

Chinese Medical Dictionaries:

A Guarantee for Better Quality Literature

Abstract

The standard methodology for the translation and recording of terms is as feasible in Chinese medicine as in other fields. This presentation describes my own experience in Chinese medical translation and terminography. It explains why the standard approach has been applied so slowly in Chinese medicine and how problems in dictionary compilation created by the intellectual environment of Chinese medicine can be overcome.

Introduction

I went to Táiwān nearly 20 years ago with the purpose of learning Chinese. Wishing to learn more about Chinese culture, I engaged in the study of Chinese medicine, one of the few remaining traditional bodies of Chinese knowledge still alive. The fact that this happened to be in the process of transmission to the West allowed me the opportunity to apply the translation skills that I had gained by studying German and Spanish translation at university.

Indeed, I was able to use these skills creatively because, as soon became apparent to me, Chinese-English translation was lacking. Looking at the transmission of Chinese medicine, many of the problems regarding the transmission of Chinese medicine that I have described in the preceding papers became immediately apparent. Most of the literature available on Chinese medicine and acupuncture were “basic texts” containing the core theories of the subject. There was virtually no classical literature available. And every book seemed to express Chinese medical concepts in different words.

I started my translation work by selecting a basic but reasonably comprehensive Chinese medical primer, 中醫學基礎 *Zhōngyīxué Jīchǔ* “Fundamentals of Chinese Medicine” (1975), by the Shànghǎi College of Chinese Medicine (上海中醫學院). I began translating it as accurately as I could, with no thought of simplifying it, paraphrasing it, or biomedicizing it for the benefit of the unfamiliar English-speaking reader, but by simply trying to tell the reader what the text said.

There were of course innumerable terms for which English equivalents had to be found. In the early 1980s, there were only a couple of Chinese-English dictionaries of Chinese medicine, and these were too small to meet my needs. Existing literature in English was of little help because the equivalents they used were not pegged to the Chinese. I thus started from scratch, and I found that the best approach was usually a fairly literal translation. I was apparently instinctively applying a philological approach.

A Standard Approach

As a one-time technical translator, I was aware that technical terms had to be translated consistently. In fields where target-language terminology is established, achieving terminological

consistency is easy. When a comprehensive list of established equivalents—a standard dictionary—is available, terminology causes the translator few problems. But in a field where writers each apply different terms and do not work using published term lists, and where the few bilingual lists that do exist are hopelessly incomplete, a translator wishing to work by rational procedures is compelled to do his own terminological work as he goes. Thus I effectively had to create a terminology in the target-language to match that of the source-language.

As I established English equivalents for Chinese terms, I had to keep a record of them so that I could use them consistently. To this end, I created a computer database that could be indexed and easily accessed by Pīnyīn. I did not merely include in the database the terms I happened on in the translation process. Instead, I began by entering into the computer all the headwords of a small dictionary, the *Zhōngyī Míngcí Shùyǔ Cídiǎn* (《中醫名詞術語詞典》 “Dictionary of Chinese Medical Terms” SYCD, 1975), which contained four thousand or more terms. I then systematically translated these into English in as literal a way as possible, while consulting the definitions in the dictionary. This was a useful exercise because it gave me an overall grasp of the concepts of Chinese medicine and the way they are expressed. Furthermore, by starting with a relatively comprehensive list, I had a solid basis for building a comprehensive English terminology. By taking a global approach, I would be best equipped to avoid choosing equivalents that might otherwise have to be revised if I had started with a small set of terms and gradually expanded it. As I proceeded with the translation of the text, I was able to add to the database terms I encountered that I had not previously recorded. As I went, I often had cause to revise the translation of a given term, in which case I would have to change it throughout the text and also in the database.

The result was not only a text translated with terminological consistency, but also a bilingual list registering the choices of English equivalents that could be usefully shared by other translators. It is quite likely that no other bilingual list in the field of Chinese medicine had ever been created out of the translation process in this way. There is nothing unique about this procedure, however; I was merely following my instincts as a professional translator.

The bilingual list was first published in 1990, five years after the publication of the first book translated by it, *The Fundamentals of Chinese Medicine* (Wiseman, Ellis, & Zmiewski 1985).

I continued this procedure as I embarked on the translation of other texts. I have produced numerous translations and a second vastly improved edition of the bilingual list. After nearly 20 years, the database is still alive, still being changed and added to. A third edition of the bilingual list is to appear shortly.

