COMPARISON OF METHODS APPLIED IN CHINESE, ENGLISH, AND OTHER LANGUAGES.

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Abstract: *The theory of traditional Chinese medicine is totally different from that of modern medicine and has a unique system of its own. Some of the terms are rather difficult to express in other languages, nor is it easy to find an exact translation of the original. Some words that convey the concept of the Chinese terms convey it only in part.*

Key word: *Medical concepts, yīn-yáng （阴阳）, zàng (藏), ideograms, fǔ (腑), wǔ cái (五才), jīng luò (經絡), va jīng (經), Chinese medical concepts, English and Chinese terminology.*

СРАВНЕНИЕ МЕТОДОВ, ПРИМЕНЯЕМЫХ НА КИТАЙСКОМ, АНГЛИЙСКОМ И ДРУГИХ ЯЗЫКАХ.

Аннотация: *Теория традиционной китайской медицины полностью отличается от теории современной медицины и имеет уникальную систему. Некоторые из терминов довольно сложно выразить на других языках, и нетрудно найти точный перевод оригинала. Некоторые слова, которые передают понятие термина «китайский», передают его лишь частично.*

Ключевые слова: *Медицинские концепции, yīn-yáng（阴阳）, zàng (藏), идеограммы, fǔ (腑), wǔ cái (五才), jīng luò (經絡), va jīng (經), китайские медицинские концепции, английская и китайская терминология.*

XITOY, INGLIZ VA BOSHQA TILLARDA QO'LLANILADIGAN USULLARNI SOLISHTIRISH

Annotatsiya: *An’anaviy xitoy tabobati nazariyasi zamonaviy tibbiyot nazariyasidan butunlay farq qiladi va o‘ziga xos tizimga ega. Ba’zi terminlarni boshqa tillarda ifodalash ancha qiyin va asl nusxaning aniq tarjimasini topish qiyin emas. Xitoy terminlari tushunchasini bildiruvchi ba’zi so‘zlar uni faqat qisman ifodalaydi.*

Kalit sozlar: *tibbiy tushunchalar, yīn-yáng （阴阳）, zàng (藏), ideogrammalar, fǔ (腑), wǔ cái (五才), jīng luò (經絡), va jīng (經), xitoy tibbiy tushunchalari, ingliz va xitoy terminologiyasi.*

The translation of Western medicinal terminology into Chinese, English and German show a clear preference for a source-oriented approach. LGP equivalents are naturally used in all three for terms used in their LGP sense in the SL. The translation

of LSP-bound terms mainly takes the form of borrowing (loans and loan-translations) in all three cases. Nevertheless, there are differences in the preponderance of loans on the one hand and loan-translations on the other.

English medical terminology offers a classical example of a preponderance of loan-translation, where virtually all terms other than LGP terms are borrowed. Chinese, by contrast, is a classical example of the loan-translation approach; it achieves its goal with little need to resort to loans or source-independent formations. German, in the early translation of anatomical terms, displayed a tendency similar to that of Chinese. In more recent times, it has tended to prefer loans, and its general terminology now is not much less classical than that of English. This is of course attributable to the familiarity of German speakers with classical lexis.

German and Chinese show similar tendencies in loan-translations and source independent equivalents. Both roughly follow a word/morpheme-for-word/morpheme structure (in Chinese this is a character-for-word/morpheme translation); both tend to add elements to loan-translations for clarity's sake (e.g., Bindehaut and ji´e m´o); and both tend to delete Latin diminutives. Nevertheless, Chinese does so with greater frequency than German. While the German Regenbogen and Steigb¨ugel are simple semantic translations of the metaphors, the Chinese h´ong m´o and d`eng g˘u both add elements ('membrane' and 'bone', respectively). The reason for this lies in the problem of phonetic attrition and the consequent reduction of monosyllabic words. Semantic translation of iris and stapes would have to be c˘ai h´ong, 'coloured rainbow', and m˘a d`eng, 'horse stirrup', to be intelligible in speech as well as writing. Nevertheless, the compound terms 'rainbow membrane' and 'stirrup bone' have the advantage of not only allowing identification in speech as well as writing but also of disambiguating the metaphor, without adding to the syllable total. Even in modern Chinese, multiple character-words are often reduced to single characters in compounds. Furthermore, both German and Chinese tend to concretise vague suffixes (e.g., eberentz¨undung, g¯an y´an), but again, Chinese more than German. As regards source-independent formations, both languages tend to choose this method when he SL term is unclear or poorly motivated or when a literal translation would be poorly motivated. German and Chinese are similar in that they create vocabulary largely by compounding, differing from Latin, which often prefers to use existing words in extended senses.

