

## CONSISTENT AND INCONSISTENT TRANSLATIONS OF MEDICAL TEXTS

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### **Abstract**

The paper is a case study approaching specialized translation that requires specific skills from the translator for the analysed texts (source-text, target-text), methodological competence, equally thematic and terminological, in the field of professional jargon. Poor accessibility of scientific texts comes from the degree of terminologization: the translator is not as familiar with the jargon of the language he/she must translate the information into, as the specialist in that field, hence the need for both terminological documentation (form and equivalents of technical terms) and thematic documentation (content).

**Key words:** *contrastive analysis, medical term, structural-syntactic, correspondence, translation techniques*

### **Résumé**

L'article est une étude de cas s'adressant à la traduction spécialisée qui nécessite des techniques spécifiques et demande au traducteur des compétences particulières pour les textes analysés (texte-source, texte-cible), des compétences méthodologiques mais aussi thématiques et terminologiques dans le domaine des jargons professionnels. L'accessibilité réduite des textes scientifiques est donnée par le degré de terminologisation: le traducteur n'est pas aussi familiarisé avec le langage spécialisé de la langue dans laquelle il doit transposer l'information comme il est le spécialiste du domaine respectif, d'ici le besoin d'une documentation terminologique (visant la forme et les équivalents des termes spécialisés), ainsi qu'une documentation thématique (visant le contenu).

**Mots-clé:** *analyse contrastive, terme médical, structural-syntactique, correspondance, techniques de traduction*

### **Introduction**

The latest research in the field of translation theory<sup>1</sup> has placed this discipline among applied linguistics as a science in its own right, the only one able to penetrate the essence of the process of translation, which equally involves both the source-text *analysis* of the content variant, as well as the *synthesis* and incorporation of this variant into the target-text language.

The perspective of linguistic and pragmatic approach to translation seems to be more appropriate in terms of defining translation of specialized texts, because, on the one hand, of the accuracy transposition of the content variant from the original text, even with some compensatory changes, and on the other hand, taking into account not

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<sup>1</sup> Gouadec, 2002, 2007; Dimitriu, 2002; Fischbach, 1986; Munday, 2008.

only the linguistic corresponding or equivalent means but also concrete situations referred to in the original text, which essentially do not differ from one language to another, but require different ways of describing the information from the source-text, even though the fidelity of the content of the two texts is maintained.

Equivalence and fidelity are the basic concepts found in any translation, and in our case, in a specialized medical translation, without which the source-text might not be rendered with maximum accuracy, following the translation in the target-text.

In order to achieve technical and scientific translations, the translator must acquire information and specialized knowledge. The specialized text sends to an objective reality and aims at transmitting certain information with a single interpretation, as opposed to literary texts, equivocal or having a wide variety of interpretations, depending on the nature or intention of the authors.

Knowing the various translation techniques has notable use not only from the standpoint of traductology itself, but also from the perspective of teaching and learning medical terms by foreign students during practical lectures designed to enrich the medical specialized vocabulary, activities in which translations and retro versions occupy an important place.

It should be noted that, from the point of view of syntax, we have not identified very long sentences in the contrastive analysis of this selected corpus of internal medicine treatise, HARRISON's *Principles of Internal Medicine*<sup>2</sup>, but on the contrary, the statements do not exceed two, maximum three sentences, and most often the translation is intended as representative of the ST (source text) into the TT (target text).

Comparing the original text and its translation in the Romanian language<sup>3</sup>, we established dominance of structural-syntactic correspondences at the level of utterance, phrases, due, in their great majority, to applying the procedures of direct translation.

1. *Consistencies* of the analysed syntactic structures are consequences of *mot-à-mot* translation, without changes in the structure and without significant changes in word order.

Contrastive analysis revealed numerous *similarities* in terms of the syntax of English medical texts and their translations in Romanian. As we can see in the examples discussed in this paper, the structural identity of ST and TT is located not only at the level of syntactic constituent units, but also at junction word level, when the connections between sentences are identical in functional terms.

1.1. Thus, the syntactic structures that contain *relations of coordination* with coordinating conjunctions (*but, and*) in English, contain substantially the same correspondent in the Romanian language (*dar, iar, și*):

e.g. 1: "Subconjunctival hemorrhage is usually spontaneous/<sup>1</sup> *but* can result from blunt trauma, eye rubbing, or vigorous coughing/<sup>2</sup>" [ST, p. 184].

"Hemoragia subconjunctivală este de obicei spontană,<sup>1</sup> *dar* poate surveni în urma traumatismelor închise, frecării ochiului, sau unei tuse puternice/<sup>2</sup>" [TT, p. 180].

