

UNIVERSITY OF VAASA

Faculty of Philosophy

English Studies

Milla Kivinen

It could be Wegener's granulomatosis.

Subtitling Medical Terminology in Drama Series House M.D

Master's Thesis

VAASA 2014

TABLE OF CONTENTS

ABSTRACT	3
1 INTRODUCTION	5
1.1 Material	10
1.2 Method	15
1.3 Television Series and Medical Drama	21
2 LANGUAGE FOR SPECIAL PURPOSES: NON-FICTION & FICTION	23
2.1 Specialized Terminology	26
2.2 Medical Terminology	27
2.3 Authenticity & Specialized Terminology in Fiction	28
3 AUDIOVISUAL TRANSLATION	31
3.1 Types of AVT: Advantages and Disadvantages	31
3.2 Elements and their Interplay in the Use of Subtitles.	34
3.3 Conventions of Subtitling	35
3.4 Retention & Re-creation	39
3.5 Translation of Specialist Terminology in Subtitles: Medical terminology	42
4 TRANSLATION OF MEDICAL TERMINOLOGY IN THE SUBTILES OF <i>HOUSE M.D.</i>	44
4.1 Main Findings	45
4.2 Retention of Medical Terminology	51
4.2.1 Established Equivalent	52
4.2.2 Finnish Language Counterpart	54
4.3 Re-creation of Medical Terminology	55
4.3.1 Generalization	56
4.3.2 Omission	58
4.3.3 Addition	60

4.3.4 Deviation	61
5 CONCLUSIONS	64
WORKS CITED	66
APPENDICES	
Appendix 1. Scene list	69
Appendix 2. Character list	70
FIGURES	
Figure 1. Retention & re-creation	39
Figure 2. The share of Medical Terminology in the <i>House M.D.</i> episodes and in their Finnish subtitles	46
Figure 3. Translation strategies in the Finnish subtitles of <i>House M.D.</i> episodes	48
Figure 4. Re-creation and retention of medical terminology in the subtitles of <i>House M.D.</i>	50
TABLES	
Table 1. Translation strategies used in different categories	49
Table 2. Translation strategies per episode	51

UNIVERSITY OF VAASA**Faculty of Philosophy****Discipline:** English Studies**Author:** Milla Kivinen**Master's Thesis:** *It could be Wegener's granulomatosis.*Subtitling Medical Terminology in Drama Series *House M.D.***Degree:** Master of Arts**Date:** 2014**Supervisor:** Kristiina Abdallah

ABSTRACT

Audiovisuaaliset käännökset ovat tuttuja Suomessa, etenkin tekstittäminen. Dubbauksesta poiketen tekstittämisessä alkuperäinen säilyy käännöksen rinnalla ja kiinnittää katsojan huomion niiden välisiin eroihin. Nämä erot johtuvat sekä tekstittämisen rajoituksista, kuten tiivistämisestä, sekä mahdollisen käännösvastineen puuttumisesta toisessa kielessä.

Tässä pro gradu -tutkielmassa verrattiin suomenkielistä tekstitystä ja alkuperäistä ääniraitaa keskenään, haasteellisten tekstien säilyttämisen määrän selvittämiseksi avkäännöksessä. Käännöstopojen tutkimisessa sovellettiin James. S Holmesin käännösstrategiaa säilyttämisestä ja uuden luomisesta. Tutkielmassa selvitetään miten avmediassa säilytetään terminologiaa ja missä määrin. Materiaali tutkimukseen on saatu *House M.D.* – sairaaladraama sarjan jaksoista *Pilot*, *DNR* ja *Role Model*. Sarja sisältää paljon lääketieteen terminologiaa jota käytettiin tutkimuksen materiaalina jakamalla se kategorioihin eniten esiintyvien termien mukaisesti. Tutkimuksessa pyrittiin löytämään käännösstrategia, joka esiintyi useammin.

Eniten käytetyksi käännösstrategiaksi ilmeni säilyttäminen, termit oli jätetty kääntämättä jos ne esiintyivät sellaisenaan myös suomalaisen lääketieteen termistössä tai niille oli löydetty suomenkielinen vastine. Luovempi käännöstopa olisi mahdollisesti vähentänyt autenttisuutta ja vaikeuttanut juonen seuraamista katsojan näkökulmasta, pienten erojen merkityksissä muuttaessa liikaa tapahtumien varsinaista kulkua. vähemmän käytetty strategia oli luova käännöstopa, jossa alkuperäisestä oli poikettu tai termi oli jätetty kääntämättä. Syynä tähän voidaan pitää lähinnä pyrkimystä säilyttää alkuperäisen kaltainen autenttisuus, sekä alkuperäisten termien lyhyttä muotoa, joka sopii yhteen tekstitykselle ominaisten rajoitteiden kanssa.

KEYWORDS: Subtitling, LSP, Medical translation, retention, re-creation

1 INTRODUCTION

Audiovisual translation as a form of translation has become increasingly familiar in many countries, especially in Northern countries like Finland. Since screen texts and audiovisual translations surround us on daily basis, we are not necessarily even aware of their existence. Screen texts have slowly started to play a more prominent role in our everyday lives. The most familiar forms of audiovisual translation for the Finnish audience are dubbing and subtitling. Historically, subtitling has been the practice in audiovisual translation in Finland for over 40 years, which has made the Finnish audience familiar with screen texts (Vertanen in Oittinen 2008: 149).

According to Schröter (2005: 29), subtitling is the dominant form of screen translation in the whole Western Europe. Subtitles are screen texts appearing at the bottom of the screen, are the preferred form of audiovisual translation in Finland, while some countries prefer the dubbed translation, which is recorded dialogue. Gambier (1996: 9 quoted in Schröter 2005: 29) lists the following as subtitling countries: Denmark, Finland, Greece, Iceland, Ireland, Luxembourg, the Netherlands, Norway, Portugal, Sweden, Wales and parts of Belgium.

The increasing number of the imported foreign, mostly English-language material, has caused the dubbing and subtitling industries to gain growth at the same rate (Schröter 2005: 4). This means that both subtitling and dubbing have become increasingly important especially in the Western Europe. The imported material, whether it is television programmes, films for cinemas or DVD's, needs to be translated in order to make it possible for the audience to understand and enjoy it. Although the imported material can be in any language, Schröter (2005:4) points out, that the majority of audiovisual material imported to the Western Europe and elsewhere is from the English-speaking world. Especially the material from the US and Britain is making its way to the cinemas and TV, or even to our computer screens.

Here in Finland, TV-programs and most of the films planned for distribution (in the cinemas, or as DVD's) are of foreign production. They are subtitled into Finnish in line with other Nordic countries where subtitling is the preferred form of audiovisual translation. (Pedersen 2007: 35.) According to Heikkinen, usually only the audiovisual material that is aimed at children under the age of eleven, is dubbed in Finland due to the high costs of dubbing (Heikkinen in Oittinen 2008: 237). As many as 169 films were premiered in Finland in 2008. Of these, the number of foreign films that was either dubbed or subtitled was as high as 150. In the year 2009 the corresponding number was 154 premieres of the total of 174. (*Elokuvateatterit 1980–2009* 2011.)

Audiovisual translation involves several communication channels, the sound and the image, creating challenges to the translator. The challenges of subtitling arise not only from the limitations of the mode, which are time and space limitations, but from the content of the material as well. The material may contain culture-specific elements, humour or specialized terminology. For example, the series *House M.D.* contains humour and medical terminology. Names of places or people may be culture-specific and not familiar in another culture. Furthermore, translating jokes and humour in comedies is difficult because humour is culturally or linguistically bound. Specialized terminology, like for example, the terminology in hospital/medical series, may also be unknown to the translator. Typically, specialized terminology is used by professionals, practitioners and experts who communicate in the register of a particular field. Not only do doctors and lawyers, but also, for example, skateboarders and musicians, have their own special language. Such Language for Special Purposes, LSP, has its own special features and terminology. According to Nuopponen & Pilke (2010: 61), terms make it possible for the professionals to communicate concisely and explicitly since they know the concepts and the characteristics that are ingrained in them. When the same terms are used by non-professionals, this knowledge is not present. From this it could be concluded, that a good knowledge of specialized terminology is necessary when translating for example medical texts like epicrisis, but perhaps less so when translating a hospital series mainly for non-professional viewers. However, the function should be the same as in the original.

There are books intended for translators of medical texts, such as *Medical Translation Step by step* (Montalt Resurreció & Gonzáles Davies 2007) where the focus is on the basics of medical translation and the training of medical translators. There are, however, very few studies about actual medical translation. One such study is François Maniez's (2001) investigation of the choices made by medical translators and the constraints that lead to these choices when translating adjectival nouns in English medical texts. Moreover, medical LSP translation has attracted some MA theses writers. For example, Jaana Elberkennou (2008) has studied the symptom descriptions in the traumatology chapter of EBMG (*Evidence Based Medicine Guidelines*), and *Lääkäriin käsikirja* (a doctor's handbook). Elberkennou discovered from her material that medical texts change during the translation process, although the translation of scientific texts has been considered to be straightforward and without shifts. Scientific language, as well as language in general changes over time and the translators may be obligated to create new words if the original term or word does not exist in their own language and this is one of the reasons why the translation process can cause changes to the science itself. (Elberkennou 2008: 6, 79.)

When translating a text of a particular profession, like legal or medical text that is targeted at educational purposes or for professionals, the concept behind the term should be accurately rendered. An equivalent term found in another language makes it possible for the translator to stay as close to the source text as possible in retaining the original terminology. The degree of fidelity to the original varies depending of the target audience and the purpose of the translation. A translation of a medical text for e.g. a specialized journal is likely to follow the original more closely than a translation of a poem or advertisement would (Montalt Resurreció & Gonzáles Davies 2007: 171). From this it could be concluded, that a medical series would not require the same degree of accuracy as would articles in refereed medical journals, because of its fictional nature. Specialized terminology is often used in fiction as an authenticity marker. At times an equivalent term does not exist, but in fiction the translator can more freely use different strategies than what would be possible in a professional context. A new, but similar term can be re-created, or a term can be replaced, maybe with a more generic term, or it may

even be omitted completely. It may also be possible to add something to the translation that does not exist in the original. In audiovisual translation, the time and space limitations, the significance of the term in the dialogue and the non-professional target audience define much of the translation strategies used in the subtitles.

The present study aims to investigate further the translation process in translating challenging texts in audiovisual media. The focus is on LSP terminology, how much of it has been preserved and how it has been re-created in the translation. The possible effects of the limitations of subtitling, which are time, space and rhythm, have been taken into account in the analysis. The study is a case study of the translation of English medical terminology into Finnish subtitles in three episodes of a fictional TV series, *House M.D.* Lozano & Matamala (2009) have conducted a similar study of translation of medical terminology in audiovisual media. Their study will be discussed in this chapter. This present study continues their study, but differs from it in the material, language pair and method. Also, whereas their study compares the original soundtrack with the dubbed version, this study is making a similar comparison between the medical terminology of the original soundtrack and its Finnish subtitles. Since the *House M.D.* series revolves around challenging cases in the medical field, it contains a great number of medical terminology, making this material suitable for the present study.

The research question in this present study is: will the translation strategy be retentive rather than re-creative in the case of translating terminology in fictional medical series *House.M.D.* The assumption is, that in order to preserve the authenticity level of the original the translator would be more likely to use retentive strategies within the restraints of subtitling. Any further conclusions should not be drawn based to this case study. However, it can prove to be useful to those av-translators translating similar texts or be a subject of interest for those working in the medical field, and even to a lay-person interested from the authenticity of the content of this series.

Lozano & Matamala (2009) studied the translation of medical terminology from English into Spanish in the TV series *E.R.* They found sheer mistakes in the medical terminolo-

gy in the dubbed version when they compared it with the original English soundtrack. The authors concluded that these mistakes lowered the realism of the dubbed version (Lozano & Matamala 2009: 73). They also emphasized the need for authenticity even in a fictional context:

All in all, it should be stressed that, although terminology has traditionally been associated to [*sic*] non-fictional products in audiovisual translation, fiction films can be as challenging, especially in productions where terminology is not only used to give a special atmosphere to the product but to reproduce a real professional context. (Lozano & Matamala 2009: 75.)

By professional context, they refer to the “realism” of the original. Productions like *E.R* or *House M.D.* contain, indeed, extensive amounts of terminology, and the characters deal with existing illnesses and conditions. The actors themselves aim at creating the illusion of being medical professionals. The realism of the original should, according to Lozano and Matamala, be transferred to the translation as well, not only in order to create the hospital atmosphere but in order to convey an accurate view of the profession to the viewers. However, just like in many other fictional series the focus of *House M.D.* is also on personal relationships and since the target audience consists mostly of non-professionals, the longer professional terms do not necessarily require translation. Professional “unfamiliar” terms do not often even advance the actual storyline, but merely take space and time in the subtitles. The general assumption is, that medical texts should remain unchangeable in the translation process. However, fictional texts do not need to transfer information in the same way as non-fictional texts. The translation of professional terminology in fiction functions as an authenticity marker. This means that the professional context of the original and the level of authenticity must be conveyed to the viewer reading the translation. Also the significance of the term in the dialogue, and the function of the term must be taken into account during the translation process.

In AVT (subtitling) the story along with the picture and sound is what needs to be conveyed to the viewers. As pointed out above, in translation of a fictional medical series, not only the illusion of the original but also the imitation of reality (feel of authenticity) should be transferred fully as well. In the translation of terminology the translation needs to retain the sense of realism of the original. There are several ways to imitate

realism, not only terminology, but accents and clothes, along with the items and the environment can create an authentic atmosphere. In a fictional medical series like *House M.D.*, for example a doctoral jacket functions as an authenticity marker (More about authenticity will follow in 2.3).

