

COMP Discussion 2000

By: Nigel Wiseman

Department of Traditional Chinese Medicine, Chang Gung University,
259 Wenhua 1st Road, Guishan, Taoyuan County, Taiwan.

Correspondence to: Author, above.

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Council of Oriental Medical Publishers Designation: Original Work.

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Abstract

The Council of Oriental Medical Publishers (C.O.M.P) is an agreement between publishers to include in front matter a designation intended to inform readers if a book is compiled from Oriental sources or other sources including the writer's own thoughts and experience. The present paper describes the background of the Council, evaluates its success, and suggests improvements.

Keywords: Council of Oriental Medical Publishers (C.O.M.P); book designations

Introduction

The Council of Oriental Medical Publishers (C.O.M.P.) is a multi-party agreement whereby each publication includes within the front matter a designation intended to inform users of the origin and nature of the information contained in the book or article, notably whether the work is translated, compiled from Oriental sources, or is the product of the writer's understanding and experience, and whether or not it applies a published terminology by which its concepts can be cross-referenced to the work of others.

The first version of the Council of Oriental Medical Publishers guidelines was prepared and distributed in 1995 with revisions in 1997. Bob Flaws and Honora Wolf of Blue Poppy Press sponsored a meeting to which U.S.-based writers and publishers were invited. In addition to Bob and Honora, those attending included: Miki Shima, who is published by Blue Poppy Press, Chip Chace, who has written for both Blue Poppy Press and Paradigm Publications, Andy Ellis and Stephen Birch, whose books were published by Paradigm, Bob Felt, owner of Paradigm, James Ramholz from the Oriental Medical Journal, Nissi Wang, an editor for Eastland Press, Dan Bensky, an Eastland Press writer and principal, and Jake Fratkin, a Shaya Publications writer and principal.

The present meeting is being held, on the one hand, to inform people about the aims and nature of the C.O.M.P. convention and encourage others to join, and on the other hand, to evaluate convention's success and consider additional topics including amendments to the C.O.M.P. designations to make them clearer and more useful for readers.

Why the need for COMP?

The development of Oriental medicine in the West has been afflicted by certain difficulties. Although Chinese medicine has flourished on Western soil during the last decades, there are many aspects of the information delivery system for Oriental medical that are unsatisfactory. Two crucial problems are the failure to preserve the authenticity of traditional Oriental medical thought and the failure to address the need for verifiability.

Oriental medicine comes from the Orient, and reliable information about the various forms of Oriental medicine that are practiced in China, Korea, Japan, and other parts of East Asia would, and in theory should, be delivered to the West by acts of translation. In practice, this is not entirely what has occurred. Much of the available English-language literature is not translated from Oriental languages. A few people have taken the trouble to gain linguistic access to primary sources and

have engaged in translation, but most people do not identify language-learning as a worthwhile means of gaining access to Oriental knowledge.

The reluctance to meet the linguistic challenge is very much apparent in the history of the Western adoption of Chinese medicine. In the early stages of the acupuncture boom, Westerners would study with Oriental teachers, relying for communication on the bilingual skills of the latter (which were rarely adequate to the task). These Oriental teachers' notes have become part of the Western body of Oriental medical knowledge. Rather than learning Chinese, English speakers have sought to deepen their understanding by reading literature in other, more familiar languages, notably French. Soulie de Morant, Chamfrault, and Nguyen Van Ngi have been important sources of information for English speakers. More recently, as English-speakers have taken the lead in the adoption of Chinese medicine, English works have also become important sources of information for people outside the English-speaking world.

It is quite reasonable to suppose that Orientals know more about Oriental medicine than do Westerners. Every Oriental student has a whole heritage of literature to learn from. Clearly, the Western community of Oriental medicine would have much to gain if more people (particularly teachers in medical colleges) were to learn Oriental languages, and if more translation from primary sources were available. While in any other field of learning, it is normal for writers to have a broad knowledge of the literature of the field, in Oriental medicine it is quite acceptable for people to publish their own thoughts and insights even if they do not have access to the source literature through one of the Asian languages.

