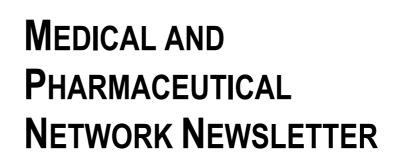


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# Supplement: December 2005

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Dear Colleagues,

Hard on the heels of the November issue, this Supplement arrives as something of a Christmas bonus. The contents were deliberately held over – albeit briefly – to keep the recent Alzheimer's Disease issue from becoming over-long.

Martha Bohus and Karin Band have provided detailed reviews of two related titles from the Georg Thieme Verlag in Stuttgart. The two volumes offer a context-based presentation of terminology from the fields of dentistry and medicine, using a Key Words in Context (KWiC) format that breaks new ground in medical lexicography. For future issues of the Newsletter, it would be fascinating to learn whether you are aware of a similar approach already being followed in language combinations other than German and English.

I would like formally to thank those of you who have contributed in any way to this Newsletter during 2005 – your enthusiasm and support are deeply appreciated. Looking to the future, the write-ups and terminology from the Stem Cell Biology workshop will be included in our next full issue in March 2006, along with any other items you care to submit.

With every good wish for Christmas and the New Year.

David Beattie

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Any opinions expressed in this newsletter are those of the individual and not of the Medical and Pharmaceutical Network as an organisation.

Fachwortschatz Zahnmedizin Englisch Ingrid & Michael Friedbichler Stuttgart, Georg Thieme Verlag 2001 256 pages ISBN 3-13-1249412 € 44.95

When I first looked into Ingrid and Michael Friedbichler's *Fachwortschatz Zahnmedizin*, I was immediately intrigued by its novel *KWiC* (short for *Key Words in Context*) concept. At long last someone had taken it upon themselves to provide technical terminology in its appropriate environment (collocations and phrases), rather than just presenting translations, which are often less than useful, or may even be misleading, when stripped of their context.

In the preface, the authors (both teaching at the University of Innsbruck Department of Translation Studies) describe this concept as based on the latest findings in language acquisition research, and characterize it, amongst others, as a tool for the dentist who needs to familiarize himself or herself with the technical terms and phrases of a specialty while travelling to an international conference.

I felt that this travelling dentist's needs nicely coincide with those of the travelling conference interpreter, and eagerly started browsing through the book.

## The Format

The book is designed to combine the advantages of a bilingual dictionary with those of a thesaurus and a phraseological dictionary. It is divided into 50 Units with cross-references to Related Units. Each Unit contains around 20–30 Keywords – some fewer, some more. These Keyword entries are structured into definition, related terms, sample phrases, multi-word combinations, and German translations of selected words within the entry. Stress marks, pronunciation, grammatical and stylistic (register) information are provided. Colour, bold characters, and italics are used for greater clarity. Fig. 1 (taken from the Thieme Web site <a href="http://www.thieme.de/detailseiten/3131249412.pdf">http://www.thieme.de/detailseiten/3131249412.pdf</a>) gives an idea of the layout of the Units.

The Thieme site also provides the Table of Contents, and shows samples of the Index of English terms and the Index of German terms. (It should be noted that these Indexes are single-language only; in order to find the equivalents in the other language, one would need to go back to the Units.)

The 50 Units that make up the book are highly inspiring, and encourage the reader to browse, jumping to and fro between the individual units, each of which covers a well-defined field of terminology, such as: *Food and Drink* or *Drugs and Remedies*, in the *Basic Medical and Health Terms* section; *Parts of the Body: The Head and Neck*, or *Dentition and Mastication*, and *Nutrition* in the *Body Structures and Functions* section.

In the *Dentistry* section, each unit covers a field of dentistry, e.g. *Dental Lab Procedures and Equipment, Oral Hygiene and Prophylactic Dentistry* (incidentally, "preventive dentistry" seems to be more common than *prophylactic dentistry*, as demonstrated by 95,600 vs. 114 hits produced by a Google search of the Web), *Periodontics, Maxillofacial Surgery*, or *Dental Implantology*.



### Clinical Phrases

Try to relax as much as you can. Versuchen Sie, sich so gut wie möglich zu entspannen. • Ill now check the efficiency of plaque removal with this disclosing liquid. Ich werde nun mit dieser Farblösung kontrollieren, ob die Plaque gründlich entfemt wurde. • This may hurt a bit. Das tut jetzt vielleicht ein wenig weh. • This way you get access to those hard-to-reach surfaces. Damit erreichen Sie auch die schwer zugänglichen Flächen. \* To reduce the amount of oral bacteria I'd recommend using this tongue scraper twice daily. Um die Bakterien im Mund zu reduzieren, würde ich Ihnen empfehlen, die Zunge zweimal täglich mit diesem Zungenschaber zu reinigen. • The patient, who reeked of mouthwash, was obviously being self-conscious about his breath. Der Patient roch stark nach Mundwasser; offensichtlich war ihm sein Mundgeruch peinlich.

