

Translation of Chinese medical terms: not just a matter of words

Nigel Wiseman

Successful acts of transcultural transmission of knowledge rest on an approach to translation that for the most part is highly literal. In the present paper, I describe this methodology and show how it has not been applied in the westward transmission of Chinese medicine. Through practical examples, I demonstrate the conceptual problems that arise through failure to choose the methodology described.

© 2001 Harcourt Publishers Ltd

INTRODUCTION

If we assume that it would be a good thing for all speakers to refer to each concept of Chinese medicine by the same term, i.e. to have a standardized terminology, then agreement would have to be reached on what terms to use. If we imagine all the major Chinese medical translators seated round a table to try to agree on a terminology (an unlikely event in the present real world of Chinese medicine), they could simplify their task considerably if they established some guidelines to work by. Rather than simply discussing possible word choices for each term one by one, it would be much easier and quicker to decide on certain principles for terms of certain categories, so that the work could be systematized. In other words, things would go much more smoothly if they applied a methodology.

Can there be such a thing as a term translation methodology? The answer to that is quite definitely yes. When one looks at the translation of terminology in other fields, one can see that methods such as literal translation, non-literal translation, and borrowing of terms are used in one and the same terminology. Although this may seem inconsistent, the application of these methods follows certain patterns. We find that within a given field, different methods of translation are favored by different languages and for different classes of terms. When a

body of knowledge is transmitted from one language community to another, the translators responsible for choosing terms in the target language rarely leave any record of how they arrived at their choices; they may not even have been fully aware of any principles they were applying. Nevertheless, their term choices can be seen to follow certain patterns, and the reasons why such patterns emerge can usually be readily inferred.

When we understand these patterns of translation and why they exist, we should be able to apply them usefully to the translation of Chinese medicine. The observable patterns are only general; term categories are fuzzy, and exceptions to general rules are always to be found. It would be impossible to arrive at a methodology that determines unequivocally what words should be chosen in the target language. Nevertheless, investigation of the laws of translation is useful, and helps to clear away a lot of cloud.

The fact that term translators in other fields have left no record of their choices suggests that there was not too much disagreement between them. This is not the case in the translation in Chinese medicine. Different translators have used different terms, and there is already quite a lot of documentation about the disagreements. If term translation normally tends to follow certain patterns, then one might justifiably ask why translators do not naturally follow these patterns in Chinese medicine. The answer to this, I

believe, is that translation forms part of the wider phenomenon of transmission, which also follows certain patterns. When translators all agree on what they want to transmit and why they want to transmit it, their term choices will tend to follow certain established patterns. When they disagree about the nature of the thing they are transmitting and about what part of it they want to transmit, there is chaos in the realm of term translation. In the preceeding paper ('The Transmission of Chinese Medicine: Chop Suey or the Real Thing'), I provided ample evidence of the conflicting ideas about what Chinese medicine is and how it should be transmitted. I contend that it is this conflict of ideas that accounts for the variability in terminology.

In this paper, I describe patterns of term translation in the field of Western medicine as an example of general patterns in term translation. I then outline the specific pattern best suited to translation of Chinese terms into English. Finally, I discuss the factors that have hindered the general adoption of this pattern.

TERM TRANSLATION IN WESTERN MEDICINE

Since classical antiquity, the debate about translation has centered around *literal translation* versus *free translation*. Today the discussion of translation problems is more complex, but the same tendencies remain. The terms *literal* and *free* translation are not satisfactory. Over recent years, linguists have tended to apply slightly different categories. In the present discussion, I speak of *source-oriented* and *target-oriented* translation,¹ the former notably including not only literal translation but also loans from the source language.

Translation theorists today generally agree that different translation strategies are suited to different purposes. Source-oriented translation is used for philological purposes, and is also used in the translation of technical terminology if not technical texts.

Western medicine provides illuminating examples of successful source-oriented translation. The terminology of Western medicine was originally Latin; it was only later that it was translated into the vernacular languages. More recently, it has also been translated into other languages such as Chinese.

The translation of Latin terms into German and English provide the clearest examples of terminological translation principles because even readers who are unfamiliar with the languages in question will be able to understand the principles clearly.

In medicine, as in any other technical field, we can distinguish between lay terms from the everyday language and technical terms. When the lay

Table 1 Lay German and English equivalents of lay Latin Western medical terms

German ←	Latin	→ English
Ohr	<i>auris</i>	ear
Arm	<i>brachium</i>	arm
Ellbogen	<i>cubitum</i>	elbow
Finger	<i>digitus</i>	finger
Haar	<i>pilus</i>	hair

terms were translated from Latin into English and German, the corresponding lay terms were chosen in each case. Here are some examples.

In the translation of purely technical terms, different approaches were adopted in German and English. English borrowed the Latin terms, while German rendered them by loan-translation. Let us take a closer look at a few examples to see what is happening in the translation process.

These examples show clearly the process by which technical terms were created in English and German. The original Latin term is in the center followed by its literal meaning. All of these Latin terms have been adopted as they stand into English. Most English speakers are not aware of their literal meanings in Latin, so we tend to think of them as having only their medical meanings. In the past, though, all physicians knew Latin, and thus knew what these words meant. When the terms were translated into German, literal translations were devised.

