WFCNS/SATCM Term Conference Report
By Eric Brand

The following is my informal report on the World Federation of Chinese Medicine Societies' (WFCMS) terminology conference this past weekend in Beijing. WFCMS is an organization that supports communication between many different professional societies involved with Chinese medicine worldwide. WFCMS will make recommendations on terminology to China's State Administration of TCM (SATCM) when the SATCM meets to discuss the issue of English terminology standards for Chinese medicine this summer. The meeting was co-sponsored by People's Medical Publishing House (PMPH, ren min wei sheng chu ban she), a large Chinese medical publisher that is beginning to produce English texts for the Western market. Several Western representatives were invited to Beijing to consult with local experts to exchange ideas on principles of term selection as well as the terms themselves.

The meeting was overall very cohesive and productive, and most parties were generally pleased with the outcome. Among the Western experts invited, Paul Unschuld and Nigel Wiseman were in attendance, while Giovanni Maciocia and Dan Bensky were unable to attend. Additional advisors included Sapir Roni from Israel, three representatives from the NCCAOM: Bryn Clark, Daniel Jiao, and Kory Ward-Cook, as well as two representatives from Australia, David Storey and Charlie Xue. With the exception of David Story and Kory Ward-Cook, all had a sound knowledge of Chinese medicine. Kory Ward-Cook, the CEO of the NCCAOM, has a background in Western medicine; in the discussions, she advocated accuracy in disease names and preferred to not see CM diseases translated into WM disease names if the names were not accurate. The political reasons behind Mr. Storey's high-level involvement in the meeting were unclear, since he lacked an understanding of Chinese language or Chinese medicine; Mr. Storey advocated changing the names of the traditional relationships of medicinals into pharmacological terms (i.e., instead of saying medicinal A "kills" medicinal B, we should say that it "inhibits" medicinal B).

Given that we had only three days together as a group, 660 terms were selected from the WFCMS' working database of terms to serve as examples of how terms should be selected and which principles should govern their selection. A detailed list of the principles that we agreed upon are outlined at the bottom of this summary.

The issue of literal translations vs. biomedical interface terms was an important feature of the debate. Participants who translate traditional medical works and historical texts insisted that traditional concepts and metaphors remain intact in the English translation, while participants who were primarily concerned with modernized Chinese medicine favored biomedicized terminology over literal translation. To resolve this difference, a system of biomedical interface terms was recommended, giving translators the ability to apply a linked terminology system differently if they are translating scientific articles vs. translating traditional medical works. This was one of the most significant achievements of the meeting. Debate on this topic was heated at times. Those favoring scientific terminology feel that Chinese medicine is evolving into the modern world of global medicine and its traditional metaphors and terminology hamper its acceptability in the scientific community and Western culture as a whole. By contrast, those favoring retention of traditional concepts and metaphors maintain that preservation of these concepts is necessary for traditional works, while biomedicized terminology is appropriate only for modern integrative works. However, the overall consensus was that literal translations should be used for the bulk of the terms, with biomedical interface terms included for situations were an accurate correlation could be made (mostly in disease names).

While the individual terms chosen are not final, a number of terms are worth mentioning in discussion. Again, these terms are not finalized and the recommendations of the WFCMS must be pass through the SATCM before they will become the national standard for the PRC. By and large, all the term recommendations came from a database that compiled approximately 20 different bilingual term lists, all of which originated in the PRC, with the exception of the

terminology used in the Practical Dictionary of Chinese Medicine (PD). This is a significant flaw in the initial selection process, because little attention was given to the actual terminologies that are in practical use in the West beyond the PD. The Chinese delegates showed lack of awareness of the prevalence of PD terminology in the West, so generally the term selection process would have been more complete if Western trends of use were taken into account at a greater level. Notably absent from the initial working term lists were the terminology systems used by Dr. Paul Unschuld, Eastland Press, Art of Medicine Press, and Pangolin Press. So although I felt that the group's meetings ended up selecting generally appropriate terms, I felt that the initial survey of which terms were actually in use and accepted by Westerners was inadequate.

During the discussions of individual terms, a number of long-standing errors were corrected. Examples include correction of "five elements" to "five phases" and the correction of "meridians" to "channels." We were divided into three groups to discuss principles and individual terms, with one group covering disease names, one group covering basic theory and diagnosis, and a third group covering medicinal nomenclature.

The room that I was in covered the topic of disease names, and we generally adopted literal translations with optional biomedical interface terms where appropriate. The literal names were by and large derived from Wiseman and Feng's PD, and appropriate biomedical terms were chosen based upon accuracy and correlations that were clarified by a number of Chinese experts, who proved to be invaluable in clarifying the meaning of some of the more difficult terms. Our group consisted of Dr. Nigel Wiseman, Dr. Wang Kui, Dr. Zhu Jianping, Dr. Liu Liang, Dr. Liu Shui, and Dr. Nie Huimin. While Dr. Zhu and Dr. Nie primarily provided expertise based on the meaning of the Chinese words, Drs. Wiseman, Wang, and Liu (Liang) were bilingual representatives who discussed the merits of the various terms and principles. The group agreed that biomedical interface terms should be chosen only when they are accurate, and I

was impressed at the group's dedication to maintaining accuracy and refraining from inappropriate biomedicalization of traditional disease concepts. When correspondence terms were chosen, they were included in parentheses following the literal (typically PD) translation, so we were pleased that both approaches were approved rather than losing the traditional disease categories.

