natural equivalents* and *adapted equivalents*.

- i. *Natural equivalents* are expressions in English that for any native speaker of English denote the same phenomena as the Chinese expressions denote for any native Chinese speaker. Common language equivalents of Chinese medical terms include nose for 鼻 (*bí*), eye for 目 (*mù*), lung for 肺 (*fèi*), etc. Natural equivalents exist for several disease entities: measles for 麻疹 (*má zhēn*), malaria for 疟疾 (*nuè jí*), and epilepsy for 癫痫 (*diān xián*). They also exist for environmental phenomena by which certain diseases are explained, e.g., wind, cold, fire, dampness, and dryness for 风、寒、火、湿、燥 (*fēng, hán, huǒ, shī, zào*).

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ii. *Adapted equivalents* are expressions whose literal meaning corresponds to that of the Chinese term, and which the translator explicitly endows with the specific medical meaning of the original Chinese term. They are equivalents in a loose sense that are terminologized to represent the concepts denoted by the source language terms. They are expressions whose meaning is adapted to embrace the specific meaning of the source language terms. The use of "repletion" in this text is an adapted equivalent of 文. Adapted equivalents tend to be used in the translation of abstract concepts. They notably include reproductions of metaphor in target language, e.g., rendering 卫 (*wèi*) as "defense" and 邪 (*xié*) as "evil."

(b) *Western medical equivalents* are terms that are taken from Western medicine. Rendering 风火眼 (*fēng huǒ yǎn*) as "acute conjunctivitis" is an example of a Western medical equivalent.

2. **Creating terms:** A "created term" is a new expression. It may be a compound of existing words or fusion of word or morphemes to form a new word. Compounds of existing words are common in the common language and technical languages. These occur very commonly in Chinese medicine and are easily duplicated in English. Thus, for example, 风寒头痛 (*fēng hán tóu tòng*) is naturally rendered as "wind-cold headache," 三焦 (*sān jiāo*), as "triple burner," and 梅核气 (*méi hé qì*) as "plum pit qi."

The fusion of words or morphemes to form a new word (one not to be found in any dictionary) such as "hyponephroaqua" for 肾水不足 (*gān huǒ shàng yán*) and "ancimofacioparalysis" for 风引喎偏 (*fēng qī piān*) has been a hotly debated translation issue.

3. **Borrowing foreign expressions:** Translators of Chinese medical terminology borrow expressions from Latin and from Chinese in the form of Pinyin transliteration.

(a) *Latin:* The main proponent of Latin terminology is Manfred Porkert, who renders many basic terms of Chinese medicine in Latin counterparts. What is meant by Latin terms here is fully fledged Latin words with their original inflections, not English expressions derived from Latin, which was discussed above.

(b) *Pinyin:* Where no translation is possible because of the absence of a common language equivalent or the inability to create a new term, we can borrow from the Chinese. The classic example of English borrowing from Chinese is seen in "yin-yang."

4. **Abbreviation and notation:** Abbreviations such as PBCRS for Promoting Blood Circulation by Removing Stasis as a translation for 活血化癥 (*huó xuè huà yu*) have been suggested by some writers. Alphanumeric notations, i.e., combinations of abbreviations and numbers, are widely used to represent needle insertion points. In alphanumeric notation, the points 承泣 (*chéng qì*), 四白 (*sì bái*), and 巨膠 (*jù liáo*), for example, are rendered in English as ST-1, ST-2, and ST 3 respectively.

### Applicability of methods

Translators would probably agree that the above methods cover all the options available. Disagreement lies in how the methods should be applied, in other words how methods are selected to ensure the best translation. The advantages and disadvantages of each method should be weighed up carefully.

#### *Common language equivalents*

The human mind reflects and analyzes the reality perceived by the senses. Language is intimately related to this function since it labels and describes what the mind conceptualizes. The basic problem that faces any translator is lies in the fact that language communities analyze reality in different ways. Thus, the single notion of a 老鼠 (*lǎo shǔ*) among Chinese speakers is for English speakers two distinct notions, "rat" and "mouse." The single notion of "plum" for English speakers is for Chinese speakers two distinct things, 梅 (*méi*) and 李 (*lǐ*). Nevertheless, there are many close correspondences between the vocabularies of different languages. The Chinese 桌 (*zhuō*) corresponds to the English "table," while 云 (*yún*) almost exactly corresponds to the English "cloud." In the context of this discussion, I have called such correspondences in vocabulary "natural equivalents."

A considerable number of natural equivalents exist in matters of interest to the physician. The Chinese 耳 (*ěr*), 腦 (*nǎo*), 肝 (*gān*), and 心 (*xīn*) naturally correspond to the English "nose," "brain," "liver," and "heart." Ordinary Chinese and English speakers can identify these human organs by name when they see them. Both groups use these names to refer to the corresponding organs in domestic animals when buying meat at the market. Furthermore, the Chinese doctor uses the Chinese terms to denote the same organs as the Chinese non-doctor, and medical men in the English-speaking countries use the English terms for organs to denote the same things as non-medical English speakers.

The issue that many people raise is that despite similarity of the lay and medical use between the Chinese and English terms, the Western doctor and the Chinese doctor understand much more about the organs than lay, and

that what the Western doctor and Chinese understand about the organs is different. They argue that because of these differences the Chinese names cannot be translated with natural equivalents. They suggest that the natural equivalents should only be used if their initial letters are capitalized, or that Pinyin transliterations of the Chinese names should be used instead, or that they should be referred to as orbs (e.g., hepatic orb).

Both Chinese medicine and Western medicine understand the heart and liver to have a specially close connection with the blood; both recognize that the lung draws in air needed to nourish the body; and both recognize that the kidney draws off waste fluid for discharge via the bladder. It is true that Western medicine does not regard the heart as being the seat of the spirit; that it does not accord the lung the function of regulating the waterways; that it does not accord the spleen the principal position in assimilation of nutrients; that it does not understand the liver to store blood and govern free coursing (疏泄); and that it does not see the kidney as being involved in reproduction. It is also true that Chinese medicine does not understand the liver as a "chemical factory," and does not know of the spleen's involvement in the lymph system. Broadly speaking the major internal organs are attributed functions in Chinese medicine that coincide partially with those accorded to them by Western medicine.

