Dis/Similarities between Patient Information Leaflets in Britain and Italy: Implications for the Translator.[i]

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ABSTRACT
While we can observe macro-pragmatic equivalence between patient information leaflets (PILs) across languages based on common macro-aims, it is rare to encounter other types of equivalence. Indeed, different cultural backgrounds and assumptions about the readers and their roles motivate significant non-equivalence at the syntactic, structural, lexico-semantic and micro-pragmatic levels. Failure to recognize such differences may affect the process of translation and result in particularly inadequate (cf. Nord 1997) translations. I present the results of a contrastive analysis of a small corpus of British and Italian PILs with the aim to foreground the most significant dissimilarities between the two. Based on the results of this analysis, I look at Italian PILs translated into English in order to assess their functional adequacy. I argue that the characteristics of the genre justify a functional approach to translation and, accordingly, recourse to a strong cultural adaptation to the social needs of the target language.

KEYWORDS: adaptation, contrastive studies, Languages for Special Purposes, patient information leaflets, speech act theory.

Introduction

Culture-specific genre conventions are of primary importance to the translation process. Patient information leaflets (PILs) are highly conventionalized and extremely structured multifunctional texts. Besides providing information required for legal approval, PILs have a vital social function in that they instruct the patient about possible medical treatments and self-therapy (Dressler and Eckkramer 2001: 38-39). While we can observe macro-pragmatic equivalences across British and Italian PILs based on common macro-aims, different legal systems, cultural differences and differences in the assumed components of the communicative situation (Biber 1988) – most notably participants' roles and relationships and assumptions about the reader's background knowledge – account for significant dissimilarities at the textual, lexico-semantic and micro-pragmatic levels (Cacchiani 1998).[ii] This may have implications for their translation, as Nord (1997: 57-59) suggests in her analysis of translations of German PILs into Spanish for Spanish immigrants. Nord points out that those translations involve a trade-off between compliance with the German law regulating pharmaceutical products on the one hand and adjustments to stylistic and terminological conventions of the target culture on the other hand. The transference of German nominal structures and long sentences, as well as German specialized terminology, into the target text, results in a text that cannot provide all the information needed for the drug to be used safely and effectively by the Spanish reader. This is where *adequacy* comes into play: *functionally adequate translations* are coherent with the target language audience and conventions and meet the communicative purpose for which they are needed. In the case of PILs, it can be argued that the well being of the patient justifies adjustments to stylistic and terminological conventions of the target language. Given the highly important role of PILs and, as will be seen, the striking differences characterizing Italian and British PILs, it is important that more research is carried out in order to establish the basic requirements for

functionally adequate translations of PILs between English and Italian. This study is a step in that direction and addresses two questions:

1. What are the main dissimilarities between British and Italian PILs?
2. Do they motivate a functional approach to translation (in the sense of e.g. Nord 1997) and, accordingly, recourse to a strong cultural adaptation or even to a localization project?

I shall proceed as follows. First, I will offer a brief introduction to the genre under investigation and to the relevant framework of analysis. Then, a contrastive analysis of a corpus of British and Italian PILs is provided in order to establish the syntactic, structural, lexico-semantic and discourse-pragmatic features of the two. The focus will be on the main dissimilarities between the two, and in particular, those features that the translator may have to take into account. Finally, I shall compare British PILs and translated English PILs and locate problematic passages in order to express evaluative judgments on the quality of the translated text and discuss possible implications for the translator.

PILs as a hybrid text type

As argued by Hatim (1997), all texts have a hybrid, or multifunctional, nature. Text typologies should therefore allow for what he calls the presence within a text of predominant and subsidiary text-type foci or functions: next to one predominant function, one or more subsidiary functions can be found.

Werlich (1983) distinguishes five abstract text types: description, narration, exposition, argumentation and instruction. He also explains that one or more text types can be realized by different genres (*text forms* and *texts form variants* in his terms). In Werlich's (1983) text typology PILs are objective practical instructions (also called *directions*), which the reader decides to follow by virtue of their practical consequences and of the writer's expertise. Specifically, they are hybrid directions, in which instructions and advice are accompanied by descriptions and expositions (e.g. the list of active ingredients, or the pharmacotherapeutic category).

Speech acts (Searle and Vandervecken 1985: 7) are characterized as a force F applying to a propositional content P (F(P)). They fit into five categories:

a) *representatives* or *assertives* like *affirm, claim, argue,* or *deny*;
b) *directives* like *advise, recommend, suggest, warn, order, instruct,* or *ask*;
c) *declaratives* like *name*, or *baptise*;
d) *commissives* like *promise, threaten, vow,* or *guarantee*;
e) *expressives* like *thank, apologize,* or *congratulate*.

The main speech act of a text describes its overall purpose. Within the framework of Searle and Vandervecken's (1985: 7) speech act theory, therefore, PILs illustrate the case of a main directive speech act whereby the addresser plans the future behaviour of the addressee with respect to the specific drug (e.g. in the form of instructions, warnings, recommendations, questions) and a set of secondary assertive illocutionary acts whereby the addresser says how things are, mostly realized by descriptions but also expository texts like definitions or explanations in British PILs.