Loans are often thought the purest form of source-oriented translation, because they preserve the actual terms of the source language. In reality, they really only preserve the sound (*pelvis* entered English, but not with the primary meaning it had in Latin). Loan-translation preserves only the literal meaning of the terms. Despite this, loans and loan-translations are source-oriented in that they tend to respect the choice of term in the source language.

English and German took a similar approach in the translation of lay terms, but a different approach in the translation of technical terms. Why should this be?

Both English and German chose lay equivalents for lay terms because to replace vernacular words for familiar objects with unfamiliar words would go against the conventions of language. Languages often borrow the names of new things, but they replace basic vocabulary less easily. For English to have borrowed Latin words for concepts recognized by the lay would have been to obscure all that is familiar to the lay.

English differs from German because, although it is a Germanic language, its vocabulary was early on influenced greatly by French. It therefore has a tradition of borrowing that German still to this day

Table 2 German loan-translations and English loans in Western medicine

German ← loan-transl. ←	Latin	→ loan → English
Becken ('basin')	<i>pelvis</i> ('basin')	pelvis
Vorsteherdrüse ('fore-standing gland')	(<i>glandula</i>) <i>prostatata</i> ('fore-standing gland')	prostate (gland)
Regenbogen ('rainbow')	<i>iris</i> ('rainbow')	iris
Schleim ('slime')	<i>mucus</i> ('slime')	mucus
Scheide ('sheath')	<i>vagina</i> ('sheath')	vagina
Hammer ('hammer')	<i>malleus</i> ('hammer')	malleus
Pflugscharbein ('ploughshare bone')	<i>vomer</i> ('ploughshare')	vomer
Keilbein ('wedge bone')	<i>os sphenoidaeum</i> ('wedge bone')	sphenoid bone

Note: The parenthesized words indicate the literal meaning of both the Latin and the German terms.

Table 3 Common-language equivalents in Chinese and English Western medical terms

Chinese ←	Latin	→ English
耳 <i>ěr</i>	<i>auris</i>	ear
肘 <i>zhǒu</i>	<i>cubitum</i>	elbow
指 <i>zhǐ</i>	<i>digitus</i>	finger
毛 <i>máo</i>	<i>pilus</i>	hair
肝 <i>gān</i>	<i>jecur, hepar</i>	liver
心 <i>xīn</i>	<i>cor</i>	heart
頸 <i>jǐng</i>	<i>cervix</i>	neck

does not have. Thus English tended to borrow, while German tended to translate.

It is noteworthy that, in some cases, German created new terms instead of devising literal loan-translations. However, this was only done when the literal meaning of the Latin term could not provide the basis for a well-motivated term in German. Source-independent formations were considered only as a last resort.

- *arteria* → *Schlagader* (lit. 'beating vessel')
- *scrotum* → *Hodensack* (lit. 'testicle sack')
- *ascites* → *Bauchwassersucht* (lit. 'belly water sickness')
- *glandula* → *Drüse* (lit. 'a swelling')

When the terminology of Western medicine was translated into Chinese, we see a pattern almost identical with Latin-German translation. Lay words were translated with lay Chinese equivalents, while purely technical terms were translated by loan-translation. The Chinese as indeed not only German but also English translators saw the need to preserve the familiarity of lay concepts by using lay terms. But since the Chinese language has even less of a tradition of borrowing from other languages than German, they chose literal translations as the next-best thing.

The translation of Western medical terminology is slightly more complex in Chinese, since German

and Japanese played an important part in the choice of terms. For poorly-motivated Latin terms, source-independent German terms (or more often literal Japanese translations of these) were sometimes taken as the model. For example, *ascites* from the Greek meaning a wineskin, was translated as 腹水 *fù shuǐ* after the German *Bauchwassersucht*.

In the translation of Western medical terminology from Latin into English and German as well as from Western languages into Chinese, source-oriented translation was used every time. While English has tended to borrow terms from Latin, Chinese and German, which do not easily borrow, have tended to prefer loan-translation.

In both German and Chinese, loan-translations are very much more numerous than source-independent creations such as the German 'abdominal water disease' for *ascites*. The reason for this is practical rather than theoretical.

In Western medicine, as in all modern sciences, the concepts represented by terms are always clearly defined. When Western medical terms are translated from one language into another, any expression will do provided it represents the concept well. It is not strictly *necessary* for it to be a loan or a literal loan-translation. Literal translations are usually the first choice because for the person devising the target-language terminology, the source-language term constitutes an important precedent. Nevertheless, terms that have the same literal meaning help bilinguals to peg the source-language and target-language terms more easily.

TERM TRANSLATION IN CHINESE MEDICINE

The above analysis of Western medical term translation suggests that a source-oriented approach can take different forms depending, essentially, on the ability of the target language to borrow from the source language.

