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## On the peculiarities of medical terminology in translation

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### Abstract

This article analyzes medical terminology and its translations, ways to translate, discourse of terminology and others. Medicine is an ancient science subject to the evolution of history. Therefore, his discourse, including terminology, cannot escape the influence of successive users. The didactics of medical translation must take into account that the medical sociolect is not fed by objective and strict terminology, but that it is subject to instability, which is both synchronous and diachronic.

**Keywords:** *medical translation, didactics, terminology, scientific objectivity, sociolect.*

### INTRODUCTION

The scientific and technological revolution in modern society leads to an increase in the importance of the terminology of various sciences as a means of obtaining and organizing scientific knowledge. The issue of information support and scientific and technical exchange, which directly affects the full functioning of national languages, is especially important. It is well known that the terminology of different sciences, inevitably undergoing the process of internationalization, develops without fail with the participation of borrowings from different living and "dead" languages.

A feature of the language of medicine is the presence in it of an esoteric level that reflects the specifics of the object of medicine - a person, and the danger of the harmful influence of the language associated with this. This led to medical bilingualism (bilingualism): among themselves, in intro medical communication, doctors use Latin or forms of terms of Greek-Latin origin, and in external communication doctor-patient terminology based on Russian prevails.

It is safe to say that medical translation, that is, the translation of specialized medical texts written by specialists in the field for other specialists, or at least other doctors, is the domain of a special teaching, inseparable from the pedagogy of general translation.

Similarly, we know that the distinction made by translators between general translation and specialized translation is mainly based on the lexicological aspect, the latter requiring specific terms that are different from the core of the general language. This is how we could speak of "special language" or even "special languages" in the plural, which shows the movement of the expression and the underlying theoretical variants.

Also, one should not expand on the terminological and documentary resources that must be implemented to ensure the denominational accuracy of the scientific concepts that emphasize the medical text. All this, of course, is important, but does not fall under the translation itself in its process. Rather, it is about creating a system of references and conditional markers, which will

be extremely necessary, but which will only be a milestone in the transition from the source text to the target text. In other words, well-documented text is not necessarily well-translated text. This last statement is far from self-evident. In my teaching experience, I have seen many students get low marks in general translation and very good marks in specialized translation. The rationale given by several colleagues, and which may seem logical on first analysis, is that the student does not master the art of translation, but that he "does it" in a special translation, "because it is 'learning' and that the terms have been assimilated and transmitted in translation. Thus, a specialized translation would be reduced to the acquisition of a certain vocabulary, the restoration of which would ensure the correct translation, and a specialized translation would be equivalent to term graphic transcoding .

This postulate constitutes an economy of several essential elements, which I propose to analyze within the framework of this presentation. Let's pay tribute to the special vocabulary and look at its strengths and weaknesses.

### Specialized vocabulary

A syntagma of specialized vocabulary was used rather than specialized language(s). In this case, we use French , and it is in this language that I work as an interpreter. French is in no way subdivided into "sub-languages", the so-called legal, computer, economic, medical and other languages. That is why we have been hearing about a specialized discourse for several years now, which breaks down into legal, IT, economic, medical, etc. As if this concession to language forgave all the insults that are inflicted on specialized texts. Because it really is about texts.

The text cannot depart from its relational component, which is why it was written. If someone writes, then it must be read, a truism that seems to be sometimes forgotten by those who are interested in specialized literature, in particular medical literature. And the described reality can be perceived very differently depending on the recipient. Even better, the medical text should be written according to the recipient. What to think about the following phrase, read a few years ago from the pen of a famous oncologist? It is regrettable that the development of this magnificent tumor was interrupted by the death of the patient. Inhuman medicine? Of course not. Inhumanized ? No doubt . But is it necessary to be a connoisseur of medical art or a great terminologist in front of the Eternal, in order to immediately understand that this phrase could not be addressed either to the patient or to his relatives, but was necessarily formulated into account? Of course not. Obviously, the regret concerns clinical and biological aspects.

This concept - very Anglo-Saxon - "publish or die" was not without influence on the evolution of the medical language, a rather negative influence, you will agree.

The combination of the two elements can only give rise to a style and even a lexicon that is becoming more and more approximate. The lack of expressiveness is combined with the need for standardization so that the scientific community speaks the same language: the same spelling shows that a person belongs to the same scientific elite. Sharing means of expression means sharing skills and fame. This is what is called "the power of the word."

Unfortunately, the power of words often insidiously turns into a "verbal outburst." Since we share in the same community, in the same rites, in the same scientific problems, we talk

about the same thing and about the same thing, if the accuracy of statements differs. In principle, it does not matter how accurate the wording is, since everyone knows what is being said, and a deep knowledge of the field will immediately correct the erroneous expression.