Given the complete agreement between medical and non-medical Chinese and English speakers about what each organ *is*, the question for the translator is: Does the partial disagreement between Chinese and Western medicine over what each organ *does* constitute sufficient reason for rejecting the natural English equivalents?

Those who reject natural equivalents appear to hold that the *only* valid English definition of the organ names is that given to them by Western medicine over the last two or three hundred years. This is clearly false because the organ names were not created by modern doctors, but were adopted by them from common speech. The English organ names are very much older than their Western medical definitions. Among them, "heart" has cognates in the German *Herz*, the Latin *cor*, the Greek *kardia* and the Hittite *karts* (h = c = k), which would indicate that all five words came from a common root in languages of the Indo-European tribes over 2000 years B.C. Over that long time the understanding of the heart has changed, but the name has remained the recognizably the same. Therefore, any suggestion to use different names for the organs based on a difference of understanding between Chinese and Western medicine fails to take account of the fact that the organ names used in both forms of medicine originally denoted the same parts of the body. Western



medicine did not change the names for the organs as its knowledge developed; so why should there be any reason to adopt new English names in the Chinese medical context?

When Western medical literature was first translated into Chinese, natural equivalents were chosen for the internal organs. Translators at that time must have based their judgment on the fact that what any Chinese could identify as 心, 肝, 肾, etc., corresponded precisely to what the English speakers called "heart," "liver," and "kidney." They did not consider anything that Chinese doctors had to say about the workings of the organs.

Capitalization and especially Pinyin transliteration of organ names breaks the important connection between lay knowledge and Chinese technical knowledge. Pinyin transliteration fosters the idea in the Westerner's mind that the Chinese had no interest in the physical organs of the body and that they dealt in other concepts entirely. Uncapitalized English names, by contrast, ensure the foreign reader understands how Chinese technical knowledge relates to lay knowledge. These English terms are "natural equivalents" of the Chinese because English and Chinese language communities use the words in the same way. The commonality of usage rests on the common experience of the lay speakers of two language communities.

The rejection of natural equivalents for organ names is usually inconsistent. No-one suggests that 脑 should be translated as *nao* rather than as brain, although the Chinese understanding of it is quite different from that of Western medicine. Nor does anyone advocate that 目 should be translated as Eye with capital E on the grounds that Western medicine does not recognize the eye as being the orifice of the liver. Here, everyone agrees that the Chinese and Western medicine see the same eye and the same brain, but simply understand them in different ways. Ultimately, any systematic effort to highlight all terms whose Chinese medical definition differs from the modern scientific definition would end in the capitalization or Pinyin rendering of half the terminology.

While most translators render 风、寒、火、暑、湿、燥 as "wind," "cold," "fire," "summer heat," "damp(ness)," and "dryness," one person has suggested that 风 should be rendered as "Feng" on the grounds that "wind" in the Chinese medical context denotes something different from what it does in the meteorological context. Of course, the modern student of Chinese medicine would distinguish the two notions, but we cannot be sure how conscious those who laid down the Chinese medical system were aware of such a distinction, or if indeed they were at all. The only thing we do know is that it is derived from the notion of environmental wind. The Pinyin rendering obscures for the foreign reader the only definite thing about the nature of the Chinese concept.

Moreover, the Pinyin rendering cannot be consistently applied since Chinese medicine does speak of the real external wind and the translator would have to decide case by case when to translate the term as "wind" and when to render it as "Feng." Most translators would not think of translating 迎风泪出 (*yíng fēng lèi chū*) as "tearing on exposure to Feng" or 恶风 (*wù fēng*) as "aversion to Feng." Whether the distinction between wind as a cause of itching or spasm and wind as a cause of a tearing or sensations of cold can be drawn on the basis of concepts inherent to Chinese medicine is a moot point.

So much having been said, natural equivalents are not entirely unproblematic. Sometimes information is lost when a natural equivalent is chosen. For example, 阴头 (*yīn tóu*) translated as "head of the penis" or "glans" fails to convey the yin-yang frame of reference that the literal rendering "yin head" would convey. In this case, the loss of information is minimal since yin is here applied in a non-medical sense (dark, private). In a case such as 中风 (*zhòng fēng*), though, the natural equivalent "stroke" does not relay relevant technical information provided by the Chinese. The English "stroke" and the Chinese 中 (*zhòng*) have the same literal meaning, and both describe the condition as (sudden) stroke that cripples a person. However, (*zhòng fēng*) literally means "wind stroke," indicating wind as the perceived cause. It therefore makes great sense to adjust the natural equivalent by the addition of the word "wind." Another example is the term 下 (*xià*), which literally means to "(send) down," but whose natural equivalent is "purgation," which literally means to "cleanse." The importance of the notion of four primary movements (upward, downward, inward and outward) in Chinese medicine may be reason for rendering it with a more literal term (in this text, I have used "precipitation").

In other cases, the use of natural English equivalents clashes with technical information provided by the Chinese. The term 脚气 (*jiǎo qì*) corresponds to the English beriberi (borrowed from Sinhalese), and its literal meaning in Chinese is "leg (or foot) qi," "qi" here meaning a diseased state. When we come to render 脚气冲心 (*jiǎo qì chōng xīn*), we find that "beriberi surging into the heart" is much less meaningful than "leg qi surging into the heart," because the Chinese term reflects the understanding that heart disease is a progression of the edema of the lower limbs that occurs when "pathological qi" in the leg rises to affect the heart. This differs from the Western medical understanding where cardiac pathology and edema may be seen as parallel developments of thiamine (vitamin B<sub>1</sub>) deficiency. Of course, *jiǎo qì chōng xīn* could be translated as "beriberi with cardiac pathology," but this would mean the loss of the traditional Chinese understanding of the disease. The translator's task is not just to find names for individual items, but to convey

to the foreign reader the full picture of the Chinese conceptual system.