Table 4 Chinese loan-translations and English loans in Western medicine

Latin → loan →	Chinese
(<i>intestinum</i>) <i>duodenum</i> ('twelve-at-time intestine')	十二指腸 <i>shí èr zǐ cháng</i> ('twelve-finger intestine')
<i>pelvis</i> ('basin')	骨盆 <i>gǔ pén</i> ('bone basin')
<i>iris</i> ('rainbow')	虹膜 <i>hóng mó</i> ('rainbow membrane')
<i>malleus</i> ('hammer')	錘骨 <i>chuí gǔ</i> ('hammer bone')
<i>vomer</i> ('ploughshare')	犁骨 <i>lí gǔ</i> ('plough bone')

If we presume the translation of East Asian medical terminology to be subject to the same laws, it is relatively easy to predict whether it would be likely to follow a pattern similar to that of the English translation of Latin medical terminology (borrowing) or that of the German translation of Latin medical terminology (loan-translations). The question boils down to whether we could borrow from Chinese on the scale that English has borrowed from Latin. And the answer is quite simply no.

Although English has a tradition of borrowing, its ability to borrow from different languages varies greatly. English, as indeed most languages, finds it relatively easy to borrow words for imported objects. Borrowing the name that the object has in its source locality saves the problem of having to think of a new name. But English has only really borrowed in bulk from Latin, French, and (mostly only in fields of learning) Greek. We have borrowed words from Chinese, such as names of plants and fruits (*kumquat*, *loquat*, *longan*, *tea*). We also have three words for culture-bound concepts, *yin*, *yang*, and *qi*, which in fact were introduced into our language centuries ago by sinologists. But we cannot borrow from Chinese on a scale necessary for it to become the principle method of representing technical East Asian medical concepts in English.

Chinese poses difficulties of borrowing because the sounds of its words are unfamiliar and difficult to pronounce, and because Chinese words convey no meaning to English speakers at all. If borrowing were used on a large scale, one would soon encounter the problem that words distinguished only in tone and not in basic sound might be undistinguishable in English. Furthermore, the nature of East Asian medical terminology would pose requirements of borrowing vocabulary in word-classes which are most resistant to borrowing (adjectives and verbs).

In practice, borrowing in Chinese medicine, leaving aside the complex question of the names of medicinals,² tends to be restricted to a few key words; it is never used on a mass scale. People who have proposed the large-scale use of Pīnyīn³ tend to limit their discussion to a limited number of nouns.

Pīnyīn words are meaningless for people who have learned Chinese, and have to be explained in English anyway. In my view, it should be used only as a last resort when no suitable word can be found (and as a parenthesized reference following English names of medicinals, formulas, and acupuncture point names).

The much more appropriate form of source-oriented translation is therefore loan translation. As I have shown, my own proposed terminology is highly source-oriented. Apart from lay terms translated by lay equivalents, the vast majority of the strictly technical terms are translated with a high degree of literality.¹

Nevertheless, when we look at the current corpus of English literature, we find that the principles of translation operant in Western medical term translation and which I and my colleagues have applied in the creation of our terminology have not been applied universally in the westward transmission of Chinese medicine. In no European language has such a source-oriented approach become dominant.

This is something of a paradox, because there is in fact more reason for Chinese medical term translation to be more source-oriented than Western medical term translation. Whereas in Western medicine, source-independent formations are avoided as far as possible only for practical reasons, there is one important theoretical reason why terms should be literally translated in Chinese medicine.

In Chinese medicine, the three-way relationship between term, concept, and object is not always as clear as in Western medicine. The term 血海 *xuè hǎi* (lit. 'sea of blood') has been variously defined the thoroughfare vessel (*chōng mài*) and the liver (as well as an acupuncture point). If we were sure in each case which of these definitions an author meant, we could regularize the terminology by substituting liver or thoroughfare vessel in translation. However, we are rarely sure which of these is meant! The only accurate translation is one that allows the same degree of ambiguity in English as in Chinese, and that is a literal translation.

This problem is not isolated and occurs in 三焦 *sān jiāo*, triple burner, 命門 *mìng mén*, life gate, and 血室 *xuè shì*, blood chamber. Even basic terms such

as 氣 *qì*, 氣, and 經絡 *jīng luò*, channels and network [vessels], are problematic since their objective nature is unknown. Nevertheless, we must have English terms by which to refer to these Chinese medical concepts. Numerous symptom descriptions such as 喘息 *chuǎn xī*, panting respiration, 喘逆 *chuǎn nì*, panting counterflow, 上氣 *shàng qì*, *qì* ascent, and 喘促 *chuǎn cù*, hasty panting, almost defy unequivocal circumscription. Yet without corresponding English terms, it would be impossible to translate any detailed discussion of the subjects.

In virtually all these cases (*qì* being the exception here), literal translations serve admirably to represent the East Asian concepts in any discussion, and to enable those who speak Chinese to instantly identify the Chinese source term.

As my own proposed terminology shows, it is quite feasible to create a terminology of Chinese medicine that is almost a mirror image of Chinese source terminology. Despite this, most English-speaking students, teachers, and practitioners of Chinese medicine use terminologies that are far from being a mirror-image reflection. Currently used terminologies are not source-oriented, and I think it is instructive to discover how they are not, why they are not, and what consequences this has for the westward transmission of Chinese medical knowledge.

