## UNIVERSIDAD MAYOR DE SAN ANDRÉS

## FACULTAD DE HUMANIDADES Y CIENCIAS DE LA EDUCACIÓN CARRERA DE LINGÜÍSTICA E IDIOMAS



# A CONTRIBUTION TO THE DEPARTMENT OF MEDICINE THROUGH THE TRANSLATION OF A MEDICAL TEXTBOOK FROM ENGLISH TO SPANISH 

Trabajo Dirigido para obtener el Título de Licenciatura

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## LA PAZ -BOLIVIA

# DEDICATORY..... 

To God

To my dad Flodio
To my mom Elva To my brother Gonzalo To my lovely pet Bruno Because they are the reason of my life.

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## GLOSSARY OF ABBREVIATIONS

1 UMSA: Universidad Mayor de San Andrés
2 ECOE: Evaluación de Competencias Objetivamente Estructuradas
3 IDH: Impuesto de Hidrocarburos
4 LUDESA: Liga Universitaria Deportiva de San Andrés
5 ARCU: Acreditación Regional de Carreras Universitarias
6 SAFCI: Salud Familiar Comunitaria Intercultural

7 ONGs: Organizaciones No Gubernamentales

8 INT: Interno
9 IGBJ: Instituto de Gastroenterología Boliviano Japonés
10 INO: Instituto Nacional de Oftalmología
11 COSSMIL: Corporación de Seguro Social Militar

12 SSU: Seguro Social Universitario
13 CNS: Caja Nacional de Salud
14 GAMLP: Gobierno Autónomo Municipal de La Paz
15 SEDES: Servicio Departamental De Salud
16 RAN: Reunión Académica Nacional
17 CEUB: Comité Ejecutivo de la Universidad Boliviana
18 LINGUA FRANCA: A lingua franca (or working language, bridge language, vehicular language, unifying language) is a language systematically used to make communication possible between people not sharing a mother tongue, in particular when it is a third language, distinct from both mother tongues.


#### Abstract

The present written report attemps to make reference to a translation project that was developed thanks to an agreement between the Department of Medicine and the Department of Linguistics and Languages in order to create a cooperation between both institutions. This Supervised Project has the objective of contributing to the Department of Medicine at the Mayor de San Andrés University in the translation of a virtual medical textbook ("Bate's Guide to Physical Examination and Hystory Taking"). It was carried out in order to cooperate students and doctors who want to have access to the information that this book written in English can offer to those who cannot speak and understand this language. On the other hand, it is also intended to collaborate to the Department of Linguistics and Languages with a glossary of medical terms that will be useful for future works in this specific area of translation. At the same time, It makes reference to all the activities developed during the whole translation process. It is particularly concerned with every stage of the translation as well as the analysis of the medical terms, all the translation tecniques used and the steps followed for the development of the translation work.


This work consists of five chapters in which we can find all the information related to the activities and the development of the whole Supervised Project. The first chapter starts with a general description about the Department of Medicine (history of the institution), the organization of the institution (strategic and institutional plan), and followed by the needs and identification of the problem. It contextualizes our Supervised Project with relation to the organizational needs of the Department of Medicine and illustrates how our work has been intended to contribute to the improvement of a Department of Medicine which is already strong and advancing.

The second chapter constitutes the interdisciplinary conceptual reference which has guided our translation and based it. This is done in order to define a concept, main method, style, procedures (tecniques) and steps of the translation. This framework considers the meaning and methods of academic translation with reference to our source text (Bate's Guide to Physical Examination and History Taking). It applies concepts such as equivalence and
language function to determine the methods, style and steps suitable for our translation task. This includes a consideration of both formal and dynamic equivalence, as well as the function of the target text. It then justifies the use of literal translation and various other translation techniques, including modulation, in the completion of the Supervised Project. It also explains the necessary process of revision and editing for this translation.

The third chapter presents the project proposal in which it is addressed the justification, objectives, fulfillment indicators, and a chronology of activities such as: action strategies, work planning and action plan. It also demonstrates the methods of translation used with examples from the course and target texts. It also shows glossaries of terms encountered during the process of translation.

The fourth chapter deals with the development of the project proposal that gathers the main aspects about the project schedule, sequence of activities (stages of the translation process) achievements and experiences. It records the successful implementation of the project proposal in relation to the indicators established in chapter three. This shows the actual sequence of steps taken to complete the translation.

The fifth chapter focuses on the conclusions and recommendations that derived from the whole process of the Supervised Project. Here we explain the impact of our work and make suggestions for how other Linguistics and Languages students can do other translations in the future, including steps to take before translating and translation itself. Finally, it offers appendixes in which it is included the agreement between the Department of Medicine and the Department of Linguistics and Languages as well as the report of the Faculty of Medicine, the technical terminology found during the translation, and other annexes as some samples of the chapters of the translated medical textbook.

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## I. Introduction

The Department of Linguistics and Languages as a part of the Mayor the San Andrés University has as its main purpose and objective the training of professionals in three different areas (teaching, investigation and translation) of human scientific knowledge in order to contribute to the development and progress of the Bolivian society through the application of projects of social interaction. This institution has collaborated with other organizations in different projects related to the areas of its competence. One of these important contributions has been made thanks to the implementation of the Supervised Project.

According to the VIII and IX Congress of Universities, the Department of Linguistics and Languages adopted the implementation of the Supervised Project as one of the ways to obtain a degree in Linguistics and Languages ("Jornadas Académicas 2003 y 2007"), and students who have chosen this modality put into practice their knowledge and skills that have been acquired during all the years of study in order to solve a problem of a private or public institution in relation to the process of teaching and learning languages, translation and investigation when is required and needed. In the specific case of the translation area, the students who feel able to work as translators have carried out some projects concerning to this field of study.

Taking into account that translation is not an easy task, it is important to be very conscious that the process of translation requires a lot of knowledge and effort from the translator. As "Linguistics is the scientific study of language" (Oxford Advanced Learner's Dictionary, 1992: p. 749) all the areas involved with it, such as syntax, semantics, morphology and phonology are important. A translator must translate texts through the application of his or her knowledge of linguistics and, in words of Hurtado Albir:
"El traductor puede volver a desentrañar el sentido del texto origen, una vez que ha recodificado el sentido en la lengua traducida. En él se producen procesos controlados y no controlados, y que requiere procesos de identificación y resolución de problemas, aplicación de estrategias y toma de decisiones". (Traducción y Traductología: Introducción a la traductología, 2001: p. 362-370).

Or in respect to Delisle J.
"Operación que consiste en determinar la significación de los signos lingüísticos en función de un querer decir concretizado en un mensaje, y restituir después ese mensaje íntegramente mediante los signos de otra lengua" (L'Analyse du discours comme méthode de traduction. Cahiers de Traductologie, 1980: p. 68)

The work of a translator is not only to change a text from one language to another, but to be a kind of mediator between two different language communities, because in this way information can be shared from one culture to another. A translator must have a lot of knowledge of the source language (L1) as well as the target language (L2), as argued by Cohen:
"La traducción es una actividad que consiste en comprender el significado de un texto en un idioma, llamado texto origen o texto de salida, para producir un texto con significado equivalente, en otro idioma, llamado texto traducido o texto meta" (Translation. 1986: p. 12).

On that account, the Department of Medicine, as one of the public institutions that belongs to the UMSA University, decided to be part of an agreement in relation to the Department of Linguistics and Languages, this agreement seeks to make possible the translation of some of its valuable written information from English into Spanish. As a result of this agreement, the present report of Supervised Project is focused on the translation of a medical textbook ("Bate's Guide to Physical Examination and History Taking") from English into Spanish. The $8^{\text {th }}$ edition of this medical textbook in PDF format contains eighteen chapters and deals with General Medicine. Its content guides beginner students of medicine as well as doctors who are involved in the teaching matters of this area to history taking, interviewing, and other core assessment skills such as: step-by-step examination techniques that outline correct performance of physical examination and abnormalities with differential diagnoses.

And as it was mentioned above, that translation is not an easy task, medical translation is a branch of scientific and technical translation and is a very important type of translation. As

Montalt (Medical Translation and Interpreting. 2011: pp. 80-83) emphasises that medical translation is one of the most active types of professional translation. The researcher suggests that medical terms are the main challenge for a translator of medical texts. Therefore, a translator should be aware of the importance of understanding the medical terms he/she comes across during the translation process in both languages and should also be aware of the sensitivity of the subject matter.

In this respect, this report makes reference to the activities developed during the whole process of the Supervised Project. In this way, the work is divided in three main stages. The first stage involves the contribution to the Department of Medicine about the translation of the book and all the relevant information and the needs of support about this institution. Then, the project proposal is expressed taking into account the previous information in order to describe and specify the purposes and activities of the project. Concerning to this stage, the medical textbook was mainly translated with the purpose of helping to medical students to have access to the information that this book originally written in English can offer about health literature but in a language they can understand as it is the case of Spanish.

The second stage deals with the translation process itself (methods and techniques of translation) and the analysis of the translation. This stage tackles the steps followed in order to develop the translation; the recognition of the information and the technical terminology, the choice of the appropiate translation technique, the translation of the first draft, the review of the first draft, the feedback, the correction, the revision and the editing of the translation.

The third stage represents the contribution to the Department of Linguistics and Languages with the development of a glossary of technical medical terms found during the translation of the book in order to help future works in this area, as a result, all the terms in the glossary are listed in alphabetical order for a better understanding.

In sum up, the present work shows all the activities done during the whole process of the Supervised Project and the translation of the medical textbook according to the agreement between the Department of Medicine and the Department of Linguistics and Languages as well as the objectives, strategies and action plan in order to develop, carry out and reach the Supervised Project's objectives through a proper sequence of actions.

## CHAPTER 1

### 1.1. IDENTITY AND DESCRIPTION OF THE INSTITUTION

To develop this project we have worked for the students and all the members of the Department of Medicine, which is one of the departments that belongs to the UMSA (Universidad Mayor de San Andres) in La Paz city. For this reason, we began by considering the history, mission and vision of the institution and then conducted an analysis of its strengths, weaknesses, opportunities and threats.

### 1.1.1. History of the institution

On April 1826 the Governor of La Paz city, Andres de Santa Cruz, recommended the creation of a school with courses in Mineralogy and Drawing. Sucre city approved the decree on April $4^{\text {th }} 1826$ of seven lectures, one of which was medicine. The School of Science and Art suggested teaching Spanish, Latin, French and English. The institution also taught medicine in Spanish.

The medicine course was divided in 8 parts: 1) general and particular anatomy; 2) physiology and hygiene; 3) pathology and pathological anatomy; 4) therapy and medicine; 5) operating effects, doctors and obstetricians; 6) medical operating clinic; 7) law and public medicine; and 8) pharmaceutic and experimental pharmacology.

The decree on date January $24^{\text {th }}$, 1824 written by Marshal Santa Cruz and his secretary Jose Maria de Lara, approved the school called GENERAL SCHOOL OF MEDICAL SCIENCE which would work with four lectures: medicine, surgery, pharmacy, chemistry and physics.

The teaching was five years of study. The hospital San Juan de Dios worked with the School for Anatomy and Clinical Study, providing students opportunities for clinical practice after they had taken and passed the first three years of study.

The students were required to pass five years of study and take general tests. These tests lasted about one hour, and students who failed twice on any particular exam were not eligible to continue.

According to Law Seven in chapter two, Doctor Jose Francisco Passman was elected as Principal and Professor in Medicine, Doctor Jose Maria de Quiroga as Professor of Surgery, Professor Juan G. Marchant as Professor of Physics and Chemistry and finally, Agustin Bravo de Bobadilla as Professor of Pharmacy. (DIARIO de la mañana hoy. (1984). Documentación. Discurso Inaugural a los Alumnos del Colegio de Medicina de La Paz, Pronunciado por su primer Director Dr. José Francisco Passaman el 10 de Agosto de 1834, La Paz, Bolivia.)

Nowadays, the Scientific Society of Medicine Students of the UMSA is the institution of undergraduate students which promotes investigation and publishes scientific documents about health science.

### 1.2. ORGANIZATION OF THE INSTITUTION

### 1.2.1. Strategic and Institutional plan

### 1.2.1.1. Presentation

The plan has been elaborated by means of UMSA`s planning instruments, in which the main principles for its elaboration were: participatory, integral, subsidiary, equitable and strategic.

The plan and its precept were ratified by the Internal Congress in a meeting of Medicine Faculties in October 2010 and it was approved in the XII Conference of Universities.

### 1.2.1.1.1. Situation analysis

### 1.2.1.1.1.1. Strengths

- The elements of accreditation and re-accreditation constitute components very important in the life of every superior educational institution of studies. The Department of Medicine of the UMSA University, has been pioneer in the elements of accreditation of the Medicine Faculties, these processes had place in two oportunities, the first one had place in 1997, under the law of CEUB 1048 (Comité Ejecutivo de la Universidad Boliviana) and the law $\mathrm{N}^{\mathrm{o}} 012 / 2000$ of the second ordinary conference of universities, with accreditation from December 1998 to December 2004 of the first accreditation to the MEXA-MERCOSUR
(annex 1), and re-accredited in 2005 under the resolution 636/06 by the CONEAU (Comisión Nacional de Evaluación y Acreditación Universitaria) (annex 3) under the same element in a period finished in December of 2011.

The processes of accreditation require the application of instruments of auto-evaluation and the external evaluation in pairs; in the case of the Department of Medicine the first had place in 1997 and the second was developed in 2004.
-Operation of the principles of the University co-government, the right to free speech and thought, the right to choose the subject of study and the functioning of the council in this respect.
-The Academic achievements throughout the year, including the academic coordination in every course, the development of additional courses, the standardization of curricular design, the introduction of the education focused on competences, the achievements in the application of the Evaluación de Competencias Objetivamente Estructuradas (ECOE) in the clinical cycle.
-The facilities and equipment used in classrooms for the development of theoretical activities; the physical and virtual references in the library; and communication advances, such as institutional mail and digitalization of the information.
-Academic training and marks given by the professors.
-The attitude of improving the professor-student statute.
-Resources provided by the pre-course of the university.
-Renowned institutes of investigation- the Scientific Society of Medicine Students.
-The interaction between the institutes of investigation and the health system according to the activities and projects in the area of health attention.

- Activities of investigation included in the undergraduate area.
-Projects developed by means of the Impuesto de Hidrocarburos (IDH) of the UMSA and other resources.
-The development of cultural activities - Diablada and Tobas of Medicine, participation in the championship sports cup of the Liga Universitaria Deportiva de San Andrés (LUDESA) and the COPA SALUD.
-Process of re-affirmation.


### 1.2.1.1.1.2. Opportunities

-Inter-institutional relations around the whole country, personal attendance at medicine meetings, professors' work in health assistance in many different Health Department Services.
-International relationships with organizations and cooperations (professors from France, Mexico, and student interchange) and group work with Faculties of Medicine related to student interchange in the Acreditación Regional de Carreras Universitarias (ARCU).
-The structure of the autonomies and decentralization law - use of the public establishments of the health system (hospitals and clinics) and social security to have human resources for the Public University, coordination with the government in order to have undergraduate and postgraduate degree resources in the structure of the family health and intercultural community policy.
-Firm requests of undergraduate and postgraduate degree in Medicine and its specialties or areas of study.

- Requests for social interaction activities to the Faculty for the health system and the municipal government.
-The resolution of the academic congress that belongs to the system of universities establishes that the administrative and academic institutions of medicine must have the rank of Faculty of Medicine.


### 1.2.1.1.1.3. Weaknesses

-During 2011 there were not many students in the clinical and non-clinical postgraduate degree.
-Unsatisfactory procedures of admission, uncompleted regulation for burden, heterogeneous evaluation system, insufficient application of the Teaching-Learning process according to the Bolivian University (year 2010) that focuses on competences.
-Contradictory dispositions, missing parts in the area of organization, no information about the rights and obligations of the professor-student statute.
-Financial unsustainability risks evidenced by: low budget, the budget does not follow a logical order from a long-term perspective or in terms of projects for the annual operating plan.
-Professors who do not involve themselves, an unequal distribution of professors and students, and partial accomplishment of work schedule.
-Insufficient development of the Administrative management evidenced by: an organizational structure that does not fully meet the Internal Congress rules, class representatives not related with the subjects of study, organizational structure which does not pay attention to the fulfillment of the needs, administrative and financial bureaucracy, low level of application in control mechanisms, Course and Departments Leaderships without control of professors` activities and disseminated information.
-Insufficient social interaction, incomplete systematization of student experiences, limited support of the extra-curricular activities, insignificant systematization of work experience in society, little support and stimulus to university activities and lack of conditions to help people.
-Weak actions to implement the Resolution of the Honorable council of the University which authorizes the creation of actions in order to unify the university, specifically the Faculty at the Clínicas Hospital on Miraflores Avenue.
-Weak actions from the authorities to apply the technology of information and communication according to the medical training needs.

### 1.2.1.1.1.4. Threats

-Financial law that limits reduced schedule to the experienced professors.
-Authorities and students from Private Universities who use public institutions to train Medicine.
-The activities development of postgraduate training performed by the Residence Ministry's program on Salud Familiar Comunitaria Intercultural (SAFCI).
-The critics of the Medicine postgraduate degree Bolivian students abroad (Cuba and Venezuela)

### 1.2.1.2. Institutional information of the Medicine Department-UMSA

By the end of 2015 the Department of Medicine will have celebrated 185 years in the training of Undergraduate Medicine Professionals, and it is considered as the oldest second superior institution in Bolivia.

The Medicine Department of UMSA constitutes one of the main superior educational institutions because of the curricula, facilities and quantity of students and professors.

It is located in La Paz city, the socio-political center of Bolivia, the seat of Government (including notably the Ministry of Health and Sports), organizations of international cooperation, embassies and No Gubernamental Organizations (ONGs).

In the Department of Medicine there are approximately 2.876 students registered in the last six years. The facilities of the Department of Medicine satisfy the needs of students. In its building there are another three Departments (Nursing, Nutrition and Medical Technology) and other academic programs (Phono-audiology and occupational therapy) where classroom academic activities and laboratory activities happen.

The clinical-surgical training is conducted with the complex of hospitals in the Miraflores zone (Hospital de Clínicas, Instituto Nacional del Tórax (INT), Hospital de la Mujer, Hospital del Niño, Instituto de Gastroenterología Boliviano Japonés (IGBJ), Instituto Nacional de Oftalmología (INO) and Hemocentro) and there are also agreements in the area of medical education and practice with other second and third level hospitals which belong to the Corporación de Seguro Social Militar (COSSMIL), Seguro Social Universitario (SSU), Caja Petrolera de Salud and Caja Nacional de Salud (CNS).

For the first level of health attention there are agreements to work with the Gobierno Autónomo Municipal de La Paz (GAMLP) as well as the Servicio Departamental De Salud (SEDES).

### 1.2.1.3. Academic and institutional environment

The Department of Medicine and the Faculty of Medicine were ratified by the Organic statute of the Bolivian University, which was approved in the XII Congress that took place in Pando city in 2011.

In the Reunión Académica Nacional (RAN) on 2003 "The Public Bolivian University" was considered as a Superior Education System constituted by Public Autonomous Universities like: San Francisco Xavier in Chuquisaca, San Andrés in La Paz, San Simón in Cochabamba, Tomás Frías in Potosí, Técnica in Oruro, Gabriel René Moreno in Santa Cruz, Juan Misael Saracho in Tarija, José Ballivián in Beni, Nacional Siglo XX in Llallagua and Amazónica in Pando. In virtue of this, The Department of Medicine (which is a part of the Mayor de San Andres University) is legally constituted as an autonomous

Superior Educational Institution by means of its Council of the University and the Comité Ejecutivo de la Universidad Boliviana (CEUB).

The following sections describe the Mission, Vision, Objectives, Profile and the insertion of the professionals trained in the Department of Medicine, this information were taken from of the Internal Congress of the Department of Medicine UMSA 2008.

### 1.2.1.3.1. Institutional aspects

### 1.2.1.3.1.1. Mission of the Department of Medicine-UMSA

The mission of the Department of Medicine ${ }^{1}$ is to be an "institution recognized as a center of excellence in the training of doctors" and to have "surgeons who are socially involved and able to promote and improve health and prevent sickness with medical ethics" in order to "benefit Bolivian citizens". It also seeks to "develop medical research and social and cultural interaction in accordance with national health policies".

### 1.2.1.3.1.2. Vision of the Department of Medicine-UMSA

The vision of the Department of Medicine ${ }^{2}$ is to be a "leader in Medical training of undergraduate and postgraduate degree, humanist, ethic, certified excellence, involved in science and social interaction; it offers health service in its hospital and sanitarian network with quality, equity and efficiency".

### 1.2.1.3.2. Institutional information

Denomination: Department of Medicine
Address: Saavedra Avenue N ${ }^{\circ}$ 2246, Miraflores Zone
Evaluated Department: Department of Medicine

[^0]Geographical area: La Paz, Bolivia
Legal representative: Dr. Msc. Fernando Romero Alanez (from 2011 to 2014)
Director Carrera Medicina
Phone number: 2223296
Fax (591-2) 2229689
E-mail address: fernando.romero@umsalud.edu.bo

### 1.2.1.3.3. Authorities of the Faculty

The following authorities of the Faculty mentioned below were in charged at the moment of the development of this Supervised Project, it means from 2011 to 2014.

Decano. Dr. Heriberto Cuevas Lizárraga.
Vice-decano. Dr. Christian Trigoso.
Jefes de Departamentos
Dr. Luis Liendo Jefe del Departamento de Ciencias Morfológicas
Dr. Lucio Álvarez Jefe Departamento Ciencias Funcionales
Lic. Remo Estévez Jefe Departamento Patología
Dr. Ernesto Llanque Jefe Departamento Medicina
Dr. Yecid Andrade Jefe del Departamento Cirugía
Dr. Federico Gómez-Sánchez Jefe del Departamento de Salud Pública
Dr. David Asturizaga Rodríguez Jefe Departamento Materno Infantil
Directores de Institutos
Dr. Carlos Salinas Instituto Boliviano de Biología de Altura (IBBA)
Dra. Ximena Aguilar Instituto de Genética (IG)
Dra. María del Pilar Navia Instituto de Investigaciones en Salud y Desarrollo (IINSAD)
Dr. Ricardo Amaru Jefe Unidad de Biología Celular (UBC)
We drew upon the institutional report on the medicine department made by the Faculty of Medicine, Nursing, Nutrition and Medical Technology in 2011. (FACULTAD DE MEDICINA, ENFERMERÍA, NUTRICIÓN Y TECNOLOGÍA MÉDICA. (2011). Documento.

### 1.3 NEEDS

The authorities and representatives of the Department of Medicine have been working together during all these years in order to develop strategies that make possible a successful education for all the students under their authority. Their work is fundamental for the implementation of these strategies, and for the existence of improvements. Nowadays, their tireless work is shown by the effectiveness of the application of the past strategies and thanks to it, students and all the members of the Department of Medicine have many benefits in terms of: education at different levels (Academic training, Research projects, etc.), facilities (appropriate classrooms for the development of academic activities), and support to protect and defend the rights of every member of this Medicine training college. In this context, indicated by all these elements, the work of the members of the Department of Medicine continues to be essential for the process of strengthening education in Medicine. But even today, there are many needs which have not been attended to yet and this represents a problem because as we mentioned before it is a priority for the Department of Medicine to create strategies to achieve the goals of this institution and all its members. Taking into account all this, now we proceed to describe in terms of the weaknesses and strengths the needs of the Institution:

### 1.3.1. Needs or requirements of the Department of Medicine

-Expectations about making the Department of Medicine into a real Faculty of Medicine. (Weakness and strength for academic improvements)
-Implementation of the Medicine Congress resolutions. (Weakness and strength for academic improvements)
-The incorporation of the Students' Scientific Society of the Faculty to the Structure of Policies and Action Lines. (Weakness and strength for academic improvements)
-Policy of Institutional Management. (Weakness and strength for academic improvements) -Policy of excellence in undergraduate professional training. (Weakness and strength for academic improvements)
-Policy of excellence in post-degree professional training. (Weakness and strength for academic improvements)
-Policy for the strength of the scientific investigation and technology. (Weakness and strength for academic improvements)
-Policy for the internal and external development of the social interaction of the University. (Weakness and strength for academic improvements)
-Policy for the improvement of the management of the university. (Weakness and strength for academic improvements)
-Policy for the strength of the international relations. (Weakness and strength for academic improvements)
-A lot of information about the Medicine field written in English needs to be translated into Spanish to be understood by Medicine professionals. (Strong Weakness)
-A lot of projects and investigations developed by Medicine students that need to be translated into English to be well known abroad. (Strong Weakness)

And as we have noticed there are many weaknesses and strengths, but there is a very elemental need that really attracts our attention and it is the lack of learning material written in an official and accessible language to be understood by students. This necessity can cause some problems to Medicine students, because they cannot have access to all the valuable information that books on recent Medicine trends that come from different countries can provide. In many of these books we can see how the medical science is improving and advancing more and more over the recent years and it is necessary that Medicine students as well as doctors can have access to this information, because in this way people and patients in hospitals can have a better medical treatment according to their needs.

Medicine students are trained to be doctors, and a careful preparation for being a doctor starts from reading to practice. It means medicine students put into practice what they have read, that is why; it is essential to have access to written material that can spread knowledge
in the Medicine field. For this reason, we decided to make a valuable contribution to our society through the Medicine Department.

We have made it possible through the translation of these Medicine books written in English and put them into Spanish, using all of our linguistic and translation knowledge, as well as our Medicine Field knowledge. It has been worth considering different aspects in translation as the translation techniques and a careful study of the technical terminology in the Medicine field. In fact, it has been very important for us that the meaning of a written material in another language could be understood and expressed into a language that is spoken by many people.