The following subtexts can be distinguished on the basis of content and underlying speech act (Cacchiani 1998):

A. *Introduction* (directive speech act in the form of a request, absent in Italian PILs, which give the same information on the package itself);
B. *Presentation*, further divided into *Identification*, i.e. brand name and main active ingredients, and *Composition*, *Pharmaco-Therapeutic Category*, *Producer and License-Holder* and *Package* (assertive speech acts in the form of descriptive information necessary in the process of legal approval, but not directly relevant to the patient);
C. *Advice and Useful Information*, which comprises *Indications, Contra-Indications, Side Effects and Drug Interactions* and *Warnings* (directive speech acts; assertive speech acts for Italian *Side Effects* and *Drug Interactions*);
D. *Instructions Proper*, or the main subtext, which comprises *Dosage and Administration, Instructions for Use, Over-/Underuse, Storage and Expiry Date*, all directive speech acts;
E. *Further Information*, an optional informative section (Biber 1988: *divulgative*), common in British PILs but rare in Italian (assertive speech act typically realized by objective descriptions and explanations).

Results and discussion

The present study is based on a qualitative investigation of a small corpus of PILs taken from both prescription and non-prescription drugs. Specifically, 12 British PILs, 12 standard Italian PILs, and 12 Italian PILs that have been revised according to the EU directives, have been selected from a significantly larger collection in order to point out the main (dis)similarities between British PILs, standard Italian PILs, and revised Italian PILs. Given their very conventionalized nature and the fact that the PILs eventually selected relate to commonly prescribed drugs and commonly used non-prescription drugs, they can be considered to be at least not a biased sample.

Although a detailed exploration of the genre could not be pursued here, due attention was given to the most significant dissimilarities showing up at different levels in or across different sections and subtexts[iii] (see Cacchiani 1998 for more details).

As a second step, I turned to seven Italian – British translations in order to focus on the main translation problems in and across sections and subtexts. Basically, the focus was on areas where cultural and linguistic influences from the first language may be carried over into the target language and result in functionally inadequate translations in Nord's sense (1997). Specifically, the main emphasis was on a number of features which reflect the opposite tendency of British and Italian PILs respectively towards hearer-orientation, involvement and subjectivation on the one hand and subject-orientation, detachment and objectivation on the other (cf. Dressler and Eckkramer 2001: 40). Differences across British and Italian PILs can be observed as regards typographic conventions and layout; at the textual level, differences in the use of cohesive devices like parallelism and ellipsis (cf. Halliday and Hasan 1976) or in the inclusion versus omission of given, thematic and easily recoverable information; differences in type and amount of information, specialist terminology included; and, finally, at the micro-pragmatic level, differences in the speech act performed (cf. Searle and Vandervecken 1985).

British and standard Italian PILs: a comparison

I will concentrate on layout and graphic conventions first and then move on to the textual, discourse-pragmatic and lexico-semantic features of British PILs and standard Italian PILs. Revised Italian PILs will be touched upon in the subsequent section. Finally, I shall focus on the resulting opposed tendencies towards hearer-orientation and subject-orientation respectively common to British and Italian PILs.

Structural level: layout and graphic conventions

There is an interest in the visual impact of British PILs on the reader, which is missing from their Italian counterparts. The layout contributes to structuring the text and signalling relevant information. Accordingly, British PILs show the following features:

- bigger font size, different colour and font type and/or centred justification for headings and subheadings, often preceded by right-pointed arrows, question or exclamation marks;
- icons (e.g. smileys or bandaged hearts for a cardio-aspirin, as in E6, *Innovace*);
- coloured framed background for sections presenting vital information.

Conversely, small print, black, is used for the entire text in Italian PILs. In contrast, in this respect, the following passages from a British PIL (E6: *Innovace*) and a standard Italian PIL (I1: *Aspirina C*):

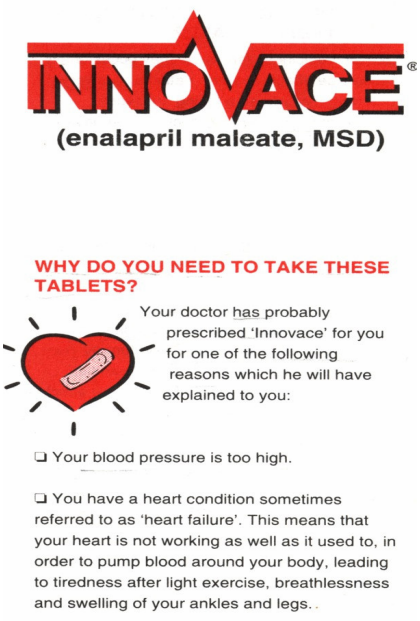

Figure 1: E6

Figure 2: I1

Textual, lexico-semantic and discourse-pragmatic features

On the textual level, major differences can be observed as regards sentence and paragraph structure, cohesive devices, thematic progression, as well as use of nominalizations, pronouns, verbal tense and mood.