In the room that discussed basic theory and diagnosis, Dr. Unschuld appears to have made a significant mark on the preservation of basic concepts and principles. Again, I do not know what the final outcome of all the individual terms will be, but I was pleased to see that the draft of the terminology generally represented careful retention of many important concepts. However, the group spent an inordinate amount of time discussing grammatical construction, which would have been wholly unnecessary if the opinion's of native English speakers predominated on the subject of English grammar. Specifically, the Chinese favored the use of gerund phrases instead of sentences. In other words, "the heart governs the blood and vessels" was perceived to be inappropriate by the Chinese, who favored "heart governing blood and vessels." Unfortunately, this debate reached its peak on the third day, when the entire group was called to vote on which grammatical form was more appropriate. Given that many voters did not speak any English, the notion that a vote could be used for a simple issue of English grammar (particularly when those voting were primarily non-native speakers, several of whom did not speak any English at all) was ludicrous to the point that one of the Western participants walked out of the meeting in protest. At this point, all the native speakers were stunned that such a ridiculous procedure was even suggested, but fortunately the meeting did not degenerate further and got quickly back on track after lunch.

In the group that decided upon medicinal names, a two-tiered system was endorsed, pegging pinyin to Latin pharmaceutical names. Formulas are to use pinyin followed by the English name in parentheses. While this is relatively straightforward, it was a bit surprising that few attendees were aware of the fact that English

names have already been developed and accepted in the West for most of the formulas, and that literal translation is generally accepted as the norm; it is not a new experiment in nomenclature. Additionally, the guidelines of the PRC typically call for pinyin syllables to be joined together, with the ending words tang (decoction), wan (pill), and san (powder) to be changed to English. In other words, the new standard would be guizhi decoction, sini powder, xiaochaihu decoction, etc. Unfortunately, I think that the WFCMS has blundered in this aspect of their preliminary recommendations, because the naming standards used by most Westerners separate the pinyin syllables to make them easier to read. Thus, we write jin yin hua instead of jinyin hua, and I think the WFCMS would be wise to follow what is already a widely-accepted norm in the field. Additionally, there is no confusion caused by keeping the "tang" in gui zhi tang, since anyone who can remember gui zhi can remember that a tang is a "soup" and a "san" is a powder. Calling a formula liuwei dihuang pill (Six Ingredient Rehmannia Pill) is inferior to calling it liu wei di hu¨¢ng wan (Six Ingredient Rehmannia Pill), simply because the latter is already a standard in the profession and the former is redundant with the word "pill." Furthermore, the formula is rarely taken in pill form, so saying that "a decoction of liuwei dihuang pills was taken¡ " implies that pills were boiled, whereas saying "a decoction of liu wei di huang wan was taken¡ " does not imply that ready-made pills were cooked into a decoction. But this is simply an error of ignoring existing trends in the West when creating English standards in terminology.

Overall, I think a lot of good progress was made at the conference. I am strongly in favor of a biomedical interface system that allows for the development of both traditional and integrative modern literature. Since both aspects are richly represented in the Chinese medicine of China, I think that a similar degree of knowledge should be preserved in English and I am happy to see that the WFCMS endorses such an approach. However, I think that rather than creating a new terminology system from scratch, the WFCMS would do well to take note of existing trends in Western terminology

systems and simply approve systems that follow similar methodology to that endorsed by WFCMS.

On a personal note, I was highly impressed with the input of the representatives from the NCCAOM. On numerous occasions, Bryn Clark and Daniel Jiao offered excellent examples and arguments that clarified important issues in translation and terminology, and their input was invaluable to the meeting as a whole. Since it was my first time seeing a personality behind what has always been a faceless organization to me, I was very pleased to realize that the people involved in the NCCAOM have a significant interest in preserving the integrity of Chinese medicine, and I also found them to be free of political bias where terminology was concerned. Similarly, Sapir Roni, the Israeli representative, voiced a number of valuable insights throughout the weekend discussions and his contributions were greatly appreciated by the group.

Below are the principles agreed upon by the delegates (formatting lost in CHA post):

Principles for English Translation of Basic Terms
In Chinese Medicine

Accurate, clear and elegant expression is guiding principle in the English translation of terms in Chinese medicine. The principles for the English translation of basic terms in Chinese medicine are as follows:

***Equivalent:** The English translations should fit the original meaning of the Chinese terms.

***Terms** should be as concise as possible without distortion of meaning. Avoid lengthy interpretative statements that unnecessarily paraphrase the meaning of terms.

***Identity:** For two or more Chinese terms that are recognized as absolute equivalents, a single rendering in the target language is

acceptable.

***Reverse translation:** Translation should preserve the relationship between the Chinese and English terms clearly. Ideal translations can be translated from the target language back to the original language with minimal loss of accuracy.

*Some currently accepted terms, although not in full compliance with these principles, may be considered acceptable. However, some words in common use that fail to accurately express the basic Chinese meaning should be changed. For example, the word "channel" is preferable to "meridian."

In addition, regarding the continued discussion of the names of diseases, medicinals, and formulas, it is recommended that:

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

2. Chinese medicinals should utilize two names: Pinyin and Latin pharmaceutical names.

3. Formulas should use a multiple term standard: Pinyin

followed by the English name in parentheses. The Pinyin names will follow the standards laid down by the 2005 edition of the Pharmacopoeia of the People's Republic of China.

4. An additional consideration that has arisen is the need to arrive at a satisfactory conclusion to the grammatical construction of a variety of term phrases. For example, should gerund forms of terms such as “kidney governing water” be used, or should this phrase instead be expressed as an independent clause such as “the kidney governs water?”