

ENGLISH TRANSLATION OF
CHINESE MEDICAL TERMININOLOGY:
THE VIEWPOINT OF TRANSLATION THEORY

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The translation of Chinese medical terms is a question which is still much in the air and lacks deep debate. I would like to offer some views on the subject from the point of view of modern translation theory.

When we look at the translation of Western medical terminology into Chinese, we see that the translation of terms has followed a very clear approach comprising a several methods applied to specific classes of terms. Distinction appears to have been recognized between lay terms such as those denoting gross body parts and strictly technical terms such as those describing microscopic phenomena or representing complex concepts. Terms in the first class, such as 'heart', 'skin', 'nose' have been translated with their natural lay equivalents in Chinese (心 *xīn*, 皮 *pí*, 鼻 *bí*). Strictly technical terms, i.e., terms consciously devised by the medical world for specialist concepts (notably terms that in English, for example, are derived from Latin and Greek), have been translated by a triple approach: a) on the basis of literal meaning of the term (e.g., tubuli renales rendered as 肾小管 *shèn xiǎo guǎn*, atheroma as 粥瘤 *zhōu liú*); b) on the basis of the definition (e.g., actin rendered as 肌动蛋白 *jī dòng dàn bái*); and c) on the basis of the sound of the foreign term (e.g., 唐氏症 *táng shì zhèng*, 登革热 *dēng gé rè*, 普鲁米近 *pǔ lǔ mǐ jìn*). Since—as a cursory view of any medical dictionary shows—these three approaches have been applied in descending order of frequency, it would appear that the preference of translators follows the same order. Clearly, terms have been literally translated wherever possible, that a translation according to definition has been devised where it makes the meaning substantially clearer, and that transliteration has been used as sparingly as possible.

The approach adopted by Chinese translators is in complete accord with the principles applied by modern terminologists. Terminologists recognize that a foreign equivalent of a term is nothing but a synonym in another language, and believe that equivalents in a foreign language should be chosen or created in the foreign language by the same rules as in the original language [They observe many technical terms are words that comes from ordinary speech, used either in the same sense or in a more specific or metaphorical sense, and that the corresponding lay words of the foreign language are logical first choices in such cases. Thus, the decision by those translating Western medical terminology to use translate lay terms (heart, skin, nose) into natural lay equivalents of terms in Chinese is quite justified. Furthermore, terminologists observe that strictly technical terms are never created arbitrarily ex nihilo, but are devised by combining ordinary words (or, in English, part-words that linguists call “morphemes”) in

new ways to represent new meanings. They have determined that a clear term is one that reflects the definition of the concept within the overall conceptual system. The translators devising the Chinese terminology of Western medicine would appear to have recognized this, and since the original term was consciously devised with the same view in mind, it has sufficed in many cases to simply translate it literally. The terminologist's prime concern for the self-explanatory terms explains why the translators of Western medicine confined the use of transliteration to proper names appearing and certain abstract terms such as chemical names have been transliterated—in other words to terms that essentially defy translation. Foreign terms transliterated in Chinese convey no meaning in themselves, and hence provide no hint of the definition that provides the useful mnemonic function that other technical terms naturally have.

The procedures described above probably apply to terminological translation in all disciplines and languages. It has been suggested that they can be applied to the translation of Chinese medicine in European languages [], not surprisingly, since they embody the same basic principles applied by philologists in the translation of historical texts. However, they have never actually been consistently applied in Chinese medical translation. Some Chinese medical translators do not recognize that a common-language term should be translated with a common-language equivalent. They advocate that English terms cannot be used as equivalents for Chinese medical terms when their definitions in Western medicine do not correspond to the Chinese medical definitions. Such translators may be unaware of the confusion such a practice causes. When, for example 血 *xuè* is translated as Hsueh the foreign reader is discouraged from thinking that the term refers to the red fluid that issues from a wound. When 脾 *pí* is rendered as 'Pi', 'orbs lienalis', or even 'Spleen' with capital S, the foreign reader is apt to think that something other than the morphological spleen is meant. Systems of knowledge are rooted in lay knowledge, and failure to reflect this fact in translation prevents the reader from understanding the cognitive roots of the system.