In creating and updating the database, I have found that I have become increasingly convinced that if any single approach to the translation of Chinese medical terms is valid, it is a literal, source-oriented approach. From our modern standpoint at least, many Chinese medical terms are speculative, poorly defined, and have been interpreted in different ways. When the relationship between terms and concepts is not clear, we first of all have to tell our readers what is being said; we cannot substitute what we think is meant. In such cases, therefore, only a literal approach is satisfactory. I have found again and again that a revision of a term usually ends up in a more literal equivalent than before.

I would stress again that the approach applied in generating this terminology is one that is, in its general lines, approved by historians and philologists, and is also applied in the translation of modern technical terminology.

A New Challenge

When it was finally published, *The Fundamentals of Chinese Medicine* contained an introduction at the front describing the translation approach applied, as well as a substantial glossary at the back explaining terms appearing in the book. What distinguished the book from other introductions to Chinese medicine available at the time was not so much differences in the choice of English terms. Terms in East Asian medical literature varied—and still do vary—considerably from book to book. What made *Fundamentals* different was the fact that it recognized far more terms than any other book. While other books tended to present Chinese medicine as having only a handful of terms, such as the names of organs, channels, and disease-causing entities, the names of one or two diseases, and the names of diagnostic categories such as *xū* 虛 and *shí* 實 and pattern names, *Fundamentals*, by contrast, introduced a welter of terms describing symptoms, pathomechanisms, and therapeutic actions.

Fundamentals was effectively saying that Chinese medicine possessed many more technical concepts than were normally recognized by translators and writers. By implication, it was also suggesting that something had been getting lost in the transmission process.

The approach to translation it embodied posed a challenge to the community of Chinese medicine. There were different reactions. We received little feedback from other translators about the approach. Other translators who had been applying other terminologies quite naturally had qualms about my choice of terms. Every translator becomes attached to the terms he or she uses. But no translator openly expressed approval of or opposition to the notion that English terms should be related to the Chinese. No translator openly expressed approval or opposition to the highly literal translation method.

We received considerable feedback from readers about likes and dislikes as regards terms. Whenever we received an alternative suggestion, especially when it came from more than one person, we reviewed the case of the term in question again. As a result of this process, we made numerous changes to the terminology that were incorporated in the 1990 edition of the bilingual list or in the 1995 version, as well as in the revised version of *Fundamentals*.

Another reader reaction to *Fundamentals* was that many of the terms were unexplained. In the revision, we therefore added about six hundred footnotes explaining virtually every term that meant more than its face value suggested; this effectively meant explaining every Chinese term that could be found in a Chinese medical dictionary. As a result, *Fundamentals of Chinese Medicine* presents a more complex form of Chinese medicine than other English texts. *Zhōngyīxué Jīchū* was used in Tái wān as a first-year primer, but over recent years has been replaced by a book three times the size. Translated into English, the earlier version is considered an advanced text.

Westerners were used to a simpler version of Chinese medicine than the Chinese, a version that, beyond the basic doctrines of yīn-yáng and the five phases and of the organs and channels and patterns, avoided as far as possible the introduction of any terms and concepts that would be unfamiliar to students. This was particularly noticeable in the field of diagnostic and disease names, but it is to be seen in all parts of Chinese medical translation. I will say more about this further ahead.

The process of transmitting Chinese to the West was obviously deficient. For me, a central area of the deficiency was a failure among translators to realize the conceptual content of Chinese medical terms. In the second paper in this series (*Translation of Chinese Medical Terms: Not Just*

a Matter of Words), I gave examples of how a relatively clear and detailed division of the chest and abdomen can break down in the transmission process.

Quite obviously, the overall picture of East Asian medicine gained by English-speaking readers varies considerably depending on how much effort translators put into understanding Chinese terms, into representing them faithfully in English, and into explaining them so that English-speaking readers will understand them to mean the same thing as the Chinese reader understands the Chinese terms.

Dictionaries, where terms are listed and explained, potentially have an important role to play in the development of an equivalent terminology in the target-language. It is in bilingual lists that English equivalents are pegged to the Chinese, so that all translators can apply the same term choices. It is in full dictionaries that explanations of terms are given for the benefit of students and practitioners.

