

Translation of Chinese Medical Terms: Bensky and Colleagues' Falsification of the Issues

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In *Toward a Working Methodology for Translating Chinese Medicine*, a paper published for the American Association of Oriental Medicine (AAOM) Asian Medical Nomenclature Debate (Oct. 19, 2006, Phoenix AZ), Dan Bensky, Jason Blalack, Charles Chace, and Craig Mitchell posit the view that a plurality of English terms is beneficial to readers and that, given the polysemy of Chinese medical terms, a “flexible” and “context-sensitive” approach to term translation in which multiple equivalents are considered to be helpful to students is superior to the “rigid” “one-to-one” approach adopted by Wiseman and Féng in the terminology of *A Practical Dictionary of Chinese Medicine (PD)*.

This paper agrees that the polysemy of Chinese medical terms often requires different translations for the same term. By computer matching *PD* terms to those contained in the *Eastland Press Draft Glossary 2006* (hereafter referred to as *EG*), we found that each Chinese term has 1.24 equivalents in Eastland terminology and 1.19 in *PD* terminology. This shows that the Bensky and colleagues' characterization of *PD* terminology as rigid and one-to-one by comparison with the flexible and context-sensitive approach of the *EG* is inaccurate.

It is widely agreed that communication and transmission of knowledge is aided when a single concept is referred to consistently by a single term. We show that the current variability in the English terminology of Chinese is medicine is not beneficial to students. We show that despite the prevalence of polysemy in Chinese terms, it is nevertheless possible to approach the goal of representing concepts consistently.

This paper also addresses other arguments by Bensky and colleagues regarding the definition of what a “term” is and the size of the terminology of Chinese medicine.

The Myth of Eastland's Flexibility and Wiseman's Rigidity

Bensky and colleagues advance the view that many Chinese medical terms are polysemous, i.e., they have different meanings, and that they therefore can and should be translated in different ways in a flexible and context-sensitive approach.

I agree with this formulation. As a description of the *PD* term translation strategy, however, it is incomplete, because it fails to take account of the preservation of concepts. I will address this matter further ahead.

I first wish to contest Bensky and colleagues' characterization of their “flexible and context-sensitive” translation approach in opposition to what they call a “rigid” “one-to-one” approach, which they claim Nigel Wiseman most vocally represents. This is the message repeatedly emphasized in points 1, 2, 3, 5, and 8 (five out of nine points) of their paper.

Bensky and colleagues misrepresent my translation strategy. I have never suggested that a one-to-one translation system is possible, and none of my bilingual terms lists have attempted a one-to-one correspondence. In fact, Bensky and colleagues also misrepresent their own translation practice, because the terminology proposed in the *EG* is much closer to one-to-one than they might think.

What, objectively, is the difference in flexibility between Eastland's terminology and *PD*'s? To determine the difference, I compared the Eastland terms database with our own and calculated how many equivalents Eastland and *PD* have for each term.

The Eastland list contains 1,238 Chinese terms with Pīnyīn transliterations and English equivalents. Of these that could be computer-matched by Chinese, 308 are single-character terms and 507 are compounds. We counted the number of equivalents for these separately, for reasons we will explain shortly.

Ratio of English Equivalents to Original Terms		
Equivalents	Eastland	PD
Singles (308)	1.655	1.577
Compounds (507)	1.203	1.159
Total (905)	1.237	1.186

The results, as presented in the table above, show that each single-character term has, in rounded figures, 1.7 English equivalents in Eastland terminology and a negligibly smaller number of 1.6 in *PD* terminology.

Compound Chinese terms have fewer equivalents on average than single character terms. Each compound has 1.2 in the Eastland terminology and 1.16 in *PD* terminology.

Overall, Chinese terms (singles and compounds taken together) each have 1.24 equivalents in Eastland terminology and 1.19 in *PD* terminology.

The difference in both Eastland and *PD* terminology between ratios for singles and compounds is significant. Single words naturally tend to be more polysemous than compounds. Eastland's list is small, and the ratio of single-character terms is 1 in 65. In the *PD* database, which has over 30 times the number of terms, the ratio is roughly 1 in 10. This means that the larger a terms list is, the lower the ratio of English equivalents to original terms will be. Eastland's term choices are neither more flexible nor context-sensitive, but if they had done a more comprehensive job, they would be less so.

