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Translation Watch Quarterly (TWQ) is an international peer-reviewed journal devoted to translation and interpreting studies, with a special focus on quality assessment and standards. TWQ publishes articles that are of interest to practising translation and interpreting professionals and to university and industry researchers.

The journal aims to promote understanding of translation-mediated cross-cultural communication within diverse multicultural communities and among peoples and nations, through the publication of original research and/or contribution to the existing literature on translation and interpreting standards, practices, and policy.

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Translation Watch Quarterly

Towards translating professional knowledge into streamlined professional practices and standards.

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Training in Medical Translation

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ABSTRACT

This paper deals with translational problems experienced by trainees in the field of medical translation. The problems are divided into three groups: language typology, text typology and medical terminology. In language typology, the first section touches on linguistic and cultural issues in medical translation arising from the unrelatedness of languages and diversity of cultures. In the second section, functional theories are taken as a model to classify and explain medical text types. In the last section, medical terminology is studied from the viewpoint of Turkish medical language in such a way as to sensitize the trainees to correlations between choice of terms and text types.

INTRODUCTORY REMARKS

The widespread misconception that medical translation is easy may stem from the fact that medical translations in the past have only concerned medical professionals. Consequently, the sameness of the object of study has eliminated barriers in the transfer of knowledge, which becomes limited only to terminological knowledge. However, the rapid pace of knowledge produced in the field and the proliferation of recent diseases cause medical translation to address a wider spectrum of the readership besides medical personnel (Pileegard, 1997: 162-163).

In this paper, problems in medical language are examined from the point of translation studies. The problems can be divided into three groups: language typology, text typology and terminology.

Language Typology and Logicity of Languages

Some of the translation problems related to language typology may result from different language families. However, there are always some fluid borders between languages because even unrelated languages may bear similar characteristics as related languages (Pileegard, 1997:165-168). Contrastively, in spite of linguistic, cultural and institutional similarities, "the theme-rheme" order, or logicity of languages, may not be the same even in related languages.

When this inference is studied from the point of medical language as a subfield of technical translation, it can be claimed that translations in inductive

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languages* may much better serve the ends of medical translation as a field of empirical science. This may also be the underlying reason why English has gained popularity as an international scientific language. Besides, direction of information flow from old unit of knowledge (theme) to the new one in empirical sciences has affected the text type conventions of even deductive languages as a result of intensive translational activity (Baker, 1992:157-170).

These claims can also be verified in translations from English to Turkish.

Prevalence of aspirin use among patients calling 9-1-1 for chest pain¹

This investigation examined the extent to which patients with a complaint of chest pain self-administer aspirin before the arrival of emergency medical services (EMS) personnel.....¹

Aspirin use amongst patients with chest pain before hospitalization

Literally: Researchers examined the prevalence of self-administration of aspirin before the ambulance arrives the spot of incidence.²

First, the word 'investigation' in the original has been personified as the noun 'researchers' so as not to change the flow of logical sequence. This strategy helps the translator to start the message from "old unit of knowledge". Besides, 'personification' is more "appellative" to Turkish readers. Second, the translator simplifies the original sentence and omits "the patients with chest pain" in the translation to focus the attention of reader on the main unit of information as "the prevalence of self-administration of aspirin". By this way the translator economizes on the number of words; although this strategy may result not only in lexical impoverishment, but also in colorless vocabulary. However, this procedure of simplification facilitates the transfer of knowledge, which is not only suitable for the ends of such informative texts as text books abstracts, but can also be evaluated as a textual feature of Turkish scientific language.

On the other hand, in spite of similarities in terms of logical flow in both sentences, one may easily observe cultural differences from the Turkish translator's lexical choices, which best reflect the divergent cultural as well as institutional outlook of language families. For example, one of them is related to the omission, in Turkish, of both emergency medical services and its acronym (EMS) (emergency medical services). Although the terms related with the above-mentioned services and their acronyms have equivalents in Turkish as *acil tıp hizmetleri* (lit. Urgent Emergency Services) or ATH (Lit. EMS), they are replaced with a single word "ambulance". This may be related to translator's

* Editor's note: Inductive languages are said to be those that proceed from specific observations to boarder generalizations while deductive languages move from general principles to confirmation of these principles through specific observations, thus preferring the secondary characteristics. [for further discussion, see Alessandro Zignani (2004). *Literary Translation Course*. Translated by Robert Burchill, Logos Group, www.logos.it].