The material of this study consists of medical terms identified in the three episodes chosen from the first season DVD box of total 6 DVD's, by taking the first episodes from the every other disc (1, 3 & 5). The material was then divided into four categories according to their meaning (1) Anatomy & Physiology, (2) Diseases & Conditions, (3) Diagnostic procedure & Equipment & (4) Drugs. Also, the material was categorized in terms of translation strategies used in the translation of the original medical terminology from the original English soundtrack into the Finnish subtitles: Established Equivalent and Finnish Counterpart, Generalization, Addition, Omission and Deviation. The analysis was done by dividing these strategies into two main strategies. This was done from the basis of re-creation and retention, strategies introduced by James Holmes (1988: 45–51)

The distinction Holmes (1988) made between these two strategies, retention and re-creation, will be discussed further under the subsection 3.4. In this thesis, the translation strategy is retentive if the original term is preserved in the translation by either keeping the original term as it is without the translation, or by finding an accurate corresponding term in Finnish language. Re-creation is anything that deviates from the original manuscript and soundtrack by replacing the original with something else, or by adding or omitting something. Deviations may also be due to simple mistakes in the translation.

1.1 Material

The material of this thesis consisted of three (3) episodes of the medical drama series *House M.D.* and their Finnish subtitles. The three episodes used as the source of material in this study were all taken from the season one DVD box, by including the first epi-

sode from every other disc of the total of 6 discs and 22 episodes that the first season DVD box set consisted of. The running time of one episode is approximately one hour. Along with the original soundtrack as, I used the manuscripts that were available in the TWIZ TV websites at the time. (<http://www.twiztv.com/scripts/house/#season1>) The subtitles were produced by *Prime Text*, which is one of the leading subtitling companies in Scandinavia, were used as target texts to which the source text was compared to. The Pilot episode was subtitled by Jouko Mustonen whereas the translator(s) of the other two episodes were not mentioned or given credit at all. The medical terminology was identified from the original soundtrack/manuscript and from the Finnish subtitles by using a *Dictionary of Medical Terms* (2004). According to the back cover and the preface of the dictionary, the book can be used by interns, nurses or trainees and medical secretaries, as well as the students of English for Medicine as a practical reference book. Moreover, it is recommended to anyone who needs to check the specific meaning of a medical term, but especially for those working in health-related areas who may not necessarily be healthcare professionals.

The dictionary provides basic vocabulary and the areas covered include a wide range of healthcare situations like technical language used in diagnosis, patient care, surgery, pathology, general practise, pharmacy, dentistry, anatomy and physiological terms. Also informal and euphemistic terms as well as common words that are used in reports, articles and guidelines are included. However, since the target group consists mostly of those who need scientific terminology of the field of medicine and is merely extended to non-professionals, it is possible to include in the study also terms that may be used for strictly professionals purposes. In the present study both informal and professional terms occur, the focus is however on the professional terminology.

The next scene is placed in House's office, where he is discussing the possible diagnosis of a patient with Chase and Cameron, members of his diagnostic team. Chase suggests that the diagnosis is wrong and it's not what they previously suspected. The exact timing of each scene will be visible on appendix 1.

- (1) House: Well it's not great, but it's better than **ALS**.
 At least it's treatable.
 (*House M.D.* 2005: Episode: *DNR*. Scene: Restraining order)

ALS is an abbreviation from *Amyotrophic lateral sclerosis*, also referred to as *Lou Gehrig's disease* (*Lääketieteen sanakirja* 1987). As members of a diagnostic team, House, Chase and Cameron are all professionals and are familiar with these professional terms and the concepts behind the terms. In this scene they are throwing each other ideas in a hurry since the patient is in critical condition. The use of abbreviations and professional terminology allows them to communicate more efficiently in this critical situation. Since the medical terms refer to accurate concepts, it is also a way to communicate, which helps them to avoid any misunderstandings. In some cases, a more commonly used term or expression is sufficient.

- (2) H: **Cough** just won't go away, runny nose looks a funny color.
 (*House M.D.* 2005. Episode: *Pilot*. Scene: Clinic duties)

In the example above, Cuddy, the dean of the hospital reminds House (H) of his duties in the clinic, while House complains that he finds working in the clinic non-challenging. *Cough* (*Lääketieteen sanakirja* 1987) is a medical term as well as *ALS* or *Lou Gehrig's disease*; however, *cough* is a term that is commonly known by non-professionals and is often used in everyday conversations. In the scene above, the common term is used between professionals who, not trying to be efficient at that very moment, use the word as a reference to a symptom that House finds to be boring, as it is probably a symptom for the common cold. The more unlikely or rare the disease, the likely it is that House takes a keen interest on the case in question.

Dr. Gregory House is the main character of the *House M.D.* series, the source of material of this study, and he is working as a diagnostician in a fictitious Princeton-Plainsboro teaching hospital located in Princeton, New Jersey. House tends to ignore his patients as, in his opinion, dealing with patients or showing any compassion towards them is not important in solving the problem. The illnesses are for him at the centre of the treat-

ment. In line with his attitude, motivator for Dr. House's interest is not so much to cure people but to solve puzzles, and this is why he never takes any interest in cases which he does not regard as challenging enough to him as a doctor. Due to the fact that he deals mostly with exceptional cases, the medical terminology in the episodes is diverse and complicated, which was also the main reason for choosing this particular series as study material.

The conversational exchange between House and the other medical staff will form the source of the terminological material in the study, and because of the frequent use of medical terminology in these situations, only the terms in conversations between the actors playing professionals are included in the material. The professionals in question are usually the members of House's diagnostic team that consists of doctors Chase, Foreman and Cameron, or his best friend Dr. Wilson and Cuddy, the dean of the hospital.

The study was conducted by first identifying the medical terms in the episodes with the help of the dictionaries *Lääketieteen sanakirja* (1987), *Lääkärikielen sanakirja* (2002) and the *Dictionary of Medical Terms* (2005). Then the identified terms were divided into the following categories: (1) anatomy & physiology; (2) diseases & conditions; (3) diagnostic, procedure & equipment; and (4) drugs. The categories were chosen on the basis of their frequency of occurrence in the episodes. For example, medical facilities, departments and terms for specialities, like the term *oncologist* (which refers to a doctor whose specialties are cancer related illnesses), were excluded from the study due to the low occurrence of such terms. In fact, the minimum number of occurrences included in my material was 9 occurrences in an episode. This was the case, for example with the fourth (4) category, drugs. For example, in the *Pilot Episode*, there were only a few cases in the material where a term referred to a drug.

The material in this study includes informal terminology used in the conversations between a healthcare professional and a patient. However, only the conversations which involved the characters that are members of the hospital staff were included in order to

keep the focus mainly on professional medical terminology, and thus, for example the following exchange between Dr. Foreman (F), patient John Henry Giles (P) and John's manager Cora (C) , was excluded from the material:

(3) F: We found a **blood clot** in your **brain**. We'd like to start you on **heparin**, it's a blood thinner.

P: What are the side effects?

F: Well, your **lungs** are kind of chewed up from the **pneumonia**. Good chance there'll be an **infusion**.

C: Bleeding?

(*House M.D.* 2005. Episode: *DNR*, Scene: The clot)

In the example above, Foreman is explaining the risks of Heparin to House's patient John. Foreman is using medical terminology, both informal and formal. The scene emphasizes that Foreman is also explaining to John and Cora what *Heparin* is, during the discussion. Cora also asks for him to confirm that *infusion* means bleeding. Although medical terminology is used in the scene, it is not included in this study since the exchange does not occur between professionals of medicine. It must, however, be noted, that the series is fictional, and the terminology is not necessarily as "professional" between the characters of hospital staff, as it would be between actual professionals of medicine.

The subtitled translations for the medical terms were checked by using the previously mentioned Finnish medical dictionaries *Lääketieteen sanakirja* (Medical Dictionary) and *Lääkärikielen sanakirja*. (Dictionary of Medical language). *Lääketieteen sanakirja* is a medical dictionary that includes the English language equivalents for the terms, and also Latin and German and some French language terms. It was published in 1987 and compiled by Niilo Pesonen & Eero Ponteva. *Lääkärikielen sanakirja* is a monolingual

medical dictionary published in 2002 by Duodecim¹. It contains specialised medical terminology and the definitions for the terms in Finnish.

1.2 Method

After identifying and categorising the medical terms from the soundtracks and scripts of *House M.D.*, they were compared with their Finnish subtitled translations. The method was based on Gideon Toury's (1995) "coupled pairs" method. Translational strategies are figured out by comparing the translation to its source-language counterpart. The coupled pairs of source and the target text are compared for shifts. The relationships between the coupled pairs, the replacing and replaced, are identified in order to make generalizations about the possible translation strategy used by the translator (Toury 1995: 89). These translation strategies used in the subtitles were then divided into two main categories in the analysis, retentive and re-creative strategies.

Medical terms identified in the Source Text (ST), that is, the original soundtrack and manuscript, are coupled with their Target Text (TT) translations, the subtitles, in order to see if there are any patterns in the translation strategies chosen by the subtitler or subtitlers when translating the medical terminology of the series. My translation of the original text (MT) will be used in the examples given from my material when necessary. The first lines in the examples from my material are from the ST and the second lines are from the target text TT, that is, the subtitles, followed by MT. The local translation strategies fell in six categories: Established equivalent (Non-translated term), Equivalent (Finnish counterpart), Generalization of the term, Addition of a term (More information in the subtitled version) Omission or loss of the term, and Deviation from the original term. When no difference in information occurred between the ST and TT (coupled pairs), retentive strategy was used. The original term was preserved by either retaining the original term as it was (Established Equivalent), or by replacing it with the correct

¹ The Finnish Medical Society Duodecim (<http://www-duodecim.fi>)

target language equivalent (Finnish counterpart). The example below demonstrates the use of established equivalent in the subtitles:

(4) ST: F: He signed a **DNR**.

TT: Hän allekirjoitti **DNR**:än.

MT: Hän allekirjoitti päätöksen elvyttämättä jättämisestä

(*House M.D.* 2005. Episode: *DNR*. Scene: Listening to music)

Foreman (F) informs House that the patient has recently signed a *DNR* (do not resuscitate) form, which means that they cannot help the patient if his heart stops beating or if he stops breathing. The abbreviation *DNR* is also used in Finnish medical language and therefore, the term is considered to be an Established Equivalent, and does not necessarily require a translation. Since an equivalent term in Finnish language does not exist, and the concept behind the term in written form would take too much space in the subtitles, the translator has chosen the commonly known abbreviation for the English language term.

Whenever a term had been replaced by its precise (as given in dictionary) Finnish equivalent, the translation strategy was regarded as retentive. The example 5 below demonstrates retention through translating the term into its Finnish language counterpart:

(5) ST: F: No, because the **MRI** showed...

H: Well. Let's do an **MRI** of our own.

TT: Ei, sillä **magneettikuvaus** näytti...

Teemme oman **magneettikuvauksen**.

MT: No, because the **magnetic resonance imaging** showed...

We will do our own **magnetic resonance imaging**.

(*House M.D.* 2005. Episode *DNR*. Scene: Hamilton's MRI)

Dr. House (H) and his diagnostic team are trying to find the most likely diagnosis by having a brainstorm together. House wants to do another *MRI (Magnetic Resonance Imaging)* to the patient, while Foreman (F) states the patient has already been in one. Although the abbreviation *MRI* is used also in Finnish medical language, the term is translated fully in the example above. The translator has found the accurate equivalent, the Finnish language counterpart for the original English language term. In this case, there was enough space in the subtitles for the term to be translated fully.

In order to consider the subtitler to have been using re-creative translation strategy in the translation of a medical term, s/he would have had to deviate from the ST by replacing the original term with omission, addition, a different term or by a more general term in the TT. In the example 6, the translator has used more generic terms to replace the original medical terms. The example is from the first scene of the pilot episode of *House M.D* where Dr. House (H) and his friend Dr. Wilson (W), an oncologist, are discussing the condition of a woman patient who has had several tests after a seizure. The example illustrates re-creation through generalization:

- (6) ST: H: She's 29. Whatever she's got is highly unlikely.
W: **Protein markers** for the three most prevalent **brain cancers** came up negative.
- TT: Mikään ei ole todennäköistä siinä iässä. -**Kokeissa** ei näkynyt **syöpää**.
- MT: Nothing is likely in that age. –The **tests** did not show **cancer**.

(*House M.D.* 2005. Episode: *Pilot*, Scene: The hallway)

While the original ST contained detailed terminology about *protein markers* and *brain cancer*, the translator has re-created these terms by generalizing the terms into much wider concepts: *tests* and *cancer*. Also it should be noted, that the source text is 124 characters long, while the subtitled version has only 68 characters. The space limitations of subtitling determine the length of the translation, and what can be included into the

target text. Here the translator has re-created the terminology of the source text by adjusting it into a shorter form by using generalization as translation strategy.

Addition occurs when the translator has included in the subtitle extra medical terminology and thereby explained the term. In other words, the translator has re-created a new combination instead of the original term. Occasional additions can also compensate for the loss of terminology due to space limitations elsewhere in the subtitles. The following is an example of addition:

- (7) ST: House: But that “**not walking**” thing, that could turn into something serious!
- TT: **Halvaus** voi kehittyä vakavaksi.
- MT: **Paralysis** can develop into a serious one.

(*House M.D.* 2005. Episode: *DNR*. Scene: Cuddy’s office)

In the above example, dean Cuddy has been informed of a new case, towards which House has developed an interest. House wants to claim the case of that particular patient for himself and his team to solve. He states that the paralysis that the patient has had in his legs for a long time could turn into something else, although at that point it seemed unlikely. The subtitler has chosen to translate House’s expression of a “not walking” thing into a Finnish medical term *halvaus*. In the example in question, it is likely that the translator has decided to re-create the original into a shorter version in order to save space in the subtitles.

Also if the translator has added something to the translation or omitted the medical term from the subtitles completely, the strategy was considered to be re-creative. Omission is a re-creative strategy, since if the original term is lost from the subtitles, a deviation from the original has occurred. In the following situation Cameron (Ca) and House (H) are discussing first about a speech that House will be having later, and then about their patient, Senator Wright, who they believe has either AIDS or cancer:

- (8) ST: H: One speech, no biggie. Foreman's doing a **bone marrow biopsy** to check for **cancer**.
- TT: Yksi puhe vain, ei muuta.
Foreman **tutkii**, onko se **syöpää**.
- MT: Just one speech, nothing else.
Foreman is **checking** if it's **cancer**.