In short, where a natural equivalent does not convey Chinese medical understanding precisely, a literal translation may be preferable. Happily, a trend is developing in the West toward offering literal equivalents of Chinese terms, even when natural equivalents exist. An example of this is 霍乱 (*huò luàn*), which has the more or less acceptable natural equivalent "cholera,"<sup>1</sup> but which is often given the additional rendering of "sudden turmoil." In such cases, the use of a literal equivalent instead of a natural equivalent enhances the Westerner's understanding of the Chinese concept. This differs from the rejection of natural equivalents for organ names, which obscures the traditional Chinese medical understanding by highlighting the way it differs from that of modern medicine.

Let us move on to the subject of adapted equivalents. These are expressions that are chosen because their literal meanings correspond roughly to the Chinese terms although they have never been used in the specific sense that the Chinese terms have in the medical context. Typical examples of terms rendered by adapted equivalents are 实 (*shí*) and 虚 (*xū*) (rendered in this text as "vacuity" and "repletion"), whose full range of meanings are not embodied by any pair of English terms, but which in view of the conceptual importance in Chinese medicine require set English terms. Chinese terms of this nature tend to be rendered in different ways by different translators. They are also commonly translated by proponents of free translation with different English terms according to context. A number of translators, for example, translate 虚实 (*xū shí*) as "asthenia/sthena" and "deficiency/excess" according to context. I believe, however, that in view of their terminological and conceptual importance, such terms should be rendered consistently by a single equivalent. Those who apply double or multiple renderings underestimate the importance of consistent translation, and the ability of expressions to take on new meanings, especially when those meanings are made explicit through explanatory notes. Many descriptive terms such as 竭 (*jié*), 亡 (*wáng*), 衰 (*shuāi*), 凝 (*níng*), 滞 (*zhì*), and 旺 (*wàng*) imply relatively precise ideas in the technical context, and although they are often rendered freely according to context, they can be rendered with single equivalents with a high degree of consistency

<sup>1</sup>It is not known conclusively if the "chol" in the English term is from the Greek "bile" or "anger." If the former is true, it would suggest an etiology not recognized by the Chinese. If the latter is true, the notion of "anger" could be seen as metaphorically equivalent to that of "sudden turmoil." The term "cholera" is acceptable insofar as either possible meaning of the Greek is not present in the English speaker's mind. And, of course, "cholera," before it received a strict definition in Western medicine, included forms of acute gastroenteritis characterized by vomiting and diarrhea.

(in this texts as exhaustion, collapse, debilitation, congealing, stagnation, and effulgence), thereby preserving their technical implications for the reader.

Adapted equivalents notably include metaphors. I have already discussed metaphor in the context of analogy, but it deserves a little more attention. Metaphor takes two forms in written Chinese. One is a direct metaphorical usage, such as with "defense" and "evil." The other is the metaphorical usage in which the character is modified. Examples include 脏腑 (脏 is a simplified form of 臟) (*zàng fǔ*), in which 藏, a storehouse, and 府, a storehouse or government office, are modified by the addition of the flesh radical. They also notably include a number of characters deriving from other by the addition of the sickness radical: 痿 (*wēi*), which derives from 委 (萎), 癣 (*xiǎn*) from 鲜 (鮮), 疔 (*dāng*) from 丁, and 疝 (*shàn*) from 山. Metaphor of this kind is usually easily duplicated in English. The above disease names in this text have been rendered as "wilting," "lichen," "clove sore," and "mounting," which are literal translations of the seminal characters.

Metaphor and analogy in Chinese terms offers a choice between a literal translation and non-literal translation. The character 邪 (*xié*) could be translated literally as "evil" or less literally as "pathogen." A major argument in favor of non-literal translation is that where a metaphor has died, i.e., the user is no longer conscious of metaphorical usage, then a non-literal term may be used. Terms used by different writers would indicate the existence of considerable disagreement as to how alive or dead metaphors of Chinese medicine are. Paul Unschuld has suggested a rational criterion for determining whether a metaphor is alive or dead. He argues that since Chinese medicine claims to follow the conceptual system laid down in the *Nèi Jīng*, metaphors that were alive when the *Nèi Jīng* was written should be carried over in translation. Hence, for example, he translates 脏腑 as "depots and palaces," but argues that 服 (*fú*), whose meaning in the sense of to "take" (medicine) he suggests is a metaphor deriving from the earlier meaning of to "wear" (evil-repelling amulets), does not require a literal translation since the authors of *Nèi Jīng* were accorded no technical importance to this metaphor.

The historical perspective is an important one in ensuring accurate translation in medical tradition that spans two millenia. To explain this, let us take up again the example of 疝 (*shàn*), which covers a variety of diseases characterized by abdominal or pain and swelling of the scrotum. The character 疝 composed of 山, mountain, with the sickness radical. The name indicates a pathological accumulation or piling up. In this text, the metaphor is duplicated in English with the term "mounting." The term *shàn* includes notably inguinal hernia, which is specifically referred to as 狐疝 (*hú shàn*).

"foxy mounting" (a term which first appears in the *Líng Shū*), and has been adopted in Western medicine as the equivalent of hernia. However, *shàn* in the broader sense would appear to indicate that originally inguinal hernia was poorly distinguished from hydrocele (also covered by the term *shàn*) and was considered to be related to certain kinds of abdominal pain. The term *shàn* therefore provides insight into the understanding of disease in Chinese antiquity, and a literal translation of the metaphor preserves that insight perfectly for the Western reader. Other translations based a modern understanding of the conditions (hernia, hernia-like conditions) destroy the historical perspective and by being overspecific potentially introduce confusion. It should be therefore emphasized again that in a medical tradition in which definitions are often hazy and understanding of certain matters was not as clear as ours is today, the translator serves the reader best with literal translation supported by explanatory notes.

#### *Western medical terms*

The use of Western medical terms to represent traditional Chinese concepts is a major tendency in Chinese medical translation. The argument in favor of this practice is that the Western reader is offered a familiar concept or at least one that he look up in a Western medical dictionary.

Those who favor the use of Western medical terms to denote Chinese concepts obviously base their preference on clinical equivalence of the phenomena denoted by the Chinese medical and Western medical terms. If an equivalence is to be established between the two terms, we must be sure that all patients diagnosed by a Chinese doctors as suffering from 风火眼 (literally, "wind-fire eye") would diagnosed by a Western doctor as suffering from acute conjunctivitis, and that all patients suffering from acute conjunctivitis would be diagnosed by a Chinese doctor as suffering from *fēng huǒ yǎn*. If the answer is not 100% in both cases, the terms are not equivalent. Some Chinese-Western equivalents that have been suggested fall far from the 100% mark, a notable example being the correspondence between 痹 (*bì*) and "arthralgia."