Failure to respect the difference between lay and technical terms

The terminology of Manfred Porkert is a bit dated now, but it does highlight some points about translation. In his *Theoretical Foundations of Chinese Medicine*,⁴ he refers to blood as *hsüeh* or *individually specific structrue energy*. His decision is apparently based on the idea that 血 *xuè* denotes something other than, more than, or less than the red fluid that issues from wounds, or that it is accorded functions in Chinese medicine that are not accorded it, either by the lay or by experts in modern medicine. Unfortunately neither *hsüeh* or *individually specific structrue energy* preserve any relationship with the red fluid that escapes from wounds. For anyone who happens to miss the mention of *blood*,

the detachment would be more or less complete. In other words, it might be possible to read the book and gain the misleading impression that Chinese doctors did not discuss the red fluid of the body.

As far as I know, Porkert was the first to start calling the organs, not by their simple English names, but orbs (or in Latin *orbis*, as *orbis cardialis*, *orbis hepaticus*, etc.). Again, the aim was to highlight the differences in understanding between Chinese medicine and Western medicine. But this translation is misleading. Chinese texts from the very beginning speak of the organs by their ordinary lay names. There is no such word in Chinese for orb.

Why Porkert should disguise the familiar in unfamiliar names is partly to be explained by the need, which he states himself, to emphasize the nature of the Chinese medical concepts in question. But especially in the case of the internal organs, there may well have been a desire to divert attention from the fact that functions posited by East Asian physicians clash, to some degree, with those recognized by modern medicine (e.g., the spleen in Chinese medicine has a digestive function not recognized in Western medicine).

Where Porkert went wrong, in my opinion, is that he failed in some cases to translate terms that are familiar to the lay in Chinese with terms that are familiar to lay in English (or his mother tongue German).

Porkert's terminology did not catch on, and his books are going out of print. But unbeknown to many, his spirit lives on in the very common practice of capitalizing the names of the internal organs, which is intended to serve the same purpose. The Heart of Chinese medicine is not the heart of Western medicine, etc.

Failure to preserve the integrity of Chinese medical concepts

In the first paper in this series ('The Transmission and Reception of Chinese Medicine: Language, the Neglected Key'), I said that the transmission of Chinese medicine had been influenced by both

Table 5 English equivalents in Wiseman and CEMD

Wiseman	←Loan-transl.←	Chinese	Pīnyīn	→WM equiv.→	CMED
impediment		痹	<i>bì</i>	arthralgia	
wilting pattern		痿證	<i>wěi zhèng</i>	flaccidity syndrome	
umbilical wind		臍風	<i>qí fēng</i>	tetanus neonatorum	
wind lichen		風癬	<i>fēng xiǎn</i>	tinea corporis	
phlegm node		痰核	<i>tán hé</i>	subcutaneous nodule	
throat moth		喉蛾	<i>hóu é</i>	tonsillitis	
damp-toxin vaginal discharge		濕毒帶下	<i>shī dú dài xià</i>	cervicitis	

Table 6 English equivalents in Wiseman and CEMD

Wiseman	←Loan-transl.←	Chinese	Pīnyīn	→WM equiv.→	ZY
wind-fire		風火	<i>fēng huǒ</i>	wind fire, wind-fire pathogen	
wind-fire scrofula		風火癰	<i>fēng huǒ li</i>	acute cervical lymphadenitis	
wind and fire fanning each other		風火相煽	<i>fēng huǒ xiāng shān</i>	fire and wind stirring up each other	
wind-fire toothache		風火牙痛	<i>fēng huǒ yá tòng</i>	toothache due to pathogenic wind-fire	
wind-fire eye (pain)		風火眼 [痛]	<i>fēng huǒ yǎn [tòng]</i>	acute conjunctivitis	

Western medicine and complementary health care. In the translation of Chinese medical terminology, the most obvious deviation from source-oriented translation is the rendering of traditional Chinese technical terms into Western medical equivalents.

Some examples are presented in the table below. On the left are my own source-oriented translations. On the right are the Westernized translations contained in a dictionary produced in the PRC.

When we look at contiguous entries in the *Chinese-English Medical Dictionary*, we can see how the authors have been at pains to institute a Western medical term whenever one is available. However, this is only the case in two of the five examples presented here. In the other cases, there are no Western medical equivalents, so the authors revert to literal translation. Literal translations are quite feasible for all the terms, as one can see from my own translations in the left-hand column. And a consistently literal approach preserves the integrity of the Chinese medical concepts, while the use of rough Western medical tends to destroy it.

While using lay terms for lay concepts such as gross body parts preserves lay familiarity (in a way that *individually specific structuring energy* does not), representing non-lay concepts with Western medical terms familiar to the target-language reader sacrifices the clarity of the East Asian concepts to the altar of Western medicine.

Terms are understood to have two levels of meaning. One is that of objects, that is, the extra-linguistic phenomena, such as things, processes, and events. The other is that of the concept, that is, the mental abstraction of the object.

When 風火眼 *fēng huǒ yǎn* is translated as ‘acute conjunctivitis,’ the object may be the same – sudden redness and discomfort of the eye after a dip at the local swimming pool. On the conceptual level, the Chinese term denotes a disease of the eye caused by wind and fire. By contrast, the Western medical term ‘acute conjunctivitis’ is a disease of a part of the eye that was never conceived in Chinese ophthalmology as being isolated from the eye as a whole.