(*House M.D.* 2005. Episode: *Role Model*. Scene: About the speech)

The medical term *bone marrow biopsy* is left untranslated, so an omission occurs in the subtitles. Again, it should be noted that the translator has saved space by omitting the long term that would be in Finnish language *luuydinbiopsia*. However, the shorter term *cancer* is subtitled with its Finnish equivalent *syöpä* as the term does not require much space in the Finnish subtitles. Sometimes a term can be omitted because the visual channel is carrying the information, if the object the term is referring to can be seen, translation can sometimes be redundant in the subtitles. However, the translator has been creative and deviated from the original soundtrack, thus the strategy in these cases is also considered to be re-creative. The interplay between the elements will be discussed in more detail under subsection 3.2.

In the following example (9), the subtitler has replaced the original term with a different non-adequate term. Chase suggests that they should x-ray the patients head with an older no-contrast x-ray device, and House has a better idea to find out if the patient has tapeworms by taking an x-ray of her leg instead:

- (9) ST: [...] worms love **thigh muscle**. If she's got one in her head, I guarantee you there's one in her leg.
- TT: Madot rakastavat **lantiolihaksia**.
Sieltä löytyy varmasti jokunen.
- MT: Madot rakastavat **reisilihaksia**. jos hänellä on sellainen päässään, takaan teille, että sellainen on jalassakin.

(*House M.D.* 2005. Episode: *Pilot*, Scene: Chase has an idea)

In the above example, a deviation from the original occurs since the ST differs from the TT. The term *thigh muscle* is actually *reisilihas* in Finnish language, and not *lantiolihhas* as it is translated in the subtitles. It is possible that the subtitler has simply made an error and accidentally deviated from the original term by replacing it with a false term.

The examples 4 and 5 from the material were considered retentive strategies, while 6, 7, 8 and 9 were regarded as re-creative strategies. The categorization of the subtitles to retentive and re-creative translation strategies used in this study originates from James S. Holmes (1988: 47–48). Holmes had placed four basic concepts behind these two strategies, in *exoticizing* and *historicizing* the emphasis was on retention, and on *naturalizing* and *modernizing* on re-creation. In other words, the re-creative strategies allow the translator to be more creative, while the retentive strategies aim at staying as close to the original text as possible. The two terms, retention and re-creation can also be applied to other choices (see Elomaa 2010). In this present study, the decisive factor between re-creative and retentive strategy was the translator's choice or need to either preserve the original term or to replace it with something else.

In brief, the analysis was carried out by identifying and categorizing different medical terms into four categories according to their meaning (1) Anatomy & Physiology, (2) Diseases & Conditions, (3) Diagnostic procedure & Equipment and (4) Drugs, and then analyzing the medical terms according to the local translation strategies used in the subtitles. The strategies were divided into retentive and re-creative strategies, with Established equivalent, Finnish counterpart, Generalization, Addition, Omission or loss and Deviation as the corresponding, local strategies. The visual information will also be included in the analysis when it has compensated the loss of information in the subtitles. Medical drama series are only one example of a TV series that has included terminology to the series in order to create authenticity, more about this in the following section.

1.3 Television Series and Medical Drama

The material for this study, the TV medical drama series *House M.D.*, has also elements from other drama types. If drama programmes are categorized into different genres according to their type, the most popular ones include situation comedies, soap operas, detective series, science fiction and hospital dramas, but all may mix features from other genres as well (for categorization of TV programmes, see <http://www.museum.tv/eotvsection.php?entrycode=soapopera>). For example the TV series *Scrubs* is a medical drama and a comedy series at the same time; it is placed into hospital environment and the main character is a hospital intern who gets himself into situations that are humorous in several ways. Similarly *House M.D.* has some humorous elements included, since the main character Dr. Gregory House, is always making sarcastic comments to or about his staff members and patients. In comparison with *Scrubs*, however, *House M.D.* does include more actual drama and not as much comedy.

According to the CBS Entertainment (<http://www.tv.com/>) the most popular programmes in United States in between 2011-2013 included different genres, such as the comedy series *Two and Half a man*, the *Vampire Diaries*, a mixture of drama and sci-fi, the crime series *NCIS* and *Criminal Minds*, two medical dramas, including *Grey's Anatomy* and *House M.D.* (All broadcasted also in Finland). Of these series, at least both crime series and medical dramas include some specialized terminology. The terminology for describing the programme type may be sometimes confusing, in particular the distinction between the terms *series* and *serials*. *House M.D.* is typically a series as it focuses on a different medical case in every episode, while a serial is a story broken up into several episodes. For example the soap opera *The Bold and the Beautiful* is a serial that has a continuing plot. A series is typically shown once a week and with a different story in every episode. Still, it has also ongoing elements such as serialized romances and relationships of the characters. This has roots in the past of the series as it started as a pure weekly serial but has later on added the continuity element of a series as well, thus bringing it closer to, for example, a soap opera.

As a genre of television drama, the soap opera has attracted larger audiences for a longer period of time than any other form of television fiction ever (see, e.g. <http://www.museum.tv/eotvsection.php?entrycode=soapopera>). It was in the 1980's when the serial narrative form of the daytime soap opera was extended also into prime-time programming *Dallas*, which became a huge blockbuster over which the channels were fighting to get the rights on (Kilborn 1992: 68). The prime time soap opera format has been used in numerous drama series such as *The Sopranos*, *Dexter* and *House M.D.*

The sub-genre of the medical soap opera was created, when the American NBC and ABC channels launched soaps with medical themes and setting in 1963. These medical soaps, for example *General Hospital*, became so popular, that other soaps started to include doctors and nurses among their characters. In medical soaps the family was replaced by a community of professionals and a new patient coming to the hospital allowed the soap to continue. The setting was also ideal for personal and professional dramas. Drama is more serious and more attached to a certain place and time than the traditional soap opera. There are several different types of TV drama series such as medical, crime, law and fantasy series which all aim at imitating the reality to some extent. (see e.g. Kilborn 1992: 85–86) The sense of realism is created by copying some aspect of the environment and certain objects there. The realism, authenticity, is highly important in particular in those series concentrating on some professional environments such as the courtroom, the hospital and many others. Professional terminology functions as an authenticity marker, along with the authentic-looking environment. This is also the case in *House M.D.* The setting needs to look authentic and so does the medical terminology used in that setting. The medical terminology in *House M.D.* involves references to human anatomy, biology, diseases, disorders, symptoms, syndromes, drugs, surgeries, toxins, treatments, specialties, tests, tools and indicators. In the next chapter (2) more discussion about professional language: language for special purposes.

2 LANGUAGE FOR SPECIAL PURPOSES: NON-FICTION & FICTION

The material of this present study aims at creating an authentic feel of the hospital environment, so it needs to mark this somehow also with the use of Language for Special Purposes (LSP) in the series. Since *House M.D.* is filled with professional expressions and LSP, this chapter covers what LSP is, where it can be used and why.

Professionals, like doctors and lawyers communicate with a special language. Special language can also be used in sports or within a group of people sharing the same hobby. For example people who do equestrian sports or surf have their own LSP with its specialized terminology. This specialized language is usually referred to as the Language for Special Purposes or LSP. A new science or new sports or hobby create a demand for new expressions. According to Picht (1985: 3, 97), a term is an accurate and specific expression that is a part of a term system, while LSP is a variety of language that is codified and formalized. The complexity of the LSP used varies depending on whether experts are communicating among themselves and if information needs to be given through the most precise and unambiguous terms possible. The demand for specialized expressions causes the LSP's to both appear and disappear.

One way to tell the difference between LSP and non-LSP would be according to Nuoponen & Pilke (2010: 58-59, 61), simply, to state that everything outside the common language is LSP. It is, however, hard to tell what could be defined as being the common language. Another way they suggest for distinguishing LSP from non-LSP would be to examine who the communicating parties are. When one layperson is communicating with another one, they are using standard language. If a specialist is talking to a non-specialist they are not communicating through LSP, but the situation requires popularized language, that is, a more generalized language. If two specialists are communicating about a matter that somehow concerns their area of specialties, they are using LSP. However, if LSP would be considered to be LSP only when it is used in communication between professionals, it would mean that for example “fever” would only be a LSP term if used between professionals. In fact, also non-specialists can use the expres-

sion without problems even if they are lacking some of the professional knowledge. Nuopponen and Pilke have divided the language used between professionals, a professional and a layman, and between laymen into three languages: *fackspråk*, *populariserat språk* and *allmänspråk*. Freely translated for this study, the first one would be professional language, the second is popularized language and the third one is layman language.

LSP can be used in the classification of information, and as a tool to describe or transfer information within a particular area of expertise while terminologizing the information helps to organize it, store it and make it available for communication. (Nuopponen & Pilke 2010: 59, Montalt Resurrecció & González Davies 2007: 230.) As the above discussion shows, LSP is seen as part of authentic situations involving experts and specialists. The LSP texts are not, however, always exclusively aimed at specialists, but they can also include texts like for example advertisements and fiction, meaning that it does not always need to be used for its communicative, informative value but rather for its symbolic value. Fictional texts are not aiming to communicate information about reality in the same way as non-fictional texts are. Their aim is rather giving a representation of it. This means that even the language and its varieties are representations of authentic speech or writing (Lozano & Matamala 2009: 74). Fictional representations of different varieties of language may include, for example dialects and accents but also LSP. Their symbolic value is, then, to create the feeling of authenticity in the text.

In order to create a feeling of an authentic accent or dialect only some expressions are needed to serve that purpose. Similarly, even if a particular fictional text aims at accuracy, it still only needs to create that illusion. Also the LSP terms used in *House M.D.* are there to serve this purpose of creating the feel of authenticity. Next is an example of terminology use in a scene of *House M.D.* episode. Here Dr. Gregory House (H) and his team members Chase (Ch) and Cameron (Ca) are trying to examine what is making a senator sick by suggesting different options to each other:

(10) Ch: **Immunoglobulin deficiency?**

H: No history of **respiratory problems**.

Ca: **Ideopathic T-cell deficiency**.

(*House M.D.* 2005. Episode: *Role Model*. Scene: In the park 2)

The terms in the lines presented above all belong to the same category, which is (B) *diseases and conditions* in my material (this category includes disorders). The most complicated terms in the series are usually used in similar contexts, that is, in those scenes where the characters are making suggestions in a group about the possible cause of a patient's symptoms and condition. In this way they are taking advantage the knowledge they all have about their own specialties and narrow down the possible diagnoses. In some occasions, the complicated terms is explained in the following line by another character, such as in the scene where Dr. Foreman (F) and Dr. Cameron (Ca) are talking to Dr. House about a young woman who has suffered a stroke, Dr. House has just suggested that they give her steroids:

(11) ST: F: You're looking for support for a diagnosis of **cerebral vasculitis**.

CA: **Inflammation of the blood vessels in the brain** is awfully rare. Especially for someone her age.

TT: Epäilettkö aivovaskuliittia?
-Epätavallista hänen iässään.

(*House M.D.* 2005. Episode: *Pilot*. Scene: Outside Rebecca's room)

In the lines above, Foreman's line contains the complicated term and Cameron's line explains what it means: *cerebral vasculitis* is an *inflammation of the blood vessels in the brain*. This is done in such way, that Cameron's comment can be considered to be a part of the conversation rather than an explanation of an unfamiliar medical term for the viewers. Some terms in the series are simpler, and familiar to most viewers. For exam-

ple the terms *cough* (see example 2) and *cancer* are in common use as well. Next, the features of a term.

2.1 Specialized Terminology

An important element of identifying LSP is its specialized terminology. In this section I will focus on the features of a term, the use of terminology and the difference between a term and a non-LSP word. According to Picht (1985:95–96), a term, in the case of LSP, has both semantic value, the content, and the communicable linguistic form, expression. In order for a concept to be expressed, it needs a sign. If a sign does not carry any semantic content, it is an invalid sign. Also if a concept cannot be expressed with any sign, the whole concept is invalid. A term can be either a word or a phrase that is used to express a concept; it consists of any conventional symbols that consist of letters and or the articulated sound of these written presentations. “A term is formed by a concept – a distilled meaning that has been categorized – and denomination – the external linguistic form “(Montalt Resurreció & Davies 2007: 232). For example, if two doctors are familiar with the same concepts and they are having a conversation about a patient, but if some concepts cannot be expressed in any sign, they have no efficient manner of communicating. On the other hand, if a sign exists, like “embolus”, but it would not be carrying any semantic load or refer to any concept, the sign would be useless in communication between professionals. “The term constitutes an element in the corresponding system of terms-, the ‘terminology’ of a special subject field ”(Picht 1985:97).

Like a term, also a non-term carries a semantic load. The distinction between the two, according to Picht (1985: 97), cannot be made exhaustively. Both can have the same characteristics, but unlike non-terms, terms tend to be more precise and they can signify a special content unfamiliar in the general or layperson language. For example, the non-term “cat” and the concept of “cat” is familiar to all of us, but “neurocysticercosis” is a term that is unfamiliar to most people and not often used by non-specialists. It signifies a special content; according to the *Dictionary of Medical Terms* the term *cysticercosis*

refers to a disease caused by infestation of tapeworm larvae from pork, while the prefix *neuro-* refers to the brain, which means that the disease is in this case located in that area. This can be assumed to be known and used only by those working in the field of medicine. As the material of the present study concerns specifically medical terminology, the discussion below will focus on that.

