

# The Extralinguistic Aspects of the English Translation of Chinese Medical Terminology

Nigel Wiseman, Chang Gung University, Táiwān

## 1. Introduction

The debate on how Chinese medical terminology should be translated has continued for decades in China and in the West. Though quite heated at times, it has not brought us much closer to achieving the aim of standardizing terminology than we were 30 years ago. Chinese medicine is currently undergoing a process of internationalization that represents a major turning point in its history, but the process is fraught with serious problems that urgently need to be solved. This paper argues that participants in the debate have mostly considered translation as a purely linguistic activity and have failed to fully appreciate that different approaches to term translation reflect different aims in the westward transmission of Chinese medicine.

By bringing these more fundamental differences out into the open, I hope to convince readers that in Chinese medicine, as in other fields, the transmission of knowledge can be successful on a large scale when (1) recipients have a clear and strong motivation to acquire the knowledge and recognize the importance of language in the transmission process and (2) a source-oriented translation method, i.e., one based on borrowing and loan-translation, is adopted. Translation theorists take the view that different translation methods—such as literal or free—produce different effects and hence are suited to different translation objectives. When large and complex bodies of knowledge are being transmitted from one language community to another, a largely literal approach is most commonly applied. The present paper argues that a “source-oriented” translation method is most appropriate for the translation of Chinese medical terms and that it is not identified as such by all translators for extralinguistic reasons. The tendency prevalent among PRC translators to use Western medical terms to represent traditional Chinese concepts is attributable to the effort to integrate Chinese medicine with Western medicine. The tendency to play down the importance of terminology prevalent among Western translators reflects a desire for a simplified form of Chinese medicine that conforms to the desiderata of alternative health-care.

## 2. Methods of Translation in Their Extralinguistic Context

It is well known that there are different ways of translating. In the translation of Chinese medical terminology, we often have the choice between a literal translation, a Western medical term, or a transliteration. People have argued that we should choose one or the other of these approaches, but all too often on linguistic grounds alone. Some say that transcription is often the best solution and is quite feasible because English traditionally borrows words; others say we should choose existing English words because they are easy for people to remember, etc.

No arguments of this kind have succeeded in convincing everyone of the superiority of one particular approach. I believe that this is because the discussion of Chinese medical terms has failed to take account of extralinguistic factors that motivate the various options. The discussion has led to a stalemate because it has been about words rather than about the deeper issues of how Chinese medicine is perceived and about the aims of transmission.

Translation theorists have accorded increasing importance to the extralinguistic implications of translation strategies. By applying their insights to the debate on Chinese medical term translation, we might help to eliminate the current stalemate.

From antiquity, in the East as in the West, translators have known that there is often no straightforward way of translating and that they have the choice between different ways of translating that have been loosely classed as "literal" and "free." A major advance in recent translation theory is the abandonment of prescriptive approaches in preference for descriptive approaches. The quest for the one right way to translate has been recognized as futile; much greater value lies in examining the work of translators to determine what they achieve and what they fail to achieve by the approaches they apply.

As a consequence of this development, it is now generally acknowledged that different methods of translation are used for different purposes. Certain types of text tend to be translated in certain ways, while one and the same text can always be translated in different ways depending on what purpose the translated text is expected to fulfill.

The republication of an essay by Friedrich Schleiermacher that first appeared in 1813 has influenced Western translation theory over recent years.

Schleiermacher rephrased the old debate between literal and free translation saying, "Either the translator leaves the author in peace and moves the reader towards him, or he leaves the reader in peace and adapts the author."<sup>1</sup> When leaving the author in peace and moving the reader toward him, the translator tries to recreate the form and content of the original text in the translation by a close rendering that makes understanding more difficult for the reader, but that nevertheless rewards the reader with a greater understanding of the original author's thoughts. By contrast, moving the author toward the reader involves the use of free translation that makes for light reading, but which sacrifices some of the original thoughts. By linking methods of translation to the effort and tolerance required of the reader, Schleiermacher brought the extralinguistic aspects of translation to the fore.