## Unit 35 Periodontics

Related Units: 34 Oral Hygiene & Prophylactic Dentistry, 40 Restorative Dentistry, 39 Cosmetic Dentistry, 41 Endodontics

#### periodontal [perioudpintel] adj tem

related to the periodontium1 [-[(1)m], i.e. the gums (gingiva) and bone structures that surround and support the teeth

periodontics or -ology<sup>2</sup> n term \* periodontist or -ologist n or perio<sup>3</sup> n jar

- » He's a practicing periodontist. The patient had mechanical periodontal prophylaxis for 3 months. Natural teeth are cushioned4 [u] in their alveoli [a1|i] by periodontal fibers which distribute compression, tension, and rotational forces to all the roots.
- Use periodontal health / chart<sup>5</sup> [tʃ] / disease<sup>6</sup> / tissue / ligament [1g] (abbr PDL)<sup>7</sup> / bone loss • periodontal surgery / wound [u:] healing / pack8 / probe9 [ou]/ prophy laxis<sup>30</sup> / therapy • periodontics research • periodontally healthy / involved / compromised<sup>1</sup>

#### free gingiva [d31nd31vo] n term opposite attached [atj] gingiva1 n term

portion of the gums forming the outer wall of the gingival sulcus which is not directly attached to the tooth

supra/subgingival [A] adj term + trans/buccogingival [A] adj

- » There was a shortage<sup>2</sup> [-1d3] of attached gingiva in the edentulous mandible.
- Use alveolar [10] / healthy / interdental / marginal3 [d3] gingiva + inflamed4 [e1] / keratinized / excess gingiva + zone / band / width5 [wid0]/ loss of attached gingiva + attached gingiva index · subgingival plaque [plæk]/ microflora / irrigation / crown margin • supragingival deposits / bacteria [19] • mucogingival junction6 [d<u>3∧ŋ</u>k∫³n]

gingival margin [ma:rd3m] n term syn gingival crest [k] n term

(i) edge of the free gingiva (ii) most coronal portion of the gingiva surrounding the tooth

- » The gingival margins were thickened and fibrous with a purulent<sup>1</sup> exudate present on probing2. The gingival margin was greater than 2 mm and well above the cementoenamel junction3.
- Use free / attached gingival margin + height [han] of the gingival crest + gingival connective tissue / fibers4 [ar]/ contours / epithelium5 [ir] \* gingival collar [pr]/ changes / color [A]/ tenderness<sup>6</sup> / bleeding<sup>7</sup> • gingival hyperplasia<sup>8</sup> [er3(1)a]/ analog9 / margin trimmer10

#### gingival crevice [krevis] or sulcus [sAlkos] n term

trough-like1 [trn:f] space between the surface of the tooth and the free gingiva crevicular adj term • sulcular adj

- » The probing depth<sup>2</sup> of the gingival crevice was recorded. Explore the gingival crevice for a foreign [fmm] object. Then the blade is thrust<sup>3</sup> [A] to the depth of the gingival sulcus and the gingival attachment is severed<sup>4</sup> [o] circumferentially.
- Use gingival crevicular fluid5 (abbr GCF) / crevice former6 / retractor + sulcus fluid flow rate7 (abbr SFFR) / fluid meter [i:]/ depth + buccal [A]/ shallow8 [a] sulcus + crevicular space / probing / sampling + sulcular epithelium9 / incision

### parodontal

Parodont(ium)1 Parodontologie2 Parodontologe/-in3 eingebettet4 parod. Befundkarte5 Erkrankung d. Zahnhalteapparats, Parodontopathie6 Desmodont7 Parodontalverband8 Parodontalsonde9 Parodontalprophylaxe10 m. schlechtem Parodontalstatus<sup>11</sup>

freie (marginale) Gingiva befestigte G., G. propria1 zu wenig2 Gingivarand, Gingivalsaum, marginale G.3 entzündetes Zahnfleisch<sup>4</sup> Breite d. befest, Gingiya5 Mukogingivalgrenze6

2

Gingiva(I)rand, -saum, Zahnfleischrand, Margo gingivalis eitrig1 beim Sondieren2 Schmelz-Zement-Grenze3 Gingivafasern4 Saumepithel5 empfindliches Zahnfleisch<sup>6</sup> Zahnfleischbluten<sup>7</sup> Gingiva-, Zahnfleischhyperplasie8 Zahnfleischmaske9 Gingiva(1)randschräger<sup>10</sup>

Gingival sulkus, Zahnfleischfurche, Sulcus gingivalis furchenförmig1 Sondierungstiefe2 gestoßen3 durchtrennt4 Sulkusflüssigkeit<sup>5</sup> Sulkusformer<sup>6</sup> Sulkusflüssigkeits-Fließrate7 flacher Sulkus8 (orales) Sulkusepithel9

## Fig. 1 Sample page (from:

http://www.thieme.de/detailseiten/musterseiten/show\_pdf.html?3131249412\_126.pdf)

## The Cons

I couldn't help feeling somewhat let down when I found that only <u>52 out of the total of 183</u> <u>pages</u> (equivalent to 15 out of the total of 50 Units) that make up the terminology section are dedicated to dentistry and its various specialties. In a text called *Fachwortschatz Zahnmedizin*, I would have expected more space given over to the terminology of dentistry.

While, in the detailed instructions for the use of this text, the authors state that in selecting the Keywords to be included they preferred "typical English terms and phrases" over "medical internationalisms", this commendable resolution seems to have been lost somewhere along the way: the book does, in fact, include a host of "<u>internationalisms</u>" such as *antiarrhythmic* – DE *Antiarrhythmikum, penicillin* – DE *Penicillin, in vitro* – DE *in vitro, hypernasal* – DE *hypernasal*, to mention just a few.

The selection criteria for terms that are translated are not very clear to me:

*Concern* – DE *wichtige Faktoren* is the only non-keyword term translated in the Keyword entry *crown lengthening* (Unit 35-20).

*Obviating the need* – DE *unnötig machen* is translated in the Keyword entry *guided tissue regeneration*, while no translations are given for *non-resorbable* (*non- absorbable* is not even mentioned), *membrane retention*, or *barrier membrane*, in the same entry (Unit 44-12).