In British PILs action verbs in the imperative give rise to directive speech acts in the *Instructions Proper* section, most notably in the *Dosage and Administration* subset, where the reader must necessarily follow the instructions, e.g. "*For pain and swelling, or fever: take up to three 300mg tablets 3 or 4 times a day*" (from 6/E11). Likewise for vital information in warnings or cautions in the Storage and Expiry Date section, e.g. "*REMEMBER: […]. Never give it [this medicine] to others*" (8/E3).

However, weaker directives are possible, as in "*The usual recommended starting dose is 2.5mg taken once a day […]*" (6/E11), where an impersonal recommendation plays on the reader's responsibility, as well as indirect speech acts of the type "*[...] and the dose is then increased until optimal control of blood pressure is achieved*" (6/E11). In addition, 1st and 2nd person conditionals recur throughout British PILs both in questions, as in "*How should I take my Zestril?*" (6/E11) and in warnings, recommendations etc., as in "*Your medicine should only be taken by mouth*" (7/E7), from the 'Dosage and Administration' subsection.[iv] First and second person pronouns and adjectives, as in "*How should I take my "Zestril"?*" (6/E11) or "*How to take your medicine. Your medicine should only be taken[…]*" (6/E7) make the interaction introduced by the question and answer pattern more personalized, presenting the information from the point of view of the reader (use of first person), or addressing the reader directly (use of second person). It is in this sense that we can speak of 'interactive headings'. In addition, among the features of spoken rather than written discourse are contractions like "*don't worry*" in (11/E10).

The information is presented in short chunks: British PILs exhibit a strong preference for short asyndetic sentences ("*This medicine is for you. Only a doctor can prescribe it. […]*" (8/E3)) and a tendency to use cataloguing subtexts - most often questions and hypothetical clauses arranged in bulleted lists. This, together with syntactic parallelism, e.g.: "*Have you ever had any allergic reaction to LUSTRAL? Do you have liver problems? […]*" (3/E7) facilitates readability. Second, it goes hand in glove with systematic use of thematic information and lexical recurrence in the interest of clarity. Consider the following example, in which *"this medicine"* refers to contextually shared information: "*Make sure that this medicine is suitable for you […] this medicine […] sometimes this medicine may not be suitable […] take this medicine […]*" (5/E10).

In addition, terminological simplification is achieved replacing specialist terminology with everyday, familiar vocabulary, both in headings, e.g. *"While taking your medicine"* (4/E3) or *"Before you take Lustral"* (3/E7), and in the main body of the subtext, e.g. *flu* or *feeling run down* (10/E12). Likewise, terminological explicitation is achieved through:

- divulgative explanations in the form of:

  a) expository subtexts, as in "*It also CONTAINS the propellants dichlorodifluomethane and trichlorofluoromethane, and oleic acid which helps to dissolve the active ingredient"* (1/E10), or *"This medicine is an antidepressant. It's one of a group of medicines called the Selective Serotonin Re-uptake Inhibitors (SSRIs)*" (9/E7);
  b) informative (Biber 1988: *divulgative*) sections in the form of an expert-to-layperson interaction, as in "*What can reactivate the virus? Various things, including colds, "flu", menstruation, fatigue, emotional upset, stress, physical injury, bright sunlight and simply when you are feeling 'run down'*" (10/E12), from the *Further information* section.

In terms of Grice's (1975) conversational implicature, the Maxim of Quantity ("Be brief") is violated in favour of the Maxim of Manner ("Be perspicuous").[v]
Table 1 provides a list of relevant examples. The following graphic conventions are adopted throughout in order to highlight the main features of British PILs:

- bold: 1st and 2nd person pronouns;
- bold plus italics: imperatives, conditionals and (im-)personal locutions;
- italics: thematic information, easily recoverable from the co-text;
- double underlining: contextually shared, irrelevant information;
- small caps: exact lexical recurrence;
- single underlining: 'interactive' headings;
- dash underlining: 'non-interactive' heading;
- **'**…**'**: explanations in expository subtexts;
- *…*: familiar, colloquial vocabulary.

Table 1: British PIL

(1) What is Ventolin Inhaler? **'***VENTOLIN INHALER delivers **your** medicine* as an aerosol spray for **you** to inhale directly into **your** lungs where it is needed. EACH puff provides 100 micrograms of the active ingredient salbutamol. It also CONTAINS the propellants dichlorodifluomethane and trichlorofluoromethane, and oleic acid which helps to dissolve the active ingredient. EACH canister CONTAINS 200 puffs**'**. (E10)
(2) NU-SEALS ASPIRIN *is made by* Eli Lilly and Company Limited, Kingsclere Road, Basingstoke, Hampshire, RG21 2XA. *The* product license *is also held by* ELI LILLY AND COMPANY LIMITED. (E8)
(3) ! Before you take Lustral. If the answer is YES to any of the questions below – **do not take** LUSTRAL [small caps in the original] - Have **you** ever had any allergic reaction to LUSTRAL? - Do **you** have liver problems? […] (E7)
(4) WHILE TAKING **YOUR** MEDICINE [capitals in the original] *Distalgesic tablets* may cause side-effects. These include feeling dizzy or tired, feeling sick and vomiting. They will often go away if **you** lie down. TELL **YOUR** DOCTOR IF they are troublesome. Very occasionally, DISTALGESIC may give **you** a rash, headaches or stomach ache. It might also make **you** constipated or moody, or give **you** problems with your sight, hallucinations or jaundice. IF you have these or

any other side-effects that are troublesome, TELL **YOUR** DOCTOR. (E3)

