Interview with Peter Newmark, pioneering theoretician in scientific translation

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The following is a recent interview with Peter Newmark, professor emeritus of University of Westminster, where he lectured on translation and translation theory from 1958 to 1981.

Since 1981, Professor Newmark has taught Principles and Methods of Translation at the Centre for Translation Studies on a part-time basis at the University of Surrey at Guildford. He is one of the most important theoreticians in the field of translation and a prolific reader and writer. Indeed, the classification of "semantic" and "communicative" translation in his influential *Approaches to Translation* was a landmark in the history of translation studies when it was published in 1981. *A Textbook of Translation* published later in that same decade also provided a platform for discussion for subsequent scholarship.

What some may not know is that Newmark has continued to write prolifically ever since. Indeed, this interview actually began as an animated conversation over lunch in Surrey in early December 2004 and was completed by phone in March. It is difficult for Peter Newmark to find time to chat because he is so active even in semiretirement and well into his eighth decade.

His regular column entitled "Translation Now" in the London-based journal *The Linguist* covers a variety of translation and linguistic topics, including ethics, aesthetics and medicine. Though these essays often take a hitting-to-all-fields style, they are always full of valuable insights and food for thought for translators and linguists. For the purposes of *Panace@*, it is interesting to note that Newmark was a pioneer in the sense that he freed translation theory from the clutches of strictly literary circles. As Brazilian translator Danilo Nogueira wrote recently, Newmark's *Approaches to Translation* is "one of those marvellous books by someone who knows not all translation studies should by restricted to literary translation".

Newmark himself does not accept this tribute, believing that Eugene Nida should receive most of the credit. It is interesting that Nida heaped similar praise on Newmark in a recent article where he writes that "no one has been so outspoken and so generally right as Newmark, who has never been known to put up with nonsense" (Anderman and Rogers 1999:79).

Newmark was born in Brno, Czechoslovakia, a city he planned to revisit in spring 2005 with his son as a sort of return to his roots, since he left Czechoslovakia at age five and settled in England. He read Modern Languages at Cambridge University, where he received an honours degree in French and German and also English literature. In addition to learning two foreign languages formally, he is proud to have learned Italian "on the ground", in his words. As a British solder during World War II, he was stationed for three and a half years in Italy. Newmark fondly recalls how, when his regiment would take an Italian town, Newmark the recruit would scour any library he could find for books and dictionaries he could cull, take back to Allied lines and study.

In short, Peter Newmark is a fascinating and engaging personality. Although very much the polite, well-spoken gentleman, his strong opinions, fuelled by years of careful study and debate, fire his speech. Mention any serious scholar in linguistics or translation (or most any other major discipline, come to that) of the past century and Newmark will have a salient comment. So it was that I brought up the Sapir-Whorf Hypothesis, relating thought and language, as a starting point for our interview.

Newmark was, of course, well versed in the writings of anthropologist Edward Sapir and his student Benjamin Whorf (the latter, in Newmark's opinion, was far more radical). It is interesting to note that Newmark is also extremely humble and often qualifies his comments with "this is just off the top of my head" or "as I remember this work" and "mind you it's been a while since I read that". Having said this, he generally delivers a most precise description of the matter at hand, as in the case of Sapir and Whorf. Although Sapir based his theories on work with the Hopi tribes in the Southwest United States, I proposed to apply his theories to Spanish doctors working with International English. An outlandish proposition, perhaps, but I wanted to try it out on Newmark.

David Shea: As a medical translator working mainly with doctors and researchers in Spain who want to publish their research findings in English, I am faced with an interesting conundrum. These Spanish speakers use a language which many of them can not speak but must write and read at an extremely high register. I think Sapir's work, from the 1920s, might be useful to describe my dilemma. Sapir explicitly approached language from the point of view of speech (as the title of his renowned book *Language: An Introduction to the Study of Speech* makes clear), whereas medical language must be rooted in written texts. What is more, with English as the undisputed lingua franca of medical writing, for a large proportion of the writers and readers of these texts the language they use is not their own. Sapir describes a speaker's native language as "their mother-tongue, the formal vesture of their inmost thoughts and sentiments".

