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WRITING A FRENCH-GREEK
MEDICAL DICTIONARY: BETWEEN PRACTICE AND THEORY, A
GP’S’ PERSPECTIVE

Introduction

Dictionaries are quite misunderstood: they seem lifeless and yet they interact with their environment; they seem objective and yet made of more or less clear choices.

Considering present French-Greek medical dictionaries, it appeared interesting to analyse them from a lexicologic point of view, to present some lexicographical bases and explain choices in our French-Greek medical glossary written for a MD thesis in France1 (“thèse d’exercice”).

Technical and historical background: some clues before getting started

Lexicology –the study of dictionaries and words in them– is a recent field of research2; lexicography is its practical counterpart.

The term “corpus” refers to a series of written or oral documents that form a data base for linguistic purpose3. Present corpora are computer-based and are used to check words in their context or give an objective idea of a word’s frequency.

A “dictionary” refers to a list of words with didactic purpose while a “glossary” is shorter and more specialized4,5. Dictionaries may be unilingual or bilingual; bilingual dictionaries translate words from language 1 (L1 or source) into language 2 (L2 or target) and vice versa.

The first known dictionaries were developed in Mesopotamia 3000 years B.C. and consisted of words associated with explanatory, grammatical and encyclopaedic information6. In ancient Greece, early dictionaries were also unilingual and referred to Greek dialects or earlier Greek versus koine, the popular supra-regional post-Classical Greek; these diachronic dictionaries helped in understanding Homer or Hippocrates. Bilingual Greek dictionaries appeared secondarily in Roman and Christian period. In West European Middle Age the predominance of Latin over developing European languages was a great stimulant to bilingual dictionaries.

French-Greek medical dictionaries: present state

There are basically three French-Greek (L1-L2) medical dictionaries (Ouzounis, 1957; Kavagias, 2001; Manuila, 2004)7,8,9. On the other hand, one can find numerous English-Greek (L1↔L2) dictionaries, as well as German-Greek or Bulgarian/ Romanian-Greek ones.

One can notice as a first remark that most of existing bilingual medical dictionaries are usually of L1-Greek type. Focusing on the comprehension of the source language, they do not help expressing oneself in a foreign language10. In some ways, by translating and frequently giving a periphrasis, Ouzounis helps avoiding mistranslation; when the user knows the foreign word, he can easily check if it is the right one. This confirms Ouzounis’ aim which is to help a
Greek speaking user to be at ease with French bibliography\textsuperscript{7}. Kavagias’ point of view is quite similar\textsuperscript{8}.

Secondly, there are crucial differences between unilingual and bilingual lexicography\textsuperscript{10}; in the former defining terms is more important than giving equivalents (or translation, of course). What is more, its target public has a kind of feeling about the right synonym to use depending on the context, for example “belly” versus “abdomen”\textsuperscript{11}.

In bilingual dictionaries, especially when it comes to medicine, users know the meaning but not the right foreign term. It has been shown that not all terms that have been selected for a unilingual dictionary are well suited for a bilingual one\textsuperscript{10}. Therefore the result of translating a unilingual dictionary, transforming it into a bilingual one is not coherent. As an example, the Masson medical dictionary\textsuperscript{9} is a translation of a well-known French medical dictionary constructed to help communication between different medical and paramedical French-speaking teams as it is defined in its French preface. Transforming it into a French-Greek dictionary gives useful clues but does not reply to specific translational points such as preferred synonyms (“hypophysaire” or “pituitaire” in French).

Additionally, dictionaries need to be updated, particularly in evolving scientific fields such as medicine\textsuperscript{10}. New terms have to be included whereas obsolete words have to be removed unless they are of historical importance. Concerning Greek language, there is a specific point about the evolution in use of katharevousa (close to ancient Greek) or demotiki (contemporary popular Greek). While everyday language seldom uses katharevousa, medical terms often keep an almost hippocratic form; this point is of interest for persons willing to express themselves in Greek.

Finally, the existing French-Greek dictionaries lack, in different proportions, information about everyday terms in health domains or pronunciation (Manuila has). Furthermore, some typographic errors or lack of accents obliges the reader to check the spelling in unilingual dictionaries.

These remarks combined to a growing interest in lexicography and Greek terminology\textsuperscript{12} led to work on a French-Greek dictionary that would assimilate the huge work provided in the existing dictionaries and introduce a lexicological analysis.

**Defining a lexicographical project**

The target group that might be interested in a French-Greek medical dictionary is rather a Greek medical community aiming at comprehension. A Greek-French part could be useful to Greek language speakers in order to express themselves with a French patient or during Erasmus student exchanges. In some cases, French medical language could be an intermediate language between scientists from different countries.