2.2 Medical Terminology

As pointed out earlier, the practice of medicine belongs to those occupations where a special variety of LSP (language for the practise of medicine) with its special terminology (medical terminology) is used on a regular basis. The medical terminology consists of both old and new terms, while the use of Latin (and Greek) terms is an important feature of it. This has led to the fact, that many of the medical terms in languages all over the world are based on the same etymological forms. This borrowing of the medical terminology from Greek and Latin has been the practise for twenty-five centuries. Through the activity of translators, for example Latin is not completely a dead language, but some parts of it are still alive and in use. This is true especially in medical terminology. These etymologically similar terms are universally used in medicine, and their use in storing and communicating information is still a continuing practise. (Montalt Resurreció & González Davies 2007: 230, 232.) From the professionals in the field of medicine, this practice requires some knowledge of both written Latin and Greek languages.

When something new is discovered or invented in the practise of medicine, and a need to refer to it arises, a sign is attached to it. Already in Ancient Greek new specific words were required for new discoveries and the *terminologizing* established concepts and named them. For example, the acronym *AIDS*, which is abbreviated from the words *Acquired Immune Deficiency Syndrome*, did not exist before the 1970's. Although many people may have died from it, *AIDS* was still an unknown epidemic until 1980's, when the first cases were recognized. At first it was called "unusual epidemic", but after the discovery of the *Human Immunodeficiency Virus* as the cause of this syndrome, a new

name was attached to it and the term *AIDS* was born. Development causes new terms to appear, and this knowledge must be conceptualized and transmitted in such way that it can be organized, stored and communicated; thus the terminologization of medical knowledge. (Montalt Resurreció & González Davies 2007: 230–231.) Unlike in LSP, where the specialized terminology (like medical terminology) is used for storing and communicating information, the purpose of using specialized terminology in fiction is slightly different. In fiction, its value is merely symbolic, and the purpose of its use, as stated above, is to create an illusion of authenticity which will be discussed next in more detail.

2.3 Authenticity & Specialized Terminology in Fiction

Most forms of fiction try to create some connection with reality in order to give the story credibility and the viewer could feel like all that could actually happen. Some form of fiction aim at being more realistic than others, like most drama series. The producers can go to extreme details in creating authenticity: the environment should be accurate and meet the expectations that the viewers might have about the setting and about the items that go with the setting (Kilborn 1992: 85–86), as well as the characters. For example, soap operas need some realism in their setting in order to the plot and characterization to be credible. The sense of empirical realism (experience based feel realism) and authenticity, and through that, credibility, can be created in a number of ways. It can be created with the setting and costumes, but also with the different varieties of language that are imitated in order to introduce a sense of realism. Some fictional series may use LSP terminology extensively in order to create the experience of empirical realism to the viewer. This is naturally complemented with the visual setting as well. (Of course, empirical realism means that the viewer can relate to the empirical setting, but that does not work in serials like *the Bold and the Beautiful* or the old *Dallas* whose worlds are very far removed from the reality of the majority of the viewers.) For example in law and medical series some of the characters are imitating professionals, and thus, they communicate within the LSP of the particular field.

It must however, be noted that while the participants in an authentic communicational situation use precise terminology, this requirement is not valid in fictional context. The terminology marking the use of a particular LSP is merely needed to create the illusion of LSP and thus only bears a symbolic value, even when the terminology is highly professional. The content and the sign do not need to reach the same level of accuracy as in an authentic situation. Series like *CSI*, *Law & Order*, *Grey's Anatomy* and *House M.D.* all include terminology that functions as an authenticity marker. The crime series *CSI (Crime Scene Investigation)* includes various LSP terms, for example; advanced technology, specialized equipment, scientific terminology, firearms and legal terms. Also medical terminology occurs in, for example, the scenes where the pathologist makes the autopsy. The terminology along with the visual (lab coats, instruments) creates a certain sense of realism that compensates with the rather unrealistic crimes taking place in the series. Also *House.M.D.* series creates realism through the visual, the wardrobe, hospital equipment and procedures.

Another authenticity marker is the medical LSP. The LSP in the *Role Model* episode of my material, included terminology consisting of anatomical parts, physiology, diseases, diagnostic, procedures, equipment and drugs. The medical terminology was divided into 5 categories and in the episode there could be found together 37 instances of anatomical/ physiological terms, 62 terms referring to an illness/disease, 26 term for diagnostic, procedure or equipment, 9 terms referring to a drug and 10 terms that fell in the category of ambiguous or overlapping terms. This categorization will also follow in the present study.

Some of the TV series eventually cross linguistic borders (For example, all of the series listed above are either have been, or are either currently broadcasted also in Finland). This requires the mediation of a translator. The reason why translation strategies may vary in subtitling, can be determined by the constraints of subtitling or dubbing, or be affected by the visual element. Also, the precise meaning is not always necessary as the series is fictional and the translator is free to be more creative. In audiovisual translation the translator is either required to subtitle the series, meaning that s/he writes the

subtitles that then appear on the screen at the same time with the original soundtrack, or, s/he is required to translate the dialogue so that it can be dubbed by actors. In the next chapter (3) the focus is on the translation of series and films.

3 AUDIOVISUAL TRANSLATION

This chapter introduces audiovisual translation (AVT), which refers mainly to translations that appear on television programmes or films, while the term *screen translation* is used about everything that has been translated in order to be shown on ANY type of screen (Gambier 2008a:76–77). Screen translations can include translated texts on, for example, a website, smartphone or on a video game. Screen translation is, therefore, a subcategory of AVT, it will here be occasionally referred to with the more generic term of AVT. In what follows, after the general introduction of AVT, the focus will move on from other forms of AVT to subtitling (a subcategory of AVT and screen translation), which is the focal point of this present chapter.

In Finland, the most popular series shown in TV are originally in English language. This means that there is a constant need for AV translators, mostly subtitlers, but also translators that translate for dubbing purposes, since the programmes aimed at children are usually dubbed in Finland. The most common and widely used AV-translation types are subtitling and dubbing. In what follows, the various types of AVT and their advantages and disadvantages will be discussed under 3.1 , them 3.2 will move on to the interplay of the text and image. More information about the conventions of subtitling is placed under the subsection 3.3. After discussing the modes, the focus will be on the translation strategies, retention and re-creation (3.4), and then on the translation of medical terminology (3.5).

3.1 Types of AVT: Advantages and Disadvantages

On TV, both elements, the visual and the auditive work as carriers of information. When a TV programme is subtitled the written text serves that function as well (Tuominen in Oittinen 2008: 299). The other forms of AVT, dubbing and voice-over are oral, and thus auditive. They do not add a new dimension that is, reading to the mediation.

The interplay of the visual, verbal and written elements will be discussed in more detail in the following chapter 3.2.

Dubbing comes originally from the United States, where the sound was first introduced in between 1920-1930. The transfer from the silent film to sound films started in 1925 when the first film that had recorded music in it, *Don Juan*, was premiered. Few years later, a synchronized dialogue was introduced, and by 1930 the sound films proved to be a success, and the era of silent films came to an end. (Heikkinen in Oittinen 2008: 235.) According to Schröter (2004: 4,7), after attempting to produce the same movies in several languages, the AVT forms like dubbing and subtitling were invented. In dubbing, the speech of the original filmic media is replaced by speech in another language: the dialogue is first translated, then scripted and spoken in a way that they match the visual elements, like the lip movements of the characters in the film. Since dubbing as a form of AVT aims at creating the illusion of the original, the speech must be in synchrony with the original, (anticipated old/young, male/female) voice and the visual elements (someone is speaking or remaining silent). The original soundtrack and the oral translation should be in synchrony, but also the visual image of the verbal and non-verbal communication. Lip-synchronization in dubbing refers to the timing: The dubbed translation must be heard at the same time as the characters lips are moving and become silent at the same time as the character stops talking. Otherwise the sound and the picture are conflicting. The practise of dubbing requires actors, sometimes only one, but often several, which makes the cost of dubbing quite high. Schröter (2004: 9) states that it can be even twenty times that of subtitling.

Another oral form of AVT is the *voice-over*, also sometimes called half-dubbing. In the voice-over, the translation does not have to be in synchrony with the speakers lip movements. The translation is spoken over the original speech, which is then faded to the background. (Gambier in Oittinen 2008: 81.) This form of AVT is commonly used in (in Finland), for example, in some nature documentaries like *Avara Luonto*. On news broadcasts, it also increases the feel of authenticity. Nordic countries tend to prefer subtitling as a form of AVT (Pedersen 2007: 35). The *dubbing countries* include, for exam-

ple, France, Germany, Spain and Italy, where the number of viewers is high enough to keep the costs of dubbing per viewer reasonable (Vertanen in Oittinen 2008:149–150).

However, Ivarsson (1998:1) states that although subtitling has been popular in small countries because its relatively low cost, it has become a growing market in for example, France, as the audiences have started to appreciate the knowledge of foreign languages. Still, according to Gambier (quoted in Schröter 2005: 49), even though the reason for the preference for subtitling is usually its low cost, and even if the cost of dubbing would suddenly drop, it would still be highly unlikely that the subtitling countries would switch from subtitling to dubbing. For example, commercial channels in Finland (November 2001) and in Norway (1997 & 2001) made an experience in switching the subtitles of an American series into dubbed translation. The viewer feedback was so negative that they were quickly forced to go back from dubbing to subtitling. (Gambier in Oittinen 2008a: 81.) That translation practise that people are familiar with is the one they tend to consider superior (Schröter 2005: 49). In Finland, about 80% of all the programmes on the channels of *Yleisradio* (TV channels Yle TV1, Yle TV2, Yle Teema and Yle Fem) are subtitled into Finnish language, and even more so in the two commercial channels, *MTV3* and *Nelonen* (Vertanen in Oittinen 2008: 149).

Subtitling allows the original sound to be left in, and the viewer can hear the original sound and all the little nuances, intonation and rhythm of the words that were captured by the actors. Also, as well as in dubbing, the gestures that go together with the original verbal expression are preserved. The educational aspect should not be forgotten either. When the viewers are able to see the translation at the same time as they hear the foreign language, over time the foreign language becomes more familiar. This happens particularly if the viewer already has some knowledge of the foreign language. (Ivarsson 1998: 34–35.) Since the amount of text people read from the TV screen is so remarkable in Finland, the standards for these translated texts should be quite high. It could be even argued that the good reading skills among Finnish children are most likely due to the existence of subtitles (Vertanen in Oittinen 2008:149). Although subtitling is not as expensive as dubbing, subtitling has also its disadvantages. According to

Ivarsson (1998: 34) these include crowding the picture and diverting the attention from the picture. Subtitles may distract the viewer, and make it harder to concentrate on the picture if s/he is not used to them. They also take space on the screen crowding the picture, and even then, the translation cannot cover everything that is said in the original soundtrack.

3.2 Elements and their Interplay in the Use of Subtitles

In AV-translation, there are several channels of communication that all need to be taken into account in the process of subtitling. These include the image, sound and text, that is, the subtitles. The simultaneous existence of these channels can benefit, but also create challenges to the translator. According to Schröter (2005: 35, 39) the current status of subtitling in the typology of translation (subtitling has a special status among the different types of translation as it translates from one mode to another mode) is partly due to the interplay of the image (the visual), the sound (dialogue, music and non-verbal communication) and the subtitles. All these are visible in the conventions and constraints of subtitling, such as the display rates and size of the subtitles, and also the way the original soundtrack is translated or condensed in the subtitles. Despite the existence of the interplay of the visual, auditive and textual in subtitled programmes, the visual is always the most important element.

There are very few studies about the problems that occur in the translation of something that includes a picture. Even in children's books one word can either give multiple meanings to the picture, or limit them. A word can emphasize something that should be observed in the picture and direct the reader's attention to a particular detail. From the viewpoint of the translator, the picture can both create problems and help the translation. If the picture gives information that differs from the information given through the written text, the reading may become complicated, if not confusing. In some cases, the deviation might be intended to be sarcastic, for example, if there is a picture of rain but the texts describes a sunny day. (Oittinen 2004: 9, 42–44, 58.) In House M.D series, the

picture usually supported the story by giving the same information or more information for the viewer. For example, if the characters examined a case that had ingested tapeworms, an image of an x-ray showing the worm larvae was visible on the screen (episode: *Pilot*).

In AVT, not only the visual (image) but also the auditive (sound) affect to the translators interpretation of the original. Oittinen (2008: 57) describes the relationship between the picture and text as existing in a dialogue with each other. Ivarsson (1998: 74) disagrees with this view and gives the visual element a clear priority by stating that: “As a general rule the subtitles should always reinforce the images on the screen”.

The subtitles are rarely taken into account in the making of the original film,/TV programme,/DVD, and this is why there is almost never enough space for the subtitles at the bottom of the screen. The subtitles may conceal some parts of the picture, and in close-ups, in particular, this may be a problem since they can cover the lower part of the face, including lips, covering an essential aspect of the picture. The restricted space reserved for subtitles requires condensation of the original dialogue, which means that some things must be omitted. The other channels can, however, compensate for the loss of information. (Schröter 2005: 39–40.) Over the years, a number of conventions have, however, developed in order to integrate the subtitles to the visual and auditive elements, and also to make the subtitles less intrusive and easier for the audiences to integrate in their viewing experience. More about these conventions will follow next.

3.3 Conventions of Subtitling

There are different kinds of subtitles depending on the medium they are made for. In television broadcasts and on videotapes the subtitles are always *open* ones, which means that they cannot be turned off, while on DVD versions they are optional, *closed* subtitles. DVD (Digital Versatile Disc) subtitles are a good example of closed subtitles: the subtitles are optional and they can be switched on and off. (Schröter 2004: 31.) One

DVD may contain as many subtitles as 32 in different languages. This means that it can include the translations of 32 different AV-translators (Gambier 2008b: 26). Sometimes the viewer may prefer to switch the subtitles off entirely. As the material of this study, *House M.D.* is on a DVD version, the subtitles are closed. There are 4 optional subtitle tracks in each episode: Swedish, Danish, Norwegian and Finnish.

Subtitling is a form of AVT, where a written translation of the original soundtrack is added on the bottom of the screen, while the voices remain the same as in the original soundtrack. Schröter (2005: 35) pointed out that unlike the majority of translation types, subtitles are the written TL representation of something that has originally been expressed in oral form in the SL, and since subtitles are translated from one mode to another it has a special status in comparison to other translation types. For example, dubbing replaces the original soundtrack with another soundtrack in another language.