In the initial stages of transmission, when the target-language terminology is still in flux, normative bilingual lists offering different target-language equivalents can promote discussion about terminology and facilitate review of the various possible term choices so that a greater consensus can be reached. In Chinese medicine, exuberant efforts have been made to propose terms, but far less progress has been made as regards terminological standardization.

Over the last 20 years or more, Western translators have tended to limit their lexicographical efforts to glossaries appended to their works. Several, mostly small, bilingual dictionaries have been published in the People's Republic of China. I and my colleagues have been the only group in the West to take on the task of developing bilingual lists and full dictionaries seriously with a view to developing a comprehensive English terminology pegged to the Chinese.

Although interest in terminological issues has grown considerably, there is probably still as wide a variation in the terminology contained in lexicographical works, textbooks, and clinical literature as ever. Although the number of works applying the terminology that my colleagues and I have proposed is undergoing substantial growth following its adoption as the preferred terminology by two of the three major US publishers of Chinese medical literature (Paradigm and Blue Poppy), there is still a large amount of literature that conforms to no discernible terminological standard.

We had hoped that there might be a full open debate on the subject of terminology. Most translators have only spoken and written about translation issues in passing. The problem of terminology has been almost totally side-stepped. Translators and writers give the impression that they recognize Chinese medicine to possess a very limited number of terms. Giovanni Maciocia, in a "Note on the Translation of Chinese Medicine Terms" contained in *Foundations of Chinese Medicine*, claims to have "reviewed afresh all Chinese medical terms," and provides what he calls a "full glossary" (pp. 485–486), which contains 56 terms. Even though he has since explained that he meant only all terms contained in the book, he still allows us to conclude that he believes that the basic theory of Chinese medicine is expressed in a small number of terms.

Are there really only 50 or so terms? The Chinese certainly would not agree. Xiè Guān's 1921 *Zhōngguō Yīxué Dàcídiǎn*, 《中國醫學大詞典》, the first comprehensive dictionary of Chinese medicine, contains nearly 37,000 terms, while the 1995 *Zhōngyī Dàcídiǎn*, 《中醫大詞典》, contains nearly 32,000. How can we explain this huge difference in appreciation of the number of terms of Chinese medicine?

Well, for a start, we might assume that any English writer is likely to possess a shallower understanding of Chinese terminology than the scholars of the China Academy of Traditional Chinese Medicine, China's top research body in the field. Yet the whole question of what constitutes a technical term is not such a simple matter.

Nowadays, most scholars generally agree on what a technical term is: a term that is either (1) used by specialists and not by the lay or (2) a lay term used by specialists in a special sense. Despite this broad definition, translators of Chinese medicine have tended to underestimate the conceptual significance of a great many terms. In my understanding, there are three reasons for this: the traditional absence of medical lexicography in China; the Western expectation deriving from complementary health-care that Chinese medicine cannot possess many terms; and the sheer immensity of the task. I will explain these reasons in greater detail.

First, the traditional absence of medical lexicography in China. As I have already explained, Chinese medical terms do not have quite the same strictness of usage as terms do in modern sciences, and they do not differ in their morphological form so sharply from lay expressions as, say, English medical terms, which are often marked by their Greek and Latin obscurity. This is reflected in the fact that Chinese medicine did without Chinese medical dictionaries until the twentieth century, and the development of Chinese medical lexicography was a direct prompting from Western medicine that had newly arrived on Chinese soil.

One reason for the late birth of the Chinese medical dictionary lies in the fact that although the Chinese started making general dictionaries over two thousand years ago, it was not until the 20th century that they started producing dictionaries which included compounds among their entries. (The first dictionary containing compounds was Lù Ēr-Kuí's *Cíyuán* 辭源, "Source of Words," which was published in 1915.) And this development again was a prompt from the Western world. Right up to the 20th century, the written language of China mostly followed the classical model; the spoken language was largely neglected by scholars. The classical language was originally the written form of Old Chinese, which was more highly monosyllabic than later forms of the language. Hence in Classical Chinese, a word was essentially a single character. Characters used in the construction of medical terms were all to be found in the early dictionaries, and since the importance of compounds was not recognized, the need for a specifically medical dictionary was not recognized either.

However, as soon as the Chinese learned of the ideas of Western lexicographers, they immediately set about applying them very successfully in both general lexis and technical terminology. Chinese medicine was no exception.

