

Caduceus

A PUBLICATION OF THE MEDICAL DIVISION OF THE AMERICAN TRANSLATORS ASSOCIATION

SUMMER 2007

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QUANTUM

SUCCESS

2007

MEDICAL DIVISION CONFERENCE

Summer 2007



Caduceus is a quarterly publication of the Medical Division of the American Translators Association, a non-profit organization dedicated to promoting the recognition of translating and interpreting as professions.

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- This issue of *Caduceus* is very special. It contains highlights of the Medical Division's inaugural mid-year conference, which by all accounts was a resounding success. *Caduceus* joins in the round of applause for Esther Diaz and Jill Sommer who organized the proceedings. We thank all the presenters who delivered an excellent program and express our best wishes for all those in attendance at our first professional event.
- Julie Begona has written for us a very nice summary of the Conference proceedings. You will also see the comments offered by those who attended the conference.
- Readers will note that the German language appears prominently in this issue. Maria Rosdolsky, a well known contributor to *Caduceus*, has provided us her glossaries on the neurological examination and clinical trials which were part of her presentations at the mid-year conference. Please note that Maria also provided a Neurological Examination English - German Glossary which appeared in our Spring 2007 issue. Also, Dr. William McAninch, a retired physician, joins us for the first time with a basic introduction to the field of Hematology, his specialty field, that contains a short English - German glossary.
- Conference presenter Eva Ristl, who spoke about "the unspeakable" - psychoanalysis and psychotherapy research - at the conference has provided a companion Book Review of *Practical Psychoanalysis for Therapists and Patients* by Owen Renik.
- You will also find glossaries in English - Spanish by our Medical Division Acting Administrator Esther Diaz.

**The ongoing series,
MANY FACES OF HEALTH CARE,
will continue in subsequent issues of *Caduceus*.**

Instructions to Authors

Submissions for publications must be sent electronically in Word format. Deadline for submissions for the Fall-Winter issue of *Caduceus*: 1 October, 2007.

Caduceus carefully reviews its content in order to eliminate any textual errors. Nevertheless, we apologize for any errors in grammar, punctuation, typography and the like which may inadvertently appear on our pages.

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by Julie Begona

From May 31 to June 2, 2007, the ATA Medical Division launched its inaugural Mid-Year Conference in Cleveland, Ohio at the InterContinental Hotel on the campus of the Cleveland Clinic. The conference provided two days of sessions for both medical translators and interpreters alike.

The Medical Division Mid-Year Conference began on the evening of May 31st with a welcome reception. Participants enjoyed the opportunity to make new acquaintances and renew old ones with their colleagues in the Medical Division. From pierogi and sausage (a nod to Cleveland's ethnic heritage) to chocolate fondue with strawberries and ladyfingers, everyone shared friendly conversation and the anticipation of the sessions to come.

On Friday, June 1st, the morning session was opened with a welcome by Esther Diaz and Jill Sommer and followed by an overview presented by Nora Bizri and Therese Agaibi of Global Patient Services at the Cleveland Clinic. The second part of the morning offered a general session with updates from Eric Roselli, M.D., on cardiovascular and thoracic surgery and a review of Diagnostic Imaging terminology presented by Scott Flamm, M.D., both of the Cleveland Clinic. The first day's afternoon provided a choice of sessions touching on topics of "Getting Started as a Medical Interpreter" with Esther Diaz and "How to Know if the Interpreter is Good?" with Natalya Mytareva. A panel discussion presented by members of CCIO -- Natasha Curtis, Alvaro De Cola, John Estill, Maria Laura Lenardon and Natalya Mytareva -- addressed the "Legal and Ethical Aspects of Medical Interpreting." The panel discussion broached topics relating to professional competence, standards of practice and the role of the interpreter. On Friday afternoon, Eva Ristl afforded insight into "Translating the Unspeakable in Psychoanalysis and Psychotherapy Research" as did Maria Rosdolsky with her presentation on "Clinical Trials." To conclude the day, Ana Echevarria and Sr. Linda Piccolantonio of

Mercy Medical Center discussed issues of "Breaking the Language Barrier" and Natasha Curtis offered tips and insight on how to maximize "Terminology Research Techniques" while using the Internet. Friday concluded with participants heading out for dinner. Some headed to Little Italy to enjoy the Murray Hill Art Walk, while others sampled other local restaurants suggested by Jill Sommer in a 6-page handout.

Saturday featured Holly Mikkelsen as the keynote speaker for the conference. Ms. Mikkelsen spoke on the differences and similarities of translating and interpreting in her session, "Medical Interpreting and Translating: A Case of Dissociative Identity Disorder?" The second half of the morning featured Kamal R. Chémali, M.D. of the Cleveland Clinic, with an enlightening discourse on "The Disease and Treatment of the Central Nervous System." Dr. Chémali presented a general overview of CNS anatomy with accompanying commentary on disease and treatment. Following Dr. Chémali's presentation, there were breakout groups facilitated by Esther Diaz, Anne Chémali, and Maria Rosdolsky for Spanish, French, and German to address language specific issues in terminology when translating and interpreting neurological reports.

On Saturday afternoon, participants once again had the option of choosing which session to attend. Esther Diaz addressed "Broken Hearts: Congenital Heart Defects" and Holly Mikkelsen provided a three hour workshop to sharpen consecutive interpreting skills in her session on "Improve Your Consecutive Interpreting Skills." Ms. Mikkelsen began with an overview of consecutive interpreting and then led the group in a practicum in consecutive note taking. Each day provided an opportunity for participants to shop the Intrans Books display to add to their library of medical dictionaries.

While the Mid-Year Medical Division Conference formally concluded sessions on Saturday afternoon, Sunday morning featured a Certification Exam and a Mentoring Orientation Workshop for those interested. Both the exam and the workshop were well attended and prolonged the enthusiasm of the previous two days.

Overall and in every detail, the Medical Division Mid-Year Conference was a complete success. Kudos to the organizing committee; and a special acknowledgement to Esther Diaz and Jill Sommer.

