STRATEGIES AND TACTICS OF RENDERING THE MEDICAL AND TERMINOLOGICAL COMPONENT OF A HYBRID FICTIONAL TEXT (BASED ON “THE SURGEON” BY TESS GERRITSEN AND ITS UKRAINIAN TRANSLATION BY NATALIA HOIN)

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Summary. The paper considers the strategies and tactics of rendering the medical and terminological component of a hybrid fictional text (based on “The Surgeon” by Tess Gerritsen and its Ukrainian translation by Natalia Hoin). Terminology has long been considered a hallmark of scientific and technical texts, but today we are witnessing the development of a more diverse discourse typology. Thus, fiction combines hitherto demarcated forms of discourse and produces “hybrid texts,” in which the genre and style dominant is partially changing, the demographics of the recipient audience are expanding, the professions of readers are no longer limited to the medical field.

Keywords: hybrid text, commercialization, idealized recipient, terminological variability.

Medical terminology is considered one of the oldest specialized terminologies in the world. Terminology a linguistic discipline that studies, analyses, and describes a specialized area of lexis. Medical terminology was studied from various aspects, for example, historical — “the Greek-Latin core of medical terminology is the result of the historical development of medicine as a science” [2], and most linguists accepted the statement of O. Jespersen that modern science largely borrowed from Latin and Greek to create compound and derived words [7]: etymological — one that explains the origin and development of terms; morphological — one that explains how with the help of prefixes and suffixes (added to the roots of words) it is possible to obtain
different meanings of the word; **semantic** — one that studies changes in meaning, which are as common as changes in form. Like the latter, they can be internally or externally motivated. Changes at the semantic level consist in expanding or narrowing the meaning, and changes at the **syntactic** level are marked by frequent nominalization.

The medical language used by specialists in professional communication is characterized by the widespread use of specialized vocabulary consisting of several layers: **technical vocabulary**, i.e., Latin and English medical terms used in anatomical descriptions, scientific reports (for example, acne vulgaris; tetanus; опістотонус; диарея); **semi-technical vocabulary**, i.e., language used in communication between doctors (for example, акне; skin eruption; трізм); **non-technical** (spoken) vocabulary, i.e., medical English, which is sometimes used by doctors in communication with patients without medical education (прищі; червоні плями; висип; lockjaw; the runs) [3].

Of the 120 analyzed terms taken from the original, **24 (20%)** terms make up technical vocabulary, namely: rohypnol, hematocrit, hepatic pedicle, disseminated intravascular coagulation, Maylard incision, lesser omentum, sternum [4]. **73 (60.8%)** terms belong to the group of semi-technical vocabulary — it has a universal, broad scope, but is understood only by a person with medical education: heparin infusion, scrub nurse, coag studies, o neg and fresh frozen, hit-and-run, let’s shock him, bowel sounds, write the orders [4]. Only **23 (19.2%)** terms fall under the scope of non-technical vocabulary: nausea, corpse, muscle, head injury, gurney, body fluids, bruising, odor, wounds, slash [4]. From this sample analysis, it may be concluded that the author’s target audience is limited to the specialists or subjects knowledgeable about the medical field.

If we consider the selected vocabulary in the translation of Natalia Hoin, only **9 (7.5%)** of the 24 terms remain within the first group, while an explanation in the form of a footnote accompanies two terms. The terms “hepatic pedicle, carotid artery, laryngeal cartilage, lesser omentum, sternum” are presented in translation, respectively: гліссонова ніжка, сонна артерія, гортанний хрящ, малий сальник, груди [5]. We may conclude that Natalia Hoin decided to render the sense of the original terms as understandably as possible, and either replaced them with the Ukrainian direct equivalents, or added an explanation in the form of a footnote. The second group (semi-technical vocabulary) accounted for **60-50%** of 73 remaining terms. The terms “coag studies, hit-and-run, stat results, lower abdomen, transverse cut, abdomen’s distended” [4] in translation shed their mystery due to the disappearance of terminological component: результати, збила машина, результати аналізів, нижня частина живота, поперечний розріз, живіт роздутий [5]. Again, we understand that the translator expands the circle of target audience, explaining the terms that the author decided to leave uninterpreted. Thus, compared to the original, the third group — non-technical vocabulary — increases to **51 (42.5%)**; a noticeable increase by **18 terms (23.3%)**.

Among 120 terms of the original, there are **3 medical eponyms**: Maylard incision, Ringer lactate, Pringle maneuver — розріз Майларда, лактат Рінгера, прийом Прінгла. All three eponyms are preserved in translation; it is only to point out that a footnote has been added to the latter two. Of 7 medical terms present as
abbreviations in the original, none are reproduced in the same way in the translation: O.R., PVC, STAT, CPR — операційна, екстрасистолія, негайно, серцево-легенева реанімація, respectively. It is noteworthy that the abbreviation DIC [4] in translation is reproduced as ДВС-синдром [5]. The original abbreviation is deciphered as “disseminated intravascular coagulation”, while the Ukrainian counterpart is “дисеміноване внутрішньосудинне згортання крові” or “ДВЗ-синдром”, and by no means “ДВС-синдром” because the latter term is the Russian version of its shortening (initialization).