Medical lexicographers of the 20th century brought to light the terminological aspect of Chinese medical literature in a way that traditional Chinese medical scholarship never did. The huge number of terms contained in the two major dictionaries cited is partially explained by the large number of main and alternative names of medicinals and acupuncture points and by the number of names of medicinal formulas (the actual total number of formulas devised and named by Chinese physicians defies count). Nevertheless, there is an immense number of general medical terms—body parts, symptom names, disease names, etc. The general terminology contained in the 1995 *Zhōngyī Dàcídiǎn* is quite representative of the terminology appearing in modern literature and the classics that are still considered important to this day.

Despite the traditional absence of medical lexicography in China, it is highly unlikely that any Chinese medical translator in the 20th century never saw a dictionary containing the fruits of

Chinese medical lexicographers. Every translator must surely have at least seen Xiè Guān's 1921 dictionary, if not also the many general Chinese medical dictionaries produced since World War II, and the specialist dictionaries on the *Nèijīng*, *Shānghánlùn*, acupuncture, warm diseases, etc. Nevertheless, dictionaries traditionally do not have the place in East Asian medical education as they do, say, in modern scientific disciplines, and for this reason may have been neglected as valuable sources of information.

A second reason why East Asian medical terminography has been neglected in the West rests on the motivation for the adoption and professional practice of Chinese medicine in the West during the latter half of the 20th century. Chinese medicine owes its popularity in the West to its being perceived as one of several alternatives to Western medicine, that is to say, to its being perceived to be different from Western medicine. As I have explained in the second paper in this series (*The Transmission of Chinese Medicine: Chop Suey or the Real Thing?*), Western adherents have projected onto East Asian medicine all sorts of traits that are absent from original East Asian forms, or are at least not as pronounced. Chinese medicine is considered to be holistic, never losing sight of the picture of the suffering individual in his or her environment. In this conception, East Asian medicine could not possibly be thought to have the kind of fastidious detail that, say, Western medicine has.

Many Westerners do not realize that East Asian medicine is based largely in book-learning. As a tradition spanning 2,000 years that still reveres the earliest extant works, Chinese medicine requires students to study a whole variety of texts, ancient and modern. Even the more recent ones abound in terms that do not occur in the everyday language, many of them ostensibly archaisms. Though Chinese medicine never developed its own tradition of lexicography, commentators have traditionally paid great importance to explaining the meanings of words.

As I showed in an earlier presentation, it is possible to discuss the chest and abdomen discarding all the traditional Chinese medical divisions, and thereby avoid the task of explaining the divisions, of establishing terms for each part, and of using these consistently in translation. The translator might well avoid this task not merely to save himself trouble, but also to make things superficially easier and more pleasant for students. Learning new physical divisions before learning the symptoms associated with each adds a new conceptual stage to the learning process that students might prefer to do without. If there is a loose vocabulary already existent in English, then it is possible to dispense with the East Asian medical technicalities. For most Westerners, Chinese medicine is a practical healing skill that involves minimal memorization: it is not like Western medicine where students are required to tediously memorize the apparently endless minutiae of anatomy, to promptly forget it afterwards! Of course, students of East Asian medicine are required to learn the channels, pathways, and points, and the therapeutic actions of medicinals. Some memorization is not avoidable. But deliberate or not, there seems to be some corner cutting in other areas, and I think this is due to the widespread perception of Chinese medicine as an alternative therapy in which book-learning is not thought to figure strongly.

A third reason is that lexicography is such a big task that we have not really had sufficient resources. For translators to keep track of their term choices so that they translate terms consistently, they have a very large additional task. For translators to be able to record Chinese terms and for publishers to be able to print them, special technology is also required. When I began creating my databases on the computer 20 years ago, the first Chinese system in Tái wān had not been available for very long. For the formal printing of the terms lists, we were counting on technology that was only just starting to be available at the time. It is difficult for publishers with no knowledge of Chinese to deal with Chinese characters. (Even in the 1990s, sinologists were

producing books that had few or no Chinese characters in them!) It was not until the advent of desk-top publishing, which placed typesetting in the author's own hands, that things became easier.

Incidentally, this brings us back to the question of linguistic access. Now that the means for printing Chinese are available, it remains to be seen whether writers and publishers will become sino-literate and make use of the resources available to encourage the students and practitioners to overcome the language barrier.