### 1.3.2. Identification of the problem

English is a global language and, in effect, the official language of science, technology, education, medicine, economics, and so on. In this way, English has really become a lingua franca ${ }^{3}$ that makes it possible to exchange ideas and information from country to country. While it has had a unifying effect on the world in some way, it means that those who do not speak this language face a great problem, because they can lose many opportunities in life. For instance, the education field demands an international language for the exchange of information around the world and when we cannot have access to this information because of the language, it is necessary to find ways to make it possible.

This is the case for the Department of Medicine, in which there is a lot of information written in English. This situation causes many problems to students and professors, because they do not have access to all this information. Conversely, there is a lot of information in Spanish contained within the Department of Medicine that really needs to be expressed in English in order to be known abroad. While translation from Spanish to English does not fall within the scope of this Supervised Project, this example serves to illustrate the significance of the language differences experienced in the Department of Medicine.

[^1]When students and professors face this problem, they feel confused and frustrated, because most of the best information about the medical field is written in English and since most of them do not speak or understand the language, they miss all this information and lose the opportunity to learn more about their field of study.

In this respect, according to Lic. Valle who is in charge of the library at the Department of Medicine; there are about 9.101 medical textbooks in total including thesis that are not translated into English. On the other side, from 500 to 1.000 medical textbooks are stored at the basement because they are in English and at the same time they are very old. Therefore; they see the need to translate medical textbooks in PDF format because the old ones have been donated by foreign universities but they could not be translated at that moment, due to the cost they represent for the Department of Medicine. That is why, they decided to make the agreement with the Department of Linguistics and Languages in order to translate most of the medical textbooks in PDF format because it is less expensive to buy or download and they can update the recent information about the medical field.

On that account, our Project is folded in two ways. Firstly, the translation of an English medical textbook into Spanish enables all staff and students to benefit from the content of the book in spite of their current language limitations. Secondly, the development of a Spanish-English glossary assists those who are in the process of learning English or using English texts by giving them a tool to understand recurring or challenging English medical terms.

## CHAPTER 2

### 2.1. CONCEPTUAL REFERENCE

Here we present our theoretical analysis of the task of translating Bate's Guide to Physical Examination and History Taking. This analysis helped us to develop a specific, conceptually supported approach to the task of medical translation. We considered the significance, concept, methods and processes of translation.

According to Cronin (2003), translation has a vital role in today's increasingly multicultural and interconnected world. Cronin suggests that we should look to a discipline which has mediation between cultures and languages as a central concern to assist us both in understanding globalization and in understanding what it might mean, and why it is difficult to be a citizen of the world.'

### 2.1. 1. Translation

Roger Bell describes translation as a process which transforms 'a text originally in one language into an equivalent text in a different language retaining, as far as possible, the content of the message and the formal features and functional roles of the original text.' (Bell 1991, emphasis ours).

Here we analyse the components of translation as described by Bell to support his interpretation of translation and understand how it should guide our Supervised Project. We begin with a consideration of the concept of equivalence between two written texts. We then explore dynamic and formal equivalence in relation to the context, purpose and language of our source and target texts. Based on this, we arrive at an approach to the translation of the textbook, before finally considering which specific translation methods suit this approach, as well as the translation steps we will follow.

### 2.1.1.1. The concept of translation

Translation has been thought of as achieving equivalence between written utterances made in two different languages. The concept of equivalence was defined by Roman Jakobson as substituting messages (rather than words) in one language for messages in another (Jakobson, 1959). This was further elaborated and subdivided into dynamic and formal equivalence by Eugene Nida (1964a: 159). On dynamic equivalence, Nida says that the most important thing is the way a text is received by its readers: 'the relationship between receptor and message [in the target text] should be substantially the same as that which existed between the original receptors and the message [in the source text] ${ }^{\prime}$ (Nida 1964: 159). This means that the message must be put in such a way that it seems completely natural for the reader of the target text, just as it would have seemed for the original readers of the source text. On the other hand, formal equivalence puts emphasis on preserving the form, structure and content of the message. This often means that readers of the target text perceive its foreignness, and it does not seem completely natural (Nida 1964: 159).

### 2.1.1.1.1. Analysis of equivalence in relation to our translation task

Equivalence in translation has been considered from different perspectives. Peter Newmark emphasises the importance of the context of the source text in determining the feasibility of dynamic equivalence. Holz-Manttari and Christiane Nord focus on the idea of equivalence of function between the source and target text. Katharina Reiss considers the function of the language itself to determine the most suitable approach to translation. We treat in turn the context, purpose and language function of the source and target texts.

### 2.1.1.1.1.1. Context of the text

Peter Newmark emphasises that we must consider the possible differences between the 'space and time' of the source and target texts when considering the choice between formal and dynamic equivalence (Newmark 1981, 69). Space and time refer to the cultural differences that may exist between the context of the source text and that of the target text.

When the cultures of the source and target texts are separated by a great spatial or temporal distance, it may be difficult to understand how the source text was understood by its original readers. This complicates any attempt to attain dynamic equivalence. In our case, the cultural contexts of the source and target texts are substantially similar. Bate's Guide was written for student doctors, and will be read by medical students. Consequently, dynamic equivalence should be possible to achieve.

### 2.1.1.1.1.2. Purpose of the text

Many authors view translation as a commercial activity happening within an institutional context. Christiane Nord argues that a good translation is 'function-preserving' (Nord 1991, 73), which means that it ensures the target text can perform exactly the same function in the target context (for the customer) as the source text did in its context. This perspective is partially relevant to our work because it amplifies our understanding of dynamic equivalence. In seeking to create for the target text readers a similar experience to that which the readers of the source text had, we should naturally consider the purpose for which the text is being read. However, because Bate's Guide could have had many different functions in its source context(s) which are unknown to us, we are not preserving its function. Our task concords more closely with the translational action model of translation, proposed by Holz-Manttari. This model views translation more broadly as a purposeful process intended to achieve outcomes that facilitate human interaction. Specifically, HolzManttari states that the idea 'is not about translating words, sentences or texts but is in every case about guiding the intended co-operation over cultural barriers enabling functionally oriented communication' (1984, 7-8). In our case, the "functionally oriented communication" will be the Department of Medicine's use of the book's medical information in the training of student doctors. Clearly, the "cultural barrier" here is the fact the information is written in English.

This correctly orients our understanding of what a good translation is towards meeting the requirements of the end users: the translation must allow the Department to do everything
they need to do with it, whether or not this function is exactly the same as the original function(s) of Bate's Guide. As such, we will also need to produce a glossary of important terms in English and Spanish for the Department of Linguistics.

### 2.1.1.1.1.3. Language function of the text

Having acknowledged the overall purpose of the text within a wider context, it is valuable to note Katharina Reiss's consideration that equivalence can be sought at the level of the text itself, depending on the type of text at hand. Reiss categorises texts by the language they use, according to three principal language functions, which are informational, expressive and operative (Reiss 1977, 108-9). Language with the informative function seeks to convey facts and opinions to a recipient. Language with the expressive function is creatively and aesthetically used to bring out the emotions of the source text author. Operative language is that which seeks to induce particular behaviour in the reader. Nord added a further category of language, which is the phatic function. This is language which seeks to establish or maintain contact between the producer and receiver of language (Nord 1997, 40). Bate's Guide is a medical textbook whose aim is to contribute in some way to the professional training of student doctors with information, instructions and procedures. Because of this, we expect the majority of its language to fall definitively within the informational function, which includes language typically used in reference work, reports and lectures (see Figure 1 in Appendix, p. 109). We expect some language to fall within the phatic function where the author seeks to sustain the interest and attention of the reader.

### 2.1.1.2. Implications for our translation of Bate's Guide

We have established that translations seek to attain equivalence between the source and target texts, which can be broken down into dynamic and formal equivalence. Both dynamic and formal equivalence are possible in our case. Secondly, we have determined that achieving functional equivalence between the source and target texts is not necessary, but rather that functional adequacy is desirable. Thirdly, Bate's Guide is primarily an
informational text. Here we explore the significance of this analysis to determine the approach to translating that we will take and then the specific methods we will employ.

### 2.1.1.2.1. Equivalence

Formal equivalence will be essential because it emphasises maintaining the content in its original form, which is necessary to transfer the medical information accurately into Spanish. Dynamic equivalence will be desirable because avoiding giving students the perception of reading a foreign text will allow them to focus more on the medical content. In our case, there is no tension between the two types of equivalence owing to the similarity of the source and target context. The content of the book makes sense within a medical context, to student doctors. This will be equally true for foreign students as for Bolivian students. As such, the experience of reading an accurate, formally equivalent translation will be much the same as the experience the source language readers had. Therefore, we should aim for a high quality formal equivalence, because this is necessary in its own right and sufficient to secure a substantial dynamic equivalence at the same time.

As mentioned with regard to the translational action model, our Supervised Project needs to fulfil certain requirements set by the Department of Medicine; the final product must be able to be used effectively as a study aid. This will require dynamic equivalence. We will maintain the same visual format and layout of the features of the page, such as headings, columns of text and tables. In this way it will look like an original text and be easy to use.

### 2.1.1.2.2. Main method of translation

We have noted that dynamic equivalence will be largely produced by formal equivalence, given the contextual similarity of the source and target texts. According to Newmark, 'provided that equivalent effect is secured, the literal word-for-word translation is not only the best, it is the only valid method of translation' (Newmark 1981, 39). Here the equivalent effect refers to the idea of the effect of the target text on the readers being equivalent to that
of the source text on its readers. We agree with Newmark. Here it is obvious that if you can achieve the same effect on a reader without modifying the form of the source language, you have no motive to do so. For example, we will not need to make make idiosyncratic or culturally-specific jokes or allusions comprehensible to people in the target culture because, as we have observed, there is a shared medical context and the text primarily has the informative function. Texts of this kind, such as reports and instructional texts are less likely to contain idiomatic language and cultural references.

### 2.1.1.2.3. Style of translation

We note that Reiss says that where the source text is primarily informative, the translation method should be 'plain prose' (Reiss 1976, 20) and should involve only minimal explication where required to make the source text content comprehensible.

### 2.1.1.3. Translation procedures

Here we consider different translation procedures referring to the work of Vinay and Darbelnet (1958). Sometimes it is necessary to make some changes to the grammar and syntax of the language. We consider in turn different procedures including adaptation, modulation, and transposition. First we elaborate on literal translation, which is the principal method we used.

### 2.1.1.3.1. Translation word for word:

This translation is the rendering of text from one to another. This procedure of translation is mainly used for scientific, technical or legal texts. This translation translates texts from one language into another with or without conveying the sense of the original text.

### 2.1.1.3.2. Literal translation

"The literal translation ranges from one word to one word ('hall', Saal, salle, sala, zal) through group to group (un beau jardín, 'a beautiful garden', ein schooner Garten) collocation to collocation ('make a speech', faire un disc ours), clause to clause ('when that when that was done' quand celafuifaii), to sentence to sentence ('The man was in the street," Vhomme etait dans la rue,). The longer the unit, the rarer the one-to-one." Newmark Peter, Manual of Translation, 1995, p. 101-102)
"I believe literal translation to be the basic translation procedure, both in communicative and semantic translation, in that translation starts from here. However, above the word level, literal translation becomes increasingly difficult. When there is any kind of translation problem, literal translation is normally (not always) out of the question." (Newmark 1995, 101-102)

This method involves matching the grammatical composition of the target text with the source text. According to Newmark, the amount of text translated in this way is usually small, and the unit can vary from 'one word to one word ... through group to group ... collocation to collocation ... clause to clause ... to sentence to sentence'

Literal translation forms a basis to most translation approaches, but it does not capture and convey contextual meaning from the source text. As a result, it is particularly inappropriate for novels, plays or other creative texts which draw extensively on an external social and cultural context. However, it is appropriate for the translation of specialized language, for example, technical or scientific texts.

### 2.1.1.3.3. Adaptation

"This is the 'freest' form of translation. It is used mainly for plays (comedies and poetry, the themes, characters, plots are usually preserved, the SL culture converted to the TL culture and the text rewritten. The deplorable practice of having a play or poem literally translated and then rewritten by an established dramatist or poet has produced many poor adaptations, but other adaptations have 'rescued' period plays" (Newmark 1995, 46.)

Adaptation involves translating not only between two different languages, but between two different cultures. As such, adaptation involves not only literal translation of words, but also capturing and making comprehensible the cultural references of the text. Given that the
text we have translated is medical, and the culture of the readership of the target text is also medical, we do not anticipate needing to use adaptation very much.

### 2.1.1.3.4. Modulation

"The message's form is altered by a change in perspective or semantics." (http://en.wikipedia.org/wiki/translation)
"As I see, the general concept, since it is a super-ordinate term covering almost everything beyond literal translation is not useful as it stands. However, the 'negated contrary' that I prefer to call positive or for double negative (or double negative for positive) is a concrete translation procedure which can be applied in principle to any action (verb) or quality adjective or adverb. (Newmark Peter, Manual de Traducción, 1995, p. 125)

Thus, modulation is a translation method consisting in throwing a different light on, or looking from a different angle at, the lines to be translated:

- How long have you been here? : Quandêtes-vousarrivé squand? (Instead of "Vous êtes là depuis combien de temps?) (Chronological shift)

Two types of modulation are encountered:
1/ metonymical modulation (the cause substituted for the effect, the container for the content, the part for the whole, etc.),

2/ grammatical modulation (affirmative form in English $\rightarrow$ negative form in French injunction in English $\rightarrow$ interrogation in French - passive voice in English $\rightarrow$ active voice in French, etc.).

1/ Metonymical modulation:

- Do it by the book: Faitesçadans les règles (the part substituted for the whole)
- She cleared her throat: Elle s'éclaircit la voix (the function substituted for the part)
- a life jacket : un gilet de sauvetage (the means substituted for the result)
- I've got her under my skin: je l'aidans la peau (change of location)
- war's wrenching effects on ordinary lives: les effets dévastateurs de la guerre sur le commun des mortels (the people substituted for their lives)

2/ Grammatical modulation:

- The houses were all dark: Pas une maison n'avait de lumière (the opposite in the negative form)
- more with rage than timidity: moins par timidité que par colère
- The doors had been taken off their hinges: On avaiten levé les portes de leurs gonds (active instead of passive form)
- He was knee-deep in water: L'eau lui arrivait jusqu'auxgenoux (the subject becomes the object)
- How grave he was! Ilétait d'un sérieux... (Affirmative form substituted for exclamative form)
- Singing in the rain: Chantons sous la pluie (injunctive form substituted for affirmative form)

More examples:

- He'd never imagined he would still be acting at 85: IL était loin de s'imaginer qu'iljouerait encore à l'âge de 85 ans (instead of «Il ne s'était jamais imaginé ... »)
- Keep this to yourself: N'enparle à personne

It is highly important to note that even between similar cultures there are different grammatical and linguistic conventions to convey the same expressions. Modulation means interpreting the essential meaning of the sentence, but putting it into a different and more appropriate semantic form for the target language. This is similar to adaptation, but on a much more granular scale. While adaptation requires a deep understanding of the social, cultural and historical aspects of the source text's context, modulation calls upon knowledge of language conventions and how these differ between cultures. This is evident particularly in idiomatic expressions. To demonstrate, in the example 'The houses were all dark: Pas
une maison n'avait de lumière' we can see that the convention in English is to use an affirmative statement, while the French says 'Not one house was light', which is a negative statement. Therefore, the same idea is expressed differently, or according to different conventions. As such it is coded in a different way, or modulated differently, between the two languages. We expect to use this method frequently to ensure a high quality translation.

### 2.1.1.3.5. Transposition

Peter Newmark defines transposition as a translation procedure that involves a change in grammar from the source language to the target language. He mentions four types of transposition (Newmark 1995):

1.     - Transposition from singular to plural. Examples: 'furniture' 'des meubles'
2.     - Transposition when an SL grammatical structure does not exist in the TL: The neutral adjective as subject: 'I'interessant, e'estque, das Inieres santeist, dafi, V inieres santeeche' there is a choice of at least, 'What is interesting is that,..'' The interesting thing is that ...' 'It's interesting that...'
3.     - Transposition when literal translation is grammatically possible but may not accord with natural usage in the TL. Examples: 'II ne tardera pas a rentrer' 'he will come back soon' 'he will be back (return) in a moment (shortly)
4.     - Transposition or the replacement of a virtual lexical gap by a grammatical structure. For example: apprisa sortie,' after he'd gone out'.

Transposition means recognizing that some grammatical forms in English do not exist in the same form in Spanish. For example, the following sentence uses the present perfect in the impersonal form in English: 'in the Department of Medicine there have been approximately 2714 students registered in the last six years'. In Spanish, it is more common to use the present tense in the impersonal form: 'hay aproximadamente 2714 estudiantes...' In cases like this, we will have to 'transpose' the sentence into the appropriate grammar and not make a literal translation. We therefore expect to use transposition frequently.

### 2.1.1.4. Translation steps

Throughout our university studies we have refined a set of translation steps to ensure high quality target texts. These steps are the result of an accumulation of experience, as we have refined our translation skills, and are not therefore based directly on any particular author's work. As Hurtado explains:

La traducción es una habilidad, un saber hacer que consiste en saber recorrer el proceso traductor, sabiendo resolver los problemas de traducción que se plantean en cada caso. La traducción más que un saber es un saber hacer; en este sentido, siguiendo la distinción de Anderson (1983) entre conocimiento declarativo (saber qué) y conocimiento procedimental u operativo (saber cómo), tendremos que clasificar el saber traducir como un conocimiento esencialmente de tipo operativo y que, como todo conocimiento operativo, se adquiere fundamentalmente por la práctica.' (Hurtado 2001, 25-26).

Here are the steps which we have developed to produce high quality translations.

### 2.1.1.4.1. Preparation

Before translating any text it is important to read the text twice or three times to get to know the text very well. The intention, register and tone must be noted. It is also necessary to mark the difficult words and passages and start only when everything is understood.

### 2.1.1.4.2. First draft

To start translating the translator begins doing so with the first sentence, then the paragraph or chapter. It is clearly necessary to read the source text continuously to make sure the target text has kept the meaning in the source text.

### 2.1.1.4.3. Evaluation

The source and the target text are continuously evaluated. The translator maintains the contextual meaning of the work through constant evaluation; after all it is always possible to find appropriate words to transfer the meaning from one language to another.

### 2.1.1.4.4. Editing

After making all revisions, the final step is editing. It is always necessary to keep the source text format and style. Whenever editing takes place, the translator's work is to edit the final target text considering always the source text as the model.

### 2.1.1.5. Conclusions

Therefore, our general approach to the translation of Bate's Guide will be to maintain the form, structure and content of the source text, and to convey the information contained in the source text plainly and accurately. We will use the literal approach as much as possible, and where a literal, word-for-word translation is not possible, we will use modulation and transposition. We will also meet the requirements set by the Department of Medicine by including a glossary. Our process will involve preparatory reading and the use of several drafts along with constant editing and evaluation to create a strong translation.

## CHAPTER 3

### 3.1. PROJECT PROPOSAL

It is a fact that in the Department of Medicine, which belongs to the Mayor de San Andrés University, there are many problems and needs related to academic matters and this has drawn the attention of the members of the Medicine Department as well as the Linguistics and Languages Department. This is the case with the teaching and learning process related to the education through written texts in another language.

As we know, there is a lot of material related to medical topics written in English because most of the recent advances in modern medicine have been developed by clinicians who speak English. Much of this material has not been translated into Spanish. There are many medicine students who do not speak this language and this can represent a problem when they want to know about these new medical advances.

The Department of Medicine and that of Linguistics and Languages have been working together in order to solve one specific aspect which is translation. To this end, some students from the Linguistics and Languages Department have chosen to be part of some projects in the translation area in this institution. They are required to translate medical books as well as other types of information related to the field of medicine in Bolivia. Consequently, we have chosen the Supervised Project as a way to obtain a degree in Linguistics and Languages, proposing a project in the translation area.

This work consists of the translation of written information from English into Spanish according to the needs of the Department of Medicine. We have been very conscious that the process of translation is not an easy task. In this regard, we have needed to put in all our effort and linguistic knowledge, since translation work needs a lot of mental energy from the translators to achieve a satisfactory result.

The following section explains important aspects considered in the development of this work.

### 3.1.1. Justification

When we wonder why we develop a translation we can notice that we are dealing with a lot of reasons that take us to make a translation about a specific written material in another language. Bearing in mind all this, we can say that a justification is to give arguments why we are developing an activity and why in this case we have chosen translation as an important tool that lets us to express the meaning of speech or writing in a different language. Thus, we describe in a deeper way the reasons why we are developing this work, so it means that now we offer the justification for our work.

As we have seen before, that the process of translation involves to change something that has been written in one language into a different language, it means that we are going to face many difficulties, and one of these difficulties is related with the understanding of books written in English, we have to recognize that most of the University students have access to books written in English, but sometimes they cannot understand the language, and it makes them to lose many opportunities to learn more about their field of study, then we can realize how frustrating it can be for students. The fact is that English is a global language, and it means that most of the best information about different areas of study is written in that language. To deal with this reality in our environment where there are few chances to invest money to translate these books into Spanish language and where it is difficult to find ways to compensate these limitations it becomes a real problem for any institution, because it makes them to feel frustrated that is why we felt the necessity to contribute in some way to students, professors and all the members of the Department of Medicine offering them our help to translate a medical textbook "Bate's Guide to Physical Examination an History Taking" written in English into Spanish.

It is also important to mention that it is evident the existence of automatic translators, but they can translate the main meanings and sometimes connotations of isolated words but most of the times out of context. This is a frequent problem that translators face at the moment of translating technical terminology in any specific field of study, for example medical terminology must be analyzed many times because of the importance it represents, we cannot trust on the first meaning we find because it could be wrong or misunderstood
and it can cause a problem for the doctors and students who read the book because they won't be able to understand the real meaning of the text.

In the end, nothing can fully replace the role of human translators in the translation process and all of the new translation technologies are to support the translator and not to replace him/her. Craciunescu, O; Gerding, C. and Stringer, S. (2004) made an analysis of the capabilities of MT (Machine Translation) and CAT (Computer-Assisted Translation). And concluded that:
"It is clear that computers could not even begin to replace human translators with such texts. Even with other kinds of texts, our analysis of the roles and capabilities of both MT and CAT shows that neither is efficient and accurate enough to eliminate the necessity for human translators." (Machine translation and computer assisted translation: a new way of translating? Translation Journal, 2004).

In their article, they argued that MT is a translation method that focuses on the source language, while human translation aims at comprehension of the target language. Machine translations are therefore often inaccurate because they take the words from a dictionary and follow the situational limitations set by the program designer.

On the other hand, we are very conscious that the translation of this book cannot solve the problem of the lack of knowledge about English language at the Department of Medicine, but as one of the main objectives of the Department of Linguistics and Languages is to train students in different areas (teaching, translation and investigation) in order to contribute to the society, and in this case we can cooperate in some way to increase the health literature in this institution, because this book about general medicine has a really good information to offer to medical students, that is why, it was considered as proper to be tanslated.

Other important reasons to develop this work are: practice and learning, because at the moment to help other people in the translation field we, as linguists, have the opportunity to put into practice all the knowledge we have acquired about the process of translating texts
and all the implications it involves like the different types of translation we can use to develop our work and we can also practice different skills such as: reading, writing and we can deal with Syntax, Grammar, Semantics and Morphology which are important areas of study in the Linguistics field and another reason is to contribute in the knowledge of technical terminology related to the Medicine area.

Hence, the purpose of this work is to contribute to the Department of Medicine translating the written material in a different language and put it into a language that is spoken by many of the medical students, so, they will be able to have access to all that material and books won't be kept anymore. That is why we want to suggest translating some of these texts through the use of translating methods that really work in order to solve this problem.

### 3.1.2. Objectives

### 3.1.2.1. General objective

1. To contribute to the Department of Medicine by translating a medical textbook "Bate's Guide to Physical Examination and History Taking" from English into Spanish.

### 3.1.2.2. Specific objectives

1. To translate a medical textbook "Bate's Guide to Physical Examination and History Taking" from English into Spanish.
2. To contribute to the Department of Linguistics and Languages with the development of a glossary of technical medical terms.
3. To use, reflect upon and describe the stages of a thorough and professional translation process.
4. To analyze critically different methods of translation and demonstrate their particular utility for our work.

### 3.1.3. Description of the medical textbook "Bate's Guide to Physical Examination and History Taking"

The medical textbook was handed in by the tutor of the Department of Medicine (Dr. Fernando Romero Alanez), the book is in PDF format, it means that it is a virtual book. In this way, it is important to explain that the book was not chosen by the students who translated it, it was the choice of doctor Romero, who explained that doctors at the Department of Medicine always look for new books related to general medicine in order to teach begginer students of medicine and as much books the library has, it is better for education of medical students.

Taking into account all this, we offer a fully explanation of the medical book as follows:

The $8^{\text {th }}$ edition of the pre-eminent medical textbook denominated "Bate's Guide to Physical Examination an History Taking" contains foundational content to guide students' approaches to history taking, interviewing, and other core assessment skills, as well as fully illustrated, step-by-step techniques that outline correct performance of physical examination. The book features a vibrant full-color art program and an easy-to-follow twocolumn format with step-by-step examination techniques on the left and abnormalities with differential diagnoses on the right. The comprehensive, evidence-based content is intended for begginer students of medicine as well as doctors who are involved in the teaching matters of this area.

The author of this book is Lynn Bickley, who is an experienced doctor, professor of internal medicine and neuropsychiatry at the Texas Tech University Health Sciences Center who after exercised her proffession during many years decided to share her knowledge to other proffesionals and students of medicine. She has paid a lot of attention to the development of the content of the book, it was fully revised and updated to reflect the most recent health care literature. Many photographs and drawings have been added to better illustrate key points in the accompanying text. Design and layout has been revised to increase discoverability of core material and special assessment tips. For all these reasons,
this medical book provides clearer insights into the skills of the art of learning and practicing the medical proffesion.