From the point of view of terminology and translation theory, the use of Western medical terms for Chinese concepts often obscures meaning from the reader. When, for example, 风火眼 (*fēng huǒ yǎn*) is rendered as "acute conjunctivitis," the chosen equivalent fails to indicate that this is a disease of the eye attributable to the causes "wind" and "fire." Instead it indicates an inflammatory condition of the conjunctiva that is acute as opposed to chronic. Not only is the Chinese medical information about the cause of the disease (wind-fire) lost, but concepts alien to Chinese medicine such as "inflammation" and "conjunctiva" are introduced. The motivation of the chosen equivalent is

based on an understanding alien to Chinese conceptual framework.

A well-motivated term is one whose literal meaning matches the concept as understood in the overall system of concepts. If 肉瘰 is translated as "exophthalmic goiter", we not only face the problem of incomplete clinical equivalence, but we also fail to show the connection to the framework of concepts. The *Sān Yīn Jí Yī Bīng Zhèng Fāng Lùn*, for example, talks of the "five goiters," stone goiter, flesh goiter, sinew goiter, blood goiter, and qi goiter. One therefore wonders how the translator who prefers "exophthalmic goiter" to the literal translation "flesh goiter" would translate the names of the other four goiters.

Correspondences between Chinese medicine and Western medicine are sometimes described as being the "same thing with a different name." From the terminologist's point of view, this is not strictly true. A knowledge system is made of interrelated concepts. Especially when translating abstract terms such as disease names, it is conceivable that Chinese medicine is observing the "same thing" (object) as the Western doctor, but the two systems conceptualize the object in different ways. The object may be the same, but the concept is different, and names must conform to concepts. The translator who fails to recognize this and uses a Western medical term damages the integrity of the system of knowledge he is trying to transmit. This damage is greatest when it affects fundamental concepts. Many translators in the West as well as in the East have rendered 气 (qi) as "energy." The use of the word "energy" in the Chinese context may help the Westerner to understand a concept he is unfamiliar with. Nevertheless, it is a metaphorical use of the word, since scientists have not discovered any form of energy that would consistently account for the phenomena attributed by the Chinese to qi. Furthermore, in Chinese texts, the character 气 often refers to tangible matter, e.g., 浊气 (zhuó qi), referring usually to waste products. Translators who use the word "energy" in the context of the channels and network vessels, for example, may be forced to render the Chinese term differently in other contexts, thereby breaking the integrity of the concept of qi in the Chinese system.

The difficulty of translating Chinese terms into English is rarely reason for advocating the use of Western medical terms. All the Chinese terms above can be rendered faithfully into English without too much difficulty. Moreover, anyone familiar with the ideas of Chinese medicine would agree that "wind-fire eye" is actually highly expressive since it tells us that this is an eye disease caused by wind-fire (a combination of evils that indicates that they are externally contracted), of sudden onset (wind) and characterized by signs of heat. The preference for a Western medical equivalence is not due to any lack of

words in the English language, but the greater *credibility* of Western medical concepts. In the modern age in which Western medicine sets medical standards around the globe and has replaced Chinese medicine as the mainstream medicine in China, even those who practice and advocate Chinese medicine do not actually accept the fundamental concepts of its theory with the same conviction as past generations of practitioners; rather, they value it for its clinical efficacy on the one hand and ability to satisfy traditional health-care needs on the other. Wind and fire are entities undetectable by modern scientific methods, and they are now viewed as a working model for the achievement of clinical aims. This working model is nevertheless understood through these concepts, and it is difficult to imagine how the foreign student could master the model if these concepts do not appear in the translation.

The actions of medicinal agents is another area in which attempts have been made to introduce Western medical terms. Some texts use terms such as "antipyretic" and "febrifugal". However, modern pharmacological terms do not provide sufficient terminology for the whole gamut of Chinese terms, since, for example, they allow for no distinction between 清热 (*qīng rè*) and 泻火 (*xiè huǒ*), rendered in this work as "clear heat" and "drain fire" respectively. Modern pharmacological terms loosely applied to Chinese medicine inadequately reflect the meanings of the original Chinese medical terms. No such terms can be found to reflect the meanings of 宣降肺气 (*xuān jiàng fèi qì*) or 辛开苦降 (*xīn kāi kǔ jiàng*), rendered in this text as "diffuse and downbear lung qi" and "acrid opening and bitter downbearing." Furthermore, it should be noted that Chinese terms describing therapeutic actions are used as verbs, adjectives, and nouns. Western pharmacology describes therapeutic actions with adjectives, whose application in many Chinese medical contexts makes for awkward expression.

As has already been pointed out, terms are not always the exclusive property of a specialism, and the terms of Western medicine are no exception. When deciding what terms used in Western medicine are potentially eligible equivalents for Chinese terms, it is helpful to distinguish between three levels of terms. The first level constitutes borrowings from the common language, e.g., fever, chill, cough, cold, influenza, malaria, leprosy, hiccough, headache, stomachache, backache, pain, tenderness, soreness, palpitations, bleeding, hot flushes, forgetfulness, dizziness, vomiting, blindness, jaundice, deafness, nausea, emaciation, diarrhea, constipation, goiter, sores, corn, sty, boil, measles, mumps, and fracture. These words, commonly used by doctors, are known to all speakers and denote conditions that can be identified by most normal adults. Another group of terms comprises terms devised by modern

medicine to describe certain technical concepts: conjunctivitis, anemia, hypertension, paranasal sinusitis, trichomoniasis, arteriosclerosis, optic atrophy, hyperchlorhydria, coronary thrombosis, glomerulonephritis hematoma, cerebrovascular ischemia. Although some of these words (such as anemia, hypertension and conjunctivitis) may be familiar to and even used by non-experts, the conditions they denote cannot be diagnosed by the non-expert with medical precision. These terms reflect knowledge that lies at a long distance from lay understanding. Between these two levels is a third comprising terms of medical origin that do not require any specialist knowledge or instrumentation to understand or identify. Such terms include enuresis, lochia, pharynx, larynx, dysphagia, strangury, cnuresis, scrofula, tumor, fistula, miliaria, macule, papule, and diphtheria. Admittedly, these three categories of terms are not clearly separated. While the word "nerve" is commonly used word in the common language and most individuals understand something about the nervous system, no-one without anatomy instruction could pinpoint a nerve in a cadaver with any surety. Nevertheless, these categories provide a rough guideline for judging the acceptability of existing terms in the Chinese context. I believe that in the choosing equivalents for Chinese medical terms, we may use words from the common language category and from the intermediate category. Terms from the "strictly technical Western medical" category should be avoided.