While Jill, Esther, and committee members breathed a sigh of relief at the end of each day, the conference progressed seamlessly and without a hitch. The selection of the speakers and topics met with everyone's approval. As the conference participants departed from the hotel and headed to their respective destinations home, the lobby was still abuzz with talk of the conference and the exchange of e-mail addresses to continue the spirit of the camaraderie instilled by the Medical Division Mid-Year Conference.

IMPRESSIONS FROM ATTENDEES AT THE MEDICAL CONFERENCE

"Indeed, very educational conference with great speakers. Lots of good and useful handouts to take home. Thanks Jill and Maria for a well-organized and successful conference."

"I would like to congratulate Jill Sommer and Esther Diaz for a well organized Mid-Year Medical Conference from May 31st-June 3rd. From the welcoming reception (wonderful food, Jill!) to the sessions to the great people attending, I couldn't have asked for a better experience. I'm sorry I had to miss the trip to Little Italy on Saturday evening, but I'm sure everyone there had a great time."

"Two big thumbs up from me too! I think the general-interest informational sessions (e.g. the physicians' presentations) were well balanced with sessions about professional issues, and the translation/interpretation stuff likewise. Bravo to Jill and Esther for making it happen!! " "

"More thanks and more praise from me as well - it was a great mix of presentations, everything was wonderfully organized, the venue was fabulous. All in all a wonderful, very worthwhile experience."



by Esther Diaz



Assuming the leadership of ATA's Medical Division has been like starting a new business. You have all these great ideas for growing your business and you are full of energy and enthusiasm at your grand opening; but then comes the work of staffing, planning, organizing, budgeting, producing your product or services, and marketing them.

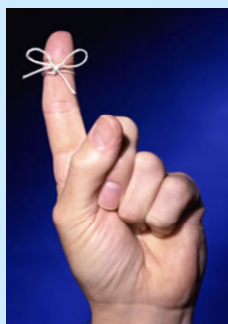
Our first Mid-Year Conference in Cleveland had all the energy of a grand opening, with colleagues meeting each other and talking about strengthening ties, sharing resources, and staying in touch. Our product (the conference sessions) was very well received. Now we need to find ways to continue to bring products like this to our customers (you, the members).

Our first order of business is staffing. We need to find an Administrator and Assistant Administrator who can commit the necessary time and energy to build the division. But two people alone can't do all the work. In this all-volunteer organization, we need everyone to lend a hand. As the third largest ATA division, we should have many hands. One of the tasks that need to be done is to create the Medical Division's website. We need someone to design it and others to contribute content such as glossaries and web links for the website. We have a great newsletter, which Dr. Rafael Rivera has agreed to continue editing. However, this too, requires your contributions of content. The listserv is a place where our members turn to each other for help with terminology. If you can help, please do so. Other tasks include presenting sessions at the ATA Annual Conference and organizing networking events.

If you are interested in joining this 'start-up business', there's a job waiting for you. Let's see what we can build together!

Esther Diaz is a medical translator and interpreter trainer based outside of Austin, Texas. She has been a member of ATA since 1983 and is ATA-certified for Spanish<>English translation. She is a Board Member of the National Council on Interpreting in Health Care as well as the Texas Association of Healthcare Interpreters and Translators, and a co-founder of the Austin Area Translators and Interpreters Association.

REMINDER TO MEDICAL DIVISION MEMBERS



The full color version of Caduceus is available for downloading once its publication is announced by HQ-ATA. It is divided in two parts for ease of receiving and downloading the electronic format. There is also a printed version that members can elect to receive by regular mail. This can be requested upon signing up at initial membership, or renewal of membership, at any time during the year by going to www.atanet.org/divisions/division_admin.php or by contacting Jamie Padula at Jamie@atanet.org. The printed version is limited to 20 or less black and white pages. Ed.

by James R. McAninch, M.D.

Hematopoiesis What can go Amiss?

We hear a lot about stem cells these days. Of course, not all forms of stem cell harvest and stem cell therapy are

controversial. In order to understand most blood diseases, it is important to understand the normal maturation process from the uncommitted myeloid (Precursor of various types of white cells as well as red cells and platelets) or the lymphoid stem cell. The above diagram does not tell the whole story of hematopoiesis and its regulation. In recent years, researchers have discovered the so-called growth factors (G-CSF, GM-CSF, etc) as well as many other phenomena such as signal transduction that are important in the regulation and production of the cells originating in the bone marrow and lymphatic system.

As a medical translator dealing with documents related to the hematopoietic system in health and disease, you will encounter certain terminology again and again. The German-language medical literature uses a lot of Anglicisms and Latin- or Greek-derived words that are very similar to those in English medical texts, but is also full of its own

terminology which may be challenging for a translator. For example, the term *Ausgangszelle* essentially refers to the cell of origin, or, more