(5)
MAKE SURE THAT THIS MEDICINE IS SUITABLE FOR YOU[capitals in the original]
Tell **your** doctor before starting to take THIS MEDICINE
* IF **YOU** ARE pregnant (or intend to become pregnant)
* […]
* IF **YOU** ARE HAVING TREATMENT FOR A THYROID CONDITION,
* IF **you** are having treatment for high blood pressure or a heart problem. […]

Sometimes THIS MEDICINE may not be suitable and **your** doctor may want to give **you** something different. **MAKE SURE** THAT **YOUR** DOCTOR knows what other medicines **you** are taking **'**(e.g. treatment to reduce fluid, any other kind of bronchodilatator tablets, steroid tablets)**'**, including those **you** have bought from the chemist. **Remember** to take THIS MEDICINE with you if you have to go in hospital. (E10)

(6)
HOW SHOULD I TAKE MY "ZESTRIL"? [capitals in the original]
- FOR RAISED BLOOD PRESSURE [capitals in the original]
  The ***usual recommended starting dose is*** 2.5mg taken once a day and the dose is then increased until optimal control of blood pressure is achieved.
  The usual long term dose ***is*** 20mg taken once a day.

Doses
⇒ "Anti-platelet action" (for people who have had heart attacks, angina or mini-strokes):
take one 75mg tablet a day.
⇒ For pain and swelling, or fever: take up to three 300mg tablets 3 or 4 times a day.
Acute rheumatic disorders: **your** doctor will tell **you** how many tablets to take and how often. (E11)

(7)
! How to take your medicine
YOUR MEDICINE ***should*** only ***be taken*** by mouth. The usual dose of Lustral is 50mg taken once a day. Doctors sometimes prescribe a higher dose, up to a maximum of 200mg per day. Doses of 150mg or more should not be taken for longer than 8 weeks. The label on the pack will tell **you** what dose **you** ***should*** take. If you are still not sure, ***ask*** **your** doctor or pharmacist.
- Swallow **your** tablets whole with a drink of water
- ***It is best to*** take them at the same time each day, with or without a meal.
- ***Do not crush or chew*** your tablet.

Keep taking **your** tablets every day. The day is written on the pack to help **you** remember. (E7)

(8)
How to store **your** medicine
[...]
REMEMBER: This medicine is for you. Only a doctor can prescribe it. ***Never give*** it to others. It may harm them, even if their symptoms are the same as **yours**. (E3)

(9)
? What type of medicine is Lustral? [question marks in the original]
This MEDICINE is an antidepressant. **'**It's one of a group of MEDICINES called the Selective Serotonin Re-uptake Inhibitors (SSRIs)**'**. (E7)

(10)
MORE ABOUT COLD SORES [small caps in the original]
A cold sore **'**is an infection which is caused by the *herpes symplex* [italics in the original] virus (HSD) which is lying dormant in the nerve cells supplying your lips and the surrounding skin**'**. When does the INFECTION occur? The first INFECTION occurs in early childhood probably after being kissed by a person with a cold sore. The virus passes through the skin, travels up a nerve and stays in a nerve junction until reactivated. What can reactivate the virus? Various things, **'** including colds, *"flu"*, menstruation, fatigue, emotional upset, stress, physical injury, bright sunlight and simply when you are *feeling "run down"*' […] (E12)

(11)
If **you** miss a dose
If **you** forget a dose ***don't worry***; ***just inhale*** the next dose when it is due, or before if you become wheezy. (E10)

This has no counterpart in standard Italian PILs. Whereas British and Italian PILs overlap almost completely in terms of their macro-structure, main sections, subtexts and speech acts performed, striking differences can be observed at the micro-textual level: different verb moods and locutions create different speech acts across the same sections. In Italian PILs

this is apparent within the directive subtexts. Strong directives like commands, instructions and prohibitions are always in the form of mandatory obligations typically by means of the infinitive (e.g. *"consultare il medico"*, from 6i/I1) or its ellipsis, as in 7i/I2. Yet another possibility are impersonal and/or passive locutions, all expressing deontic modality, that is a strong obligation on the part of the reader. Some examples are *va + past participle, deve + passive* or *si deve/ è necessario/ essenziale/ opportuno + infinitive*, as in *va somministrato*, from 7i/I2, or *è opportuno*, from I2.