These ideas have been a seminal influence on recent translation theory. There is now a strong awareness that the degree to which translators of the past have moved the target-language reader toward the author of the source text, or moved the author of the source-text toward the target-language reader, has depended to a large extent on the relative prestige that the source culture holds for the target culture. In fact, the level of translation also depends on it. The language and culture of the English-speaking peoples, who are politically and culturally dominant in the modern world, translate much less literature into English than countries that speak other languages translate from English. Translations into English tend to be judged on how well they conform to English standards of writing rather than how much of the original they capture.<sup>2</sup>

The two poles of translation that theorists observe have been called by different names. Lawrence Venuti calls them *foreignizing* and *domesticating* translation. I call them *source-oriented translation* and *target-oriented translation*.

### **3. Term Translation is Source-Oriented**

Translation theories are largely preoccupied with literature. Nevertheless, they also apply to other kinds of translation. Technical translation differs from other forms of translation chiefly in that technical writing is characterized by technical terms that must be given equivalents in the target language if the concepts they represent are to be upheld in the transmission process. However the non-technical language of technical texts is dealt with, terms have to be translated with corresponding terms in the target language. In disciplines well established in the target community, bilingual lists are usually available. Normally, translators do not have to think how to translate

terms: if they don't know an equivalent, they look it up in a technical dictionary. It is only the translator who is translating in a field just starting to become established in the target community that has to think about how to translate terms. And that, of course, is the situation in the translation of Chinese medical terms.

The main translation methods used for terminology translation are borrowing and loan-translation. Given that all terms must have their equivalents in the target language, either borrowing or loan-translation provides an easy solution. Borrowing is the easiest because it does not require any work. Yet while most languages will borrow foreign words here and there (especially for imported objects), few ever borrow an entire technical vocabulary of foreign words. Most languages tend to prefer loan-translations.<sup>3</sup>

Both borrowing and loan-translation are source-oriented. Borrowing is the most source-oriented because it preserves the source-language term (or at least its form). Loan-translation involves translation, but the resulting term has the same meaning components, and so bilinguals can readily identify the source- and target-language terms as equivalents. Thus, both methods allow the creation of a terminology that is quite conspicuously close to the source-language terminology.

Although borrowing is the easiest method, it is not always feasible. Chinese cannot borrow words very easily because the representation of foreign sounds in Chinese phonology and script is limited by its fixed number of syllables available in the Chinese language. Recasting a term like *atherosclerosis* in Chinese syllabary results in something that does not really sound like the original any more. For this reason, Chinese prefers loan-translation. The term [動脈]粥樣硬化 is a replication of the original term.

There is one obvious reason why borrowing and loan-translation are chosen in successful acts of knowledge transmission. The transmission of modern scientific and technological knowledge is not based entirely on translation. Most scientists around the world these days can read English (or other Western languages, or languages of scientifically advanced countries, such as Japanese). Many scientists from countries that speak other languages will go for periods of study in the West to gain the most advanced knowledge. Borrowing and loan-translation in the formation of terms in their own languages are the most natural choices because for the bilingual scientists, these methods enable the target-language terminology to be closely related to the source-language terminology. In languages where borrowing is

difficult, loan-translation tends to be chosen since the source-language term represents an important precedent in the term translator's mind. This has the advantage for other users that the term is more easily related to the source-language term than a more idiomatic expression.

Although source-orientated translation is the normal method of dealing with technical terminology, we can note that technical texts may be translated more freely, with the sacrifice of detail, when the target-language text is intended not for experts, but for a lay readership.

When a whole body of knowledge is being translated from one language into another, the process of term formation usually proceeds quite smoothly. Difficulties and disagreements may be encountered at the outset, but some sort of methodology is agreed on for generating new terms. Although the transmission to China of vast amounts of Western knowledge has posed considerable term-creation needs, one hears very little discussion about the term-creation process. I know of no articles appearing in the Chinese press complaining, say, about the Chinese terminology that a person needs to master in order to operate Microsoft Windows software. Millions of Chinese-speakers busily using Windows for an almost infinite range of tasks are apparently quite happy about the terms that users need to understand to know how to use it.