Now we proceed to describe the medical book in more detailed terms:

```
Type of document: Virtual medical textbook (PDF Format)
Title of the book: "Bates' Guide to Physical Examination
    and History Taking"
Original language: English
Number of chapters: }1
Number of pages: 1.010
Number of pictures:944
Number of diagrams: }6
Number of tables: }13
Translation: English - Spanish
```


## List of chapters

Chapter 1: An Overview to Physical Examination and History Taking
Chapter 2: Interviewing and the Health History

Chapter 3: Beginning the Physical Examination: General Survey and Vital Signs

Chapter 4: The skin
Chapter 5: The Head and Neck

Chapter 6: The Thorax and the Lungs

Chapter 7: The Cardiovascular System
Chapter 8: The Breasts and Axillae
Chapter 9: The Abdomen

Chapter 10: Male Genitalia and Hernias
Chapter 11: Female Genitalia
Chapter 12: The Pregnant Woman

Chapter 13: The Anus, Rectum and Prostate
Chapter 14: The Peripheral Vascular System

Chapter 15: The Musculoskeletal System
Chapter 16: The Nervous System
Chapter 17: Assessing Children: Infancy through Adolescence

Chapter 18: Clinical Reasoning, Assessment and Plan

### 3.1.4 Fulfillment indicators

In the objectives of this work, we have expressed our interests and main goals and all of them are related to translation as an important tool, in order to contribute to the Department of Medicine, translating a medical book "Bate's Guide to Physical Examination and History Taking" from English into Spanish, because we have seen professors and students of Medicine Department might be benefited in some way with the translation of this book.

It is important to bear in mind, that the medical textbook handed in by Dr. Fernando Romero Alanez (tutor of the Supervised Project at the Department of Medicine) is in PDF format, it means that it is a virtual book and it was not chosen by the students who translated it, it was the choice of doctor Romero.

On the other hand, we are very conscious that the translation of this book cannot solve the problem of the lack of knowledge about English language at the Department of Medicine, but it may help in some way to increase the written information about medical textbooks at its library and to transmit the knowledge from doctors who are native speakers of the English language, and we want to be the mediators who help to transmit this knowledge.

Nevertheless, in words of Lic. Valle who works at the library of the Department of Medicine there are many books as a source of information for medical students, but it is important to specify which books are at the library and which are stored and students cannot have access to them. For example: there are about 9.101 medical textbooks in total at the Department of Medicine and from 500 to 1.000 theses that are not translated into English. On the other side, from 500 to 1.000 medical textbooks are stored at the basement and cannot be read by anybody because they are in English and they are old and they lack current information.

According to Tintaya (2008, 398), indicators mean referents or aspects for verifying whether the objectives have been reached through considering results.

| OBJECTIVES | INDICATORS | RESULTS |
| :---: | :---: | :---: |
| General Objective: 1. - To contribute to the Department of Medicine by translating a medical textbook "Bate's Guide to Physical Examination and History Taking" from English into Spanish. | The 100 percent of first draft of the translation is finished in Department of Medicine until March $24^{\text {th }}$ 2013. | The whole first draft of the translation has been concluded and delivered to the Department of Medicine. |


| OBJECTIVES | INDICATORS | RESULTS |
| :---: | :---: | :---: |
| Specific Objective: 1. - To translate a medical textbook "Bate's Guide to Physical Examination and History Taking" from English into Spanish. | The 100 percent of first draft of the translation is finished in Department of Medicine until March $24^{\text {th }}$ 2013. | The whole first draft of the translation has been concluded and delivered to the Department of Medicine. |


| OBJECTIVES | INDICATORS | RESULTS |
| :--- | :--- | :--- |
| Specific Objective: 2. - To <br> contribute to the Department <br> of Linguistics and Languages <br> with the development of a | Thention process is <br> finished following the steps, <br> procedures, correction and <br> edition from September 2012 | The whole translation has <br> been finished in 6 months <br> and delivered to the <br> glossary of technical medical <br> to September 2013. |
| terms. |  |  |


| OBJECTIVES | INDICATORS | RESULTS |
| :---: | :---: | :---: |
| Specific Objective: 3. - <br> To use, reflect upon and describe the stages of a thorough and professional translation process. | The technical information was distinguished before translating. <br> -The translation was described in detail in its different stages. | -The technical information has been recognized and translated. <br> -The translation process has been developed, describing each stage in detail. |


| OBJECTIVES | INDICATORS | RESULTS |
| :---: | :---: | :---: |
| Specific Objective: 4. - <br> To analyze critically different methods of translation and demonstrate their particular utility for our work. | During the whole translation process we have used different and specific types of translation according to the needs of the book. For example: Literal, Transposition, Modulation and Modified translation. | The information has been recognized following the translation procedures. |

### 3.1.5 Action strategies

For the action strategies we have been considered some techniques applied in two phases of the Supervised Project. The first stage is about the translation process in which translation, techniques, methods and procedures were taken into account for translating the medical book. The second stage is about the elaboration of the glossary for the Department of Linguistics and Languages.

### 3.1.5.1 Phase of the translation process

This phase shows the whole translation process, for example: techniques, methods and procedures used in the different stages.

According to the requirements of the book, we decided to follow a group of stages for the development of this work; these stages reflect all the translation process, which was designed by the students who developed this work.

### 3.1.5.1.1 Activities:

During the process of this project we have developed different activities in order to fulfill the objectives. Following the steps to make this more precised.

### 3.1.5.2. Objectives:

This work is entirely designed to contribute to the Medicine Department in the translation of its English written material into Spanish.

### 3.1.5.3. Planning:

For the development process of this work we have followed these steps:

### 3.1.5.3.1. Recognition of the information:

The whole written book has been translated from English into Spanish language.

### 3.1.5.3.2. Recognition of the technical terminology:

Once we got the written English book, we have verified the technical terminology, and we have developed a glossary in which we classified the Medicine technical terms following an alphabetical order.

### 3.1.5.3.3. Translation of the first draft:

In first place, we have translated the book by the use of the different translation techniques but the ones we have used for this work are: Literal, Modified, Transposition and Modulation as the book requires.

### 3.1.5.3.4. Review of the first draft:

After, we finished the translation of the first draft; we had to review to make sure the translated text did not lose the real meaning and keep the content of the original information.

### 3.1.5.3.5. Review of the first draft by another translator

The translator Lic. Jacqueline Auza Santi (tutor of the Supervised Project in the Department of Linguistics) has reviewed and corrected the first draft.

### 3.1.5.3.6. Feedback on the translation

The students (translators) and tutor have reviewed the translation of the first draft all together, in order to share ideas and opinions about the translation process that has been developed.

### 3.1.5.3.7. Correction of the translation

Once the corrections have been studied, we have proceeded to correct them, taking into account that corrections must be faithful to the book written in the L1.

### 3.1.5.3.8. Revising of the translation

We have reviewed and analyzed the whole translation and the corrections we made.

### 3.1.5.3.9. Feedback of the translation

This is a team work in which the tutor and translators have discussed and commented about the translation and all the last improvements and modifications that have been done.

### 3.1.5.3.10. Editing

Finally, we have edited the translated text; it means that we checked the original written information and compared it to the current translation.

### 3.1.6 Work Planning

The purpose of this work has been designed in order to show and mention the activities and the different stages developed during the whole process of translation and application of the Supervised Project.

For this purpose, we took into account: the sequence of activities, method, resources, moment and time, and the students who developed the project itself. It is also important to mention that all these aspects have been related to the achievement of objectives in every stage of the process of translation.

### 3.1.6.1 Work Planning Structure

In the Work Planning Structure we have explained the main points of the translation process through the Action Plan Chart. All these important elements are related to the specific objectives of our work:

### 3.1.6.1.1. Specific objectives

For every stage of the process of translation we determined our objectives and explained every step through the activities, methods, resources, moment and students in charge of translation. Our objectives explain the goals we wanted to achieve in every stage that is why we describe these objectives as follows:
-To translate all the written material from English into Spanish language in a systematic way.
-To recognize the book information through reading.
-To recognize the Medicine technical terminology.
-To translate the first edition.
-To review the translation.
-To edit the written information that has been translated.
-To elaborate a glossary that incorporates all the Medicine technical terms found in every stage of the translation process.

### 3.1.6.1.2. Activities

All the activities developed during every stage of the translation process are explained in detail as follows:
-Reading books related to the translation field.
-Taking courses related to the medical terminology.
-Beginning of the translation process on September $10^{\text {th }}, 2012$.
-Application of the translation techniques.

At the beginning students classified all the 18 chapters of the book and decided who had the responsibility for translating every corresponding chapter. It is important to mention that there is no specific reason for this purpose; it means that the classification of chapters and the students in charge of translating them did not follow any kind of rule or suggestion for doing this, these procedures were chosen at random. At first, students translate their corresponding chapters by their own, but it is necessary to bear in mind, that all translations are reviewed and once they were corrected by the application of the Review Process Stages, we proceeded to develop the final edition.

The following chart shows all the chapters translated, the delivery dates and the name of the translators.

| Chapters | Delivery Date | Translator |
| :---: | :---: | :---: |
| Chapter 1 (19 pages) <br> An Overview of Physical Examination and History Taking | $1^{\text {st }}$ delivery, Monday, September 24,2012 <br> (Complete chapter) | Wendy Sharon <br> Flores Segalini |
| Chapter 2 (37 pages) <br> Interviewing and the Health History | $1^{\text {st }}$ delivery, Monday, September 24, 2012 <br> ( $1^{\text {st }}$ part of the chapter 2 ) | Claudia Chambi Ortiz |
| Chapter 3 (34 pages) <br> Beginning the Physical <br> Examination: General <br> Survey and Vital Signs | $2^{\text {nd }}$ delivery, Monday, October 8 , 2012 <br> (Complete chapter) | Wendy Sharon <br> Flores Segalini |
| Chapter 2 (37 pages) <br> Interviewing and the Health History | $2^{\text {nd }}$ delivery, Monday, October 8 , 2012 <br> ( $2^{\text {nd }}$ part of the chapter 2 ) | Claudia Chambi Ortiz |
| Chapter 4 (13 pages) <br> The Skin | $2^{\text {nd }}$ delivery, Monday, October 8 , 2012 <br> ( $1^{\text {st }}$ part of the chapter 4 ) | Claudia Chambi Ortiz |
| Chapter 5 (93 pages) <br> The Head and Neck | $3^{\text {rd }}$ delivery, Monday, October 22 , 2012 <br> ( $1^{\text {st }}$ part of the chapter 5 ) | Wendy Sharon <br> Flores Segalini |


| Chapter 4 (13 pages) <br> The Skin | $3^{\text {rd }}$ delivery, Monday, October 22 , 2012 <br> ( $2^{\text {nd }}$ part of the chapter 4 ) | Claudia Chambi Ortiz |
| :---: | :---: | :---: |
| Chapter 6 (33 pages) <br> The Thorax and Lungs | $3^{\text {rd }}$ delivery, Monday, October 22, 2012 <br> ( $1^{\text {st }}$ part of the chapter 6 ) | Claudia Chambi Ortiz |
| Chapter 5 (93 pages) <br> The Head and Neck | $\begin{aligned} & 4^{\text {th }} \text { delivery, Monday, November 5, } \\ & 2012 \\ & \left(2^{\text {nd }} \text { part of the chapter } 5\right) \end{aligned}$ | Wendy Sharon <br> Flores Segalini |
| Chapter 6 (33 pages) <br> The Thorax and Lungs | $4^{\text {th }}$ delivery, Monday, November 5, 2012 <br> ( $2^{\text {nd }}$ part of the chapter 6 ) | Claudia Chambi Ortiz |
| Chapter 8 (18 pages) <br> The Breasts and Axillae | $4^{\text {th }}$ delivery, Monday, November 5, 2012 (Complete chapter ) | Claudia Chambi Ortiz |
| Chapter 5 (93 pages) <br> The Head and Neck | $5^{\text {th }}$ delivery, Monday, November 19, 2012 <br> ( $3^{\text {rd }}$ part of the chapter 5) <br> Delivered in 20-11-2012 | Wendy Sharon <br> Flores Segalini |


| Chapter 7 (50 pages) <br> The Cardiovascular System | $5^{\text {th }}$ delivery, Monday, November <br> 19, 2012 <br> ( $1^{\text {st }}$ part of the chapter 7 ) <br> Delivered in November 20, 2012 | Claudia Chambi Ortiz |
| :---: | :---: | :---: |
| Chapter 7 (50 pages) <br> The Cardiovascular System | $\begin{aligned} & 6^{\text {th }} \text { delivery, Monday, December 3, } \\ & 2012 \\ & \left(2^{\text {nd }} \text { part of the chapter } 7\right) \end{aligned}$ | Claudia Chambi Ortiz |
| Chapter 9 (49 pages) <br> The Abdomen | $6^{\text {th }}$ delivery, Monday, December 3, 2012 ( $1^{\text {st }}$ part of the chapter 9) | Wendy Sharon <br> Flores Segalini |
| Chapter 9 (49 pages) <br> The Abdomen | $7^{\text {th }}$ delivery, Monday, December 17,2012 <br> ( $2^{\text {nd }}$ part of the chapter 9 ) | Wendy Sharon <br> Flores Segalini |
| Chapter 10 (15 pages) <br> Male Genitalia and Hernias | $7^{\text {th }}$ delivery, Monday, December 17,2012 <br> (Complete chapter) | Wendy Sharon <br> Flores Segalini |
| Chapter 11 (25 pages) <br> Female Genitalia | $7^{\text {th }}$ delivery, Monday, December 17, 2012 | Claudia Chambi Ortiz |


|  | (Complete chapter) |  |
| :---: | :---: | :---: |
| Chapter 12 (17 pages) <br> The Pregnant Woman | $8^{\text {th }}$ delivery, Sunday, January 27 , 2013 <br> (Complete chapter) | Claudia Chambi Ortiz |
| Chapter 13 (12 pages) <br> The Anus, Rectum and Prostate | $8^{\text {th }}$ delivery, Sunday, January 27 , 2013 <br> (Complete chapter) | Wendy Sharon <br> Flores Segalini |
| Chapter 14 (23 pages) <br> The Peripheral Vascular System | $8^{\text {th }}$ delivery, Sunday, January 27 , 2013 <br> (Complete chapter) | Wendy Sharon <br> Flores Segalini |
| Chapter 17 (158 pages) <br> Assessing Children: Infancy Through Adolescence | $8^{\text {th }}$ delivery, Sunday, January 27 , 2013 <br> (1st part of the chapter 17) <br> Translator delivered the first 38 pages. | Claudia Chambi Ortiz |
| Chapter 17 (158 pages) <br> Assessing Children: Infancy Through Adolescence | $9^{\text {th }}$ delivery, Sunday, February 10 , 2013 <br> ( $2^{\text {nd }}$ part of the chapter del 17 ) | Wendy Sharon <br> Flores Segalini |


| Chapter 16 (86 pages) <br> The Nervous System | $9^{\text {th }}$ delivery, Sunday, February 10 , 2013 <br> ( $1^{\text {st }}$ part of the chapter 16 ) | Claudia Chambi Ortiz |
| :---: | :---: | :---: |
| Chapter 17 (158 pages) <br> Assessing Children: Infancy <br> Through Adolescence | $10^{\text {th }}$ delivery, Sunday, February 24,2013 <br> ( $3^{\text {rd }}$ part of the chapter 17 ) | Wendy Sharon <br> Flores Segalini |
| Chapter 16 (86 pages) <br> The Nervous System | $10^{\text {th }}$ delivery, Sunday, February 24, 2013 <br> ( $2^{\text {nd }}$ part of the chapter 16 ) | Claudia Chambi Ortiz |
| Chapter 17 (158 pages) <br> Assessing Children: Infancy Through Adolescence | $11^{\text {th }}$ delivery, Sunday, March 10 , 2013 <br> ( $4^{\text {th }}$ part of the chapter 17 ) | Wendy Sharon <br> Flores Segalini |
| Chapter 15 (67 pages) <br> The Musculoskeletal System | $11^{\text {th }}$ delivery, Sunday, March 10 , 2013 <br> ( $1^{\text {st }}$ part of the chapter 15 ) | Claudia Chambi Ortiz |
| Chapter 18 (19 pages) <br> Clinical Reasoning, <br> Assessment and Plan | $12^{\text {th }}$ delivery, Sunday, March 24 , 2013 <br> (Complete chapter) | Wendy Sharon <br> Flores Segalini |

### 3.1.6.1.2.1. Other activities

Other activities carried out were:
-Review of the translation.
-Correction of the translation.
-Development of a glossary that incorporates all the Medicine technical terms found in every stage of the translation process.
-Meetings between the translators in order to discuss issues about Technical terminology and Correction of the translations.
-Meetings among translators and tutor in order to discuss issues about the development of the Supervised Project Inform.
-Meetings among translators and the Principal of the Department of Medicine in order to discuss issues about the translations and the reports each 2 months.
-Development of the Supervised Project Report.

### 3.1.6.1.3. Methodology

In the methodology of this work we describe all the procedures, methods and techniques in order to achieve the objectives and develop all the activities related to the process of translation and the development of the Supervised Project.

Now we proceed to explain the procedures, methods and techniques used in every stage of the translation process:

The translation of the Medicine book from English into Spanish language was developed by the application of the following translation techniques:
-Word for word: As we have seen before, this translation procedure is rendering of one text to another. This procedure is also mainly used for scientific, technical or legal texts. Technical texts like the Medicine texts are necessarily needed to be translated using procedures like this. Translating the Medicine book we found many words, paragraphs and the like when word for word procedure was needed. Here we add some of the common examples.

## Example 1:

(Taken from Chapter 3: PDF page 61 in English version / page 56 in Spanish version)

## Source Language Text:

Remember that carbohydrates and protein furnish 4 calories per gram, and fat yields 9 calories per gram.

## Target Language Text:

Recuerde que los carbohidratos y proteínas aportan 4 calorías por gramo, y la grasa rinde 9 calorías por gramo.

## Analysis of Translation:



The example shows us a word for word translation, as we can see this procedure is completely understandable in the whole sentence, because it is translated by its most common meaning. In this case, the example has a simple construction and there was not the necessity of using another type of translation.

## Example 2:

(Taken from Chapter 3: PDF page 63 in English version / page 57 in Spanish version)

## Source Language Text:

Weight loss is an important symptom that has many causes.

## Target Language Text:

La pérdida de peso es un síntoma importante que tiene muchas causas.

## Analysis of Translation:



As we can see, in the example 2, we just added the article "La" due to in spanish languange it is necesary to put it before a noun to announce it.

The first example shows the transference made from one language to another. The source language word translated into the target language using the word for word procedure. The examples respect the grammar and use the appropriate procedure to keep the meaning and respect the grammatical rules. The medical terms we found were highly reviewed many times to make sure the translation procedure was precise.
-Literal: As it has been defined before, the literal translation is the translation from one text to another. This kind of procedure has been very useful for scientific areas. That is why; it is worth using this procedure to translate this in medical translation for the exactitude information we are to translate.

As Newmark (1995:101) says: this kind of translation goes beyond word for word translation, since the SL gramatical constructions are changed to their nearest TL equivalence.

## Example 1:

(Taken from Chapter 5: PDF page 115 in English version / page 109 in Spanish version)

## Source Language Text:

Knowing this anatomy helps to locate and describe physical findings.

## Target Language Text:

El conocimiento de esta anatomía ayuda a localizar y describir los hallazgos físicos.

## Analysis of Translation:



In this example, we can see the noun "knowing" does not need the article "the" as the Spanish language does, when we begin any paragraph. On the other hand, the preposition "de" was added in order to make it understandable.

As we have seen, this short sentence was translated using the literal translation. We used this procedure to keep the meaning, and basically we were allowed to respect the grammar rules.

## Example 2:

(Taken from Chapter 1: PDF page 1 in English version / page 1 in Spanish version)

## Source Language Text:

Empathic listening; the ability to interview patients of all ages, moods, and backgrounds; the techniques for examining the different body systems; and, finally, the process of clinical reasoning.

## Target Language Text:

Escucha empática: la habilidad de entrevistar a pacientes de todas las edades, estados de ánimo y orígenes, las técnicas para explorar los diferentes sistemas del cuerpo y finalmente, el proceso de razonamiento clínico.

## Analysis of Translation:




As we can see, we have three grammatical constructions that had to be switched in their positions: "Emphatic listening" as "escucha empática"; "Body System" as "sistemas del cuerpo"; and "Clinical reasoning" as "Razonamiento clínico".

The example indicates the procedure in action that we used to translate many paragraphs as this. We considered the syntax for both languages to look for the same equivalence. This helps us to translate with exactitude the information provided in this book. Then, translating this section was really successful when we use the appropriate procedure.

## Example 3:

(Taken from Chapter 3: PDF page 59 in English version / page 54 in Spanish version)

## Source Language Text:

These data provide information about the patient's nutritional status and amount of body fat.

## Target Language Text:

Estos datos le proporcionarán información acerca del estado nutricional del paciente y la cantidad de grasa corporal.

## Analysis of Translation:



In the following example, we can find addition of an indirect object "le", definite article "la", and the contraction "del" which in Spanish has this structure "preposition de + definite article el".

This example shows the correspondence for each word in both languages. Then translation comes simply when the procedure is used effectively. The translation for this paragraph using the literal procedure results interesting considering the grammar rules for both languages and keep the meaning for both as well.

## Example 4:

(Taken from Chapter 6: PDF page 214 in English version / page 213 in Spanish version)

## Source Language Text:

Locations on the Chest. Be familiar with general anatomic terms used to locate chest findings, such as:

Supraclavicular-above the clavicles
Infraclavicular-below the clavicles
Interscapular-between the scapulae
Infrascapular-below the scapula
Bases of the lungs-the lowermost portions

## Target Language Text:

Localizaciones torácicas. Aprenda los términos anatómicos generales que se utiliza para localizar los signos torácicos, como:

Supraclavicular - Por encima de las clavículas
Infraclavicular- Por debajo de las clavículas
Interescapular -- Entre las escápulas

Infraescapular- Por debajo de la escápula
Bases pulmonares -- las porciones más bajas

## Analysis of Translation:



In this example, we can see the frequent use of compound prepositions in the TL text such as: "Por encima de, Por debajo de".

## -Modified:

The modified translation has to do with the use of sinonyms. According to the Oxford advanced learner's dictionary "A synonym is a word or expression that has the same meaning as another in the same language" for example 'big' and 'large' are synonyms (2000: 1319). In this sense, it is possible to change a word or expression for another which has the same or almost the same meaning in the same language. In the case of our translation work, we have used a lot this method of translation because we had to look for synonyms for many words in order to make our translation look more elaborated instead of using the first meaning of a word, because we noticed that it is possible to change one term for another that expresses the same meaning. Now we proceed to exemplify how this type of translation works.

## Example 1:

(Taken from Chapter 1: PDF page 1 in English version / page 1 in Spanish version)

## Source Language Text:

This chapter provides a road map to clinical proficiency in three critical areas: the health history, the physical examination, and the written record, or "write-up."

## Target Language Text:

Este capítulo brinda un mapa de dirección para alcanzar la competencia clínica en tres áreas importantes: el historial médico, la exploración física y el registro escrito o "notas."

## Analysis of Translation:



Este capítulo brinda un mapa de dirección para alcanzar la competencia clínica

en tres áreas importantes: el historial médico, la exploración física


In this sentence, we can observe the use of synonyms in the following examples:

- The conjugated verb 'provide' was translated into Spanish as the conjugated verb 'brinda', and the first meaning of this verb is 'proporcionar'.
-The words 'road map' were translated as 'mapa de dirección', in this case, the literal translation would be 'mapa de caminos'. Here, we had to look for a different synonym in order to understand better the context in which this sentence was written.
-The word 'proficiency' was translated as 'competencia' and its literal meaning is 'destreza', we looked for a very close meaning to reflect the same thought.
-The adjective 'critical' was translated into Spanish as 'importantes'. In this example, we can notice that we did not use the first meaning of the word which would be 'críticas', we prefered to use another that made more sense.
-The noun 'history' can have some meanings according to different purposes and fields of study. In the case of medicine, this word also can be used in two ways, but with the same meaning. For example: 'historia or historial'. In our translation, we prefered to translate this term as 'historial' because in our context, doctors use more this term.
-The noun 'examination' was translated as 'exploración', but its literal translation is 'examinación', and it does not exist as such in the medical language, that is why the word employed is 'exploración'.
-The noun 'write-up' literally means 'escribir, describir' it is used as a phrasal verb, but as a noun it was translated as 'notas', and it also can be translated as 'apuntes' which is another synonym that denotes the same meaning.
-There are also some words in the TL text which cannot be found in the SL text and they are: the verb 'alcanzar' and the definite article 'la'.
-In this sentence, it is also possible to find other types of translation as: word for word and literal translation.


## Example 2:

(Taken from Chapter 3: PDF page 63 in English version / page 58 in Spanish version)

## Source Language Text:

Poverty, old age, social isolation, physical disability, emotional or mental impairment, lack of teeth, ill-fitting dentures, alcoholism, and drug abuse increase the likelihood of malnutrition.

## Target Language Text:

La pobreza, vejez, aislamiento social, discapacidad física, alteraciones emocionales o mentales, carencia de dientes, dentaduras postizas que no encajan bien, alcoholismo, y el abuso de drogas incrementan el riesgo de desnutrición.

## Analysis of Translation:



La pobreza, vejez, aislamiento social, discapacidad física, alteraciones emocionales o mentales,

carencia de dientes, dentaduras postizas que no encajan bien, alcoholismo, y el abuso de drogas


In this sentence, we can observe the following findings:
-The existence of words in the TL text which do not exist in the original text in English. For example: the definite articles 'la, el'.
-The noun 'disability' was translated as 'discapacidad' and its literal translation is 'incapacidad', we can notice that the meaning is the same, it did not change.
-The noun 'impairment', its literal translation is 'deterioro', but it was translated in plural as 'alteraciones'.
-The words 'ill-fitting' used as an adjective in the SL text, literally mean 'mal fijado', but it was translated in plural into the TL text as 'que no encajan bien' because the next word is a noun in plural.

- The noun 'likelihood' literally means 'probabilidad', but it was translated as 'riesgo', which is not the closest meaning, but represent the same thought in context.