On all occasions, verbs in the imperative are avoided. Likewise, first and second person reference and those conditionals indicating warning, recommendations, suggestions and advice are avoided. Weak directives are generally via impersonal constructions (e.g. *si consiglia*, from 8i/I3).

As regards sentence and paragraph structure, complex sentences are common in Italian PILs, e.g. "*Una imperfetta e protratta conservazione del preparato può causare variazioni della colorazione che di per sé non pregiudicano né l'attività della compressa né la tollerabilità del principio attivo*" *[Wrong or prolonged conservation of the pharmaceutical may cause changes in the colour of the tablet, which, however, do not compromise either their action or the tolerability to the active ingredient]* (8i/I3).

Topic-giving, thematizing headings structure the text without introducing the question/answer pattern typical of British PILs, e.g. *Controindicazioni* (4i/I1), as against "*! Before you take Lustral*" (3/E7).

Systematic ellipsis of easily recoverable information (respectively, determiners and pivotal – *be*) pairs with lack of lexical recurrence of the type "*What is Ventolin Inhaler? VENTOLIN INHALER […]*" (1/E10). Regular asyndetic listings of specialist terms are also common, as in "*COMPOSIZIONE: Una compressa contiene: principi attivi - acido acetilsalicilico 0,4 g., acido ascorbico (vit. C) 240 mg. […]*" *[COMPOSITION: A tablet contains: active ingredients - 0.4g acetylsalicylic acid, 240mg ascorbic acid (vitamin C), […]]* (2i/I1), where the deverbal noun names a generic class specified in the immediately following subtext.

This makes Italian PILs highly integrated texts (Biber 1988), that is carefully crafted texts with highly informational purposes. They strive towards precision, i.e. are constructed with considerable accuracy by the encoder (Sager et al. 1980: 315).

The relevant examples are given in Table 2. The following print types and symbols are used to highlight the main differences to British PILs:

- Ø: ellipsis;
- dashed underlining: 'non-interactive' headings;
- small caps plus italics: infinitive, strong modals, impersonal locutions.

Table 2: Standard Italian PILs

(1i) CATEGORIA FARMACOTERAPEUTICA: (Ø) Antipiretico, analgesico. (I1) [PHARMACO-THERAPEUTIC CATEGORY: Antipyretic, analgesic.]
(2i) COMPOSIZIONE: Una compressa contiene: principi *attivi - acido acetilsalicilico 0,4 g., acido ascorbico (vit. C) 240 mg. […]; (Ø) eccipienti - citrato monosodico, sodio bicarbonato, [...].* (I1) [COMPOSITION: A tablet contains: active ingredients - 0.4g acetylsalicylic acid, 240mg ascorbic acid

(vitamin C), […]; inactive ingredients – monosodic citrate, sodium bicarbonate, […]
(3i) PRODUTTORE: (Ø) Bayer AG Leverkusen – Germania. (I1) [PRODUCER: Bayer AG Leverkusen – Germany]
(4i) CONTROINDICAZIONI: (Ø) Ipersensibilità all'acido acetilsalicilico e ai salicilati, [...]. *NON SOMMINISTRARE* ai bambini sotto i quattro anni di età. (I1) [CONTRA-INDICATIONS: Hypersensitivity to acetylsalicylic acid and to salicylates, […].(Ø)
(5i) EFFETTI INDESIDERATI: (Ø) Reazioni allergiche: prurito, eritema multiforme, sindrome di Stevens-Johnson, sindrome di Lyell, [...]. (I2) [SIDE EFFECTS: Allergic reactions: itching, Erythema multiforme (EM), Steven Johnson syndrome, Lyell syndrome, […]]
(6i) PRECAUZIONI Per l'uso in gravidanza *CONSULTARE* il medico. (I1) [WARNINGS: For use during pregnancy, see your doctor.]
(7i) POSOLOGIA: (Ø) Adulti e bambini al di sopra dei 12 anni: Dose normale: (Ø) 1 compressa di Bactrim forte 2 volte al giorno, oppure due misurini grandi di Bactrim forte sciroppo (10 ml) 2 volte al giorno, al mattino e alla sera dopo il pasto. Dose minima e dose per trattamenti prolungati (più di 15 giorni): (Ø) ½ compressa di Bactrim forte 2 volte al giorno oppure un misurino grande di Bactrim forte sciroppo (5 ml) 2 volte al giorno. [...] . In caso d'infezioni acute, il prodotto *VA SOMMINISTRATO* per almeno 5 giorni, oppure sino a quando il malato sia esente da sintomi da 2 giorni. (I2) [DOSAGE AND ADMINISTRATION: Adults and children above 12 years of age: Usual dose: 1 capsule of Bactrim forte twice a day, or two large measures of Bactrim forte syrup (10ml) twice a day, early in the morning and after dinner in the evening. Minimum dose and long-term dose (over 15 days): ½ tablet of Bactrim forte twice a day, or a large measure of Bactrim forte syrup (5ml) twice a day. For acute inflammations: the drug must be taken for at least 5 days, or until the patient has been free from symptoms for at least two days.]
(8i) MODALITA' DI CONSERVAZIONE E SCADENZA Attenzione: *NON USARE* il medicinale dopo la data di scadenza indicata sulla confezione. Una imperfetta e protratta conservazione del preparato può causare variazioni nella colorazione della compressa che di per sé non pregiudicano né l'attività della compressa né la tollerabilità del principio attivo. In tale evenienza *SI CONSIGLIA* tuttavia di chiedere la sostituzione della confezione in farmacia. (I3) [CONSERVATION AND EXPIRY DATE Attention: do not use the drug after the expiry date written on the pack. Wrong or prolonged conservation of the pharmaceutical may cause changes in the colour of the tablet, which, however, do not compromise either their action or the tolerability to the active ingredient. It is advisable nevertheless to ask at the pharmacy to replace the pack .]