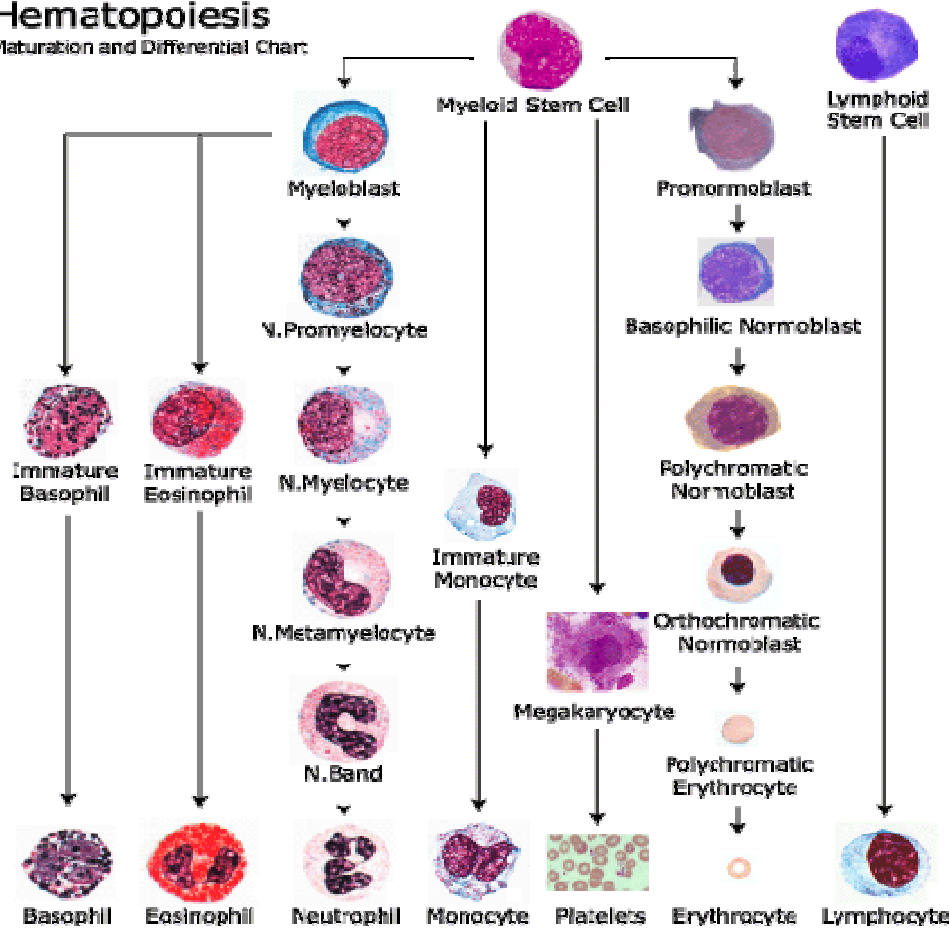
specifically, the type of cell of origin (B-lymphocyte, myeloid cell, etc). Literature that describes the disease state in the course of hematopoiesis will often include discussion of clonality or clonal proliferation (*klonale Vermehrung*) when the disorder is malignant in nature.

So where do we start? Let's assume that all of the cells in

our blood and lymphoid system got there by means of normal hematopoiesis. In that case, we should have normal red blood cell counts, normal white cell counts and a healthy immune system which is dependent on our lymphoid (B-cell, or marrow cell and T-cell, or thymic cell) system as well as infection-fighting myeloid (white) cells. We have read about the rich supply of hematopoietic stem cells in the umbilical cord. (*die Nabelschnur*). We have read about the destruction of T-lymphocytes and the associated failure of the immune system in AIDS. Perhaps we know of someone who had a cancer treatment that involved high doses of

Hematopoiesis

Maturation and Differential Chart



chemotherapy followed by an infusion of the patient's own pre-harvested hematopoietic stem cells.

What, then, can go wrong in the course of hematopoiesis? What varieties of failure or disorder of hematopoiesis are readily treatable and what kind are difficult to treat and usually malignant in nature?

When Hematopoiesis lacks “The Right Stuff”

When cell production takes place in an environment of iron deficiency, folic acid deficiency or vitamin B-12 deficiency, the entire hematopoietic process will be abnormal. Iron deficiency can be due to inadequate dietary iron or chronic bleeding from the digestive tract, or uncommonly, from malabsorption of iron. The red cells that are produced become small (microcytic) and pale (hypochromic) due to inadequate iron for synthesis of the “heme” part of hemoglobin. Folic acid deficiency is especially severe in some pregnant women who fail to take prenatal vitamins; the result is the production of oversized dysfunctional red cell and white cell precursors in the marrow. This is the so-called “megaloblastic” anemia. Vitamin B-12 deficiency causes the identical hematological picture but causes serious neurological problems as well. When B-12 is not properly absorbed due to lack of a substance called intrinsic factor, the condition known as pernicious anemia is present. All of these deficiency states, when properly diagnosed, are treatable.

When Hematopoiesis gets “Zapped”

The term, bone marrow suppression, is applied to situations in which a cancer drug, radiation therapy, or an adverse reaction to a drug can cause an arrest or severe inhibition of hematopoiesis. A wide variety of mechanisms are involved, but disruption of cell mitosis (cell division) in the marrow stem cells occurs in all cases.

What is meant by “Clonal” disorders of marrow function?

The term “clonal” might make us think of that famous sheep, “Dolly,” or an old movie called “The

Boys from Brazil” about cloning an evil dictator. Any marrow disorder that is clonal involves monotonous production of a single cell line and a failure of normal restraints on proliferation and programmed cell death. Clonal disorders are generally malignant. In fact, leukemias of all types involve clonality. The discovery of a trade-off of chromosomal parts (translocation) in chronic granulocytic leukemia resulting in a malignant clone of white blood cells provided one of the first clues to disordered gene-controlled protein expression in malignant disease. Sometimes, the first clue that a refractory, nagging anemia might represent a clonal disorder is when the picture of full-blown leukemia evolves later.

What are Hematopoietic Growth Factors?

Almost all of us have had a friend or relative who has received a hematopoietic growth factor in the course of cancer treatment or treatment of kidney disease. G-CSF (Granulocyte Stimulating Factor), GM-CSF, (Granulocyte-Macrophage Stimulating Factor) and erythropoietin are the most commonly used. They come with brand names like “Neupogen” and “Procrit.” The interleukins are another family of growth factors that may be mentioned in research documents to be translated.

Summary

A wide range of hematological diseases reflect failures of the hematopoietic system, either due to deficiencies of nutritional factors needed for normal blood production or mutational changes, usually at the lymphoid or myeloid stem cell level. An understanding of the basic process of normal hematopoiesis is essential to understanding translation texts related to a variety of blood disorders, including anemias, leukemias and diseases affecting the immune system. Some references to German language terminology and a limited glossary are provided.