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Peter Newmark: It's been a long time since I read about this, but in its simplest terms the Whorfian (or Sapir-Whorf) hypothesis states that our thoughts are defined by our language and we are prisoners of language. In simpler terms, the thoughts we construct are based upon the language that we speak and the words that we use. In a sense, linguistic determinism can be interpreted as meaning that language determines thought.
I believe that thinking is the basic element in language and written language arises directly from thinking. Spoken language is more spontaneous and social whereas written language is primarily individual and not social and thus deeper than social language. So medical language comes from thinking not speaking. Everyone knows that the sun does not rise yet we use that expression to describe it. That is a social reaction. So I disagree with Sapir though I feel some of the hypothesis has its value.

D. S.: These medical researchers use English constantly as their working language. So in line with Sapir, perhaps it is not too fanciful to consider it a "temporary" mother-tongue in that, for the time that they spend working on the formulation of their theories and reporting their findings, English becomes, to quote Sapir, "the formal vesture of their inmost thoughts". They may even find it difficult to express themselves on these topics in their own language. Of course some see international English, the language of science, as threatening other languages. Sapir offers comfort: while recognizing that languages influence each other considerably for a variety of reasons and through many channels, he points out that this influence is restricted to lexical borrowings and that some languages are more prone to these than others. Those who believe that an expression like "*un parking*" is the tip of a linguistic iceberg or the beginning of a process of linguistic globalization may feel reassured by how languages influence each other in Sapir's assessment: "Language is probably the most self-contained, the most massively resistant of all social phenomena".

P. N.: As you say, when Sapir talks about language, he is talking about speaking and this medical terminology is words rather than thinking. In that sense, speech facilitates communication.

D. S.: Anyway, let's focus on your own work. I would like to limit the scope of this interview to medical translation. In your *Textbook of Translation*, you organize language into academic, professional and popular. Do you feel these categories could be applied to the different challenges facing medical translators?

P. N.: Yes on the whole, the academic language sphere is the medical faculty professor using Greco-Latin terms as they are, while the general professional would use the standard English word. If you consult one of the major medical dictionaries, such as the *Dorlands*, you will find perhaps three different terms for each entry, starting with the Greco-Latin. An example of this level would be icterus as a term for jaundice. At the second level, terms like hepatitis. Then they tend to provide the popular term for illnesses such as "runs" for diarrhoea. So you could say that medical translators should know all three registers of terms (not always three but sometimes two), recognize the proper register for each situation, and feel confident about when to employ the different terms or expressions.

D. S.: Regarding the latter point, my final-year translation students often struggle to distinguish between the "formal terms used by experts" you describe in your *Textbook* (p. 153) and other registers. Communication between surgeons obviously differs from the way surgeons communicate with nurses and patients. Would you like to comment on this point? Also how do you feel about medical staff using languages that the patient does not understand to keep from causing undo worry?

P. N.: When medical personnel use difficult language to keep information from a patient, we refer to this process as "blinding with science". Doctors don't want to worry their patients but it would worry me even more to hear mumbo jumbo.

D. S.: In one of your more recent essays, you quote the Russian theorist Kornei Chukovsky that "translation is concerned not with words nor sense, but with impressions". Does this have any application in the field of medical translation?

P. N.: I don't think this is particularly germane to medical translation. A good translator should have a good feel for how a medical prescription should sound, how an experiment report should read. In many cases the theory of Chukovsky doesn't apply. I think if this quotation does apply overall, it is in the general feeling rather than one specific area. There might be some overt general impression. For example, the uses of the terms *hazard* or *risk*—is this favourable or unfavourable? Hazard is "riskier" than risk, if we use the semantic differential which states that *poison* is unfavourable and *honey* is favourable.

D. S.: You have also written in *The Linguist* (reproduced in *Paragraphs on Translation*, p. 159) that "translation is not merely a dualistic process. It has to take account of five medial factors: ethics, reality, logic, 'pure language' and aesthetics, of which only aesthetics is not exclusively universal". Could you relate medical translation to this quote?