#### *Created terms*

The creation of new terms, as previously stated, involves either the creation of a new compound or a new word.

The creation of compounds rarely meets objections *per se*. Once the translation of basic terms has been established, the rendering of Chinese compounds flows naturally. Thus if 风 (*fēng*), 寒 (*hán*), and 头痛 (*tóu tòng*) are rendered as "wind," "cold," and "headache," the rendering of 风寒头痛 (*fēng hán tóu tòng*) as "wind-cold headache" to denote a headache ascribed to wind-cold is an unquestionable rendering. Nevertheless, some would argue that compounds such as 惊风 (*jīng fēng*), 目赤 (*mù chì*), 脐风 (*qí fēng*), 风癣 (*fēng xiǎn*), 鹅掌风 (*é zhǎng fēng*), 湿毒带下 (*shī dú dài xià*), 痰核 (*tán hé*), and 喉蛾 (*hóu é*) can be expressed in Western medical terms as "infantile convulsion," "conjunctival congestion," "tetanus neonatorum," "tinea corporis," "tinea unguium," "cervicitis," "subcutaneous nodule," and "tonsillitis," and therefore obviate the need for literal translations such as "fright wind," "red eyes," "umbilical wind," "wind lichen," "goose-foot wind," "damp toxin vaginal discharge," "phlegm node," and "throat moth," which are proposed in the current text. Here we see, not an objection to compounding, but a failure to



recognize the terminological significance of the Chinese terms and a preference for terms from an alien frame of reference. That preference appears to be poorly founded, as I have already pointed out.

The creation new English words by combining Greek and Latin roots, prefixes, and suffixes is a term formation method especially common in the modern sciences, and particularly in Western medicine. A number of writers have tried to extend this practice to Chinese medicine. In the Chinese medical translation debate, the creation of words such as "hepatogastroqistagnation" has been a greater focus in China than in the West, although newly created words are comparatively rare even in English-language textbooks and clinical literature written or translated by Chinese.

The creation of new expressions in English follows certain rules or trends. In general, Latin elements may be combined with one another as may Greek elements. Latin and Greek are often combined, as in words such as "television." However, neither Greek nor Latin combines elegantly with words of non-European and Germanic origin, or even with words of classical origin that have been heavily Anglicized. A Western doctor will say "cardiohepatic," but would never say "cardioliver." Isolated exceptions exist, such as "anti," which combines with words of Germanic origin in compounds such as "anti-war" and "antiwhite." However, creations such as "tuinaology," "qigongology," "bencaology," "yangpenic hygrois," "hepatogistagnation," "gastrocough," "chillophobia," "sexichannels," and "leukoglossocoat" are hybrid combinations that native speakers, in most cases, would instinctively neither invent nor adopt. One simple reason for this is that English draws its vocabulary from different languages and pronounces certain letters in different ways depending on the origin of the word. Thus the *g* in "get" is pronounced one way, while the *g* in "gelid" is pronounced in another. The joining of words of different origin might mean a potentially confusing switch of pronunciation values within a single word. For this reason, the introduction of Pinyin values in the midst of an English word is difficult to accept.

The creation of words along Western medical lines may be viewed by its proponents as being a help to the Western reader. In actual fact, the Greco-Latin terminology of Western medicine presents considerable difficulties for English-speaking students of Western medicine. Sociologists have pointed out that the medical profession has exploited this terminology to protect its own interests. Chinese physicians who are accustomed to Chinese translations of Western medical terminology are often unaware of this, since terms such as 肝炎 (*gān yán*) are far more meaningful to the Chinese layman than the original term "hepatitis" is to the English-speaking layman. Whereas 胃酸过多 (*wèi*

*suān guò duō*) conveys a meaning to a 12-year-old Chinese, the meaning of "hyperchlorhydria" could not probably not even be guessed by a well educated English speaker without medical training.

Furthermore, while some Chinese medical concepts have equivalents in Greek and Latin that people familiar with the Greco-Latin terminology of Western medicine may be able to understand, such as *pyria* for heat or fire, many have no equivalents in Greek or Latin that a Western doctor would be familiar with. Terms like "hygrocough" for 伤湿咳嗽 (*shāng shī ké sòu*) or "amenoedema" for 风水 (*fēng shuǐ*) would be intelligible to only a few Westerners who had studied Greek (now increasingly rare) and would prompt the average Western doctor to reach for a dictionary since the *hygro* and *ameno* do not figure in Western medical vocabulary. Going to such unnatural extremes in word creation raises the question: What is wrong with "dampness damage cough" or "wind water (swelling)," which convey the Chinese ideas accurately in English? Wind, water, and dampness are lay notions that are used technically in Chinese medicine to explain pathological phenomena. The use of simple English equivalents ensures in translation the same relationship of lay knowledge to technical knowledge as exists in Chinese, and such a relationship is lost in the use of artificial Greco-Latin terms.

The use of neologisms in many cases leads to a great loss of information in the rendering of certain terms. The names of disease patterns and etiological descriptions use a highly differentiated set of terms. For example, terms such as 损 (*sǔn*), 夺 (*duó*), 耗 (*hào*), 亏 (*kuī*), 竭 (*jié*), 亡 (*wáng*), 脱 (*tuò*), 绝 (*jué*), 不振 (*bù zhèn*), and 不及 (*bù jí*), which are all, in many contexts, differentiated forms of 不足 (*bù zú*), would be difficult to render distinguish in Greek and Latin compounds, since they would all be potentially reduced to *hypo*. Furthermore, Greco-Latin compounds are suited to describing states in terms of adjectives and nouns, and fail to meet the need for active verb constructions posed in many etiological descriptions.