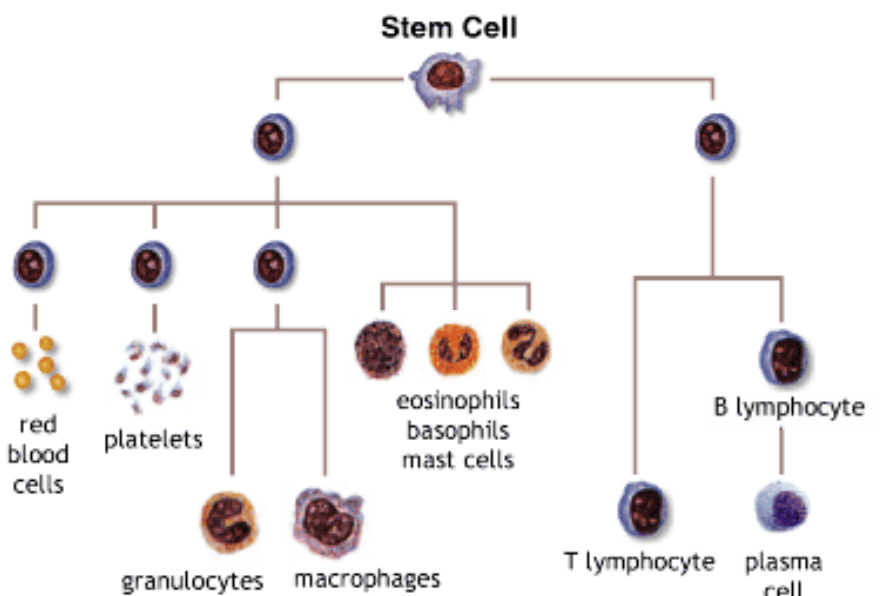
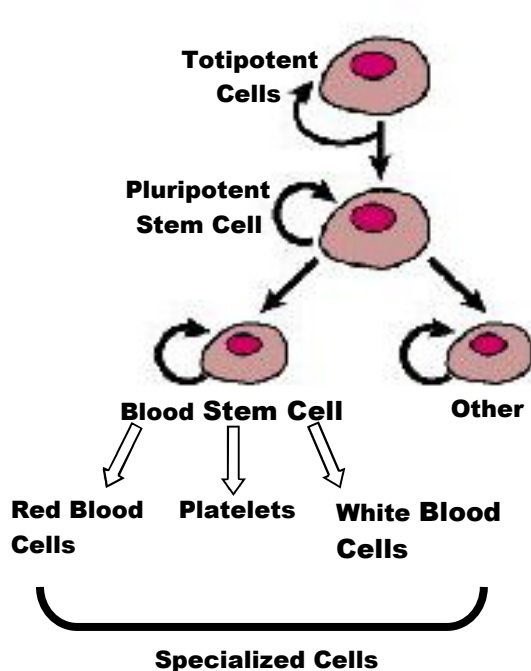
*James R. McAninch, M.D. is a
Member, Emeritus, American Society of Hematology.*

German - English Glossary

The terms are listed by probable frequency rather than alphabetically

rotes Blutkörperchen	Red blood cell
hämatopoetische Wachstumsfaktoren	hematopoietic growth factors (G-CSF, erythropoietin, etc.)
die Vorstufe zelle	precursor cell
die Ursprungszelle	cell of origin
die hematopoietische Stammzelle	hematopoietic stem cell
die Hämatopoese	hematopoiesis
die Beckenkamm biopsie	iliac crest (marrow) biopsy
die Ausgangszelle	cell of origin
der Promyelocyt (Promyelozyt)	promyelocyte
der Erythrozyt	erythrocyte
das Knochenmark	bone marrow
clonale Vermehrung	clonal proliferation

BASIC DEVELOPMENTAL STAGES OF CELLULAR ELEMENTS IN THE BODY



by Maria Rosdolsky (Ger) and Esther Diaz (Spa)

English → German / Spanish Glossary

BASIC NEUROANATOMY ENGLISH→GERMAN / SPANISH (preferred terms only)

CENTRAL NERVOUS
SYSTEM (CNS)

ZENTRALNERVEN-
SYSTEM (ZNS)

SISTEMA NERVIOSO
CENTRAL

BRAIN

Gray matter
White matter
(Neuro)glial cell
Nerve cell, neuron

GEHIRN

Graue Substanz
Weiße Substanz
Gliazelle
Nervenzelle, Neuron

CEREBRO

Materia gris
Materia blanca
Neuroglia
Neurona

CEREBRUM

GROSSHIRN

CEREBRO

Cerebral hemispheres

Großhirnhemisphären

Hemisferios cerebrales

Cerebral cortex, cortex cerebri

Hirnrinde, Cortex cerebri

Corteza cerebral

Longitudinal fissure of
cerebrum

Fissura longitudinalis
cerebri

Cisura cerebral longitudinal

Cerebral sulci

Sulci cerebri, Hirnfurchen

Surcos cerebrales

Central sulcus of cerebrum

Sulcus centralis, Zentralfurche

Surco central del cerebro

Cerebral lobes

Hirnlappen

Lóbulos cerebrales

Cerebral gyri,
convolutions of the brain

Gyri cerebri,
Hirnwindungen

Circunvoluciones cerebrales
Hirnwindungen

Frontal lobe, lobus frontalis

Frontallappen, Lobus frontalis

Lóbulo frontal

Precentral gyrus
Superior frontal gyrus
Middle frontal gyrus
Inferior frontal gyrus
Broca's area,
Broca's motor speech area

Gyrus präcentralis
Gyrus frontalis superior
Gyrus frontalis medius
Gyrus frontalis inferior
Brocasches Sprachzentrum,
Broca-Sprachzentrum

Circunvolución frontalascendente
Circunvolución frontal superior
Circunvolución frontal media
Circunvolución frontal inferior
Zona de Broca
Zona del lenguaje

Parietal lobe, lobus parietalis

Parietallappen, Lobus parietalis

Lóbulo parietal

Postcentral gyrus
Superior parietal lobule
Inferior parietal lobule
Angular gyrus
Supramarginal gyrus
Precuneus
Cuneus

