Gained in Translation

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Science at the multilingual crossroads

With *Medical Writing*'s third issue, this seems to be a good time to recall why this journal features a section on multilingual aspects – and why this section is called what it's called.

Medical writing, particularly the regulatory side of it, is an essentially English-language affair. Yet, in a Europe with some 30 official languages, transfer between and among them is a challenge. This section is about such challenges. At the same time, looking at the world through a bi- or multilingual lens multiplies our perceptions of it. Translation may involve an extra effort, but it's one that is not expended in vain. And this is what this section is also about.

In this issue, Monika Schöll shares some thoughts on what life is like working as a translator at university hospital in Germany. Then there's a brief piece on the different meanings of meaning and the frequent lack of equivalence in meaning between words in different languages.

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Working as a medical editor and translator in a university environment in Germany

I often get surprised looks when telling people at EMWA meetings that I work as a full-time medical editor and translator at a German university hospital, because, to my knowledge, such a position is the only one in Germany. So you may be wondering how I got there and what I actually do.

My career change from bilingual assistant to medical editor and translator started, more or less by coincidence, in the early 1990s. With several linguistic qualifications under my belt as well as a few years of working experience in England, I started to work as a personal assistant to the head of one of the departments at the university hospital in my home town in Southern Germany. To familiarise myself with the terminology of my new field of activity, I started to read medical publications, first in German, then in English. Medical articles written by the department's resident doctors needed the boss's approval before submission for publication. I had my first go at editing a medical publication when a research paper that passed my desk showed an obvious and typical German grammar mistake, i.e. use of the past tense instead of present perfect, in the title. I tactfully pointed out the error to the author and, as a consequence, was asked to correct the entire paper. Soon I was editing most of the department's medical publications written in English. Admittedly, at that time, my knowledge of scientific writing in English was rather limited, so that at first I concentrated on correct spelling, grammar and syntax. However, with lots of enthusiasm and dedication as well as the help of an American linguist friend, my experience grew and I was asked to also work on papers from other departments. After 10 years of editing and translating medical manuscripts in addition to my rather demanding job as a personal assistant, I started to wonder about a complete change of career. Knowing that I would stand little chance of getting accepted at a university hospital without a degree to my name, I completed a Bachelor of Arts degree at the Open University at Milton Keynes. After many back and forth discussions, much persistence on my part and tremendous support from my previous boss, I was offered a full-time position as a medical editor and translator at the Centre for Clinical Trials (*Zentrum für Klinische Studien, ZKS*) in Regensburg in 2006. The ZKS provides study support to clinicians and sponsors with regard to the design, implementation, evaluation and publication of clinical research projects according to national and international quality standards. The ZKS also supports

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local researchers in non-commercial investigator-initiated trials; in such trials, publications are usually written by the investigators themselves. Depending on the English language skills of the respective researcher, the manuscript may be given to me for editing or translation.

Getting established was no easy matter and I got rather mixed reactions, mainly because I was neither a native speaker nor a physician, but also because an official editing and translation service was generally unknown within German university hospitals. Furthermore, some scientists tend to acknowledge the need for linguistic revision only when their manuscript has been rejected or returned on linguistic grounds by the editor of a medical journal. Understandably, having one's manuscript corrected is a somewhat sensitive matter for every author. Thus, my position has required not only linguistic but also diplomatic skills.

To introduce this new editing and translation service, I developed a short manual on how to write a scientific paper, which included the most frequent sources of linguistic errors, particularly for German native speakers. This manual, which was sent to all university hospital departments involved in conducting clinical trials, led to a request by one of the departments to give a 4-hour course on scientific writing. Having never done anything like that before, I did plenty of research and also included many examples from manuscripts I had corrected over the years. Typical errors included the wrong use of tenses, confusion of adverbs and adjectives, long sentences with the verb placed at the end, long paragraphs in passive voice, unnecessary words, excessive nominalisation and – my favourite – dangling participles and modifiers, such as in 'Tissue was harvested by an experienced surgeon under general anaesthesia' or 'This article has been checked by a native American English speaker'.