Neologisms of Greco-Latin origin are a characteristic of the modern sciences. They are not an essential feature of English technical languages. Any decision to use created words should be based entirely on their ability to reflect the Chinese meaning more accurately than other choices. In my experience, this is rarely the case.

#### *Latin loans*

The main proponent of Latin terminology is Manfred Porkert, who renders many basic terms of Chinese medicine in Latin counterparts.

What is meant by Latin terms here is fully fledged Latin words with their original inflections, not established borrowings from Latin (e.g., lochia, vagina,

glans, uterus) or words derived from Latin as discussed above. Porkert appears to have adopted this practice in accordance with the tradition that is observed, for example, in the Latin nomenclature of anatomy, botany, and zoology. This tradition dates back to time when Latin was the lingua franca of Western scholars, but is dying insofar as that new technical languages emerging with the burgeoning of scientific and technical knowledge base their terminology in modern languages. With the decline in the teaching of Latin in most Western countries, the normative role of Latin is now being replaced by international efforts to rationalize and standardize terminologies in different modern languages.

Thus, Porkert's Latin terminology has not been widely adopted because of the declining familiarity with, and prestige of, Latin in the West on the one hand, and the versatility of modern languages on the other. Most other scholars of Chinese would appear to feel that Latin does not offer any specific advantages in expressing Chinese medical ideas over their native tongues. Indeed, the closeness of Chinese medical descriptions to those of the everyday language of ordinary people such as the eternally recurrent images of fire and water, for example, means that Chinese medicine has a conceptual basis that is universally intelligible to all peoples of the world. No better are these images expressed than in ordinary expressions of each language. There appears, therefore, to be no cogent reason why English should be inferior to Latin in the communication of Chinese medical concepts.

The use of Latin pharmaceutical names as equivalents for Chinese medicinal substances is generally considered a case apart. Many Chinese drugs do not have natural English equivalents, and the system developed by pharmacognosists of deriving a Latin name from the scientific nomenclature is probably the most widely used.

After long research on the Latin and English names of Chinese medical agents, I conclude that for most of the drugs commonly used and many of those not so commonly used, the advantages of the Latin nomenclature over English names are somewhat overstated. On the one hand, problems arise with Latin pharmaceutical names when the drug in question comes from plants of multiple species and genera, such as 紫草 (*zǐ cǎo*), whose full Latin Pharmaceutical name would be "Lithospermi, Macromotiae, seu Onosmatis Radix." On the other hand, English possesses names for many more Chinese drugs than the average person may be aware of. For example, although 天竺黃 (*tiān zhú huáng*) can be adequately expressed by the pharmaceutical name *Bambusae Concretio Silicea*, few are aware of the English expressions "bamboo sugar" or "tabasheer." The first of these English terms describes the product in sim-

ple English terms, while the second, being a word of Hindi origin, reflects the foreign origin of the product also seen in the Chinese 天竺 (*tiān zhú*), India. It should also be noted that a plant, animal, or mineral that becomes subject of discourse of Westerners who do not possess deep botanical, zoological, and mineralogical knowledge tends to be referred to by a vernacular name, and when such does not exist, its creation is invariably possible. Very often an English name can be derived from the Latin name or can be devised by other means, as "japonica" was adopted as the common language equivalent of *Camellia japonica*.

A theoretical objection to the use of Latin pharmaceutical names is that since they are based on the modern scientific classification of plants, animals, and minerals, they imply that Chinese understanding of drugs includes such a classification. Furthermore, the term *Bambusae Concretio Silicea* mentioned above could be construed to suggest, quite falsely, that Chinese doctors traditionally understood the product in question to be a "siliceous concretion." Pharmacognostic names are objectionable renderings of Chinese names because, just as modern medical terms, they introduce alien knowledge into the Chinese frame of reference.

#### *Pinyin loans*

Many recommend Pinyin wherever they fail to find a satisfactory English equivalent. Some have even suggested transliterating the names of the organs. However, there is a clear limit to the ability of English speakers to adopt Pinyin words.

The detractors of Pinyin often state that it is difficult for foreigners to pronounce. Pinyin, indeed, presents certain difficulties, since the *x* and *c*, for example, are not pronounced as they normally are in English, while certain sounds such as *ü* are difficult for native speakers of English to imitate. Growing familiarity with Pinyin through its adoption by the world media will in time change this.

Time, however, will not remove certain linguistic obstacles that would only dissolve if Western students of Chinese medicine were to be trained to reading and speaking proficiency in Chinese as part of their Chinese medical education. English easily borrows French or German words that have English cognates or at least can be pronounced with relative ease. It borrows less easily from more distant languages such as Sanskrit, Chinese, and Japanese. Chinese is a tonal language, yet the tonality is difficult for English speakers to imitate, and clashes with normal English intonation. Whereas the characters 阴 (*yīn*) and 饮 (*yǐn*) are distinguished in Chinese, the distinction would be ignored by English speakers. Those who have suggested translating basic terms

with Pinyin, would soon run into problems if they applied the same method to more broadly. The numerous people who have suggested transliterating 卫 (*wèi*) might also consider that 痿 (*wēi*) should be transliterated too. The same applies to 肾 (*shèn*) and 神 (*shén*), as well as to 脾 (*pí*), 痞 (*pǐ*), 瓣 (*pàn*), 癖 (*pǐ*), and 铍 (*pī*). It also applies to 肺 (*fèi*) and 痲、痲、痲、肥、腓. Chinese has a remarkable tolerance for homophones of sound and tone, such as 肝 (*gān*), 甘 (*gān*), 疳 (*gān*), and 干 (*gān*), which are nevertheless clearly distinguished in writing. English speakers, accustomed to dealing with only a moderate level of homophony, would not tolerate the mass importation of alien words that all sounded alike.