The list of examples is non-exhaustive.

The section *Basic Medical & Health Terms Related to Dentistry* includes quite a bit of <u>basic</u> <u>vocabulary</u>, including entries such as *fish*, *laugh*, or *pasta*, the value of which is arguable, given that the target group is described as anyone with an "upper intermediate" level of school English. On the other hand, *dine out* may make sense when it comes to extracurricular activities at the conference the dentist or the interpreter is travelling to; and, when watching diners at the conference gala dinner, the user of the book may be grateful for being told that there is such a phrase as *to wolf down*.

Inevitably, there are some gaps.

- *Laser dentistry* is not mentioned at all. *Laser* is merely a Keyword entry in Unit 22 *Basic Operative Techniques*.

- *Operative dentistry* is not mentioned at all as a translation for *konservierende Zahnheilkunde* (which is translated *restorative dentistry* instead)

- Orthopantomogram (OPG) would have nicely completed the Keyword entry panoramic radiograph.

- *Stent* is described as a *catheter-like* ... *tube* in the *General Clinical Terms* section (Unit 22-20), but is not mentioned in the sense of a surgical drill guide used in implant dentistry.

- *Index* is included in the sense of *caries index, periodontal index* etc, but is not to be found signifying a record of the relative position of upper to lower cast (when these casts are to be mounted in an articulator), nor as the verb *to index* (DE *verschlüsseln*).

- *Buccal corridor* is mentioned neither in the *Cosmetic Dentistry* nor the *Restorative Dentistry* Unit.

- *Grafts & Flaps* are included as Unit 50 in the *Related Medical Specialties* Section. I would have preferred a Unit on periodontal surgery with keywords such as

- full-thickness flap and split-thickness flap

- envelope technique
- semilunar incision
- tunnelling technique

to mention but a few.

My random sampling revealed some translations I cannot agree with:

- *Front or anterior teeth* (Unit 9-2) – DE *Vorder-, Frontzähne*. The term *Vorderzähne* is as rarely used, in a professional context, in German as *front teeth* is in English. It would, therefore, have been preferable to leave out these "synonyms", or, at least, to mark them as 'informal'.

- *Posterior teeth* (Unit 9,2) DE *Backenzähne* can be used in patient education material, but this is not a technical term. The correct German equivalent *Seitenzähne* is not provided.

- *Mixed dentition* (Unit 10-1) – the correct German term is *Wechselgebiss* (no mention of this word in the *KWiC Fachwortschatz* at all), not *Mischgebiss* or *Übergangsgebiss*, although I think I may have come across the latter occasionally.

- *Edentulous* (Unit 10-7) – DE *zahnlos* is not wrong, but dentists would rather use *unbezahnt*. I wonder why no translation is provided for the opposite, *dentulous*, although it is mentioned as another related term within the same field of words.

- *Opalescent dentine* – DE *Opakdentin* under the *Cosmetic Dentistry* Keyword *opacity* (Unit 36-16) is wrong. *Opakdentin* is a shade, *opalescent dentine* is a disease (hereditary dentinogenesis imperfecta). The EN entry should read *opaque dentine*.

- Occlusal equilibration (Unit 36-7) – DE Okklusionsausgleich is not a correct translation. This should be *Einschleifen der Okklusion* (the synonym occlusal adjustment is not mentioned).

- *Graft* (Unit 50-1) – this term is translated as *Transplantat*, which is basically correct. However, in oral and maxillofacial surgery (and this is a dental dictionary, after all) a graft (material) may also be an alloplastic or synthetic material (*Knochenersatzmaterial*), or a mix of the patient's own bone with bovine or bank bone used to augment the jaw bone. The German translation for *graft*, in this generic meaning, would be *Augmentationsmaterial*.

## The Pros

The <u>novel concept</u> of providing, not just terminological equivalents, but such features as definitions, collocations, fields of words, and translations, has resulted in a <u>very</u> <u>comprehensive text</u>. The definitions provided are accurate, and the related terms and context phrases are helpful for anybody wishing to familiarize themselves with medical English in a relaxed, intuitive way. As Figure 1 shows, some Units include "clinical phrases" for doctors who intend to work in an English-speaking country. These phrases could also be useful for community interpreters. And even travelling conference interpreters should find this text a stimulating way to tune their minds to dentistry (although, obviously, even this *KWiC* text is no substitute for the textbook and journal literature a linguist would need to have studied before setting out on his or her journey). The Indexes might be more helpful if they gave translations, in addition to referring the reader to the different Units.

The *Fachwortschatz* includes <u>highly relevant dental procedures and concepts</u>, such as *bleaching*, *biologic width*, *attachment level*, *crown lengthening*, *guided tissue regeneration*, *guided bone regeneration*, and it even lists *fixture* – DE *Fixtur*, a term that started its career as an idiosyncratic expression coined by Prof. Per-Ingvar Brånemark, one of the founding fathers of modern implant dentistry, and has been adopted by the implant community to reflect a certain school of thought.

The actual text is enhanced by some instructive illustrations.

<u>Proofreading</u> has been <u>thorough</u>. Sherlock Holmes might find some typos & spellos with his magnifying glass, and so would Karin Band, but I didn't. (A magnifying glass may, however, be required for reading the very small type, which becomes sub-microscopic in the superscripts used for referencing. The sample pages on the Thieme Web site reflect this problem.)

