

Language International

The business resource
for a multilingual age

December 2000

www.language-international.com

Vol. 12 No. 6



It's a Small World

An inside look at translation and interpretation at the United Nations.

page 12

Going Dutch

A case study on how the *Merck Manual* was localized for the Netherlands.

page 17

An Arabic Revolution

The Web is changing the face of one of world's major languages.

page 26

Translation Memory Metrics

A checklist to help evaluate the right tool to manage your company's terminology.

page 36

Language Death

A new book sounds a warning on the world's endangered languages.

page 42

Uncharted Territory

A brave new world of translation on the Web—is it worth the trip?



Merck Manual Gets Dutch Makeover

by Simon Andriesen

Last August our firm, MediLingua Medical Translations, which is based in the Netherlands, delivered the print-ready files in Dutch of the home edition of the prestigious *Merck Manual of Medical Information*. This completed a large and complex translation project that, over a period of one year, has involved some 50 language professionals.

Even for a specialized medical-translation services provider such as us, this project was special. First, it required a large amount of text to be translated. Medical translation projects are not usually as large as this one. The largest projects we have undertaken prior to this were under 500,000 words. Around 90 percent of our projects are between a few hundred and 100,000 words of source text. Second, apart from just being large, it was also complex, covering the complete spectrum of medical specializations. And, on top of that, the content of the book needed to be adapted to reflect current medical practice in the Netherlands and be understandable to both doctors and the general public.

The Merck Manual has a total volume of around 800,000 words, and counts just over 1,500 pages, including a 105 page index with 11,000 different entries. The book has 287 chapters, grouped into 24 thematically ordered sections (such as Heart, Lungs, Brain, Digestive, Infections). The initial translation was done by a team of 11 experienced medical translators.

Project Scope

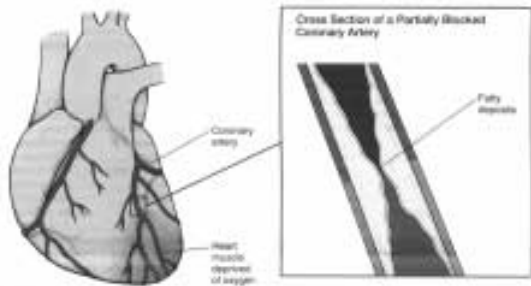
To set the scene and give you an idea of the scope of the project, here are some of the figures involved. The *Merck Manual* has a total volume of around 800,000 words, and counts just over 1,500 pages, including a 105 page index with 11,000 different entries. The book has 287 chapters, grouped into 24 thematically ordered sections (such as Heart, Lungs, Brain, Digestive, Infections). Three separate sections discuss health issues specific to women, men, and children, respectively. Five appendices discuss legal issues, weights and measures, common medical tests, trade names vs. generic names of drugs, and resources for help and information.

Multidisciplinary Team

Over 50 people were involved in the project. The initial translation was done by a team of 11 experienced medical translators. Bringing the translation to the level of print-ready files required the skills of three text editors, one medical editor, three proofreaders, two DTP specialists,

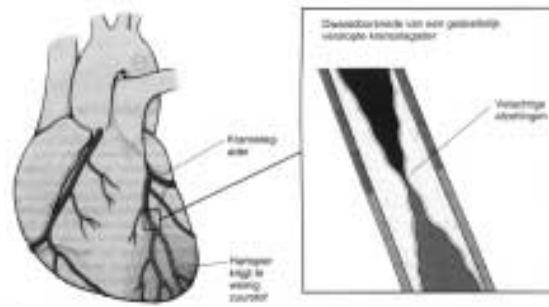
Fatty Deposits in a Coronary Artery

As fatty deposits accumulate in a coronary artery, blood flow is reduced and the heart muscle is deprived of oxygen.



Vetachtige afzettingen in een kransslagader

Als zacht, vetachtige stoffen ophopen in een kransslagader wordt de doorbloeding af en krijgt de hartspier te weinig zuurstof.



one project manager, and around 10 physicians whom we could consult when necessary.

Our customer was Bohn Stafleu van Loghum, the major medical publishing house in the Netherlands. They hired a total of 34 medical specialists, working in university clinics and hospitals across the Netherlands, to check our work and to make sure the book described local medical practice. The project leader for the publisher was a professional linguist with a large amount of translation and editing experience, and who therefore understood the complexities of the project. He provided plenty of support, including an extensive set of stylistic guidelines. He was also the point of contact between us and the medical specialists; he managed to balance their wishes against the economics and timelines of the project, and kept all parties focused on the target of producing a high-quality book.

The Process

It all sounds so simple: translation, editing, customer checking, DTP, ready! In real life things are never quite as simple. First, a project this size requires a lot of preparation. Our task was to convert 24 unformatted text files in English into print-ready PostScript files resembling the hard copy of the English version we received. With a team of 11 medical translators assigned to the translation part and dozens of others involved in the rest of the process, every item of up-front preparation (terminology, style guidelines) saves time and potential frustration at later stages. Also, with over 1,500 pages of DTP work to be done (in FrameMaker), we did as much preparation as possible by tagging the styles. Each of the *translators* took care of either one large section or several smaller sections. Where relevant, they suggested adaptations for us to implement in the text or to discuss with the publisher. As

soon as a section was translated, the text was read by one of our *text editors* who made sure that everything had been translated and that terminological and stylistic guidelines had been followed. Terminology inconsistencies are obviously a lot easier to fix than stylistic differences, no matter how many style rules you define. The text editing phase took around 500 hours (or around 1,500 words per hour). The next step was *medical editing*. Our “editor-in-chief,” Dr. Yvonne de Klerk, scrutinized the translations for medical accuracy and adapted the text to bring it in line with current medical practice in the Netherlands. This phase took around 800 hours (or 1,000 words per hour). After a final layout check, the section was sent to the publisher who did his own spot-check. We subsequently processed his remarks and the final version was then sent to the *medical specialist* hired by the publisher.