The interplay of image, sound and text is the main cause for the many constraints of subtitling. Regardless of the medium, a film, TV, video or DVD, there are always some features in subtitling that have an impact on the quality of the subtitles. (Ivarsson 1998: 63.) Both the picture and the reading speed of the audiences determine much of what is translated.

In order to leave room for the picture, the screen texts are placed at the bottom of the screen, starting from the left. Two lines are regarded as the maximum length for subtitles (Ivarsson 1998:53, Schröter 2005:31). The upper line is usually shorter than the bottom line for the same reason, to take up a smaller portion of the picture. An important consideration for the subtitler is also the estimated reading speed of an “average” reader. The recommended number of characters in television subtitles varies between 30 and 40, including spaces (see Ivarsson 1998: 53 and Schröter 2005: 32). On Finnish TV channels, the number ranges from 30 to 34 characters per line. In order for the viewers to have enough time to read the subtitles, a full length two-lined text must appear on the screen from four to five seconds: the minimum is one second, while 30 seconds is the absolute maximum. (Vertanen in Oittinen 2008: 151.) The recommended

time is longer than the speed with which the human eye can move, because it is not just the subtitles that meet the eye. The existence of image and sound along with the subtitles requires more time from the viewer to take everything in. (Ivarsson 1998: 64). The exposure times should be long enough to permit comfortable reading for the majority of viewers. However, because of the continuing dialogue of the original, one subtitle cannot appear on the screen for too long (Schröter 2005: 32). Also, the font type and size used in the subtitles must be big enough in order for the viewer to be able to read them easily (Vertanen in Oittinen 2008: 151), for the same reason, the text is usually white on a darker background for the same reason, or if the picture is very white, the text turns darker (Schröter 2005: 31).

The number of words people manage to say in a few seconds would require three or four times the space of the two-lined subtitles. The subtitler must thus decide what the essential content that should be translated is. There are no specific rules how to condense the text but usually the strategies used are either omission or paraphrasing of those parts of the original spoken text, that are not absolutely necessary in order to understand the original dialogue. Omitting parts of the text does not irritate the viewers that have some knowledge of the original language, as much as paraphrasing, which makes omission better as a way of compressing the text. (Ivarsson: 86.) However, subtitles are basically for the people who do not understand the original.

Condensation due to the limitations of subtitling can sometimes lead to losses of information in subtitles. In some cases, even if there were no constraints, the mode shift from spoken to written would still require some omitting and streamlining, the elements that would be unacceptable in standard writing are usually omitted also from the subtitles (Schröter 2005: 34). For example, swear words are usually much stronger in written form, which is why they are often omitted (Vertanen in Oittinen 2008:153). The most commonly omitted spoken things are such as greetings, names, forms of address, muddled speech and ellipsis like “well” and “you know” (Ivarsson 1998: 87, 93). Other elements that are usually omitted in the practice of subtitling are repetitions, fillers and redundant elements. This can often be done without loss of important information. The

dialogue and the image can convey some of the information that would otherwise be lost, helping the translator to condense the text (Schröter 2005: 38) since there is no need to translate the details that are seen in the visual channel. The following example 12 illustrates well the condensation and omission of redundant expressions:

(12) ST: Uh huh, whereas tumors are really good for brains, makes them grow big and strong. It's my call.

TT: Kasvaimetko ovat hyödyllisiä?
Siitä päätän minä.

MT: Tumors are good for brains then?
That is up to me.

(*House M.D.* Episode: *Role Model*. Scene: Cuddy is mad)

In the previous example, Dean Cuddy is talking House out of doing a dangerous brain biopsy to a patient, while House thinks it is necessary, despite of the possible risks involved. While the ST is as long as 95 characters long, the subtitled version is as short as 47 characters. The spoken expression “Uh huh” is left out from the subtitles as it is redundant. Also, the sarcastic remark about brains and how tumors “makes them grow big and strong”, is left out, since the information is not absolutely necessary in order to understand that House is actually being sarcastic about the health effects of tumors, thus, condensation is possible without any loss of essential information.

The subtitler must decide what can be translated within the space and time limitations and what can be omitted without leaving out something that is essential to the original plot. The translator can use several different translation strategies in order to follow the original and the conventions of subtitling. The strategies introduced in the next chapter, are retention and re-creation.

3.4 Retention & Re-creation

Since the focus of this thesis lies on the translation of medical terminology in a fictional text, the strategies needed to be modified for the purpose of studying the subtitles: The dividing line between re-creation and retention in the subtitles is the accuracy of the terminology. Accuracy in its purest form means that the medical term appears in the subtitle, whereas re-creation refers to its modification or disappearance from the screen text. The translator's autonomy increases when s/he takes distance from the dialogue and uses re-creative translation strategies. In what follows, the discussion will move to retentive and re-creative translation strategies which will then be illustrated with examples from the material of the present study.

James Holmes introduced the terms *retention* and *re-creation* as two opposite strategies as early as in 1988. According to Holmes (1988:47,48), these strategies, retention and re-creation, are determined by four basic local strategies that he divided on two axes distinguished by the choices made by the translator. Of these axes one is exoticizing versus naturalizing and the other historicizing versus modernizing. Holmes' diagram of the division of the re-creation and retention strategies is illustrated in the following figure 1.

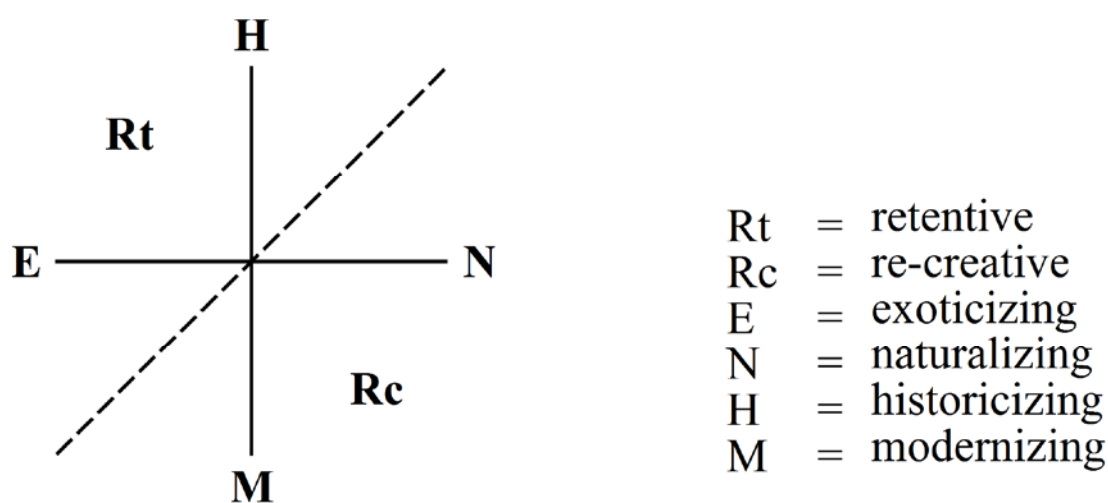


Figure 1. Retention & re-creation (Holmes 1988: 49).

As this scale illustrates, the division between the two extremes, retention and re-creation is not always clear. Usually the translations are not purely one or the other, but situated somewhere in the cline.

In exoticizing and historicizing the emphasis is on retention, and in naturalizing and modernizing it is on re-creation (Holmes 1988: 48). On the one hand, when the translator is exoticizing or naturalizing, it means that s/he is making a choice about how much of the translation is going to involve cultural adaptation, while historicizing and modernizing on the other hand refers to the time period: it can be played down or the time period of the original text can be emphasized. Holmes noted, for example, in his study of poems that the translators tended to historicize and exoticize the linguistic context in regard to the country of origin of the source text. However the language of the original with its nuances was modernized and naturalized closer to the more familiar target language. These individual choices situated somewhere between the two opposite strategies, suggest that retention and re-creation are not the goal, but only the means to a goal. (Holmes 1988: 49–50.)

The two terms, retention and re-creation can also be applied to other choices made by the translator, for example by Elomaa (2010: 78–79), who defined them in terms of translation of humour. The decisive thing was, whether there were changes in the humour category when the film was dubbed and subtitled. The strategies were divided to retentive and re-creative strategies according to whether the translator had preserved the type of humour presented in the original, or used another type of humour in order to make the translation more fluent.

In this study, the translations degree of fidelity to the source text is seen as the decisive factor between retention and re-creation. If a medical term in the material has been translated by retaining the original term, the strategy is considered to be retentive. If however, the original term is replaced with something else, including omission/loss, the strategy is re-creation. What here is meant by *retaining* a term is that the term is not translated as it is an established equivalent, also known in Finnish medical language, or

when the term is translated by replacing it with its accurate Finnish language counterpart. The focus of this study is in other words on the retention and re-creation of *medical terminology*. The following is an example from my material, illustrating retentive and re-creative translation strategies in use:

- (13) ST: **Wegener's** is one of the first things I looked for. The **biopsy** and the **blood** tests were negative, just like yours.
- TT: Etsin ensimmäiseksi **Wegeneriä**.
Testit olivat negatiivisia.
- MT: Wegener oli yksi ensimmäisistä asioista joita etsin. Biopsia ja verikoe olivat negatiivisia, kuten sinunkin.

(*House M.D.* Episode: *DNR*. Scene: Hamilton visits House)

The example is from a scene, where a visiting character, Doctor Hamilton and House are discussing a patient they both have been treating. The term *Wegener's* is an example of retention, as the same term for the condition is used in the subtitles, and it is familiar in Finnish medical language as well as in English medical language. However, the term *biopsy* has been omitted along with *blood* tests, showing some level of creativity from the translator. These terms have both been re-created by replacing them with one generalized form, *testit*. The analysis will presumably reveal which strategies are the most dominant ones in the subtitles of *House M.D.* series. Re-creation refers to the creative strategies used by the translator in the translation of a text; in terminology translation a specific term can be generalized, or replaced by another term. In this present study, also omission and addition are included to these retentive and re-creative strategies introduced by Holmes. The focus of the next section is on the translation of medical texts in fiction.

3.5 Translation of Specialist Terminology in Subtitles: Medical terminology

Subtitlers, among other AVT translators, come across with a wide array of terminology from, for example, legal terminology to police- and medical terminology. The requirement of authenticity (see 2.3) is the reason why terminology is so popular in non-fictional texts, although the function differs from the non-fictional texts. Translation of details like not only terminology, but also slang, humor and culture specific items can be quite challenging for the translator. Translation of professional terminology can be demanding, since the translator may lack of that specialized knowledge that the professionals of the field have and this is why a specialist is sometimes consulted during the translation process. Also the way the fictional series use LSP terminology is not entirely random and many hire expert consultants to check the correctness of the terminology. Dr. Lisa Sanders is one of the medical advisors for *House M.D.* She is a Yale physician and a columnist for the New York Times, her column is titled *Diagnosis*. (Gaglani 2014) A consultant works with the script writers in order to check the accuracy of the terminology used in the episodes. The use of consultants is one of the reasons, why the terminology even in fictional series is highly professional and difficult to translate. The challenges in translating, for example, medical terminology into subtitles are related to difficulties in finding an equivalent and dealing with obscure equivalents, ambiguity and possible absence of terminology (Lozano & Matamala 2009: 75). However, if all the terminology was transferred as accurately to the subtitles as possible, it would overload the information content and read like a dictionary. The viewers would not be able to follow the plot, or have enough time to read the difficult terms. Balancing between the time and space limitations of subtitling, the authenticity requirement and the elements of AVT is demanding, and the subtitler's work should not go unnoticed.

Lozano's & Matamala's study of translation of medical terminology in dubbed fictional series *E.R.* showed that there was a tendency towards literary translation, but the original was reproduced mainly in those categories that have meanings and equivalents that are easily found in specialised dictionaries and terminological databases. The hypothesis was that most of the terminology would be inadequately conveyed, however it proved to

be false, since the translator had used a wide array of strategies to translate the terms correctly mostly through the use of literal translation and established equivalents (2009: 82, 85). This inclines that despite of the limitations of subtitling the translator in their material was using mostly retentive strategies.

Some of the medical terminology occurring in the English language original version of a film or a series, is what in this present study is referred to as an *established equivalent*, which can be translated, or rather not translated, into the subtitles as it is in the original. If the medical term, or any term, and the concept are exactly the same in both languages, the medical term can be transferred to the subtitles by leaving the original term as it is, but only in cases where the term is considered to be an established equivalent.

4 TRANSLATION OF MEDICAL TERMINOLOGY IN THE SUBTILES OF *HOUSE M.D.*

The purpose of this present study was to examine what is the more frequently used translation strategy, retention or re-creation when translating medical terminology from English language soundtrack into Finnish language subtitles. The material was taken from *House M.D.* episodes; Pilot, DNR and Role Model. The three episodes used in this study were the first episodes from every other DVD of total 6 DVD's box that contained the whole first season of the medical drama series.