The translation of Western medical terms should be understood against its extra linguistic background. The Chinese started to learn about Western medicine about 400 years ago when European nations began trading in the Far East. It was in the same period that Westerners began to learn of Chinese medicine.

In the initial phase, Chinese interest in Western medicine and other branches of Western learning was a matter of curiosity to learn about a distant and alien culture to which the Chinese accorded no special prestige. The attitude of the recipients can be observed in the transmission process. The earliest anatomical translation was

performed by the Swiss physician P. Johannes Terrenz (1576–1630) with the help of Chinese scholars.

The text describes nerves as being responsible for feeling and movement. Nevertheless, the Chinese translation explains the matter in terms of the indigenous concept of q`ı: "The nerves ( x`ı j¯ın, 'fine sinews', an appropriately modified literal rendering of the Latin nervus, which originally meant 'sinew') are not hollow; they contain only q`ı, and no blood. Thus when a person who cannot feel or move, this is because there is no q`ı, and therefore no strength") (Lˇı J-W 1998: 256). Thus, the translation involved a conceptual adaptation of the original content for Chinese readers.

Western knowledge stimulated interest and exerted a minor influence on Chinese medicine (Lˇı J-W 1998: 62). Nevertheless, the interest was not great. Emperor K¯ang-X¯ı commissioned missionaries to translate anatomical material into Manchurian, but when they had completed their work, which was compiled from the anatomical works of Guichard Joseph da Verney (1648–1703), Thomas Bartholin (1616–1680), and others, the Emperor decided that it was a book of special knowledge not fit for the general public (Lˇı J-W 1998: 261).

It was not until the 19th century that Western medicine attracted greater interest.

By this time, Western powers were making incursions into China's economic life and Western civilisation was beginning to exert great influence. Western medicine came to be adopted in China, as in many other countries throughout the world, not so much on evidence of its superior efficacy to any indigenous form of medicine as out of the prestige accorded it by virtue of its being the medicine of the economically most advanced nations (Sivin 1987: 6).

The Chinese realized that the economic and political superiority of the West lay in its superior technology, and that they had to acquire Western scientific and technological knowledge if they were to restore their country to strength. They also realized that in order to acquire this knowledge they had to to gain full linguistic access to the source culture.

Thus, in the mid-19th century, they began establishing schools designed to teach foreign languages so that students could gain access to Western knowledge and translate technical information into Chinese (W´ang F-J 1945: 277–280; B`ı C 1996: 328–331).

At the same time, plans were put in action to encourage Chinese students adequately trained in foreign languages to go abroad to study (W´ang F-J 1945: 280). These early moves, which have continued into the present, reveal the clear recognition that language is the vehicle of knowledge, and that source languages must be learned, not necessarily by all students of the subject in question, but at least by a small number of people capable of translating information for wide dissemination. Nowadays, students in the People's Republic of China (PRC) learn modern medicine by the

medium of Chinese, in a Chinese terminology closely pegged to the terminologies of Western languages. In Hong kong and T´aiw¯an, greater emphasis is placed on students being able to read English texts. In both cases, however, the linguistic link is important. A good command of English is indispensable for any Chinese (or person of any other nationality) wishing to gain access to the findings of international research and or to gain international credit for his or her own research work in medicine, as in virtually every modern field or discipline.

Although in China (as in Japan) the number of people who are both fully competent in medical English and make continual use of this skill must be quite small, these people are obviously an important link in the transmission of information. Moreover, these bilingual experts are those responsible for the selection of Chinese terms that the rest of the community uses. As explained, borrowing is closely associated with bilingualism, whatever freedom exists in term-formation in the target language, the source-language term constitutes an influential precedent.

The nature of Western medical concepts inevitably plays a role in how terms are named. Western medicine is a highly integrated discipline, even though it spans a number of distinct sciences. Medical concepts are precisely defined, and the terms that are chosen to represent them, at least nowadays, are carefully chosen to reflect the essential features of the concept. Constant effort is made to eliminate polysemy and synonymy within the term system as a whole. From this point of view, it is not surprising that where loans are difficult, close loan translation is chosen instead.

Highly significant in this context is the fact that Western medicine is constantly evolving. The adoption of Western medicine in China was not a single act of transplantation, but has been an ongoing operation. The continual advances in medicine made by the international community and in particular the Western community secure the bilingual's key position in the development of Western medicine in China.

In LSP realms, the preeminence of the SL term in representing the concept, the need for pegging TL terms to the SL (difficult in fields with numerous terms), and the structured nature of the SL terminology tend to conjugate in favor of source-orientation. These three factors may explain why source-orientation appears to be more prevalent in the medical field than in the LGP.

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