## The Bottom Line

Translators should find the definitions and the collocations very helpful. Although the translations are generally reliable, they are often limited to the context in which they are provided. This is illustrated by the translation of *graft* as DE *Transplantat* or *posterior teeth* as DE *Backenzähne* (see above); or, to name just one more example (from the Keyword *lightheaded* [Unit 4-5]), of *drowsy* as DE *benommen*, while *drowsiness* is translated as DE *Schläfrigkeit*. Regrettably, this reduces the *Fachwortschatz Zahnmedizin* to the one-to-one type of glossary that, as stated on the back cover, it does not want to be. Also the limited number of truly dental technical Keywords is a drawback.

The detailed instructions for use are indispensable and *must* be read to understand the structure of the entries. A *Short Guide to KWiC-Web*, from the Thieme site, is shown in Figure 2 on page 8 of this Supplement.

This is a novel format. Rather than being just a dictionary, the *KWiC Fachwortschatz* gives useful definitions, context, related terms, clinical phrases, and cross-references to related units. Once one gets the knack of using it, it is great reading; and I am sure that by the time our dentist (or interpreter) arrives at the conference venue, his (or her) mind will be brimming over with English dental and related terminology.

<u>Acknowledgements</u>: This review would not have been possible without the expert contributions of Veronika Rehers-Bender to the criticism of the translations and, of course, without the encouragement and invaluable editing skills of Karin Band.

Martha Bohus

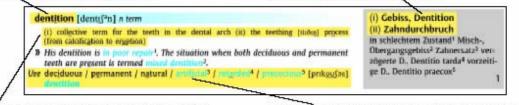
# A Short Guide to KWiC-Web Das Wichtigste über Aufbau und Struktur auf einen Blick

Die Fachbereiche (Units) sind von 1–50 durchnummeriert und über das nach Abschnitten gegliederte Griffregister schnell auffindbar.

1	Unit 9	The Teeth		
	Related Un	its: 5 The Head & Neck Sounds & Speech, Den	, 10 Dentition	& Mastication,

Auf Module, die angrenzende Fachbereiche bzw. verwandte Wortfelder behandeln, wird am Kopf jedes Moduls verwiesen. Blaue Namen beziehen sich auf ganze Abschnitte.

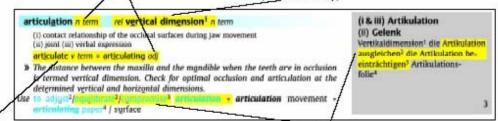
Die blau hinterlegten engl. Schlüsselwörter (= Haupteinträge) sind fachlichen Kriterien folgend angeordnet (jeweils vom grundlegenden zum spezifischen Fachausdruck). Deutsche Übersetzung(en) des Haupteintrages; falls wie hier mehrere Bedeutungen vorliegen, werden die dt. Entsprechungen jeweils den engl. Erklärungen zugeordnet.



Die Schlüsselwörter werden in engl. Sprache umschrieben bzw. erläutert; den Bedeutungen im jeweiligen Fachgebiet gilt dabei das Hauptaugenmerk. Gebräuchliche Wendungen und typische Wortverbindungen mit den Schlüsselwörtern, verwandten Termini und der Wortfamilie sind jeweils angeführt.

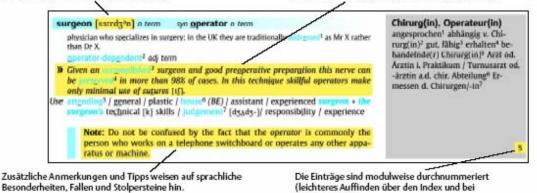
Wortart(en) und Stilebene(n) der Termini sind angegeben.

Mit dem Schlüsselwort in enger Beziehung stehende Termini, bes. Synonyme, Antonyme, Ober- und Unterbegriffe (Thesaurus-Prinzip).



Wichtige Begriffe aus der Wortfamilie des Haupteintrags sowie der verwandten Termini ergänzen und vertiefen den Wortschatz. Wichtige englische Begriffe und Textpassagen, die schwer erschließbar sind (blau), werden zusätzlich übersetzt (Zuordnung über Hochzahlen).

Die Aussprache bzw. Betonung schwieriger Wörter ist in internationaler Lautschrift angegeben. Beispielsätze aus der Fachliteratur u. klinischen Praxis veranschaulichen die Verwendung der Fachtermini.



Nähere Erläuterungen in den Benutzeranleitungen auf Seiten VIII–XII

Querverweisen).

Fig. 2 A Short Guide to KWiC-Web (from: <u>http://www.thieme.de/detailseiten/musterseiten/3131249412.html</u>)

KWiC-Web				
Fachwortschatz Medizin				
Englisch				
Sprachtrainer & Fachwörterbuch in				
einem				
KWiC – Key Words in Context				
Ingrid & Michael Friedbichler				
Stuttgart, Georg Thieme Verlag 2003				
849 pages				
ISBN 3-13-117461-7				
€ 51.40				

## Background

*Fachwortschatz Zahnmedizin*, by the same authors, was published in 2001. As Martha's review in this Supplement to the *Newsletter* points out, it broke new ground. Unlike other medical dictionaries, the *Fachwortschatz* was designed to present terminology in context, giving examples, from the EN-language literature, to show where and how the terms are used; and amplifying this material by the addition of collocations, clinical phrases, and illustrations.

The present text came out in 2003, after what the authors describe as a development period of more than five years.

## Fachwortschatz Medizin - The Text

The format of the *Fachwortschatz Zahnmedizin* has been retained, except that, this time, the material is in six Parts comprising a total of 142 Units (with extensive cross-referencing). The total number of terms, phrases, and collocations is claimed to be in excess of 100,000; the number of EN abbreviations in the separate Index is stated to be over 1,500. (There is no index of DE abbreviations.) The text provides information on such aspects as pronunciation, synonyms, near-synonyms, antonyms, register, and warnings of *faux amis*. The illustrations include line drawings, radiographs, electron micrographs, and a number of cartoons.