## Example 3:

(Taken from Chapter 9: PDF page 319 in English version / page 320 in Spanish version)

## Source Language Text:

Bladder expansion stimulates contraction of bladder smooth muscle, the detrusor muscle, at relatively low pressures. Rising pressure in the bladder triggers the conscious urge to void.

## Target Language Text:

La expansión vesical estimula la contracción del músculo liso de la vejiga, el músculo detrusor, con presiones relativamente bajas. La presión creciente de la vejiga desencadena el impulso consciente de vaciarse.

## Analysis of Translation:



el impulso consciente de vaciarse.

In this example, we can find two sentences, now we proceed to analyze the findings.

- There are five words in the TL text which are not in the SL text and they are: the definite article 'la' which was repeated four times in both sentences, and the preposition 'de'.
-The noun 'bladder' (used as an adjective in the SL text) can be translated literally as 'vejiga', but in the TL text was translated as an adjective 'vesical', here it is possible to see a different use of the language, which is to change the original type of word.
-The preposition 'at' literally translated means 'en', but in the TL translation means 'con', which is not a common synonym for this preposition.
-The adjective 'Rising' literally means 'ascendente' and in the target text was translated as 'creciente', this example shows closest synonyms.
-The conjugated verb 'triggers' literally translated means 'disparar' that is why, we have changed the term into the conjugated verb 'desencadena' which can be understood better.


## Example 4:

(Taken from Chapter 9: PDF page 322 in English version / page 324 in Spanish version)

## Source Language Text:

Symptoms of blood loss such as light-headedness or syncope depend on the rate and volume of bleeding, and rarely appear until blood loss $\geq 500 \mathrm{ml}$.

## Target Language Text:

Los síntomas de la pérdida hemática, como el mareo o síncope dependen de la frecuencia y volumen de la hemorragia, y rara vez aparecen hasta que se da la pérdida hemática de $\geq 500 \mathrm{ml}$.

## Analysis of Translation:



In this sentence, it is possible to find these examples of modifications:
-Some words are present in the TL text and not in the SL text: definite articles in singular and plural 'los, la, el', the relative pronoun 'que', the reflexive verb 'darse'.

- The noun 'blood' (used as an adjective in the SL text), literally means 'sangre' and as an adjective would be 'sanguínea', but it was translated as 'hemática' also an adjective, it has the same meaning, but it is clear the use of synonyms.
-The compound noun 'light-headedness' was translated as 'mareo' and it can be also translated as 'vértigo'.
-The noun 'bleeding' literally means 'sangrado', but it was translated as 'hemorragia', both terms show the same meaning.


## Example 5:

(Taken from Chapter 13: PDF page 426 in English version / page 434 in Spanish version)

## Source Language Text:

The anal canal is demarcated from the rectum superiorly by a serrated line marking the change from skin to mucous membrane. This anorectal junction, often called the pectinate or dentate line, also denotes the boundary between somatic and visceral nerve supplies. It is readily visible on proctoscopic examination, but is not palpable.

## Target Language Text:

El conducto anal está delimitado por el recto, en la parte superior, a través de una línea dentellada que marca la transición de la piel a la membrana mucosa. A menudo, esta unión anorrectal se denomina línea pectínea o dentada, también señala el límite entre las inervaciones somática y visceral. Se puede apreciar con facilidad en un examen proctoscópico, pero no se puede palpar.

## Analysis of Translation:



El conducto anal está delimitado por el recto, en la parte superior, a través de una línea dentellada



This example has three sentences, let's see the findings in each one.
-The omission of words in both texts: definite and undefinite articles in the SL text 'la, lasun' and in the TL text 'the', the conjugated verb 'puede' which is not present in the SL text.
-The noun 'canal' which has the same form in the TL, but it was translated as 'conducto'.
-The adjective 'demarcated' literally translated would be 'demarcado', but we used the term 'delimitado'.
-The preposition 'from' means 'desde', but it was translated as the preposition 'por'.
-The adverb 'superiorly' can be translated as 'superiormente', but in the TL text it was necessary to look for a group of words in order to express the same meaning 'en la parte superior'.
-The preposition 'by' has the first literal meaning 'por', and it was translated as 'a través de'.
-The adjective 'serrated' can have two synonyms 'serrada or dentellada' the last one was the term we used in the TL text.
-The verb 'marking' in gerund was translated using two words 'que marca' a relative pronoun and a conjugated verb.
-The noun 'change' can be literally translated as 'cambio', and it was translated as 'transición'.
-The verb 'called' was translated as 'se denomina', another synonym would be 'llamado'.
-The words 'nerve supplies' changed into one word 'inervaciones' which is a mixture of two meanings.
-The adverb 'readily' literally translated means 'facilmente', but its meaning in the TL text is 'con facilidad'.
-The adjective 'visible' was translated as a verb 'apreciar'.
-The noun 'examination' has different synonyms, a literal one is 'examinación', but it does not exist in Spanish as such, and 'exploración' a term used in medicine, in the TL text was translated as 'examen'.
-The adjective 'palpable' was translated as a verb 'palpar'.
In conclusion, we can observe that is possible to use this type of translation in order to change a text just in smaller units of language, it means just changing one term for another, but keeping the same meaning. In this way, the use of synonyms is very important for translators, so they can choose appropriate terms according to the needs of the text as in our case.
-Transposition: Before getting into the analysis of the sentences, we are required to remember definitions not to confuse terms and use the correct procedures. As we defined before transposition for Peter Newmark (1995: 122) is a translation procedure that involves a change in grammar from the source language (SL) to the target language (TL). And for Bell (1991:70) is the rendering of a SL element by TL element which are semantically, but not formally equivalent. In this sense, transposition is used as a method or procedure for smaller units of language and for bigger structures as the clauses. Some examples found in this project are:

## Example 1:

(Taken from Chapter 5: PDF page 116 in English version / page 110 in Spanish version)

## Source Language Text:

A film of tear fluid protects the conjunctiva and cornea from drying, inhibits microbial growth, and gives a smooth optical surface to the cornea.

## Target Language Text:

La conjuntiva y la córnea son protegidas de la sequedad por una película de líquido lagrimal, que inhibe el crecimiento microbiano y brinda una superficie óptica lisa a la córnea.

## Analysis of Translation:



In this example we can clearly appreciate the procedure used. The translation of this statement has the following characteristics: there is a kind of parallelism between the SL (Source Language) and TL (Target Language) text, it means, sentences have almost identical structures in both languages, but there is a visible change in position. In this sense, in the SL statement we can appreciate the use of the active voice and its structure is explained as follows:

## Structure of the SL statement

$$
\text { noun phrase }+ \text { verb }+ \text { noun phrase }+ \text { prepositional phrase }
$$

In the case of the TL statement we can notice the use of the passive voice, and it has the following structure:

## Structure of the TL statement

noun phrase + verb + prepositional phrase + noun phrase
It is very important to mention that in the first part of the statement before the comma, it is clearly visible the use of the transposition procedure, but after the comma we can notice the use of different procedures of translation as for example word for word and literal translation. It is also important to take into account the following observations:
-In English, the adjective goes before the noun for example: tear fluid. But in Spanish the adjective goes after the noun for example: líquido lagrimal.

- In the English statement, the verb "protect" conjugated in third person singular as "protects" changed into the Spanish statement in a different verb that is "to be" in third person plural as "son" and the verb "protect" was changed into a plural adjective as "protegidas" because of the change into passive voice and the shifts in the first part of the sentence before the comma.
- In the English statement, the prepositional phrase "from drying" was translated into Spanish as "de la sequedad". The definite article "la" is not present in the SL statement.
- In the Spanish statement it is noticeable the use of the preposition "por" that helped us to change the active voice used in the English statement into passive voice in the Spanish statement.
-As we mentioned before, after the comma, it is possible to see the use of word for word translation because there was an interlineal translation with the TL immediately below the SL words, and the SL order was preserved, and the words were translated by their common meanings "to the cornea" "a la córnea". And literal translation because the translation of some words go beyond word for word translation since the SL grammatical constructions
are translated into the TL nearest equivalence "microbial growth" "crecimiento microbiano", "smooth optical surface" "superficie óptica lisa".
-And it is also posible to see the absence of some words in the SL statement for example: the preposition "por", the relative pronoun "que", and the definite article "el".


## Example 2:

(Taken from Chapter 4: PDF page 95 in English version / page 89 in Spanish version)

## Source Language Text:

The epidermis depends on the underlying dermis for its nutrition. The dermis is well supplied with blood. It contains connective tissue, sebaceous glands, sweat glands, and hair follicles. It merges below with subcutaneous tissue, or adipose, also known as fat.

## Target Language Text:

La epidermis se nutre a partir de la dermis subyacente. La dermis está bien irrigada y contiene tejido conjuntivo, glándulas sebáceas, glándulas sudoríparas, y folículos pilosos. Se une por debajo, al tejido subcutáneo o adiposo, también conocido como grasa.

## Analysis of Translation:


(y) contiene tejido conjuntivo, glándulas sebáceas, glándulas sudoríparas y folículos pilosos.


This example has four sentences. In the first sentence, it is possible to notice the change in position from one language to the other and that is why the use of the transposition procedure was appropriate, and it has the following structure:

## Structure of the SL statement

noun phrase + verb + noun phrase + prepositional phrase

In the case of the TL statement we can notice the following structure:

## Structure of the TL statement

noun phrase + verb + prepositional phrase + noun phrase

In this first sentence, it is important to see that the positions of verbs are totally different in both languages, as well as the meanings of verbs, for example: the verb "depends on" was translated as a prepositional phrase "a partir de", and the prepositional phrase "for its nutrition" was translated as a verb "se nutre".

In the case of the second, third and fourth sentence, we can observe a parallelism in both languages, for example there is the same structure in the SL as well as in the TL, but it is important to observe that some elements exchange positions at a grammatical level, especially in relation to the position of adjectives, for example: in English adjectives go before the nouns and in Spanish adjectives go after the noun and in these sentences, it is clearly observable this type of transposition of these elements as well as smaller units, but the arrows show that the grammatical form is maintained. Let's see other examples:
-In the second sentence, the words "supplied with blood" were translated into Spanish as "irrigada" in this case there is a reduction and omission of the preposition "with" and the noun "blood".
-In the third sentence, there is also the omission of the pronoun "It" in Spanish because in this language it is possible to omit pronouns, because the conjugation of verbs let us know about who we are talking about. And also in the Spanish translation we can see the addition of the conjunction " $y$ " which was not in the English version of this sentence.
-In the fourth sentence, there is an omission of the pronoun "It" in the Spanish sentence, and the verb "merges" was translated without paying attention to the first denotative meaning as "se une", and also the preposition "below" in Spanish was translated as a compound preposition "por debajo" and the preposition "with" was translated into Spanish as "al" which is not so common.

## Example 3:

(Taken from Chapter 9: PDF page 318 in English version / page 320 in Spanish version)

## Source Language Text:

The abdominal cavity extends up under the rib cage to the dome of the diaphragm.

## Target Language Text:

La cavidad abdominal se extiende por arriba hasta la bóveda diafragmática bajo la caja torácica.

## Analysis of Translation:

The abdominal cavity extends up under the rib cage to the dome of the diaphragm.


In this example, it is possible to observe the clear use of transposition in the two existent prepositional phrases. Let's see the structure of this sentence in both languages:

## Structure of the SL statement

noun phrase + verb + prepositional phrase + prepositional phrase

In the case of the TL statement we can notice the following structure:

## Structure of the TL statement

noun phrase + verb + prepositional phrase + prepositional phrase

Although, in these two sentences in both languages, we can see the same structures, it is important to take into account that there is a change in position of the prepositional phrases as we mentioned above. An also we can notice some other changes explained as follows:
-The use of the verb "extends up" in the English statement and translated as "se extiende por arriba" in the Spanish statement. Here we can say that in Spanish we use a reflexive verb that is "extenderse".
-In the first prepositional phrase "under the rib cage" in English, translated into Spanish as "bajo la caja torácica", it is possible to see that the term "cage" "caja" is not the first meaning of the word in Spanish, so we had to find a proper term represented in the Spanish language instead of saying "jaula" which is the denotative meaning of the word.
-In the case of the other prepositional phrase "to the dome of the diaphragm" translated as "hasta la bóveda diafragmática", we can observe that the noun "diaphragm" has been changed into an adjective.

## Example 4:

(Taken from Chapter 13: PDF page 425 in English version / page 433 in Spanish version)

## Source Language Text:

The direction of the anal canal on a line roughly between anus and umbilicus should be noted carefully.

## Target Language Text:

Observe cuidadosamente la dirección del conducto anal sobre una línea comprendida entre el ano y el ombligo.

## Analysis of Translation:


el ombligo.

In this example, there was also the necessity to use the transposition at a grammatical level. Three grammatical forms were changed concerning to the position of adjectives, and there is a change of place of noun phrases, verbs, and prepositional phrases as well. The structure of the sentence is explained as follows:

## Structure of the SL statement

$$
\text { noun phrase }+ \text { prepositional phrase }+ \text { verb }
$$

In the case of the TL statement we can notice the following structure:

## Structure of the TL statement

verb+ noun phrase + prepositional phrase

Other important structures to be analyzed are:
-In the noun phrase "The direction of the anal canal" translated as "la dirección del conducto anal" we can notice a parallelism of terms in both languages, but it is clear the difference in the positions of adjectives in English and Spanish that shows transposition in smaller structures of the sentences.
-In the prepositional phrase "on a line roughly between anus and umbilicus" translated as "sobre una línea comprendida entre el ano y el ombligo", it is posssible to observe the diffrence in meaning of the term "roughly" and "comprendida" in which, it adopted a different meaning in Spanish, but it did not lose the correct meaning to be expressed.
-In the verb phrase "should be noted carefully" translated as "Observe cuidadosamente" we can notice the omission of the modal verb "should" and the verb "be" replaced by just one verb "Observe".

In this way, transposition was one of the most important types of translation to be used in order to have an appropriate equivalence between the SL and the TL texts. And as transposition is a very indispensable procedure, here it was used as an optional or sometimes obligatory way, depending on the SL text and its context, but always whenever it was possible to be used.
-Modulation: A concept already established defines that modulation is the message's form altered by a change in perspective or semantics. Or in words of Peter Newmark:
"As I see, the general concept, since it is a super-ordinate term covering almost everything beyond literal translation is not useful as it stands. However, the 'negated contrary' that I prefer to call positive or for double negative (or double negative for positive) is a concrete translation procedure which can be applied in principle to any action (verb) or quality adjective or adverb. (Newmark Peter, Manual de Traducción, 1995, p. 125)

Thus, modulation is a translation method consisting in throwing a different light on, or looking from a different angle at, the lines to be translated. In the medical translation we found some words and sentences that required this procedure. Some basic examples found are:

## Example 1:

## (Taken from Chapter 1: PDF page 1 in English version / page 1 in Spanish version)

## Source Language Text:

Over the course of becoming an accomplished clinician, you will polish these important relational and clinical skills for a lifetime.

## Target Language Text:

Conforme vaya forjándose como un médico experto, irá perfeccionando estas facultades tan importantes durante su larga trayectoria clínica.

## Analysis of Translation:

Over the course of becoming an accomplished clinician,


In this example, the use of modulation is very clear, because the denotative meanings of the words and phrases in the SL have changed in the TL, but they did not change their real meanings, it means, that we kept the meaning that the author originally expressed, we transmitted the author's thought and the main idea of the text, what is really important at the moment of translating and using this type of translation. In order to understand better this position let's exemplify this perspective with some examples found in this sentence:

- The phrase "Over the course of becoming" was translated as "Conforme vaya forjándose como" this example shows clearly the use of this procedure, in the SL we have a prepositional phrase, and in the TL we do not have any preposition, and we can observe the use of the subjunctive. If we had translated this sentence using the literal translation in the TL, the translation would had been totally different "En el transcurso de llegar a ser", but we wanted to go beyond, trying to express the same meaning but using different, elaborated and more formal words.
-In the sentence, it is also possible to see that some words were translated using different words and not the first literal meanings of words. For example: "accomplished clinician" was translated as "médico experto" and the adjective "accomplished" in Spanish means "realizado, consumado" and we preferred to use the adjective "experto" because this word can be understood better by the readers of the medical textbook than the other adjectives.
-In the TL, we can notice the omission of some words, for example: the personal pronoun "you" it was not translated into Spanish, because in this language it is possible to omit pronouns as they are represented by the conjugation of verbs, as well as the adjective "relational" and the conjunction "and".
-In the SL there is also omission of words, for example: the adverb "tan" this word is present in the Spanish translation but not in the English version.
-The use of the modal verb "will" used in English in order to express future tense, it is implicit in Spanish conjugation of verbs, but in the case of this sentence was changed, in the SL sentence we have the verb in future tense "will polish" and it was translated into the TL as "irá perfeccionando", here we can notice the use of the verb "ir" which is not expressed in the original English versión, as well as the verb in gerund "perfeccionando", the verb "polish" means "pulir", the first and literal meaning was changed in order to improve the translation in the TL.
-Other words that have changed totally during the translation into the TL are:

In the SL text "skills" was translated as "facultades", and the literal meaning is "habilidades" and we appealed to a different meaning without changing the real meaning.

In the SL text, the preposition "for" was translated into TL text as the preposition "durante" and its literal translation in Spanish is "por/para", different in both languages, but in the translation it was necessary to change because otherwise the sentence would not have any sense.

The indefinite article "a" in the SL was translated as a possessive adjective "su" because the modulation procedure required to do it.

The noun "lifetime" translated as "larga trayectoria" shows how in modulation some words can change by others and in this case in two words an adjective and a noun.

## Example 2:

(Taken from Chapter 1: PDF page 1 in English version / page 1 in Spanish version)

## Source Language Text:

As you enter the realm of patient assessment, you begin integrating the essential elements of clinical care:

## Target Language Text:

Al ingresar en el campo de evaluación del paciente, usted comenzará a relacionar los elementos fundamentales que conforman el cuidado médico:

## Analysis of Translation:


usted comenzará a relacionar los elementos fundamentales


The second example also shows clearly the use of the modulation procedure. Now we proceed to analyze the findings in this sentence:
-The conjuction "As" was translated as the preposition "Al" so it can work with the verb "ingresar" because in Spanish, it is normal to see verbs next to prepositions in order to form infinitive meanings.
-The noun "realm" was translated as "campo" and not as "región" which is the literal meaning, because it is related to an area of study about the medical field and not about a place in a country.
-The verb "begin" in the SL was conjugated in present tense, while in the TL was translated as "comenzará" in future tense because of the change into modulation type of translation.
-The verb "begin integrating" compound by a verb + verb in gerund in the SL text, was translated into Spanish as "comenzará a relacionar", here we can notice the use of a very peculiar structure in Spanish called "perífrasis verbal" which is formed by an auxiliary verb + preposition + infinitive verb. In this sentence, we can appreciate that in the SL sentence the verb is in present continuous, but in the TL sentence the verb is in future tense.
-In the SL text as well as in the TL text, we can find also omission of words, the absent words in the TL text are: the personal pronoun "you". The words that are not present in the SL text are: the preposition "en", the prepostion "del" the contracted form of "de + el" (preposition + definite article), and the relative pronoun "que" and the conjugated verb "conforman".
-And it is also present those words translated into Spanish using synonyms, such as: the verb "enter" $\rightarrow$ "ingresar" and not "entrar", "essential" $\rightarrow$ "fundamentales" and not "esenciales" these last words were added as a short alteration to give a complete and more understandable idea.

## Example 3:

(Taken from Chapter 10: PDF page 373 in English version / page 378 in Spanish version)

## Source Language Text:

A good genital examination can be done with the patient either standing or supine.

## Target Language Text:

Para una buena exploración genital es necesario que el paciente esté de pie o en posición de decúbito supino.

## Analysis of Translation:



If we use the literal translation in order to translate this sentence originally written in English (A good genital examination can be done with the patient either standing or supine.), we could notice that the translation would look totally different in the target language (Una buena exploración genital puede ser hecha con el paciente de pie o en supino), but as we used the modulation procedure, the sentence changed in some sense. Let's see some examples in order to exemplify these changes.

- The omission of words in the TL sentence: "either" is not present in the target text.
-The omission of words in the SL sentence: the preposition "para", the conjugated verb in subjunctive "este"" are not present in the source text.
-The noun "examination" in Spanish literally means "examinación" but it does not exist as such in the medical field, that is why, it was changed into "exploración" the actual term used by doctors.
-The translation of "can be done" (modal verb in present tense + verb in infinitive + verb in preterite) in the source text, was translated into the target text as "es necesario" (verb in present tense + adjective but used as a impersonal way).
- In the SL text, the preposition "with" was translated as the relative pronoun "que" because of the change into the modulation procedure, and the original sentence was changed into a subordinating sentence as well.
-The word "supine" was translated as "en posición de decúbito supino" for formal purposes and style of translation.

To conclude, all these sentences were translated with the method of modulation, because we felt the necessity to go beyond the other types of translation, but it was possible just when the text let us to do it. During the translation of these sentences we tried to keep the meanings of words as well as the author's thoughts and the real meaning of the source text, but expressed in different words and paying attention to the author's wishes at the moment of writing the original text. In this way, it is important to say that the implementation of this type of translation method is possible at different levels of language.

## -Acronyms and Abbreviations

An acronym is a word formed from the initial letters of a group of words, whereas an abbreviation is a shortened form of a word or phrase. Richard \& Hohulin (1982: 27) define an abbreviation as: "a shortened form of a word or a phrase, but not necessarily only the initial letter or letters." They defined an acronym as combining the initial letter or letters of each of the elements making up the complex lexical units.

Acronyms and abbreviations in Roman script are almost always written in capital letters. For example:

WHO is the acronym for the World Health Organisation.
AIBA is the abbreviation for aminoisobutyric acid.

Acronyms and abbreviations are very common in English, especially in the medical field, and many medical terms are written as acronyms and abbreviations. Kasprowicz (2012) argues that medical English employs a great many abbreviations and acronyms. He believes that the popularity of such shortened forms in medical language is due to the historical tradition of the language of medicine, and the economy in space and time they provide. For common English medical acronyms, a translator may use a direct translation of the English name. For example:

AIDS (Acquired Immunodeficiency Syndrome)
Is translated into Spanish as:
SIDA (Síndrome de Inmunodeficiencia Adquirida)

Monolingual medical dictionaries are useful in order to check the meanings of some acronyms and abbreviations which cannot be found in bilingual dictionaries such as English-Spanish dictionaries. But there is a problem with translating acronyms and abbreviations, which is that a single term may account for different semantic references. In this regard, Byrne (2012: 51) points out:
"abbreviations and acronyms, which are just as specialized, and which may have a number of different meanings depends on the subject, the context or even the company or organization which produces the text."

For instance, the acronym:
FMD
Can be used to refer to:

## Family Medical Doctor

Now we offer some examples found in the medical textbook:

| 1.- ABI (Ankle-Brachial Index): | 1.- IBT (Índice Brazo --Tobillo) |
| :---: | :---: |
| 2.- ADLs (Activities of Daily Living ): | 2.- AVDs (Actividades de la Vida Diaria) |
| 3.- BMI (Body Mass Index): | 3.- IMC (Índice de Masa Corporal) |
| 4.- BP (Blood Pressure): | 4.- PA (Presión Arterial), TA (Tensión Arterial) |
| 5.-CAGE ( (cutdown?), (Annoyed by criticism?), Guilt about drinking?) (Eye opener drinks?): | 5.-CAGE (¿Desea "cortar" la dependencia?, ¿Le molestan las críticas?, ¿Se siente culpable por beber?, ¿Necesita beber por la mañana?) |
| 6.-COPD (Chronic Obstructive Pulmonary Disease): <br> 7.- CVA (Costovertebral Angle): | 6.-EPOC (Enfermedad Pulmonar Obstructiva Crónica) <br> 7.- ACV (Ángulo Costovertebral) |
| 8.- CPR (Cardiopulmonary Resuscitation): | 8.- RCP (Reanimación cardiopulmonar) |
| 9.- DES (Diethylstilbestrol): | 9.- DES (Dietilestilbestrol) |
| 10.- ECG (Electrocardiogram): | 10.- ECG (Electrocardiograma) |
| 11.- EDD (Expected Date of Delivery): | 11.- FPP (Fecha Probable del Parto) |
| 12.- $\mathbf{F} \rightarrow \mathbf{N}$ (Finger-to-Nose): | 12.- $\mathbf{D} \rightarrow \mathbf{N}$ (Dedo- Nariz) |
| 13.- FHR (Fetal Heart Rate): | 13.- FCF (Frecuencia Cardíaca Fetal) |
| 14.- $\mathbf{H} \rightarrow \mathbf{S}$ (Heel-to-Shin): | 14.- $\mathbf{T} \rightarrow \mathbf{E}$ (Talón- Espinilla) |
| 15.- HEENT (Head, Eyes, Ears, Nose, Throat): | 15.-HEENT (Cabeza, Ojos, Oídos, Nariz Garganta) |
| 16.- HIV (Human Immunodeficiency Virus): | 16.- VIH (Virus de la Inmunodeficiencia Humana) |
| 17.- HR (Heart Rate): | 17.- FC (Frecuencia Cardíaca) |
| 18.- JVP (Jugular Venous Pressure): | 18.- PVY (Presión Venosa Yugular) |
| 19.- PND (Paroxysmal Nocturnal Dyspnea): | 19.- DPN (Disnea Paroxística Nocturna) |
| 20.- RDA (Recommended Daily Allowance): | 20.- ADR (Aportes Dietet́ticos Recomendados) |
| 21.- RR (Respiratory rate): | 21.- FR (Frecuencia respiratoria) |
| 22.- SBE (Self-Breast Examination): | 22.- AEM (Autoexploración de la Mama) |
| 23.- SOAP (Subjective, Objective, Assessment, and Plan): | 23.- SOVP (Subjetivo, Objetivo, Valoración y Plan) |
| 24.- SPF (Sunscreen Protective Factor Index): | 24.- FPS (Factor de Protección Solar) |
| 25.- STDs (Sexually Transmitted Diseases): | 25.- ETS (Enfermedades de Transmisión Sexual) |

## - Loan Words:

A loan word is a word or expression which is borrowed from another language. According to Larson (1984), a loan word is a word which is from another language and is unknown to most of the speakers of the receptor language. Loan words might include names of people, geographical areas and places.

