

STANDARDIZATION OF TERMINOLOGY

AND ITS RELATION TO LANGUAGE STAFF AND OTHER USERS*

In most nongovernmental organizations terminology is but one of many fields in which standardizing activity is carried out. Standardization of terminology is also undertaken in many intergovernmental organizations, although not usually by the terminology service: in these organizations, terminology is usually thought of only as a "translation tool", the main duty of the terminology service being to provide translators with equivalents of obscure or difficult terms. It is our view that this latter situation is at best undesirable; it is based on a misconception of the meaning of terminology, does not utilize the skill of the terminologist to best advantage, and can result in the waste of resources. At worst, the system can create barriers to communication.

The word "communication" is much in vogue these days, so much so that--as with many other "in" words--its constant repetition has a tendency to make it meaningless. Numerous "official" definitions have been published, but for the purposes of this paper none of them is very satisfactory. For our purposes, the informal definition of G. M. Young seems by far the best: communication is "to get an idea as exactly as possible out of one mind into another" (1).

The transfer of ideas from one mind to another--never an easy task--is becoming increasingly difficult. Many factors are responsible: to name a few, the enormous increase in scientific and technological knowledge in recent decades, with the result that any one person can master only the narrowest field of specialization; as a perhaps inevitable accompaniment to this "explosion" of knowledge, the widespread introduction of neologisms to describe new concepts (often in a completely haphazard manner, with no attention to proper linguistic or terminological principles); and, by no means of least importance, a general decline in standards of education and in literacy throughout the world.

* Contribution from the Technical Terminology Service and the Office of Language Services, World Health Organization.

(1) G.M. Young, cited by Sir Ernest Gowers in The complete plain words (London, HMSO, 1954).

Under these circumstances, the unambiguous transfer of ideas makes ever-increasing demands on all linguistic staff--editors, terminologists, translators, and interpreters. Above all, it necessitates an invariable association between a given concept and the term that is used to describe it. That is, concept X should always be referred to by means of term x, and not by means of term a, v, or q. The converse is not necessarily true: term x need not always refer to concept X, and there are many terms that have different meanings in different contexts. Within a given context, however, term x should always refer to concept X. This is what we mean by standardized terminology: a permanent and invariable association between a concept and the term used to describe it that has been agreed on not only by linguistic experts but--of much greater importance--by experts in the discipline that is concerned.

The primary duty of the working terminologist (as distinct from the academic or theoretical terminologist) is to assist the communication process by providing standardized terminology for use by all those engaged in that process. The provision of standardized terminology may involve either making available what has been standardized by others or engaging in the process of standardization itself, where this has not already been carried out. (In the absence of standardized terminology, of course, it is also the duty of the terminology service to provide the terms that it considers the most correct for a given need, but that is not the subject of this paper.)

In recent years the WHO Terminology Service has concentrated on providing, principally for the use of editors, standardized terminology recommended by the international scientific unions, and on undertaking the standardization of health-related terminology. The principal reason for the first of these functions is the desire that WHO publications should, as far as possible, use internationally recommended terminology in the interest of facilitating communication. To this end, editors are expected to delete deprecated terms and abbreviations from manuscripts and replace them with the internationally recommended terms. Although this is done to facilitate understanding by readers of the publication, it has an important by-product for the translator: when he receives the text for translation, the great majority of the terminological problems have already been solved, and his task becomes one of translating standard terms. (The translators of course receive many documents that do not pass through the hands of the editors, but the vast majority of publications are edited before they reach the translation service.)

The sources of standardized terminology used by the WHO Terminology Service may be roughly classified, in order of decreasing use, as follows.

- A Recommendations of the international scientific unions
These are unquestionably the most authoritative of all the available recommendations, and on our CF (code de fiabilité) scale they automatically rate code 5, the highest.
- B Recommendations of international professional associations
- C Recommendations of international standards bodies
- D Recommendations of national scientific and professional bodies
- E Recommendations of national standards bodies
Sources B to E vary greatly in quality, and their CF rating may vary from 5 to 0. In theory, categories B and C should be highly authoritative, but in practice this is not always true, and with the

exception of certain well defined subject fields they are rarely as authoritative as category A. The national recommendations are often of better quality than the international ones. In assigning a CF rating to these recommendations a great deal of judgement, based on knowledge of the subject field and of the recommending organization, must be exercised.

Such recommendations are the most important source of information not only for authors but also for terminologists and editors, and we attempt to maintain an up-to-date and complete file of all those of concern to WHO. From the point of view of most translation services, however (and certainly those of the United Nations system), they have the disadvantage that the great majority are issued either in English only or in English and French only. Some include other languages, and versions in additional languages are often published separately by national member bodies of international organizations. Only very rarely, however, will versions in all the official languages used in the United Nations system be available. There are, furthermore, many fields in which no recommendations at all have yet been made.

The second principal function of the WHO Terminology Service is to standardize health-related terminology where such standardized terminology does not already exist. In this area, one of our most important projects is the International Nomenclature of Diseases (being undertaken as a joint project of WHO and the Council for International Organizations of Medical Sciences). The object of this programme is to reduce the present confused state of disease nomenclature (with up to 60 different names being used for certain diseases) by the recommendation of a single standardized name for every disease. This project is of such vast dimensions that it is possible to undertake it in only one language, English; but as each volume is completed in that language, adaptations in other languages are undertaken by national groups. The ultimate aim is a multilingual version.