The results show quite clearly that the difference in numbers of equivalents between Eastland and *PD* is negligible and that ***PD terminology just as flexible and context-sensitive as Eastland's terminology.***

Bensky and colleagues have presented an untested assumption that is intended to place them in a more attractive light. This is intellectually irresponsible.

Fighting Terminological Confusion

Bensky and colleagues assert (point 4), "A plurality of English terms for a given Chinese word does not necessarily obscure its meaning. On the contrary, it has the potential for promoting a more well-rounded understanding of that word." While I don't doubt the value of

this point of view, readers should understand that it is an approach with a heavy price because it stands in opposition to the widely held view that terminological consistency aids the transmission and exchange of knowledge.

The need for terminological consistency rests on the notion that a concept is likely to be most easily identified when it is referred to by all speakers and writers by the same term. For example, 筋 *jīn*, translated by both Bensky and Wiseman as "sinew," is a structural/functional entity related to the liver. In Chinese medicine, the same term refers to other things, such as prominent veins on the abdomen (caput medusae), but when it refers to the entity related to the liver, it should always be referred to by one single term. It should always be referred to consistently by a single writer with a single term through that writer's works. Preferably, it should be referred to by all writers by the same word. Some translators, such as Xiè Zhù-Fān, inconsistently translate 筋 *jīn* as both "tendon" and "muscle." This is wrong because it leads to the disintegration of the concept for the English reader.

Educators and scholars in all academic, scientific, and technical disciplines generally recognize a simple linguistic principle: Any concept can only be recognized as such if it is consistently referred to by the same term or if synonyms in current use are expressly related to each other ("A" is also known as "X," "Y," and "Z"). If different terms are used and those terms are not expressly related to one another in the literature, then confusion will arise. Because of this, educators and scholars generally agree the exchange and transmission of knowledge is benefited if terms are standardized.

In the debate on the English equivalents of Chinese medical terms over the last few years, there has been growing recognition of the need for more standardized terminology. Chinese, Korean, and Japanese medical scholars generally agree on the need for English terminology to be standardized. Their basic insight is that concepts consistently referred to in their languages are referred to by numerous different terms in English (e.g., 虛 *xū*, as "deficiency," "vacuity," "insufficiency," "asthenia", "depletion," etc.). The growing recognition of the need for term standardization is reflected in increasing numbers of meetings sponsored by

official organizations such as the State Administration of Traditional Chinese Medicine in China, the W.H.O., and the A.A.O.M.

In the West, the need for term standardization has not been universally recognized. The authors of *PD* been the major proponents of English term standardization and have developed and tested a terminology that they propose as a standard. However, others, such as Bensky, do not see the need for standardization. Bensky and colleagues claim that plurality of equivalents helps students to understand concepts. In so doing, they fail to recognize the need for concepts to be referred to systematically. They are effectively proposing a translation methodology that that is diametrically opposed the view widely supported by educators and scholars that concepts should be referred to consistently by the same name.

We can find plenty of evidence for the confusion created by different English terminologies. Look at the following examples of differences in terminology between Eastland and *PD*.

Chinese	Eastland Term	<i>PD</i> Term
郁	constraint	depression
臣	deputy	minister
疔	deep-set toxic sore	clove sore
瘕	mobile abdominal mass	conglomeration
任脉	Penetrating Vessel	controlling vessel
小便不利	urinary difficulty	inhibited urination

Students reading Eastland and *PD* literature may not be able to associate the two equivalents in each case. They might naturally wonder if “constraint” is the same as “depression” or if “deputy” is the same as “minister.” Comparing equivalents may be useful to students, but they must know what is to be equated to what; otherwise confusion arises.

In some cases, one English word may be chosen by different translators for two different Chinese terms. For example, “wheezing” is chosen by Eastland for 喘 *chuǎn*, but by *PD* for 哮 *xiāo*. (In Chinese texts, 喘 *chuǎn* is defined as rapid breathing and failure to catch breaths; 哮 *xiāo* is described as a wheezing sound. Eastland ought to reconsider wheezing for 喘 *chuǎn*, because it is a gross error.) “Vexation”

is used by Eastland for 懊 *ào*, but by *PD* for 烦 *fán*. “Anxiety” is chosen by Eastland as one of their five different translations for 惊 *jīng*, but by *PD* for 忧 *yōu*. “Worry” is used by Maciocia as his translation of 忧 *yōu* and by Cheng as his translation of 思 *sī*. Different translations may help to reveal different aspects of concepts, but they lead to total confusion for students who don’t know Chinese and who rely on works using different English terms.