The Thieme Web site <u>http://www.thieme.de/detailseiten/3131174617.html</u> provides a short guide to KWiC-Web (which contains the same information as the one reproduced as Fig. 2 in Martha's review, albeit with medical, rather than dental, examples), and contains details of the publication (preface, table of contents, sample pages). Two of the sample pages are in Figures 1 and 2.

The KWiC-Web guide is essential to an understanding of the system. It is also important to remember that the Indexes are single-language (EN and DE, respectively) only. Translations of the terms in the Indexes can be found only by going back to the Units. Similarly, the abbreviations index does not give the expansions, but refers to the Units where the terms occur.

Both the spelling and the pronunciations are AmEn – so *tourniquet* is pronounced to rhyme with 'let' or 'lit', rather than with 'lay'; *asthma* has a voiced, rather than voiceless, *s*; and a term like *neonatologist* comes out with a distinct Texan drawl. Spelling and pronunciation differences between AmEn and BrEn are explained. (Incidentally, *fetus* is now considered to be correct, even in BrEn spelling; I cannot find any evidence of *diagramme* or *histogramme* being BrEn forms; and the Internet evidence against *aliazing* – in any variety of native EN – is overwhelming.) The DE spelling is post-Reform (*platzieren*; *nummeriert*; *Sprössling*; etc.).

## The Pros

## Content and coverage

At 100,000 terms, phrases, and collocations, this is a large text. Fields covered include anatomy, physiology, biochemistry and molecular biology, history taking, critical care, surgical instruments, rehabilitation, and many others.

Modern techniques such as reproductive medicine, stapling, endoscopic surgery, and polymerase chain reaction are covered.

Among the terms found are challenge – Allergenprovokation; walker – Gehstollen; malunion – Frakturheilung in Fehlstellung; postoperative follow-up – Nachuntersuchung; to staple – eine Klammernaht anlegen; Pollakisurie – frequency; crash cart – Notfallwagen; abpräparieren – to dissect free; homeobox – Homöobox; Code Blue – Herzalarm; penlight – Diagnoseleuchte; workup – diagnostische Untersuchungen, Diagnostik; full-blown – Vollbild; fingertip puncture – Einstich i. d. Fingerbeere; voltage-gated calcium channel – spannungsgesteuerter Kalziumkanal; Antibiogramm – sensitivity test.

Register-related problems such as how to say that a patient has died (when talking to next of kin: he or she *passed away*), or that someone is no longer young (*elderly*, rather than *old*); and terms that may be confused (such as *sensitive/sensible/sensory/sensual/sensuous* or *palpation/palpitation*) are discussed in separate clearly identified Notes.

The clinical phrases are technically and idiomatically correct. Examples: *Take care to avoid* any skin irritation – Hautreizungen sollten Sie nach Möglichkeit vermeiden. Now I would like to listen to your heart and lungs. – Ich möchte Sie jetzt abhören. The chest is clear to auscultation. – Die Lunge ist auskultatorisch frei.

The *Medical Statistics – Biostatistik* part (Unit 100) occupies six pages, and is really useful. The terminology of clinical trials is covered in some detail.

Whilst the text is focused on AmEn, such UK-relevant terms as *registrar*, *consultant*, *house officer*, and *surgery* (in the sense of the place where a medical practitioner treats or advises patients) are covered.

Similarly – and unusually, in current medical lexicography – Austrian-DE terms are included. It might, however, be useful, in future editions, to mark such terms as *Turnusarzt*; *Primar(arzt)*; or *Ordination*, which are not used in the other DE-speaking countries, as specifically Austrian.

## Relevance

One of the most welcome features of this text is its freedom from antiquated EN terms. Too many bi- and multilingual medical dictionaries, and even such monolingual ones as *Dorland's*, still include terms that are no longer in current use by native speakers of EN. The *Pollakisurie – frequency* (without any *pollakisuria* in EN) equivalence mentioned above is but one example. Similarly, mistakes not uncommonly made by German speakers writing in would-be EN, and featured in some bilingual medical dictionaries, have been eschewed: DE *minimalinvasive Chirurgie* is correctly rendered as *minimally* (not: *minimal) invasive surgery*; the term *minimal access surgery* (preferred by many authors) is also given. This is, obviously, not an exercise in perpetuating other lexicographers' infelicities, but, as the detailed instructions for use point out, a project based on a corpus of authentic EN-language texts. It is also good to find that the *Fachwortschatz* points out the difference between DE *Obstipation* (= EN *constipation*), and EN *obstipation* (= extreme constipation).

## Function

The *Fachwortschatz* intends to be more than a bilingual dictionary: it describes itself as a *Sprachtrainer*. Giving context, providing examples of use, and adding clinical phrases, it does, indeed, have a major didactic function. It comes as no surprise to learn (Friedbichler &

Friedbichler, personal communication) that the authors have been teaching medical English courses at various levels ranging from premed students to practising doctors, for close on 30 years. Each Unit is, as it were, a session centred on a particular aspect, not only of medical terminology, but of medicine.

As may be seen from the above remarks, this text goes a long way towards resolving the problems that beset earlier medical dictionaries. Unfortunately, there are still certain problems, which I trust will be addressed in the next edition.