Be that as it may, the importance of terminology and lexicography in the westward transmission of Chinese medicine cannot be denied. While some translators have played down the importance of terminology, there is no actual justification for doing so. The neglect of the terminological challenge has had a highly negative effect on the proper understanding of Chinese concepts, and has forestalled the development of a reliable body of Chinese medical literature in the English language.

Full Dictionaries

Bilingual lists are designed for translators. But students with no knowledge of the Chinese language have little use for these. The kind of lexicographical work such students need is a full dictionary with definitions that explain the concepts. Most independent disciplines these days have dictionaries of this kind. And I believed that a well-conceived dictionary of Chinese medicine could provide comprehensive documentation of Chinese medical terms and concepts that would increase awareness of terminological problems and thereby contribute to the development of a rational English terminology pegged to the source-language. I began the task over ten years ago. It did not prove to be as easy a task as I naively expected in the beginning. I started the task by selecting a thousand or so terms collected from *Fundamentals of Chinese Medicine*. Instinctively taking modern technical dictionaries (such as Western medical dictionaries) as my model, I started to fill in the definitions of the terms. That, after all, is what Dorland's or Churchill's dictionaries contain—terms with their definitions.

As the work progressed, I started to worry that I was going to end up with something very much like the other few English dictionaries of Chinese medicine, all of which I knew to be commercial failures. Why the other dictionaries did not sell was simply, as customers had reported to Redwing Books in Brookline, Massachusetts, that they contained nothing of clinical value. As I have said, Chinese medical students are mostly only interested in clinical information, and they have never been encouraged to see Chinese medicine as a set of healing procedures supported by a complex body of knowledge whose acquisition can be made easier by such things as reference works and dictionaries.

The point of a dictionary containing terms and their definitions is to make people aware of the concepts in question. But this is not in itself enough to attract the interest of readers. To make the dictionary relevant to practicing and student clinicians of Chinese medicine, we had to include a large amount of clinical information.

This was a departure from the model established by Western medical lexicography, but the idea was by no means a new one. As Chinese medical lexicography advanced in the 1980s, it started to provide clinical information in addition to definitions. In particular, it provided detailed symptoms, pattern types, and treatments for diseases. I think the reason for this was not because Chinese readers used dictionaries as a source of clinical information, but rather that the clinical information helped the understanding of the concepts. If a pathological condition, for example, cannot be

defined with sufficient clarity, readers are helped if they know how it can be successfully treated (what medicinals are used, etc.). This problem is well known in Chinese medicine. Scholars studying *Shāng Hán Lùn* (“On Cold Damage”), for example, have traditionally had to rely on the contents of a treatment to work out the nature of the condition it was supposed to treat (Mitchell, Féng, & Wiseman, 1999, Introduction).

Following this model, we began adding symptoms, pattern types, and treatments for diseases. And this brought us to another problem. By far the easiest method of creating a dictionary was to work from Chinese dictionaries. For much of the work, that is what we did. We compared the definitions and clinical information of different dictionaries, and worked out from that what we were to put in our own text. Nevertheless, in Chinese-language dictionaries treatments are virtually all medicinal rather than acupuncture treatments. As people in the West have only recently fully comprehended, “Chinese medicine” in China is principally treatment by medicinal therapy, while acupuncture has only minor status. It turned into a major task for my colleague at China Medical College, Dr. Féng Yè, to search through a host of acupuncture books to find acupuncture treatments for all the diseases in question.

A yet greater problem lay in the absence of linguistic access and the terminological chaos among English-speakers. The whole point of *A Practical Dictionary* was to draw attention to the fact that Chinese medicine is a complex body of concepts represented by an equally if not more complex array of terms. And that need of course arose out of the fact that Westerners did not share our conception of Chinese medicine, and out of the fact that terminological chaos prevails in English expression. How were we to present the entries of the dictionary when not only many of the terms were unfamiliar to Western readers, but also many of the concepts too? There are basically two methods of ordering entries in a dictionary. One is by theme, that is, presenting related concepts together in groups. The other is some sort of linguistic order. In English that means alphabetical order; in Chinese it means stroke order.

In many areas, Chinese medical concepts do not form a neat structure, and sometimes they are not clearly defined. Sometimes, as in diagnostic terminology, it is difficult to tell how synonymous two given terms are. For this reason, the thematic ordering of terms would often be quite difficult.