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<sup>2</sup> The English texts have been selected from: D. Longo, A. Fauci, D. Kasper, S. Hauser, L. Jameson, J. Loscalzo, HARRISON's *Principles of Internal Medicine*, 17th Edition, Vol. I, OT (original text); and their translations have been cited from: A. Fauci, E. Braunwald, K. Isselbacher, J. Wilson, J. Martin, D. Kasper, S. Hauser, D. Longo, HARRISON *Principiile Medicinii Interne*, 14 th edition, 2nd edition in Romanian, Vol. I, TT (translated text).

<sup>3</sup> The following subchapters have been selected from the reference book: *Pain (Durerea), Disorders of the Eye (Afecțiuni ale ochilor)*.

e.g. 2: “Episcleritis resembles conjunctivitis, *but* is a more localized process and discharge is absent” [ST, p. 185].

“Episclerita se aseamăna cu conjunctivita, *dar* este un proces mult mai localizat, iar secreția este absentă” [TT, p. 182].

The two examples (e.g., 1, 2) relate to ad litteram translation canons, highlighting correspondences from all levels of syntax, word order and punctuation being identical in both reference languages.

**1.2.** In our analysis we have selected sentences in which *identical relations of subordination* within the component clauses have been preserved in both languages:

e.g. 3: “*If* pupils respond briskly to light<sup>1</sup>, there is no need to check the near response<sup>2</sup>, *because* isolated loss of constriction (miosis) to accommodation does not occur<sup>3</sup>” [ST, p. 181].

“*Dacă* pupilele reacționează prompt la lumină<sup>1</sup>, nu mai e nevoie de verificarea răspunsului pentru aproape<sup>2</sup>, *deoarece* pierderea izolată a contracției (miozei) pentru acomodare nu se produce<sup>3</sup>” [TT, p. 177].

Both the original and the translated text contain a main sentence MS<sub>2</sub> and two subordinate clauses, a conditional one Cd.S<sub>1</sub> (introduced by *if*, respectively, *dacă*) and a causal clause Cs.S<sub>3</sub> (inserted through *because*, translated *deoarece* in Romanian).

The following statements have been built from a conditional clause Cd.S<sub>1</sub> (inserted through *if*, respectively, *dacă*) and a main sentence MS<sub>2</sub>, the subordination relationships being the same in both languages:

e.g. 4: “*If* the retina or optic nerve is only partially injured<sup>1</sup>, the direct pupillary response will be weaker than the consensual pupillary response evoked by shining a light into the other eye<sup>2</sup>” [ST, p. 182].

“*Dacă* retina sau nervul optic sunt numai parțial lezați<sup>1</sup>, răspunsul pupilar direct va fi mai slab decât răspunsul pupilar consensual evocat prin stimularea celuilalt ochi cu o lumină strălucitoare<sup>2</sup>” [TT, p. 177].

## 2. Syntactic Inconsistencies

Often, however, it is necessary to make morphological *transformations* (transforming *-ing* forms, tenses etc.) in the transpositions from one language to another, but also *syntactic changes* imposed by restrictive rules of one of the two languages, as well as the translator's intent to be clear, concise and to accurately transmit the message.

Thus, in medical translations, as in the case of other specialized translations, we encountered a few typical situations, such as: *incomplete translation*, when you omit some words or even more extensive lexical collocations; *transforming sentences in more developed statements*; *translating gerund/present participle constructions through various kinds of subordinate clauses*; *substituting complex sentences for independent sentences*; *the restriction of a sentence using a collocation*.

Further on, we will illustrate a few types of syntactic inconsistencies encountered in specialized medical translation, stating that we are concerned, in particular, with contrastive aspects in order to establish some opposite issues of language, specific to our investigated domain, and less with the theory and practice of translation itself.

### 2.1. Incomplete Translation

In this type of translation, by restricting the text, quite a lot of notions may be lost, which sometimes are essential for understanding the accuracy of specialized information.

e.g. 5: “The function of the pain sensory system is to *protect the body and maintain homeostasis*. It does this by detecting, localizing, and identifying *potential or actual* tissue-damaging processes” [ST, p. 81].

“Funcția sistemului senzorial al durerii este de a detecta, localiza și identifica procesele vătămării țesuturilor” [TT, p. 60].

In the example above the translator has failed to translate an entire clause (*to protect the body and maintain homeostasis*), which, in our opinion, has a major importance, thus restricting quite a lot the entire information.

During the syntactic analysis we have selected examples where translation of an entire noun construction was omitted - *the signs of inflammation*- as in the following example:

e.g. 6: “Although the pathophysiology of this condition is poorly understood, the pain *and the signs of inflammation* are rapidly relieved by blocking the sympathetic nervous system” [ST, p. 83].

“Cu toate că fiziopatologia acestei perturbări este insuficient înțeleasă, durerea se poate remite în minute prin blocarea sistemului nervos simpatic” [TT, p. 63].