When 癰 *bì* is translated as ‘arthralgia’ (i.e. ‘joint pain’), we have an equivalent that not only does not represent the same concept, but does not even rep-

resent the same object. At the conceptual level, the Chinese term means a condition understood as ‘crippling’ and ‘blockage’; at the level of objects it refers to conditions classed in Western medicine as arthritis and tendonitis (or anything popularly referred to as rheumatism) on the one hand, and sciatica and other forms of neuralgia on the other.

Obviously the use of Western medical terms for traditional Chinese medical concepts gives the Western readership the feeling that Chinese medicine is quite similar to Western medicine. It certainly avoids the need to introduce new terms that require tedious explanation. It is interesting that scholars in the PRC prefer Western medical equivalents – even very rough ones – to creating new terms for concepts specific to Chinese medical knowledge. Their command of English limits their ability to coin new terms, but perhaps more importantly they adopt a language that is intelligible to the international medical community and will have the greatest chances of convincing it of the value of Chinese medicine. We know that the PRC aims to integrate Chinese medicine with modern medicine, and the use of Western medical terms is seen as another way of forging a communicative bridge between the two.

In English-speaking countries, *qì* is very often called or thought of as ‘energy,’ and most confusingly, a basic acupuncture stimulus to relieve *qì* stagnation is called ‘sedation.’

Since antiquity, the Chinese have understood *qì* as a kind of subtle substance. They never developed a concept of energy as, say, in distinction to matter. The point has been repeatedly discussed. It simply has not sunk in. Although in English-speaking countries the concept of *qì* is referred to as such, nevertheless it appears to be still widely conceived of as energy.

This energetic conception of *qì* is reflected in the continuing use of the term *sedation*. The Chinese word 瀉 *xiè* literally means ‘to drain.’ *Sedate*, from the Latin *sedare*, to calm, is almost exactly the opposite in meaning to the Chinese term 瀉 *xiè* it is meant to render. *Sedate* could only denote an intervention that served to strengthen the stagnation. Quite patently, the use of *sedation* in the acupuncture context makes sense only when *qì* is conceived

Table 7 虛 Xū and 實 Shí in the everyday language

虛 Xū	實 Shí
謙虛 <i>qiān xū</i> , modest	實在 <i>shí zài</i> , real
空虛 <i>kōng xū</i> , empty	實心 <i>shí xīn</i> , solid (of objects)
太虛 <i>tài xū</i> , Great Void	實習 <i>shí xí</i> , practice
虛幻 <i>xū huàn</i> , illusory	實幹 <i>shí gàn</i> , get right on the job, do solid work
虛誇 <i>xū kuā</i> , boast(ful)	實價 <i>shí jià</i> , actual price
虛榮 <i>xū róng</i> , vanity	實權 <i>shí quán</i> , real power
虛偽 <i>xū wèi</i> , sham, false, hypocritical	實物 <i>shí wù</i> , material object
虛設 <i>xū shè</i> , nominal	實現 <i>shí xiàn</i> , realize, achieve
虛套子 <i>xū tàozǐ</i> , formalities	實用 <i>shí yòng</i> , practical

as some sort of nervous energy that needs to be calmed.

Acupuncture has a therapeutic method known as 開闔補瀉法 *kāi hé bǔ xiè fǎ*, 'open and closed supplementation and drainage,' in which supplementation is achieved by pressing the insertion point after the needle is removed, while drainage is achieved by waggling the needle as it is being extracted. The person who designed the method obviously understood qì as a substance occupying space, whose escape from the body could be enhanced by widening the hole.

The term *sedate* has obvious implications for the way in which acupuncture is understood. The basic concepts of acupuncture, qì, and the channels along which it flows, are essentially speculative. When speculative concepts are misrepresented in the translation processes, it is difficult to tell how this might affect the effect of the treatment. The energetic conception of qì is not scientifically founded, and does not help anyone to understand the concepts in their original context.

The word *sedate* appears to have been first used by Felix Mann. It is interesting to note that in his 1962 book, Mann describes Chinese theories and includes Chinese sources in his bibliography. In his 1992 book, *Reinventing Acupuncture: A New Concept of Ancient Medicine*, he basically ditches all Chinese theories, and even pokes fun at them. The term *sedate* continues to be used by people who learn traditional acupuncture not knowing that the it comes from a writer who never had very much time for what the Chinese had to say about the subject.

As far as I know, the term *sedate* is used by no writer possessing adequate linguistic access to primary texts. But many of the books circulating in English-speaking countries are the work of people without such access. One can tell by the absence of Chinese-language sources in their bibliographies.

There are of course different degrees of right and wrong in the matter of how to translate terms. In the

terminology I have proposed, 虛 *xū* and 實 *shí* are rendered as 'vacuity' and 'repletion.' But the terms have also been represented by depletion/repletion, asthenia/sthenia, emptiness/fullness, and most commonly by deficiency/excess. No equivalents chosen for 虛 *xū* and 實 *shí* are ideal, and none of the various translations that have been put forward are definitively wrong. Each pair has advantages and disadvantages that can be explained rationally.