By contrast, alphabetical order is straightforward because it is essentially mechanical. The problem with alphabetical order is that it can only be used where people are familiar with the terms. In conditions of terminological chaos, a student wishing to look up any given English term takes pot luck, because the concept the term represents may not be explained under the same English term in the dictionary.

Despite this problem, Chinese medical terms are to a very large extent built up out of a relatively small number of kernel concepts: yīn, yáng, qì, liver, heart, spleen, lung, kidney; wind, cold, summerheat, dampness, dryness, and fire, etc. These core terms are relatively standardized, and so grouping them together made quite a lot of sense.

Alphabetical order is not ideal, though, since there are still numerous terms that do not begin with core-words. We tried to compensate for this by including a large amount of cross-referencing between entries. Under eye, for example, we included lists of eye symptoms and eye diseases that the reader could pursue (see the lists below).

Parts of the Eye

five wheels (*wǔ lún*)

eight ramparts (*bā kuò*)

canthus (*zì*)

eyelid (*yǎn jiǎn*)

eyelid rim (*yǎn xián*)

eye nest (*mù kē*)

iris (*jīng lián*)

dark of the eye (*hēi jīng*)

white of the eye (*bái jīng*)

pupil spirit (*tóng shén*)

spirit jelly (*shén gāo*)

eye tie (*yǎn xì*)

Eye Signs

clouded vision (*mù hūn*)

flowery vision (*mù huā*)

dry eyes (*mù gān sè*)

eye pain (*mù tòng*)

eye discharge (*yǎn chī*)

itchy eyes (*mù yǎng*)

aversion to light (*wù guāng xiū míng*)

yellowing of the eyes (*mù huáng*)

tearing on exposure to wind (*yíng fēng liú lèi*)

Eye Diseases

ulceration of the eyelid rim (*yǎn xián chì làn*)

sty (*zhēn yǎn*)

peppercorn sore (*jiāo chuāng*)

millet sores (*sù chuāng*)

phlegm node of the eyelid (*yǎn bāo tán hé*)

ingrown eyelash (*quán máo dǎo jié*)

upper eyelid droop (*shàng bāo xià chuí*)

wind-fire eye (*fēng huǒ yǎn*)

excrescence creeping over the eye (*nǚ ròu pān jīng*)

fire gan (*huǒ gān*)

blood flying to the eye (*mù fēi xuè*)

eye screen (*mù yì*)

external obstruction (*wài zhàng*)

internal obstruction (*nèi zhàng*)

green-blue wind internal obstruction (*qīng fēng nèi zhàng*)

red aureola surrounding the dark of the eye (*wū lún chì yūn*)

red vessels invading the eye (*chì mài qīn jīng*)

red blood threads (*hóng chì xuè sī*)

tangled red thread-like vessels (*chì sī qiú mài*)

clear-eye blindness (*qīng máng*)

sudden blindness (*bào máng*)

night blindness (*yè máng*)

nearsightedness (*néng jìn qiè yuǎn*)

farsightedness (*néng yuǎn qiè jìn*)

murky eye obstruction (*hùn jīng zhàng*)

child eye gan (*xiǎo ér gān yǎn*)

The work of cross-referencing took an immense amount of time, and had to be continually checked, especially when entries were added and in some cases deleted in the process of building the dictionary. It was worth it, though, because it helped to make the information much more accessible.

Providing clinically relevant information for as many concepts as possible turned into a mammoth task that took ten years to complete. The result was not only a dictionary, but a book that probably contains a large amount of information that has never appeared in English textbooks and clinical manuals before. The clinical information explains why it has been such an immensely successful book. Sales are far higher than that of any other Chinese medical dictionary, and far higher than we had ever thought possible.

As I said, the idea of including copious clinical information in a dictionary is to place a carrot before the donkey, a deliberate act of coaxing an unwilling readership to pay attention to the question of terminology. The wager was a large one, but I think it was won. It is testing fate to spend 10 years working on a dictionary that fills nearly a thousand pages, and expect readers who traditionally do not buy dictionaries to be interested in the product, especially when the publisher prices it at \$US125. Yet it paid off, not so much in monetary terms as in being as successful as we could have ever hoped.

It is increasingly difficult for people to say that Chinese medicine only has a handful of terms. It is simply not true. One fundamental and paramount reason why the terminological issue is played down is that it takes considerable effort to address it justly.