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institutional knowledge or awareness of poor condition of emergency services in Turkey. It may be for the same reason that the translator has also replaced the emergency phone number "9-1-1" in the title of the original text with the term "hospitalization". Here comes the question of the translator's identity. Normally, a translator is supposed to keep 9-1-1 intact in the translation with an explanation in brackets. However, if the translators are medical professionals, they are supposed to be entitled to make such alterations in the translation based on their educational background as well as the respectable status afforded to medical professionals. In Turkey, for these reasons, field specialists such as doctors, academics, and not translators, translate texts for academic purposes. This has two consequences: first, since medical professionals would rather rewrite than translate original texts, most of the translations remain anonymous; second, these translations generally address medical professionals, resulting in a gap between common readers and professionals. As a result, medical knowledge cannot be shared as supposed to in spite of the basic principle of the Information Age, which advocates dissemination of knowledge to all sections of society. In this case, translators are expected to translate informative texts, such as pamphlets, brochures, notices, prescriptions, reports concerning public health, as well as legal documents for transactions in hospitals such as consent agreements, documents related with payments, bureaucratic procedures related with submissions to hospitals, or referrals to other hospitals. In other words, translators need knowledge of legal jargon rather than medical terminology in the field of medical translation in order to survive in a professional sense.

In spite of differences of cultural outlooks stemming from language families or logicity of languages, the demand for exchange of knowledge constrains the dynamics of languages to overcome linguistic barriers. The outbreak of new diseases and epidemics as well as the brain drain from the East has changed the course of translation from the East to the West. Translation problems have become peculiar not only to exotic languages but also to European languages.

Text Typology

As for text typology, it can be related to the nature of disciplines, which can be divided into two main fields: applied sciences and speculative sciences. Since medicine falls into the category of applied sciences, translators should consider the pragmatic side of medical texts, which means that translations should fulfill the same function as non-translated texts. Today, medical translations are acknowledged as '**instrumental texts**', which perform not only a **referential function** but also expressive, appellative and phatic functions. The following abstract on medical history highlights the fuzzy borderlines of text types and the extent to which the formal tone changes even in medical language.

"What do these women want?": Feminist responses to Feminine Forever, 1963-1980.

In 1963, Brooklyn gynecologist Robert A. Wilson and his wife, Thelma, published a paper in the Journal of the American Geriatrics

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Society arguing that untreated menopause **robbed** women of their femininity and **ruined the quality** of their lives. In 1966 Robert Wilson published a best-selling book, *Feminine Forever*, in which he maintained that menopause was an estrogen-deficiency disease that should be treated with estrogen replacement therapy to prevent the otherwise inevitable "living decay". Between 1963 and 1980, feminists did not respond with one voice to Wilson's ideas: at first, some embraced them as a **boon** for aging women. (Houck2003:103)³

TRANSLATION-ORIENTED ANALYSIS

A source text analysis reveals that trainee translators would not require domain specific knowledge. However, trainees should have developed translation competence and linguistic skills to be able to discern the textual features of the source text and take appropriate decisions based on their knowledge of the target culture's textual conventions. Since the above-mentioned abstract is published in a medical journal, it is assumed to address field specialists and academics. However, the semi-formal tone may appear strange to the addressees in the target culture. Culture-specific words and colloquial expressions such as "living decay", "boon", and "menopause robbed women of their femininity" display the features of colloquial language. It may affect the scientific credibility of the text in Turkish since the addressees are used to perceiving medical texts as documentary texts that only transfer knowledge. In this case, it is the translator who will decide to maintain the same tone or alter it according to the formal and neutral tone of standard scientific text in Turkish. It means that the Turkish translator will have to arrange the text in such a way as to state "objectives", "methods", "results" and "conclusion" of the paper as in the following extract:

OBJECTIVE: This paper mainly deals with the history of menopause treatment within the framework of Brooklyn gynecologist Robert A. Wilson's best-selling book *Feminine Forever*.

METHOD: It first discusses menopause treatment with estrogen replacement. Next, it focuses on its impact on aging as well as its effects in society.

CONCLUSION: Within this framework, it also explores the issues raised by the convergence of Wilson's campaign and the emergence of the women's movement.