P. N.: This is the easiest to answer of all your questions. I can easily relate medicine to all these concepts. First, ethics is particularly important in medical translation—not only that you translate the text accurately but also you have to ensure that you do not injure or kill the patient. This is more important than the author or the reader. If the author gives instructions that are unethical, the translator must have sufficient knowledge to warn the reader, or to correct the situation. All translators need to be temporary experts in the sense they must have access to experts or check the medical aspect of the translation.

As regards reality, this means what is happening—not the language but what the language is describing. Medical translators have to visualize what is happening. They need to ensure that this is realistic. The point about logic is that the text is causally and temporally logical, or sequentially so that if you get words like "therefore" and "then" they have to be appropriate to what is happening.

Aesthetics in medical translation means that your text is agreeably written. By that I mean, clear, concise and sounds nice. It mustn't be over-heavy, it should read as well as it sounds. It would be nice if it were written in an attractive way.

The language of thought means that a word is missing in the source language but you find an expression in the target language. All language has gaps but our thoughts do not have these same gaps. In German there is a common expression that literally means "I wish you a happy hand", but you would generally render the expression as "I wish you luck", which perhaps suggests "I hope your turn is coming".

D. S.: Now that you have mentioned the German language, how do you think closer European links will affect the future of medical translation?

P. N.: Basically, English will be used as a lingua franca and medical translation will disappear (laughs). Of course, that's meant to be a joke. But it is likely that 80%–90% of medical literature (in Europe) will soon be exclusively published in English.

D. S.: And the English that is used may be quite different from what native English speakers write or at least speak, as Sapir might observe were he alive today.

P. N.: I quite agree; it will be international English. Nevertheless, it will be a form of English.

D. S.: As a technical and scientific translation instructor I am often asked who is better qualified to translate medical documentation, the medical professional who is interested in translation or the translator who wishes to specialize in translation. What would your opinion be on this subject?

P. N.: The person who is a doctor would produce a better result. She would make sure the text makes sense, then a non-specialist could touch up the work. Generally I prefer the doctor but of course we are talking in generalizations. If a doctor is a natural linguist, then she might produce a good translation. By that I mean she would be a person with an intuitive gift for writing and composing. But colloquial language, being full of metaphor, tends to skip over details and that might be a disaster.

D. S.: Many translation teachers recommend a graduate course in translation which would build on a four-year undergraduate programme of scientific or technical skills. In other words, take advantage of the technical expertise and then develop the translation skills at graduate level. Do you agree?

P. N.: The obvious four-year degree would be in chemistry or biology if it was something with some relevance to medicine; in theory that might be a good idea. The problem is this is too theoretical. Would they have any language background? The graduate in chemistry or biology would have to have a background in at least two or three languages. The University of Bradford (UK) has offered a graduate programme with these features.

D. S.: Others feel that a team effort linking medical personnel and translators would enhance this type of work by ensuring excellence in documentation. This would seem crucial given the increasingly specialized nature of modern medicine. A brain surgeon might not be a useful source for translating a case report on skin grafts, for example.

P. N.: The translator would be placed as a *stagiaire* or intern, to use the American expression, with the medical staff. A one-year postgraduate course might be required beforehand. This period would be imbedded in this course but could lead to permanent employment, one would hope.

D. S.: Thank you very much for sharing these thoughts with the readers of *Panace@*.

P. N.: Not at all, I have enjoyed discussing these matters.

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Bibliography for Peter Newmark

This listing is not comprehensive but should provide readers with a starting point. In addition to conference papers, courses and workshops presented all over the world, Newmark has also contributed to a number of festschriften, or collections of learned articles or essays as a tribute to scholars and colleagues.

Approaches to translation. Oxford: Pergamon Press, 1981.

A textbook of translation. New York: Prentice Hall, 1988. [Spanish version translated by Virgilio Moya: *Manual de traducción*. Madrid: Cátedra, 1992.]

About translation. Clevedon (Avon, UK): Multilingual Matters, 1991.

Paragraphs on translation. Clevedon: Multilingual Matters, 1993.

More paragraphs on translation. Clevedon: Multilingual Matters, 1998.

Also: Anderman G, Rogers M, eds. *Word, text, translation: liber amicorum for Peter Newmark*. Clevedon: Multilingual Matters, 1999.