Quite obviously, Western adherents of Oriental medicine do not consider the benefits of access to primary Oriental knowledge to be worth the effort required to learn a foreign language. In other words, either they do not believe the Orient has enough to teach them or that what it has to teach is worth the effort of language acquisition. In actuality, it may well be a bit of both. Chinese and Japanese are considered to be difficult to learn. This is not entirely without reason since the Chinese script, which both use, takes a considerable effort to master. But the difficulties of language-learning, especially for the specific purpose of gaining access to one particular field of knowledge, are broadly exaggerated. But probably what discourages Westerners from learning Oriental languages is the belief that one would have little to gain by doing so. This belief rests on the assumption that Chinese medicine has already fully arrived in the West and that what one's teachers and textbooks offer everything that is worth knowing about Chinese medicine. This belief is strengthened by the lack of linguistic access, since people never know how much more there is to be learned from the Orient until they can read Oriental

literature and converse with Oriental clinicians. It is also strengthened by the difficulty in Chinese medicine of objectively assessing the efficacy of treatment and the proficiency of practitioners. While the success of the transfer of, say, aeronautic technology from the West to the East could be tested by the ability of Orientals to build and fly aircraft, there is no such clear-cut test for Chinese medicine.

A much more insidious force at work is the belief that Chinese medicine as it exists in the Orient has to be reinterpreted or even adapted to suit the needs of Westerners. Both Western medicine and ideas relating to alternative medicine have influenced the transmission process. Modern Western medicine is an extremely powerful medicine based on the methods of science. It has become the official and only authoritative medicine in every country in the world, including every East Asian nation, and it is the first choice for medical care where it can be afforded. It has displaced Chinese medicine as the mainstream medicine in China and the other countries of the Far East. Although Chinese medicine continues to flourish in the Orient, the influence of Western medicine in its development over the last 50 years is very much apparent (one has only to think of the explanation and treatment of stroke or jaundice for undeniable examples). Orientals thus now share with many Westerners the belief that if Chinese medicine is worthy of preservation only if its therapeutic interventions are explicable in scientific terms and, possibly even only if integrated with modern medicine. This belief has influenced the selection of elements of Chinese medicine to be transmitted to the West and the description of traditional Chinese medical concepts.

In the West, however, Chinese medicine has been adopted largely because it is perceived as an alternative medicine. Chinese medicine has gained popularity in those growing segments of Western society that are dissatisfied with the increasing specialization and depersonalization of Western medicine and its invasive treatments. Alternative medical expectations of Chinese medicine have generally given rise to a distinctive style of practice in which patients receive considerable personal attention in long consultations. These expectations have also given rise to highly distinctive versions of Chinese medicine. A typical example is the version developed by Worsely and more recently by Beinfield & Korngold that selects and develops the five-phase theory vis-a-vis the psychic elements of Chinese medicine.

Many people also believe that it is necessary for Oriental medicine to undergo adaptation to Western circumstances. Although Oriental medicine does not have the same method of testing the efficacy of treatments, the Oriental traditions are comprised of remedies that have often been tried and tested by centuries of experience. No recent adaptations of Oriental medicine can lay claim to such sound experience. But the borderline line between what is Oriental and what is adapted is not drawn

clearly enough by writers. C.O.M.P. subscribers believe that readers have the right to proper product labeling that makes this distinction clear.

The English terminology of Chinese medicine reflects in particular the influence of Western medicine. Since Western medicine has its own language for describing the human body and the illnesses that afflict it, Western medical terms have often been chosen to represent traditional Chinese concepts. Even though Chinese medicine maps the territory of health and sickness in ways different from Western medicine, Western medical terms avoid the problem of coining new terms for Chinese concepts. This tendency is particularly prevalent among P.R.C. translators, who, for example, have suggested *huo xue* (lit. "quicken/enliven the blood") be translated as "promote blood circulation" or *qin feng* (lit. "invading wind") as "blepharoptosis." The commonly used term *sedate* is a classic, and happily rare, example a poorly chosen equivalent that obscures a Chinese concept completely. The general lack of linguistic access to primary Oriental literature has allowed these problems of translation to be virtually ignored for thirty years.

The lack of standardization in English terminology continues to hamper the acquisition of Oriental medical knowledge. English-language literature evinces a high degree of terminological variability. When different terms are used for the same original concept---and when one and the same term is used by different writers for distinct concepts---the conceptual fabric of Oriental medicine is not held fully in tact.