For target-language terms to become accepted and used by translators and writers in a given field, they must reach a wide audience. In large fields in which many people are involved in the transmission of information, multiple equivalents of one and the same source-language term may exist for a time. Naturally, potential confusion is avoided if everyone uses the same term, and so efforts are made to standardize terminology. The process of standardization is aided by the creation of bilingual term lists available to all translators, because translators will tend to use the terms they find in a bilingual list. Such lists are all the more effective when they have been created by a professional or government organization that has some mechanism for reviewing terms that have appeared in print before. In a discipline or field with a large terminology, it would be impossible to have a standardized terminology that is not readily available in a published list.

#### **4. Chinese Medicine, the Exception**

Chinese medicine stands out very sharply as an anomaly in the field of translation. Despite the acupuncture and Chinese medicine boom in English-speaking countries over recent decades, there is still no unified English

terminology of Chinese terms that ensures the same efficiency of communication as in Chinese. The endless debate about how to translate terms into English over recent decades has not resulted in any standardization.

Many people are wont to say that Chinese medical terms are hard to translate because Chinese medicine is rooted in peculiarities of the Chinese language and Chinese medical concepts and therefore defies translation. I would argue that whatever difficulties are created by the Chinese language and by Chinese medical concepts (and indeed there are some, though they should not be exaggerated), there are no grounds to conclude that Chinese medical terminology cannot be translated by a source-oriented method, simply because my colleagues and I have successfully developed one. I believe that the reason for failure to agree on a translation strategy, and specifically the reason for the failure to agree on a source-oriented strategy, is to be found not in the difficulties posed by the Chinese language, but rather in the political, extralinguistic aspects of transmission of the type that Schleiermacher spoke of nearly two hundred years ago.

When we observe successful acts of knowledge transmission, we find, in addition to source-oriented translation as the chosen method of translation, there are two other prerequisite conditions for successful transmission. One is a clear motive for acquiring the knowledge; the other is a recognition that the source language provides access to the knowledge. (Both of these prerequisites, by the way, support source-oriented translation)

#### *4.1 Motives*

In the transmission of Western learning to China, as indeed to other parts of the world, the motive for transmission was simply to acquire the same understanding of the subject matter as the source community, and the method chosen was to train people in foreign languages in order to gain access to the knowledge. In the transmission of Chinese medicine to the West, the picture is different. There are no clear, unified motives for transmission, and language has not been recognized as the key to access to it. To understand this we must examine the transmission process.

Western interest in China's healing arts, in particular the exotic and fascinating art of needling, goes back four hundred years, but it was only in the latter half of the twentieth century that they became widely practiced.

In the 1970s, President Richard Nixon's historic visit to China brought healing arts, in particular analgesia by acupuncture, into the focus of the Western media and the Western scientific community. Studies showing evidence of acupuncture's analgesic mechanism not only made acupuncture research respectable, but enhanced the public image of China's magic needle therapy. Acupuncture had previously attracted the interest of Western MDs, but with these developments growing numbers came to practice acupuncture.

Acupuncture and Chinese medicine have by no means attracted only MDs. From the 1960s onward, growing dissatisfaction with various attributes of Western medicine, including harsh treatment, overspecialization, and lack of personal attention, caused a certain segment of the Western population to look to alternative forms of health-care that are understood to be natural and holistic and simpler than Western medicine. Acupuncture was identified as a natural and holistic medicine evidently because it merely stimulates the body's own health-restorative forces and does not introduce anything into the body. Alternative medicine naturally has its greatest following outside the medical profession, but many MDs have been drawn into the movement, and they use alternative therapies to complement standard Western treatments and to provide more natural and holistic medical care. Nevertheless, among Chinese medicine practitioners in the United States and other Western countries, non-MD practitioners are more numerous than MD practitioners.