## **The Problems**

As the detailed instructions for use recognize, "Vollständigkeit [bleibt] ein unerreichbares Ziel". However, among the EN terms not included in the current edition are such potentially useful terms as spiral CT; oxygen delivery; phlebotomist; genitourinary medicine; or DMARDs. Similarly, it would be nice to know how one could translate such DE terms as lungengängig; RIVA; Belegarzt; Revision; or Nativpräparat. Perhaps, next time round, space could be released by omitting such modules as U32-2, which is made up of various non-medically-relevant idiomatic phrases involving heart (and which also should have avoided translating spinster as Jungfrau).

Some of the terms are actually there, somewhere, in the text, but have not been made into discrete items: *takeoff* (in the sense of the origin of a vessel) is in a sample sentence in U34-8 (Fig. 1), where it is untranslated. To the best of my knowledge, it is not translated anywhere else. Its DE equivalent *Abgang* does not figure in the DE Index (and *Abgang* in the sense of *passage* [e.g. of mucus] or *loss* [e.g. of blood] does not appear to have been included either. DE *Ursprung*, which can also be used to translate *takeoff*, figures in several Units, but never in the sense of the origin of a vessel.).

One important point to note is that the Units contain many more terms and translations than have been included in the Indexes; and that terms in the Units may not be translated where they occur. Thus, *incidental finding* features in the text sample in U118-14, where it is untranslated. It is also in U117-6, where it is rendered as *Zufallsbefund* (which is in the DE Index). Neither *incidental* nor *finding, incidental* are in the EN Index (which lists only *finding*). And U117-6 does not tell the reader how *suggestive findings* could be translated into DE.

Before the next edition, a careful check should also be made to ensure that the references in the Indexes are correct: There are several instances of terms not being in the Units indicated in the Index. For the system to work, the references must be correct.

Some of the translations featured in the *Fachwortschatz* could be amplified: Somewhat surprisingly, *conversion* (in the context of laparoscopic surgery) does not feature the very common DE equivalent *Umsteigen*; the current translation of *Beißring* as a *teething ring* is unhelpful when it comes to translating the device inserted into a patient's mouth to protect a TEE probe. In the context of suturing, a *pledget* can also be a *Nahtwiderlager*. I have not come across *Schallwechsel* for *shifting dullness* (in ascites); the well-documented terms *wandernde Dämpfung*; *verschiebliche Dämpfung* remain to be added. And for as long as German doctors still use *Filiae* for secondaries, it would be nice to have that term in U97-13 as well as in the DE Index.

Perhaps because some of the Units originated in themed teaching-session material, there is a certain tendency to put inherently unrelated material into the cluster of related words and phrases at the end of a Unit. I would not instinctively look for *impacted cerumen* in the Unit dealing with fractures; neither would I expect *sex education* under *back school*.

The standard of proofreading is generally very high (a feature that distinguishes this text from several other exercises in medical lexicography). For some obscure reason, though, there are mistakes in some of the figure legends – including the double whammy on one of the sample

pages on the Thieme Web site. (For the record: the mozzie concerned is called *Aedes aegypti*. And in a text set in roman type, it should be italicized.)

While the bulk of the huge number of terms in this text have been handled admirably, there are some equivalents that I would take issue with. The *point of maximal impulse* is the *Herzspitzenstoβ* – not the *Punctum maximum (d. Herzspitzenstoβes)*. What is missing (possibly because of the EN>DE focus of the text) is a useful rendering of DE *Punctum maximum* as a term in cardiology (see *Med Pharm Netw Newsl* of July 2005). In EN, *respirator* and *ventilator* are no longer synonyms; anatomists would not equate the *arm* with the entire *upper extremity*; and in pharmacology, a distinction is made between *efficacy* and *effectiveness. Coroner* has been given the same translation as *medical examiner* (*Gerichtsmediziner*); however, the point is that, unlike a US *medical examiner*, a *coroner* in England and Wales would not even be required to be medically qualified (see *Med Pharm Netw Newsl* of January 2005).

## The Bottom Line

The *Fachwortschatz Medizin* intends to be two things: a training aid, and an EN>DE>EN dictionary.

As a training aid, it has great didactic value: the breakdown into compact Units should make it possible to "have a break, have a KWiC-Web", and to build up subject-matter as well as linguistic knowledge at one's own pace.

As a dictionary, its value is somewhat diminished by the fact that terms found in the Indexes have to be traced back to the various Units, which is cumbersome, since there is no proper notched thumb index. Also, the material in the Indexes is only a fraction of the terminology included in this text. Equally, many terms in the Units are left untranslated. Without a close study of the Guide, the system is less than easy to understand; and the size of the superscripts referring back and forth between the EN and the DE terms in the Units is diminutive.

I have found the text stimulating and interesting, and have picked up many new ideas. I think that newcomers to medical translation should use this text to get an idea of the scope of medical terminology, and of how to handle the problems inherent in medical translation/interpreting. And even colleagues who, like myself, have been medical linguists for many years, should benefit from this pioneering approach to medical lexicography.

Karin R. M. Band

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**138 BODY STRUCTURES & FUNCTIONS** 

#### Blood Vessels

vena cava, Hohivene retrokaval<sup>1</sup> obere Extremitäten<sup>2</sup>

cava-superior-Syndrom<sup>6</sup>

Kavografie<sup>7</sup>

untere Hohlvene, Vena cava

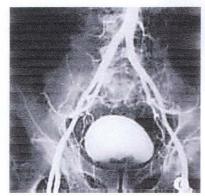
inferior<sup>3</sup> obere Hohlvene, Vena cava

superior<sup>4</sup> Kavafilter, -sieb<sup>5</sup> Vena-

#### (vena) [ii] cava [keivə] n term. pl venae cavae [viini: keivii]

- one of the two major veins returning blood from the periphery to the right atrium [e1] (sub/ peri/ para/ porta/ interaorto/ retro)caval<sup>1</sup> adj term • cavo- [e1] comb
- » The superior vena cava, which is formed by the union of the two brachiocephalic veins, returns blood from the head and neck, upper limbs<sup>2</sup>, and thorax. The inferior vena cava, which originates at the level of the 5th lumbar [A] vertebra on the right side, pierces the diaphragm at the level of the 8th thoracic [as] vertebra. The renal arteries originate laterally from the aorta, the left running directly to the kidney and the right crossing behind the cava.
- Use inferior<sup>3</sup> [I∞]/ superior<sup>4</sup> vena cava suprahilar [aɪ]/ intrahepatic cava vena cava filter<sup>5</sup> / wall • (vena) caval pressure / flow / system / ligation [eɪ] • superior vena cava syndrome<sup>6</sup> [I]/ obstruction [<u>A</u>] • venocavography<sup>7</sup> • cavopulmonary [<u>u</u>|<u>A</u>]





Angiography of the pelvic arteries demonstrating the aortic bifurcation with the iliac and femoral arteries

#### aorta [eioirtə] n term rel aortic archi [airt]] n term

main trunk [ $\Lambda$ ] of the systemic arterial system which arises from the base of the left ventricle and divides into the right and left common iliac arteries at the level of the 4th lumbar vertebra (agrtic bifurcation)

- (sub/ para/ peri/ intra)aortic<sup>2</sup> [ei<u>pi</u>rțik] adj aorto- comb
- » Oxygen saturation<sup>3</sup> in the left ventricle, right ventricle, pulmonary artery, and aorta is identical to that in the left atrium [ci]. Most aneurysms of the abdominal aorta<sup>4</sup> involve the segment of the aorta between the takeoff of the renal arteries and the aortic bifurcation. Intraoperative staging should include biopsies [ai] of celiac [siz] and para-aortic lymph nodes.
- Use ascending<sup>5</sup> [se]/ descending<sup>6</sup> / thoracic<sup>7</sup> [æs]/ infrarenal *aorta* abdominal / distal / overriding<sup>8</sup> *aorta* • *aortic* valve<sup>9</sup> [æ]/ sinus [ai]/ hiatus<sup>10</sup> [arei] • *aortic* body<sup>11</sup> / root<sup>12</sup> / bifurcation<sup>13</sup> [ai] • *aortic* thrill<sup>14</sup> / upture or tear<sup>15</sup> [tear]/ insufficiency or regurgitation<sup>16</sup> • *aortic* stenosis (*abbr* AS)/ aneurysm • *aortic* coarctation<sup>17</sup> / dissection<sup>18</sup> • *aortic* arch vessels • *subaortic* obstruction / (valve) stenosis • *aorto*coronary /pulmonary /caval /iliac /graphy

#### innominate artery n term syn brachiocephalic [e1k] trunk or artery n term one of the three arteries arising from the aortic arch which divides into the right subclavian [e1] and the right common carotid artery

- » Most atherosclerotic plaques [plæks] occur at the origin of the internal carotid, but the innominate artery and ascending aorta are implicated<sup>1</sup> occasionally. The first anterior branch, the common trunk of the umbilical and superior vesical arteries, was ligated [a1] and divided.
- Use brachiocephalic vessels / veins / bruit<sup>2</sup> [bruit] innominate veins<sup>3</sup> pulmonary<sup>4</sup> / celiac<sup>5</sup> [sir]/ tibioperoneal [ir]/ nerve trunk

#### Aorta, große Körperschlagader

Aortenbogen, Arcus aortae<sup>1</sup> aortal, Aorten-<sup>2</sup> Sauerstoffsättigung<sup>3</sup> Bauchaorta, Pars abdominalis aortae<sup>4</sup> aufsteigende A., P. ascendens aortae<sup>5</sup> absteigende A., P. descendens aortae<sup>6</sup> Brustaorta, P. thoracica aortae<sup>7</sup> reitende A.<sup>8</sup> Aortenklappe<sup>9</sup> Aortenschitz, Hiatus aortcus<sup>10</sup> Glomus aorticum<sup>11</sup> Aortenschwirren<sup>14</sup> Aortensuptur<sup>15</sup> Aorten(klappen)insuffizienz<sup>16</sup> Aorten(isthmus)stenose, Coarctatio aortae<sup>17</sup> Aortendissektion, Aneurysma dissecans d. Aorta<sup>18</sup>

#### Truncus brachiocephalicus

betroffen<sup>1</sup> Strömungsgeräusch über dem T. brachiocephalicus<sup>2</sup> Venae brachiocephalicae<sup>3</sup> Truncus pulmonalis<sup>4</sup> Truncus coeliacus<sup>5</sup>

Figure 1 Sample page from

http://www.thieme.de/detailseiten/musterseiten/show\_pdf.html?../pdf/31311 74617 138.pdf

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At the Doctor's

#### HEATTH CAPE 79

14

#### medical or patient's chart [tfa:rt] n syn treatment or medical card n BE rel medical record<sup>1</sup> [e] $n \rightarrow U20-5$ ; U102-12

- index card2 or computer file used to record the patient's history, treatment, progress, etc. chart<sup>3</sup> v term \* charting n \* record<sup>4</sup> [rik<u>ai</u>rd] v
- » The number of x-rays<sup>5</sup> [eksreiz] should be recorded in the patient's chart. The growth of an infant should be charted weekly against one of the standard postnatal growth curves [3:].

