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Henry Fischbach

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**WHAT THE TRANSLATION CLIENT
SHOULD KNOW
or
HOW NOT TO WRITE FOR FOREIGN
PUBLICATION**

Henry FISCHBACH, ATA¹

A perennial problem faced by translation agencies is that of client education. Clients who are familiar with no language other than their own can not always be expected to appreciate the complexities of preparing polished foreign copy for publication or translations of technical articles for the information of the specialist. Translators and agency executives are frequently called upon to exercise what sometimes borders on extraordinary patience with regard to the unreasonable demands of clients, for example, when they innocently request almost instantaneous translation of copy for foreign journal ads, radio commercials, patent office registrations, etc.

Since at present the translation profession sponsors no detailed, coordinated or systematic program of client education on any broad scale, the best we can do as individuals is to offer sporadic and unsolicited rays of enlightenment to clients and potential clients whenever and wherever the opportunity affords.

The following is an adaptation of a recent address given before the *American Medical Writers Association* in New York City. The problems discussed, most of which will come as no surprise to regular readers of the *Journal*, relate primarily to the field of medicine, but are in many instances equally prevalent in other areas of scientific, technical and advertising translation.

General

Medical translations may be broadly divided into two main categories, depending on their purpose: information or promotion... although this is not to imply that the two are mutually exclusive. A medical communication may — indeed, ideally should — inform as it promotes, and of course

(1) M. Henry Fischbach, membre du Conseil d'Administration de l'*American Translators Association*, est le directeur de l'Agence **Language Service, New-York**, et membre correspondant du *Journal des Traducteurs*.

vice versa. But, by and large, a text intended solely for internal information need not be as highly polished stylistically as one prepared for external promotion. The two are chiefly distinguished by the inclusion — subtle or otherwise — of a sales message.

Translation enters into the picture whenever the source language and the target language differ, regardless of the communication medium being used: clinical papers, package inserts, direct mail and all other printed matter; slide projections or motion pictures; broadcast commentaries; recordings; patents.

... into English

When the medical communication being translated is intended for the private information of only a few individuals, the translator requires no specialized knowledge other than the scientific subject matter of the translation, except in the case of patents where experience with some legal terminology is desirable. It is assumed that he is thoroughly familiar with the source language and has an active command of the target language, to which he should preferably be native. Although material intended for personal information is generally derived from foreign-language sources, the converse is by no means unusual, as for example in the case of English inter-company memoranda addressed to overseas managers and distributors, or individual communications to foreign scientists and research institutes.

... into the foreign

However, when the medical communication being translated is intended for the promotion of a pharmaceutical product to a large audience of potential users, chiefly physicians, the demands placed on the translator frequently become too complex to be met by one individual alone. Each of the various media mentioned earlier requires some sort of specialized experience.

Moreover, every translation should be edited, since no translator, however gifted, can help being influenced — some would say mesmerized — by the construction and tone of the original copy.

Even if we were to concede that most physicians can and do write well — a proposition which has been questioned from time to time — how many, in addition to the necessary linguistic knowledge, also have special advertising skills or know the distinct technique of writing for the screen, or the ritualistic phrases of the patent world?

Good translating is the *rewriting* in the foreign language of the *ideas* contained in the original. Indeed, we might even say that a good translator ought to be as good a writer as the one who wrote the original.

Just as the mere possession of a camera does not make a person a photographer, so mere knowledge of a foreign language does not make a translator.

A few years ago, a book review in *The New Yorker* said of a certain book: "...translated from the Finnish by Alan Blair, who has the gift of making his translation invisible."

“Invisible” Translation

An “invisible” translation is no mean achievement. In fact, it is a superlative one — the goal of every translation. The foreign-language reader of advertising and promotional literature should be unaware that the text he is reading is a translation. He should not be confused by unusual turns of phrase, odd meanings, unfamiliar metaphors or unknown background material. He should be made to feel that the copy was written originally in his own language.