The primary meaning of 虛 *xū* is 'empty'; that of 實 *shí* is 'full' or 'solid.' Extended meanings of the pair that follow from this in the ordinary language are 'fanciful/real,' 'modest/honest' and 'insincere/sincere' (the intended meaning usually supported by an additional character, as in 虛偽 *xū wèi*, literally 'empty-fake,' i.e. insincere, hypocritical).

In Chinese medicine, 虛 *xū* denotes a condition created by a deficiency of wanted things, while 實 *shí* denotes a condition created by the presence of unwanted things or an excess of normal things. Nevertheless, they are slightly different in meaning from 不足 *bù zú*, 'insufficiency' and 有餘 *yǒu yú*, 'superabundance.' We often see in Chinese texts explanations such as 'heart blood 虛 *xū* is the manifestation of the 不足 *bù zú* of heart blood.' What is meant here is that heart blood *xū* is a condition of the whole body deficient in heart blood. If we apply the commonly used rendering of 虛 *xū*, 'deficiency,' in this context, we would translate the whole phrase as 'heart blood deficiency is the manifestation of insufficiency of heart blood.' Since *deficiency* is virtually synonymous with *insufficiency*, we logically end up in English with a sentence that means 'X is the manifestation of itself.' The Chinese sentence does not, however, contain a tautology, but encourages the reader to understand: '[The general condition of] lack of (or weakness in) heart blood is a manifestation of insufficiency of heart blood.' For those who appreciate the holistic aspects of Chinese medicine, we could say that 心血虛 *xīn xuè xū* is the name for the condition of the whole body, while 心血不足 *xīn xuè bù zú* is its localistic cause.

Very often, 虛 *xū* is a close synonym of 不足 *bù zú*, ‘insufficiency,’ and sometimes the two are used interchangeably. Yet the primary notion of ‘emptiness’ is present as an important connotation. A pulse that is described as 虛 *xū* is one that feels empty. If in this context we substitute the word ‘deficient,’ the description would be far less specific. A ‘deficient pulse’ might be equated with any of several pulses small in size or lacking in strength.

‘Emptiness’ is the primary meaning of 虛 *xū*, and it attaches to specific senses of the term in the context of Chinese medicine. My colleagues and I rejected ‘emptiness/fullness’ only on the grounds that another word, 滿 *mǎn*, also means fullness. This word is the ordinary word for ‘fullness’ in the everyday language of the Chinese (that is, fullness in the context of receptacles and bathtubs, etc.) and in the medical context it describes a subjective feeling of fullness in the body. This feeling, however, is often due to 虛 *xū* rather than to *shí*, and is called 虛滿 *xū mǎn*. This term would be highly confusing if it were rendered as ‘empty fullness’ or ‘emptiness fullness.’ By contrast, ‘vacuity fullness’ is acceptable, since the different words separate the abstract concepts (vacuity/repletion) and physical meanings (fullness/emptiness) as the original Chinese terms do.

This point, incidentally, highlights another very important aspect of terminological translation: terms cannot be rendered in isolation. The set of Chinese terms has to be translated into a set of English equivalents that each represent not only the concept in question but that also distinguishes it carefully from other concepts. A terminology is a system of words employed in the description of a conceptual system; it has to be translated systematically.

‘Vacuity’ and ‘repletion’ or ‘fullness’ and ‘emptiness’ are not the metaphors English speakers would normally choose to describe healthy and morbid states of the body. But there is conceptual loss if we take what I call a ‘target-oriented approach’ and replace these concepts with ones that are more familiar to readers.

Numerous other term choices can undermine the conceptual fabric of Chinese medicine. Maciocia’s treatment of terms denoting parts of the chest and abdomen⁵ provides an example of how a whole family of concepts is obscured in the translation process.

As translations from primary texts show,⁶ Chinese medicine imposes divisions on this terrain that differ to some extent from traditional Western divisions. The sides of the chest are known as the *rib-side* (脅 *xié*). The abdomen is divided into the *greater abdomen* (大腹 *dà fù*), the part above the umbilicus, and the *smaller abdomen* (小腹 *xiǎo fù*), the part below the umbilicus. A small part of

the greater abdomen immediately below the breast-bone is variously referred to as the [region] *below the heart* (心下 *xīn xià*) or the *heart [region]* (心 *xīn*). The central part of the upper abdomen is called the *stomach duct* (胃脘 *wèi guǎn*). The *lesser abdomen* (少腹 *shào fù*) usually refers to the lateral areas of the lower abdomen, but is sometimes used to mean smaller abdomen.

In Giovanni Maciocia’s *Foundations of Chinese Medicine*,⁵ the same area is described in terms of *thorax, abdomen, chest, flank, hypochondrium, epigastrium, upper part of the abdomen, lower abdomen, lower (part of) the abdomen, upper part of the abdomen just below the xiphoid process, and hypogastrium*. Maciocia’s vocabulary largely comes from Western medicine (although not used with Western medical precision), and is difficult in some places to relate to Chinese concepts.