Some borrowings from Chinese are well established in English. Tea, kumquat, loquat, litchee, longan, typhoon, kaolin, taipan, and sampan were long ago adopted into the English language. Wok is a more recent loan. Yin-yang and ch'i, commonly used in Chinese medicine, have been established English terms since the late-17th and mid-19th centuries respectively. Furthermore, in recently published English dictionaries, the Pinyin spelling of "qi" is also given, reflecting the general trend toward replacing Wade-Giles transliteration with Pinyin even in scholarly writings. However, these few borrowings should not be taken to mean that English is capable of borrowing ad lib from Chinese.

Even if we set aside the objective limits to the use of Pinyin in English, we should also bear in mind that a Pinyin word in itself conveys absolutely no meaning to the English speaker. Using a Chinese name for, say, a Chinese fruit supplies a name for a clearly defined object. However, in the realm of abstract concepts, the names of things help to convey the concept. English has borrowed nouns from Chinese, but as far as I know, it has borrowed no verbs. A verb denotes an action, which may involve people and things in relationships, but the action itself is abstract. In Chinese medicine, although many verbs have terminological status, it is never suggested that Pinyin transliteration should be used. The reason for this is that Pinyin would tell us nothing about the nature of the action. Abstract nouns, on the other hand, are often translated with Pinyin. The Chinese 营 (*yíng*) and 卫 (*wèi*) are often transliterated, although adequate translations exist. The impression this gives the English reader is that these terms represent exotic and subtle concepts for which English has no expression.

Despite the above objections, Pinyin transliteration is of great value as an additional reference. Many translators uphold the laudable practice of adding a parenthesized transliteration to translations of drug names, formula names, and certain uncommon terms. For example, 赤芍药 is most clearly rendered

polyuria (copious urine), oligomenorrhea (scant menstruation), menorrhagia (profuse menstruation), dysmenorrhea (menstrual pain), oligogalactia (scant breast milk), galactorrhea (loss of breast milk), and analactia (breast milk stoppage). In the case of 经闭 (*jīng bì*), the term "menstrual block" is used instead of amenorrhea to reflect the Chinese view of the phenomenon as a functional blockage rather than an absence.

**Created terms:** Multi-word compounds have been created to match Chinese compound terms (e.g., "blood vacuity dizziness" 血虚眩晕, *xuè xū xuàn yōng*). In a few cases, compounds have been created to represent single Chinese characters (e.g., "flat abscess" 疔, *jī*).

The creation of new words has been avoided. A few notable exceptions exist. The term 利 (*lì*) has been rendered as "disinhibit" (the words disinhibition and disinhibitory are nevertheless to be found in larger English dictionaries). The terms 升 (*shēng*) and 降 (*jiàng*) have been rendered as "upbearing" and "downbearing" because no single-word English expressions mean both to "ascend" (or descend) and "cause to ascend" (or descend) in the senses intended by the Chinese. These terms are effectively "bear upward" and "bear downward" combined into single-word forms to facility compounding. The Chinese 暑 (*shǔ*) has been rendered as "summerheat" written as a single word so that elements of compounds such as 暑热 (*shǔ rè*) and 暑湿 (*shǔ shī*) can be distinguished clearly as "summerheat-heat" and "summerheat-dampness." The term 胁 (*xié*) has been rendered as "rib-side" since the commonly used alternative "hypochondrium" does not fit the traditional definition "the area from the armpit to down to the bottom of the ribs." The Chinese 逆 (*nì*) has been rendered as "counterflow" in the contexts such as 气逆 (*qì nì*). Although readers have to familiarize themselves with the technical import of these English terms (as indeed Chinese readers have to do with the Chinese terms), my intuition as a native speaker is that most readers would find these words meaningful in context and might even be surprised to learn that they were neologisms.

**Latin:** Pure Latin terms that are not already established in English have been completely avoided, with the exception of Latin pharmaceutical names of medicinals.

It should be pointed out that Latin pharmaceutical names of Chinese drugs have not been fully standardized, and many that are current are longer than they need be. The Latin pharmaceutical names of the 1730 medicinals appearing in this book have been made as short as possible without any duplication with the Latin name of any other medicinal. These names have, in fact, been drawn from a database in which over 5,000 agents are clearly distinguished in name.

Although Latin pharmaceutical names have been included, I personally favor the use of English terms because of their ease of spelling and pronunciation, their greater communicativeness, and their convenience of use in the clinical context. Of the 1730 medicinal entities included in this text, 733 have ready-made English names that are to be found in larger standard English dictionaries (these are marked with \*), 842 have English names to be found in botanical or Chinese medical literature (s), and only 285 were devised by myself (°).

**Pinyin:** Pinyin has been used as last resort. The term 疳 (*gān*) has been rendered in Pinyin translation because the Chinese denotes both malnutrition and ulcerative diseases between which the connection is uncertain. The term 癩 (*lái*) has been transliterated because it refers to leprosy and diseases of the scalp involving hair loss, again whose interrelationship is not clear. I have translated 便毒 (*biàn dú*) as "bian toxin" because the meaning of *biàn* in this context is not clear to me. I have included Pinyin as an additional reference for terms foreign readers may not be familiar with, e.g., clove sore (*dmg*).

"Yin-yang" and "qi" have been adopted since these words are well-established borrowings from the Chinese language.

**Abbreviation and notation:** This text somewhat reluctantly adopts a commonly used form of notation for acupuncture points in deference to convention, although it includes English translations, which hopefully provide some insight into the Chinese world. I have devised a system of notation for the heavenly stems and earthly branches because the literal meaning of the characters are obscure. The terms 君臣左使 (*jūn chén zuǒ shǐ*) and 卫气营血 (*wèi qì yíng xuè*) have been given the short terms "drug roles" and "four aspects" in addition to the full literal translations "sovereign, minister, assistant, and courier" and "defense, qi, construction, and blood."

### Unsolvable?

Given the nature of language, it is unlikely that any translator would ever be completely satisfied with the renderings he chooses for every term. I would like to talk about some of my own dissatisfactions here.

The translator would appear to be forced to bow to convention at times, even when it goes against his principles. In this text, I have rendered 穴 (*xué*) as "point" only because every English-speaking acupuncturist uses this word. This is lamentable since the Chinese means "hole" or "cave," indicating that the needle insertion points are located at breaks or openings in the the landscape of the body, while the word "point" strongly suggests an abstract geometrical location that is not appropriate in the Chinese medical context.