**2.2. Transforming sentences in more developed statements:** there is only *one sentence* in ST, and the information is transposed through a sentence made up of *two or more subordinate clauses* in the TT.

We identified instances where *adjectives* in English were translated into Romanian by various kinds of subordinate clauses, thereby significantly extending the transposed sentence and accurately receiving the specialized notions:

e.g. 7: “*When* intense, repeated, or prolonged stimuli are applied to *damaged* or *inflamed* tissues/<sup>1</sup>, the threshold for activating primary afferent nociceptors is lowered/<sup>2</sup> and the frequency of firing is higher for all stimulus intensities/<sup>3</sup>” [ST, p. 81].

“*Când* sunt aplicați stimuli intensi, repetați și prelungiți/<sup>1</sup>, *dacă* țesutul este vătămat/<sup>2</sup> sau *dacă* inflamația este prezentă/<sup>3</sup>, pragul pentru activitatea nociceptorilor aferenți primari este mai scăzut/<sup>4</sup> și frecvența declanșării este mai înaltă pentru toate intensitățile stimulului/<sup>5</sup>” [TT, p. 60].

Anyone can notice in the previous example, that time subordinate clause TS<sub>1</sub> in English was transposed in the target text using two subordinate clauses, the Romanian variant being longer. Thus, the adjectives *damaged* and *inflamed* were translated using two subordinate conditional clauses: Cd.S<sub>2</sub> (*dacă* țesutul este vătămat) and Cd.S<sub>3</sub> (*dacă* inflamația este prezentă), contributing to a more detailed explanation, adjusted to the Romanian syntactic system.

The source text (e.g. 8) consists of a single long sentence, and the translation has resorted to two attributive subordinate clauses or AS<sub>2</sub> and AS<sub>3</sub> which have considerably expanded the utterance:

e.g. 8: “The diagnosis requires slit lamp examination to identify inflammatory cells *floating* in the aqueous humor or *deposited* on the corneal endothelium” [ST, p. 185].

“Diagnosticul necesită examinarea cu lampa cu fantă pentru identificarea celulelor inflamatorii/<sup>1</sup> care *plutesc în umoarea apoasă*/<sup>2</sup> sau sunt depozitate pe endoteliul corneean/<sup>3</sup>” [TT, p. 182].

In example 8 one may notice how the present participle *floating* was translated through an attributive subordinate clause AS<sub>2</sub>, and the adjective (from past participle) *deposited* was transposed in the target text using a whole attributive subordinate clause AS<sub>3</sub>.

The selected corpus of texts has provided us with examples where *nouns* in the original text have been translated, in particular, through attributive subordinate clauses, Romanian utterances being considerably expanded.

e.g. 9: “The first *concern* is an oculomotor nerve paresis” [ST, p. 182].

“Prima cauză<sup>1</sup> care trebuie suspectată<sup>2</sup> este paralizia de nerv oculomotor<sup>1</sup>” [TT, p. 177].

In the source text (e.g. 9), the noun *concern* is the subject of a larger sentence and it was translated in the target text using an attributive subordinate clause AS<sub>2</sub>, the utterance being expanded and further information added. The same translation technique was used in example 10, only one word in TS, namely the noun *addiction*, has been transposed through a subordinate clause AS<sub>3</sub> (*ca pacienții să nu devină dependenți*):

e.g. 10: “Many physicians, nurses and patients have a certain trepidation about using opioids<sup>1</sup> that is based on an exaggerated fear of *addiction*<sup>2</sup>” [ST, p. 85].

“Mulți medici, asistente și pacienți nutresc o anumită îngrijorare asupra folosirii opioidelor<sup>1</sup>, ce este bazată pe frica exagerată<sup>2</sup> ca pacienții să nu devină dependenți<sup>3</sup>” [TT, p. 64].

### 2.3. Translating gerund or present participle constructions by using different types of subordinate clauses

Most of the times, an *-ing* form in English is rendered in translation through a subordinate, typically attributive, to widen the discourse. We have encountered situations denoting the information in the source text as expressed in a single *sentence*, and the translation was done by a complex sentence.

In the following examples (e.g. 11, 12, 13), the present participles *bridging*, *involving*, and the gerund *becoming* were translated using attributive subordinate clauses:

e.g. 11: “Subconjunctival hemorrhage results from rupture of small vessels *bridging* the potential space between the episclera and the conjunctiva” [ST, p. 184].

“Hemoragia subconjunctivală rezultă prin ruptura vaselor mici<sup>1</sup> care trec prin spațiul virtual dintre episcleră și conjunctivă<sup>2</sup>” [TT, p. 180].

e.g. 12: “Uveitis *involving* the anterior structure of the eye is also called iritis or iridocyclitis” [ST, p. 185].