Revised Italian PILs

In line with European directives Italy is now taking the first steps towards an overall simplification of the genre (both modification of terminology and structural simplification) along the lines of PILs from other European countries, e.g. the UK or Germany (Cacchiani 1998). One such example is (9i/I8) in Table 3.

Revised PILs exhibit many features that characterize British PILs, most notably:

- use of capitals (e.g. *Prima dell'uso*), bold and bulleted lists used to structure the text and signal relevant information;

- use of imperatives (e.g. "*leggete*"), 2nd person and other forms of direct address to the reader;
- references to doctor or pharmacist ("*rivolgetevi al farmacista*");
- use of everyday paraphrases replacing more specialist terms in headings (*Prima dell'uso [Before usage]* as against *Precauzioni [Precautions]* or *Avvertenze [Precautions]* in traditional PILs); a tendency towards explicitation of specialist terminology, e.g. through explanations as in "*Questo è un medicinale di AUTOMEDICAZIONE che potete usare per curare disturbi lievi e transitori facilmente riconoscibili senza ricorrere all'aiuto del medico*" *[This is a NON-PRESCRIPTION drug that you can use to treat minor and temporary ailments that are easy to recognize without seeing the doctor]*;
- inclusion of given, easily recoverable information typically omitted in traditional PILs (respectively, "*[…] che potete usare […] senza ricorrere all'aiuto del medico, […] può essere quindi acquistato senza ricetta*" *[that you can use […] without seeing the doctor […] it can be bought without prescription]*, and "*contenute nel foglietto illustrativo*" *[included in the PIL]* in "*Leggete attentamente […] il foglietto illustrativo*" *[Read carefully …the PIL]*).

Table 3: Revised Italian PILs

(9i) PRIMA DELL'USO LEGGETE ATTENTAMENTE TUTTE LE INFORMAZIONI CONTENUTE NEL FOGLIO ILLUSTRATIVO Questo è un medicinale di AUTOMEDICAZIONE che potete usare per curare disturbi lievi e transitori facilmente riconoscibili senza ricorrere all'aiuto del medico. Può essere quindi acquistato senza ricetta ma va usato correttamente per assicurarne l'efficacia e ridurne gli effetti indesiderati. • per maggiori informazioni e consigli rivolgetevi al farmacista. • consultare il medico se il disturbo non si risolve dopo un breve periodo di trattamento. [all passage in bold] (I8) [BEFORE USAGE READ CAREFULLY ALL THE INFORMATION INCLUDED IN THE PIL This is a NON-PRESCRIPTION drug that you can use to treat minor and temporary ailments that are easy to recognize without seeing the doctor. Therefore, it can be bought without prescription but must be used correctly for it to be effective and minimize any side effects. • For advice and further information ask the pharmacist. • See your doctor if the problem is not resolved after a brief use of the treatment.]

Hearer-orientation, involvement and subjectivation versus subject-orientation, detachment and objectivation.

What all of this boils down to is that there is a basic difference between British and standard Italian PILs. Contrastive analysis suggests that they belong to two closely related subgenres rather than to one single genre. Specifically, differences in type and amount of information and, most importantly, in specialist terminology, point to different assumptions about the target readers' knowledge. They seem to address different target readers: the patient in British PILs and patient, doctor and pharmacist in Italian PILs. Most importantly, I would argue that they reflect different cultural contexts: British PILs seem to reflect a cultural tradition of simple and plain English, and of great emphasis on the autonomy of the reader (cf. "Crystal Mark": Clarity approved by the Plain English Campaign).[vi] They strive towards clarity to the detriment of brevity and economy of form. They are highly readable, user-friendly, and interactive texts that illustrate the case of asymmetric communication between the expert

addresser (producer, family doctor, doctor or pharmacist) on the one hand, and the patient, the layperson, on the other: hence, the focus on the visual impact of British PILs, the question/answer pattern, or the recurrence of first and second person conditionals. British PILs attempt to mime face-to-face doctor/patient interactions. They add a familiar, colloquial tone to the picture and the questions that patients may ask themselves, their doctor or pharmacist. On the other hand, standard Italian PILs reflect a tradition of formal style which yields completely different solutions on the syntactic, lexico-semantic and micro-pragmatic levels.