When Chinese medical terms are rendered with Western medical equivalents, as they often are, another terminological consideration is ignored. Terminologists observe technical terms have two levels of denotation. One is the object, which is an extra-linguistic phenomenon, including real objects, processes, events, etc; the other is the **concept**, which is our mental abstraction of the object that is described by the **definition** of the term. When the term 风火眼 *fēng huǒ yǎn* is translated as 'acute conjunctivitis', as it is in the Chinese medicine section of *The Chinese-English Medical Dictionary* [?], the result is a term that does not denote the same concept, since 'wind' and 'fire' are replaced with 'itis' (inflammation) and 'eye' is replaced with a specific part of the eye that was never isolated in Chinese medicine. Such a term is unacceptable from the terminologist's point of view because its motivation lies in an alien frame of reference. It may well be arguable that in this case the although the concepts are different, the object denoted by the conceptual systems is the same. However, there are obvious instances where this translation practice has led to unacceptable equations: 痹 *bì* rendered as 'arthralgia' is a notable example.

In the above examples, Western medical terms are **chosen** or **avoided** to encourage the foreign reader understand Chinese medicine not in

its own terms but in terms of its relationship to Western medicine. However, translators who adopt such an approach are by no means consistent. Although there are many that advocate that 心 *xīn*, 肝 *gān*、脾 *pí*、肺 *fèi*、肾 *shèn* should not be rendered as heart, liver, spleen, lung and kidney, no-one has ever suggested that 目 *mù* in the Chinese medical context should not be translated as 'eye' on the grounds that Western medicine does not recognize the eye to be the outer orifice of the liver. Similarly, *The Chinese-English Medical Dictionary*, while advocating 'acute conjunctivitis' as a rendering from 风火眼 *fēnghuǒyǎn* fails to dispense entirely with the concepts of wind-fire, since in other places it is rendered 'wind-fire.' This inconsistency in translation methods that uses a dual frame of reference makes the description of Chinese medicine analogous to that of a rectangle two inches long and five centimeters wide.

The reasons underlying the contradictory approach to Chinese medical translation are reasonably obvious. China has replaced Chinese medicine with Western medicine as the arbiter of medical truth, and sees the survival of indigenous healing methods to be partially contingent upon the ability to explain it in Western medical terms. Furthermore, China has set herself a goal based on Marxist dialectics of creating a synthesis of the two that that is hoped to release Chinese medicine from the shackles of its past and place China at the forefront of world medicine. In China, these priorities hold great sway over terminological translation. One reason for this is the notion that the Western understanding and terminology of health and sickness is limited to that of modern Western medicine. This notion is somewhat mistaken since, from ancient Greece to the present, the West has had a variety of different medical systems, some of which are still practised today. On this latter account, it would seem odd to argue that while 脾 *pí* can continue to be called by this name in Chinese, yet in translation it must be called by something other than spleen. The translator who posits this argument perhaps does not know that an old synonym for spleen is 'milt', (akin to 'melt', 消 *xiāo*) reflects the earlier understanding of the spleen as an organ of digestion. Another, perhaps more important, reason for this Westernizing approach to translation is the uncomfortable awareness of the fact that although the Chinese language of Chinese medicine is an established convention (no-one has suggested that the Chinese name 脾 *pí* should be changed because it does not conform to the Western medical definition), the English terminology will not gain international credence if it does not embody the truths of Western medicine. Yet a terminology that embodies only Western medical truths cannot-at least at present-represent Chinese medicine. Although a bridge of partial correspondences has been built between Chinese and Western medicine a comprehensive scientific explanation of the former's conceptual edifice is still lacking and the hope-for synthesis has only partially materialized. Chinese medicine has not divested itself of the speculative concepts on which it is founded. It therefore remains in China what it is abroad: an 'alternative' to Western medicine. The translator who attempts to legitimize Chinese medicine by changing its language-and hence its concepts-to reflect Western medical ideas only achieves his goal by affirming the universality of the modern medical perspective and by undermining the conceptual integrity of Chinese medicine.