The use of names is very common in medical terminology, for example, in the names of diseases, drugs and bacteria. Also in the medical field, translators sometimes encounter new expressions and words which do not have equivalents in the TL, so they borrow the English term following the transliteration process.

The examples found during the translation of the medical textbook are listed as follows:

## ENGLISH <br> SDANISH

1.- Acetaminophen:
2.- Amenorrhea:
3.- Anisocoria:
4.- Arrhythmia:
5.- Arthralgias:
6.- Bradycardia:
7.- Cerumen:
8.- Cortisol:
9.- Cystocele:
10.- Dialysis:
11.- Diaphoresis:
12.- Diarrhea:
13.- Diplopia:
14.- Diverticulosis:
15.- Dyspepsia:
16.- Dysuria:
17.- Emphysema:
18.- Entropion:
19.- Epidermis:
20.- Episcleritis:
21.- Epistaxis:
22.- Erythema:
23.- Erythroplakia:
1.- Acetaminofén
2.- Amenorrea
3.- Anisocoria
4.- Arritmia
5.- Artralgias
6.- Bradicardia
7.- Cerumen
8.- Cortisol
9.- Cistocele
10.- Diálisis
11.- Diaforesis
12.- Diarrea
13.- Diplopía
14.- Diverticulosis
15.- Dispepsia
16.- Disuria
17.- Enfisema
18.- Entropión
19.- Epidermis
20.- Episcleritis
21.- Epistaxis
22.- Eritema
23.- Eritroplaquia
24.- Esotropia:
25.- Gingivitis:
26.- Gonorrhea:
27.- Hemodialysis:
28.- Hemoptysis:
29.- Hepatocellular:
30.- Heterochromia:
31.- Hyperpyrexia:
32.- Hyperpnea:
33.- Iritis:
34.- Leukoplakia:
35.- Libido:
36.- Lymphadenopathy:
37.- Myasthenia:
38.- Mydriasis:
39.- Myxedema:
40.- Orthopnea:
41.- Osteoarthritis:
42.- Osteoporosis:
43.- Otosclerosis:
44.- Papilla:
45.- Papilledema:
46.- Paralysis:
47.- Polyuria:
48.- Pyelonephritis:
49.- Pyrexia:
50.- Rhinorrhea:
51.- Sarcoma:
52.- Thorax:
53.- Tinnitus:
54.- Trauma:
55.- Uremia:
56.- Urethra:
57.- Uvula:
58.- Vulvovaginitis:
59.- Xanthelasma:
60.- Xerostomia:
61.- Yersinia:
24.- Esotropía
25.- Gingivitis
26.- Gonorrea
27.- Hemodiálisis
28.- Hemoptisis
29.- Hepatocelular
30.- Heterocromia
31.- Hiperpirexia
32.- Hiperpnea
33.- Iritis
34.- Leucoplaquia
35.- Libido
36.- Linfadenopatía
37.- Miastenia
38.- Midriasis
39.- Mixedema
40.- Ortopnea
41.- Osteoartritis
42.- Osteoporosis
43.- Otosclerosis
44.- Papila
45.- Papiledema
46.- Parálisis
47.- Poliuria
48.- Pielonefritis
49.- Pirexia
50.- Rinorrea
51.- Sarcoma
52.- Tórax
53.- Tinnitus
54.- Trauma
55.- Uremia
56.- Uretra
57.- Úvula
58.- Vulvovaginitis
59.- Xantelasma
60.- Xerostomía
61.- Yersinia

## -Collocations:

Collocations are very common in English especially in technical texts and specifically in the medical field. Collocations are two words or more which are grammatically linked together as a result of their meaning. According to Ghazalla (1995:108), "collocation is
defined as a combination of two or more words that usually occur together consistently in different contexts in language."

The problem of translating collocations is that dictionaries do not often help in finding the meaning for them. But, in medical translation, it is not always difficult to find a collocation in the target language which has the same meaning as the source collocation. For instance, the English collocations:

- Bird flu
- Acute leukemia
- Nerve cell

They can be rendered into Spanish as:

- Gripe aviar
- Leucemia aguda
- Célula nerviosa

Baker (2011) believes that it is easy to assume that, as long as a collocation can be found in the target language which conveys the same or a similar meaning to that of the source collocation, the translator will not be confused by differences in the surface patterning between the two.

However, collocations are semantically motivated or transparent in nature. They sound convincing but are likely to distract a translator. Baker (2011) argues that translators sometimes get quite engrossed in the source text and may produce the oddest collocations in the target language for no justifiable reason.

Therefore, translators should avoid translating source language collocations literally when the collocational patterns are untypical of the target language.

The examples of collocations found in the medical textbook are:
1.- Abdominal mass:
2.- Absent reflex:
3.- Actinic cheilitis:
4.- Acute diverticulitis:
5.- Adrenal insufficiency:
6.- Adventitious sound:
7.- Air pressure:
8.- Bacterial overgrowth:
9.- Behavioral change:
10.- Benign tumor:
11.- Cardiovascular disease:
12.- Carotid pulsation:
13.- Central visión:
14.- Cervical node:
15.- Chronic arthritis:
16.- Daily intake:
17.- Deep breathing:
18.- Esophageal stricture:
19.- Excessive gas:
20.- External ear:
21.- Facial skin:
22.- Family history:
23.- Fat depot:
24.- Fecal odor:
25.- Gradual onset:
26.- Hard exudate:
27.- Hard stool:
28.- Head trauma:
29.- Health history:
30.- Infectious dysenteries:
31.- Inflammatory lesion:
32.- Inguinal hernia:
33.- Jugular vein:
34.- Kidney stone:
35.- Laryngeal nerve:
36. - Lateral canthus:
37.- Marginal gingivitis:
38.- Mechanical obstruction:
39.- Nasal septum:
40.- Nasolacrimal duct:
41.- Nervous system:
42.- Neurogenic abnormalitie:
43.- Neurologic symptom:
1.- Masa abdominal
2.- Reflejo ausente
3.- Queilitis actínica
4.- Diverticulitis aguda
5.- Insuficiencia suprarrenal
6.- Sonido adventicio
7.- Presión de aire
8.- Sobrecrecimiento bacteriano
9.- Cambio conductual
10.- Tumor benigno
11.- Enfermedad cardiovascular
12.- Pulsación carotídea
13.- Visión central
14.- Ganglio cervical
15.- Artritis crónica
16.- Ingesta diaria
17.- Respiración profunda
18.- Restricción esofágica
19.- Gas excesivo
20.- Oído externo
21.- Piel facial
22.- Historia familiar
23.- Depósito graso
24.- Olor fecal
25.- Inicio gradual
26.- Exudado duro
27.- Deposición dura
28.- Trauma cefálico
29.- Historial médico
30.- Disenterías infecciosas
31.- Lesión inflamatoria
32.- Hernia inguinal
33.- Vena yugular
34.- Cálculo renal
35.- Nervio laríngeo
36.- Canto lateral
37.- Gingivitis marginal
38.- Obstrucción mecánica
39.- Tabique nasal
40.- Conducto nasolagrimal
41.- Sistema nervioso
42.- Anomalía neurógena
43.- Síntoma neurológico
44.- Obstructive lung disease:
45.- Occlusive aortic disease:
46.- Ocular fundi:
47.- Optic nerve:
48.- Orthostatic hypotension:
49.- Pancreatic inflammation:
50.- Pelvic infection:
51.- Pericardial tamponade:
52.- Radial artery:
53.- Rectal vault:
54.- Respiratory infection:
55.- Restrictive lung disease:
56.- Sinus tachycardia:
57.- Thyroid isthmus:
58.- Tympanic membrane:
59.- Ulcerative colitis:
60.- Umbilical hernia:
61.- Underlying mass:
62.- Unilateral exophthalmos:
63.- Ureteral colic:
64.- Urinary incontinence:
65.- Vaginal discharge:
66.- Venous pressure:
67.- Ventricular rate:
68.- Visual acuity:
69.- Vitreous body:
70.- Xiphoid process:
71.- Zygomatic bone:
44.- Enfermedad pulmonar obstructiva
45.- Enfermedad aórtica oclusiva
46.- Fondo ocular
47.- Nervio óptico
48.- Hipotensión ortostática
49.- Inflamación pancreática
50.- Infección pélvica
51.- Taponamiento pericárdico
52.- Arteria radial
53.- Bóveda rectal
54.- Infección respiratoria
55.- Enfermedad pulmonar restrictiva
56.- Taquicardia sinusal
57.- Istmo tiroideo
58.- Membrana timpánica
59.- Colitis ulcerosa
60.- Hernia umbilical
61.- Masa subyacente
62.- Exoftalmos unilateral
63.- Cólico uretral
64.- Incontinencia urinaria
65.- Secreción vaginal
66.- Presión venosa
67.- Frecuencia ventricular
68.- Agudeza visual
69.- Cuerpo vítreo
70.- Apéndice xifoides
71.- Hueso cigomático

## -Compounds:

Compounds are terms that include more than one word or element to give a new meaning independent of the constituent components. Katamaba (1993: 219) defines a compound as "a word made up of at least two bases which can occur elsewhere as independent words".

Compounds are distinguished from other combinations, like phrases, collocations and idioms, in having an idiomatic meaning that, in some cases, cannot be derived from its components.

This can be illustrated by a medical term such as chickenpox where two words are concatenated, chicken and pox, to make a separate lexeme. Chickenpox is not related to chicken at all. On the other hand, some compounds consist of words or elements that can help to determine the whole meaning of the compound such as photoelectric, photo-allergy, hospital-acquired infections.

Each of the words or elements of the compound belongs to one of the syntactic classes: noun, preposition, verb, adverb, or adjective.

Examples found in the book:

## ENGLISH

## SDANISH

1.- Airway:
2.- Backache:
3.- Background:
4.- Blackout:
5.- Biofeedback:
6.- Blackhead:
7.- Carbohydrate:
8.- Chickenpox:
9.- Childhood:
10.- Cutpoint:
11.- Fingernail:
12.- Gallbladder:
13.- Gallstone:
14.- Gastrointestinal:
15.- Headache:
16.- Heartburn:
17.- Lymphedema:
18.- Malabsorption:
19.- Hydronephrosis:
20.- Hypothyroidism:
21.- Musculoskeletal:
22.- Outpatient:
23.- Overweight:
24.- Pinprick:
25.- Psychopathology:
26.- Pyelonephritis
1.- Vía respiratoria, vía aérea
2.- Dolor de espalda
3.- Orígen, clase social
4.- Pérdida de conciencia
5.- Biorretroalimentación
6.- Espinilla, punto negro
7.- Carbohidrato
8.- Varicela
9.- Infancia
10.- Valor
11.- Uña del dedo de la mano
12.- Vesícula biliar
13.- Cálculo biliar
14.- Gastrointestinal
15.- Cefalea, dolor de cabeza
16.- Pirosis
17.- Linfedema
18.- Malabsorción
19.- Hidronefrosis
20.- Hipotiroidismo
21.- Musculosquelético, locomotor
22.- Paciente externo
23.- Sobrepeso
24.- Alfiler
25.- Psicopatología
26.- Pielonefritis

To sum up, during the translation from the source text into the target language we could use mainly the following procedures: the word for word, literal, transposition and modulation. These procedures were very helpful when the translation took place. They were reviewed again and again to make sure this was the best for each phrase, sentence and text to finally complete the book.

### 3.1.6.1.4. Resources

The resources are part of the material used in order to develop the activities and support the methods. It is important to describe all the equipments, instruments or tools and material (didactic material, desktop material, etc) we made used.

Now we describe all the resources employed in order to develop the activities:
-Medical textbook: Virtual book in PDF format "Bates' Guide to Physical Examination and History Taking ".

## -Dictionaries:

Medicine dictionaries

Monolingual dictionaries in English and Spanish language
Bilingual dictionaries
Dictionaries of synonyms in English language
Dictionaries of synonyms in Spanish language
On line dictionaries
-Desktop material
-Personal computers
-Internet services

### 3.1.6.1.5. Timing

In this part of the project we described the specific moments (days, weeks and time) in which we developed every stage and activity of the action plan, and it is also necessary to mention the specific time (hour and minutes) in which we developed the activities or translation sessions programmed in advanced.

According to the rules of the Linguistics and Languages Department the development of the activities in relation to the time is based on function of 6 months, working full time for about 8 hours per day (no more than 1000 hours working in the development of the process of translation).

In respect to the number of pages, the amount of pages to be translated is at least 350 pages for each student. In this sense the students work full time in the development of the translation, presenting a bimonthly inform to the Tutor and the Principal of the Department of Medicine and the Representatives of the Department of Linguistics and Languages.

In this sense, each student translated 489 pages, involving chapters (pictures, diagrams and written texts) and other contents (Index, Errata, Activities, Questionnaires and Instructor's manual to accompany the Book). They worked 4 hours in the morning and 4 hours in the afternoon, translating 3 pages per day and during two weeks and at the end of these two weeks students proceeded to deliver the translations to the Tutor/ Assessor of the Supervised Project in the Department of Medicine. It is important to mention that we followed the original design of the book to make it easier to understand the whole content of the book. However, it was not possible to accomplish the intended work rate because the revision and editing of the translation process took longer than we expected.

Taking into account all we mentioned above, we proceed to describe all the specific moments for the development of the stages and activities of the action plan.

### 3.1.7. People in charge of development of the Supervised Project in the translation area

These are the persons in charge of the whole process of the development of the Supervised Project in the translation area:

Students: Wendy Sharon Flores Segalini and Claudia Chambi Ortiz (students in charge of developing and organizing the whole process of translation and the application of the techniques and instruments or tools).

Academic Tutor: Lic. Auza Santi Jacqueline

Tutor/ Assessor of the Supervised Project in the Medicine Department: Dr. Fernando Romero Alanez.

### 3.1.7.1. Action Plan

The following chart shows the work planning structure through the action plan:

| OBJECTIVES | ACTIVITIES | METHOD | MOMENT | RESOURCES | IN CHARGE OF |
| :---: | :---: | :---: | :---: | :---: | :---: |
| -Translate all the written material from English into Spanish language in a systematic way. <br> -Recognize the book | -Recognition of the information <br> -Recognition of the technical terminology <br> -Translation | Translation of the Medicine books from English into Spanish language applying the translation techniques | -From Monday, September 10, 2012 to <br> Monday, <br> September 24, <br> 2012 (2 weeks) <br> -From Monday, September 24, 2012 to <br> Monday, | -Medicine book: virtual book in PDF format. <br> -Dictionaries: <br> Medicine <br> dictionaries | Students: <br> -Claudia Chambi <br> Ortiz <br> -Wendy Sharon <br> Flores Segalini <br> Tutor: |





## CHAPTER 4

### 4.1. DEVELOPMENT OF THE PROJECT PROPOSAL

For the development of the project proposal we took into account the stages and activities we developed during the process of translation through the project schedule.

### 4.1.1. Project schedule

The following chart illustrates the development of the project proposal in terms of stages, activities and time:

| STAGES OF THE <br> TRANSLATION <br> PROCESS | ACTIVITIES | TIME |
| :--- | :--- | :--- |
| First stage | Translation of the written <br> material in English into <br> Spanish. | From September 10, 2012 to <br> March 22, 2013. |
| Second stage | Review of the translation. | From March 1, 2013 <br> March 30, 2015. |
| Third stage | Edition of the translation. | From April 1, 2015 to July <br> $31,2015$. |

### 4.1.2. Sequence of activities

Sequence of activities describes the activities developed during the Supervised Project. In the following chart we explain and illustrate the sequence of activities.

### 4.1.2.1. Stage of the translation process

This stage shows three divisions: in which, the stage of the translation process has a description of each stage.

| STAGE | TASK | MONTHS (2012-2013) |
| :--- | :--- | :--- | :--- |
| First Stage | Translations process | From September 2012 to <br> March 2013 |
| Second Stage | Revision of the whole <br> translation (Chapter 1 "An <br> Overview of Physical <br> Examination and History <br> Taking") | From March 1, 2013 to <br> March 30, 2015. |
| Third Stage | Edition of the translation | From April 1, 2015 to July <br> $31,2015$. |

### 4.1.3. Achievements

During the first stages of the development of the Supervised Project in the translation field many activities have been developed, and the main ones are related to the process of translation and its different stages such as: translation of the first edition of the book, application of the translation techniques, review of the first edition of the translation, correction of the first edition of the translation and the development of a glossary that incorporates all the Medicine Technical Terms found in every stage of the translation process.

Every stage has represented a very important part because they let us to develop the translation following some steps that have been planned in advance and then they have been implemented successfully. The changes that have been generated by the development of the activities are related to the fulfillment of every one of these steps and stages of the translation process, and the effects produced by the implementation of the work planning structure through the action plan helped to make a full description of each one of the steps and stages of the translation process.

On the other hand, since the very beginning the Principal of the Department of Medicine and his collaborators have supported to the members of the translation team in many ways, showing a lot of interest about the translation project and the benefits it represents for all the members of their Department. In this way, the implementation of the instruments and material of translation have produced good effects on the members of the Department of Medicine as well as on students in charge of developing the Supervised Project in the translation field.

### 4.1.4. Experiences

The development of the Supervised Project in the translation field has represented a great challenge, but at the same time it has been an important source of learning in order to acquire knowledge about Medicine field and Translation field, because we had the opportunity of put into practice our knowledge about translation field in order to contribute to the Department of Medicine in the translation of Medicine textbooks written in English language and put it into a language that can be understood by all the members of this Department and this makes us feel proud about our work.

During all the process of translation we went through different experiences, some of them were really nice, positive and exciting such us: the opportunity to read and translate a very interesting Medicine Textbook and learn a lot of things related to health problems, diagnoses and treatments as well as Medicine technical terms used and understood just by clinicians, this positive experience also let us to understand how clinicians work and how students of Medicine are trained to be future clinicians. It is also important to mention the
development of the process of translation that has been another positive experience because we could apply our linguistic and translation knowledge in order to translate the Medicine Textbook and this meant to work developing and planning a group of stages of translation that represented a great part of our work.

In addition to the positive experiences, there were also some challenging experiences which at the beginning we have overcame. In terms of time for example: we could not start the process of translation at the moment we expected but after some weeks we could get the material and start the process of translation.

On the other hand, all the translation process including the stages of translation such as: application of the translation techniques, review of the translation, correction and edition of the translation were positive experiences that let us to learn and practice more about translation of Medicine Textbooks, and we can honestly say that translation of Medicine Textbooks from English language into Spanish language can be possible if a careful process is followed, and we can also say that translation can be a powerful tool in order to overcome language barriers.

But apart from all these positive experiences we had to overcome several obstacles in respect to the revision and editing of the translation because it took longer than planned.

In this sense, we can say that the careful revision of the translation work took more than 6 months because it was necessary for both tutors at the Medicine and Linguistics Departments to revise the translation. Subsequently, we had to edit the drafts revised by the tutors, and we can admit that this took extra time, because we wanted to ensure the quality of the translation.

## CHAPTER 5

### 5.1. CONCLUSIONS AND RECOMMENDATIONS

### 5.1.1. Conclusions

Through this Supervised Project we have sought to respond to the needs of the Department of Medicine, in partnership with the Department of Linguistics and Languages. The main needs of the Department of Medicine related to the lack of English language skills among students, which prevents them from learning from medical texts authored in the Englishspeaking world, where many important medical developments take place and are reported. One objective has therefore been to provide a high quality translation of the medical textbook, Bate's Guide to Physical Examination and History Taking, for use in the Department of Medicine, so that they have access to a part of this valuable information. A second objective was to create a glossary of terms taken from this book to support future projects in the Department of Linguistics and Languages similar to ours. We have arranged the glossary in alphabetical order to help the reader find words more easily.

We have achieved the first objective, and we believe our work will directly support the Department of Medicine to achieve its broader goals. We considered interpretations and methods of translation and what they meant for our work. We then carefully followed a set of steps to successfully translate the text, demonstrating in this report the ways we analyzed and translated the source language.

The impact of this project relates closely to the mission and vision of the Department of Medicine. The Department seeks to be a centre of excellence in the development of socially and culturally conscious doctors who are committed to a humanistic, ethical and scientific practice. It also seeks to raise its international profile.

The aim of the book Bate's Guide to Physical Examination and History Taking is to inculcate a sensitive and thorough manner of taking patient histories as a means to gain accurate medical information and build effective relationships that support good healthcare. We have made this book available to students of medicine, enabling them to reflect on and
improve their manner with patients, taking into account social and cultural differences. This book also reinforces the scientific, evidence-based approach to medicine. These contribute directly to the goal of the Department to lead in the area of ethical, humanistic and scientific practice. The availability of our translation of Bate's Guide may even encourage students to research new areas related to the social aspect of medical care, which is the focus of the book. This supports the commitment of the Department of Medicine to strengthening scientific research.

Another area in which we believe our translation could have a positive impact is in supporting the international outlook of the Department of Medicine. While having an English textbook translated into Spanish does not directly encourage students to improve their English, it will provide them with insights into the current state of the area of history taking and physical examination within the medical profession in the English-speaking world. This insight may encourage students both to learn English to discover more similar texts and to engage with the field of medicine from an international perspective. A practical consequence of encouraging students to engage with international developments in medicine now is that they may later develop research interests corresponding to international themes, which would situate the Department of Medicine better within an international context.

By achieving the second objective, to produce a glossary of medical terms, we believe our work will strengthen the capacity of the Department of Linguistics and Languages to collaborate with the Department of Medicine. Our glossary provides translations of common technical terms in their original context, so that the precise meaning of a word and its typical collocations are apparent. This will enable future students of linguistics who are working on medical translation projects to build on our experience and find the right translations in less time.

We benefitted greatly from the skills and knowledge about translation that we had developed through the length of our studies, but still found new challenges in completing this translation. We had to become familiar with new terminology in a different
professional area, and handle significantly longer passages of text. What helped us the most was forming a set of procedures for the translation, editing and revision of the target text.

### 5.1.2. Recommendations:

After concluding this work we could recommend:
Translators consider important to read and be in touch with the area to work with. As we did for this work, it was very necessary to read medical book to know more about the technical terms.

Also for the Linguistics and Languages Department it is extremely important to enhance and promote the translation area since this is necessary to enhance students to get good knowledge of this area.

And for the Medicine Department, it is a great tool having a translated medical textbook from English to Spanish but they need to learn the language that is frequently used for scientific areas as English is.

This work was pioneering for the Medical translation but we certainly look for the authorities help to carry out projects like this to promote scientific knowledge in this area. There are many researches written in Spanish and carried out by Bolivian medicine students that in fact are highly needed to be translated and well known or published in other languages.