As seen here, the differences in text type conventions may lead translators to adopt such strategies to provide the same communicative interaction in translations as in source texts. It is for this reason that translators should question the functionality of medical texts in the target language and culture. To achieve this end, a translator may use reader-oriented strategies to cover target culture norms and conventions of text-type; or may contrarily act as a *revolutionist* by maintaining the semi-informal tone of the source text to bridge the gap between the patient and field specialists. From this viewpoint, functional theories help trainees in two ways: first, they enable them to see the wide range of text-types in medicine, namely reports, medical research papers, disease reviews, reports,

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popular medical text, encyclopedic texts, brochures, prospectuses, medical dictionaries, manuals and prescriptions, abstracts; second, they help them to question the effect of translations in the target culture.

In the face of the variety of medical texts and the differences between professional and standard language, the question remains whether all medical texts should retain the function of original texts or to what extent the translator is entitled to alter the function of some parts of texts considering the textual conventions as well as readers' expectations. This issue can be studied both in terms of readers and trainees.

From the viewpoint of readers in Turkey, three questions come to mind; first, what is the profile of readers; second, what medical issues concern readers? To what extent are medical translations functional in the transfer of medical knowledge considering the terminological, semantic, syntactic load they carry? Third, how can one set up a correlation between text types and readers expectations? Answers to these questions are interrelated. I will discuss these issues from the viewpoint of Turkish readers and substantiate the claims with an example of drug prospectus translated into Turkish.

First, readers' educational background is very important in understanding medical texts in Turkey. A reader should at least be a lycée (high school) graduate to understand common documents, such as prescriptions or prospectuses. Therefore, literacy is not a sufficient precondition for those who have to use a drug. In Turkey it is generally pharmacists, doctors or physicians who inform the patients about dosage, prescriptions and side-effects of the drugs. As for those health conscious people, they are interested in health supplements of daily journals, medical encyclopedias or consult to medical professionals. Therefore, informative texts on preventive medicine draw their attention. However these texts in the above-mentioned sources are written or compiled again by medical professionals. Considering the educational background of health conscious people, they would rather refer to primary sources in foreign language since even informative texts are full of professional jargon. The following original and translated version of prospectuses will illuminate those claims.

In USA or Britain, prospectuses serve two ends: first they act as commercial licences; second, they provide patient information. It is for this reason that there are two separate leaflets, whereas in Turkey there is only one leaflet, which serves both as commercial licence and patient information. In this case, the prospectus is reduced not only in length, but also in coverage; it consists of main titles such as description, dosage and administration, contraindications, warnings and commercial notices related to the licence on "how supplied". In the following examples you can compare the original texts with Turkish version:

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For commercial purpose:

Warnings

Head and Neck Angioedema: Angioede involving the extremities, face, lips, *mucous* membranes, tongue, glottis, or larynx has been reported in patients treated with ACE inhibitors. If angioedema involves the tongue, glottis, or larynx, *airway* obstruction may occur and be fatal. If laryngeal stridor or angioedema of the face, lips, mucous membranes, tongue, glottis or extremities occurs, treatment with fosinopril sodium should be discontinued and appropriate therapy instituted immediately *where there is involvement of the tongue, glottis, or larynx, likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 ml to 0.5 ml) should be promptly administered.*⁴

For patient information:

Warnings

Angioedema: Angioedema, including *laryngeal* edema, can occur with *treatment* with ACE inhibitors, especially following the first dose. Patients should be advised to immediately *report* to their *physician* any signs or symptoms suggesting angioedema (e.g., *swelling* of face, eyes, lips, tongue, larynx, *mucous* membranes, and extremities; difficulty in *swallowing* or breathing; hoarseness) and to discontinue therapy.

Turkish version for both patient information and commercial purpose:

Dikkat: *ACE inhibitörleri* ile tedavi edilen hastalarda *ekstremiteler*, yüz, dudaklar, *mukoz membranlar*, dil, *glottis* ve *larenksi* tutan *anjioödem* görülmüştür. Anjioödem, dil, *glottis* veya *larenksi* tuttuğunda fetal olabilen hava yolunda tıkanma görülebilir. Bu gibi durumlarda tedavi kesilmeli ve uygun tedavi derhal başlatılmalıdır. Dil, *glottis* ve *larenksi* tutan *anjioödem* olgularında hava yolunda tıkanma görülebileceğinden uygun tedavinin yani *1/1000'lik epinefrin solusyonun* (0, 3-0.5 ml). cilt altı uygulanması hemen yapılmalıdır.