For students to be able to know if term “A” in one book is the same as term “B” in another book, they need a means of relating the two. In practical terms, the easiest way is for all writers to relate their English terms to the original Chinese terms. Where one Chinese term is consistently used to represent a given concept in Chinese literature, but is rendered with different English equivalents by different translators, the Chinese term is the only non-variable that any English terms can be related to.

Personally, I believe that students would ultimately be better served if all writers used the same terminology. It makes life much easier for students when they can find explanations of the nuances of the Chinese terms in a dictionary, rather than having to relate two or more different terminologies. Although consistency in terminology is important, we have to recognize the deep divisions over how Chinese terms should be translated. However, when English terms are pegged to the Chinese, we have a workable open standard.

Eastland is highly equivocal about the need for standardization. They are careful not to state any express opposition to it (thus avoiding a view held to be untenable by experts), preferring to say that plurality helps students understand concepts. If they really believed in plurality rather than standardization, why would they bother to issue a terms list? They never issued one for decades and the new one is barely sufficient for anyone to apply the terminology. Its release shortly after debates in the W.H.O., S.A.T.C.M., and W.F.C.M.S. strongly suggests that Eastland believes enough in standardization to wish their term choices to be considered. Eastland certainly believes that their term choices are better than anyone else’s, since they have been known to demand that text written in *PD* terminology be conformed to Eastland terminology as a condition for publication by

Eastland. Why would Eastland reject a non-Eastland terminology when it believes in plurality? How is an author to conform to Eastland terminology when Eastland has no comprehensive list of terms? Most importantly, however, since Eastland obviously thinks that it is beneficial for readers that Eastland works all conform to Eastland terminology, then why don't they say that they think it would be good if all works used a standardized terminology? One can only surmise that Eastland thinks term standardization would be a good thing if the Eastland terminology were the standard that all other writers adopted.

Eastland Fails to Preserve Concepts

An English terminology that aims to serve as a standard should be carefully constructed. It should reflect the polysemy of the Chinese terms by allowing multiple equivalents for different senses, because a different sense implies a different concept. Nevertheless, because one concept should ideally be represented by a single term, we should not allow more English translations than the number of senses. We must therefore identify the different senses clearly and give them the most accurate translation.

A database designed to facilitate maximum terminological consistency must isolate all the different senses with their English equivalents. Each different translation should be exemplified. In this way, translators know how to use each of the multiple equivalents and can apply the terminology accurately.

Eastland emphasizes the need for plurality of translations, without any concern for consistent use of terminology. As a result, its terminology has many unnecessary alternative equivalents that threaten the integrity of medical concepts.

This point is easily illustrated. For the term 冲 (衝) *chōng*, our *PD* database has three translations each reflecting a distinct sense. Each translation is exemplified by compound terms in which it appears: (1) hub (n.) as in 中冲 *zhōng chōng*, Central Hub (PC-9); (2) thoroughfare (n.) as in 冲脉 *chōng mài*, thoroughfare vessel; (3) surge, as in 头冲 *tóu chōng*, Head Surge, 气上冲心 *qì shàng chōng xīn*, qì surging up into the heart. By contrast, the Eastland list for 冲 only gives “gushes,” “flushes,” without any indication of what contexts these two different translations apply.

(In the term *chōng mài*, they translate *chōng* as penetrating).

In the Eastland Glossary, 渗 *shèn* is rendered as “leaches out,” “filters out,” “percolates,” “permeates.” However, no contexts are indicated for each of the translation and no illustrative compounds are offered. In the *PD* database, we have two equivalents for 渗 *shèn*, “percolate,” “ooze.” Examples include 渗湿 *shèn shī*, percolate dampness, 渗血 *shèn xuè*, oozing of blood. We do not deny that 渗 has other meanings in general Chinese, but two translations suffice for all Chinese medical contexts known to native Chinese clinical experts. But do Eastland's four equivalents help to students understand the concept or do they suggest that there are four concepts rather than just one?

Eastland translates 怔忡 *zhēng chōng* as “continuous palpitations,” “panicky throbbing.” Whether the two translations are offered as alternative translation applicable in any context or as context-sensitive options, no-one can tell, since no contexts are given.

The *EG* gives “dredge” and “disperse” for 疏 *shū*. This time, it does give examples: 疏肝 *shū gān*, dredges the liver; 疏风 *shū fēng*, disperses wind, and 疏郁 *shū yù*, disperses constraint. Are two translations really necessary? Are there really two separate senses? In *PD* terminology we use “course” in both contexts. The action that is applied to (constrained) liver (qì) is the same as the action applied to the constraint affecting the liver.