Thus, considering Natalia Hoin’s translation decisions, it becomes obvious that her attempt is to convey the informational component of the novel by Tess Gerritsen to a larger audience by clarifying the terms either in the text itself or beyond it (by footnotes).

It is also appropriate to mention the seven most common translation techniques that facilitate the process of selecting the most acceptable lexical units: adaptation, modulation, calque, word-for-word translation, transposition, borrowing (according to the classification by J.-P. Vinay and J. Darbelnet). The translator uses all these techniques quite freely, for example, transposition, that is, change in part of speech; such a technique has a predetermined nature, since it is perceived as the imposition of target language norms [6]:

“With every cardiac compression, they were perfusing the brain, keeping it alive” [4].

“З кожним натиском на серце вони підтримували роботу мозку, не давали йому завмерти” [5].

We can see that Natalia Hoin replaced the medical term “серцева компресія” with a more common for the reader without medical education — “натиск на серце”. The same transformation occurred in the following sentence:

“And start a heparin infusion” [4].

“I починайте вливати йому гепарин” [5].

Among the translation techniques, we can also observe modulation — a shift in point of view associated with indirect translation, that is, translation that is carried out between two languages that are significantly different culturally or conceptually [6].

“Let’s shock him, said Littman” [4].

“Треба зробити дефібриляцію, — сказав Літтман” [5].

In this case, we observe not just a classical modulation, but also a visible shift in translation of professional medical jargon, because it is unlikely that a Ukrainian reader without medical education will understand the direct equivalent of this order, which is why the translator (Natalia Hoin) decided to replace it with a more transparent one in the target text.

Adaptation turns out to be an interesting translation technique, i.e. a shift within the cultural environment, wherefore translation creates a different situation, for example:

“She was in charge, and John Doe was crashing on her” [4].

“Від неї залежало життя пацієнта, і вона не могла зволікати” [5].

We see that there is no special term for an unknown patient in the Ukrainian medical discourse, so we use the adaptation strategy: “John Doe — an unidentified body or an unknown (anonymous) defendant in court”. 
Explicitation and implicitation are also commonly used in translation process. Natalia Hoin often resorted to implicitation when it came to medical terminology, for example:

“Now, the attendant leaned forward and stared into the abdominal wound” [4].
“Тепер ще й працівник моргу схилився над столом, щоб зазирнути в рану” [5].

We see that the translator replaced the term which denotes a wound in the abdomen in the original with a simple wound, omitting the details of its location. In this case, we can say that not only the implicitation technique was used, but also the generalization technique — replacement of the lexical unit of the source language, which has a narrower meaning, with the unit of the target language, which has a wider meaning.

“A scrub nurse was already holding out a sterile surgical gown” [4].
“Медсестра вже тримала напоготові стерильний хірургічний халат” [5].

In this case, the translator also resorted to generalization and used the word “медсестра (nurse)”, although the original means a surgical nurse, who helps doctors to prepare for the surgery.

“Can we get another surgical resident in here?” [4].
“Чи можна покликати ще якогось хірурга?” [5].

The word “resident” in combination with “surgeon” has the meaning of surgical resident, not just a surgeon. The difference is that a resident is a specialist who is still studying, undergoing residency, that is, improving the qualification in a certain narrow field, while a surgeon is already a highly qualified, certified specialist. For fiction, whose target audience is made of non-medical readers, this generalization is insignificant, but under the real-time conditions of live surgery with possible complications, it is critical to describe everything accurately and use terms in their narrowest sense:

«Sinus tach. Rate's up to one-fifty» [4].
«Спостерігається тахікардія. Доходить до ста п'ятдесяти» [5].

In this example, we see that Natalia Hoin did not render the information that tachycardia is a sinus one. It is also worth noting that the original included a jargonized shortening of the term “tachycardia”, which is not reflected in translation. It is interesting that for readers without medical education, such a generalization does not play any special role and does not change the overall picture. However, in an operating room, such a minute detail is extremely significant, because it can cost the patient their life. The term “tachycardia” is an umbrella term familiar to a nonmedical audience; however, details determining its typology are important for a surgeon in an emergency room. Thus, according to the Medikom clinic classification, such a pathological condition can have various manifestations: sinus tachycardia, paroxysmal atrial tachycardia, paroxysmal ventricular tachycardia, postural orthostatic tachycardia syndrome, extrasystole, paroxysmal nodal tachycardia, atrial fibrillation and flutter, ventricular fibrillation and flutter [1]. Introducing shortening in the operating room discourse can save lives or at least save time for the doctor, because a precise description of the condition helps to localize the disorders in time, to understand the depth or seriousness of the lesion. Specifically, sinus tachycardia is the least severe condition compared to other pathologies, the heart rhythm driver works, and sometimes the simplest manipulations (holding one's breath, turning to
the other side) are enough to calm the accelerated heart rhythm, while more complex conditions will already require some medical intervention or therapy.

It is also important for the actual situation of the operating room, or morgue, to indicate the exact location of the wound (abdominal wound – рана). Within the novel texture such a detail is either insignificant, or it can be grasped from the context, while during the dissection of the body, which is documented by entries in the journal or recorded, such accuracy is crucial.