My first lecture in front of professors and doctors was a rather nerve-wracking experience. Despite that, the course was well received and word got around, so that my services as well as the need for them became more and more accepted within the university hospital. For time and cost reasons, I mainly edit research articles for publication in medical journals, with the occasional full translation thrown in. So far, I have edited and translated for many departments, such as the departments of dermatology, cardiology, cardio-thoracic surgery, haematology and internal oncology, cranio- and maxillo-facial surgery, orthopaedics and prosthetic dentistry.

It was whilst undertaking research for the scientific writing course that I learned about EMWA. Searching the net for similar courses, I came across Christine Moeller's Medical Writing Course in Copenhagen. Christine's advice on how to design such a course was extremely helpful, and it was she who told me about EMWA. I can genuinely say that becoming a member has tremendously helped me in my work. Attending the language courses during the conferences and autumn meetings have further strengthened my writing skills; what I enjoy most, however, is meeting with people doing a similar job, as it does get a bit lonely having no one to talk to professionally. But above all, EMWA workshops sets quality standards, particularly concerning questions of style. Thus, if an author questions any of my corrections, I can refer to my association with EMWA, which gives a much more professional impression than simply saying that I based my corrections on personal intuition alone.

The Centre for Clinical Trials I work for is also a member of a network of Coordinating Centres for Clinical Trials (*Netzwerk der Koordinierungszentren für Klinische Studien – KKS-Netzwerk*) throughout Germany, which, amongst other services, offers a wide range of training programmes for research personnel. The fact that English has become the primary language for clinical research does not pose so much of a problem to principal investigators; study assistants, however, may not have practised their English skills since their school days. English communication as well as medical and study-specific terminology can often be a major obstacle to doing their jobs properly, and having to deal with a, let's say, 80-page study protocol written in English may result in despair and even panic attacks. In 2008, therefore, I was asked to develop a job-specific 2-hour English course for study assistants as part of their further education programme. Having fallen into most linguistic and cultural traps myself over the years – particularly double meanings, false friends and a typical German straight-down-to-business no-time-for-small-talk attitude –, I developed a course that not only included study-specific medical English but also covered general situations such as introducing oneself at meetings, verbal and written communication and the typical problem areas for German native speakers. Here, too, the need for improved English language skills has increasingly become acknowledged, and the 2-hour course has meanwhile been extended into an interactive 1-day tutorial.

My set-up in an academic environment is probably a bit different from that of most other EMWA members, who mainly work for pharmaceutical

companies and non-profit organisations or run their own businesses. Yet, the problems related to our job are the same: Working in isolation and under tight deadlines or getting appropriately acknowledged. The biggest challenge for me, however, has been the flowing transition between editing or translating and re-writing a manuscript. Editing a manuscript can be a very delicate business because, sometimes, highly scientific manuscripts would benefit from being, at least partly, re-written for better readability but this suggestion is difficult to convey to any client. Usually, the overall comprehensibility of a manuscript can be improved by correcting, rearranging and shortening sentences as well as by rectifying unnecessarily complicated sentence structures. In the case of incomprehensible sentences, I tend to add a comment asking for specification – an approach appreciated by most authors. However, the problem of incomprehensibility can also occur in original language texts. In such cases, I find translating more difficult than editing because of the translators' code of practice: As literal as possible and as free as necessary. When editing, I feel free to just take sentences and even paragraphs apart and put them back together in a logical order. In the case of translations, I feel more obliged to stay close to the original. Again, adding a comment to problematic text passages has proven useful. Over the years, experience has shown that clients are not overly concerned about free translations but tend to be grateful for easy-to-read manuscripts. However, the question remains: When does editing or translating end and rewriting start? This problem, which is intensified by the fact that a manuscript must be made comprehensible in a billable period of time, will remain a constant challenge to all of us.