Gyrus postcentralis
Lobulus parietalis superior
Lobulus parietalis inferior
Gyrus angularis
Gyrus supramarginalis
Präcuneus
Cuneus

Circunvolución parietal ascendente
Lóbulo parietal superior
Lóbulo parietal inferior
Circunvolución angular
Circunvolución supramarginal
Precuneo
Cuneo

English → German / Spanish Glossary

BASIC NEUROANATOMY ENGLISH→GERMAN / SPANISH (preferred terms only)

CENTRAL NERVOUS SYSTEM (CNS)

ZENTRALNERVEN- SYSTEM (ZNS)

SISTEMA NERVIOSO CENTRAL

Temporal lobe, lobus temporalis

Superior temporal gyrus
Middle temporal gyrus
Inferior temporal gyrus
Wernicke's area
Heschl's gyri, Heschl's area

Temporallappen, Lobus temporalis

Gyrus temporalis superior
Gyrus temporalis medius
Gyrus temporalis inferior
Wernicke-Sprachzentrum
Heschl-Hirnwindungen

Lóbulo temporal

Circunvolución temporal superior
Circunvolución temporal media
Circunvolución temporal inferior
Zona de Wernicke
Zona o circunvolución de Heschl

Occipital lobe, lobus occipitalis Occipital gyri

Occipitallappen, Lobus occipitalis Gyri occipitales

Lóbulo occipital Circunvolución occipital

Basal ganglia

Caudate nucleus
Striatum
Putamen

Basalganglien

Nucleus caudatus
Striatum
Putamen

Ganglios o núcleos basales

Núcleo caudado
Cuerpo estriado
Putamen

Lateral ventricles

Cerebrospinal fluid (CSF)
Choroid plexus

Laterale Ventrikel

Liquor
Plexus chorioideus

Ventrículos laterales

Líquido cefalorraquídeo
Plexo coroideo

Corpus callosum

Rostrum
Genu
Trunk
Cingulate gyrus

Corpus callosum

Rostrum
Genu
Truncus
Gyrus cinguli

Cuerpo calloso

Rostro (en forma de pico)
Genu (en forma de rodilla)
Tronco
Surco del cíngulo

CEREBELLUM

KLEINHIRN

CEREBELO

Cerebellar hemispheres

Cerebellar lobes

Vermis cerebelli

Cerebellar nuclei

Kleinhirnhemisphären

Kleinhirnlappen

Kleinhirnwurm

Kleinhirnkerne

Hemisferios cerebelosos

Lóbulos cerebelosos

Vermis del cerebelo

Núcleo dentado

English → German / Spanish Glossary

BASIC NEUROANATOMY ENGLISH→GERMAN / SPANISH (preferred terms only)

CENTRAL NERVOUS SYSTEM (CNS)

ZENTRALNERVEN- SYSTEM (ZNS)

SISTEMA NERVIOSO CENTRAL

BRAINSTEM

Medulla oblongata

Pyramid
Rhomboid fossa
Cranial nerves
Nuclei of cranial nerves
Exit points of cranial nerves

Pons

Mesencephalon, midbrain

Diencephalon

Thalamus
Thalamic peduncles
Pineal body
Habenular trigone
Hypothalamus
Optic chiasma
Internal capsule
Third ventricle

SPINAL CORD

Spinal cord segments

Cervical cord
Thoracic cord
Lumbar cord
Sacral cord

Cervical enlargement
(intumescentia cervicalis)
Lumbar enlargement
(intumescentia lumbalis)

HIRNSTAMM

Medulla oblongata, verlängertes Mark

Pyramide
Fossa rhomboidea
Hirnnerven
Hirnnervenkerne
Hirnnervenaustrittsstellen

Brücke

Mittelhirn, Mesencephalon

Zwischenhirn, Diencephalon

Thalamus
Thalamusstiele
Corpus pineale
Trigonum habenularum
Hypothalamus
Chiasma opticum
Capsula interna
Dritter Ventrikel

RÜCKENMARK

Rückenmarkssegmente

Zervikalmark
Thorakalmark
Lumbalmark
Sakralmark

Halsanschwellung (Intumescentia
cervicalis)
Lendenanschwellung (Intumescentia
lumbalis)

TRONCO DEL ENCÉFALO

Bulbo raquídeo

Pirámide
Fosa romboidea
Nervios craneales
Núcleo de nervios craneales
Puntos de salida de los nervios
craneales

Puente

Mesencéfalo

Diencéfalo

Tálamo
Pedúnculos talámicos
Cuerpo pineal
Trígono habenular
Hipotálamo
Quiasma óptico
Cápsula interna
Tercer ventrículo

MÉDULA ESPINAL

Segmentos de la médula espinal

Médula cervical
Médula torácica
Médula lumbar
Médula sacra

Intumescencia cervical
Intumescencia lumbar

English → German / Spanish Glossary

BASIC NEUROANATOMY ENGLISH→GERMAN / SPANISH (preferred terms only)

CENTRAL NERVOUS SYSTEM (CNS)

ZENTRALNERVEN-SYSTEM (ZNS)

SISTEMA NERVIOSO CENTRAL

SPINAL CORD

Dorsal horn (cornu posterius)
Ventral horn (cornu anterius)
Lateral horn (cornu laterale)
Dorsal (posterior) root (radix posterior)
Ventral (anterior) root (radix anterior)
Spinal nerves
Cauda equina
Spinal cord tracts

RÜCKENMARK

Hinterhorn (Cornu dorsale)
Vorderhorn (Cornu ventrale)
Seitenhorn (Cornu laterale)
Hinterwurzel (Radix dorsalis)

Vorderwurzel (Radix ventralis)

Spinalnerven, Rückenmarksnerven
Cauda equina
Rückenmarksbahnen

MÉDULA ESPINAL

Cuerno posterior
Cuerno anterior
Cuerno lateral
Raíz dorsal

Raíz ventral

Nervios espinales
Cola de caballo
Cordones de la médula espinal

MENINGES

Dura mater

Pia mater

Arachnoidea
Subarachnoid space

MENINGEN, HIRN- UND RÜCKENMARKSHÄUTE

Dura mater, harte Hirn-(Rückenmarks)haut
Pia mater, weiche Hirn-(Rückenmarks)haut
Arachnoidea, Spinnwebhaut
Subarachnoid(e)alraum