With respect to health-related terminology other than disease nomenclature our work is multilingual, but again it is primarily a process of standardization. A brief description of the way in which it is undertaken in WHO may be of interest.

Following consultation with the editorial and translation services, a list of priorities--subjects that occur with the greatest frequency or that cause the greatest difficulty--is drawn up. The first step in preparing standardized terminology in one of these fields is always a search of all authoritative recommendations that have any bearing on the subject. In addition, editors and translators are requested to provide lists of terms that have caused difficulty, and on the basis of these lists and the existing recommendations an outline terminology of the subject is prepared. This outline is then completed through consultation of authoritative textbooks and journals. (These are the two most authoritative sources of the terminology that is actually used in a given field; dictionaries and glossaries are usually unreliable in this respect and are seldom consulted at this stage.) In this way, a list of terms--usually in English--is established in a classified, logical sequence. (Lists are never prepared in alphabetic order; only through the use of a classified order can one ensure the absence of conflicts and the inclusion of all necessary terms.)

The next step is the preparation of definitions (if such definitions are not already available) of those terms that are known to cause difficulty. Such difficulty may arise either in the "original" language, usually English (owing to differing interpretations), or in other languages (owing to the difficulty of finding true equivalents). On the basis of these definitions, the insertion of equivalent terms in other languages--usually only French and Spanish at this stage--is started. As far as possible this is done through the use of "in-house

expertise". In WHO we are fortunate in that, for the majority of health-related subjects, experts in the subject who are of French or Spanish mother tongue are usually available. All this work is carried out jointly with the WHO division or unit that is responsible for the subject field of the vocabulary in question.

When the list is complete, it is sent as a draft for comment to experts on the subject in English-, French-, and Spanish-speaking countries. It is also sent for comment to any international organizations whose interests may be involved (for example, a draft terminology of milk hygiene would be sent to, inter alia, the International Dairy Federation and the International Committee on Microbiological Specifications for Foods). When all comments have been received the draft is revised accordingly, the revised version being returned to the same experts for review. Finally, when a consensus is achieved, the terminology is considered to be standardized and it is made available for use by all staff members (not merely linguistic staff). A similar process is subsequently followed with respect to equivalent terms in languages other than English, French, and Spanish.

From the very beginning of this process, all work is done on electronic text-processing equipment. This greatly simplifies the task, especially by the elimination of constant retyping and correction of drafts. The final, standardized terminology is maintained on magnetic disk for permanent reference and revision as necessary. No such vocabulary is ever regarded as final; additional terms are continually added (with, where necessary, a notation to the effect that they are not yet standardized). Printouts of these vocabularies are periodically made available to linguistic staff (translators, editors, and interpreters) and other staff members are informed of their existence; staff members can also, if they wish, arrange to consult the material via a text-processing VDU. In certain cases, arrangements can be made to make duplicate magnetic disks available; and we hope, by the use of this system, to strengthen collaboration on terminology between WHO's six regional offices, which have compatible equipment, and the Technical Terminology Service at headquarters in Geneva.

It may be of interest to add that this material is recorded in such a way as to make it suitable for future insertion into a computer term bank. Every term is given a unique identification number, a subject code, and a reliability code. Where appropriate, codes are also inserted to indicate the type of term, the author of the entry, and the date.

As a result of this work, WHO is slowly but steadily building up what amounts to a bank of standardized multilingual terminology dealing with health and related fields. In health-related fields, a great many terms have been standardized by other organizations, such as the International Union of Biochemistry, the International Federation of Clinical Chemistry, and the International Electrotechnical Commission. These terms are added to our bank as occasion arises. For example, we are at present preparing a vocabulary on food and nutrition and another on radiation and health, and in doing so we are inserting terms and definitions standardized by the organizations mentioned above, and others, together with references to the sources. These terms and definitions do not undergo further enquiry by us, since they are already standardized. However, as noted previously, a number of languages used in the United Nations system are usually lacking in standards or recommendations prepared by other bodies. In such cases we suggest, in consultation with experts whose mother-tongue is the language concerned, equivalent terms in those languages. These proposed equivalents are subjected to the consultation process described previously before we regard them as being standardized. (However, even after consultation and standardization, they are never given the code de fiabilité rating of 5 that is assigned to the term(s), usually only English and/or French, recommended by the other organization.)

Translators in WHO are encouraged to draw up lists of equivalent terms in different languages for the technical concepts encountered in their work and such lists can obviously provide a useful basis for future glossaries, but only after they have been subjected to the consultation procedure already outlined. Nor does WHO consider terminology that has been extracted from translated material to be reliable if it has not undergone this procedure. Any other policy may lead to the development of a technical vocabulary peculiar to the agency concerned and different from that used by experts outside the agency, thus creating a barrier to the very communication which it is our purpose to promote.

It should not be thought that all the vocabularies built up in the way described on the preceding pages merely remain stored on magnetic disk; they are continually used in WHO publications, and some are issued as publications in their own right. A number of standardized vocabularies issued by WHO over the past 20 years or more have now become widely accepted and used throughout the world. Widespread acceptance and use by authors and speakers does not, of course, come about overnight: it is a long-term goal, but it is unquestionably the most important goal of terminology. Only when standardized terminology is so used will the task of the editor, the translator, and the interpreter be eased, and the transfer of ideas from one mind to another be simplified.