Interestingly, the opposite technique, that is, explicitation, was used by Natalia Hoin, when faced with rendering graphic descriptive scenes, for example:

“The odor was linked to the most unpleasant aspects of his job, and like one of Pavlov's dogs, trained to salivate on cue, he'd come to associate that rubbery scent with the inevitable accompaniment of blood and bloody fluids” [4].

“Той осоружний запах був пов'язаний із найнеприємнішим аспектом його роботи, і, ніби для однієї з собак Павлова, натренованої за сигналом виділяти сліну, для нього той запах гуми незмінно асоціювався з кров'ю та іншими рідинами людського організму” [5].

“Though she was braced for the gush, that first piercing of the membrane released such an explosive spout, she felt a flash of panic” [4].

“Хоча вона й приготувалася до сильної кровотечі, перший надріз очеревини вивільнив такі потоки крові, що на якусь мить її охопила паніка” [5].

“For a few precious seconds she made out the landmarks” [4].

“На кілька секунд їй вдалося роздивитися черевну порожнину” [5].

The last couple of examples are an excerpt from a description of an urgent case in the operating room, where the patient had internal bleeding and the doctor could not find the cause whereof or stop it. Interestingly, there is no detalization in the original, it would seem that the reader should glean this information from the context, but none of the preceding paragraphs refers to a specific organ.

“She could not clamp vessels that were submerged in a lake of blood; she could not operate blind. She pulled out the lap pads, heavy and dripping, and stuffed in more” [4].

Similarly, in translation, it is not clear from the previous paragraphs where the bleeding occurs, indicating which organ is meant, but Natalia Hoin explains that bleeding generally occurs in the abdominal cavity. On the one hand, this was a successful explicitation, since Natalia Hoin makes up for what is missing in the original and what the reader could not perceive with so many unknown terms and at such a rapid pace of narration. On the other hand, it is also a modulation, since there is a shift in the cognitive category, namely the replacement of the abstract landmarks with a specific terminological nomination: черевну порожнину.

An important example of explication of medical terminology in translation is the use of footnotes. According to the classification of Eu. Nida [6], footnotes are used to 1) correct linguistic and cultural differences or 2) provide additional information about the historical or cultural context of the studied text. Natalia Hoin very often resorts to footnotes to clarify any medical term, a procedure which simplifies the reading and understanding of the plot.

“A nurse said, 'I'm seeing PVC's on the monitor!'” [4].

“Озвалася медсестра: — На екрані екстрасистолія!” [5].
Thus, in the original, Tess Gerritsen uses an abbreviation and accompanies it with neither a deciphering nor a descriptive explanation. It is clear that the idealized recipient of the author's text is a person who will have no difficulty understanding the abbreviation without it being decoded. Natalia Hoin uses an obscure medical term, but also adds a footnote explaining that “Екстрасистолія — порушення утворення імпульсу в міокарді. Це найпоширеніший вид аритмії серця” [5]. (“Extrasystole is an impulse formation disorder in the myocardium. This is the most common type of cardiac arrhythmia” [5]).

According to the same principle, the translator explains the medical eponym “Pringle maneuver”:

“Я хочу спробувати прийом Прінгла” [10] [5].

In the footnote, she explains that “Прийом Прінгла полягає в перетисканні ворітної вени, печінкової артерії та загальної жовчної протоки. З його допомогою спинити печінкову кров отечу можна приблизно на годину” [5]. (“The Pringle maneuver consists of squeezing the portal vein, the hepatic artery, and the common bile duct. With its help, one can stop liver bleeding for about an hour”). It should be noted that in the explanation, the translator also uses the Ukrainian-originating (native) lexemes for the designation of terms, so that readers have at least a rough idea of the body part where the Pringle maneuver is used.

We can see that Natalia Hoin adheres to the chosen strategy, according to which she tries to simplify the perception of the text and interpret the medical world of the original for the Ukrainian reader, so she clarifies not only by means of footnotes or descriptions in the text, but also resorts to more serious shifts. Thus, it may be concluded from the analysis that when it comes to medical terminology, the translator simplifies the vocabulary for a general understanding of the recipients, although the target text does not always benefit from it. On the other hand, we notice that Natalia Hoin keeps enriching descriptive scenes lexically for the sake of a stronger effect (amplification). Natalia Hoin makes a translator decision to convey the sense of the original terms as understandably as possible, and either replaces them with the direct Ukrainian equivalents, or adds an explanation in the form of a footnote. It is noteworthy that for readers without medical education, the generalization of narrow terms does not play any special role and does not change the overall picture. However, in an operating room, such a minute detail is extremely significant, because it can cost the patient their life. The translator often uses umbrella terms known to the nonmedical audience, but from a medical point of view, in the emergency, the details are vital. Natalia Hoin expands the audience with her translation: recipients do not only belong to those groups familiar with the medical field, but also to the laymen, who have enough understanding of the text, owing to the translator-provided explanations. There is an observable shift in the genre and style dominant, the demographics of the recipient audience, where the readers are no longer limited to the medical sphere.

References:


