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in this issue
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Techniques for Teaching Medical Translation into English

By Naomi James Sutcliffe de Moraes

This article is based on my experiences teaching scientific, engineering, and medical translation in the two-year Associação Alumni Translation and Interpreting Certificate Program in Brazil. To provide a bit of background, the Associação Alumni Certificate Program was established in 1971. It is a hands-on program rather than a traditional university-type theory course. The curriculum includes technical translation (four semesters), literary translation (one semester), consecutive interpretation (one semester), and simultaneous interpretation (two semesters). Each semester consists of nine weeks of classes translating into Portuguese, and another nine weeks translating into English. There are three reasons for this: 1) Brazilians regularly translate into English; 2) native speakers of English also take the course; and 3) being forced to translate into what is normally the source language strengthens comprehension.

I teach the scientific and engineering Portuguese-to-English class during the second semester (two hours per week for nine weeks). Homework is given once a week and returned the following week with corrections in ink (all assignments are graded according to the school's standard error code). Only one medical text is given at this level, but biology and chemistry are often covered. I also like to teach texts on mechanical engineering (I have a B.S. in this area) and environmental engineering (a very popular topic for Portuguese-to-English translations). Since there are so many interesting areas and only nine weeks, I must choose my texts carefully.

The same students from my second semester class also attend my fourth semester Portuguese-to-English

medical translation class. At this point, most of the students' English grammar problems have been resolved (thank goodness!), allowing me to correct their texts electronically using the "track changes" tool in Microsoft Word. The fact that I have to spend less time on grammatical problems and can grade assignments more quickly in MSWord is important, especially given the fact that this module lasts only four and a half weeks (the last half week

“...The most important characteristic of a medical translator (who is not a physician, or who is translating in an area she is not familiar with) is humility...”

consists of the exam). Students receive homework assignments on Wednesday and must return them to me via e-mail by Monday so I can correct them, return them by e-mail (so students can see my comments), and prepare feedback by Wednesday. Needless to say, I have stayed up till two in the morning correcting homework on at least one occasion!

So how much medical translation can I teach in four weeks? Not nearly enough. One interesting aspect of the Alumni course is that it is very competitive (there are written and verbal entrance exams), so we get the best students. I have had medical doctors, veterinarians, lawyers, engineers, and dentists in my medical translation classes. Having such accomplished professionals as students can be quite daunting! Of course, there are also students who studied languages in

college, English teachers, and housewives (many of whom are married to native English speakers).

Text Selection

Students are broken down into two groups upon admission to the program: the A group (those with stronger translation skills) and the B group (those with weaker translation skills). Most B students will not receive the Portuguese-to-English translation diploma, since this requires students to maintain an average of 90% or above on all assignments and exams. This also means that I cannot grade on a curve for each group, and I also cannot use qualitatively different texts for homework.

I try to focus on texts a Brazilian might reasonably be hired to translate into English: medical journal articles, abstracts, medical reports, and marketing material. The problem is that students without a medical background, especially those in the B group, are normally incapable of competently translating the first three types of documents just mentioned. Therefore, I have to balance the course plan by choosing texts they will have a reasonable chance of translating adequately, so as to build up their confidence. At the same time, I must not let my students get overly confident by picking texts that are too easy. This would be doing the students and the profession an injustice, since students scoring high marks on easier texts without being challenged would be given the false impression that they are whiz medical translators. This could eventually lead to a dangerous situation where translators who are really minimally qualified would attempt to translate complex medical documents, do a horrible job, and possibly kill someone in the process. There is nothing worse than a translator who translates any text

that comes his or her way just because there is no other job available at the time. One of my chief objectives in the scientific and engineering translation course is to scare the nonscientific-minded students away from the areas of medical, scientific, and engineering translation while encouraging the scientific-minded students to accept greater challenges.

Subjects

When I began teaching the medical translation class, I used material provided by the previous teacher, such as articles on pain, aging, malaria, etc. After feedback received from the second semester students, who felt overwhelmed by the number of different topics being covered in engineering and science, I decided to try a different approach. Since both my in-laws have cancer and I translate many cancer-related documents, I decided to focus only on texts dealing with this disease. I employ a progressive approach, starting off with easier texts and gradually moving to more difficult material as students become more proficient. For instance, the first text contains basic cancer definitions taken from a

Brazilian medical dictionary, the second text covers types of treatment, and the third and fourth texts concentrate on thyroid cancer and staging. The course exam deals with radioactive iodine treatment for thyroid cancer. Following this course plan, students are able to recognize and apply vocabulary they learn during the first class to all subsequent classes, thus allowing them to progressively acquire new terminology while building their translation skills. After using this new plan for two groups of students, I found that students with less medical experience (the majority) enjoyed it, while students with medical experience would have preferred more of a survey course.

Register

One important characteristic of medical translation is register. This can be broken down into the three following categories:

- doctor-to-doctor
medical articles, laboratory reports
- doctor-to-patient
medication inserts, marketing material, instructions
- patient-to-patient

material provided by charities or organizations

The doctor-to-patient register is the trickiest to translate, because Brazilian doctors often use the same words for the first two registers, whereas an English-speaking doctor would not. For instance, I recently went to a clinic for a vaccine, and they told me they would give me the injection in the *nádegas*. I was a bit surprised, not expecting this turn of events, and the nurse went on to explain that she would give me the injection in the *bunda*, which is the everyday word. I would expect an American doctor to give me an injection in the “rear,” not the “buttocks” or “gluteus.” American doctors have been trained (at least recently) to use everyday language to discuss an illness with patients in order to put them at ease and stimulate their participation in their improvement. If patients do not understand how a medication should be used, or why, they are unlikely to take it as prescribed.

The patient-to-patient register is also interesting, because the text often has the doctor-to-doctor register word followed by a layperson’s explanation. When used carefully, these ➡

Table 1

American English		Brazilian Portuguese	
Doctor Register	Patient Register	Doctor Register	Patient Register
Encephalitis lethargica	sleeping sickness	encefalite letárgica	
thrombosis, embolism	blood clot	trombose	coágulo [not very common]
cerebral hemorrhage	stroke	hemorragia cerebral	derrame cerebral
Conjunctivitis	pink eye	conjuntivite	
Candidiasis	yeast infection/thrush	candidíase	
Hordeolum	stye	órdeolo	terçol
Fracture	break	fraturar	quebrar
Urinate	pee	esvaziar a bexiga	urinar, fazer xixi

texts can be very helpful to medical translators. Translators working on doctor-to-doctor texts should try to use similar texts when researching and reading about the subject.

Table 1 shows some Brazilian Portuguese and American English terms in the doctor and patient registers.

Research and Background Reading

On the first day of class, I discuss various dictionary resources with my second semester and fourth semester students, although the dictionaries and resource materials are different for each group. The thing I stress most is the importance of non-translated dictionaries and resources. The reason for this is that a translation is only as good as the unknown translator, who was paid an unknown fee and allowed an unknown amount of time to complete the job. Many second semester students find Brazilian websites with texts translated into English and think they are all set.

For Portuguese-to-English translation, I recommend the *Dicionário de Termos Técnicos de Medicina e Saúde* by Luís Rey (see the reference list at the end of this article). Its main drawback is that it lacks a reverse index (it can only be used for Portuguese-to-English, unless you guess the Portuguese word). I recommend it because it was written by Brazilian physicians for physicians, and has proven to have correct English translations. I also mention the translated versions of Dorland, which both have English-to-Portuguese entries with a reverse index at the end. The disadvantage of all three is that the definitions, which are a good place to find collocations, are in Portuguese. For this reason, I recommend Stedman or Dorland in English, or the *Oxford Concise Medical Dictionary* (less expensive, but uses British English).

For reference material, we recommend a basic medical book for students who are really interested in the

area. I use *Clinical Medicine* by Kumar and Clark, which also uses British English (needless to say, I point out spelling differences whenever they pop up). Other useful tools are the *Merck Manuals*, available in English on the Internet and translated into Portuguese in print editions. A surprisingly good resource is an unabridged dictionary. For instance, I am constantly amazed by what I find in *Webster's Unabridged*.

During the second semester course, the biggest problem is convincing students that everything found in a bilingual dictionary must be checked, either in a monolingual dictionary (preferably an unabridged version) or on the Internet. Since Internet sources are often of dubious value, I stress monolingual dictionaries. My rule is "back it up." If a client asks you why you used a word, you need to know where you got it from, and a printed dictionary is more likely to impress him than some unknown website. Indeed, I make stu-

Table 2

Hormonioterapia no Câncer de Próstata

Para a aplicação deste tratamento prévio combinando **bloqueio androgênico** total e Radioterapia a utilização de **agonistas LH-RH** como **Acetato de Leuprolide** ou **Acetato de Goserelina** é necessária para o bloqueio central e transitório da produção de testosterona além da combinação dos **antiandrogênicos** orais comuns ao tratamento do Câncer de Próstata avançado.

Medline:

The most common hormonal treatments today use injections of **luteinizing hormone-releasing hormone (LHRH) agonists**. The U.S. Food and Drug Administration (FDA) has approved 5 LHRH agonist formulations for treatment of prostate cancer in the United States. Of these approved products, 3 involve different delivery systems for the LHRH superagonist **leuprolide acetate**. Sustained-release formulations of 2 distinct LHRH agonists, **goserelin acetate** and triptorelin pamoate, are also commercially available. Author: Sartor O

The use of the **luteinising hormone releasing hormone (LHRH) analogues—goserelin and leuprorelin**—is well established and forms the backbone of the treatment of locally advanced and metastatic prostate cancer. Maximal **androgen blockade** using LHRH analogues and their adjuvant use with radiotherapy are discussed, as well as their experimental application in intermittent **androgen suppression** therapy. Authors: Gommersall L.M. , Hayne D. , Shergill I.S. , Arya M. , Wallace D.M.

The Lancet:

In advanced prostate cancer, **androgen suppression (AS)** by surgery or drugs controls testicular hormone secretion, and the further addition of an **antiandrogen**, such as nilutamide, flutamide, or cyproterone acetate, is referred to as **maximum androgen blockade (MAB)**. The aim of this overview was to compare the effects on the duration of survival of MAB and of AS alone. Authors: *Prostate Cancer Trialists' Collaborative Group*

dents provide a mini-glossary at the end of each homework assignment, indicating which bi- and monolingual dictionaries were used. If the Internet was used, I want to know the exact web address (yes, students have put the word “Internet” and nothing else in the source column). I have even had students use the Sea World website as a reference for biology texts! I do not grade the glossary, but use it as a tool to determine where the student went wrong. Even bilingual medical dictionaries must be checked (both Stedman and Dorland have translation errors).

The most important part of medical translation, for translators that are not medical professionals, is background reading. Physicians, nurses, etc., have been conducting background reading throughout their studies and careers. How can we get up to speed? By judiciously choosing to read material that is as similar as possible to the text to be translated. The material should not just have similar content—it needs to be in the same register (see discussion in the previous section).

As an example, I have reproduced in Table 2 a sentence from a Brazilian medical article on hormone therapy for prostate cancer (first box, with tricky words in bold). A search on the Medline/The Lancet websites using the following key words—leuprolide acetate androgen—brought up many articles. Sentences from three articles are reproduced in the second box. Note one feature of Brazilian medical texts: the use of English acronyms (LH-RH in this example, though with a hyphen not used in the English texts). One of the greatest challenges in poorly written texts is determining if an acronym is in Portuguese or English. In this text, the acronym is used without being defined, and the Medline search confirms that it is an English acronym. The objective is not

to search for new texts with every sentence, but to read one or two articles on the subject and highlight the keywords that are most likely to appear in the Portuguese original. Make sure to check the origin of the authors’ last names. One Chinese name, one Greek name, and one French name probably means second or later generation Americans working in New York. Three Japanese names probably mean that the paper was written by non-native speakers, and therefore should not be used as a language reference. The editors of medical journals can only do so much! The location of the institution is not always a reliable clue. Many doctors are immigrants.

To emphasize the usefulness of background reading, I have students complete the following exercise during the first few classes of each semester. Students are given a Portuguese text and dictionaries and instructed to begin translating. After they struggle for about 40 minutes, background material is provided and translation continues. In later classes, the topic is announced beforehand and students must bring background material to class. One problem the second semester students always have is using too much of the background reading in the translation. They tend to insert text and ideas into the translation that do not appear in the original. It seems that students almost always need to go overboard a bit in this way before settling down to a happy equilibrium—using the background reading in an appropriate way.

Due to the short supply of good English-to-Portuguese dictionaries, we encourage the guess-and-check method. The guess can be made based on spelling, background reading, or a niggle in the back of the brain. One good method is looking

the word up in an English dictionary with *th* instead of a *t*, with *y* instead of *i*, with *ph* instead of *f*, etc. Medical terminology, however, must always be checked carefully. When translating *perineural*, the translator may come across “perineurial” and think they have found the answer, when in actuality the word “perineural” does exist in English and is slightly different from “perineurial.”

Medical Vocabulary

I try to introduce medical vocabulary as a separate activity. For this, I use *An Introduction to Medical Terminology* by Andrew Hutton, but there are several other good publications available. Since beginning to use only those texts dealing with cancer in my fourth semester class, I have been covering the radiology and oncology chapters. Each chapter introduces relevant roots, prefixes, and suffixes, and then assembles them in various ways through exercises. Brazilian students are often more familiar with these Latin and Greek roots than English-speaking students, due to the dual register medical terminology used in the U.S.

Students like learning roots and combining forms, but then I have to backpedal a bit. The first hurdle is *cardiomiopatia/miocardiopatia*. These two forms are used interchangeably (a Google search resulted in 1,270 hits for *cardiomiopatia* and 1,240 hits for *miocardiopatia*. The problem is that only one form is used in English: cardiomyopathy. Even worse, when I searched for other options on Google, I discovered the following:

Miocardiopatia	55 hits
Cardiomiopatia	436 hits
Myocardiopatia	1,100 hits
Cardiomyopathy	190,000 hits



Needless to say, many bad spellers have pages on the Internet. If a common medical word does not have at least 5,000-10-000 hits, translators should worry. Part of learning to research the Internet is knowing how to interpret the results.

After working out *miocardiopatia*> cardiomyopathy, students are again disillusioned by *miocárdio*>myocardium and *miocárdico*>myocardial, just what they would have originally guessed. There is no logic.

Another problem is when English-speaking doctors do not use the long, complicated Greek/Latin words. One example is the word *linfonodomegalia*, which means “enlargement of the lymph nodes.” This concept should be spelled out. Brazilians commonly visit *otorrinolaringologistas* (there were even 3,000 hits for this term on Google) and think nothing of it. Remember, this is a country with city names like Itaquaquecetuba and Pindamonhagaba. They even have a pet name for them: *otorrinos*. The equivalent in English, however, is not otorhinolaryngologist, but “ear, nose, and throat specialist.” (There were 1,600 hits on Google for otorhinolaryngologist, and most of them were dictionaries defining the term). The string “ear, nose, and throat” had 236,000 hits, and the string “ear, nose, and throat specialist” had 7,000, which obviously makes this terminology the preferred option. Do otorhinolaryngologists even call themselves that? Who could pronounce it!?

From the first semester, all students at the Associação Alumni are encouraged to keep a running glossary. I always emphasize the importance of noting down the source, whether it be a dictionary, website, or colleague, as well as the definition if the word is unfamiliar in both languages.

Collocation and Usage

At the Associação Alumni, we stress the importance of referring to English source material as part of the background preparation for a translation into English. Living in Brazil for four years, I often do this myself to make sure no Brazilianisms have sneaked in. This technique is also useful for translating into British English, something which I am frequently called upon to do. Collocations that work for normal, everyday text may not sound so good in a medical text. For basic collocations and prepositions, I recommend the *Cambridge International Dictionary of English* (orange cover, for British English) or the *Cambridge Dictionary of American English* (blue cover, for U.S. English), which are also available on CD-ROM. These dictionaries clearly differentiate between different meanings of a given word, provide good examples, and indicate if the word is countable. (These dictionaries are useful principally for foreigners, though I do refer to them when grading homework in order to better explain why a given construction is wrong.)

One example is the word pain (*dor/dores* in Portuguese). Pain is usually uncountable, as shown in the *Cambridge International Dictionary of English*:

pain: (some of the many examples)

- The symptoms of the disease include abdominal pain and vomiting. [Uncountable]
- Are you **in** pain? [Uncountable]
- These tablets should help to **ease** the pain. [Uncountable]
- I felt a sharp pain **in my** foot and realized I had stepped on some glass. [Countable]
- He has been **suffering** various aches and pains for years. [Countable]

One common exception is the expression “stomach pains,” but we would not say “foot pains” or “arm pains.” Whether pain should be used in the plural normally has nothing to do with the use of the plural or the singular in Portuguese, and everything to do with the “specific grammar” of the word pain. Note the additional information a non-native speaker (or non-British English speaker) can get from these examples: the use of the word “in”; the possessive “my” (in Portuguese, a speaker would say “in the foot,” since the possessor of the foot is understood through context); and the collocation of the verbs “ease” and “suffer.” These examples might not solve the translator’s problem, but they at least make her realize there is a problem.

Other common (but unexpected) collocations are to “run a fever” or to “feel sick.” A problem I have recently run into is the use of the words *neoplasia/neoplasma* in Portuguese and their translations into English. The standard dictionary definitions are:

neoplasia (pt: *neoplasia*) [Uncountable]

1. *Pathol.* tumor growth.
2. the formation and growth of new tissue.

neoplasm (pt: *neoplasma*) [Countable]
a new, often uncontrolled growth of abnormal tissue; tumor.

But what is the poor translator to do when confronted with the following sentence?

Distinguem-se as neoplasias benignas e as neoplasias malignas...

Here, *neoplasia* is being used to mean *neoplasma*, but this should not be done in English (and is certainly questionable in Portuguese). Sometimes dictionaries only guide us, and

we must look to source texts and try to really understand what the writer means. Brazilian doctors are so accustomed to reading English texts that they sometimes forget how to write in Portuguese.

Ambiguity

An important goal of any translator is to recognize ambiguity in the text to be translated. An example in one of my class texts is:

pela redução da produção normal do hormônio pelo corpo do paciente. Isso pode ser conseguido através da retirada cirúrgica do tecido que o produz, pela sua destruição através de radioterapia ou através de medicação.

Does the medication destroy the tissue or reduce hormone production? This is the kind of thing that translators should ask their clients about. In English, there is no easy way to make the text equally ambiguous, and ambiguity was obviously not the intention of the original author anyway—he knew what he meant.

Another common problem is the use of *isso/isto/este/esse/esta/essa*, which can all be translated as “this” in English. Needless to say, the translator often needs to repeat the sub-

ject/object instead of simply using “this” in English.

English Problems

Since my students are mostly non-native speakers of English, they tend to make the same mistakes both during the second semester and the fourth semester (though I do see improvement, thank goodness!). The biggest problem word in medical and scientific translation is *apresentar*, which in addition to present/show/display also means “to have.” Indeed, Brazilians bend over backwards to avoid using the verbs “to be” and “to have.” One of the favorite substitutes is *apresentar*.

Tendo em vista que um órgão pode **apresentar** vários tipos histológicos de tumor.

Crianças e adolescentes que recebem ácido acetil salicílico cronicamente, como tratamento para a doença de Kawasaki ou artrite reumatóide, por exemplo, pelo risco de **apresentarem** Síndrome de Reye.

In the first example above, *apresentar* can easily be replaced with “to have” or “can be seen” by restructuring the sentence. In the second

example, “to have” does not fit well, but “contract” does. Even better would be to omit the verb altogether: “due to the risk of Reyes Syndrome.” So, after constantly reminding my second semester students that *apresentar* is only translated as “present” when discussing Mick Jagger (stage shows or presentations), I then introduce them to sentences like the following:

Postmenopausal women who **present** with fractures (to confirm the diagnosis and determine disease severity).

Augh! So, where did this strange use of “present” come from? To make matters worse, *apresentar* is used with this meaning in Portuguese. Basically, I explain to students that this use exists, but tell them to use “to have” or no verb instead, since these options will be understood just as well and by a larger range of people.

Most major problems I correct are related to sentence structure. Even native speakers can fall into structure traps when in a hurry. The golden rule in scientific and medical translation is SVOC (Subject, Verb, Object, Complement). This is the standard order English-speaking readers expect when reading these types of texts. To illustrate this fact to my

Table 3

Original Portuguese	Typical Student Translation	Improved Structure
É necessário que o anticorpo não leve o sistema imune a destruir tecidos saudáveis.	It is necessary that....	The antibody must not...
Há anoxia nos tecidos...	It occurs anoxia in the tissues...	There is anoxia of the tissues... - or Anoxia of the tissues occurs...
Os anfíbios em questão são pererecas do gênero Phyllomedusa, e são quatro as espécies que vêm sendo estudadas:	...of the genus Phyllomedusa, and four are the species being studied:	...Four species are being studied:

students, I even analyze a paragraph on fossils from an encyclopedia and show that every single sentence, without exception, has the SVOC form. Some typical examples are given in Table 3. Another clue that a structure problem exists is the use of the pronoun “it” without a reference. If the student cannot tell me what “it” is, it is wrong.

Quality and Humility

The most important characteristic of a medical translator (who is not a physician, or who is translating in an area she is not familiar with) is humility. Peoples’ lives may be at stake. The same rule applies to engineering and science translations—have your work reviewed! I charge extra for medical texts, and pay another translator to review my work. I have colleagues who are MDs, DDSs, DVMs, psychologists, and nutritionists, all with translation certificates. As you learn from your mistakes, you will make fewer errors and pay your editors less (I pay by the

hour, and charge by the hour when I am asked to edit). I do not know if I will ever reach a point where I feel my medical translations (except for light marketing material) will not need to be reviewed.

Conclusion

Needless to say, the methods described here can be applied to teaching any specialist subject, with slight adjustments.

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School Outreach: Ready, Set, Go to Your Local School! Continued from page 15

We Need You!

The School Outreach pages are a work in progress (which is another way of saying that we’re making this up as we go along). They’re not perfect, and we very much hope they’ll never be complete. Of the more than 100 responses to our initial appeal, some suggestions could be implemented right away, while others required more time and work. This means that we’re still following up on a number of very valuable leads. And we’re sure that what’s already on the pages can be made even better. Please use the “Feedback Link” on the Welcome page to tell us how!

And by all means, let us know *immediately* if we’ve somehow failed to include or recognize you. We’ve made every effort to acknowledge everyone whose material was included on the site, but we may have dropped the ball in a few places. If you contributed material and don’t see it on the site (or worse, your material is there, but your name isn’t), please, please, please contact us so we can make it right.

If you’re willing to help, this effort can have an enormous impact. We’d like to think that in 10 or 15 years we could walk into an elementary school

classroom anywhere in the U.S., ask “What do you want to be when you grow up?” and be no more surprised to hear “translator” than “fireman” or “doctor.” It won’t happen overnight, but the numbers are on our side. ATA has 9,000 members. If each of us spoke to just one class of 25 kids once a year, we’d reach over 200,000 students annually. It’s high time we got serious about this. The best time to plant a tree is 20 years ago. The second-best time is right now.

Reach out to your local school today!

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