In the early days of the acupuncture boom in the United States, non-MD enthusiasts studied with immigrant doctors from the East and read the scant Western literature that had accumulated. The PRC was quick to respond by providing basic textbooks, and a small number of Western enthusiasts learned Chinese and began to translate. At the same time, schools of acupuncture began to arise, and legislation governing the practice of acupuncture and the accreditation of acupuncture schools came into place. Although the early enthusiasts had learned from Japanese and Korean as well as Chinese acupuncturists, the appearance of textbooks from the PRC led to the domination of Chinese acupuncture as practiced in the PRC. Nevertheless, certain elements within the non-MD group pioneered adaptations of Chinese medicine that excluded virtually everything but yīn-yáng and the five phases and incorporated indigenous notions of the unity of body and mind that adherents of alternative therapies find attractive to this day.

The Chinese responded promptly to Western interest in their traditional healing. After Chinese medicine was hailed as an invaluable product of the Chinese people's long experience in the fight against disease and given nominal equality with Western medicine in the provision of national health-

care, it also became a show-case of Chinese ingenuity. Several Chinese medical colleges have established English-language programs of varying lengths for foreign students. Furthermore, PRC publishing houses, notably including the most prestigious People's Medical Publishing, have produced a considerable amount of foreign-language literature on Chinese medicine and quite a large number of lexicographical works proposing terminologies to be used in translation.

These three groups—the Western medical community, the non-MD Western community of Chinese medicine, and the Chinese community of Chinese medicine—each have different conceptions of what the process of transmitting Chinese medicine should entail. Broadly speaking, members of the Western medical community confine their interest to clinical efficacy that relies as much as possible on a scientific basis and as little as possible on traditional theory. They consider Chinese medicine to be a tool for clinical use, rather than a body of knowledge to be transmitted.

The non-MD Western community of Chinese medicine seeks to gain clinical skills based on traditional experience and the holistic theories of yīn and yáng and the five phases. While many people in this group seek authentic traditional Chinese medicine, a large proportion of this group is attracted by holistic Western adaptations of Chinese medicine.

The PRC was keen to join in the transmission process out of the desire to demonstrate to the international medical community that China's medicine was effective, and that it could be combined with Western medicine to produce an effective new medical model that the rest of the world would covet.

Out of fairness we must acknowledge that within each of the three groups just discussed there are conflicting opinions as to what is most valuable in Chinese medicine. But the point is clear that there are diverse motives for studying Chinese medicine and translating Chinese medical literature.

#### *4.2 Language Learning and Translation*

The extent to which recipients of transmitted knowledge gain linguistic access to primary sources is an important indicator of strength of the transmission process, not least because the generation of translated literature by the receiving community is dependent upon it. Unfortunately, neither the MD nor the non-MD group interested in Chinese medicine has placed much emphasis on language as the key to access primary sources of information.



The MD group naturally tends to think of Chinese medicine as a tool to be applied on the basis of Western medical knowledge, and therefore sees no need to study Chinese. Similarly, those of the non-MD group who are strongly attracted by body-mind adaptations of Chinese medicine have little interest in learning Chinese since they gain much of their inspiration from Western sources.

The segment of the non-MD group that is attracted toward authentic Oriental practices is more motivated to gain language skills. The few who learned Chinese in the early years of the acupuncture boom and compiled literature from primary sources (e.g., Kaptchuk,<sup>4</sup> O'Connor & Bensky<sup>5</sup>) have played a leading role in the development of acupuncture in the United States. Since that time, students and practitioners have been learning Chinese in increasing numbers. Nevertheless, the importance of language in the transmission of knowledge has never received due recognition in the US acupuncture community as a whole. Chinese is not widely studied in Western countries, and schools of acupuncture and Chinese medicine have not seen the need to provide intensive language training for students to make up for this lack. Under the influence of alternative health-care ideologies, even those attracted by authentic Oriental practices tend to conceive Chinese medicine as a holistic skill that has to be learned in the clinic rather than as a body of knowledge that has to be painstakingly transmitted.