It would be wrong to assume that affective baggage concerns only interpretation and not specialized texts; conferences are "texts" like others, discourses like medical "discourses". Moreover, conferences can be very technical, but the speaker will always add to the sum total of linguistic signs his own personal contact, his own affective viaticum . Precisely because affectivity is ubiquitous, including in medical texts, mono-reference or, if you prefer, ambiguity is not the rule. An element that should interest terminologists in the coming years and redirect the discipline towards textual frameworks wider than a term, a concept, or even an idiom. The terminology has not yet had time to free itself from the linguistic shell. The philosophy of language plays a very important role in the identification and analysis of social dialects.

#### Medical social dialect

There is a medical literature, namely a form of writing that is characteristic of medicine and doctors. Thus, this professional literature refers to a profession that has existed in an organized manner since the time of Ancient Greece and Hippocrates. Earlier medicine, especially Egyptian but also Assyrian, was magical and incantatory, used by soothsayers or semi-legendary characters such as Imhotep, the Egyptian god. Thus, the practice of medicine has its roots in ancient history and depends on the evolution of societies; medicine, in turn, causes the development of the latter. The history of societies is certainly marked by scientific and, in particular, medical

nomenclature. Example: Hippocrates calls epilepsy a "sacred disease" because its sudden and apparently inexplicable appearance was due, according to the followers of magical medicine, to a supernatural power, in this case divine. At the same time, he fights against this name, stating at the beginning of the Treatise that he dedicates to this disease:

Sacred disease or epilepsy is no more sacred than other diseases. Beliefs, hypotheses, and later theories worthy of the name will influence scientific names. To tear medicine out of its evolution, out of its history, in order to study its terminology in abstract , means to take the risk of misinterpreting the names, it is naive to believe that the strictly linguistic formation of the term - by radicals and derivatives - in explaining and clarifying its meaning. One should also believe in the exclusively scientific formation of terms, while the roots :

- the word itself says this - have undergone avatars , which means that the name does not necessarily cover the intended concept. It is the journey of words that causes a discrepancy, sometimes significant, between a term and a concept. But let's look at things more specifically. The words anemic and bloodless etymologically mean the same thing, with the only difference that the former was originally formed from a Greek root, and the latter from a Latin one. What about words that consist of both a Latin and a Greek root? Is it a scientific method of providing a composition of scientific terms? No, obviously. Yet they are legion. Serge Keren collected about 250 Greco-Latin hybrids and noted that: a dozen competes with an etymologically homogeneous synonym; at least half know a job somewhat different from their cleaner "counterpart" and the rest have no such general equivalent.

Intravenous homogeneity is used in connection with an injection or a substance administered into a vein, or even in relation to the inside of a vein. An amusing case of curious competition between hybrids and homogenous drugs are those directed against fungal infections. The homogeneous Latin compound has a fungicidal effect, the homogeneous Greek compound has an antifungal effect. There is also a hybrid, antifungal. These three are perfect synonyms, as well as feverish and antipyretic, or even emetic and emetic. It is true that Latin etymology, especially in the case of a hybrid, contributes to the understanding of the French-speaking public; cancerology, perhaps more transparent than oncology, but homogeneous. Thus, we can already conclude from what has preceded that the formation of medical terms does not follow a strict logic, much less a linguistic one. It would be illusory to want to banish these hybrids from the medical vocabulary in the name of poor quality terminological purism, since the problem of equivalence remains unresolved. Indeed, the secular wanderings of medicine have forged sometimes erroneous terminology, which sometimes disappeared under the blows of progress, sometimes persisted against the winds and tides, despite its inaccuracy. The diagnosis is reminiscent of the bitterness of François Magendie, the founder of physiopathology in the 19th century, who struggled with the tenacious vitalism of his time and declared as early as 1809:

If we had driven the doctors out of the Hôtel-Dieu, the mortality rate would probably have been lower [3]. In this regard, I will give an example that everyone has heard of. After the events of September 11, 2001, the medical term "anthrax" was used most often in the media for many weeks. This French word refers to both acute and mild forms of the disease. But a

homonym and quasi-synonym for the French term also exists in Spanish: *antrax*. This last term denotes a benign form of the disease and, therefore, a completely different nosological and epidemiological reality. This gap between French and Spanish terminology can be confusing for both the reader and the medical translator. This once again proves that medical terminology is labile and unstable, heterogeneous in different cultures.