MENINGES

Duramadre

Piamadre

Aracnoides
Espacio subaracnoideo

PERIPHERAL NERVOUS SYSTEM

PERIPHERES NERVENSYSTEM

SISTEMA NERVIOSO PERIFÉRICO

Cranial nerves
Cutaneous nerve
Sensory nerve
Motor nerve
Afferent nerve
Efferent nerve
Ganglion
Plexus (Pl. plexuses)
Nerve branches

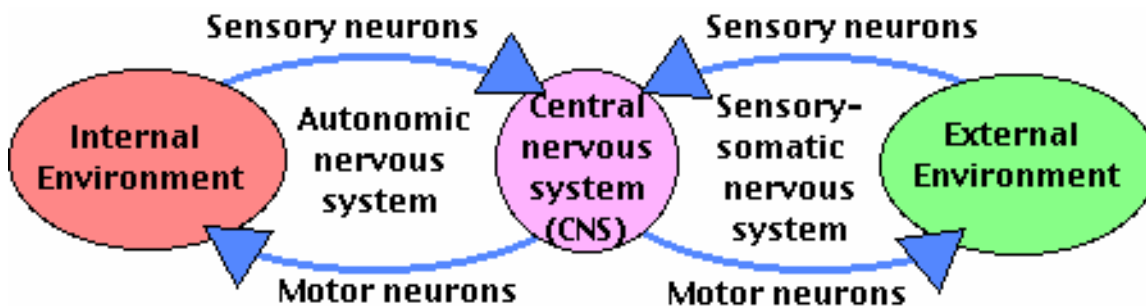
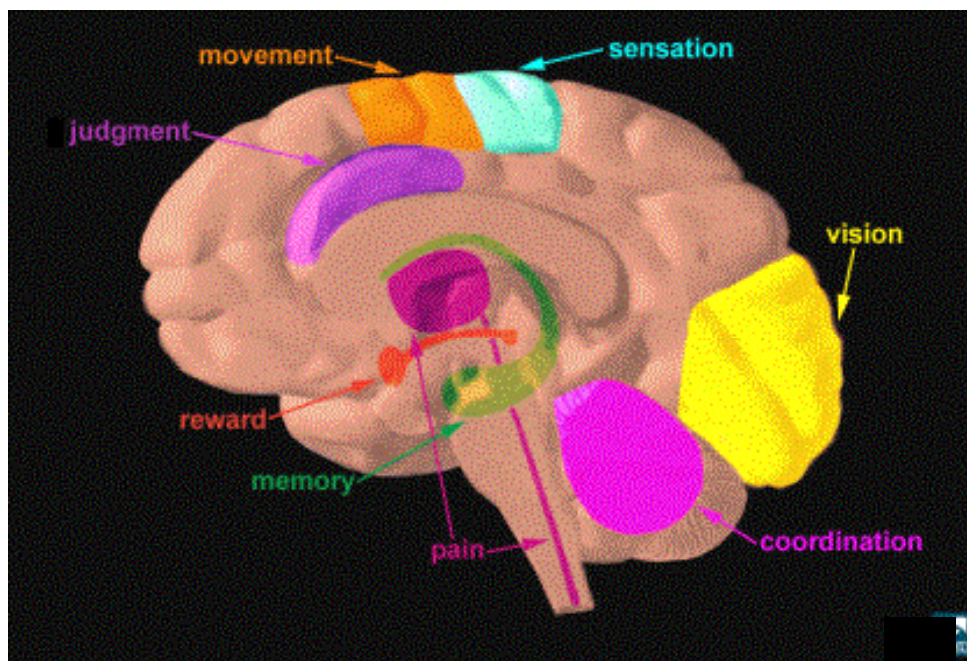
Hirnnerven
Hautnerv
Sensibler Nerv
Motorischer Nerv
Afferenter Nerv
Efferenter Nerv
Ganglion (Pl. Ganglien)
Plexus (Pl. Plexus)
Nervenäste

Nervios craneales
Nervio cutáneo
Nervio sensitivo
Nervio motor
Nervio aferente
Nervio eferente
Ganglio
Plexo
Ramas nerviosas

English → German / Spanish Glossary

BASIC NEUROANATOMY ENGLISH→GERMAN / SPANISH (preferred terms only)

AUTONOMIC NERVOUS SYSTEM	AUTONOMES NERVENSYSTEM	SISTEMA NERVIOSO AUTÓNOMO
Sympathetic nervous system	Sympathisches Nervensystem, Sympathikus	Sistema nervioso simpático
Sympathetic trunk	Grenzstrang	Tronco simpático
Sympathetic ganglion	Grenzstrangganglion	Ganglio simpático
Parasympathetic nervous system	Parasympathisches Nervensystem, Parasympathikus	Sistema nervioso parasimpático



by Joan Wallace, 2007 MD Nominating Committee Chair

The Medical Division is pleased to call for nominations from the MD membership for the positions of:

Administrator (2-year term)

Assistant Administrator (2-year term)

Election of these officers is held every two years in accordance with our MD bylaws. The results of the election will be announced at the MD Annual Meeting, which will be held during ATA's 48th Annual Conference, October 31-November 3, 2007, in San Francisco, California. Watch <http://www.atanet.org/conf/2007> for details. The MD Administrator and Assistant Administrator work together with other volunteer members to prepare the division newsletter, recruit presenters for the ATA Annual Conference, and organize the division's annual networking event. To review a summary of individual officer duties, see http://www.atanet.org/divisions/division_officer_duties.php.

Serving in a division leadership role provides enormous professional and personal opportunity. In fact, division officers frequently find themselves becoming more successful in their own careers as they develop additional skills, meet new colleagues, and make useful business connections.