In order to carry out the analysis, the translations for the medical terms that fitted into four categories, (1) Anatomy & Physiology, (2) Diseases & Conditions, (3) Diagnostic & Procedure & Equipment and (4) Drugs, were identified from the original soundtrack using medical dictionaries *Lääketieteen sanakirja* (1987), *Lääkärikielen sanakirja* (2002) and *Dictionary of Medical Terms* (2005). These medical terms were then compared with their Finnish translations in the subtitles in order to analyse the translation strategies. The strategies were studied first and divided into 6 categories. Those strategies were seen to fall into two translation strategies by applying Holmes' theory (1988) of retention and re-creation. The medical terms were either retentive or re-creative according to the change in the terminology. In order for the translation strategy to be retentive, the translation needed to be the exact counterpart for the term in Finnish language, or not be translated at all. *Established Equivalent* and *Finnish Counterpart* were seen to be retentive strategies and *Generalization*, *Addition*, *Omission* and *Deviation* as re-creative strategies. The Finnish subtitles were studied in order to find the instances of added and omitted terminology. Subtitles are, however, always complemented by the visual which can make up for certain translation strategic choices determined by the constraints of subtitling. It could be assumed, that re-creation (e.g. omission, generic term etc.) would be more common due to the constraints of subtitling, but also the function of the term and the visual element of the material. All deviations from the original fell into the category of re-creative strategies, including generalizations, omissions and additions. False information due to a slip or other reason was considered to be deviation

as well. The possible effects of the change of mode from verbal to written were also taken into account, due to the constraints of subtitling, which also have an effect on what has been translated. The main limitations affecting the translation are the time and space limitations, leading to reduction through the use of shorter terms, and to loss of terminology through omission. The visual channel may have in some cases offered the information, so replacing the omitted term. From the episodes used as material for this study, no such case was found. However the picture often supported the dialogue by explaining the medical term through showing the concept behind the term through the visual channel. For example, when the characters were talking about a blood clot, an image of a blood clot was visible on the screen.

4.1 Main Findings

The three episodes used as a source of material in this study, contained medical terminology that had been translated into Finnish subtitles by either retaining the original term, or by re-creating the term by deviating from the original. All additions, omissions, generalizations and deviations due to a mistake or some other reason were considered as re-creative strategies. The share of medical terminology was bigger in in the original soundtrack than it was in the Finnish subtitles.

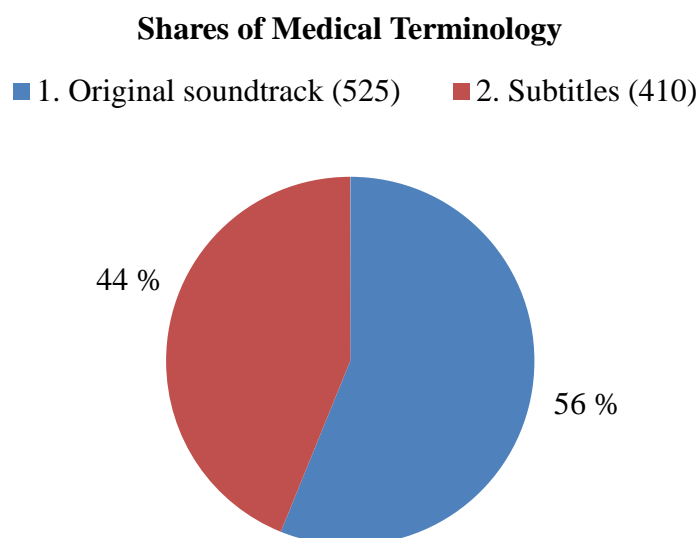


Figure 2. The share of Medical Terminology in the *House M.D.* episodes and in their Finnish subtitles.

Although the number of medical terms found from the subtitles was lower than in the original soundtrack (Figure 2), it would have been even lower without the medical terminology that the translator had added to the Finnish subtitles. These additions were probably placed there in order to replace some of the lost terminology due to the omissions. When the number of medical terminology is closer to the number of medical terms occurring in the original soundtrack, the level of authenticity and realism stays the same, or at least brings the subtitles closer to the original in giving the feel of professional atmosphere to the viewer.

The total number of medical terminology, that is, everything that was in the original English language soundtracks and scripts of the *Pilot*, *DNR* and *Role Model* episodes of *House M.D.*, was 525. From the translation, there were to be found 22 terms that existed only in the Finnish subtitled version and not in the original English version. However, the subtitles had suffered also from loss of terminology through omission, so that the total number of medical terminology found from the subtitles alone was 410. All the 547 Finnish and English language terms included in my material were found in some of

the three dictionaries used in this study: *Lääketieteen sanakirja*, *Lääkärikielen sanakirja* and *Dictionary of Medical Terms*.

The medical terminology was first divided into 4 categories according to the frequent use of the terms fitting into these categories: (1) Anatomy & Physiology, (2) Diseases & Conditions, (3) Diagnostic Procedure & Equipment & (4) Drugs. Then, the two language versions of the episodes, English soundtrack and Finnish subtitles, were compared with each other and separated into categories according to the comparison. They fell into the following categories: Established Equivalent, Finnish Counterpart, Generalization, Omission, Addition and Deviation. The original medical terms were translated in the subtitles by using either retentive strategies or re-creative strategies. In retentive strategies the original term was left as it was in the original, if the term was considered to be an *established equivalent*, a term that is known and used in both English and Finnish medical languages, or by translating it by choosing the accurate Finnish language *counterpart*. When the translator used re-creative strategies, the original medical term was re-created by replacing it with something else in the subtitles, including incorrect translation (deviation) and omission. The original medical term could not always be translated in the subtitles because of the conventions of subtitling, thus, along with omission also other means were used in the re-creation of terminology.

As stated previously, all in all 547 medical terms were identified from the material. From these, 388 medical terms that were translated in the subtitles were identified from the original, while 22 medical terms were additions/specifications of medical terms that could only be found in the subtitles. Out of the total number of 547 medical terms, 329 terms were retained and 218 re-created. This shows that in percentages the amount of retention in the subtitles was as high as 60 %. The pie-chart below (Figure X) illustrates the translation strategies used in the Finnish subtitles of all three episodes of *House M.D.* series together: *Pilot*, *DNR* and *Role Model*.

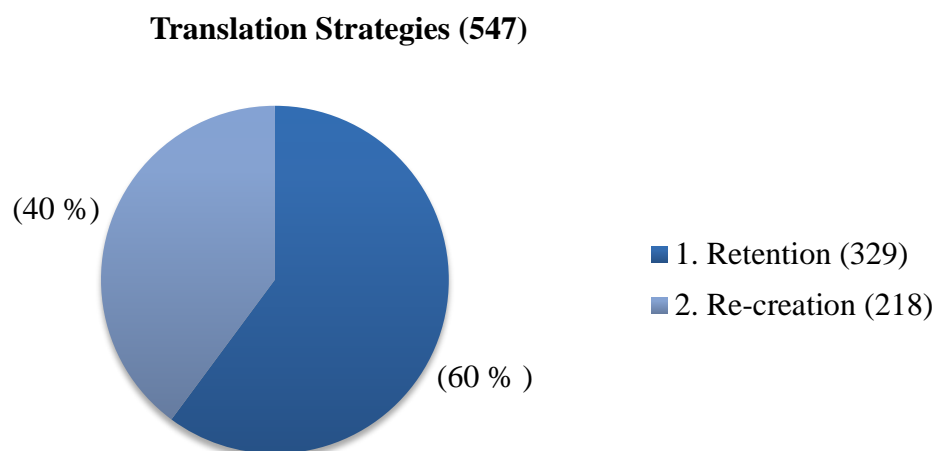


Figure 3. Translation strategies in the Finnish subtitles of House M.D. episodes.

According to the numbers, the dominating translation strategy in all of the episodes was retention. There was a tendency to use the Finnish counterpart whenever the space and time limitations made it possible. Established equivalents were used in order to condense the text in the subtitles, as the Finnish counterpart would have taken too much space in the subtitles. However, the most frequently used re-creative strategy was omission, presumably also due to the conventions of subtitling, while generalization was the next in order. Most frequently re-creative strategies were used in one specific category of medical terminology, which was the *Diagnostic, Procedure & Equipment* category. Although only the translator of the *Pilot* episode of *House M.D.* was known, there did not seem to be any differences in the preferred choice of translation strategy in what comes to retention and re-creation. The translation strategies used in the Finnish subtitled version are illustrated in more detail in the following table 1.

Table 1. Categories of medical terminology and the translation strategies used in the subtitles of *House M.D.*

Translation Strategies	Categories/Medical Terms (547)				
	1.Anatomy & Physiology (106)	2.Diseases & Conditions (221)	3.Diagnostic, Procedure & Equipment (174)	4.Drugs (46)	
Established Equivalent (61)	2	30	16	13	RET. (329)
Finnish Counterpart (268)	64	102	79	23	
Generalization (48)	7	18	21	2	RE-CREATION (218)
Omission (137)	31	48	53	5	
Addition (22)	1	16	5	0	
Deviation (11)	1	7	0	3	
TOTAL	106	221	174	46	

From this table it becomes visible, that Diseases & Conditions (221), was the clearly the largest category, in which most of the medical terminology fell. The fourth category for Drugs (46) was the smallest category. The retentive strategies were most frequently used within the category of Diseases & Conditions. The translator had obviously chosen retentive strategies whenever possible and used re-creation mostly due to the constraints of subtitling. This became clear, since the most frequently used re-creative strategy used in the subtitles was omission. In the category of Diseases & Conditions the translator(s) had preferred the use of Finnish Counterpart in the subtitles. Deviations from the origi-

nal occurred only a few times if at all. The deviations seemed to only occur due to carelessness of the translator or due to the lack of knowledge in the field of medicine.

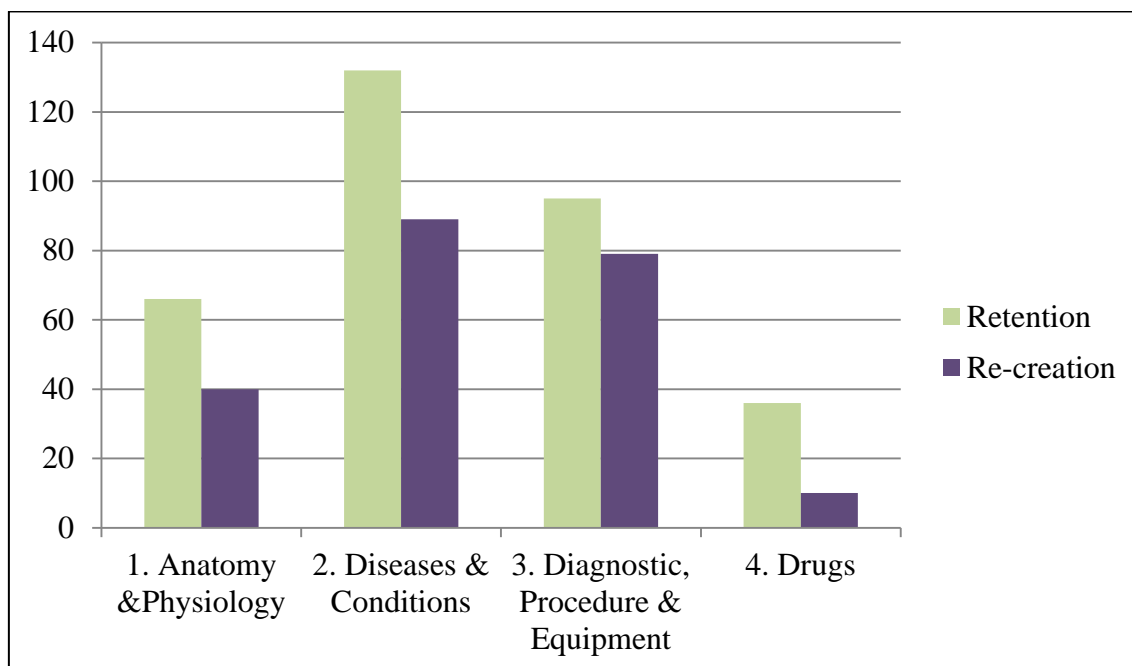


Figure 4. Re-creation and retention of medical terminology in the subtitles of *House M.D.*

This chart illustrates more clearly, the results of the comparison of Holmes' translation strategies with one another. The figure shows how the retentive strategies are the dominant ones in all four categories of medical terms. The choice of strategy may be the result of the translator's desire to stay as close to the source text as possible. The use of retentive strategy may also reveal the foreign origin of the source text (Elomaa 2010: 90). However, the medical terms used in the field of medicine in Finland are usually taken or rendered from a foreign language, usually from Latin or English. This is why it could be assumed that even the foreign origin of the medical terms in *House M.D.* would be obvious, it would not disturb the viewer reading the Finnish subtitles.

4.2 Retention of Medical Terminology

In this study, the criterion for the translation strategy to be categorized as retentive, was that the original term should remain unchangeable, or in other words, untranslated in the subtitles. This retentive strategy is referred to as using an *established equivalent*. The foreign origin of the term is not always that obvious, as English language terminology is so commonly used in the field of medicine also in Finland that they appear to be a part of Finnish medical terminology. Another retentive strategy was finding an exact counterpart; there the original medical term was replaced in the subtitles with its exact Finnish language counterpart. Counterpart is a term, that must have the same function as the original, and the concept behind the term had to be the same both in source and target languages in order to be considered as Finnish language counterpart in this study. Per episode the share of different translation strategies was the following:

Table 2. Translation strategies per episode.

	PILOT	DNR	ROLE MODEL
Established equivalent	5%	20%	53%
Finnish language counterpart	51%	47%	24%
Generalization	11%	6%	5%
Omission	27%	22%	13%
Addition	4%	5%	3%
Deviation	4%	0%	2%

This table is here to indicate that the use of Finnish language counterpart was the dominant translation strategy in all the *House M.D.* episodes. These strategies will be discussed next in more detail.

4.2.1 Established Equivalent

In the *Pilot* episode of *House M.D.*, the total number of medical terms found was 171. Of these terms, the established equivalent was used in 9 instances. The terms in question were commonly used in both languages, although the terms originated from English medical terminology. In the episode *DNR* the number of established equivalents was 50 out of 235 medical terms and in the third episode included to this study, *Role Model*, the number was 14 out of the total 141. The following is an example of the use of established equivalent in the subtitles of the *Pilot* episode of the series *House M.D.*

In this scene, Dr. House and his team of specialists examine a image of a woman patients brain. They are trying to figure out what could be wrong with her. One of the team members, Dr. Foreman just suggested that the results they got from the laboratory might not be accurate. House decides to do more tests:

(14) ST: H: Re-draw the blood tests, and get her scheduled for that contrast **MRI** ASAP.

TT: Tehkää uusi verianalyysi ja varatkaa aika **MRI**:lle.

MT: Uusikaa verikokeet, ja varatkaa hänelle aika kontrasti **MRI**:lle niin pian kuin mahdollista.