“Uveita<sup>1</sup> care afectează structurile anterioare ale ochiului<sup>2</sup> poartă numele de irită sau iridociclită<sup>1</sup>” [TT, p. 182].

e.g. 13: “In fact there is a vanishingly small chance of patients *becoming* addicted to narcotics as a result of their appropriate medical use” [ST, p. 85].

“De fapt, există o șansă mică, aproape inexistentă<sup>1</sup>, ca pacienții să devină dependenți de narcotice ca rezultat al unei medicații adecvate<sup>2</sup>” [TT p. 64].

After analyzing and comparing medical texts in both languages, we have noticed that there are numerous examples in which English *-ing* forms may have, in particular, attributive subordinate clauses as correspondents in the target text.

The present participle *dissecting*, in example 14 was translated using an attributive clause AS<sub>2</sub> (*care pătrunde în acest spațiu*), resulting a larger paragraph in

Romanian, which identically preserves even the coordination relations between the main sentences (*but, and/ dar, și*):

e.g. 14: “Blood *dissecting* into this space can produce a spectacular red eye/<sup>1</sup>, *but* vision is not affected/<sup>2</sup> *and* the haemorrhage resolves without treatment/<sup>3</sup>” [ST, p. 184].

“Sângele/<sup>1</sup> *care pătrunde în acest spațiu*/<sup>2</sup> poate produce un ochi extrem de roșu/<sup>1</sup>, *dar* vederea nu este afectată/<sup>3</sup> *și* hemoragia se remite fără tratament/<sup>4</sup>” [TT, p. 180].

**2.4. Substituting complex sentences for independent sentences:** the message in the source text is transmitted through a *complex sentence* (one or two subordinate clauses), while in the target text, the translator has restricted the entire information to an independent *sentence*:

e.g. 15: “Acute angle-closure glaucoma eyes have a shallow anterior chamber/<sup>1</sup> *because the eye has either a short axial length*/<sup>2</sup> *or (has) a lens enlarged by the gradual development of cataract*/<sup>3</sup>” [ST, p. 185].

“Ochii afectați de glaucomul acut cu unghi închis au o cameră anterioară îngustă, *fie datorită* unui diametru antero-posterior scurt, *fie datorită* unui cristalin mărit consecutiv evoluției gradate a cataractei” [TT, p. 182].

In example 15, the original text contains just one main sentence MS<sub>1</sub> and two more causal subordinate clauses (Cs.S<sub>2</sub> and Cs.S<sub>3</sub>), translating the entire complex sentence through an independent sentence, cutting quite a lot the Romanian version by using the construction *fie datorită*.

During our translation research, we couldn't exemplify many restriction situations from the source language in this corpus of medical texts.

But we have identified contexts in which an entire sentence from the original text (*may also be depressed*) was translated using a *noun collocation* (*depresie semnificativă*):

e.g. 16: “For example, a cancer patient with painful bony metastases may have additional pain due to nerve damage/<sup>1</sup> and *may also be depressed*/<sup>2</sup>” [ST, p. 86].

„De exemplu, pacientul cu cancer cu metastaze osoase dureroase poate să aibă alte dureri cauzate de leziuni nervoase și *depresie semnificativă*” [TT, p. 65].

Even if the statements are restricted, the specialized information is not lost, but it compensates for the entire translated text, adjusting to a different syntactic system, in this case, the Romanian language norms.

The contrastive analysis outlined quite a short length of sentences (up to three, four sentences), because the specialized medical information must be specific, concise, having a higher degree of accuracy and affinity of the message conveyed.

The longer the statement is, the lower the degree of correct and accurate perception of the specialized message, so the information may be lost.

The analysed texts have an informative, descriptive, explanatory emphasis but also a didactic purpose for the specialists in the field.

**3. The conclusions** we have reached following our investigation on the methods used for validating medical texts in translation primarily refer to the corpus of texts mentioned but they can be related to the entire medical language.

Here are some general findings after our attempt to reveal some important practical aspects on how to validate the medical terminology in translating medical texts.

First, we should mention that *direct translation* represents the largest weight in the methodology of transpositions from ST to TT, a situation that is frequently found when maintaining original morpho-syntactic structures into the translated text. The most commonly used indirect translation techniques are *periphrasis and transposition*. Specialized translators frequently refer to such techniques due to their intention to deliver scientific information as accurately as possible and thus compensate for extra information designed to detail medical concepts considered to be less known to Romanian speakers.

We have found that translating medical texts requires a higher accuracy of the translated text compared to the original as the aim is to preserve scientific information as exact as possible. This is illustrated by the weight occupied within the translated text by *the correspondences* with the source text, an effect of the fact that this specialized field also turns to *direct translation* techniques.

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