The PRC naturally recognizes the importance of language in the transmission of knowledge. PRC colleges have very wisely offered foreign students the opportunity to study Chinese before attending regular courses in Chinese medicine, but the response from Western students has not been great. In the United States, for example, students have been able to gain a license to practice acupuncture after three years of night school without having to go through the trouble of studying Chinese and Chinese medicine in China.

Translation is dependent upon language ability. Under normal circumstances, translation is done by recipients of the knowledge who have learned the source language. Chinese medicine is something of an exception because the source-language community has been a major contributor in the field of translation. Since the Chinese have had to master English (and other foreign languages) to gain modern scientific knowledge, they are reasonably well equipped for the westward transmission of their own traditional knowledge. In the United States and other English-speaking countries, three PRC English-language texts stand out as having been highly influential in the adoption of Chinese medicine.<sup>6,7,8</sup> These texts are basic introductions that admirably serve the needs of beginners. Unfortunately, given English

speakers' minimal linguistic access to primary Oriental sources during the formative period of the Western profession, these texts have helped to set standards for education and licensing at levels that are far lower than in the PRC.

Some adherents of Chinese medicine have realized that what is contained in the current body of English literature cannot represent the whole body of Chinese medical knowledge, and over the last decades increasing numbers of English-speakers have learned Chinese and have translated and compiled an increasing amount of literature from primary sources. As a result, texts produced by Westerners have gradually come to dominate the US market. Nevertheless, the last of the three previously mentioned texts from the PRC is still popular because it is considered to contain all the knowledge required to pass the license examination.

As literature translated and compiled from primary sources has grown, so has literature written by people who have no access to primary sources. Lamentably, the authors of a bibliometric study of English-language literature of Chinese medicine concluded that because of the small proportion of books translated and compiled from primary sources, the transmission of Chinese medicine is very much in its infancy.<sup>9</sup>

The general lack of linguistic access and the relatively small proportion of the literature produced by people with a knowledge of Chinese attests to the marginal position of Chinese medicine in the Western world. In all fields of modern learning, it is customary for scholars wishing to contribute to the field to have a good command of the literature on the subject. In Chinese medicine, the vast majority of literature is in Chinese. The fact that writings of people without linguistic access have any market at all reflects not only cultural arrogance, but also the absence of any academic standards in the field.

### *4.3 Terminological Management*

In successful processes of knowledge transmission, the receiving community learns the source language as a means of direct access and as the basis for translation. Since different ways of translating terms exist, the variability of target-language terminology naturally tends to cause confusion, which can end only when everyone agrees to use the same terms. Because any terminology can only be accepted by and easily applied by all translators if it is made available to them, chosen equivalents must be related to source-

language terms either in parentheses or footnotes in a translated text, or preferably gathered together in bilingual term lists.

In Chinese medicine, the lack of terminological management is sorely apparent in the chaos of term variability in the literature. Works by writers with no linguistic access, quite expectedly, tends not to include Chinese or Pinyin in parentheses, footnotes, and/or glossaries. Among writers who do have access to source literature, PRC texts, quite remarkably, tend to contain less Chinese than those put out by Western publishers. None of the three major PRC texts cited contain Chinese characters except for acupuncture point names in the indexes. Surprisingly, a PRC translation of the *Shāng Hán Lùn* does not even contain the Chinese text.<sup>10</sup> Several major English-speaking writers include glossaries in their works, although these vary in size.