(*House M.D.* Episode: *Pilot*. Scene: People screw up)

Unlike in the example (5), where the translator had the opportunity to use the longer, Finnish medical term *magneettikuvaus* in the subtitles, in the example above the limitations of subtitling did not leave enough space for the longer medical term. Instead, the translator had used the original term, *MRI*, which is an abbreviation from the English term *Magnetic Resonance Imaging*. The term *MRI* is commonly used in other languages and the concept of the term is clear to the professionals of medicine. The established equivalent was successfully used in the subtitles. The next is an example of another established equivalent, which is not probably as well known among the non-professionals:

(15) ST: H: You're welcome. He's positive for **Epstein-Barr**.

TT: Ole hyvä.
Epstein-Barr on positiivinen.

(*House M.D.* Episode: *Role Model*. Scene: Foreman and House)

In the scene above, House (H) and Foreman are discussing a speech House has agreed to give shortly. At the same time House notices from the test results he is holding that the patient is positive for a virus named Epstein-Barr. This virus causes mononucleosis. Epstein-Barr, also known as EBV (Epstein-Barr virus), is in this example (15) translated by using the same term. The translated term is an established equivalent for the original, since it has not changed in the translation process and is known by the same term in the field of Finnish medicine. A different, specific term does not exist in the Finnish language; the virus is simply referred to as *Epstein-Barr*. The next example is another of established equivalent. This following example demonstrates how a professional medical term can be used in both the original and then also transferred in the subtitles, if it has been explained already in the original script. Here House and his team are in house's office. House has just stated that the patient might have something called CVID and Chase is annoyed, since he suggested something similar himself earlier and the suggestion was rejected.

(16) ST: Ch: **CVID**? That's a type of immunoglobulin deficiency.
I said that.

TT: **CVID** on eräänlainen immunoglobuliinin
puutostila. Minä sanoin niin.

MT: Hypogammaglobulianemia on eräänlainen
immunoglobuliinin puutostila. Minä sanoin sen.

(*House M.D.* Episode: *Role Model*. Scene: The sport metaphor)

As the term CVID (Common variable immunodeficiency) is a complicated term and unfamiliar to most viewers, it has partly been explained already while making the script.

This choice has had an impact on how the strategy chosen by the translator. The actual corresponding term in Finnish language is *Hypogammaglobulinemia*, which is as complicated to the Finnish audience as the original term is for the English language audience. Probably due to this fact, the translator had used the established equivalent and translated the same more general explanatory term *immunoglobuliinin puutostila*, as in the original; *immunoglobulin deficiency*. This last, a more general term was actually translated by using the *Finnish language counterpart*, which will be discussed next.

4.2.2 Finnish Language Counterpart

Sometimes the exact translation for a professional term identified from the ST can be found in another language. The medical terms in Finnish language tend to be longer than their English language counterparts, which makes it sometimes problematic for a translator to use them in a limited space, like in the subtitles. In the *Pilot* episode of *House M.D.*, the translator had translated 87 medical terms by using their Finnish language counterpart of the total 171 medical terms found from the original. The number in *DNR* episode was 117 out of 235 and 65/141 in the *Role Model*. The numbers show that the translator had from some reason preferred to use the Finnish language counterpart instead of the established equivalent. It could be assumed that most of the terms in the original English language versions, are not established or used in the Finnish medical LSP. The following is an example of the use of a Finnish language counterpart in translating medical terminology in *House M.D.* In this scene Dean Cuddy has given the case of John Henry Giles, a musician, to foreman instead of House, and House just can't keep his ideas about the possible diagnose to himself:

(17) ST: Ca: Transverse myelitis

TT: Selkäytimen tulehdus.

(*House M.D.* Episode: *DNR*. Scene: House versus Foreman)

The terminology in the example is short and clear, and there is no extra dialogue that would require condensation in the subtitles. The exact Finnish language counterpart was

short enough for the translator to be able to use it in the subtitles, and the terms were simple enough, at least in the Finnish translation, for the viewers to understand them. The reason for preferring the use of counterpart as a retentive strategy instead of established equivalent might also be the fact that although the Finnish terms are sometimes longer, they are also less complicated for the non-professionals to understand. Here is an example of another Finnish language counterpart. Here House (H) is asking for suggestions about a possible diagnose from Chase (Ch) and Cameron, since Foreman is mad at House and just rushed out of his office:

- (18) ST: Ch: Uh, vasculitis?
 H: Wouldn't likely to hit both lungs.
- TT: Verisuonitulehdus?
 -Molemmat keuhkot ovat vaurioituneet.

(*House M.D.* Episode: *DNR*. Scene: Foreman leaves)

This example here, and the previous example (17) did not require MT, since the translation in the subtitles was the one that would have been used in the MT as well. In the example above, the Finnish translation for *vasculitis* could have also been *vaskuliitti*, which is also correct. However, that would have been closer to the original English language term, than the term *verisuonitulehdus*. The shorter term was not assumedly needed here, since there was no need for condensation in the subtitles when it comes to this example (18).

4.3 Re-creation of Medical Terminology

By re-creation, this study refers to those translation strategies, in which the translator had created something else in order to replace the original term in the subtitles. If the original term was not translated in the subtitles, the translator had been creative and omitted the term completely. This is why omissions were included to the re-creative

strategies. All the different strategies used in the subtitles of *House M.D.* episodes that fall under the re-creative strategies will be discussed next.

4.3.1 Generalization

Generalization is one of the re-creative strategies. Generalization means that the original specific medical terms has been replaced with a more general term. The process of generalization is to find a word or a term that is similar but not as complicated as the original. For example, *volleyball* and *golf* are specific terms, but they are both sports. In this case, *sports* being the generalization. *Sports* is a larger context than volleyball or golf. Elberkennou stated in her study of the difference between descriptions of symptoms in *EBMG* and *Lääkärin käsikirja* that: “One language version may generally state that there is pain in the injured area, and the other that the pain is on the lateral side of the knee.”(Elberkennou 2008: 55) In the *Pilot* episode of *House M.D.*, there were 18 instances where the translator had used a wider concept of the original term in the subtitles, in other words, generalized the medical term in the process of translation and re-created the original term. In *DNR* the number was 14, and in the *Role model* episode it was 14. Here is an example of generalization in one of the episodes of *House M.D.*:

(19) ST: H: Start the senator on **IV immunoglobulin** stat.
If he gets better, I’m right, if he dies, you’re right.

TT: Anna senaattorille **immunoglobuliinia**.
Jos hän kuolee, olette oikeassa.

MT: Aloita senaattorille suonensisäinen
immunoglobuliini heti. Jos hän kuolee, olette oikeassa.

(*House M.D.* Episode: *Role Model*. Scene. Cameron is in doubt)

In this scene, House has just realized that the patient is sick because of a drug he took many years ago. Cameron doubts this. The term is actually both omitted and generalized, since the term IV has been left untranslated. However, the Finnish language translation is a generalization of the original term, since immunoglobulin is usually given

directly into a vein. The assumption is, that the space limitations have again determined the choice of translation strategy as the term *stat*, which means “now” has also been omitted from the subtitles. Some of the examples have many different translation strategies in them, because in a way the term immunoglobulin has been subtitled by using the established equivalent. In the next scene, doctors House (H), Wilson (W), Foreman, Cameron and Chase are sitting in the park hiding from Dean Cuddy. They are confused about a patient who seems to have *AIDS*, however, the drugs are not working:

- (20) ST: W: False negative on the **PCR AIDS test**?
 H: Ran it twice.
- TT: Voiko **aids-testi** olla väärässä?
 Teimme sen kahdesti.
- MT: Virheellinen negatiivinen PCR AIDS testistä?
 Teimme sen kahdesti.

(*House M.D.* Episode: *Role Model*. Scene: In the park 1)

PCR refers to the term *Polymerase Chain Reaction*. PCR test is a specific test that measures many things. It can also be used in order to find out if the patient has human immunodeficiency virus, which develops into *AIDS*. Here the abbreviation PCR before the “AIDS test” is excess information that can be left out from the subtitles. The wider concept is enough in the subtitles since the series is fictional and the audience does not consist of professionals alone. In the example below, two different terms have been combined into one general term. In this scene, Cameron, House and Foreman are in a lab, looking at test results of a patient who did not respond to the knee reflex test:

- (21) ST: F: The **LP** showed no sign of infection and the **MRI** was fairly clean.
- TT: Kumpikaan **tutkimus**
 ei näytä mitään erityistä.
- MT: Lannepistossa ei näkynyt tulehduksen merkkejä
 ja magneettikuva oli melko puhdas.

(*House M.D.* Episode: *Role Model*. Scene: The senators test)

The most obvious reason for re-creation here, is the possibility to condensate the text by using a generalization that covers both medical terms. Another way to condensate her, would have been the use of established equivalent by using the same abbreviations. However, the term *LP* is probably not used in Finnish LSP as frequently as the term *MRI*. Generalization is not the only re-creative strategy that allows the translator to stay within the limitations of subtitling. This strategy is omission and it will be discussed next.

4.3.2 Omission

The material for this study consisted of both the original soundtrack and the written translation, that is, the subtitles. In the case of subtitling it is sometimes difficult to determine the reasons for omissions. Omissions were analysed in this study mostly as purposefully made choices by the translator, in order to condensate the text. Everything that is heard on the soundtrack cannot be translated due to the time and space limitations of subtitling. In numerous cases, the medical terminology that existed in the original was not transferred to the subtitles. The dialogue in the original would not fit into the two subtitle lines below the picture. From the *Pilot* episode, the translator had omitted 47 medical terms. From the second episode, *DNR* the number of omissions was 55, and in the *Role Model* episode 35. The translator must decide within the limitations of subtitling, what is so essential to the plot that it must be transferred to the subtitles and communicated to the viewer. The original plot should never suffer from the omissions.

The context and the visual channel may have supported the absence of medical terms, when the translator had omitted other than redundant terminology. In the next scene, House is holding the test results of the senator they have as their patient. House states that the results indicate that the patient has antibodies in him, while Wilson (W) responds that there are not enough antibodies to indicate a specific cancer type, lymphoma:

(22) ST: W: Well, not enough to indicate lymphoma

(House.M.D. 2005. Episode: *Role Model*. Scene: Test results)

The phrase by Wilson presented in the example above, is not essential to the plot as House cuts in the middle of Wilson's sentence and suggests another diagnosis. Also, since Wilson merely states what the results do *not* indicate, the translation is not required in order to follow the events of the episode. Here the translator has spotted an opportunity for omission without severe loss of information during the process. From the re-creative strategies, omission is probably the most well known translation strategy. The viewers are also more likely to notice omission in the subtitles, since the original soundtrack can be heard on the background making it easier to compare it with the translation. In the example (22), the whole line has been omitted from the subtitles, but omission is also used as means to condensate the text. The following scene is an example of omission of terminology that causes loss of information. However, the plot is not likely to suffer from the omission:

(23) ST: F: Let's keep him on the broad-spectrum antibiotics, and since he's displaying **septic physiology**, draw blood for adrenal and thyroid function.

TT: Laajakirjoista antibioottia. Tutki-
kaa lisämunuaiset ja kilpirauhanen.

MT: Pitäkää hänet laajakirjoisella antibiootilla ja koska hän osoittaa merkkejä **verenmyrkyksestä**, ottakaa verta lisämunuaisen ja kilpirauhasen tutkimiseksi.

(*House M.D.* 2005. Episode: *DNR*. Scene: Foreman in charge)

In this scene (23), Dean Cuddy had given the case of John Henry Giles, a well known musician, to Foreman instead of House. However, House tends to intervene. Here Foreman (F) is suggesting ideas for treatment to the members of the diagnostic team, including House. Foreman's lines in the original are quite long and the terminology is complicated. It is likely that the translator had to be creative and omit something regardless of the fact, that some of the terminology and information given in the original is

lost due to the translation process. It could be assumed that complete omission of important medical terminology is not desired, but sometimes necessary in order to translate into written mode. In the example (23), not only the medical terms, but also other words are omitted due to the same reason. The omission affects here in such way, that the reader does not get the same information as given in the original soundtrack. It is clear that Foreman wants to give antibiotics, but since the reason for drawing blood is omitted from the Finnish subtitles, it is unclear why Foreman makes this decision.

However, a translator can make up for the losses that occur during the translation process. Since the authenticity level and the realistic, professional feel of the original should be retained in the subtitles. This can be done by replacing some of the lost terminology or by giving professional terms in the translation. These additions will be discussed next.

4.3.3 Addition

Addition in this study refers to those occasions, where the translator has spotted an opportunity for adding some extra medical terminology to the subtitles. The result from the analysis supported the assumption that in the process of subtitling, omission is the dominating translation strategy in comparison to addition. The translators had added 4 instances of medical terminology to the subtitles of the *Pilot* episode. In the *DNR* episode there were as many as 11 additions, while only 7 added terms were to be found from the *Role Model* episode. In the following scene, Foreman is mad at House (H). House did not respect the *do not resuscitate* form the patient had signed. Here House is explaining that the patient may feel like giving up, due to his low thyroid levels:

- (24) ST: H: If the patient is competent to make it, if his thyroid numbers aren't making him sad.
- TT: Jos hän pystyy siihen. Kilpirauhanen saattaa aiheuttaa **depressiota**.

MT: Jos vain potilas pystyy sen tekemän, jos hänen kilpirauhasarvonsa eivät ole tehneet häntä surulliseksi.

(*House M.D.* 2005. Episode: *DNR*. Scene: The ethical question)

The choice of translation strategy in the example was considered as being additive, since a commonly known word, *sad*, was replaced in the subtitles by a Finnish language medical term *depressio* (depression). In this case, it is not likely that the translator has chosen to re-create a term in order to stay in the limits of subtitling, since the translation of the original word *sad* (surullinen), would not be any shorter than the term chosen by the translator.

(25) ST: F: But we can't biopsy his spleen. Respiratory distress?
His platelets are 20 and dropping. His blood won't **clot** a damn.