Translators have been long aware of two poles in translation: lit-

eral and free. Fairly literal translation keeps close the original and carries over all the culture-specific ideas of the source language. Such a method of translation tends to require footnotes to supplement the reader's knowledge of the source-language culture and to prevent misunderstandings where literal equivalents have misleading connotations in the target language (e.g., if the Chinese 心 *xīn* is translated literally as 'heart', it sometimes has to be pointed out that it connotes 'mind' as well as the seat of the emotions). Free translation, on the other hand, chooses words in the target language that produce the same impact on the speaker (e.g., translating *xīn* in certain contexts as 'mind'). It is generally agreed that literal approach tends to move the audience toward the author while free translation move the author toward the receiving audience. Tension between proponents of the two methods continues. Bible translator Nida asserts that free translation (dynamic-equivalence translation) is important to convey the Christian message clearly, while more recently Venuti has stated that the preference among Anglo-Saxon publishers for smooth-reading English at the sacrifice of culture-specific facets of foreign literature reflects an underlying cultural arrogance. Both standpoints have much to commend them. Nevertheless, in a technical language such as Chinese medicine, certain terms denote specific technical concepts in the overall structure of the knowledge system. The terms chosen in English must reflect the definitions; and if they are to shed maximum light on the concepts they represent (this is important where the definitions are not unequivocal) especially in their historical background, they should be fairly literal renderings of the original Chinese terms. Whatever latitude may be permissible in the general expression of discourse (and indeed translating from Chinese requires a considerable amount of freedom at the level of grammar and discourse structure in order to make sense in Western languages), technical terms cannot be translated freely without major implications with regard to the Western reader's ability to understand the concept and its place in the conceptual system. For example, when 气 *qì*, traditionally understood as a subtle form of matter is rendered as 'energy', we have not a translation, but a transposition of the concept into an alien modern frame of reference. When then 泻 *xiè*, a needle manipulation designed to treat stagnation of *qì*, is translated as not literally 'draining' but as 'sedating, we have an English term that only makes sense when *qì* is understood as 'energy', since its implications of 'settling' are in direct conflict with those of 'draining' (a calming, settling influence would increase, not reduce, stagnation). The translator who permits himself this degree of latitude may be guilty of ignorance, arrogance, or both. What no translation theorist would contest, however, is that the resultant destruction of the culture-specific concept of *qi*, which is of key importance to the Chinese conceptual system, deprives the student of knowledge.

For the translator whose sole aim is to translate the subject matter faithfully, the principles of translation are fairly clear. When these principles are not applied, it is because the translation is intended to serve a purpose beyond its content (legitimization, proselytization, economic gain). The consistent partial deviation from standard practice in technical translation has confused the issues of Chinese medical translation and undoubtedly held up the process of standardizing English terminology. The history of the transmission of knowledge system—the transmission of Western medical knowledge to the Orient being a perfect example—shows that a knowledge sys-

tern is successfully transmitted only when the foreign student learns the language of origin and/or a foreign terminology is created that faithfully reflects the overall system of concepts. The way forward in the transmission of Chinese medicine to West lies not only in developing a sound terminology for systematic translation of texts, but also in encouraging the study of the Chinese language, of the theoretical foundations of Chinese medicine, and of Chinese medicine's relationship to the broader context of world medical thought over the ages. Only such a broad approach can provide an objective picture of "traditional" Chinese medicine that is vital to the understanding of any integration with Western medicine that may take shape.

Bibliography

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