A qualified candidate must be an Active or Corresponding member, that is, a voting member of ATA as well as a member of the Medical Division. To learn more, click on http://www.atanet.org/membership/membership_type.php.

If you plan to put a name forward for a nomination, it would be helpful if you could contact the potential

nominee first and tell them of your intention. Remember that MD officers serve on a volunteer basis; please do not nominate colleagues who express serious concerns about service or who have conflicting priorities.

An Associate ATA member can become a voting member of the Association through the ATA Membership Review Process.

To find out more about the ATA Membership Review Process, click on <http://tinyurl.com/ryfs4>.

HOW TO NOMINATE A CANDIDATE



Any division member may make a nomination, and self-nominations are also welcome. To nominate a candidate for office, email the MD Nominating Committee Chair Joan Wallace joan@cptranslations.com, or complete and submit the Medical Division Nomination Form. Go to http://www.atanet.org/docs/nom_form_MD.pdf to download and print this form.

The form may be faxed to ATA Headquarters at (703) 683-6122 or mailed to the MD Nominating Committee, Attn Jamie Padula, American Translators Association, 225 Reinekers Lane, Suite 590, Alexandria, Virginia 22314.

MD ELECTION SCHEDULE

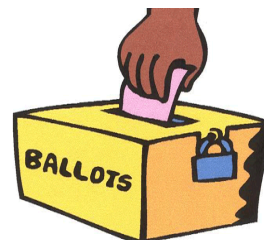
Following the publication of the slate of candidates to the MD membership, there is a 30-day window of time in which written petitions from additional candidates are accepted. Each candidate's petition to be added to the ballot must be accompanied by signatures of 15 MD members in good standing.

In the case of an uncontested election, division officers are declared by acclamation. In the case of a contested

election, ballots will be mailed to MD members no later than September 22 and must be returned to ATA Headquarters by October 27. The day of the MD Annual Meeting at ATA's 48th Annual Conference, the Inspector of Elections announces election results or officers are elected by acclamation.

WHY GET INVOLVED?

We hope you will take this opportunity to consider stepping forward as a volunteer during the coming year, if not as a candidate for office, then perhaps as a mentor to a new member or a contributor to Caduceus, the MD newsletter. There are many ways to be involved, and volunteering is a wonderful way to not only share your experience but also to expand your network of contacts. Your support of the Medical Division and ATA is greatly appreciated.



*Joan Wallace is currently the Medical Division Listserv Moderator
She can be reached at: Email: joan@cptranslations.com*

GETTING INVOLVED

Getting involved is the name of the game. Whether it's the medical conference, Caduceus, or the upcoming medical division website, things happen because members make them happen. Spontaneous combustion does not happen in organizational life. Organizations heat up only because individual members warm up, get in there, decide to be participants, not just observers. If you enjoy *Caduceus*, drop us a note for "Bits and Pieces", let us know about that unusual word that took a while to translate for the "Glossarium", make a medical 'scrabblegram', whatever. Suzanne Couture came up with a healthcare terminology idea which will take us four issues to complete. But it doesn't have to be so grand, even a good colonoscopy joke will do. Following the success of our mid-year conference we are entering into a new and expanded vision of our work. San Francisco will be here before you know it. Get involved.

Rafael



Medical Division Website



by Elena Sgarbossa, M.D.

Insights from translational research into disease prevention and healthy living

PART I

(Continued from *Caduceus* Spring 2007).

Nutrients and metabolism

Fiber

The fiber in plants is made of cellulose, which cannot be digested by humans. Fiber is not a nutrient. It is, however, an important component of a balanced diet. Fiber slows down the digestion and absorption of macronutrients. This helps prevent sudden changes in blood sugar levels (glycemia). Eating fiber daily also protects the body from serious chronic disorders. Fiber is present in legumes, vegetables, and fruit.

Carbohydrates

Carbohydrates—or carbs—are not essential for humans in the way some amino acids (from proteins) and fatty acids are, but are the body's primary source of energy. Once ingested, carbohydrates are converted to glucose. Glucose is the only fuel of red blood cells. It is the main fuel of neurons, and of muscle cells during exercise. Glucose that is not immediately used is stored as glycogen—a type of starch—in the liver, or transformed into fat (triglycerides) in the adipocytes. The body stores of both glycogen and fat increase with age.

Carbohydrates in food are either *simple* or *complex*. Simple carbohydrates are also called sugars and are easily recognized because they taste sweet. Examples include fructose (in fruit) and galactose (in the lactose of dairy products). Simple carbohydrates are also present in honey, table sugar (sucrose), jam, fruit juice, soft drinks, chocolate, candy, pastries, yogurt, ice cream, etc. They are also added to myriad food products.

Sugars are quickly absorbed and converted to glucose. In large amounts, simple sugars induce marked increases in blood sugar levels (glycemia). This is a signal that triggers the release of insulin by the

pancreas. Insulin drives glucose into muscle and adipose cells. The excessive, habitual intake of simple sugars predisposes to fasting hyperglycemia, hyperinsulinemia, insulin resistance, obesity, diabetes type 2, hypercholesterolemia, and the metabolic syndrome.

Complex carbohydrates are sugars chemically bonded in a chain. These bonds must be broken by digestive enzymes for absorption. Thus, glycemia rises (usually) more slowly and reaches lower peaks than after ingesting simple carbohydrates. Complex carbohydrates are starches. They include roots and tubers (i.e. potatoes), legumes, cereals and whole grain products such as oatmeal, bran, and brown rice. Complex carbohydrates provide some of the necessary vitamins and minerals.

Less than two centuries ago, a variant was created for carbohydrates: *refinement*. Refined carbohydrates are hundreds or thousands of sugar units linked in single molecules. Fiber is removed. Carbohydrates become tasty and versatile— but are nutritionally poor. They have been “pre-digested” for us. Once eaten, they are absorbed almost as quickly as single sugars. Refined carbohydrates include white rice, regular flour (used to make white bread, bakery products and pasta), and breakfast cereals made with processed grain.