TT: Emme voi ottaa kudoksenäytettä
pernasta. Veri ei **koaguloitu**.

(*House M.D.* 2005. Episode: *Role model*. Scene: In respirator)

4.3.4 Deviation

In this analysis, a deviation was considered to occur, when the translator had replaced the original medical term with something completely different or the subtitled version of a medical term deviated from the original by translating it into something that was likely to be a mistake. These deviations were likely to be caused due the lack of knowledge of professional terminology in Finnish language, or simply due to a slip or carelessness. In the Pilot episode the translator had deviated from the original 6 times. However, in the DNR episode, the translator had not once replaced the original with anything else that would not fall into some of the other translation categories (generalization, addition, omission). In the Role Model episode the number of occurrences was 5. In the next scene, House and Wilson are discussing a drug Vogler is launching. House thinks that the “new” drug is in fact the old drug with some slight changes:

(26) ST: H: That would be immoral, and stupid. All they've done is added **antacid**.

TT: Se olisi sekä moraalitonta että tyhmää. Siihen on lisätty **antacidumia**.

MT: Se olisi moraalitonta sekä tyhmää. He ovat pelkästään lisänneet siihen **antasidia**.

(House M.D.2005. Episode: *Role Model*. Scene: Wilson and House)

According to the *Lääkärikielen sanakirja*, the correct Finnish language term for *antacid*, is *antasidi*. The word antacidium found from the translation is either a spelling mistake or a typing error. The assumption was that there wasn't enough time, or the translator was simply unwilling to find out the correct translation for the term. Antacid is a drug used for heartburn. The false translation does not affect to the plot itself, however, if the viewer is a professional these kind of mistakes stand out. For a layman, it might be difficult to find out the concept behind the term, as the term is wrongly translated and cannot be found from any Finnish medical dictionaries by the name of *antacidium*.

The next scene includes an example of a similar kind of deviation. In this scene, the medical diagnostic team is examining a patient's magnetic resonance image and Chase is suggesting different diagnosis:

(27) ST: Ch: Aneurysm, stroke, or some other ischemic syndrome?

TT: Valtimonpullistuma? Halvaus tai jotain muuta iskemistä?

MT: Valtionpullistuma, halvaus tai jokin iskeeminen syndrooma?

(House M.D.2005. Episode: *Pilot*. Scene: Horses not zebras)

The deviation was very similar as in the example (26). Both seemed to be the consequence from a simple mistake or the lack of professional knowledge. However, transla-

tors of LSP terminology should consult experts if the terminology they are translating cannot be found from medical dictionaries. In the case of a fictional series, these slips are not life-threatening, but when translating professional texts the possible consequence of a typing error could be dramatic. The correct translation for the term *ischemic* is *iskeeminen* in the Finnish medical terminology. It means “without blood”.

The results supported the assumption that there would not be many mistakes as the extraordinary cases and diseases are what makes *House M.D.* so interesting. At the time when these episodes were translated, the subtitler(s) of the *House M.D.* series did not have the special knowledge of medical terminology, while some of the later episodes not included to this study, have been translated by a translation office specialized in medical translations.

5 CONCLUSIONS

This purpose of this study was to analyse how medical terminology of the House M.D. medical drama series has been translated into Finnish language subtitles. The question was, which strategy would have been used more frequently, retention or re-creation.

The assumption was that the translator would have chosen the retentive strategies due to the transfer of exact medical concepts and in order to convey the authenticity and realism of the original to the Finnish speaking viewers of the series.

In order to analyse the different strategies used, they were first categorized into six (6) different translation strategies used frequently in the series: established equivalent, Finnish language counterpart, generalization, omission, addition and deviation. Then these strategies were divided into two main categories, retention and re-creation. This was done on the basis of whether the strategy had aimed at staying closer to the original term, or replaced it with something else, including another term. The most typical translation strategy in the subcategories was the use of exact Finnish language counterpart. The medical terms were also categorized according to medical categories, in order to see if there would be any difference in translating different type of medical terms. These four categories were anatomy & physiology, diseases & conditions, Diagnostic, procedure & Equipment, and drugs. Most medical terms fell under the category of diseases & conditions. Finnish language counterpart was the dominant translation strategy in all four categories.

The study results supported the assumption that re-creation would be the more frequently used translation strategy in translating medical terminology in *House M.D.*

The medical terms were transferred by using the original term or translated directly whenever possible, these strategies were considered retentive. The study results indicate that although shifts in information do occur during the translation process, most of the terminology is, however, accurate and similar to the original text.

Since this study is a case study, it has its limitations and can only provide information about the translation of this particular series or of these particular episodes. The results cannot be used in a broader sense and any conclusion about medical translation overall should not be based on the results of this particular study. Possible additional studies could be made by analysing another medical series or a series that includes professional terminology of some other field than medicine, and then compare the results with the results given in this study.

WORKS CITED

Primary Sources

House M.D. Season one. Dir. David Shore. Perfs. Hugh Laurie, Lisa Edelstein, Omar Epps, Jennifer Morrison, Jesse Spencer, Robert Sean Leonard. [DVD] Universal Studios (2005).

TWIZ TV.Com “Free TV Scripts Database”. Polterghost Entertainment, updated 2008, [Cited 4 Jan 2011]. Available at: <http://www.twiztv.com/scripts/house/#season1>

Episodes

1X01 Pilot

1X09 DNR

1X17 Role Model

Dictionary of Medical Terms (2005). Fourth Edition. London: A&C Black.

Lääketieteen Sanakirja (1987). Eight Edition. Ed. by Pesonen, Niilo & Eero Ponteva. Porvoo: WSOY.

Lääkärikielen Sanakirja (2002). First Edition. Ed by.Kustannus Oy Duodecim & Pentti Huovinen. Jyväskylä: Gummerrus Kirjapaino Oy.

Secondary Sources

Elberkennou, Jaana (2008). Traumatological symptoms in *Evidence Based Medicine Guidelines* and *Lääkäriin käsikirja*. University of Vaasa. Department of English. Master’s Thesis.

Elomaa, Jonna (2010). *Transfer of Verbal Humour in Audiovisual Translation. Wallace & Gromit: the Curse of the Were-Rabbit in Finnish*. University of Vaasa. Faculty of Philosophy. Master’s Thesis.

Gambier, Yves (2007a). Audiovisuaalisen kääntämisen tutkimuksen suuntaviivoja. [Trends in research on audiovisual translation] In: *Olellaisen äärellä: Johdatus audiovisuaaliseen kääntämiseen* [At the essential: introduction to audiovisual translation], 73–115. Ed. by Riitta Oittinen & Tiina Tuominen. Tampere: Tampere University Press.

Gambier, Yves (2008b). “Recent Development and Challenges in audiovisual translation research” in *Between Text and Image: Updating research in screen trans-*

lation. Eds. Chiaro, Delia, Heiss, Christine Bucaria. Amsterdam, Philadelphia: John Benjamins Pub.Co. (11-33)

- Heikkinen, Heidi (2008). Puuha-Petestä Pokémoniin: -Lastenohjelmien dubbaus Suomessa. [*From Bob the Builder to Pokémon: -Dubbing children's television shows in Finland*] In *Olellaisen äärellä: Johdatus audiovisuaaliseen kääntämiseen* [At the essential: introduction to audiovisual translation], 235–243. Ed. by Riitta Oittinen & Tiina Tuominen. Tampere: Tampere University Press.
- Holmes, James S. (1988). *Translated! Papers on Literary Translation and Translation Studies*. Amsterdam: Rodopi.
- Ivarsson, Jan & Mary Carroll (1998). *Subtitling*. Simrishamn: TransEdit HB.
- Kilborn, Richard (1992). *Television Soaps*. Ed. John Izod. London: B.T. Batsford Ltd.
- Lozano, Dolores & Anna Matamala (2009). The translation of medical terminology in TV fiction series: the Spanish dubbing of *E.R.* In: *Vigo International Journal of Applied Linguistics (VIAL)* Nro:6 [Cited 8.9.2011] Available at: <http://webs.uvigo.es/vialjournal/>
- Montalt Resurrecció, Vicent & Maria Gonzalez Davies (2007). *Medical Translation Step by Step: Learning by Drafting*. Ed. Kelly, Dorothy. Manchester, UK & Kinderhook (NY), USA: St. Jerome Publishing.
- Nuopponen, Anita & Nina Pilke (2010). *Ordning och reda: Terminologilära I teori och praktik* [Kuri ja Järjestys :Terminologian opetus teoriassa ja käytännössä]. Finland: WS Bookwell.
- Oittinen, Riitta (2004). *Kuvakirja kääntäjän kädessä*. [Picture book in the hands of a translator]. Helsinki: Lasten Keskus.
- Oittinen, Riitta (2008). *Olellaisen äärellä: Johdatus audiovisuaaliseen kääntämiseen*. [By the essential: introduction into audiovisual translation] Tampere: Tampere University Press.
- Pedersen, Jan (2007). *Scandinavian Subtitles. A Comparative Study of Subtitling Norms in Sweden and Denmark with a Focus on Extralinguistic Cultural References*. Stockholm: Universitetservice AB.
- Picht, Heribert & Jennifer Draskau (1985). *Terminology: An Introduction*. England: The University of Surrey, The Copenhagen School of Economics.

Schröter, Thorsten (2005). *Shun the Pun, Rescue the Rhyme? The Dubbing and Subtitling of Language-play in Film*. Karlstad: Division for Culture and Communication, Department of English, Karlstad University.

Toury, Gideon. 1995: *Descriptive Translation Studies and beyond*. Amsterdam etc.: Benjamins.

Tuominen, Tiina (2008). Vastaanottoa vai vastustusta?: Audiovisuaalisten käännösten reseption tutkimuksesta [*Reception or resistance?: About the study of the reception of audiovisual translations*]. In: *Olennaisen äärellä: Johdatus audiovisuaaliseen kääntämiseen* [By the essential: introduction into audiovisual translation], 294–307. Ed. by Riitta Oittinen & Tiina Tuominen. Tampere: Tampere University Press.

Vertanen, Esko (2008). Ruututeksti tiedon ja tunteiden tulkkina. [Screen text as the interpreter of information and emotions]. In: *Olennaisen äärellä: Johdatus audiovisuaaliseen kääntämiseen* [By the essential: introduction into audiovisual translation], 149–170. Ed. by Riitta Oittinen & Tiina Tuominen. Tampere: Tampere University Press.

Electronical sources

Elokuvateatterit 1980–2009 (2010). Helsinki: Statistics Finland. [Cited 21.7.2010]
Available at: http://tilastokeskus.fi/til/klt/2009/klt_2009_2010-06-11_tau_019.xls

Shows. TV.com (2011) CBS Entertainment. [Cited 21.9.2011 & 5.10.2013] Available at: <http://www.tv.com/>

The Museum of Broadcast Communication. Ed. Allen, Robert.C. [Cited 2.4.2011]
Available at: <http://www.museum.tv/eotvsection.php?entrycode=soapopera>

Gaglani, Shiv (2014). “The Art of Medicine: Interview with Dr. Lisa Sanders, Medical advisor to House M.D”. Medgadget. [Cited 25.10.2014] Available at: <http://www.medgadget.com/2014/04/the-art-of-medicine-interview-with-dr-lisa-sanders-medical-advisor-to-house-m-d.html>

Appendix 1. Scene list

Episode 1. Pilot.

- Scene: The hallway (03:43-)
- Scene: Horses not zebras (06:20-)
- Scene: People screw up (06:39-)
- Scene: Clinic duties (13:53-)
- Scene: Outside Rebecca's room (16:32-)
- Scene: Chase has an idea (35:53-)

Episode 2. DNR.

- Scene: Cuddy's office (03:11-)
- Scene: Foreman in charge (04:30-)
- Scene: House versus Foreman (05:12-)
- Scene: Hamilton's MRI (05:25-)
- Scene: Listening to music (07:40-)
- Scene: The ethical question (12:20-)
- Scene: Foreman leaves (13:10-)
- Scene: Restraining order (13:29-)
- Scene: Hamilton visits House (20:22-)
- Scene: The clot (30:02-)

Episode 3. Role Model.

- Scene: The senator's test (06:05-)
- Scene: Cuddy is mad (08:16-)
- Scene: About the speech (12:29-)
- Scene: In the park 1 (20:34-)
- Scene: In the park 2 (20:38-)
- Scene: Wilson and House (26:30-)
- Scene: Test results (27:08-)
- Scene: In respirator (29:59-)

Scene: Foreman and House (32:03-)

(16) Scene: The sports metaphor (33:58-)

(19) Scene: Cameron is in doubt (34:28-)

Appendix 2. Character list

Dr. Gregory House

A maverick diagnostician and the Head of Diagnostic Medicine. Has no desire to please the patient or people in general, but usually ends up saving their lives. House has an addiction to painkillers, since he suffers from chronic pain in his leg after having an infraction in his leg muscle. His leg forces him to walk with a cane.

Dr. James Wilson

An oncologist, and the Head of the oncology department. Wilson is also House's best friend. Wilson defends House whenever he is in trouble, and attempts to help House with his drug addiction. Dr. Wilson is very much liked among the patients.

Dr. Lisa Cuddy

An endocrinologist, and the Dean of the fictitious Princeton-Plainsboro Teaching Hospital. Dr. Cuddy can also be considered as being one of House's friends. Even though Cuddy and House have their differences, they are "playing on the same side".

Dr. Eric Foreman

A neurologist and a member of Dr. Gregory House's team of specialists. Foreman is the newest team member. From the team members, Foreman has the most authority.

Dr. Allison Cameron

An immunologist and a member of Dr. Gregory House's team of specialists. Cameron is a warm-hearted character and was top of her class. Cameron and Chase are starting to develop romantic feeling towards each other as the series continues.

Dr. Robert Chase

A surgeon and a member of Dr. Gregory House's team of specialists. He is from Australia, and is often referred to in the series as being the "rich white boy", as he is from a wealthy family. Chase likes Cameron.