In medical terminology, Greek speakers have the advantage of easily understanding French terms of Greek origin. They are also familiar with English terminology. This characteristic is important in including words in the dictionary in an intelligent way, insisting on some false friends or proper nouns\textsuperscript{11,13,14}.

The editorial team has also to define the size and precision level of the dictionary. The range of medical subjects is quite extended; there is no doubt that GP’s translating needs are quite different from those of a neurosurgeon.

Let us now consider the structure of a dictionary.

The first point to be under consideration is the media that shall be used, i.e. paper or digital form. Although paper version cannot evolve after printing (layout, number of words and typography are definitive), a pocket-size dictionary can be practical, as it is handy and cheap. On the other hand a dematerialized version represents the future of dictionaries\textsuperscript{15}. It can be used on smart phones, evolve via internet, connect with translation websites and reach a bigger audience.

The second point to examine is the inside general presentation or macrostructure of the dictionary\textsuperscript{11,16}. Bilingual dictionaries usually have alphabetical order, which is satisfying for comprehension matters. Their complexity level may vary from whether they only translate term by term or cross-refer to other terms in the dictionary. It is however possible to use other
classifications. A theme based, illustrative or tabular form can be more helpful when expressing oneself.

Third point is the microstructure \cite{16,17} which means what information is included after the entry word (headword): grammar, phonetics, translation, cross-references, examples \cite{18}, fixed expressions… The writer needs to conclude in what order information will be given, whether he must explain or translate or both. There is no standard response. The best way to proceed is to focus on the public, to understand its needs \cite{19} and refer to corpora as we will see further on.

Last but not least, some fundamental points of modern lexicography such as corpus-based work \cite{20} have to be considered. As previously mentioned, a corpus is a series of texts that form a linguistic data base; a medical corpus, for instance, could be the sum of all articles published in Lancet journal from 1990 to 2000. Many questions arise when creating the corpus \cite{21}:

- Are texts freely accessible?
- Is the corpus sufficient?
- Is the corpus representative of interesting words for the users?
- Is it the right corpus to be used?
- What tools can be used to explore such a resource?

At the end of this preliminary analysis and work, a reasonable corpus can be built. One that will give information about frequency of single words, of useful combinations (“intercostal neuralgia”) and about syntactic structures (“to take the temperature of”). Corpus, thus, helps defining a complete and rigorous list of words.

However, no corpus is able to produce a dictionary of its own. Personal judgment remains essential to filling some gaps \cite{20,22}. Including every possible word is not a guarantee for quality \cite{11,23}. Indeed, balanced technique should be “corpus based, but not corpus bound” which seems to fit completely medical lexicography.

**Applying theory to a new French-Greek glossary**

It was decided to address to Greek speaking physicians focusing on a GP’s point of view. We assumed that ultraspecialized terminology would not be relevant firstly because it would not be frequently used and secondly because the English term is often used both in French and Greek in such cases.

Concerning the structure, paper version was chosen and some phonetics, fixed expressions and abbreviations were included. Due to a lack of time, a theme-based French-Greek macrostructure was first made in order to help both in expression and comprehension and to make up for the absence of a Greek-French part. However, terms were redundant and difficult to find. For example a word such as “inconscient” meaning unconscious, subconscious could be found either in psychiatry or neurology. In the end, an alphabetical macrostructure appeared to be the obvious solution.

Access to Greek or French corpora was not possible during working out either because such corpora did not exist or because they were not accessible. The list of words was constructed by searching in medical books that were meant for house doctor level. Every word was examined in its context before inclusion. Taking under consideration the target group, some French medical terms of Greek origin were excluded. A particular issue concerned anatomy where different terminologies may be found in French texts: Nomina Anatomica, frenchified Nomina Anatomica or classical French terminology. Differences may also occur between French (even medical) spoken in France, Canada, Belgium, etc… In the end, French spoken in France and Nomina Anatomica were usually indicated in the glossary, adding classic French anatomical terminology when preferred.

**Limits and perspectives**

This project was started with a lot of enthusiasm, using practical medical knowledge. During this effort, a small lexicographical experience led to some changes of initial choices. The French-
Greek glossary was positively received despite its deficiencies. At present, changes are made in order to add new headwords, more syntactic information, examples and phonetics. A Greek-French part is under construction using acquired experience.

The remarks concerning the existing French-Greek medical dictionaries may appear rude. One can impute them to some hot-headed amateurism. Nevertheless, in a context of multicultural exchanges, international conferences, European training courses there is a huge need for terminology and corpora development, substratum for better, totally new French-Greek dictionaries.12,24,25,26

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