Back-translation

Attention: In patients treated with ACE inhibitors, Angioedema involving the extremities, face, lips, *mucous* membranes, tongue, glottis, or larynx has been seen. If angioedema involves the tongue, glottis, or larynx, *airway* obstruction may occur and be fatal. In such cases the treatment should be ended and appropriate therapy should be started immediately. Since airway obstruction can be seen in cases of angioedema in *the tongue, glottis, or larynx, appropriate therapy of epinephrine solution 1:1000 (0.3 ml to 0.5, under the skin ml) should be promptly administered under the skin.*

Compared with the two extracts in English, the Turkish version is observed to similar to the extract acting as commercial licence, although just the opposite is intended. Next, the key words that are supposed to facilitate comprehension are mostly loan words, which hinder even educated Turkish readers from

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understanding the warnings without consulting a medical professional. A common reader is only familiar with such terms as tongue, under the skin (subcutaneous in the original text), the rest of the terms, which are the main determinants of the text, concern only the professionals. However, Turkish readers expect reader-oriented approaches in such texts as prospectuses, prescriptions and brochures related with preventive medicine, since they address not only to common readers, but also to elderly or disabled people.

As for the trainees, the knowledge of functional theory as posed by Christiana Nord (1997) will help them set up correlations between text type and function of translations. It will raise trainees' awareness and self-confidence and will help them to adopt appropriate strategies according to the goals they set in the target culture. In short, this will entitle trainees to alter the function of the texts in the light of the knowledge they have assimilated in theoretical classes. Accordingly, the preceding text types can be subdivided into four categories in terms of functionality: **equifunctional translation**, **homologous** and **heterofunctional** translations. The recent trends in medical language aim at equifunctional translations to remove the barriers across academic, professional and standard language as a result of an increase in the number of health-conscious people (Nord, 1997: 43-66). However, register analysis is necessary to assess the retrospective and prospective ends or functions of texts. Therefore, register analysis of source texts will, on the one hand, help the trainees to obtain information both on language users and language use; on the other hand, it will lead them to make conscious decisions on the strategies they are going to adopt in the translation act. Here, the trainees' metacognitive knowledge of spatial, temporal and societal factors in terms of language users can be assumed to be a notch over field specialists. Field specialists may overlook language users' aforementioned features even if they are highly equipped with linguistic skills. It may be for this reason that "Skopos" theory raises professional translator to expert status in the translation market (Vermeer 1996:11-16). However, in reality the field specialists are the main actors in the translation market, because specialist field influences choice of lexis, genre and format of delivery (Fawcett 1997: 79-80). One can come to the conclusion that domain is the main determinant in medical translation in setting up correlations between two other subparameters of language use as tenor and mode.

It may be for this reason that Newmark bases text-typology on the use of medical terminology. He suggests such a classification as academic, professional and popular. Accordingly, if the majority of terms in the text are from Latin or Greek origin, the type of the translation is called '**academic**' (for example, *furunculus orientalis*); if terms are professionally used, the type is called '**professional**' translation (for example, *Leishmaniasis*, *avian flu* or *rubella*). Lastly, if the majority of terms are culture specific, the type of the translation is referred to as '**popular**' (for example, *oriental sore*, *bird flu* or *German measles*) (Newmark, 1988: 152-153).

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However, Newmark's classification may have some **drawbacks** from the viewpoint of trainees. First, the trainees may get lost in terminology rather than improve their translation competence. Therefore, professionalism in translation may be reduced to terminological knowledge, which results in such a misconception that medical translation is nothing more than a mechanic operation of transferring knowledge (Newmark, 1988: 20). Second, it may also result in identifying the 'skopos' and translational problems on source-text, which would give rise to an increase in the number of source-oriented translations (Newmark, 1988: 234-259). Of course, source-orientedness may be a 'goal' in itself, but we cannot limit medical texts with only referential function considering the wide range of text types and the pragmatic function of medical translations. However, it should be borne in mind that Newmark's taxonomy is product-oriented, and he has made this classification based on the products of professional translators who can discern the borderline between field specialist knowledge and translation competence. At this stage, trainer's guidance will save semiprofessionals from falling into such misconceptions.

In conclusion, despite all the drawbacks from the point of trainees, Newmark's classification of text types cannot be ignored in training when considering the correlation between terminology, genre and mode of translation. Here one can ask to what extent trainee translator's need terminological knowledge? What sort of terminological knowledge will help trainee overcome linguistic barriers in medical translation?