Numerous bilingual lists have been published as works of their own. Almost all of these have been produced in the PRC. Only three have been produced in the English-speaking world, all by Wiseman and colleagues.<sup>11,12,13</sup>

The terminologies proposed in the PRC vary from one publication to other, but comments by the compilers on the method of translation adopted are extremely rare. The major exception to this is Lǐ Zhào-Gúo (李照國), who has written two monographs on Chinese medical translation,<sup>14,15</sup> as well as a dictionary.<sup>16</sup>

These observations suggest an interesting comparison. While PRC writers and publishers are aware of the need for an English terminology linked explicitly to the Chinese, they confine their efforts in this respect to bilingual lists, presumably chiefly intended for translators, and do not consider source-language terms as being of any use to English readers of textbooks. Western writers tend to link their terminology to source-language terms in appended glossaries. Only the work of Wiseman and colleagues includes Chinese in the text, footnotes, appended glossaries, and in independent publications.

Western writers and publishers are discouraged from liberally including characters by technical limitations. (Often the writer is the only person in the book production process who can read Chinese.) There is evidence, however, that Western writers include small appended glossaries in their works rather than produce larger lists separately not because of technical difficulties but rather because they believe Chinese medicine possesses only a small terminology. Two best-selling basic texts by one author include glossaries of less than 60 terms,<sup>17,18</sup> which the writer claims to be complete.

## 5. Term Choices

A comparison of English terminologies is very difficult insofar as writers fail to relate their chosen English terminology to the source-language terms explicitly. (A small-scale survey has been performed by Wiseman.<sup>19</sup>) Comprehensive bilingual term lists that are useful to translators and hence to the development of a standardized target-language terminology reveal two distinct tendencies in translation. One is source-oriented translation with a strong admixture of Western medical terminology. The other is straightforward source-oriented translation based on loan-translation. (The unfamiliarity of English speakers with Chinese makes borrowing on a large scale impossible.) The former trend is prevalent in the PRC terminologies, while the latter is represented by my own terminology (and at least one PRC dictionary<sup>20</sup>).

Table 1 shows the difference between the two approaches. On the left are my own source-oriented translations; on the right the Westernized translations contained in *The Chinese-English Medical Dictionary (CEMD)* published by People's Medical Publishing House.<sup>21</sup>

Table 1. English Equivalentents in Wiseman and *CEMD*

| <u>Wiseman</u>               |                |                       | <u>汉英医学大词典</u>      |
|------------------------------|----------------|-----------------------|---------------------|
| <u>Loan Translation</u>      | <u>Chinese</u> | <u>Pīnyīn</u>         | <u>CEMD</u>         |
| wind-fire eye                | 风火眼            | <i>fēng huǒ yǎn</i>   | acute               |
| impediment                   | 痹              | <i>bì</i>             | conjunctivitis      |
| wilting pattern              | 痿证             | <i>wēi zhèng</i>      | arthralgia          |
| umbilical wind               | 脐风             | <i>qí fēng</i>        | flaccidity          |
| wind lichen                  | 风癣             | <i>fēng xiǎn</i>      | syndrome            |
| phlegm node                  | 痰核             | <i>tán hé</i>         | tetanus             |
| throat moth                  | 喉蛾             | <i>hóu é</i>          | neonatorum          |
| damp-toxin vaginal discharge | 湿毒带下           | <i>shī dú dài xià</i> | tinea corporis      |
|                              |                |                       | subcutaneous nodule |
|                              |                |                       | tonsillitis         |
|                              |                |                       | cervicitis          |

註解 [td1]: Nigel, do the headings look right on this new table?

The significance of the difference between the two tendencies is that the source-oriented approach preserves the original term for any conceptual information it may have for the foreign reader, while the target-oriented

approach interprets the Chinese medical concepts in terms familiar to the Western doctor.

When the Chinese 風火眼 *fēng huǒ yǎn* is given the source-oriented translation “wind-fire eye,” the notion of a disease described in terms of its cause is preserved. When the same term is translated as “acute conjunctivitis,” Chinese medical information is replaced by Western medical information. The target-oriented translation saves the reader having to learn a new term, but the source-oriented translation tells the reader more about Chinese medicine.