Following Dressler and Eckkramer (2001: 40), British PILs can be said to adapt more successfully to the needs of the layperson. Their basic aspect is *audience-orientation*, which brings about redundancy and justifies the use of the linguistic features described above. In contrast, *subject-orientation*, precision and objectivation are more easily ascribed to standard Italian PILs. Further evidence for this can be seen in revised Italian PILs, which are slowly beginning to take the first steps towards the clarity and the more interactive character observed in British PILs.

Translating PILs from Italian into English

British and Italian PILs represent highly culture-specific genres. A preliminary analysis revealed substantial differences between the two, basically arising from national legal requirements on the one hand and different cultural traditions, target readers and assumptions about the intended target readers on the other.

The results of the contrastive analysis will now be used to locate problems in the translation of British PILs into Italian. Specifically, a comparison of the characteristics of original and translated PILs is provided in this section in order to locate problematic passages and establish what translation norms have been followed by the translator. A selection of relevant examples is provided in Table 4.

Given the social importance of PILs which are used to complement the doctor's information and as a record to which the patient can refer, it is essential that the translator creates effective, functionally adequate PILs in a way that meets the TT reader's expectations and favours the reception of the text (cf. Berkenkotter and Huckin 1995). However, as far as typographic conventions are concerned, black and white text, small print and headings in bold capitals replace coloured background, icons, different font types and coloured headings in bigger font size, bold and/or capitals. The text is organized in paragraphs rather than bullet points.
Second, headings and subheadings come in the form of nouns and deverbal nouns, most often literal translations from Italian, which replace interactive headings (e.g. *Properties, Indications, Dosage, Contraindications, Side Effects, Warning, Drug Interaction; Composition, Presentation*).

Third, there are:

- non-efficient, uneconomic presentation of information resulting from lack of paragraph structuring. One such example is "*As a general indication, […] dinner*" (14/T5), from the *Dosage and administration* subtext;

- complex sentences, e.g. "*When Gliboral is used in the place of other antidiabetics [...], for example*" (16/T3);
- a wealth of new, rhematic information added at the expense of text comprehension, as in "*The clinical pharmacology tests and the clinical trials conducted on a wide range of conditions calling for the use of antispasmodic agents*" (18/T7), in which the reader cannot focus immediately on relevant information.

Non-correspondences can also be observed at the micro-pragmatic level: not only absence of the question/answer pattern and rare use of expository subtexts, be they explanations or definitions, but also non-correspondences within the directive subtexts. Specifically, directives are formed by impersonal and 3rd person passive modals and locutions expressing a strong obligation on the part of the reader along the lines of Italian PILs, e.g. "*are to be reduced*" (12/T5), "*must be adjusted by the physician*" (13/T5), "*It is absolutely necessary to*" (14/T5), "*It is essential to*" (15/T3).

Moreover, a wealth of specialist terms like "*non-symptomatic maturity-onset diabetes*" (17/T3), or "*antispasmodic agents*" in (18/T7) and collocations with Latinate words in the English translations absent from the British originals, e.g. "*care must be exercised*" (17/T3), replace minimum use of specialist terms, most often followed by an expository text (explanation) or replaced by everyday vocabulary in British PILs.

It is apparent that whereas patients are the intended target readers of British PILs, the English translations seem to address the doctor or pharmacist, e.g. "*The use [...] must be confined to patients with symptomatic non-ketogenic maturity-onset diabetes […]* (17/T3).

In all, I would argue that we are faced with functionally inadequate translations by Italian translators. Indeed, literal transfer from Italian into English results in the use of Italian stylistic conventions, syntactic patterns and lexical selection. The translations, however, do not always reproduce the main features evidenced for Italian PILs either, most notably:

- section and subtext ordering are varied and incomplete;
- subheadings, parallelism and ellipsis cannot be found in the *Dosage* section;
- there are subsidiary text types which are absent from Italian PILs and exclusively found in expert-to-expert genres like drug information pages in specialist journals and magazines, e.g. "*The use of antispasmodic agents have shown […] dynamic dystocia*" (18/T7). In Werlich's (1983) terms, this is a report, or an objective narrative in which the actions and events recorded can be verified.

This suggests that apart from awareness of the main linguistic and pragmatic features of the original target text genre conventions and of the communicative purpose of the translation, an adequate understanding of the source text is obviously needed. Moreover, awkward word order, e.g. "*for example*" in end-focus position in "*bearing in mind that the effect of 5mg of GLIBORAL (1 tablet) corresponds to that of 1 g of tolbutamide, for example*" (16/T3), and grammar mistakes, e.g. "*administration*" in "*the maximum dose is 4 tablets (120mg) divided into 3 administration*" (14/T5), bring to the fore the crucial role of proofreaders, typically responsible for the final linguistic quality and accuracy of the translation. Unfortunately, it seems that no linguistic quality check, or, at least, no accurate check, has been performed prior to editing. As a result, the translations are not only functionally inadequate, but also of poor quality.