Use wall / hand-held / electronic / growth<sup>6</sup> [grou0]/ weight [weit]/ temperature<sup>7</sup> chart • progress / flow<sup>8</sup> / fluid balance / cye<sup>9</sup> / visual acuity [skjurni] or Snellen<sup>9</sup> chart + chart review<sup>10</sup> / number + to chart patient observations + frequent travelers' medical / insurance<sup>11</sup> card + identity<sup>12</sup> / followup appointment<sup>13</sup> card + card index<sup>14</sup>

#### Krankenblatt, Karteikarte Krankenakte1 Karteikarte2 auf-

zeichnen, erfassen3 aufzeichnen, festhalten, niederschreiben<sup>4</sup> Röntgenaufnahmen, -bilder5 Wachstumstabelle, -kurve<sup>8</sup> Fieberkurve<sup>7</sup> Flussdiagramm<sup>8</sup> Sehprobentafel<sup>9</sup> Durchsicht d. Krankenblätter<sup>10</sup> Versicherungskarte11 (Personal)ausweis12 Nachsorgeeinbestellung13 Kartei<sup>14</sup>

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If the doctor's bill is higher than expected. patients may experience a sudden short-lived improvement of symptoms before they see a new health care provider.

doctor's or medical bill n rel health or medical insurance<sup>1</sup> [infus<sup>o</sup>n's] n written statement of charges [tforrd3i:z] for medical services [3:]

bill<sup>2</sup> v = billing<sup>3</sup> [b<sub>1</sub>l<sub>1</sub>] n = insure<sup>4</sup> [ $\ln \int u \sigma$ ] v = insurer<sup>5</sup> n  $\rightarrow$  U13-5

- » How can I get a claim [e1] form<sup>6</sup> so I can submit my doctor's bill? Identification of an occupational [e1f] etiology [i:11-] may have important economic ramifications?, e.g. the awarding [5:] of worker's compensation, which covers8 [1] medical bills as well The dwarding [3] [0] worker's compensation, which (gets) [1] include to us us were as lost wages [cid3]. Even when insurance provides coverage for a service, the patient may be responsible for an initial "deductible" [ $\Delta$ ] and a copayment. Traditional fee-for-service insurance<sup>10</sup> reimburses<sup>11</sup> [32] the hospital and the physician for services rendered but frequently does not cover preventive care. While preparing to submit the doctor's bill for reimbursement, she discovered  $[\Lambda]$  a previous  $[i_1]$  surgery was revealed [i:] to her employer.
- Use to record sth. on/issue²/sign/send sb./pay a bill in-hospital<sup>12</sup> bill bill of health<sup>13</sup> life<sup>14</sup> / travel / automobile / liability<sup>15</sup> / medical malpractice insurance insurance plan / company<sup>5</sup> / carrier<sup>16</sup> insurance policy<sup>17</sup> / premium<sup>18</sup> [ir]/ coverage<sup>19</sup> [kAvaid3] + **to bill** sb. for services + private [<u>al</u>]/ state-sponsored<sup>20</sup> / for-profit<sup>21</sup> insurer = insured (party)<sup>22</sup>

#### Arztrechnung

Krankenversicherung<sup>1</sup> Rechnung ausstellen2 Rechnungslegung3 versichern<sup>4</sup> Versicherungsgesellschaft, -geber<sup>5</sup> Antragsformular<sup>6</sup> weitreichende wirtschaftl. Konsequenzen<sup>7</sup> (ab)decken<sup>8</sup> Selbstbehalt<sup>9</sup> leistungsbezogene Versicherung10 refundiert11 Rechnung f. d. stationären Aufenthalt<sup>12</sup> Gesundheitsattest<sup>13</sup> Lebensversicherung<sup>14</sup> Haft-pflichtversicherung<sup>15</sup> Versicherungsträger<sup>16</sup> Versicherungspolice, -schein<sup>17</sup> Versicherungsbeitrag, prämie<sup>18</sup> Versicherungssumme<sup>19</sup> staatl. Versicherungsanstalt20 privatwirtschaftl. Versicherung21 Versicherungsnehmer(in), Versicherte(r)22 15

# **Clinical Phrases**

Come in, Mrs. Blythe, have a seat. Kommen Sie nur herein, Frau B. und nehmen Sie Platz. • What brings you to my office today? Was kann ich für Sie tun? • How are you this morning? Wie geht es Ihnen heute? • How long has this been troubling you? Seit wann haben Sie diese Beschwerden? • Have you ever been under a physician's care? Waren Sie schon einmal in ärztlicher Behandlung? • I will ask a gynecologist to see you. Ich werde Sie zu einem/r Gynäkologen/-in überweisen. = Have you had any more spells of dizziness since I last saw you? Hatten Sie wieder Schwindelanfälle seit Sie das letzte Mal bei mir waren? • Please step onto the scale. Bitte steigen Sie auf die Waage. • First I'd like to examine your throat, then I'll advise some treatment for you. Lassen Sie mich zuerst in den Hals schauen, dann werde ich eine Behandlung vorschlagen. • Open your mouth wide, please. Den Mund aufmachen, bitte. • Tell me if you've ever experienced trouble with your balance. Hatten Sie schon einmal Gleichgewichtsstörungen? - Have you had a tetanus shot recently? Wurden Sie in der letzten Zeit gegen Tetanus geimpft? • Does Dr Sting have a large practice? Hat Dr. S. viele Patienten?

## Figure 2 Sample page from

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