It is quite noteworthy that most of the bilingual dictionaries are the work of PRC authors; only three have been produced in the English-speaking recipient community, all of them by one person (myself and colleagues). The distribution of lexicographical effort between China and the West stands in stark contrast to the fact that the best-selling English-language literature is largely of Western authorship. It would seem that the Chinese seem to be much more aware of the importance of the role of lexicography than Westerners. The efforts of the Chinese undoubtedly springs from their greater awareness (gained through the large-scale adoption of scientific and technical knowledge from the West) of the role of language in the transmission of knowledge. Westerners, on the other hand, have, to a large extent, failed to see Chinese medicine as the product of a foreign culture whose adoption requires mastery of the linguistic key.

Nevertheless, the Chinese have failed to produce dictionaries that meet Western needs. In fact, there is evidence to suggest that their dictionaries are directed toward Chinese readers rather than English readers. Four of the English dictionaries produced in the PRC, the *Chinese-English Medical Dictionary*, the *Word-Ocean Dictionary* (1995), the *Illustrated Dictionary of Chinese Acupuncture* (1978), and the *Chinese-English Terminology of Traditional Chinese Medicine* (1983) adopt the “mirror-translation” format, i.e., the text for each entry is given in Chinese with an English translation. Despite their potential use for English-language readers with little or no knowledge of Chinese, this has not been fully realized by the inclusion of an English index. The tendency to address bilinguals (or the Chinese rather than the Western reader) may reflect a belief among English-language lexicographers that, at the current state of transmission at least, dictionaries of Chinese medicine have little utility for the reader unfamiliar with Chinese. Not surprisingly, these works have not sold well in the West (Felt, personal communication 1999).

Future Prospects

Our work of dictionary-making is by no means complete. When working on *Fundamentals of Chinese Medicine*, I not only created a database to record my chosen equivalents for general Chinese medical terms, I also began creating databases for acupuncture points, medicinals, and formulas. The contents of the acupuncture points database has been published as part of *Fundamentals of Chinese Acupuncture* (Wiseman, Ellis, & Boss 1989). Information from the

medicinals and formulas databases has been published (Wiseman 1995a, 1995b), but the databases as a whole are still awaiting completion.

These databases would probably have already been set between covers had we not been working during a time when book production is undergoing one of its greatest revolutions: the move from paper to electronic media. This is not just a change in medium. The possibilities for accessing and manipulating electronic data are much greater than those offered by the conventional paper format, but these can only be achieved by appropriate formatting of data.

We nevertheless hope within the next few years to be able to publish a full electronic database system including general terms, medicinals, formulas, and point names. Such a database would, in a single CD package, meet the needs of translators, students, practitioners, and researchers.

This database, we hope, will provide further impetus to the standardization of terminology. The accessing features of the electronic format will demonstrate the need for terminological management in much larger dimensions, since the accuracy of information retrieval depends on whether the user is familiar with the terminology in which the data is expressed.

Conclusion

There is no doubt that the creation of bilingual lists and dictionaries is useful to the transmission of Chinese medicine. Works dealing with terms help people to understand terms, use them correctly, and apply them consistently.

Bilingual lists are the only means by which translators propose equivalents for a comprehensive term-set to the community. They are the only means by which any translator can apply any given terminology and a publisher can incorporate a given terminology into a house stylebook. Hence, they are indispensable to the ultimate goal of standardization. No unpublished list can ever become a standard. The alternative to a published list is terminological chaos.

Full dictionaries enable students to identify East Asian medical concepts that tend to get partially lost in the terminological variation which characterizes the current body of literature. If a term denotes an East Asian medical concept, the concept should be traceable in a good dictionary under some name. Full dictionaries also help students to understand more about Chinese medical concepts, and hence they provide a complement to the literature. Encyclopedic dictionaries, in addition to the above advantages, also provide useful clinical information that once again complements the literature.

Because East Asian medical dictionaries deal with East Asian medical terms and concepts, and aim to relate English terms to the Chinese source-terms, the value accorded to such dictionaries and hence the success with which they can perform their function is dependent upon the recipient culture's sensitivity to the notion that Chinese medicine is an imported product and to the notion that linguistic access is important.

Although dictionaries of East Asian medicine did not appear until the modern era, they are nevertheless useful adjuncts to study and are virtually indispensable for any concerted transmission effort. Our experience has shown that a well conceived dictionary can also effectively attract deserved attention to the question of terminology in a way that other kinds of literature cannot.

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