Most of the specialist proofreaders did a good job; they suggested different word-

ings here and there and, as experts in their respective fields, made sure the text reflected local practice. However, as everybody in translation knows, there are always validators who prefer to rewrite the whole thing, and this project was no different! With the support of the publisher’s project leader, we managed to find a balance between improving the book, localizing it for the Netherlands, and still have it cover the contents of the original version. All expert-suggested changes were evaluated by the publisher and the majority of them were included in the final version.

As each section became ready, a *linguistic analysis* was performed, which involved the generation of a list of words with minimal differences. This list, with pairs or triplets of words that were spelled slightly differently, made it easier to identify a typo not caught by the spellchecker, or the inconsistent use of Latin vs. Dutch spelling of medical terms. Also, a global word list was generated, listing all unique words occurring in the completed sections. Just looking at the list, spell-checking it, and matching it with a list of non-words (ones that should not have been used), helped a great deal in catching errors and preventing unwanted terms from slipping through. Once everyone was satisfied with the text of a section, we translated the index entries and entered the index markers in the text, to facilitate the automatic generation of the huge index.

The next step was *page formatting*. As *Language International* is primarily concerned with language, I will be happy to cut a long and dreadful story short and save you the details. The bottom line is that two experienced DTP specialists spent a total of 780 hours on the DTP phase (more than 30 minutes per page). Part of this was caused by authors’ corrections that were introduced well into the DTP phase. However, the majority of the time was spent in putting the book into the right

Our customer was Bohn Stafleu van Loghum, the major medical publishing house in the Netherlands. They hired a total of 34 medical specialists, working in university clinics and hospitals across the Netherlands, to check our work and to make sure the book described local medical practice.

format. At the start, it didn't look so difficult: each 500-word page just had a running header, a page number, a handful of references, an illustration or special text frame, and a few color elements. I am ready to admit that somehow we underestimated this part of the work, as many translation companies do.

During the DTP phase, proofs were checked the moment they came from the printer. After our proofreaders and DTP specialists were satisfied, final proofs of a completed section were presented to the publisher to check content and layout, and to eventually sign off on them. Final files were subsequently converted to color-separated PostScript files, printed out, and carefully checked. Eventually these files found their way to the printing house in Slovenia, marking the end of our part of this project.

Tools and Technology

Given the low rate of repetitions in the book, we decided not to use a translation-memory tool. However, should a new version need to be translated, we will certainly use Trados WinAlign to convert the English and Dutch versions into a translation memory. Standard headings that appeared in all chapters (such as Symptoms, Diagnosis, Treatment, Prognosis) were pretranslated in the English files to ensure consistency. During the project, new terms were added to the glossary and distributed to all translators weekly. The translation was done using Microsoft Word. We also used the *Pinkhof Medische Spellingcontrole* by Bohn Stafleu van Loghum, an excellent Dutch medical spellchecker, which works on top of the MS Word spellchecker. The corpus analysis, which produced the word list (pairs and triplets of words), was done using WordSmith tools. For the page formatting work we selected FrameMaker.

On the whole, the project brought many challenges, and for some a number of late nights. However, seeing the quality of the final product left us feeling highly satisfied with the result. We are pleased to have been involved in producing this lasting contribution to the Dutch-speaking medical sector and to the general public.

Simon Andriessen is managing director of MediLingua Medical Translations, one of Europe's few specialized medical translation firms, based in the Netherlands. For more information contact: simon@medilingua.com

Localization

The *Merck Manual* had to be adapted to reflect medical practice in the Netherlands. This was necessary, as there are differences between the US, for which market the book was originally written, and the Netherlands.

A few examples follow.

- Certain drugs are not available in the Netherlands, and other drugs vary in strength and usage. Drugs that are sold over-the-counter in the US, are often prescription-only in the Netherlands. US physicians prescribe antibiotics much more often than in the Netherlands.
- Certain disease therapies are different.
- Laboratory values had to be adapted; first, the representation of these values differs (mg/dl in the US vs. mmol/l in most European countries). Apart from that, the normal values sometimes differ: the minimum cholesterol level, for example, that would trigger US physicians to start prescribing medication is still within the normal range in Europe.
- In the Netherlands the practice of palliative end-of-life care and euthanasia differs from the US.
- Recent medical discoveries (the US version was written in 1996) were taken into account and additional text on repetitive strain injury (RSI) was added.
- Based on statistical data specific to people in the Netherlands, we adjusted the five-year survival rates for cancer patients as well as growth curves for newborns and persons under 21.
- We found a handful of errors in the US book, which we subsequently corrected.
- We removed references to Hispanic, African American, and Native American population groups.
- Initially we thought we also needed to remove all references to Rocky Mountain Spotted Fever and to poisonous insects living only on the left bank of the Mississippi river, to name a few examples, but decided to leave them in for the sake of travelers.

Issues such as these turned the project into a true localization challenge, especially as the client was concerned about the translation process affecting the quality of the text. Each of these changes was marked in the text along with an explanation for validator approval.