Translation Team

Medical material comes in such a variety of forms that a specialized approach to its translation is almost mandatory. This approach is embodied in what we might call the translation team.

The translation team, as distinct from the individual translator, is precisely the contribution a client comes to expect from a competent medical translation service. The backbone of such a team is of course the physician, but if the final product is to be accurate and effective, yet morphologically tailored to the particular medium for which it is intended, its preparation must draw on the talents of other individuals as well: individuals specifically skilled in the art of copywriting, whether for the eye or the ear; individuals keenly conscious of consistency of both layout and terminology; and finally, individuals instructed in the peculiarities of foreign typographical practices. This means — in addition to medical men — copywriters, editors and proofreaders.

You might wonder: “What’s so unusual or difficult about this approach?” Bear in mind that most of these individuals on such a translation team, in addition to being thoroughly bilingual, must also be familiar with *current* medical style and terminology in the target area. A foreign-trained physician with upwards of 15 years residence in this country can hardly be expected to have such knowledge, nor can a foreign-born medical writer wholly educated here.

Transfer of Meaning

It is axiomatic among linguists that individual words, like individual cells, cover a certain functional area. First, there is the nucleus or core, which carries the general meaning of the word, and then there is a circumscribed mass of protoplasm or fringe area, more or less broad, which imparts a certain color to the word. Very seldom will the corresponding words in two different languages cover precisely the same area, both core and fringe.

There is quite a difference between the *denotation* of a word, that is, its core or actual meaning, and its *connotation* or fringe area, which suggests or implies overtones *beyond* its actual meaning. Copy which *denotes* one thing in English can easily *connote* something else in the foreign language which may prove to be ludicrous, offensive or even obscene.

False friends

Certain scientific words may look like perfectly safe cognates, yet result in a mistranslation if used as such.

For example, *peptic ulcer* in French is not *ulcère peptique* but *ulcère gastro-duodénal*, and conversely *anthrax* in French is not *anthrax* in English, but *carbuncle*. In German, the word *Halsweh* is another such false friend that can be — if you will forgive me — *a pain in the neck*; yet to the German physician it connotes *sore throat*.

Translator's duties (into the foreign)

Basically, the duties of the translator whose copy is intended for foreign publication are severalfold :

1. He must understand the English thoroughly and ask the client for clarification when he does not.

2. He must word his translation so as to trigger intrinsic and familiar thought processes in the foreign reader's mind and not be afraid to deviate from the original to achieve this end.

3. If necessary, he must *change* the original by selecting an entirely different imagery, coining different slogans, devising a different layout, adopting a different tone, making minor deletions or additions — in fact all of this and more, so that his copy will fit the distinctive linguistic genius of the foreign language and the characteristic cultural patterns of the foreign reader. This, however, should only be done with the client's full knowledge and, hopefully, approval.

4. He must exercise editorial judgment and *refrain* from translating anything that would be inappropriate, ludicrous or accidentally obscene, and he must explain to the client why.

Now let me illustrate some of the problems involved :

Metaphors, artwork

Since different languages have usually adopted different imagery to convey the same metaphoric thought, it might be well before ordering the art work for a specific metaphor to check with the translator whether the same imagery can be used in the foreign version.

Thus, the phrase "to carry coals to Newcastle" comes out in French, "to carry water to the ocean"; in Spanish, "to carry wood to the forest"; in German, "to carry owls to Athens" and, in Russian, "to carry samovars to Tula" since that city was a center of samovar manufacture.

You can therefore see how important it is for the translator to have all the elements needed for a proper translation... and one very essential element is the artwork.

Inapplicability of copy

Sometimes the English copy is really not applicable in certain foreign areas and clients should encourage translators to bring such instances to

their attention. In the following examples, it was the translator who saved corporate faces from turning red.

A text submitted for translation into German contained this sentence: "X is highly effective against poison ivy, one of the most common forms of dermatitis." Not so, however, in the German-speaking areas for which the translation was intended.

Or this one, in a text submitted for translation into Brazilian Portuguese: "The solution is stable and can withstand temperatures as low as 5° F. without freezing." That may be quite a selling point in North Dakota, but not in Brazil where the lowest recorded temperature is 33° F.

Some time ago, an associate handled a promotional campaign for an American swimming-pool manufacturer, which involved the translation into a dozen European languages of a basic letter containing the following sentence: "A recent market survey revealed a large potential for swimming pools in your country." The inapplicability of this statement to Finland, with its 60,000 lakes scattered all over the country (i.e. one for every 75 Finns) would have destroyed the veracity of the entire communication had the Finnish translator not pointed out the incongruity of that phrase.

The translator has to take liberties with the English text, for customs and everyday living are different in other countries than they are in the U. S. Here is another example :

A radio commercial for a perfumed medicated skin cream, translated into Spanish after a successful run over American radio, flowed out of loudspeakers in Latin America thus : "...attract him... entice him... make him surrender in your arms... use X cream..." This is fine for American ears. But it so happens that a boy doesn't get close to a girl in Latin America. He doesn't have a chance to "surrender in her arms." He is down on the sidewalk, while she is up on the balcony.

You must take foreign customs and habits into account. The translator of advertising copy must know his audience. Professor Hotchkiss of N.Y. University is reported to have told his advertising copy classes to remember that "gents wear pauts but gentlemen wear trousers."

Here is another example, this time from the N.Y. Times :

A big cosmetics manufacturer some time ago sent the following instructions to its translation agency: "Translate this advertising folder into printed Arabic. We're going to use it to promote our face cream in Egypt, Syria, Lebanon, Jordan and Iraq."

On the face of the folder was a picture of the armless statue of the Venus di Milo.

Back from the translation bureau (it was the well-known Berlitz service) came the warning :

"This proposed advertising is faulty for the countries you have in mind. A figure without hands or arms often denotes a punished thief there. And an ad for anything as personal as face cream would be offensive in printed-type form — it should look like handwritten script."

These incongruities can be avoided by advertisers if they keep in mind that what's good for their domestic market may not necessarily be good for their overseas markets. The foreign reader projects what he reads against a background of lore which is his by reason of the group or society from which he springs or in which he lives. To paraphrase a quotation I recently read, medical advertisers should prefer the certainties of knowledge to the certitudes of enthusiasm.

Clarity

Sometimes it is even very difficult to translate what appears to be the most simple English sentence.

Before translating a phrase such as: "The drug has been found to be effective against *acute otitis and hepatitis*," it is necessary to determine whether both otitis and hepatitis are acute, or whether only the otitis is acute. If only otitis is acute, then the adjective in the foreign must be in the singular; if both are acute, then the adjective must be in the plural.

Translator must consult

If the context does not permit him to determine which is meant, the translator must query the client for clarification. It would have been better if the copy had been especially edited for translation and the sentence had read: "Acute otitis and acute hepatitis" or "otitis and acute hepatitis" (if only the hepatitis was acute).

English copy contains many such unintentional ambiguities; this is due primarily to the fact that the English medical writer is sometimes unaware of the requirements of other languages. Since it will not be possible for him to anticipate all these difficulties, he should indicate to the translator that he is fully aware of their possible existence and that he expects the translator to consult him when in doubt. Many translators are reluctant to approach the client with questions of this nature because they fear that he may interpret such queries as a reflection on his copy.

In English, difficulties also arise when modifiers are a combination of adjectives and nouns used as adjectives.

Take the phrase: *thick plaster bandage*. Does it mean a bandage stiffened with a thick paste of plaster of Paris, or a thick bandage stiffened with some plaster of Paris. Does *steam generator* mean a device that generates steam or a generator of something else, say electricity, that is run by steam. How is the translator to know?

Overwriting

Incidentally, the piling up of modifiers in front of nouns, which is so common in English, is a difficult hurdle for the translator to overcome.

Here is a recent example, in which at least one of the 5 adjectives could have been dropped without loss of meaning: "Eight patients were in the third group, chosen because of *pre-existing chronic underlying structural bronchopulmonary disease*." If the condition was an underlying one, chances are it must have been pre-existent.

Clarity

Injudicious placement of adverbs such as *only* and *also* will tend to obscure a phrase. For instance, take the sentence: *The first patient took this medication the next day*, and place the adverb *only* in several places and see what happens to the meaning (see Figure p. 117).

Length of copy

Length of copy is another serious problem, particularly in journal ads. Spanish, French and the other Romance languages require many

more words to convey the same meaning and thought. When translated, the Spanish or French copy will expand approximately 15 to 20%, often as much as 25%. Consequently, long English copy which utilizes all the available space will result in overcrowding when the ad is translated. Copywriters should allow for this in their layout and artwork. The headline particularly should be flexible in size — so that even a short English phrase that has to be translated into a long French or Spanish one will still fit without destroying the layout.

This need to work at times within very close space limits is what makes the job of translating captions so difficult. The translator must know to what extent the space factor has to be taken into consideration in his choice of wording. The best way a client can help him is to supply a dummy or layout.

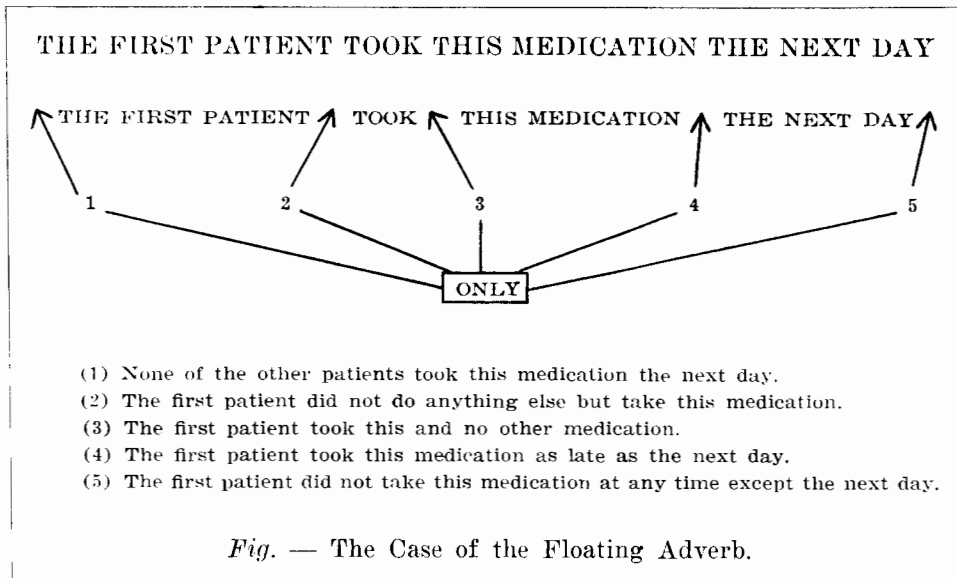
Redundancies

There are quite a number of English expressions which, although pleonastic, have come to be accepted in everyday writing. These become unacceptably redundant when translated. Here are a few common examples my colleagues and I have encountered :

“Period of time”. In most languages a *period* can refer to nothing but time. In a gynecological context, however, the two extra words may serve a useful distinguishing function.

“Hollow cavity” — “Annular ring” and the quite common “spaced apart.” Only recently I saw the phrase: “A high incidence of nosocomial infections in the hospital.”

Then there are such expressions as “surface area,” “pressure gauge,” etc., which are justified in English but seldom in translation.



Terminological lend-lease

Still another vexing problem is that of rendering new terms borrowed from other fields for which there may be no known equivalent... or at least not one known to the foreign physician expected to understand the translated communication. There has been increasing evidence of late that more and more medical writers are receiving extensive training in statistics. We are beginning to find such esoteric expressions as "t-distribution", "confidence interval," "restricted randomization," etc. Can we in all fairness expect the physician-translator to be familiar with all this lend-lease terminology in English, let alone in his native language ?

The above examples are taken from actual clinical papers, which raises the question of whether such papers should not be abstracted for the foreign reader, rather than translated in full.

Consultation

At any rate, translating for publication is essentially an editorial function which differs from the stylistic editing of ordinary texts in that the originals are in a different language. In an age where medical science borrows so heavily from other disciplines, the medical translator, however cultured or experienced he may be, must have recourse to numerous and varied sources of information, including other specialized translators. In many instances, the bilingual dictionary as we know it has become quite obsolete.

Words in vogue

There are a number of expressions used in present-day advertising copy which, although of fairly recent coinage, are widely understood in this country. Yet they are frequently the bane of the translator. Witness *moisturize*, *accessorize*, etc. It must be borne in mind that English is a much less rigidly formalized — and, hence, perhaps less *finalized* (there is another one) — language than Spanish or French, for example. The latter are much more tradition-bound, which of course complicates the translator's life. Indeed, I was quite surprised to learn that even the word *hospitalize* has only been current since the turn of the century. Here are some examples taken from actual texts submitted for translation :

Take *reading clinic* (an establishment for the diagnosis and correction of reading difficulties); *retail drug salesmanship clinic* (a conference of drug detailmen); *writing laboratory* (a classroom where students of composition write under supervision); *overdichotomize* (apparently meaning to make foolishly fine distinctions); *treatment-conditioned* (a patient who has been mentally prepared to accept therapy); *pinpoint radiation*, *blueprint for therapy*, *recovery target date*, etc.

Such figures of speech will tax even the most gifted of translators. They illustrate why it is imperative that any translation into the foreign be critically reviewed by a bilingual editor native to English, in fact, to modern American English.

Comprehension of American English

We have found from experience that foreign physicians in the U.S. whose native tongue is still comparatively uncontaminated by English will

not always catch all the overtones of such expressions. Conversely, if they have lived here long enough to perceive the full flavor of these terms, their native style may no longer be sufficiently unadulterated to satisfy linguistically more puristic fellow-physicians back home, for whom, after all, they are writing. Other peoples are often filled with intense pride in their idiom, for example most Latins, and resent its imperfect use.

Current foreign usage

In matters of form where he has a choice, the medical translator must often decide whether to write for acceptance by his client (the American advertiser) or the traditional and perhaps elderly foreign physician whose training may predate his own, or whether to write for neither of them and conform to the latest usage.

For example, should chemical formulas be inverted in French and Spanish? In other words should H_2SO_4 become SO_4H_2 ?

Or should blood pressure be expressed in mm. of mercury, or in cm. of mercury, as is apparently common in some foreign countries?

And, for that matter, should *systolic* and *diastolic pressure* readings be expressed as *maximum* and *minimum* pressures, respectively, as is done in Latin America and Europe?

In translations intended for only a few readers, it does not matter which correct form is used. For publication, however, nothing but the most widespread usage should dictate the translator's decision.

Tone of advertising message

A further difficulty the conscientious medical translator encounters is how to tone down the claims which are the mainstay of American advertising. We must realize that the doctor in Amsterdam or Asunción is not necessarily accustomed to the same phraseology or form... and form plays a greater role in many countries overseas than we sometimes realize. Our plain and direct approach is often interpreted as abruptness.

To write: "Following thorough experimentation and after extensive clinical trials, we have come to believe that our antibiotic is highly effective in urinary tract infections and probably second to none," will sound more convincing in Oslo and Dakar than an assurance to the effect that: "For urinary tract infections, more clinicians prescribe our antibiotic than any other" or "our antibiotic is more effective than any other in clinical use today."