At the present time, only those who have access to primary Oriental texts have any clear picture of what comes from the Oriental traditions and what is the product of Western interpretation and invention. The work of Felix Mann, Manfred Porkert, Soulie de Morant, and Beinfield & Korngold all describe Chinese medicine, but the content and terminology differ so greatly that it is not surprising that many feel each is dealing with different subjects and that the discrepancies between them represent either an Oriental medicine that tolerates a vast variability or that these versions represent a conflict among competing 'truths.' The fact is that too much personal interpretation and not enough raw Oriental medicine has reached the West, and too little attention has been paid to developing a unified English terminology that faithfully reflects traditional Oriental concepts.

Aims of COMP

What C.O.M.P. aims to do is to try to tell readers what comes from Oriental sources and what is interpretation, and inform them how closely writers' terminology has been designed to reflect the original concepts and thus how accurate references to other writers can possibly be. Thus, it aims to increase readers' awareness of the problems of knowledge transmission and enhance their understanding of Oriental

medicine by giving them the information needed to accurately select what they believe best addresses their needs. Further, because books in particular and writing in general are commercial products aimed in part at a marketplace of booksellers and buyers who are not well versed in the matter, the C.O.M.P. designations provide an identity that will help distinguish works of knowledge transmission in an increasingly populated market.

Such a convention is helpful in Chinese medicine because the transmission of an ancient body of knowledge from a distant and poorly understood culture is subject to too much distortion through the biases of recipients. It is interesting to note that in the transmission of Western scientific knowledge (including Western medicine) beyond the West, distortion of this kind has been virtually absent simply because Western scientific knowledge, by the stringency and comprehensiveness of its standards, is so powerful that it has all but completely eclipsed indigenous ideas in the recipient cultures. The westward transmission of Oriental medicine goes against the current flow of knowledge (West to East), and incurs distortion through the assertiveness of the recipient culture. C.O.M.P. aims to describe the sources and means of production to the recipient culture such that the context and source, selection and interpretation of information can be effectively understood.

It is important to understand the aims of C.O.M.P. While it is clear that current C.O.M.P. subscribers are largely those who believe that the greatest area for the development of Chinese medicine in the West lies in making information translated and compiled from primary Oriental sources available, those who wish to present either their personal understanding or clinical experience in Chinese medicine, or the findings of their scientific research, should also consider the advantages of participation. All that C.O.M.P. designations can ever do is to make users aware of the sources of information. Readers not only have the right to know why something is believed to be true but writers' have a need to distinguish their works. Someone who asserts that their knowledge is worth the attention of others can only be advantaged by labeling that information as their own. Those who believe their research has produced valuable information can only be pleased to describe their research.

Although Blue Poppy Press and Paradigm Publications, both of whom actively use the terminology researched and developed by myself and my colleagues, have provided most of the generative energy, C.O.M.P. is only concerned with terminology as regards labeling works as to whether they apply a published terminology. C.O.M.P.'s aim as regards terminology is simply to label the different approaches to translation and terminological variation. Again, this is inherently and permanently neutral because both those who believe that rigorously-defined terminologies are

necessary, and those who believe these approaches are undesirable, will see an advantage is labeling their works.

Evaluation of COMP

Implementation of the C.O.M.P. agreement by publishers has been as follows: Among those who attended the first discussions Eastland Press has not applied C.O.M.P. designations to any of their works. The other parties to the first discussions generally have included COMP designation in their publications. Churchill Livingstone, who was not represented at the original C.O.M.P. discussion, has included C.O.M.P. designations in certain works and for the periodic publication *Clinical Acupuncture and Oriental Medicine Journal*. Individual writers have also joined in using C.O.M.P. designations.

The response from users is more difficult to evaluate. Without a formal questionnaire-based study, it is difficult to tell whether C.O.M.P. designations have been understood by and helped readers. Since the issues that C.O.M.P. addresses are now frequently the subject of discussion in journals and on websites, the forces affecting opinion trends can be seen but not evaluated as to effect. Consequently, any evaluation can be made only on a subjective basis.

Among the participants in C.O.M.P., there has been considerable reflection on the designation categories. My own thoughts on the matter are as follows.

