COMMON MISTAKES IN THE TRANSLATION OF MEDICAL ARTICLES

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Abstract: The aim of this study was to investigate and compare medical articles published in English journals written by native and non-native speakers of English. The analysis of the corpus revealed different types of mistakes, both grammar and lexical ones, which frequently occur in articles written by Romanian authors and which may hinder the understanding of the content. The conclusions of the study are aimed at the work of medical translators in improving their translations.

Keywords: Translation, medical articles, mistakes

In order to carry out the research, articles in this study were chosen from the following journals:

1. Acta Medica Marisiensis
2. Revista română de medicină de laborator (impact factor 0.097)
3. Romanian journal of morphology and embryology (impact factor 0.523)
4. Endocrine Pathology (impact factor 1.600)
5. Histopathology (impact factor 2.857)
6. Virchows Archiv (impact factor 2.676).

The selected articles covered topics in histopathology.

Regarding the structure of biomedical articles, most of them conform to the IMRAD structure, namely: Introduction, Materials and methods, Results and Discussion. Information distributed through these sections is arranged chronologically, which greatly facilitates its understanding.

Titles of biomedical articles are expected to be accurate, concise and clear, and challenging enough to encourage the reader to read on. Clear titles are also recommended in order to facilitate the electronic retrieval of the article. The same importance is played by the key words, as these are also indexed in databases.

Introductions are meant to clarify the necessity of the study and should answer the question "why was this work done?" (Mathews 2008:42). This is also the section in which important papers in the area of research are mentioned and the most significant findings are compared to those of previous research.

The Materials and methods part is devoted to the full description of the methodology involved in the study; the choice of methods in the experiment has to be explained. This description has to be accurate enough so that the study can be replicated. Regardless of the terminology employed, the language used has to be clear enough even for a non-specialist. Non-verbal elements can be included here (tables, figures, graphs, etc) in order to improve the readability of the text.

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The information has to be organised clearly and logically enough for the reader to understand the logical development of the experiments. One of the simplest and clearest ways is the chronological organisation of the information (Enache 2007:55, Mathews 2008:43).

While names of substances, equipment, software have to be mentioned, only the right amount of information should be included to avoid the text of the article resemble an excerpt of a textbook.

The Results section has to present the data and the statistical results objectively. There are different ways of organising the information here: chronologically, according to relevance or complexity. Comments, analysis, or conclusions are not to be included in this part.

The Discussion section is meant to approach the methodology in a critical way and to interpret the results. Differences or similarities to the results of other studies may be commented on. This section ends with a concluding paragraph, summarising the study and listing its key features.

As far as the structure of medical articles is concerned, Romanian articles seem to conform to the IMRAD style. However, unlike the English articles, Romanian ones often carry a separate section entitled Conclusion.

Regardless of the structure, what is most striking in the articles of the first three journals, published in Romania, is the diversity and types of mistakes encountered. The problems that the study into the corpus revealed could be listed as follows:

- lack of the definite article
- wrong choice of words
- word order
- passive voice
- tenses
- inconsistency

Regarding the lack of the definite article, the reason lies in the fact that Romanian words (nouns, adjectives) are inflected, unlike the ones in English, where the definite article is a separate determiner preceding the word. Instances of missing articles include post-determination, a case in which the presence of the English *the* is compulsory. An example is the following case: "well-differentiated adenocarcinoma of colon".

Another problem seems to be that of the wrong choice of words. Sometimes authors/ translators mistakenly use an adjective instead of an adverb or vice versa, a singular determiner with a plural noun, the wrong adjective or preposition, etc. Some such examples include the following situations: a **frequently** diagnosis, **few** information, poorer **prognostic**, five **years** survival rates, etc.

In this category of wrong choice of words, the following cases could also be listed. The word *casuistry* in English differs in meaning from the Romanian *cazuistică*, although some Romanian authors/ translators of Romanian articles use it to mean *the database of clinical cases*. Similarly, the word *affirmation* is used to substitute *statement* as in "this **affirmation** supports the hypothesis". It is unnecessary to emphasise the difference in meaning of the two words.

Prepositions are sometimes mistakenly used. It is the frequent case of *similar **with*** and *similar **to***. The indecision of the author/ translator stems from the fact that both prepositions are used with the adjective throughout the same article.

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Other problems that occur in articles published in English in Romanian journals include inexistent words such as **membranar** instead of *membranous*, or rarely used plurals like **criterions**.

Word order flexibility in English is mainly used in cases of emphasis, as literary devices, or omissions in conditional sentences. From this point of view, Romanian is incomparably more flexible. Regarding problems with word order, the pattern seems to be that of adverbs or adverbial phrases: "The complexity of atherosclerotic disease, with aspects still not completely understood, with a negative impact on the health of the population, brings **constantly** this topic to the attention of researchers and clinicians".

Passive voice is frequently used in scientific writing in order to describe processes, procedures, stages in research. Its impersonal tone is more suitable for such instances than active voice. Overexploiting the use of the passive leads to a description that resembles that of a textbook. Nevertheless, passive voice structures built on a Romanian pattern are incorrect and totally unacceptable: "It was suggested the possible role of antibodies and autoantigens in early atherosclerosis and in this context the participation of immunological factors in early human hypertension it has been reported".

From the point of view of tenses, Romanian may have less strict rules than English. However, mistakes as the following ones are unacceptable: "are commonly used for ten years", "had underwent" or "the clinical manifestations are depending upon the size of the tumour".

Regarding inconsistency, the study revealed cases which might also be categorised as the wrong choice of word, inconsistency in spelling or, possibly, the indecision of the author of the target text to be consistent in the choices they make. Some such cases are the use of -ic/ -ical adjectives. One such example is the pair of *histopathologic*/ *histopathological*. Of the two, only the latter one is correct, yet, both of them were recorded in one of the articles included in the study. Another such situation is the above mentioned case of compared *to*/ *with*.

The influence and position of American English in the field of science prevails. While American spelling is doubtlessly more simplified than the British one, authors/ translators should be consistent throughout the same article when it comes to words such as *tumour* and *tumor*, *optimise* or *optimize*.

If so many types of mistakes occur in articles written/ translated by Romanian speakers of English, it is due to the fact that, on the one hand, journals published in Romania accept poor quality papers, while, on the other hand, it is obvious that such articles do not undergo revision and editing.

Oftentimes it may be the case of the researchers themselves who perform the translation, or supposedly produce the text in English. If, however, it is translators who make such mistakes, their work can be dismissed as completely inappropriate. This brings up the problem of who should perform such translations, the medical professional with some knowledge of target language or the translator with insufficient knowledge in the field of medicine. As Jo Ann Cahn states "a professional translator (...) with medical knowledge is probably better than a dilettante doctor with some linguistics knowledge" (cited in Fischbach 1998:73). Translators should take greater responsibility and also do macroediting in order to ensure that the text is coherent and cohesive.

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If such articles were thoroughly revised, mistakes as the above mentioned ones would simply be removed in the revision process. Unfortunately, probably due to the number of articles an editor has to deal with, to time constraints, to strict deadlines, such articles escape revision and are published with the mistakes of the authors/ translators. Heavy editing and revising would considerably improve the readability and quality of such articles.

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