## METHODS

Undoubtedly, there is a concept of caste that runs through the history of the discipline. In French, the title of doctor, which we use when referring to a doctor, is reserved only for him, while many other professions require a doctorate to exercise. We clearly feel the influence of the faculty and the desire to leave this honor to the elite. And since the elite must have a language in the light of their position... The elitism of the profession materialized already in the Middle Ages, when the doctor read - always "by the power of words" - an anatomy lesson from the pulpit (from where he professed *ex cathedra*), not yet resorting to a barber, is the factotum of medicine, responsible for cutting up bodies since the Renaissance. At that time there was a dichotomy between the speech of the great founding texts of Hippocrates or Galen and gestures. In *The Imaginary Illness*, Molière presents these physicians in a wonderful and tasty way, whose linguistic vanity takes the place of medical competence. In the same way, a scientific term sometimes replaces a diagnosis, while it only more abstrusely translates the description given by the patient in simple terms. Erythema will replace the word "redness" in the doctor's mouth, and orthostatic hypotension will become the pseudodiagnosis given to a patient who reports dizziness upon standing up. Scientific vocabulary mistakenly takes a

description, a symptom for a diagnosis. Thus, the mixture of semiology and diagnostics is skillfully preserved. Even today, medical discourse remains deliberately hermetic for reasons largely related to the growing hyper-specialization of the discipline. Each specialist in the discipline is in fact trying to create his own vocabulary, constantly fueled by the evolution of the field in question. The word *microbe* from the second half of the 19th century and was created by Émile Littré, better known for his contributions to the French language than for his career as a doctor. In the same vein, it seems to me indisputable that Bichat discovered at the end of the 18th century a new general concept of medicine, which arose from the current terminology. So, Bichat, the founder of general anatomy and the apostle of histology, declares like a bolt from the blue:

It is precisely because a person is mortal that he is ill, and not because he is ill that he dies [ 7].

This constant accumulation of vocabulary is quite typical of medicine, since computer science is an extremely young science in which there is no diachronic dimension. Law, for its part, which also has a tradition of many thousands of years, develops more slowly and is much more marked by tradition and a certain conservatism. This abundance of medical terminology and the multiplication of drawers create a permanent repository of data and concepts.

## ANALYSIS

Thus, there is an alchemy between diachronic advances, the core of the discipline, and synchronic innovations that would be difficult for a medical translator to handle. That is why there is a need for constant collaboration with practitioners who are without a doubt the best providers of terminology databases. They combine deep knowledge of the art of healing

(basics) and daily professional practice (progress). This means that medical dictionaries and encyclopedias (such as Harrison's Principles of Internal Medicine ) provide the foundation, and informants update the weaknesses of the dictionaries. This necessary passage through the medical sociolect is the perfect springboard to the next point: words to help terms.

There is no correspondence between terminology and specialty, just as the latter does not sacrifice a common language on the altar of an ubiquitous designation. Special speech is only an update of the general language section for technical or scientific purposes. The idea of a text in which the author would spare his personality when writing seems unconvincing, especially in a scientific text where the proportion of the researcher's contribution to the explanatory note prevails.

That is why the illumination of the field should in no way be limited to the study of the text provided by the students. The text is only a pretext for approaching the history of the discipline, its resonance with the terminology it conveys, and the diachronic perspective of concepts. Being two paragraphs ahead of a student in his preparation is only a mirage; This hospital laughs at charity.

The term is weaker than the word, its limit is synchronous, and the accuracy is sometimes illusory. Medical dictionaries, like others, are included in the proposed classification of dictionaries of signifiers. It would be better if this approach were reversed: the return from signified to signifier means starting from the referent to its linguistic representation. Thus correspondence would be supplanted by equivalence that does not mix lexical packaging and textual content.

Medical translation, in which scientific concepts are intertwined with a human approach, is no exception to the rule. The examples cited show that it is precisely the words taken from the common language that weave the cognitive web of the text and give meaning to terms whose semantic autarky is only a trick.

## CONCLUSION

The language of medicine as one of the subsystems of the Russian language (or any other national language), formed on the lexical and grammatical basis of the Russian literary language, includes a large part of the general literary vocabulary; in addition, it includes proper medical terms, as well as the terminological vocabulary of the sciences that are in contact with it: biology, physics, chemistry, technical sciences and the humanities, entering into logical relations of partial inclusion with them. That is why, not completely coinciding in lexical and terminological composition with any of the adjacent terminological systems, the language of medicine includes a large number of commonly used words and terms that do not have "medical meaning".

The terminological system of medicine is increasing dramatically quantitatively, in particular, due to the discovery and description of new nosological units. The growing process of differentiation of medical disciplines leads to the emergence of specific terminological subsystems serving individual medical disciplines and their sublanguages. Further development of the language of medicine in general and its terminological subsystems, in particular, occurs due to the introduction of new methods of instrumental examination of patients into medicine, the use of achievements in medicine in biology, chemistry, physics and

other related sciences. The system of the language of medicine includes a large number of terms that refer not only to the very object and subject of medicine - a person and his diseases, but also to methods of diagnosis and treatment. Previously closed, separated from other sciences, the terminology of Russian medicine, which included a limited number of sections: surgery, therapy of internal, infectious, childhood and other diseases, considering the body as a whole, is expanding through the creation of terminological subsystems that describe the pathology of individual organs as their object. and physiological systems of the human body. At the same time, along with the creation of new terms, newly emerging disciplines sometimes rethink and give a new meaning to terms that have already been used in certain areas of medicine.

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