Proposed Designation Amendments

C.O.M.P. does not actually lay down permanently fixed designations. Those who subscribe to C.O.M.P. agree that information products should contain an indication that informs readers of the origin of the text. Authors and publisher are free to decide how they label their products. Nevertheless, COMP suggests a number of designation categories: Original Document; Functional Translation/Compilation, Connotative Translation/Compilation, Denotative Translation./Compilation.

There are several problems with these designations:

- a) The distinction between a functional translation of a single text and a compilation from multiple texts is unnecessary. Normally, a translation follows the source text sentence by sentence. Any major deviation from this can be categorized as a compilation of information from a single text. The distinction between a compilation of information from a single text and one from multiple texts does not help readers.
- b) The distinction between a denotative and connotative translation is unclear. Linguists to my knowledge do not describe translations in these terms. The normal terms are literal/free or source-oriented/target-oriented.

- c) The categorization of any terminology by the nature of its selection (literal/free etc.) is inadequate. Terminology poses two primary issues. One is the need for a terminology that reflects Chinese medical concepts accurately (in our opinion, this is a source-oriented terminology). The other is the need for term standardization and cross-referencing which can be achieved only when all writers either agree to apply a terminology that is freely available (i.e., available in a published list). Certain published terminologies (e.g., that contained in the *Yixue Dacidian* published by the People's Medical Publishing) are actually hybrids of source and target orientation. Furthermore, published terminologies vary considerably in comprehensiveness. Thus readers do not merely need to know how terms are translated, they also need to be told whether the terminology applied in a given work has been published, and if so whether that terminology is generally source-oriented or target oriented, and how large (and hence how comprehensive) it may be. Size may be of greater importance than at first meets the eye. A book that applies a published terminology classed as source-oriented could barely be classed as source-oriented translation or compilation from primary sources if the published terminology is very small, since readers do not know how terms not appearing in the list have been translated (consistently or not; source-orientedly or not).
- d) It is possible for an Original Document to apply a published terminology consistently. It is also possible for translated text not to apply a published terminology consistently. Therefore, it seems logical to separate the relationship of the English text any original Oriental text/s from the semantic relationship between target terms and source terms.

In view of these considerations, we suggest a separation of the textual categories from terminological categories, and a renaming of the terminological categories.

Textual Categories

1. Original Document: Personal understanding or experience.
2. Textual translation: A partial or full translation of an existing Oriental text, with or without notes and commentaries marked as such. Examples of this are Unschuld's *Nan-Ching* and Mitchell, Feng, and Wiseman's *Shang Han Lun (on Cold Damage)*.
3. Compilation from a primary source/sources: A text created in reference to Oriental sources. Example: Wiseman and Feng's *Practical Dictionary of Chinese Medicine*.
4. Hybrid: Any mixture of the first three items.

Terminological Categories

1. Application of published terminology: Indication of publication and number of terms contained in it, and general method of translation of listed terms.
2. Application of no published terminology.

Examples of book designations according to the proposed amendments:

1. *Fundamentals of Chinese Medicine* (Revised Edition) by Wiseman & Ellis: Textual translation with added footnotes, appendix of medicinals, and glossary Wiseman 1995 (source-oriented, approximately 25,000 terms).
2. *A Practical Dictionary of Chinese Medicine* by Wiseman & Feng. Compilation from primary sources; terminology Wiseman 1995 (source-oriented, approximately 25,000).
3. *Understanding Chinese Medicine* by Birch & Felt: Original document; terminology largely Wiseman (source-oriented, 25,000).
4. *Between Heaven and Earth: A Guide to Chinese Medicine* by Beinfield and Korngold: Original Document.
5. *Foundations of Chinese Medicine* by Maciocia. Compilation from primary sources/Original Document; terminology book-end glossary (56 terms).

Note that many of the examples above are from my own work and from authors I am in personal contact with. It is very difficult to give COMP designations to other people's work. This is precisely why COMP is necessary.

Another change I would propose is that each book containing COMP designations should have a brief explanation of the aims of the Convention to enable readers to understand the significance of the designations and promote awareness of the goal of COMP. To this end, it would also be useful to include example designations.

Conclusion

COMP theoretically has a potential role to play in informing readers about the contents of books. The Convention has been applied by three major publishers for the past five years or more. Yet we still do not know how useful it has been for readers. I believe that the designations can be improved and that more should be done to inform readers of COMP aims.