For 痉 *jìng*, Eastland gives “[muscular] tetany,” “spasms.” For 镇痉 *zhèn jìng*, it gives “sedates tremors.” One wonders why “tremor” is chosen here instead of “[muscular] tetany” or “spasms.”

Eastland translates 痈 *yōng* variously as “abscess,” “sore,” and “ulcer,” again with no indication as to which should be used where. When at the A.A.O.M. nomenclature debate Dan Bensky was questioned about the contexts in which the different translations applied, he said that even with his long experience in translation, it was not always clear. One wonders how anyone else is supposed to know.

For 消渴 *xiāo kě*, the *EG* offers two translations, “wasting and thirsting disorder” (disease name) and “unquenchable thirst” (symptom). It is perfectly acceptable to

translate the two senses differently, because the meanings are entirely different. The term 消渴 *xiāo kě* does not appear in the *Nèi Jīng*, although the single character 消 *xiāo* appears alone, apparently in the sense of the disease. In the works of Zhāng Zhòng-Jīng, 消渴 *xiāo kě* is used in the sense of severe thirst. This suggests that the original use of 消 in both the *Nèi Jīng* and Zhāng Zhòng-Jīng terms referred to the disappearance of ingested fluids. For this reason, we choose “dispersion-thirst” to represent both the symptom and the disease (“dissipation-thirst” might be even better). Our closer translation is less immediately transparent to the English reader, but it does enable us to explain how one term was used to mean two things and how the disease name originally may not have implicitly suggested wasting of the body. It also gives us a translation that works in cases where we might not know which meaning is intended. This is one-to-one translation, not for one-to-one’s sake, but to preserve an exact replica of Chinese medical terms in their historical perspective. While Bensky and colleagues’ argument that terms have had different meanings in history is correct, we believe that it is often valuable to readers to learn about the development of meanings of a term by choosing a single translation that can cover *all* of the senses.

Parenthetically, it might be useful to note here the advantages of very close literal translation. Eastland’s translations are largely literal, and on that I commend them. But “wasting and thirsting” disorder may be a falsification of history by not being literal enough. Term choices such as “pathogenic qi” for 邪气 *xié qì*, are geared to making Chinese concepts immediately accessible to Western readers; it fails to replicate the original moral metaphor (right and evil). Eastland’s translations of 痹 *bì* and 痿 *wēi*, strangely not included in their glossary, are equally oriented to the clinician rather than to informing the clinician about their original conception.

Interestingly, Eastland has only one translation for 胀 *zhàng*, even though, even in modern literature, it has two distinct senses: subjective feeling and objective enlargement.

The above examples, to which many more could be added, show that Bensky’s flexibility is excessive, in some cases to the point of

sloppiness. If Eastland applied more rigor in isolating different senses of words and choosing the best English translation for each sense, the already insignificant gap between Eastland’s 1.24 and *PD*’s 1.19 equivalents per Chinese term would reveal Eastland terminology as less flexible and context-sensitive than *PD*’s. To do this, Eastland would need to expand its 1,238-term glossary considerably to include all the contexts of individual characters with example compounds. The *PD* termbase has over 30 times the number of terms as the *EG*, with contexts much more clearly isolated (we are constantly improving our database in this regard).

In summary, the Eastland terminology evinces a considerable degree of unnecessary variation that in some cases threatens the integrity of concepts. By contrast, *PD* terminology by greater rigor in the choice of English terms preserves concepts more effectively, while still evincing the same degree of context-sensitivity as Eastland terminology.

What is a Term and How Large is the Term set of Chinese medicine?

Generally, East Asian scholars agree on the size of the Chinese terminology. No-one in China has, to my knowledge, ever suggested that the terms set of the *Zhōng Yī Dà Cí Diǎn*, containing over 30,000 terms, is “too large.” Terms lists that have served as basis for discussion in the debates of the World Health Organization and China’s State Administration of Traditional Chinese medicine have all been in the region of 5,000 terms. The *EG* list by contrast has less than 1,300 terms.

Bensky and colleagues argue that “if one defines terms as those unusual words that a non-medical reader would not recognize or those words that have a special meaning in medicine that is very different from the common meaning, then one ends up with a much smaller and more manageable term set.” This view is not accepted by modern terminological linguists.