I have rendered 証 (*zhèng*) "sign" and as "pattern" according to two clearly identifiable uses of the term in Chinese, namely a symptom of illness (e.g., vomiting and aversion to cold) and the interpretation of symptoms (e.g., heat pattern, exterior pattern). The literal meaning of the Chinese character is "testimony" or "evidence." However, the use of the term in the latter sense is an extended meaning that cannot easily be covered by any literal equivalent. The dual meaning could be covered by the English words "display," "manifestation," or "presentation." The last two of these three words would certainly be very clumsy in compounds such as "manifestation identification" (辨证 *biàn zhèng*).

The problem 証 *zhèng* is complicated by the existence of a homophone 症 *zhèng*, a character whose sickness radical (疒) informs us that it refers to a state of sickness. These characters would appear to be used interchangeably in Chinese medicine, although individual writers have their preferences. In modern mainland China, both appear to be equally common, although some argue that 症 should be reserved signs of disease that the patient is subjectively aware of, possibly under the influence of a distinction that is sometimes made in Western medicine. In Taiwan and Japan, 証 is preferred. Both characters appear usually to be translated with the same rendering in English.

This translation problem should not be sorted out without a review of the terms 疾 (*jí*) and 病 (*bìng*). The first of these now most commonly occurs in compounds in which it refers to a "disease entity," e.g. 痢疾 (*lì jí*), dysentery, and 疟疾 (*nuè jí*), malaria. The character 病 (*bìng*) refers to sick state as opposed to health and specifically an instance of such a state, as in 久病 (*jiǔ bìng*). It is also synonymous with *jí* in meaning a disease entity. The English word "disease" can be used in the general meaning of sickness or illness, but is most commonly used in the sense of "disease entity" and tends to imply physical impairment of the body in contrast to disorder, which denotes functional impairment. Both "sickness" and "illness" also mean disease entity, but this usage is not so common. These problems need further research before firm translation choices are made.

I have applied dual renderings for a few key terms, notably "essence" and "semen" for 精 (*jīng*), "qi" and "breathing" for 气 (*qì*), and "heat" and "fever" for 热 (*rè*). Dual translation is not ideal, but the relationship between the paired terms can be established by definition. The choice between "essence" and "semen" and between "qi" and "breathing" is usually clearly suggested by context. The distinction between "heat" and "fever" is slightly more problematic because *rè* as a symptom includes subjective sensations that do not necessarily constitute "fever" in the accepted sense of the word.



The terms 癰 (*yōng*) and 疽 (*jū*) have been rendered as "welling abscess" and "flat abscess" respectively. The literal meaning of the English renderings unfortunately implies greater specificity than the Chinese terms.

Finally, 寒 (*hán*) and 冷 (*lěng*) have both been rendered as "cold" although the Chinese terms often imply a distinction (冷 describes tangible cold). The specific meaning of the latter term can be expressed in many contexts with the word "frigid," but not consistently. The term "frigid" also carries sexual connotations. A similar distinction between is observed 燥 (*zào*) and 干 (*gān*), although they have both been rendered as "dry."

## Conclusion

Tendencies in Chinese medical translation that deviate from generally accepted terminological and translation theories are for the most part explained by the dominance of Western medical thinking. The tactics of using Western medical disease name that roughly corresponds to Chinese, using Pinyin or Latin to replace the name of an organ that is not understood in Chinese medicine as it is in Western medicine, and creating a Greco-Latin neologism that looks like a modern medical word are those adopted by the translator guided by the criteria of a medical system other than the one he claims to be transmitting. In the modern world, both Westerners and Chinese approach Chinese medicine with modern medical notions about the workings of the body and the mechanisms of disease. These notions can interfere with our understanding of Chinese medicine. We must be on our guard not to confuse Western medical understanding with reality, or to mistake the goal of integrating Chinese and Western medicine for that of translating Chinese medicine for a Western readership. We must understand that although modern medicine is of Western origin, it does not represent the entirety of Western medical thought. Just as popular medical conceptions in China are fashioned by Chinese medical notions as well as modern medical notions, those in the West are likewise influenced by pre-modern notions of health and sickness that bear some resemblances with those of Orientals. Modern medicine is not the only form of medicine Westerners are capable of understanding, and the very fact that a certain segment of the Western population is interested in traditional Chinese medicine (as well as other forms of healing) is evidence that modern medicine is not the only form of medicine that Westerners like.

A body of human knowledge is a conceptual system that bears a strong cultural imprint, but at its deepest level rests on the bedrock of common human

experience. Since the translator transmitting traditional Chinese medicine to the modern West writes for a readership largely unfamiliar with Chinese culture, it is essential that he place the foreign reader's knowledge on the common ground of human experience. He should build up an English terminology on this basis in the way that Chinese terms were originally created. When the translator places this goal second to that of establishing relationships between Chinese and Western medical ideas, he ceases to apply generally accepted translation principles and even runs the risk of committing scientific error.

In the Chinese world, the cardinal principles of translation are summed up in the three qualities accuracy, clarity, and elegance. The use of Western medical terms provides the reader with words whose meaning he can access, but conceals the original Chinese medical concepts; it therefore achieves clarity at the total expense of accuracy. The creation of terms designed to look like modern medical terms may express the Chinese meaning with accuracy, but without sufficient clarity and elegance. Pinyin transliteration theoretically provides a label that is completely unsoiled by any literal meaning that attaches to existing English words, but it is a blank label that tells the Westerner that it denotes nothing that falls within the experience of his own culture; Pinyin therefore achieves accuracy by sacrificing clarity. Only a terminology firmly based on common language equivalents places accuracy, clarity, and elegance in their proper order. Such a terminology is virtually the only kind that can be clinically accurate; it is also the only one that can enable the Westerner to understand Chinese medicine in its historical and cultural dimensions.

In its transmission to the West, Chinese medicine cannot be changed to suit the perceived needs of Westerners. Westerners wishing to study Chinese medicine will not succeed by viewing it through a filter of a more familiar knowledge system. They have to enter the Chinese world. Only when the translator sees Chinese medicine as it was traditionally conceived and translates it faithfully can the way open for a deeper understanding in the West.