TRANSLATOR TRAINING AND LEXICAL BARRIERS

In medical translation, the trainee translator's metacognitive knowledge on terminology is as important as linguistic and thematic competence since one's command of specialized terms affects the quality as well as the reliability of translations. At this stage, the pre-knowledge of type of terms used in medicine can help translator to build up a correlation between the term type and text type: the term types in Medicine can be listed as follows: **acronyms** as AIDS BCG, CA, SARS, **neologisms** (newly coined terms) as arrest, refer to; **eponyms** as Oppenheim's disease, **Parkinson's** disease, or **register mismatched** terms as meadow (colloquial) dermatitis (academic), avian (fowl) disease (Newmark, 1988:151-161). On the other hand, this piece of knowledge may lead the trainee to adopt sign-oriented translations in place of sense-oriented strategies.

Here comes the question of knowledge acquisition. Terminological sources meet the needs of professional translators only to a certain degree although they facilitate the internal access to knowledge of specialty in terms of their alphabetic organization and layout. However, they are not sufficient to solve translation problems; then it is the trainers' responsibility to inform the trainees of non-terminological sources such as research papers, encyclopedias and so on. However, they should also warn the trainees against risky sources. Undoubtedly, search for knowledge from such sources requires professional knowledge and support; therefore, it is risky from the point of amateurish translators since their

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background knowledge is too limited to assess the reliability of them. On the other hand, reliability alone is not enough to overcome the terminological barriers; coverage of the source is also important. However, it is impossible even for a terminological dictionary to include all the terms, especially in such a field as medicine, considering the exhaustive knowledge it covers and the proliferation of new terms in recent decades. For example, it takes time for neologisms to find an equivalent in the target language. So there is a temporal gap between the importing and adoption of medical terms. Even if an editorial team has had access to the term, scientific concerns as well as culture-bound factors, such as taboos, hinder them from including the newly-coined term into the dictionary. In other words, since reliability of dictionaries depends on the coverage of scientifically acknowledged terms, only prescriptively confirmed terms by the discipline can be inserted into the coverage (Gile, 1995:131-151). It is for this reason that the number of pre-existing target language terms is higher than neologisms in medical dictionaries. For example, terminological studies launched by the state-run Association of Turkish Language in the late seventies failed because most of the terms were new coinages or neologisms. In this case, the association could not survive long enough to pursue its linguistic policy. In other words, purist trends cannot keep up with the pace of knowledge produced in the field of medicine.

In the face of such terminological chaos, the translator may adopt four translation procedures to transfer medical knowledge and its related terminology. They are: direct transfer, calques, naturalization, or using established terms or their culture specific equivalents according to the text-type. There may not be too much difficulty in the translation of eponyms and acronyms since the common procedure in translating them is "direct transfer". However, in naturalization, the indeterminacy from the point of orthographic rules causes chaos not only amongst professionals, but also among the dictionaries. For example, in Turkish the 'suffix 'is' is omitted in 'tuberculosis', whereas in the term 'carcinomatosis' the suffix remains as it is in the original. Even this small example denotes that there is no consensus either on the part of the linguists or on the part of the boards of the nomenclature (Ertem, 1998: 1-50). Perhaps, most part of the translator's difficulty in "naturalization" arises from such discrepancies because in medical language the choice of terms acts as main agents in taking macro-scale decisions in top-down processing. Therefore, in training a translator, it should be emphasized that a trainee gains awareness in term types and translation procedures as well as their relation to text types classified as popular, academic and professional.

CONCLUSION

When considering the wide range of medical texts, it is obvious that medical translation is not only limited by academic texts which require high level of specialized knowledge. There is no doubt that translators need professional consultancy and supervision especially in the field of medicine. However, it

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should be acknowledged that translator's knowledge of specialty in dealing with different text types will enrich medical language by triggering the dynamics of target language. In medical translation, this feature of translators is generally ignored and it is always the field specialists who set the standards in the translation market, which also explains why the number of literal translations is higher than target-oriented translations. I believe it is only when field specialists cooperate with translators that not only will the quality and quantity of translations be improved, but also the functionality of such translations. ✎

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NOTES

¹ www.aemj.org/cgi/content/abstract/5/12/1146.

² www.acilveilkoyardim.com/arastirmalar/makaleozetleri.htm.

³ www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12649555

⁴ www.rxlist.com/cgi/generic/fosinop_wcp.htm.

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