A familiar word used to denote a technical concept does not guarantee that the term user will understand the concept if it is not explained. For example, the term 证 *zhèng*, variously rendered in English as “pattern” or “syndrome,” is generally used in Chinese to mean “prove/demonstrate” (verb) or “evidence” (noun). However, the usage in Chinese

medicine, though nebulous, is far more specific than the usage in the ordinary language. A lay Chinese starting to learn Chinese medicine has to learn this specific meaning. The term 神 *shén*, “spirit,” has many meanings in common Chinese, and native-Chinese-speaking students of medicine have to learn its technical meanings. The term 肝火上炎 *gān huǒ shàng yán*, “liver fire flaming upward,” is composed of everyday words, but a person who has not studied Chinese medicine is unable to guess all of its implications.

Bensky and colleagues say, “... the gloss accompanying a translated text is an expression of the presumed term set.” However, if the translator of the text paraphrases rather than translates terms and then claims the appended glossary represents the term set, s/he may be grossly falsifying what the term set is.

We presume that *EG* reflects what Bensky and colleagues believe to be the term set. However, the criteria applied for inclusion or exclusion of terms from the list are obscure. It includes a lot of familiar things and excludes things that might need explanation. The list includes 遗尿 *yí niào*, enuresis, but not 遗精 *yí jīng*, seminal emission. It includes 霍乱 *huò luàn*, sudden turmoil disorder, but not 疝气 *zhà qì*, mumps, 麻疹 *má zhěn*, measles, 乳岩 *rǔ yán*, mammary rock, 胎漏 *tāi lòu*, fetal spotting, or 白浊 *bái zhuó*, white turbidity. Mumps and measles may be considered familiar items that don’t need glossing. But mammary rock, fetal spotting, and white turbidity should be in anyone’s list. The fact is that a medical term is any expression labeling a concept used to explain normal and pathological processes in the body. No clear line can be drawn between “familiar” and “unusual.” Why the list does not include 脹 *zhàng*, when this term has two distinct connotations that no English word naturally has is baffling. Why it does not include 痿 *wěi*, (PD) “wilting,” and 痹 *bì*, (PD) impediment, is also unclear. Any useful list that helps translators to achieve consistency in the representation of concepts should be a comprehensive selection of terms. A term list should include all terms used in medicine. Quite obviously, the Eastland list is just a notepad for one or two translators. It is not a document that fully presents the translation thoughts of its authors for public scrutiny.

Bensky and colleagues say, “translating Chinese medical terms using common English words or using words requiring immediate recourse to a dictionary are both valid approaches.” They thus imply that *PD* terminology uses the latter approach. *PD* terminology uses a small number of unusual words including “precipitation,” “construction,” “glomus,” “depurative downbearing,” and a few others. However, while “focal distention” might give the impression that the reader understands the term, all the implications of 痞 *pǐ* (a term which is obscure for modern lay Chinese readers) still must be learned. Our term “glomus” alerts the reader to the fact that this is a technical concept to be understood.

Conclusion

No sound translation methodology can fail to include the principle of consistent representation of concepts, which is now increasingly recognized in the English translation of Chinese medicine. The desirability of flexible context-sensitive translation is in no way compromised by the need to ensure term consistency.

Bensky and colleagues’ arguments, (totally unsupported by any practical examples of term translations), that plurality in English terms helps readers understand and that only an unusual expression not recognized by the lay constitutes a term that needs to be glossed, fly in the face of linguistic theory and informed opinion. These arguments are advanced merely to obscure the fact that Eastland has failed to identify and pursue the correct approach to terminological management.

PD terminology rests on a sounder methodology than Eastland. Its authors espouse the universally held view that unnecessary variations in terminology should be minimized to ensure that concepts are held in tact. We recognize, as most scholars and educators do, that Chinese medicine has a large terminology. We recognize that many Chinese characters are polysemous and that different meanings can be reflected in different translations. We believe that the only way to ensure an efficient and consistent terminology is by keeping a comprehensive terms database that is constantly expanded and revised.

In contrast, Eastland’s approach simply lacks rigor. Their database is too small to be of use

to ensuring consistency in translation; its contents are arbitrary. It is flawed with unnecessary alternative terms and inconsistencies. Its terms are no more flexible or context-sensitive than *PD* terms.

Bensky and colleagues' criticism that *PD* is rigid is a falsification of the facts and their rejection of commonly accepted views about terms and standardization must be seen as an attempt to maintain face in an environment of growing scrutiny.