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## Glossary of Medical Terms

## ENGIISH

## SPANISH

1.- ABI (Ankle-brachial index):
2.- AC (Air conduction):
3.- Achilles:
4.- Achondroplastic dwarfism:
5.- Actinic cheilitis:
6.- Acuity:
7.-Adenomatous polyps:
8.- Adrenal insufficiency:
9.- ADLs (Activities of daily living):
10.- Adnexa:
11.- Adnexal tenderness:
12.- Adrenal insufficiency:
13.- Adrenergic pathway:
14.- Afferent pupillary defect:
15.- Age cohort:
16.- Aging:
17.- AIDS (Acquired immunodeficiency syndrome):
18.- Air contrast barium enema:
19.- Air seal:
20.- Airway:
21.- Ala nasi:
22.- Alae:
23.- Alertness:

24,- Alignment:
25.- Allen test:
26.- Alternating diarrea:
1.- IBT (Índice brazo tobillo)
2.- Conducción aérea, conducción de aire.
3.- Aquíleo (tendón de Aquiles)
4.- Enanismo acondroplásico.
5.- Queilitis actínica
6.- Agudeza
7.- Poliposis adenomatosa
8.- Insuficiencia suprarrenal
9.- AVDs (Actividades de la vida diaria)
10.- Anejos
11.- Hipersensibilidad del tejido, hipersensibilidad de los anejos
12.- Insuficiencia suprarrenal
13.- Vía adrenérgica
14.- Defecto aferente de la pupila
15.- Cohorte etaria
16.- Edad, envejecimiento, edad avanzada
17.- SIDA (síndrome de inmunodeficiencia adquirida)
18.- Enema de bario por contraste de aire
19.- Sello de aire
20.- Vía respiratoria, vía aérea
21.- Ala nasi
22.- Ala
23.- Estado de alerta
24.- Alineación
25.- Prueba de Allen
26.- Diarrea alterna
27.- Aminoglycoside:
28.- Ampulla of Vater:
29.- Amylase:
30.- Anal intercourse:
31.- Anal sphinter:
32.- Angina pectoris:
33.- Angle jerk:
34.- Angular cheilitis:
35.-Anorectal junction:
36.- Antecubital crease:
37.-Anterior naris:
38.- Anterior superior iliac spine:
39.- Anti-inflammatory drug:
40.- Antihelix:
41.- Antineoplastic agent:
42.- Antiplatelet agent:
43.- Aortic stenosis:
44.- Apex:
45.- Aphthous ulcer:
46.- Appetite suppressant:
47.- Arm cuff:
48.- Arousal:
49.- Arterial peripheral vascular disease:
50.- Arteriovenous (A-V) crossing :
51.- Arteriovenous crossing:
52.- Arcus senilis:
53.- Argyll Robertson pupil:
54.- Arteriolar-to-venous ratio (AV ratio):
55.- Arteriovenous fistula:
56.- Ascitic fluid:
57.- Assessment:
58.- Atelectasis:
59.- Atherosclerosis obliterans:
60.- Atherosclerosis peripheral vascular disease:
61.- Atraumatic (AT):
27.- Aminoglucósido
28.- Ampolla de Vater
29.- Amilasa
30.- Cópula, coito anal
31.- Esfínter anal
32.- Angina de pecho
33.- Reflejo aquíleo
34.- Queilitis angular
35.- Unión anorectal
36.- Pliegue antecubital, surco antecubital
37.- Ventanas nasales
38.- Espina ilíaca anterosuperior
39.- Fármaco anti-inflamatorio
40.- Antihélice
41.- Agente antineoplásico
42.- Agente antiplaquetario
43.- Estenosis aórtica
44.- Ápex, ápice
45.- Úlcera aftosa
46.- Supresor del apetito
47.- Manguito braquial (de brazo)
48.- Excitación sexual
49.- Enfermedad vascular periférica arterial
50.- Cruzamiento arteriovenoso (A-V)
51.- Cruzamiento arteriovenoso
52.- Arco senil
53.- Pupila de Argyll Robertson
54.- Arteriolar -a- concentración venosa (concentración AV)
55.- Fistula arteriovenosa
56.- Líquido ascítico
57.- Evaluación, valoración, examen, diagnóstico, examinación
58.- Atelectasia
59.- Aterosclerosis obliterante
60.- Enfermedad ateroesclerótica vascular periférica
61.- Atraumático

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62.- Atropine-like agent:
63.- Ataxic breathing:
64.- Atrial:
65.- Atrial fibrillation:
66.- Atrial flutter:
67.- Atrial premature contraction:
68.- Auditory:
69.- Autoimmune disease:
70.- Autonomic innervation:
71.- Autonomic nerve supply:
72.- Autonomic nervous system:
73.- AV (atrioventricular) block:
74.- A-V crossing:
75.- A-V nicking:
76.- AV node:
77.- Axillae:
78.- Axillary node:
79.- Axis:
B
80.- Babinski reflex:
81.- Babbling:
82.- Band of muscle:
83.- Basal cell carcinoma:
84.- BC (Bone conduction):
85.- Beady nodule:
86.- Bedridden:
87.- Behavioral:
88.- Bell:
89.- Biceps:
90.- Bigeminal pulse:
91.- Bile:
92.- Binge:
93.- Biofeedback:
94.- Biot's breathing:
80.- Reflejo de Babinski
81.- Balbuceo
82.- Músculo en banda
83.- Carcinoma basocelular
84.- Conducción ósea
85.- Nódulo en forma de cuentas
86.- Confinado en cama
87.- Conductual
88.- Diafragma, campana
89.- Bicipital (bíceps)
90.- Pulso bigémino
91.- Bilis, biliar
92.- Comer a atracones, atracón
93.- Biorretroalimentación
94.- Respiración de Biot
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95.- Bisferiens pulse:
96.- Bitemporal hemianopsia:
97.- Blackhead:
98.- Blackout:
99.- Bladder:
100.- Bladder stone:
101.- Bleb:
102.- Bleching:
103.- Bleeding:
104.- Blind lymphatic capillary:
105.- Bloating:
106.- Blood:
107.- Blood pressure cuff:
108.- Bloodstream:
109.- Bloody:
110.- Blunt trauma:
111.- Bluntness:
112.- Blurred visión:
113.- BMI (Body Mass Index):
114.- Boil pointing:
115.- Bony:
116.- Bony ridge:
117.- Borborygmi:
118.- Booster:
119.- Bounding pulse:
120.- Bowel:
121.- BP (Blood preassure):
122.- Brainstem:
123.- Branch:
124.- Brachi:
125.- Brachial artery:
126.- Brachioradialis:
127.- Breath sound:
128.- Breathing:
129.- Breathing punctuated:
130.- Brisk:
131.- Bronchial breathing: bronquial
95.- Pulso bisferiens, pulso bífido
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96.- Hemianopsia bitemporal
97.- Punto negro
98.- Pérdida de conciencia
99.- Vesícula, vesical
100.- Litiasis vesical, cálculo vesical
101.- Flictena, acumulación de líquido bajo la piel
102.- Eructar
103.- Hemorragia, sangrado, sangrante
104.- Capilar linfático ciego
105.- Hinchazón
106.- Sangre, sanguíneo, arterial
107.- Manguito de presión arterial
108.- Torrente sanguíneo
109.- Sanguinolento
110.- Embotamiento traumático
111.- Embotadura
112.- Visión borrosa, visión distorcionada
113.- IMC (Índice de Masa Corporal)
114.- Punto divieso
115.- Óseo
116.- Cresta ósea
117.- Borborigmo
118.- Inyección de refuerzo
119.- Pulso saltón
120.- Intestino, intestinal
121.- PA (Presión arterial), TA (Tensión arterial)
122.- Tronco del encéfalo
123.- Rama, ramiificación
124.- Braquiorradial (supinador largo)
125.- Arteria humeral, arteria braquial
126.- Braquiorradial (supinador largo)
127.- Sonido respiratorio
128.- Respiración, respiratorio
129.- Respiración interrumpida
130.- Intenso
131.- Respiración

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132.- Bronchiole:
133.- Bruise:
134.- Bruit:
135.- Buccal mucosa:
136.- Buerger's disease:
137.- Build:
138.- Bulbar palsy:
139.- Bulge:
140.- Bulk:
141.- Bullous miringitis:
142.- Bulla:
143.- BUN (Blood Urea Nitrogen):
144.- Bunion:
145.- Burrow:
C
146.- CAGE (Questions ((cutdown?),
(annoyed by criticism?), (guilt about
drinking?), (eye opener drinks?):
147.- Canal:
148.- Canaliculi:
149.- Canal of Schlemm:
150.- Canker sore:
151.- Capillary bed:
152.- Cardiomyopathy:
153.- Cardiovascular system:
154.- Cariogenic bacteria:
155.- Carpal tunnel síndrome:
156.- Carotid artery:
157.- Carotid bruit:
132.- Bronquiolo
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132.- Bronquiolo
133.- Magulladura, hematoma
134.- Ruido
135.- Mucosa bucal
136.- Enfermedad de Buerger
137.- Constitución, estructura física, estructura corporal, contextura 138.- Parálisis bulbar
139.- Protuberancia
140.- Masa, consistencia, bulto, voluminoso
141.- Miringitis ampollar
142.- Ampolla
143.- BUN (Nitrógeno Ureico

Sanguíneo)
144.- Juanete
145.- Madriguera
146. - Cuestionario CAGE (¿desea "cortar" la dependencia?, ¿le molestan las críticas?, ¿se siente culpable por beber? y ¿necesita beber por la mañana?
147.- Conducto, canal
148.- Canalículo
149.- Conducto de Schlemm
150.- Afta dolorosa
151.- Lecho capilar
152.- Cardiomiopatía, miocardiopatía
153.- Sistema cardiovascular, aparato cardiovascular
154.- Bacteria cariogénica
155.- Síndrome del túnel carpiano
156.- Arteria carotídea
157.- Ruido carotídeo

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158.- Carotid upstroke brisk:
159.- Caviar lesion:
160.- Cecum:
161.- Cellular debris:
162.- Central nervous system:
163.- Cerebellar:
164.- Cervical cord:
165.- Cervical lymph node:
166.- Cervical sympathetic chain:
167.- Chattering:
168.- Chest:
169.- Cheyne-Stokes breathing:
170.- Chewing surface:
171.- Chlamydial perihepatitis:
172.- Cholestatic jaundice:
173.- Cholinergic:
174.- Chondrodermatitis helicis:
175.- Choroidal:
176.- Chronic obstructive pulmonary
disease:
177.- Clostridium perfringens:
178.- Clouded consciousness:
179.- Clouding:
180.- Clubbing:
181.- Cluster headache:
182.- Coat:
183.- Cochlea:
184.- Cochlear nerve:
185.- Coffee-ground emesis:
186.- Collagen vascular disease:
187.- Colloid oncotic pressure:
188.- Colonic diverticulum:
189.- Colorectal malignancy:
190.- Collagen vascular disease:
191.- Comedo:
192.- Common bile duct:
158.- Latido carotídeo intenso
159.- Lesión de caviar
160.- Ciego
161.- Detritos celulares
162.- Sistema nervioso central
163.- Cerebeloso
164.- Cordón cervical
165.- Ganglio linfático cervical
166.- Cadena simpática cervical
167.- Rechinamiento
168.- Pecho, tórax, torácico
169.- Respiración de Cheyne-Stokes
170.- Superficie de masticación
171.- Perihepatitis clamídica
172.- Ictericia colestática
173.- Colinérgico
174.- Condrodermatitis de hélice
175.- Coroideo
176.- Enfermedad pulmonar obstructiva
crónica
177.- Clostridium perfringens
178.- Obnubilación mental
179.- Obnubilación, nebulosidad
180.- Dedos en palillo de tambor
181.- Cefalea en racimos
182.- Capa, cubierta
183.- Cóclea
184.- Nervio coclear
185.- Emesis en posos de café
186.- Enfermedad vascular del tejido
conjuntivo, enfermedad vascular del
colágeno
187.- Presión coloidoncótica
188.- Divertículo colónico
189.- Cáncer colorrectal maligno
190.- Enfermedad vascular del
colágeno (enfermedad vascular del
tejido conjuntivo)
191.- Comedón, punto negro
192.- Conducto colédoco
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193.- Complete heart block:
194.- Conductive hearing loss:
195.- Condyloma acuminatum:
196.- Condylomata lata:
197.- Congenital Horner's síndrome:
198.- Congestive heart failure:
199.- Cooing:
200.- Copper wire artery:
201.- COPD (Chronic obstructive
pulmonary disease):
202.- Coping style:
203.- Coronary artery disease:
204.- Corpora cavernosa:
205.- Corpus cavernosum:
206.- Corpus spongiosum:
207.- Corticotropin-releasing factor:
208.- Corynebacterium diphtheria:
209.- Costovertebral angle tenderness
(CVAT):
210.- Cotton-wool patch:
211.- Crackle:
212.-Cramp:
213.- Cranial nerve:
214.- Crease:
215.- Crescent:
216.- Crescentic shadow:
217.- Crevice:
218.- Crohn's disease:
219.- Cross section:
220.- Crush injury:
221.- Crust:
222.- Crusted cold sore:
223.- Cryptorchidism:
224.- Cuff:
225.- Culture:
226.- Currant jelly stool:
227.- Cushing's syndrome:
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193.- Bloqueo cardíaco completo
194.- Pérdida auditiva conductiva
195.- Condiloma acuminado
196.- Condiloma plano
197.- Síndrome congénito de Horner
198.- Insuficiencia cardíaca congestiva 199.- Arrullo
200.- Arteria en hilo de cobre
201.- EPOC (Enfermedad pulmonar obstructiva crónica)
202.- Afrontamiento
203.- Enfermedad de la arteria coronaria
204.- Cuerpos cavernosos
205.- Cuerpo cavernoso
206.- Cuerpo esponjoso
207.- Factor liberador de corticotropina
208.- Corynebacterium diphtheriae
209.- Hipersensibilidad en el ángulo costovertebral
210.- Parche algodonoso
211.- Crepitante
212.- Calambre, espasmo
213.- Nervio cranial, par craneal
214.- Pliegue, surco
215.- Semilunar
216.- Sombra semilunar
217.- Surco
218.- Enfermedad de Crohn
219.- Sección transversal, corte transversal
220.- Lesión por aplastamiento
221.- Corteza, costra
222.- Herpes labial con costra
223.- Criptorquidia
224.- Manguito, manguito de presión
225.-Cultivo
226.- Deposición de "coágulo en gelatina de grosella"
227.- Síndrome de Cushing
228.- Cutaneous cyst:
229.- Cutaneous hyperesthesia:
230.- CVAT (Costovertebral angle tenderness):
231.- Cystic:

## D

232.- Damage:
233.- DBP:
234.- Debris:
235.- Deciduous tooth:
236.- Deep tendon reflex:
237.- Defective absorption:
238.- Demonstrable ulcer:
239.- Dependent edema:
240.-Depletion:
241.- Dermatome:
242.- DES (diethylstilbestrol):
243.- Detachment:
244.- Detrusor muscle:
245.- Diabetic gastroparesis:
246.- Diabetic ketoacidosis:
247.- Diaphragmatic dullness:
248.- Diastasis recti:
249.- Diastolic blood pressure (DBP):
250.- Diencephalon:
251.- Dietary recall:
252.- Diethylstilbestrol (DES):
253.- Diffuse esophageal spasm:
254.- Diffuse muscle wasting:
255.- Digital readout:
256.- Digital rectal examination (DRE):
257.- Dilantin therapy:
258.- Diopter:
259.- Dipstick:
228.- Quiste cutáneo
229.- Hiperestesia cutánea
230.- Hipersensibilidad en el ángulo costovertebral
231.- Quístico, cístico

## 232.- Daño

233.- Presión arterial diastólica
234.- Detritos, resto
235.- Diente decidual
236.- Reflejo tendinoso profundo
237.- Absorción defectuosa
238.- Úlcera efusiva
239.- Edema postural
240.-Adelgazamiento
241.- Dermátomo, dermatoma
242.- DES (dietilestilbestrol)
243.- Desprendimiento
244.- Músculo detrusor
245.- Gastroparesia diabética
246.- Cetoacidosis diabética
247.-Matidez diafragmática
248.- Diástasis del recto
249.- Presión arterial diastólica
250.- Diencéfalo
251.- Dieta
252.- Dietilestilbestrol (DES)
253.- Espasmo esofágico difuso
254.- Atrofia muscular difusa
255.- Lector digital, mirilla
256.- Examen del tacto rectal
257.- Terapia de reducción de los dientes
258.- Dioptría
259.- Tira reactiva
260.- Disc:
261.- Discharge:
262.- Disorder:
263.- Distress:
264.- Diurnal cortisol fluctuation:
265.- Dizziness:
266.- Divergent strabismus:
267.- Doppler technique:
268.- Doppler ultrasonography:
269.- Dorsalis pedis:
270.- Dorsalis pedís artery:
271.- Dot hemorrhage:
272.- Draw on:
273.- DRE (Digital rectal examination):
274.- Dribbling incontinence:
275.- Dripping:
276.- Drooling:
277.- Drooping:
278.- Drug-induced diarrhea:
279.- Druginduced cholestasis:
280.- Drug-induced respiratory depression:
281.- Drum:
282.- Drusen:
283.- Colloid body:
284.- Ductç:
285.- Dull:
286.- Dull facies:
287.- Dullness:

E
288.- Ear canal:
289.- Ear speculum:
290.- Echoing:
260.- Papila, disco
261.- Secreción, derrame
262.- Desorden, trastorno
263.- Dolor, sufrimiento, aflicción, angustia, pena, estrés
264.- Fluctuación diurna de cortisol 265.- Vértigo, mareo
266.- Estrabismo divergente
267.- Técnica Doppler
268.- Ecografía Doppler
269.- Pedí dorsal
270.- Arteria dorsal del pie
271.- Hemorragia de punto
272.- Sacar, Muestra
273.- Examen del tacto rectal
274.- Incontinencia por goteo
275.- Goteo
276.- Babear, baba, saliva
277.- Decaimiento
278.- Diarrea inducida por fármacos
279.- Colestasis inducida por fármacos
280.- Depresión respiratoria inducida por medicamentos
281.- Tímpano
282.- Drusas
283.- Cuerpo coloide
284.- Conducto
285.- Débil, insulso, insípido, opaco
286.- Rostro de retardo mental
287.- Embotadura, matidez
288.- Conducto del oído, conducto auditivo, canal auditivo 289.-Espéculo de oído
290.- Eco, hacer eco
291.- ECG:
292.- ECG waves:
293.- Edge:
294.- Effusion:
295.- Electrocardiogram (ECG):
296.- Electrocardiographic test:
297.- Electrolyte imbalance:
298.- Enamel:
299.- Endemic goiter:
300.- Endorgan damage:
301.- Engorgement:
302.- Enlargement:
303.- Enteropathic E. coli:
304.- Epicanthal fold:
305.- Epidermoid cyst:
306.- Epididymis:
307.- Episcleral vessel:
308.- Episodic muscular ischemia:
309.- Epitrochlear node:
310.- Epstein-Barr virus:
311.- Erythroplakia:
312.- Esophageal stricture:
313.- Ethmoid sinus:
314.- Eustachian tube:
315.- Examination:
316.- Exophthalmometer:
317.- Expansile pulsation:
318.- Expenditure:
319.- Extralaryngeal lesion:
320.- Exudative tonsilitis:
321.- Eyeball:
291.- ECG (Electrocardiograma)
292.- Ondas ECG (Electromagnéticas)
293.- Borde, filo, margen, ángulo, esquina, límite
294.- Derrame
295.- Electrocardiograma (ECG)
296.- Electrocardiograma
297.- Desequilibrio electrolítico
298.- Esmalte
299.- Bocio endémico
300.- Daño orgánico
301.- Ingurgitación
302.- Dilatación
303.- E. coli enteropático
304.- Pliegue del epicanto
305.- Quiste epidermoide
306.- Epidídimo
307.- Vaso episclerítico
308.- Isquemia muscular episódica
309.- Ganglio epitroclear
310.- Virus de Epstein-Barr
311.- Eritroplaquia
312.- Restricción esofágica
313.- Seno etmoides
314.- Trompa de Eustaquio
315.- Exploración, examen, examinación
316.- Exoftalmómetro
317.- Pulsación expansible
318.- Consumo
319.- Lesión extralaringea
320.- Amigdalitis exudativa
321.- Globo ocular
F
322.- Failure:
323.- Familial bleeding disorder:
324.- Familial hearing loss:
325.- Farsightedness:
326.- Fat:
327.- Fat mass:
328.- Fatty stool:
329.- Fecal occult blood test (FOBT):
330.- Fecal-oral:
331.- Fecal shedding:
332.- Fidgety movement:
333.- Fine motor:
334.- Finger-to-nose ( $\mathrm{F} \rightarrow \mathrm{N}$ ):
335.- Fingernail:
336.- Finger pad:
337.- Fingertip:
338.- Fist percussion:
339.- Fissured tongue:
340.- Fitness:
341.- Flake:
342.- Flaky:
343.- Flaky dermatitis:
344.- Flameshaped hemorrhages:
345.- Flame-shaped retinal hemorrhage:
346.- Flashing light:
347.- Flat affect:
348.- Flexor surface:
349.- Flow:
350.- Flu vaccine:
351.- Fluctuating blurriness:
352.- Fluid-retaining state:
353.- Flushing:
354.- $\mathrm{F} \rightarrow \mathrm{N}$ :
322.- Insuficiencia, falla, problema, incapacidad
323.- Trastorno hemorrágico familiar
324.- Pérdida auditiva familiar
325.- Visión de lejos
326.- Grasa, gordo, adiposo
327.- Masa adiposa
328.- Heces grasas
329.- Prueba de sangre oculta en heces 330.- Oro-fecal
331.- Contaminación fecal
332.- Movimiento nervioso
333.- Motricidad fina
334.- Prueba dedo- nariz ( $\mathrm{D} \rightarrow \mathrm{N}$ )
335.- Uña del dedo
336.- Almohadilla del dedo
337.- Yema del dedo, punta del dedo
338.- Percusión con el puño
339.- Lengua fisurada
340.- Idoneidad física
341.- Escamas
342.- Escamoso
343.- Dermatitis descamativa
344.- Hemorragias en forma de llama
345.- Hemorragia en llama de la retina
346.- Luz parpadeante
347.- Afecto plano
348.- Superficie flexora
349.- Flujo
350.- Vacuna contra la gripe
351.- Distorsión fluctuante
352.- Trastorno de retención de líquidos, estado de retención de líquidos
353.- Ruborización
354.- $\mathrm{D} \rightarrow \mathrm{N}$ (Prueba dedo- nariz)