Thorax and *chest* can be presumed to refer to one and the same thing. *Epigastrium* as an anatomical area corresponds to the *greater abdomen* of Chinese medicine, but Maciocia’s diagnostic descriptions suggest that it corresponds to the *stomach duct*. In Maciocia’s usage, *flank* obviously corresponds to the Chinese 脅 *xié* since it is said to lie under the control of the liver and gallbladder. However, this is confusing because *flank* in Western medicine refers to the side of the body between the lowest rib and the iliac crest, and Maciocia does not redefine it in the sense of 脅 *xié*. A few lines further on, however, he describes stagnation of liver *qì* as being reflected in a feeling of distension and stuffiness of the ‘hypochondrium.’ In *Practice of Chinese Medicine*,⁷ he describes *hypochondrial pain*, which is equated with the Chinese 脅痛 *xié tòng*. An illustration shows the site of the affected region to be what is called the hypochondrium in Western medicine, but this does not correspond to the region shown in a major Chinese diagnostic text⁸ or my own work.⁶

The *upper part of the abdomen just below the xiphoid process* clearly corresponds to 心下 *xīn xià*, the [region] *below the heart*, but the region is described without being given a name.

Maciocia is obviously at pains not to confront his readers with any new concepts. There is no English word corresponding to 脅 *xié*, and to convey the concept to the English reader (the area from the armpit to bottom rib), we must define it and attach a name to it, so that it can be referred to elsewhere without the definition having to be repeated each time. If we wish to avoid using a transcription, then we are left with the choice of redefining an existing term that does not normally mean the same thing, or making up a new expression. Maciocia takes the first option, but fails to provide the Chinese definition. In fact, he uses two different English words *flank* and *hypochondrium* for the single 脅 *xié*, leaving the in-

telligent reader to wonder if he means one area or two.

By rendering 心下 *xīn xià* as *upper part of the abdomen just below the xiphoid process*, Maciocia offers a description, but the absence of a name means that he has to repeat his description whenever he wants to mention the area again. The reader apparently gains clinical knowledge directly through the medium of a familiar vocabulary that he/she does not have to (and probably will not) think about. Nevertheless, this convenience is achieved at the expense of transmitting Chinese medical concepts accurately. Insistence on the use of familiar expressions as far as possible creates the impression that Chinese medicine is conceptually more familiar than it is in reality. In reality, however, the target-language reader does not receive as much information as the source-

language reader. This is because the approach chosen by Maciocia is essentially a target-oriented method that translation theorists know to be usually used for expert-to-lay communication.

Failure to standardize terms

When different translators use one and the same target-language word to render two different source-language terms, confusion can arise. The following table shows how three different translators render the terms representing the seven affects. Look how *worry* crops up in two different places in the table.

I would like to leave aside the question of which of the terms in each case is best. Languages never match in their categories, and the names of emotions are an area where each language divides reality differently. The point I am trying to make is that anyone reading Maciocia after having read Cheng might, in some contexts, think that Maciocia was talking about the emotion associated with the spleen, when in fact he means the emotion of the lung.

How does the confusion arise? The fact is that there are very few words that correspond exactly in meaning between two languages. Most languages will have words for sun, moon, rain, and snow, chicken and dog. In other realms, such as emotions and colors different languages divide the spectra in different ways. To judge by translators' choices, the English word *worry* corresponds to more than one word in Chinese. Whatever word *worry* is chosen as the equivalent of, readers are helped when the

Table 8 Comparison of renderings of affect terms

	Wiseman 1994⁹	Cheng 1987¹⁰	Maciocia 1989⁵
喜 <i>xǐ</i>	joy	joy	joy
怒 <i>nù</i>	anger	anger	anger
憂 <i>yōu</i>	anxiety	melancholy	worry
思 <i>sī</i>	thought	worry	pensiveness
悲 <i>bēi</i>	sorrow	grief	sadness
恐 <i>kǒng</i>	fear	fear	fear
驚 <i>jīng</i>	fright	fright	shock

Table 9 Renderings of pulse terms

Chinese	Porkert 1974⁴	Sivin 1987¹²	Chéng 1987¹⁰	Maciocia 1989⁵	Unschuld 1994¹¹	Wiseman 1994⁹
緩 <i>huǎn</i>	languidus	moderate	—	—	relaxed	moderate
浮 <i>fú</i>	superficialis	floating	superficial	floating	at surface	floating
沉 <i>chén</i>	mersus	sunken	deep	deep	deep	sunken
遲 <i>chí</i>	tardus	retarded	slow	slow	retarded	slow
數 <i>shuò</i>	celer	accelerated	rapid	rapid	accelerated	rapid
虛 <i>xū</i>	inanis	empty	deficiency	empty	depleted	vacuous
實 <i>shí</i>	repletus	full	excess	full	replete	replete
滑 <i>huá</i>	lubricus	smooth	rolling	slippery	smooth	slippery
澀 <i>sè</i>	asper	rough	hesitant	choppy	rough	rough
洪 <i>hóng</i>	exundans	swollen	surging	—	vast	surging
細 <i>xí</i>	minutus	small	thready	fine (thin)	fine	fine
弦 <i>xián</i>	chordalis	strung	string-taut	wiry	stringlike	stringlike
緊 <i>jǐn</i>	intentus	tense	tense	—	tense	tight
促 <i>cù</i>	agitatus	hurried	abrupt	hasty	hurried	skipping
結 <i>jié</i>	haesitans	hesitant	knotted	knotted	knotty	bound
代 <i>dài</i>	intermittens	intermittent	regularly intermittent	intermittent	intermittent	intermittent
濡 <i>rú</i>	lenis	soft	soft	weak-floating	soft	soggy
弱 <i>ruò</i>	invalidus	weak	weak	weak	weak	weak
微 <i>wēi</i>	evanescens	subtle	—	minute	feeble	faint
芤 <i>kōu</i>	cephalicus	hollow	—	—	scallion-stalk	scallion-stalk
大 <i>dà</i>	magnus	large	—	—	large	large