By the same token, a more promising approach may be to emphasize the age and tradition of one's company, the quality of its research, the scope of the clinical investigations it sponsors, rather than the mere volume of its sales, its physical dimensions in square miles or wealth in dollars and cents.

Nor should promotional material sent to the foreign physician become didactic to the point of discussing in detail rudimentary concepts in basic anatomy, pathology or physiology.

A number of years ago, a text on intra-articular injection of hydrocortisone went into lengthy explanations on how to locate the various joints.

More recently, a piece on diuretics contained a long discussion of the basic mechanism of sodium and water retention.

Such background may be necessary to make a point, but it should never sound as if the foreign doctor were being taught something he did not know — or worse, had forgotten.

Abbreviations

Abbreviations are another problem. Those not commonly used by the medical profession as a whole should be avoided, however obvious they may be to the specialist. If for reason of space it is desirable to use abbreviations, these should be fully identified the first time they occur.

Although you might recognize BUN as the abbreviation of *blood urea nitrogen*, how many would know what SGCT is? The field is hematology. It stands for *serum glutamic-oxaloacetic transaminase*.

In a list of hospital equipment items we were recently asked to translate for overseas distribution, the term IPP respirator appeared. None of the hospital administrators we consulted knew the answer, so we called the client and finally found out that the abbreviation stood for *intermittent positive pressure* respirator.

Symbols

Incidentally, a "gal" in physics is the unit of acceleration of gravity; not, as some of you may be tempted to believe, the unit of acceleration of levity.

The unexpected

Most translators have a collection of odd and frequently amusing — not to say disastrous — boners they have come across. Here are a few perpetrated by applicant translators:

A *homemade bishop*, upon closer examination, turned out to be a *handmade episcopope*.

In describing a piece of machinery being readied for operation, another aspiring translator wrote that the last thing the machine required was, not *final lubrication*, but *extreme unction*.

Translations into the foreign yield the richest crop of boners.

One of the most famous boners of all time was made a good number of years ago — when an American toothpaste manufacturer began an intensive campaign in Latin America to advertise the fact that the company had improved its product, which was now available in ribbon form, thus permitting the paste to stay on the brush. The theme of the campaign was "X toothpaste now comes in ribbon form." This phrase was translated literally to read "*La creme dental X viene ahora en cinta*." Latin-American listeners couldn't stop laughing, for to them this literal translation, when heard over the radio, meant "*X toothpaste now comes pregnant*."

Basic recommendations for copywriters

I have formulated on behalf of the translator 10 basic recommendations for copywriters who prepare medical copy intended for translation, publication and ultimate distribution abroad :

1. Write clear, straightforward descriptive English, particularly when a product is involved: what is it, what will it do, etc.

2. Refrain from using strictly domestic words or phrases. Too often, our problem as translators is having to interpret the English and sometimes it is not easy to know what the copywriter intended.

3. When new technical terminology has been coined, why not give the translator some guidance, perhaps through a parenthetical explanation.

4. Remember that your English text may expand some 15 to 20% in French, Spanish and the other Romance languages. Allow for this in your layout.

5. Do not expect the translator to divine what you have in mind when you create an inspired caption or subhead without context tie-in or illustration.

6. If your company has already established certain slogans, trademarks, stylistic or layout practices, or new technical expressions in the particular foreign language, give the translator a break and let him in on these, for example by making available to him earlier published translations on the particular product, process or treatment.

7. Whenever possible, give illustration aid by submitting layout dummies, artwork or descriptions. This will help the translator visualize and result in a more adept and effective translation.

8. Avoid direct exhortations. The Syrian or Nicaraguan physician may resent it when told "prescribe drug X for all your patients with infection." He may consider exclamations and imperatives a lack of propriety and due reserve.

9. Do not lecture the foreign doctor on basic medical concepts which he has known since his first year of medical school.

10. If you have thought of an effective gimmick, pun, metaphor, or tie-in between art and headline copy, discuss it first with your translator to see how it can be adapted to the foreign language. Do not automatically expect it to be translatable.