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355.- FOBT (Fecal occult blood test):
356.- Fold:
357.- Folded recess:
358.- Follow-up:
359.- Fordyce granule:
360.- Fordyce spot:
361.- Foreskin:
362.- Fork:
363.- Foul:
364.- Follicle-stimulating hormone:
365.- Food debris:
366.- Food guide pyramid:
367.- Frame:
368.- Freckling:
369.- Friction rub:
370.- Frontal balding:
371.- Frontal headache:
372.- Frothy:
373.- Full skin contact:
374.- Fundi:
375.- Fundus:
376.- Funduscopic examination:
377.- Furosemide:
```


## G

378.- Gag reflex:
379.- Gagging:
380.- Gait:
381.- Gallbladder:
382.- Gallstone:
383.- Gap:
384.- Gastric air bubble:
385.- Gastric outlet obstruction:
355.- Prueba de sangre oculta en heces 356.- Pliegue
357.- Fosita plegada
358.- Seguimiento
359.- Gránulo de fordyce
360.- Mancha de Fordyce
361.- Prepucio (capullo)
362.- Diapasón
363.- Fétido, sucio
364.- Hormona foliculoestimulante
365.- Detritos alimentarios
366.- Guía de la pirámide de alimentos
367.- Constitución
368.- Peca
369.- Rozadura por fricción
370.- Calvicie frontal
371.- Cefálea frontal
372.- Espumoso
373.- Contacto cutáneo completo
374.- Fondo del ojo
375.- Fondo del ojo
376.- Exploración funduscópica, exploración del fondo del ojo 377.- Furosemida
378.- Reflejo nauseoso
379.- Causar nauseas
380.- Marcha, forma de caminar
381.- Vesícula biliar
382.- Cálculo biliar
383.- Lapso
384.- Burbuja gástrica de aire
385.- Obstrucción del orificio de salida gástrico
386.- Gastrin in Zollinger-Ellison syndrome:
387.- Gastrocolic fistula:
388.- Gastroesophageal reflux:
389.- Gastrointestinal bleeding:
390.- Gastrointestinal tract:
391.- Gaze:
392.- Genetic endowment:
393.- Genetic makeup:
394.- Genitourinary:
395.- Geographic tongue:
396.- Giant cell arteritis:
397.- Gl tract:
398.- Giddiness:
399.- Gilbert's syndrome:
400.- Gingiva:
401.- Gingival enlargement:
402.- Gingival hyperplasia:
403.- Gland:
404.- Glans:
405.- Glaucomatous cupping:
406.- Goiter:
407.- Gonococcal urethritis:
408.- Goosebumps:
409.- Gown:
410.- Grading system:
411.- Gram stain:
412.- Granulation tissue:
413.- Graves' disease:
414.- Grayish pseudomembrane:
415.- Great saphenous vein:
416.- Grid:
417.- Grief:
418.- Groin hernia:
419.- Groove:
420.- Gross hematuria:
421.- Gross motor:
422.- Growth spurt:
423.- Guaiac card:
386.- Gastrina en el síndrome de Zollinger-Ellison
387.- Fistula gastrocólica
388.- Reflujo gastroesofágico
389.- Hemorragia gastrointestinal
390.- Tracto gastrointestinal
391.- Mirada, vista
392.- Donación genética
393.- Composición genética
394.- Genitourinario
395.- Lengua geográfica
396.- Arteritis de células gigantes
397.- Tracto gastrointestinal
398.- Desvanecimiento, vértigo
399.- Síndrome de Gilbert
400.- Encía
401.- Hipertrofia gingival
402.- Hiperplasia gingival
403.- Glándula, ganglio
404.- Glande
405.- Taza glaucomatosa
406.- Bocio
407.- Uretritis gonocócica
408.- Piel de gallina
409.- Bata
410.- Sistema de graduación, sistema de clasificación
411.- Tinción de Gram
412.- Tejido de granulación
413.- Enfermedad de Graves
414.- Seudomembrana grisácea
415.- Vena safena mayor
416.- Rejilla
417.- Duelo, aflicción
418.- Hernia de la ingle
419.- Surco
420.- Hematuria general
421.- Motricidad gruesa
422.- Marcador del crecimiento
423.- Tarjeta de guayacol
424.- Guarding:
425.- Gum:
426.- Gurgle:
424.- Protección
425.- Encía
426.- Gorgoteo, borboteo, gorjeo
427.- Haemophilus influenzae type b:
428.- Hair-bearing skin:
429.- Hairy leukoplakia:
430.- Hairy tongue:
431.- Halo:
432.- Hand-held audioscope:
433.- Handedness:
434.- Hansen's disease:
435.- Hacking cough:
436.- Hard palate:
437.- Harsh:
438.- Hashimoto's thyroiditis:
439.- Hay fever:
440.- Head, Eye, Ear, Nose, and Throat (HEENT):
441.- Head injury:
442.- Head trauma:
443.- HEENT (Head, Eye, Ear, Nose, and Throat):
444.- Healed Chorioretinitis:
445.- Healer:
446.- Healing process:
447.- Health care:
448.- Health history:
449.- Hearing impairment:
450.- Hearing pathway:
451.- Heart failure:
427.- Haemophilus influenzae de tipo b 428.- Piel velluda
429.- Leucoplasia peluda, Leucoplasia velluda
430.- Lengua vellosa
431.- Aureola, halo
432.- Audioscopio manual
433.- Preferencia manual
434.- Enfermedad de Hansen
435.- Tós seca
436.- Paladar duro
437.- Dureza, aspereza
438.- Tiroiditis de Hashimoto
439.- Fiebre del heno (rinitis alérgica)
440.- Cabeza, Ojos, Oído, Nariz y Garganta
441.- Traumatismo craneal, lesión de la cabeza
442.- Trauma cefálico
443.- Cabeza, Ojos, Oídos, Nariz y Garganta
444.- Coriorretinitis Cicatrizante
445.- Curador
446.- Proceso de cicatrización, sanación, curación
447.- Atención médica
448.- Historial médico, historia sanitaria, historia médica
449.- Déficit auditivo
450.- Vía auditiva
451.- Insuficiencia cardíaca
452.- Heart rate (HR):
453.- Heart murmur:
454.- Heartburn:
455.- Heel-to-shin $(\mathrm{H} \rightarrow \mathrm{S})$ :
456.- Helix:
457.- Hematochezia:
458.- Hemiparesis:
459.- Hemoccult negative:
460.- Hemolytic anemia:
461.- Hepatic friction rub: por fricción
462.- Hepatic tenderness:
463.- Hereditary hemorrhagic
telangiectasia:
464.- Herniated fat:
465.- Hesitancy:
466.- High blood pressure:
467.- Hippus:
468.- Hirschsprung's disease:
469.- History taking:
470.- HIV disease:
471.- HIV infection:
472.- Hives:
473.- Hoarseness:
474.- Hollow abdominal organ:
475.- Homan's sign:
476.- Homonymous hemianopsia:
477.- Homonymous left superior quadrantic defect:
478.- Hoofbeat:
479.- Hooking technique:
480.- Horner's síndrome:
481.- Hospital setting:
482.- Hot flash:
483.- HR (Heart rate):
484.- H $\rightarrow$ S:
485.- Ht (Height):
452.- Frecuencia cardíaca (FC)
453.- Soplo cardíaco
454.- Pirosis
455.- Talón- espinilla ( $T \rightarrow E$ )
456.- Hélice
457.-Hematoquecia
458.- Hemiparesia
459.- Prueba negativa de sangre oculta 460.- Anemia hemolítica
461.- Rozadura hepática
462.- Hipersensibilidad hepatica
463.- Telangiectasia hemorrágica hereditaria
464.- Hernia de grasa
465.- Dubitación
466.- Hipertensión arterial, presión arterial alta
467.- Contracción
468.- Enfermedad de Hirschsprung 469.- Historial clínico
470.- Infección por VIH, enfermedad del VIH (virus de la inmunodeficiencia humana)
471.- Infección por VIH (virus de la inmunodeficiencia humana)
472.- Roncha, urticaria
473.- Ronquera
474.- Órgano abdominal hueco
475.- Signo de Homan
476.- Hemianopsia homónima
477.- Defecto cuadrántico homónimo superior izquierdo
478.- Galope
479.- Técnica del sostenido
480.-Síndrome de Horner
481.- Ambiente hospitalario, hospital
482.- Bochorno con calentura
483.- FC (Frecuencia cardíaca)
484.- $\mathrm{T} \rightarrow \mathrm{E}$ (Talón- espinilla)
485.- Talla

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486.- Human immunodeficiency virus
(HIV):
487.- Human papillomavirus:
488.- Husky:
489.- Hutchinson's teeth:
490.- Hyoid bone:
491.- hyphae:
492.- Hyperplastic:
493.- Hypertensive cardiovascular
disease:
494.- Hypertensive retinopathy:
495.- Hypertrophic cardiomyopathy:
496.- Hyperventilation syndrome:
497.- Hypochloremic metabolic
alkalosis:
498.- Hypoglycemia:
499.- Hypoglossal nerve:
500.- Hypopituitary dwarfism:
501.- IADLs:
502.- Ileum:
503.- lliac crest:
504.- Iliac spine:
506.- Iliofemoral thrombosis:
507.- Imaginary fulcrum:
508.- Immune disorder:
509.- Immune serum globulin:
510.- Impairment:
511.- Incompetent gastroesophageal
sphincter:
512.- Incus:
513.- Infarction:
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486.- Virus de la inmunodeficiencia humana (VIH)
487.- Virus del papiloma humano
488.- Ronquera
489.- Dientes de Hutchinson
490.- Hueso hioides
491.- Hifa
492.- Hiperplásico
493.- Enfermedad cardiovascular hipertensiva
494.- Retinopatía hipertensiva
495.- Cardiomiopatía hipertrófica (miocardiopatía hipertrófica)
496.- Síndrome de hiperventilación
497.- Alcalosis metabólica hipoclorémica
498.- Hipoglucemia, hipoglicemia
499.- Nervio hipogloso
500.- Enanismo hipopituitario
501.- Actividades instrumentales de la vida diaria
502.- Íleon
503.- Cresta ilíaca
504.- Espina ilíaca
506.- Trombosis iliofemoral
507.- Fulcro imaginario
508.- Trastorno inmunológico, desorden inmunológico
509.- Inmunoglobulina sérica
510.- Alteración
511.-Esfínter gastroesofágico
incompetente
512.- Yunque
513.- Infarto

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514.- Infarcted nerve fiber:
515.- Infiltrative ophthalmopathy:
516.- Inflammatory bowel disease:
517.- Inflammatory tract:
518.- Infranuclear ophthalmoplegia:
519.- Infrared beam:
520.- Ingrained:
521.- Injection drug:
522.- Inner:
523.- Inpatient:
524.- Insight:
525.- Intercostal muscle retraction:
526.- Interdental papilla:
527.- Internal obturator muscle:
528.- Interstitial colloid oncotic
pressure:
529.- Intestinal lactase deficiency:
530.- Intravascular colloid oncotic
pressure:
531.- Introitus:
532.- Inward:
533.- lodine deficiency:
534.- Irritable bowel syndrome:
535.- Ischemic colitis:
536.- Ischemic stroke:
537.- Isolated systolic hypertension:
538.- Itching:
539.- Intercourse:
J
540.- Jab:
541.- Jaundice:
542.- Jaw:
543.- Jejunum:
544.- Jeopardy:
545.- Joint:
514.- Fibra nerviosa infartada
515.- Oftalmopatía infiltrativa
516.- Enfermedad inflamatoria intestinal
517.- Conducto inflamatorio
518.- Oftalmoplejía infranuclear
519.- Haz infrarrojo
520.- Arraigar
521.- Droga inyectable
522.- Interno
523.- Interno
524.-Introspección
525.- Retracción de la musculatura
intercostal
526.- Papila interdentaria
527.- Músculo obturador interno
528.-Presión coloidoncótica intersticial
529.- Deficiencia de lactasa intestinal
530.- Presión coloidoncótica
intravascular
531.- Introito
532.- Hacia adentro
533.- Deficiencia de yodo
534.- Síndrome del intestino irritable
535.- Colitis isquémica
536.- Ictus isquémico
537.- Hipertensión sistólica aislada
538.- Picazón, comezón, prurito
539.- Cópula, coito
540.- Pinchazo
541.- Ictericia
542.- Mandíbula, maxilar
543.- Yeyuno
544.- Peligro
545.- Articulación
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546.- Jot Down:
547.- Jugular venous distention:
548.- Jugular venous pulse:
549.- Jugular venous pulsation:
550.- Jugular venous pressure:
551.- Junction:
K
552.- Kaposi's sarcoma in AIDS:
553.- Kegel's excercise:
554.- Key blue-sensory:
555.- Key red—motor:
556.- Kidney stone:
557.- Knot Up:
558.- Knuckle:
559.- Koplik's spot:
560.- Korotkoff sound:
561.- Kussmaul breathing:
562.- Kyphosis:
L
563.- Labial frenulum:
564.- Labium:
565.- Labored breathing:
566.- Lactase deficiency:
567.- Lacrimal puncta:
568.- Lacrimal sac:
569.- Lactation:
570.- Lanky:
571.- Laryngeal nerve:
572.- Laxity:
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546.- Anotar
547.- Distensión de la vena yugular 548.- Pulso venoso yugular 549.- Pulsación venosa yugular, pulsación de la vena yugular 550.- Presión venosa yugular 551.- Zona de unión, juntura, unión, empalme
552.- Sarcoma de Kaposi en el SIDA
553.- Ejercicios de Kegel
554.- Clavija azul -sensitiva
555.- Clavija roja-motora
556.- Cálculo renal
557.- Nudo superior
558.- Nudillo
559.- Mancha de Koplik
560.- Ruido de korotkoff
561.-Respiración de Kussmaul
562.- Cifosis
563.- Frenillo labial
564.- Labio
565.- Respiración dificultosa, respiración trabajosa
566.- Deficiencia de lactasa
567.- Punta lacrimal, punta lagrimal
568.- Saco lagrimal, saco lacrimal
569.- Lactancia
570.- Desgarbado
571.- Nervio laríngeo
572.- Laxitud
573.- Lead line:
574.- Lead poisoning:
575.- Leak:
576.- Leakage:
577.- Left-sided appendicitis:
578.- Leftsided heart failure:
579.- Left-sided pleuritic chest pain:
580.- Left-sided S3:
581.- Left upper quadrant:
582.- Left ventricular failure:
583.- Left ventricular hypertrophy:
584.- Lens:
585.- Lentigines:
586.- Lepromatous leprosy:
587.- Lethargy:
588.- Levator palpebrae muscle:
589.- Leukoplakia:
590.- Levater ani muscle:
591.- Level of consciousness:
592.- Lid lag:
593.- Light beam:
594.- Lightheadedness:
595.- Limb:
596.- Limbus:
597.- Linear:
598.- Lingual frenulum:
599.- Lipid:
600.- Lithotomy position:
601.- Liver failure:
602.- LLQ (Left Lower Quadrant):
603.- Lobe:
604.- Lobulated submandibular gland:
605.- Lobule:
606.- Long-standing:
607.- Loose:
608.- LT (Left):
573.- Línea de plomo
574.- Intoxicación por plomo
575.- Fuga, goteo, dejar escapar
576.- Goteo, fuga, filtración, pérdida
577.- Apendicitis del lado izquierdo
578.- Insuficiencia cardíaca izquierda
579.- Dolor pleurítico del tórax del lado izquierdo
580.- $\mathrm{S}_{3}$ (tercer ruido del ciclo cardíaco de lado izquierdo)
581.- Cuadrante superior izquierdo
582.- Insuficiencia ventricular izquierda
583.- Hipertrofia ventricular izquierda, Insuficiencia ventricular izquierda
584.- Lente, cristalino
585.- lentiginosas
586.- Lepra lepromatosa
587.- Letargo
588.- Músculo elevador del párpado
589.- Leucoplaquia, leucoplasia
590.-Músculo elevador del ano
591.- Nivel de conciencia (NC)
592.- Reposo del párpado, retraso del párpado
593.- Rayo de luz, haz de luz
594.- Aturdimiento, mareo
595.- Miembro
596.- Limbo
597.- Lineal
598.- Frenillo lingual
599.- Lípido, lipídico
600.- Posición de litotomía
601.- Insuficiencia hepática
602.- CII (Cuadrante Inferior Izquierdo)
603.- Lóbulo
604.- Glándula submaxilar lobulada
605.- Lóbulo
606.- Persistente
607.- Laxo, suelto, flojo
608.- Izquierdo

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609.- Lump:
610.- Lung:
611.- Lung fluke:
612.- LUQ (Left upper quadrant):
613.- Luteinizing hormone:
614.- Lymph node:
615.- Lymphoid tissue:
N
616.- Macular star:
617.- Malabsorption syndrome:
618.- maladaptive nurturing:
619.- Malignancy:
620.- Malignant:
621.- Macular star:
622.- Malabsorption syndrome:
623.- Malignancy:
624.- Malignant:
625.- Malignant neoplasm:
626.- Malnutrition:
627.- Malleolar fold:
628.- Malleus:
629.- Mallory-Weiss tear:
630.- Maneuver:
631.- Manubrium:
632.- Mapping:
633.- Marcus Gunn pupil:
634.- Marfan's syndrome:
635.- Marked splenomegaly:
636.- Mass lesion:
637.- Masseter muscle:
638.- Mastoid bone:
639.- Mastoid process:
609.- Bulto
610.- Pulmón, pulmonar
611.- Duela pulmonar
612.- CSI (Cuadrante superior
izquierdo)
613.- Hormona luteinizante
614.- Ganglio linfático
615.- Tejido linfoide
616.- Estrella macular
617.- Síndrome de malabsorción
618.- Desadaptativo de crianza
619.- Tumor maligno, neoplasia maligna, enfermedad maligna 620.- Maligno, tumor maligno
621.- Estrella macular
622.- Síndrome de malabsorción
623.- Tumor maligno, neoplasia maligna, enfermedad maligna 624.- Maligno, tumor maligno
625.- Neoplasia maligna
626.- Mala nutrición
627.- Pliegue maleolar
628.- Martillo
629.- Desgarro de Mallory-Weiss
630.- Maniobra
631.- Manubrio
632.- Cartografía
633.- Pupila de Marcus Gunn
634.- Síndrome de Marfan
635.- Esplenomegalia marcada
636.- Lesión en masa
637.- Músculo masetero
638.- Hueso mastoideo
639.- Apófisis mastoids
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640.- Maxilla:
641.- Maxillary sinus:
642.- Measles:
643.- Mechanical narrowing:
644.- Medial:
645.- Medial canthus:
646.- Median sulcus:
647.- Medical:
648.- Medium-pitched midsystolic
murmur:
649.- Medullary:
650.- Medullated nerve fibers:
651.- Meibomian gland:
652.- Menarche:
653.- Ménière's disease:
654.- Meniscus:
655.- Menopausal symptom:
656.- Mense:
657.- Mesenteric ischemia:
658.- Metabolic acidosis:
659.- Metastatic:
660.- Microbial growth:
661.- Microscopic urinalysis:
662.- Midaxillary line:
663.- Midbrain:
664.- Midclavicular line:
665.- Midforehead:
666.- Midline:
667.- Midsystolic murmur:
668.- Midsternal line:
669.- Migraine headache:
670.- Migratory thrombophlebitis:
671.- Mild arteriolar narrowing:
672.- Milestone:
673.- Miscarriage:
674.- Mixed hearing loss:
675.- Mole:
676.- Mons pubis:
677.- Moon face:
678.- Morbidity:
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640.- Maxilar superior
641.- Seno maxilar
642.- Sarampión
643.- Estrechamiento mecánico
644.- Interno, medio, medial
645.- Canto interno, canto medio
646.- Surco medio
647.- Médico
648.- Soplo mesosistólico de tonalidad intermedia
649.- Medular
650.- Fibras nerviosas meduladas
651.- Glándula de meibomio
652.- Menarquia
653.- Enfermedad de Ménétrier
654.- Meniscos
655.- Síntoma menopáusico
656.- Menstruación
657.- Isquemia mesentérica
658.- Acidosis metabólica
659.- Metastásico
660.- Crecimiento microbiano
661.- Análisis microscópico de orina
662.- Línea axilar media
663.- Cerebro medio
664.- Línea clavicular media
665.- En medio de la frente
666.- Línea media
667.- Soplo mesosistólico
668.- Línea esternal media
669.- Cefalea migrañosa
670.- Tromboflebitis migratoria
671.- Estrechamiento arteriolar leve
672.- Etapa
673.- Aborto espontáneo
674.- Pérdida auditiva mixta
675.- Lunar
676.- Monte pubiano, monte de Venus
677.- Cara de luna llena
678.- Morbilidad

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679.- Motor:
680.- Motor loss:
681.- Motor-sensory deficit:
682.- Mottling:
683.- Mucosal tear:
684.- Muffling point:
685.- Multinodular goiter:
686.- Multisystem disease:
687.- Mumps:
688.- Mumps orchitis:
689.- Murmur:
690.- Murphy's sign:
691.- Musculoskeletal:
692.- Musculoskeletal system:
693.- Myasthenia gravis:
694.- Mycobacterium leprae:
695.- Mydriatic drop:
696.- Myocardial infarction:
697.- Myopic:
698.- Mytonic dystrophy:
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699.- Nail bed:
700.- Narrow-angle glaucoma:
701.- Narrowing:
702.- Nasal decongestant:
703.- Nasal septum:
704.- Nasal speculum:
705.- Nasal stuffiness:
706.- Nasopharyngeal:
707.- NC (Normocephalic):
708.- Near effort:
679.- Motoro
680.- Pérdida de movilidad
681.- Déficit sensitivo-motoro, déficit de sensibilidad motora, deficiencia motorosensitiva
682.- Mancha
683.- Desgarro de la mucosa
684.- Punto de amortiguación
685.- Bocio multinodular
686.- Enfermedad multisistémica
687.- Paperas
688.- Orquitis urliana
689.- Soplo
690.- Signo de Murphy
691.- Musculosquelético, locomotor
692.- Sistema musculoesquelético, aparato locomotor 693.- Miastenia grave
694.- Mycobacterium leprae
695.- Gota midriática
696.- Infarto de miocardio
697.- Miope
698.- Distrofia miotónica
699.- Lecho ungueal, corion
700.- Glaucoma de ángulo estrecho
701.- Estrechamiento
702.- Descongestivo nasal
703.- Tabique nasal
704.- Espéculo nasal
705.- Taponamiento nasal
706.- Nasofaríngeo
707.- Normocefálico
708.- Esfuerzo de cerca de la vista

| 709.- Near reaction: | 709.- Reacción de cerca, reacción |
| :--- | :--- |
|  | próxima |
| 710.- Near visión: | 710.- Visión de cerca |
| 711.- Nearsightedness: | 711.- Visión de cerca, miopía |
| 712.- Neck supple: | 712.- Cuello flexible, cuello blando |
| 713.- Necrotizing ulcerative gingivitis: | 713.- Gingivitis necrotizante ulcerativa |
| 714.- Neoplastic: | 711.- Neoplásico |
| 715.- Nephrotic syndrome: | 711.- Síndrome nefrótico |
| 716.- Neurogenic: | 711.- Neurógeno |
| 717.- Neurosensory: | 711.- Neurosensitivo |
| 718.- Nevi: | 718.- Nevus |
| 719.- Night sweat: | 719.- Sudación nocturna, sudores |
|  | nocturnos |
| 720.- Nits: | 720.- Liendres |
| 721.- No costovertebral angle | 721.- Sin hipersensibilidad en el ángulo |
| tenderness: | costovertebral |
| 722.- Nocturia: | 722.- Nicturia |
| 723.- Nod: | 723.- Nudo |
| 724.- Nodding: | 724.- Inclinación |
| 725.- Node: | 725.- Ganglio, nódulo |
| 726.- Nongonococcal urethritis: | 726.- Uretritis no gonocócica |
| 727.- Non-insulindependent diabetes: | 727.- Diabetes no insulinodependiente |
| 728.- Nonparalytic strabismus: | 728.- Estrabismo no paralítico |
| 729.- Nonpitting edema: | 729.- Edema sin fóvea |
| 730.- Nonprescription drug: | 730.- Medicamento adquirido sin |
|  | receta, medicamento no prescrito |
| 731.- Nonproliferative retinopathy: | 731.- Retinopatía no proliferativa |
| 732.- Nonsteroidal anti-inflammatory | 732.- Fármaco antiinflamatorio no |
| drug: | esteroideo |
| 733.- Nontyphoid Salmonella: | 733.- Salmonella no tifoidea |
| 734.- Normocephalic (NC): | 734.- Normocefálico |
| 735.- Nosebleed: | 735.- Epístaxis, hemorragia nasal |
| 736.- Nostri: | 736.- Ventana nasal |
| 737.- Not true dysphagia: | 737.- Disfagia no verdadera |
| 738.- Notch: | 738.- Escotadura |
| 739.- Notching: | 739.- Surco |
| 740.- Nourished: | 740.- Nutrido |
| 741.- NSAIDs: | 741.- AlNEs |
| 742.- Nuclear cataract: | 742.- Catarata nuclear |
| 743.- Nuclei: | 743.- Núcleo |
|  |  |

744.- Numbness:
745.- Nystagmus: 744.- Entumecimiento
745.- Nistagmo
©
746.- Oblique lighting:
747.- Oblique muscle:
748.- Obstetric history:
749.- Obstructing lesion:
750.- Obstructive lung disease:
751.- Obstructive pulmonary disease:
752.- Obturator sign:
753.- Occasional stress incontinenece:
754.- Occipital lymph node:
755.- Occlusive aortic disease:
756.- Occult blood:
757.- Ocular fundi:
758.- Oculomotor nerve:
759.- Oculomotor nerve paralysis:
760.- Office:
761.- Omentum:
762.- Omohyoid muscle:
763.- Onset:
764.- Oozing ulcer:
765.- Open-angle glaucoma:
766.- Opening:
767.- Ophthalmoscopic:
768.- Opiate:
769.- Optic chiasm:
770.- Optic disc:
771.- Optic nerve disease:
772.- Optic tract:
773.- Oral cáncer:
746.- Luz oblicua, luz indirecta
747.- Músculo oblicuo
748.- Historia obstétrica
749.- Lesión obstructiva
750.- Enfermedad pulmonar obstructiva
751.- Enfermedad pulmonar obstructiva
752.- Signo del obturador
753.- Incontinencia ocasional de esfuerzo
754.- Ganglio linfático occipital
755.- Enfermedad aórtica oclusiva
756.- Prueba de sangre oculta
757.- Fondo ocular
758.- Nervio motor ocular común
759.- Parálisis del nervio motor ocular común
760.- Consultorio
761.- Omenta, omentums epiplón
762.- Músculo omohioideo
763.- Inicio
764.- Úlcera exudativa, úlcera rezumosa
765.- Glaucoma de ángulo-abierto
766.- Apertura
767.- Oftalmoscópico, oftalmológico
768.- Opiáceo
769.- Quiasma óptico
770.- Papila óptica
771.- Enfermedad del nervio óptico
772.- Vía óptica
773.- Cáncer de boca
774.- Oral floor:
775.- Oral mucosa:
776.- Oral-penile transmission:
777.- Oral petechiae:
778.- Oritching:
779.- Orthostatic hypotension:
780.- Osmotic purgative:
781.- Otitic barotrauma:
782.- Otolaryngologist:
783.- Outlet obstruction:
784.- Outline:
785.- Outpatient:
786.- Ovarian tumor:
787.- Over-the counter drug:
788.- Overclosure:
789.- Overeating:
790.- Overflow incontinence:
791.- Overlying tissue:
792.- Overlying mucosa:
793.- Overweight:
774.- Suelo oral, suelo bucal, suelo de la boca
775.- Mucosa bucal
776.- Transmisión oropeneana
777.- Petequia oral
778.- Picazón
779.- Hipotensión ortostática
780.- Purgante osmótico
781.- Barotrauma ótico
782.- Otorrinolaringólogo
783.- Obstrucción del orificio de salida
784.- Contorno, delinear, remarcar, esquema
785.- Paciente externo
786.- Tumor ovárico
787.- Medicamento sin receta, medicamento a la venta sin prescripción
788.- Sobrecierre
789.- Comer en exceso
790.- Incontinencia por rebosamiento
791.- Tejido suprayacente
792.- Mucosa recubierta
793.- Sobrepeso
794.- Yema del dedo, almohadilla 795.- Palidez
796.- Hendidura palpebral
797.- Parlesía, parálisis
798.- Panhipopituitarismo
799.- Ología vaginal, frotis de Papanicolau, citología vaginal
800.- Citología vaginal (Papanicolaou)