concept is clearly described, so that they know what technical ideas are supposed to attach to the word. This means treating *worry* as a technical term in English, and giving it a definition. Even the Chinese words for emotional states are not usually defined, the corresponding words in English have to be defined in the Chinese medical context to mean what the corresponding terms in Chinese mean. If we simply translate Chinese words familiar to most readers with English words that are familiar to most readers, we cannot guarantee that the concept will not be distorted.

The single-term pulse terms provide another illuminating example. The following table shows pulse names taken from six different sources. For each Chinese term, there are differences in the English terms used. Some translators use the same term, but there is little consistent pattern of agreement between two or more translators over the whole field. Taking the words at face value (as of course many readers do), it is possible to observe synonyms not only for different writers' equivalents of a single Chinese term, but also among different writers' equivalents for different terms. For example, *thready* in Cheng means 細 *xì*; while *stringlike* in Unschuld and Wiseman means 弦 *xián*.¹¹ The foreign student reading multiple authors might be confused by the existence of *accelerated*, *rapid*, *hurried*, and *hasty*, which in fact describe two distinct, faster-than-normal pulses (there are in fact others). Furthermore, some of the terms are untraceable in some of the sources. It would be very difficult to argue that English speakers would have nothing to gain from a standardized English terminology of Chinese medicine pegged to the Chinese.

In the preceding lecture, I pointed to the problem of Chinese medical concepts being less clearly adumbrated than those of modern sciences, and less equivocally expressed in language. Efforts to standardize terms normally only spontaneously arise in disciplines that have very precise terminologies in the modern sense. It might therefore be argued that Chinese medicine does not need any standardization.

Nevertheless, when one considers the problems in areas such as the emotions and the pulses, one realizes that a lack of standardization creates even greater terminological problems than actually exist in Chinese.

CONCLUSION

Although time has not permitted me to go into much detail, the broad lines of a tried and tested source-

oriented translation approach should now be reasonably clear. Furthermore, some of the ways in which deviation from fairly literal translation can distort concepts should now be fairly clear too.

A standardized terminology is necessary for unequivocal discourse in Chinese medicine. Until we have such a terminology, all attempts to increase the amount of information available to Western students and practitioners fail to achieve their maximum impact.

I suggest that the major reluctance to face the terminological issues posed by Chinese medicine and address the possible need for standardization of terminology stems from the fear it provokes in certain individuals.

The question of whether we translate or fabulate, and if we translate, how we translate, is not just a matter of words. It is a matter of how we conceive Chinese medicine. It is a matter of whether or not we regard China as being a repository of useful traditional experience. It is also a matter of who we are to trust as our authorities.

REFERENCES

1. Wiseman N. The translation of Chinese medical terms: a source-oriented approach. Doctoral thesis submitted to the Centre for Complementary Health, University of Exeter, to appear shortly.
2. Wiseman N. The naming of Chinese medicinals in English. www.paradigm-pubs.com, 2000.
3. Buck C. On Terminology J Chinese Med June 2000.
4. Porkert M. Theoretical foundations of Chinese medicine: systems of correspondence. Cambridge MA: M.I.T. East Asian Science Series, 3, 1978.
5. Maciocia G. Foundations of Chinese medicine. London: Churchill Livingstone, 1989.
6. Wiseman N., Féng Y. 魏迺杰、馮曄 Introduction to medical terminology: English and Chinese 英文與拉丁文醫學詞彙入門. Taipei: Hochi. 臺北, 合記, 1998.
7. Maciocia G. The practice of Chinese medicine. London: Churchill Livingstone, 1994.
8. Dèng T.-T. et al. 鄧鐵濤等 Zhōngyī Zhěnduàn xué, Gāoděng Zhōngyī Yuànxào Jiāoxué Cānkāo Cóngshū (中醫診斷學 (高等中醫院校教學參考叢書) 'Chinese Medical Diagnostics,' Advanced Chinese Medical College Reference Series). Taipei: Chihyin Publication, 1993, 臺北, 知音出版社.
9. Wiseman N., Ellis A., Zmiewski P. Fundamentals of Chinese medicine. Brookline MA: Paradigm Publications, 1985 revised 1994.
10. Cheng X.-N. Chinese acupuncture and moxibustion 中國針灸學. Běijīng: Foreign Languages Press, 1987, 北京, 外文出版社.
11. Unschuld P.U. Learn to read Chinese. Brookline MA: Paradigm Publications. 2 Volumes, 1994.
12. Sivin N. Traditional medicine in contemporary China. Ann Arbor: Center for Chinese Studies, University of Michigan, 1987.