Carbohydrates and Health

Simple carbohydrates and most refined carbohydrates are “empty calories.” They supply negligible or no nutrition. Their excessive intake predisposes to systemic inflammation, hyperinsulinemia, diabetes, and cardiovascular disease. The incidence of other chronic diseases and some cancers may also increase. So, when are carbohydrates nutritionally good? When they contain fiber; when they are unrefined. Whole fruit is nutritious although it contains a single sugar, fructose, because its digestion and absorption are slowed by fiber.

These “good carbs” help maintain a normal body weight. Their regular consumption is associated with the lowest rates of diabetes, cardiovascular disease, and colon cancer.

Calories, Body Weight and Health

Adults need approximately 2000 calories a day to meet their basal needs. Basal needs vary for men and women, and according to body build. An additional 500 to 2500 calories are needed to meet the demands of daily activities. Sedentary lifestyles—common among translators and writers—require the fewest calories.

In much of the Western world, two phenomena (among many others) may conspire against nutritional health. As sedentary jobs and lifestyles are becoming the norm, food and foodstuffs are becoming increasingly ubiquitous and abundant. The availability of semi-prepared meals, frozen dinners and fast food all have contributed to habitual overeating. Fatty and sugary foods can easily provide many extra calories. Planned physical activities, recreational sports and regular exercise are often dismissed for lack of time. This combination of factors has led to a dramatic increase in the incidence of obesity, diabetes, hypertension, coronary disease, and their complications.

There is good news. Clinical evidence on overweight and obese people indicates that losing weight reduces the risk of incapacitating chronic diseases and it may prolong life. There is also preliminary evidence of something less intuitive. Restricting calories reduces the ailments related to aging. Calorie restriction does not imply malnutrition; it consists of regularly eating slightly less than one would be inclined to eat. Calorie restriction—even among people without overweight—might increase longevity. Remarkably, it may also improve cognition in some dementias.

But body weight and scale readings are not the only consideration. Since you read *Caduceus Summer 2006* last year, you probably have a lower body mass. Yearly, adults over 30 or 35 years of age lose about half a pound. The tissue lost is muscle. Have you also lost half a pound (of body weight) over the past year? If not, it may be because the absent muscle has been replaced with fat.

But this insidious, long-term muscle loss can be prevented. Eat adequate amounts of protein, vegetables and fruit. Exercise regularly. You will stay not only lean, but healthy.

PART II

Micronutrients

Aside from the macronutrients discussed above, humans need a variety of micronutrients. Micronutrients are vitamins and minerals. Many are present in plants. Examples include β -carotene (a precursor of vitamin A), vitamin C, vitamin D, folate, vitamin B6, potassium, iron, zinc, and selenium. They are necessary only in trace amounts—yet they are essential. Chronic deficiencies result in disorders such as cardiovascular disease and cancer. Children may experience developmental delays; iodine deficiency during pregnancy, for example, is associated with impaired mental capacity in 19 million children born worldwide every year.

People who eat a varied diet should theoretically be protected from micronutrient deficiencies. This, however, is not always the case. One reason is the systematic exclusion of certain foods. Some people's self-reported ingestion of vegetables, for example, is limited to French fries. Another reason could be that the nutritional value of mass-produced fruits and vegetables is in decline. The levels of vitamins and minerals in common fruits and vegetables were analyzed by researcher Donald Davis at the University of Texas. He compared the USDA figures from 1950 and 1999. Of 13 nutrients analyzed, six showed declines.

Vitamin D

Vitamin D can be ingested with foods such as fish (cod, salmon) and in fortified foods (milk). It can also be manufactured by the body. Vitamin D is synthesized by the skin from ultraviolet rays after sun exposure.

The role of vitamin D in calcium and phosphorus metabolism and in bone health is well known. Current research also suggests that vitamin D intervenes in cell proliferation and immunity. In this light, the standard daily recommended intake of vitamin D of 400 IU has been re-evaluated. It seems that a more adequate amount is 500 IU per day. The optimal intake however depends on sun exposure, which decreases as latitude increases and as people spend more time indoors.

To be continued

The Medical Division will be well represented at the ATA annual conference to be held in San Francisco this year. Here's a preliminary listing of topics and presenters.

- **MED-1** Tips and Techniques for Learning Medical Terminology - Janet M. Erickson-Johnson
- **MED-2** Health Care Interpreter Certification: An Open Forum - Maria-Paz Avery, Shiva Bidar-Sielaff, Karin B. Ruschke (National Council on Interpreting in Health Care)
- **MED-3** HIV, Tuberculosis, and Malaria Coinfection and Disease: Terminology Research and Glossary Development - Melanie G. Shepherd and Patricia M. Thickstun
- **MED-4** Medical Division Annual Meeting - Esther Diaz
- **MED-5** A Method to the Madness: Achieving Excellence in the Field of Medical Translations - Jason M. Bredle, Judy Bruce, Helena Correia
- **MED-6** Cultural and Terminology Issues Surrounding Cancer Clinical Trials: The Spanish and Russian Perspectives - Janet Casaverde-Pineda and Elena N. Morrow
- **MED-7** Translating and Interpreting for the Blood and Bone Marrow Transplant Patient - Claudia E. Soronellas-Brown
- **MED-8** A United Front: A Collaborative Perspective on Educating Medical Interpreters - Brenda Nicodemus, Carol J. Patrie, Laurie A. Swabey, Marty Taylor
- **MED-9** Improving Communication, Improving Care: Lessons From One Innovative Hospital - Cristina Krasny

You might also be interested in a pre-conference seminar by Jill Sommer and Corinne L. McKay on *“Getting Started as a Freelance Translator”*.

Instead of the usual Medical Division dessert social, we will have a breakfast gathering on Friday morning, November 2nd. Just pick up your breakfast from the continental breakfast buffet and follow the signs to the Medical Division gathering area. This will be a great opportunity to connect with colleagues and perhaps make dinner plans.

I hope to see you all in San Francisco!

Esther Diaz
Acting MD Administrator