801.- Papilas

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802.- Papillary dilation:
803.- Papillary granulation tissue:
804.- Paradoxical pulse:
805.- Paralytic strabismus:
806.- Parasympathetic nervous system:
807.- Peripheral vascular disease:
808.- Parkinson's disease:
809.- Paroxysmal nocturnal dyspnea:
810.- Pars fláccida:
811.- Pars tensa:
812.- Past history:
813.- Patch:
814.- Patella:
815.- Patellar:
816.- Patent ductus arteriosus (PDA):
817.- Pathophysiology:
818.- Pathway:
819.- PDA (Patent ductus arteriosus):
820.- Peak:
821.- Pectinate line:
822.- Pelvic floor:
823.- Penile:
824.- Penlight:
825.- Pericardial tamponade:
826.- Periorbital puffiness:
827.- Peripheral neuropathy:
828.- Peripheral vascular system:
829.- Periurethral:
830.- Pertussis:
831.- Petechiae:
832.- Peutz-Jeghers síndrome:
833.- Phalanx:
834.- Pharyngeal:
835.- Pharynx erythematous:
836.- Phlegm:
837.- Physiologic cupping:
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802.- Dilatación papilar
803.- Tejido de granulación papilar
804.- Pulso paradójico
805.- Estrabismo paralítico
806.- Sistema nervioso parasimpático
807.- Trastorno vascular periférico
808.- Enfermedad de Parkinson
809.- Disnea paroxística nocturna
810.- Pars fláccida o la parte flácida
811.- Parte tensa
812.- Historia anterior
813.- Parche
814.- Rótula
815.- Rotuliano
816.- Conducto arterioso permeable (CAP)
817.- Fisiopatología, fisiopatológico 818.- Vía
819.- CAP (Conducto arterioso permeable)
820.- Pico, punto máximo
821.- Línea pectínea
822.- Suelo de la pelvis, suelo pélvico
823.- Peneano
824.- Lámpara de haz eléctrico filiforme, lápiz especial fotosensible 825.- Taponamiento pericárdico
826.- Inflamación periorbitaria
827.- Neuropatía periférica
828.- Aparato vascular periférico, sistema vascular periférico
829.- Periuretral
830.- Tosferina
831.- Petequias
832.- Síndrome de Peutz-Jeghers
833.- Falange
834.- Faríngeo
835.- Faringe eritematosa
836.- Flema
837.- Taza fisiológica

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838.- Physiologic spliting:
839.- Pigmented crescents:
840.- Pilar cyst:
841.- Pilar cyst:
842.- Pimple:
843.- Pinprick:
844.- Pinworm:
845.- Pitch:
846.- Pitting edema:
847.- Planing:
848.- Plaque:
849.- Platelet:
850.- Pleuritic chest pain:
851.- Pneumococcal vaccines:
852.- Point-to-point movement:
853.- Polymyalgia rheumatica:
854.- Pons:
855.- Popliteal:
856.- Postconcussion syndrome:
857.- Post-ictal state:
858.- Postmenopausal bleeding:
859.- Postural dizziness:
860.- Pregnancy tumor:
861.- Preretinal hemorrhage:
862.- Presbycusis:
863.- Present illness:
864.- Primary syphilis:
865.- Probe:
866.- Prodromal symptom:
867.- Proliferative diabetic retinopathy:
868.- Proliferative retinopathy:
869.- Pronator drift:
870.- Prone:
871.- Prostate-specific antigen test:
872.- Protruding:
873.- Pruritus ani:
874.- PSA (Prostate-specific antigen
test):
875.- Psoas muscle:
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838.- Desdoblamiento fisiológico
839.- Semilunares pigmentados
840.- Quiste piloso
841.- Quiste piloso
842.- Grano en la piel
843.- Sensibilidad a la prueba del alfiler
844.- Oxiuro
845.- Tono de la voz, tonalidad
846.- Edema con fóvea
847.- Pulido
848.- Placa
849.- Plaqueta
850.- Dolor pleurítico del tórax
851.- Vacunas contra el neumococo
852.- Movimiento de punta a punta
853.- Polimialgia reumática
854.- Protuberancia, puente de Varolio 855.- Poplíteo
856.- Síndrome de posconmoción
857.- Estado post-ictal
858.- Sangrado posmenopáusico
859.- Vértigo postural, tambaleo
860.- Tumor de embarazo
861.- Hemorragia preretinal
862.- Presbiacusia
863.- Enfermedad actual
864.- Sífilis primaria
865.- Sonda
866.- Síntoma prodrómico
867.- Retinopatía diabética proliferativa
868.- Retinopatía proliferativa
869.- Deriva pronadora
870.- Decúbito prono
871.- Análisis del antígeno específico de la próstata
872.- Sobresalir, sobresaliente
873.- Prurito anal
874.- Análisis del antígeno específico de la próstata
875.- Músculo de psoas

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876.- Psychogenic:
877.- Psychomotor slowing:
878.- Psychopathology:
879.- Pterygium:
880.- Pudendal nerve:
881.- Puffy facies:
882.- Pulmonary infarction:
883.- Pulsus alternans:
884.- Puncta:
885.- Punctate exudate:
886.- Punctum:
887.- Pupillary:
888.- Pure aortic regurgitation:
889.- Purging:
876.- Psicógeno
877.- Retraso psicomotor
878.- Psicopatología, psicopatológico
879.- Pterigión
880.- Nervio pudendo
881.- Rostro redondeado
882.- Infarto pulmonar
883.- Pulso alternante
884.- Punta
885.- Exudado punteado
886.- Punto
887.- Pupilar, pupila
888.- Insuficiencia aórtica pura
889.- Purgativo, purgación, purgarse
890.- Defecto cuandrántico
891.- Cuadrante
892.- Quiescente
893.- Movimientos alternantes rápidos
894.- Arco de movilidad
895.- Erupción
896.- Frecuencia
897.- Fenómeno de Raynaud
898.- Margen costal derecho
899.- ADR (aportes dietéticos recomendados)
900.- Tranquilizar, tranquilización, reconfortación
901.- Bóveda rectal
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902.- Rectosigmoid cáncer:
903.- Rectouterine pouch:
904.- Rectovaginal examination:
905.- Redness:
906.- Red blood cell:
907.- Reflex hammer:
908.- Refractive error:
909.- Reliability:
910.- Remainder:
911.- Renal failure:
912.- Restlessness:
913.- Restrictive lung disease:
914.- Retro-orbital:
915.- Retrogade filling:
916.- Retroverted uterus:
917.- Rhythm:
918.- Right costal margin (RCM):
919.- Right monocular esotropia:
920.- Right tympanic membrane (TM):
921.- Rim:
922.- Rinne test:
923.- Romberg test:
924.- Rotary vértigo:
925.- Roof:
926.- Root:
927.- Route:
928.- RR (Respiratory rate):
929.- RT (Right):
930.- Runny nose:
931.- Rushing:
902.- Cáncer rectosigmoideo
903.- Bolsa rectouterina
904.- Exploración de tacto rectovaginal
905.- Enrojecimiento
906.- Eritrocitos, hematíes
907.- Martillo de reflejos
908.- Error de refracción
909.- Veracidad, fiabilidad
910.- Resto, residuo
911.- Insuficiencia renal
912.- Intranquilidad
913.- Enfermedad pulmonar restrictiva
914.- Retro-orbitario
915.- Llenado retrógrado
916.- Útero en retroversión
917.- Ritmo
918.- Margen costal derecho
919.- Esotropía monocular derecha
920.- Membrana timpánica derecha
921.- Borde
922.- Prueba de Rinne
923.- Prueba de Romberg
924.- Vértigo rotatorio
925.- Techo, paladar
926.- Raíz
927.- Vía de administración
928.- FR (Frecuencia respiratoria)
929.- Derecho
930.- Nariz agripada
931.- Sonido persistente
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932.- Sacrococcygeal:
933.- Sacroilitits:
934.- Salivary gland:
932.- Sacrococcígea
933.- Sacroileítis
934.- Glándula salival

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935.- Salivary salt:
936.- Saphenous vein:
937.- SBP (Systolic blood pressure):
938.- Scabies:
939.- Scale:
940.- Scaliness:
941.- Scaling:
942.- Scaly:
943.- Scarlet fever:
944.- Scar:
945.- Scarring:
946.- Scattered cherry angioma:
947.- Scintillating scotomas:
948.- Sclera:
949.- Scleral surface:
950.- Scope:
951.- Scratchy:
952.- Screening test:
953.- Scrotal tongue:
954.- Sebaceous cyst:
955.- Second-degree AV block:
956.- Seizure:
957.- Selected facies:
958.- Self-induced purging:
959.- Self-induced vomiting:
960.- Senile ptosis:
961.- Sensitive:
962.- Sensorineural hearing loss:
963.- Sensory:
964.- Sensory loss:
965.- Sentinel tag:
966.- Septal perforation:
967.- Septum:
968.- Serous effusion:
935.- Sódico salival
936.- Vena safena
937.- Presión arterial sistólica
938.- Sarna
939.- Escama
940.- Escamación
941.- Escamación, quitar el sarro de los dientes
942.- Escamoso
943.- Escarlatina
944.- Cicatriz
945.- Cicatrización
946.- Angioma cereza disperso
947.- Escotoma escintilante
948.- Esclerótica
949.- Superficie de la esclerótica
950.- Alcance
951.- Aspereza
952.- Examen de control, examen exploratorio
953.- Lengua escrotal
954.- Quiste sebáceo
955.- Bloqueo AV (auriculoventricular) de segundo grado, bloqueo AV de segundo grado
956.- Convulsión, convulsivo
957.- Facies seleccionadas, caras seleccionadas
958.- Purgación autoinducida
959.- Vómito autoinducido
960.- Ptosis senil
961.- Sensible, delicado, conciso, sensitivo
962.- Pérdida auditiva neurosensorial
963.- Sensitivo
964.- Pérdida de sensibilidad
965.- Apéndice centinela
966.- Perforación del tabique
967.- Tabique
968.- Derrame seroso
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969.- Serum amylase:
970.- Sessile:
971.- Severe:
972.- Sexually transmitted disease:
973.- Shaft:
974.- Shaking chill:
975.- Shallow:
976.- Shallow gingival sulcus:
977.- Shearing force:
978.- Shelf:
979.- Shifting:
980.- Shivering:
981.- Short process:
982.- Shortness of breath:
983.- S S:
984.- S2:
985.- S3:
986.- S4:
987.- Sick headache:
988.- Side effect:
989.- Side-lying position:
990.- Sideburn area:
991.- Sighing respiration:
992.- Sigmoid colon:
993.- Significant hypotension:
994.- Silver wire artery:
995.- Single nodule:
996.- Sinus:
997.- Sinus tachycardia:
998.- Sinus tract:
999.- Sinus tenderness:
1.000.- Skin rash:
1.001.- Slitlike beam:
969.- Amilasa sérica
970.- Sésiles
971.- Grave, severo, doloroso
972.- Enfermedad de transmisión sexual
973.- Tallo
974.- Escalofrío tiritante
975.- Superficial
976.- Surco superficial gingival
977.- Fuerza de cizalla
978.- Escalón
979.- Desplazamiento
980.- Temblor
981.- Pequeña apófisis
982.- Falta de aliento, deficiencia respiratoria, falta de aire
983.- \(\mathrm{S}_{1}\), primer ruido del ciclo cardíaco
984.- \(\mathrm{S}_{2}\), segundo ruido del ciclo cardíaco
985.- \(S_{3}\) tercer ruido del ciclo cardíaco 986.- \(\mathrm{S}_{4}\) cuarto ruido del ciclo cardíaco 987.- Cefalea patológica
988.- Efecto secundario, efecto colateral
989.- Posición de decúbito lateral 990.- Área de platilla
991.- Respiración con suspiros
992.- Colon sigmoide
993.- Hipotensión significativa
994.- Arteria en hilo de plata
995.- Nódulo unitario
996.- Seno nasal, sinusal
997.- Taquicardia sinusal
998.- Trayecto fistuloso
999.- Hipersensibilidad en el seno, dolor en el seno nasal
1.000.- Erupción cutánea
1.001.- Ranura del rayo, ranura del haz, hendidura del haz, hendidura del rayo.
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| 1.002.- Slit-lamp examination: | 1.002.- Examen de lámpara de hendidura |
| :---: | :---: |
| 1.003.- Small saphenous vein: | 1.003.- Vena safena menor |
| 1.004.- Smooth tongue: | 1.004.- Lengua lisa |
| 1.005.- Snellen chart: | 1.005.- Optotipo de Snellen |
| 1.006.- Snellen eye chart: | 1.006.- Optotipo para ojo de Snellen |
| 1.007.- Socket: | 1.007.- Casquillo |
| 1.008.- Sodium chloride: | 1.008.- Cloruro sódico |
| 1.009.- Somatic nerve supply: | 1.009.- Inervación somática |
| 1.010.- Somatic sensory nerve: | 1.010.- Nervio sensitivo somático |
| 1.011.- Somatization disorder: | 1.011.- Trastorno de somatización |
| 1.012.- Sore: | 1.012.- Herida, llaga, úlcera |
| 1.013.- Soreness: | 1.013.- Dolor |
| 1.014.- Sore throat: | 1.014.- Dolor de garganta, faringitis |
| 1.015.- Sore tongue: | 1.015.- Úlcera en la lengua, lengua ulcerada |
| 1.016.- Sound: | 1.016.- Sonido, ruido |
| 1.017.- Span: | 1.017.- Extensión |
| 1.018.- Sparse: | 1.018.- Escaso |
| 1.019.- Speck: | 1.019.- Lunar, ancha, mota |
| 1.020.- Specula: | 1.020.- Espéculos |
| 1.021.- Speculum: | 1.021.- Espéculo |
| 1.022.- Spermatic cord: | 1.022.- Cordón espermático |
| 1.023.- Spermatocele: | 1.023.- Espermatocele |
| 1.024.- Spermatozoa: | 1.024.- Espermatozoides |
| 1.025.- Sphenoid sinus: | 1.025.- Seno esfenoidal |
| 1.026.- Sphygmomanometer: | 1.026.- Esfigmomanómetro |
| 1.027.- Sphygmomanometry: | 1.027.- Esfigmomanometría |
| 1.028.- Spinal stenosis: | 1.028.- Estenosis medular |
| 1.029.- Spine: | 1.029.- Espina dorsal, columna vertebral |
| 1.030.- Spleen: | 1.030.- Bazo |
| 1.031.- Splenic: | 1.031.- Bazo |
| 1.032.- Sporadic goiter: | 1.032.- Bocio esporádico |
| 1.033.- Spot: | 1.033.- Punto, mancha, lunar, borrón |
| 1.034.- Sputum: | 1.034.- Esputo |
| 1.035.- Squamous cell carcinoma: | 1.035.- Carcinoma de células escamosas |
| 1.036.- Squint: | 1.036.- Bizqueo |
| 1.037.- Stadiometer: | 1.037.- Tallimetro |


| 1.038.- Stapes: | 1.038.- Estribo |
| :---: | :---: |
| 1.039.- Stare: | 1.039.- Mirada fija |
| 1.040.- Starvation: | 1.040.- Hambre, ayuno |
| 1.041.- Starving: | 1.041.- Ayuno |
| 1.042.- Stasis dermatitis: | 1.042.- Dermatitis por estasis |
| 1.043.- Stasis ulcer: | 1.043.- Úlcera de estasis |
| 1.044.- State of awareness: | 1.044.- Estado de vigilia |
| 1.045.- STDs (Sexually transmitted diseases): | 1.045.- ETS (Enfermedades de transmisión sexual) |
| 1.046.- Stensen's duct: | 1.046.- Conducto de Stensen |
| 1.047.- Sternal: | 1.047.- Esternal |
| 1.048.- Sternocleidomastoid muscle: | 1.048.- Músculo esternocleidomastoideo |
| 1.049.- Stereognosis: | 1.049.- Estereognosis |
| 1.050.- Stiff neck: | 1.050.- Tortícolis |
| 1.051.- Stiffness: | 1.051.- Rigidez |
| 1.052.- Stocky: | 1.052.- Regordete |
| 1.053.- Stool: | 1.053.- Deposición |
| 1.054.- Stool for occult blood: | 1.054.- Prueba de sangre oculta en heces |
| 1.055.- Stooping: | 1.055.- Encorvarse |
| 1.056.- Straining: | 1.056.- Esfuerzo, tensión |
| 1.057.- Strand: | 1.057.- Hebra |
| 1.058.- Straplike muscle: | 1.058.- Tira de músculo |
| 1.059.- Streptococcal pharyngitis: | 1.059.- Faringitis estreptocócica |
| 1.060.- Streptococci: | 1.060.- Estreptococos |
| 1.061.- Strep throat: | 1.061.- Infección de la garganta |
| 1.062.- Stroke: | 1.062.- Ictus, ataque |
| 1.063.- Stroke volume: | 1.063.- Volumen sistólico |
| 1.064.- Stuffiness: | 1.064.- Taponamiento |
| 1.065.- Stuffy: | 1.065.- Saturación |
| 1.066.- Sty: | 1.066.- Orzuelo |
| 1.067.- Styloid process: | 1.067.- Apófisis estiloides |
| 1.068.- Stuffiness: | 1.068.- Saturacíon |
| 1.069.- Subarachnoid hemorrhage: | 1.069.- Hemorragia subaracnoidea |
| 1.070.- Submandibular: | 1.070.- Submaxilar |
| 1.071.- Submental node: | 1.071.- Nódulo submentoniano, ganglio submentoniano |
| 1.072.- Sucking: | 1.072.- Succión |


| 1.073.- Sulcus: | 1.073.- Cisura, surco |
| :---: | :---: |
| 1.074.- Superficial retinal hemorrhage: | 1.074.- Hemorragia superficial de la retina |
| 1.075.- Supine position: | 1.075.- Posición de decúbito supino |
| 1.076.- Supple: | 1.076.- Flexible, blando |
| 1.077.- Surgical revascularization: | 1.077.- Revascularización quirúrgica |
| 1.078.- Surrounding: | 1.078.- Circundante |
| 1.079.- Sustained nystagmus: | 1.079.- Nistagmo sostenido |
| 1.080.- Suture line: | 1.080.- Línea de sutura |
| 1.081.- Swinging flashlight test: | 1.081.- Prueba de la linterna rítmica |
| 1.082.- Sympathetic nerve supply: | 1.082.- Suministro del nervio simpático |
| 1.083.- Sympathetic nervous system: | 1.083.- Sistema nervioso simpatico |
| 1.084.- Symphysis pubis: | 1.084.- Sínfisis púbica |
| 1.085.- Symptomatic limb ischemia: | 1.085.- Isquemia sintomática del miembro |
| 1.086.- Systemic bacteremia: | 1.086.- Bacteriemia sistémica |
| 1.087.- Systolic blood pressure (SBP): | 1.087.- Presión arterial sistólica |
| 1.088.- Systolic ejection murmur: | 1.088.- Soplo sistólico eyectivo |
| I |  |
| 1.089.- Tangential lighting: | 1.089.-Luz tangent |
| 1.090.- Tapering: | 1.090.- Estrechamiento cónico |
| 1.091.- Target organ: | 1.091.- Órgano diana |
| 1.092.- Tarsal plate: | 1.092.- Placa tarsal |
| 1.093.- Telangiectatic vessel: | 1.093.- Vaso telangiectásico |
| 1.094.- Tender: | 1.094.- Doloroso, sensible, hipersensible |
| 1.095.- Tenderness: | 1.095.- Hipersensibilidad, dolor, sensibilidad |
| 1.096.- Tendon réflex: | 1.096.- Reflejo tendinoso |
| 1.097.- Tension headache: | 1.097.- Cefalea tensional |
| 1.098.- Tessellation: | 1.098.- Teselación, en forma de mosaico |
| 1.099.- Testes: | 1.099.- Testículos |
| 1.100.- Testicular neoplasm: | 1.100.- Neoplasia testicular |
| 1.101.- Testicular self-examination: | 1.101.- Auto-exploración testicular |


| 1.102.- Testis: | 1.102.- Testículo |
| :---: | :---: |
| 1.103.- Throbbing: | 1.103.- Palpitante, púlsatil |
| 1.104.- Thromboangiitis obliterans: | 1.104.- Tromboangeitis obliterante |
| 1.105.- Thrombosed hemorrhoid: | 1.105.- Hemorroide trombosada |
| 1.106.- Thrush: | 1.106.- Muguet |
| 1.107.- Thyroid-stimulating hormone: | 1.107.- Hormona estimulante de la tiroides, tirotropina |
| 1.108.- TIA: | 1.108.- AIT (accidente isquémico transitorio) |
| 1.109.- Timing: | 1.109.- Cronología, momento de aparición, tiempo |
| 1.110.- Tingling: | 1.110.- Hormigueo, tinnitus, repiqueteo |
| 1.111.- Tinnitus: | 1.111.- Acúfenos |
| 1.112.- Tip: | 1.112.- Punta, extremo |
| 1.113.- Tissue: | 1.113.- Tejido |
| 1.114.- TM (Tympanic membrane): | 1.114.- MT (Membrana timpánica) |
| 1.115.- Tongue blade: | 1.115.- Paleta para la lengua |
| 1.116.- Tonsilitis: | 1.116.- Amigdalitis |
| 1.117.- Tonsillar: | 1.117.- Amigdalino |
| 1.118.- Tophi: | 1.118.- Tofo |
| 1.119.- Tophaceous gout: | 1.119.- Gota tofácea |
| 1.120.- Tophus: | 1.120.- Tofo |
| 1.121.- Tori mandibular: | 1.121.- Rodete mandibular |
| 1.122.- Torus palatinus: | 1.122.- Rodete palatino |
| 1.123.- Tooth decay: | 1.123.- Cariamiento del diente |
| 1.124.- Toxigenic escherichia coli: | 1.124.-. Escherichia coli toxigénica |
| 1.125.- Trace edema: | 1.125.- Oligo edema |
| 1.126.- Tract: | 1.126.- Conducto |
| 1.127.- Tragus: | 1.127.- Trago |
| 1.128.- Transfer dysphagia: | 1.128.- Disfagia de transferencia |
| 1.129.- Transmitted voice sound: | 1.129.- Transmisión del sonido vocálico, sonido vocálico transmitido |
| 1.130.- Trapezia muscle: | 1.130.- Músculo trapecio |
| 1.131.- Traube's space: | 1.131.- Espacio de Traube |
| 1.132.- Tremor: | 1.132.- Temblor |
| 1.133.- Triangular nodule: | 1.133.- Nódulo piramidal |
| 1.134.- Triceps: | 1.134.- Trícipital, triceps |
| 1.135.- Trichilemmal: | 1.135.- Triquilema |
| 1.136.- Trigeminal nerve: | 1.136.- Nervio trigémino |
| 1.137.- Trigeminal neuralgia: | 1.137.- Neuralgia del trigémino |

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1.138.- Trochanteric bursitis:
1.139.- True diastolic pressure:
1.140.- Truncal fat:
1.141.- TSE (Testicular self
examination):
1.142.- Tuberculin test:
1.143.- Tunica vaginalis:
1.144.- Tuning fork:
1.145.- Turbinate:
1.146.- Turner's syndrome:
1.147.- Tympany:
1.138.- Bursitis trocantérica
1.139.- Presión diastólica verdadera
1.140.- Grasa troncular, grasa troncal
1.141.- Auto exploración testicular
1.142.- Prueba de tuberculina
1.143.- Túnica vaginal
1.144.- Diapasón
1.145.- Cornete
1.146.- Syndrome de Turner
1.147.- Timpanismo, timpánico
1.148.- Ulcerative colitis:
1.148.- Colitis ulcerosa
1.149.- Ulna distal:
1.150.- Ulnar artery:
1.149.- Cúbito distal
1.150.- Arteria cubital
1.151.- Umbo:
1.151.- Ombligo de la membrana del
tímpano
1.152.- Bilirrubina no conjugada
1.153.- Subyacente
1.152.- Unconjugated bilirubin:
1.153.- Underlying:
1.154.- Unduly:
1.155.- Unilateral conductive hearing
loss:
1.156.- Unilateral sensorineural hearing
loss:
1.157.- Upstroke:
1.158.- Urge incontinence:
1.159.- Urinalysis:
1.160.- Urinary stone:
1.161.- Urinary stream:
1.162.- Urination:
1.163.- Uterine myomata:
1.164.- Uterine cérvix:
1.154.- Apresivo
1.155.- Pérdida auditiva conductiva
unilateral
1.156.- Pérdida auditiva neurosensorial
unilateral
1.157.- Onda de presión
1.158.- Incontinencia por impulso,
incontinencia por urgencia
1.159.- Análisis de orina
1.160.- Cálculo renal
1.161.- Flujo urinario
1.162.- Micción
1.163.- Mioma uterino
1.164.- Cuello uterino
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1.165.- Vagal nerve:
1.166.- Valsalva maneuver:
1.167.- Valvular aortic stenosis:
1.168.- Vas deferens:
1.169.- Vasa deferentia:
1.170.- Vascular cushion:
1.171.- Vascular occlusive disease:
1.172.- Vasoactive intestinal peptide (VIP):
1.173.- Vasolidation:
1.174.- Vault:
1.175.- Venereal wart:
1.176.- Venipuncture:
1.177.- Venous engorgement:
1.178.- Venous hum:
1.179.- Venous stasis ulcer:
1.180.- Venous tapering:
1.181.- Vertex:
1.182.- Vessel:
1.183.- Vibrating tuning fork:
1.184.- Vibrio cholerae:
1.185.- Villous adenoma:
1.186.- Visceral nerve supply:
1.187.- Viscus:
1.188.- Vitreous floater:
1.189.- Voiding:
1.190.- Voluntary guarding:
1.191.- Volvulus:
1.192.- Vomiting:
1.165.- Nervio vago
1.166.- Maniobra de Valsalva
1.167.- Estenosis aórtica valvular
1.168.- Conducto deferente
1.169.- Conductos deferentes
1.170.- Cojinete vascular
1.171.- Enfermedad vascular oclusiva
1.172.- Péptido intestinal vasoactivo
1.173.- Vasodilatación
1.174.- Bóveda
1.175.- Verruga venérea
1.176.- Venopunción
1.177.- Ingurgitación venosa
1.178.- Soplo venoso
1.179.- Úlcera por estasis venosa
1.180.- Estrechamiento cónico venoso
1.181.- Vértice
1.182.- Vaso
1.183.- Bifurcación vibratoria afinada
1.184.- Vibrio cólera
1.185.- Adenoma velloso
1.186.- Inervación visceral
1.187.- Víscera
1.188.- Flotador vítreo
1.189.- Evacuación, vaciar
1.189.- Resistencia voluntaria
1.191.- Vólvulo
1.192.- Vómito

| W |  |
| :---: | :---: |
| 1.193.- Wart: | 1.193.- Verruga |
| 1.194.- Watery: | 1.194.- Acuoso |
| 1.195.- Wax: | 1.195.- Cerumen, cera |
| 1.196.- Weariness: | 1.196.- Cansancio |
| 1.197.- Weber test: | 1.197.- Prueba de Weber, test de Weber |
| 1.198.- Wens: | 1.198.- Quiste cebáceo |
| 1.199.- Wharton's duct: | 1.199.- Conducto de Wharton |
| 1.200.- Wheal: | 1.200.- Habones, roncha |
| 1.201.- Wheezing: | 1.201.- Sibilancia |
| 1.202.- Whiff test: | 1.202.- Prueba del olor |
| 1.203.- Whisper test: | 1.203.- Examen del susurro, examen del murmullo |
| 1.204.- Whispered voice: | 1.204.- Sonido vocálico susurrado |
| 1.205.- White-centered retinal hemorrhage: | 1.205.- Hemorragia retinal de centro |
| 1.206.- White coat hypertension: | 1.206.- Hipertensión de bata blanca |
| 1.207.- Whooping cough: | 1.207.- Tosferina |
| 1.208.- Wincing: | 1.208.- Hacer muecas de dolor |
| 1.209.- Wisdom tooth: | 1.209.- Muela del juicio |
| 1.210.- Withdrawal: | 1.210.- Abstinencia, abandono |
| 1.211.- Wrinkle: | 1.211.- Arruga |
| 1.212.- Wt (Weight): | 1.212.- Peso |
| X |  |
| 1.213.- Xiphoid process: | 1.213.- Apéndice xifoides |
| y |  |
| 1.214.- Yawn: | 1.214.- Bostezar, bostezo |
| 1.215.- Yeast infection: | 1.215.- Infección de levadura |


| $z$ |  |
| :--- | :--- |
| $1.216 .-$ Zygomatic bone: | 1.216.- Hueso cigomático |


[^0]:    ${ }^{1}$ The Mission and Vision of the Departament of Medicine was translated from Spanish to English by Claudia Chambi and Wendy Flores (FACULTAD DE MEDICINA, ENFERMERÍA, NUTRICIÓN Y TECNOLOGÍA MÉDICA. (2011) Documento. Informe Institucional Carrera de Medicina 2011. La Paz, Bolivia)
    ${ }^{2}$ The Vision and Mission of the Departament of Medicine was translated from Spanish to English by Claudia Chambi and Wendy Flores (FACULTAD DE MEDICINA, ENFERMERÍA, NUTRICIÓN Y TECNOLOGÍA MÉDICA. (2011) Documento. Informe Institucional Carrera de Medicina 2011. La Paz, Bolivia)

[^1]:    ${ }^{3}$ Lingua franca is a shared language of communication used by people whose main languages are different. (Oxford Advanced Learner's Dictionary, página 749)

