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STRUCTURAL ANALYSIS OF ENGLISH ONCOLOGICAL TERMS IN UROLOGY

L.N. Gushchina, Associate Professor; A. Chernyak

Department of Foreign Languages

Grodno State Medical University

В статье представлены результаты структурного анализа онкологических терминов в области урологии, описывается история появления терминов, обозначающих «опухоль».

Ключевые слова: структурный анализ, опухоль, обозначение, термин, лексема.

The article presents the findings of the structural analysis of oncological terms in the field of urology, the history of the development of the terms denoting "tumor" is described.

Key words: structural analysis, tumor, denotation, term, morpheme.

Rapid rise of the number of terms caused by high growth of medico-biological sciences and is followed by such negative phenomena as differences in understanding of the terms by the members of different schools and tendencies, variety of the same term forms. The absence of scientifically well-grounded principles of new terms formation requires the necessity of studying and regulation of medical terminology. This research shows a structural analysis of the English oncological terms in urology. Some lexical units, which were used in Old and Middle English for denotation of the term "tumor," are not used in Modern English. The terms "kernel" and "bite" in the meaning of "cancer" and "tumor" are not used anymore. The meaning of the term "bubo" doesn't belong to this field of terminology (in Middle English it had the meaning "inflamed tumor of lymphatic glands", whereas in Modern English it has the meaning- "inflammation of lymphatic glands in plague and syphilis"). The term "oncos" is not used anymore but its stem "onco" is used as a term-element for formation of derivatives and compound term-internationalisms, for example: *oncocyte, oncogenesis, oncology, oncolysis*. The meaning of the term "boes" lost actually all the links with the term "tumor". In Middle English it meant "tumor, cyst, goiter", in Modern English it is "protuberance, lump". Among the terms which have been used since the very beginning in this field of terminology are as follows: "swelling", "wenn", "polyp", "tumor", "cancer". The term "swelling" in Modern English is used both in special vocabulary and general one and means "tumidity; inflation, tumescence, tumor". The meaning of the term "polyp" in Modern English has enlarged: in Middle English it meant "tumor in the mucous coat of the nose", in the Modern English medical terminology it means "tumor, which occurs in the mucous coat of any organ". The term "tumor" has two meanings: 1- *swelling, tumidity; inflation*; 2- *tumor, neoplasm*. The term "cancer" was borrowed from Classical Greek in the Old English

period and had two forms "cancer" and "cancor". Under the influence of Old French the form "canker" appeared, it substituted the primary form and existed in language all the Middle English period. The term "cancer" which appeared again, approximately 100 years ago was a duplication of the form "canker". This phenomenon disappeared at the beginning of the 18th century when the meaning of the term "canker" had changed. According to the point of view of many scientists all oncological terms in their structure are divided into two main groups: monomorpheme and polymorpheme ones. Monomorpheme terms form the minority of the studied terms. The structural analysis of the polymorpheme oncological terms has established the obvious predominance of two-component term-combinations. The most widespread pattern of two-component terms is a combination of:

1. Adjective + Noun (44%), e.g.: *aggressive tumor, visible tumor, local tumor, viable tumor, papillary tumor, sporadic tumor, invasive tumor, exophytic tumor, mediastinal seminoma, midline carcinoma, testicular cancer, tubular carcinoma, urethelial tumor*. According to E.V. Filippova's point of view the following different features and characteristics of the main denotation can be expressed in the contents of these terms:

- character of the tumor prevalence: *local tumor, diffuse tumor*;
- site of the tumor development: *superficial tumor, testicular tumor, papillary cancer*;
- character of the tumor recurrence: *primary tumor, recurrent tumor*.

2. Noun + Noun, which is used in the function of an attribute (9%), e.g.: *serum tumor, bladder cancer, prostate cancer*.

3. Noun + Noun (proper name) (2%): *Wilm's tumor*.

4. Noun with the Preposition "of", e.g.: *carcinoma of the urether, cancer of the bladder*

5. Noun + Participle II, which is used in the function of an attribute (7%), e.g.: *revised tumor, autopsy-*

detected cancer, well-differentiated tumor

The three-component term-combinations compile (15,5 %), e.g.: *renal cell carcinoma, germ cell tumor, tumor of the prostate urethra, carcinoma of the renal pelvis, Bellini duct tumor = Bellini ducts carcinoma.*

Monomorpheme terms are divided into three groups: simple, derivatives and compound-derivatives. Those units in which the stem coincides with the root are related to simple ones. The most widespread term is *tumor*, the second is *cancer*. Those units which contain stem and affix are related to affixial ones. It is known that suffixes allow showing the category dependence of the terms in their structure. The suffix “*oma*” is a gender one for many terms in oncology because there is a direct connection between the morpheme “*oma*” and the term “*tumor*”, e.g., *papilloma, cystoma, seminoma, nephroma, carcinoma* (11%). Borrowing the terms with the final morpheme “*oma*” began in the 18th century. There are two structural patterns in the terms with the morpheme “*oma*”. In the first pattern the names of the organs, organic structures, tissues and cells where the tumor develops, are shown, for example: “*nephroma*” - the tumor of the kidney, “*lymphoma*” - the tumor of lymphatic glands. In the second one the names, which characterize the features of the tumor, such as *firmness, color, structural form*, are shown, e.g.: *scirrhoma*-firm tumor, “*chloroma*”-green tumor, “*cylindroma*”- tumor which has the form of cylinder. The presence in terms such elements as “*sarcoma*”, “*carcinoma*” shows that the tumor has a malignant course: “*adenocarcinoma*”- malignant glandular tumor, “*osteosarcoma*”- malignant osseous tumor. In the Modern English terminology terms with the morpheme “*cele*” mean *rupture, hernia*, for example: “*myocele*”- muscular hernia, “*meningocele*”- hernia of cerebral coats. But a small group of terms with the morpheme “*cele*” means *tumor*, e.g.: *gonatocele* - tumor of the knee, *thyrocele*- tumor of thyroid gland.

Compound-derivatives are related to the third group. The majority of these terms are formed by combining two or more stems. The last component has the term-element “*oma*” and can be used independently: *embryonephroma, spermatoblastoma, spermatocystoma, spermatogonioma* (9%).

Conclusions

The analysis of the structural types of the English monomorpheme and polymorpheme terms shows that monomorpheme terms have a standard term-element “*oma*” with the denotation of “*tumor*”. The typical aspectual element of the monomorpheme terms is one or two, rarely three or four morphemes. And that of the polymorpheme terms is an adjective or a noun, in most cases with the meaning of the organ, the type of the tissue or cell where the tumor develops.

Finally it should be mentioned that in the field of oncology standardization is possible and necessary that will improve the quality of translation.

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