When we examine contiguous entries in *The Chinese-English Medical Dictionary*, as examples in Table 2 show, we can see how the authors have been at pains to institute a Western medical term whenever one is available. However, this is only the case in 2 out of the 5 examples presented. In the other cases, no Western medical equivalent is to be found, so the authors revert to literal translations. Literal translations are in fact, however, quite feasible for all the terms, as you can see from my own translations in the left-hand column. Thus there is some inconsistency in the approach.

**Table 2. English Equivalents in Wiseman and CEMD**

| Wiseman       |                    | Chinese | Pīnyīn              | CEMD                                  |
|---------------|--------------------|---------|---------------------|---------------------------------------|
| Loan          | Translation        |         |                     |                                       |
| wind-fire     |                    | 风火      | fēng huǒ            | wind-fire, wind-fire pathogen         |
| wind-fire     | scrofula           | 风火疔     | fēng huǒ lì         | acute cervical lymphadenitis          |
| wind and fire | fanning each other | 风火相煽    | fēng huǒ xiāng shān | fire and wind stirring up each other  |
| wind-fire     | toothache          | 风火牙痛    | fēng huǒ yá tòng    | toothache due to pathogenic wind-fire |
| wind-fire     | eye (pain)         | 风火眼 [痛] | fēng huǒ yǎn [tòng] | acute conjunctivitis                  |

註解 [td2]: Nigel, do the headings look right on this new table?

The two approaches described are not two different methods of achieving the same thing. Rather, they respond to different goals. The PRC target-oriented type of translation is geared to making understanding easier for the reader familiar with Western medicine. My own source-oriented method is

intended to provide the reader who simply wants to learn about traditional Chinese medicine with the maximum information on the subject.

It is not surprising that the target-oriented approach is chosen by writers of the PRC, where Chinese medicine is being forced to integrate with Western medicine. Nor is it surprising that a source-oriented approach should arise in the receiving community among people who are attracted by authentic traditional Chinese medicine rather than Western medical or alternative medical adaptations of it.

The PRC target-oriented approach is not suited to the goal of simply transmitting traditional Chinese medicine. Those who prefer the Westernized approach might argue that because the condition called 濕毒帶下 is identified in Western medicine as cervicitis, we should call it *cervicitis* in English even in the Chinese medical context. Or course, the term translator would have to be sure that 濕毒帶下 corresponds wholly and only to “cervicitis” (which is doubtful). Nevertheless, that matter aside, the conceptual content is different in the two medicines. Chinese medicine sees the condition as vaginal discharge (leukorrhea) due to damp toxin; Western medicine considers it to be inflammation of the cervix uteri. Perhaps this conceptual distinction is insignificant in the modern practice of medicine. However, it would be very strange to introduce “cervicitis” into the translation of an ancient text from a time before the Chinese had learned the specific notions of ‘cervix uteri’ and ‘inflammation.’ Anyone wanting a method of translation that can be applied to ancient texts as well as modern texts without introducing anachronisms has to choose a source-oriented approach.

Note that if the translators who created the Chinese terminology of Western medicine over the last hundred years had applied the same method as the *CEMD* applies in the English translation of Chinese medical terms, they would have chosen to render *acute conjunctivitis* as 風火眼 and *cervicitis* as 濕毒帶下. They did not do this because even if the referents correspond, the terms *acute conjunctivitis* and *cervicitis* reflect the way the diseases are understood in Western medicine. They naturally coined loan-translations instead.

Although the target-oriented approach may make reading slightly easier for some readers, it is not suited to transmission of Chinese medicine in its full historical dimensions. The source-oriented approach does not exclude efforts to relate Chinese medical concepts to modern medical concepts. This can be done, as in Chinese, by the addition of commentary. The relationship

of the traditional concept to the modern one does not have to be enshrined in the actual translation.

Space here does not permit a full explanation of the source-oriented approach. The fullest account of it is to be published shortly.<sup>22</sup> Suffice it to say this method does not entirely exclude the use of Western medical terms, but adopts only those that do not introduce any technical knowledge alien modern knowledge or obscure important traditional ideas contained in the source-language terms.