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Concepts from the linguistic crossroads

Words and their lexical meaning

Every word has a 'lexical meaning', i.e., the meaning of the word considered in isolation from the sentence containing it and irrespective of its grammatical meaning. There's different types of lexical meaning – propositional, expressive, presupposed, and evoked –,[2,3] each posing specific challenges during translation.

For example, the **propositional meaning** of the word 'liver' is that of a 'large gland of a dark-red colour situated in the right upper part of the abdomen'. Another propositional meaning of 'liver' is a type of food which, in some cultures, is eaten baked, fried, or made into liver pâté, liver sausage, or chopped liver. The propositional meaning of the word 'bloody' describes something containing blood, such as in 'bloody diarrhoea' or 'bloody mucus'. Translations considered inaccurate are generally those that use a target-language expression whose propositional meaning does not match the propositional meaning of the source-language expression.[2]

Expressive meaning, on the other hand, relates to feelings, opinions, or attitudes of the speaker. Let's take 'chopped liver' – whose propositional meaning is that of a traditional spread in Jewish cuisine. Yet, 'chopped liver' takes on a rather emotional meaning in the idiom 'What am I, chopped liver?', signifying disappointment at being cold-shouldered socially. This expressive meaning of the phrase, some think, derives from the fact that chopped liver is not quite everyone's favourite dish, while others hold that it comes from chopped liver being served as a side dish. The word 'bloody', in addition to its propositional meaning, also has an expressive side to it, such as in 'This is bloody brilliant.' or 'It's so foggy, I can't see a bloody thing.', where it is used as an intensifier which, rather than adding meaning, adds emotion to an utterance.

cross·road *noun* ˈkro\s-ˌrōd *also* -ˈrōd\
a: the place of intersection of two or more roads
b: (1) a small community located at such a crossroads *(2)* a central meeting place
c: a crucial point especially where a decision must be made[1]

Presupposed meaning is the result of restrictions on which word we expect to see in connection with other words. A *collocational restriction* is totally arbitrary and has to do with usage in a given language. For example, whereas in English we 'brush' our teeth, we 'clean' them in German.[2] Also, in English we 'go and see' a doctor, whereas in German, we 'visit'. *Selectional restrictions* have to do with the propositional meaning of a word. For example, the word 'elderly' is only used to describe persons but

not objects, whereas the word 'old' can be used for both persons and inanimate objects or abstract concepts. Also, we generally refer to men as being 'handsome' and to women as being 'pretty'.

Finally, **evoked meaning** derives from differences between language varieties or registers. *Language varieties* are used by specific groups of speakers that share geographical, temporal, or social affiliations. For example, whereas the intensifier 'bloody' is rather commonly used in British English, Americans tend to use the word 'damn' instead. Also, while Vienna sausages are referred to as 'Wiener Würstel' in Germany, the Austrian equivalent is 'Frankfurter Würstel.' *Register* is a variety of language considered appropriate in a specific social setting or situation. For example, a mother asking her teenage daughter to tidy up her room is unlikely to phrase her request along the lines of 'May I kindly ask you to get your room in order'. Similarly, whereas a physician speaking with a colleague may use the terms 'haemorrhagic diarrhoea' and 'haemoptysis', he may choose to refer to these symptoms as 'watery bloody stool' or 'coughing up blood' when talking with a patient.

Generally, there are no clear-cut borders between these different types of meaning, and drawing them may seem like a purely academic exercise. However, consciously or unconsciously, translators make numerous decisions not only as to the choice of target-language words with a propositional meaning equivalent to that of the source-language word (sometimes by far the easier part of translation), but also regarding words with an expressive, presupposed, or evoked meaning, carefully weighing the different components of meaning in the source language before transferring a word into the target language. More often than not, there are no true equivalents between target and source, which is when the true challenge in translation begins.

References

1. Webster's International Dictionary [www.merriam-webster.com/].
2. Baker M. in other words. a coursebook on translation. London, New York: Routledge; 2010.
3. Cruse DA. Lexical semantics. Cambridge: Cambridge University Press; 1986.

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