The term choices of the *CEMD*, I think most readers will agree, are reasonably representative of PRC trends. There are, of course, other approaches. Of note, is the work of Lǐ Z-G, in which term proposals are—unusually for a Chinese medical lexicographer in the PRC—prefaced by argument. Lǐ's terminology is notably characterized by Greco-Latin neologisms (e.g., 胃氣虛 *hypogastroqi*; 命門火衰 *hypovitaortipyria*). Since these are unlikely to be accepted in the West and Lǐ has reduced his Greco-Latin terms in recent work, I will not discuss his terminology. I have elsewhere written a full commentary on his work.<sup>23</sup> What is of note here, though, is that the mimicking of formal aspects of Western medical terminology to conform to the expectations of readers without deepening their understanding of the subject is target-oriented translation. When it produces obscure terms as in Lǐ's case, it completely defeats its own object.

In general, PRC translators may overestimate lay familiarity with Western medical terminology in the West, and they may underestimate the value of the information conveyed to the foreign reader by source-oriented translation. In any event, their strong target-orientation is motivated by a desire to make things easier for people well versed in Western medicine and to convince the international community of the value of Chinese medicine. These aspirations with regard to the westward transmission of Chinese medicine conform entirely with efforts on the home-front to integrate Chinese medicine with Western medicine.

## 6. Conclusion

The influence of Western medicine and of alternative health-care ideals in the West reduces the motivation to turn to the source for greater knowledge. The general lack of familiarity with the Chinese language among Westerners has not been compensated by intensive language learning in Western colleges of acupuncture and Chinese medicine. While a small segment of the community has identified the need to study Chinese to gain access to primary

sources, others have been more attracted by holistic adaptations of Chinese medicine.

The segment of the English-speaking community of Chinese medicine that has learned Chinese has engaged in translation. As translators they have tended to play down the importance of terminological management, and include only small glossaries in the books they write. Nevertheless, people have become increasingly aware that Chinese medicine does have a terminology and that it is far more complex than the early presentations many Westerners were led to believe. These people are aware of the need for accurate translation if they are to gain a deeper knowledge of Chinese healing practices, and they have supported the source-oriented method of translation that my colleagues and I have promoted. This swing has taken some time to bring about because the source-oriented method of translation is more demanding on readers and meets with reader reluctance.

Over the last twenty years, a body of literature, both modern and classical, in our proposed source-oriented terminology has gradually accumulated. This is supported by a bilingual list intended chiefly for translators<sup>24</sup> and a dictionary with English definitions of terms for students, practitioners, and researchers.<sup>25</sup> Two of the three largest American publishers of Chinese medical literature have adopted the proposed terminology as their recommended house terminology, and as a result there is more literature that applies this terminology than literature applying any other published bilingual list of terms. The translation of Chinese medicine has finally begun to conform to a pattern observed in fields in which transcultural transmission has been successful.

PRC translators have contributed greatly to the initial transmission phases. However, the failure to follow up their elementary textbooks with a substantial body of more advanced texts not only suggests a lack of faith in the will or ability of Westerners to understand Chinese medicine in depth, but also has no doubt contributed to the Westerners' view that the PRC's basic texts represent the sum of Chinese acupuncture. In their terminological efforts, PRC scholars have tended to accord too much attention to bridging the gap between Chinese and Western medicine in the transmission process, to the detriment of the transmission of the original Chinese medical concepts. In all, PRC efforts have done little to foster the view gradually developing in the West that the only full account of China's vast and complex body of medical knowledge exists in the Chinese language, and that Westerners, in order to appropriate it, have to gain linguistic access to source literature and develop a source-oriented method of translation able to present Chinese



medicine most accurately. This is a pity, because Chinese participation would greatly benefit the transmission process and, indeed, would accord China its rightful position of international authority in its own medicine.

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