Table 4: Translated PILs

(12) DOSAGE Drops: Such doses are to be reduced on the ground of cardiac frequency and clinical conditions in order to reach a maintenance therapy. (T5)
(13) DOSAGE Dosage must be adjusted by the physician according to the cardiac conditions; in principle, in the attack therapy, the mean doses may be the following ones: […] (T5)
(14) DOSAGE It is absolutely necessary to closely follow doctor's instructions for the dosage. As a general indication, the mean dose of 1 tablet (30mg) of Glurenor at lunchtime and 1/2 tablet (15mg) at dinner may be recommended. Given however the variability of the dysmetabolic picture from patient to patient, the dosage must be individually established. The minimum daily dose is 1/2 tablet (15mg) at lunchtime, the maximum dose is 4 tablets (120mg) divided into 3 administration, i.e. at breakfast, lunch and dinner. (T5)
(15) DOSAGE It is essential to keep strictly to the physician's instructions regarding dose, time of administration and diet. (T3)
(16) DOSAGE When GLIBORAL is used in place of other oral antidiabetics with the same type of action, it is important to know the dose previously taken and the patient's metabolic status, bearing in mind that the effect of 5mg of GLIBORAL (1 tablet) corresponds to that of 1 g of tolbutamide, for example. (T3)
(17) WARNINGS The use of oral antiglicemics of the sulfonylures group must be confined to patients with symptomatic non-ketogenic maturity-onset diabetes unresponsive to dietary management, in whom insulin is contraindicated. [..] Care must be exercised when administering beta blockers contemporaneously. Patients must be trained to recognize the first symptoms of hypoglycemia (usually: headache, irritability and nervous depression sleep disturbances, […]) so that they may warn the doctor immediately. He should also be informed of intercurrent fever of digestive disorders. (T3)
(18) PROPERTIES The clinical pharmacology tests and the clinical trials conducted on a wide range of conditions calling for the use of antispasmodic agents have shown that these two properties ensure complete and swift resolution of painful spasm of the smooth musculature of the gastrointestinal, biliary and genitourinary tracts. In the course of the clinical work RILATEN also proved valuable in childbirth, reducing both the period of dilatation and that of expulsion and shortening the period of involution of the uterus in dynamic dystocia. (T7)

Conclusion

The picture obtained indicates that different cultural contexts, intended target readers and participants' roles and relationships account for major dissimilarities between British and Italian PILs. Whereas British PILs are highly readable, user-friendly and interactive texts, Italian PILs reflect a tradition of formal style which has no counterpart in British PILs.

The important social role of PILs justifies adapting the text to different target readers as well as different stylistic and genre conventions, in other words, functional translations. In Toury's (1995: 56-57) terms, contrastive analysis motivates subscribing to the target culture norms, which determines translation's *acceptability*, instead of opting for translation's *adequacy*, that is adhering to the ST norms. Specifically, contrastive analysis illustrates how *non-obligatory shifts* are to be preferred in translating PILs from Italian into English in the interest of

acceptability. They would comprise syntactic, semantic and pragmatic *strategies* (cf. e.g. Chesterman 1997: 87-116) as well as changes in the overall design of PILs. However, a comparison between Italian and British PILs and PILs translated from Italian into English revealed a rather more source-oriented type of translation. One question still remains: given the highly conventionalized and cultural specific nature of PILs, would it be possible to adopt a localization approach, whereby "a product [or text]" is made linguistically and culturally "appropriate to the target locale (country/region and language) where it will be used and sold" (LISA: Website of the Education Initiative Taskforce of the Localization Industry Standard Association). Broadly speaking, localization involves but does not coincide with, the translation and adaptation of software products and websites, and is often carried out while developing the source product itself. While in principle nothing would prevent a pharmaceutical industry from setting up a localization project, the small size the texts and of the market concerned (Italian drugs do not sell extensively abroad) and the costs of the localization projects[vii] may not justify the effort. So perhaps this kind of analysis is mainly useful in training situations where it may help students gain an awareness of how similar genres may be created differently across languages and, therefore, of how they lend themselves to a functional, target-oriented translation. Students should also be aware of the fact that in the actual practice of translation it may not be desirable to carry out such a detailed type of analysis due to costs and demand for speedy delivery of the translation.

This case study, however, represents also a contribution to the debate on quality in translation and on the translator as a real person whose working life is affected by the status of the profession. As pointed out in Snell-Hornby (2006: 174), despite the advances and achievements of Translation Studies since the second half of the 1980s, "what has remained unchanged is the status of translators in society". Specifically, her argument goes on, "it seems strange that the vital significance of translation and its inherent complexities still remain a message that has not got across - either to the public or to those responsible for funding or promoting it" (Snell-Hornby 2006: 175). My analysis may help identify such "inherent complexities" in that it foregrounds linguistic and functional features which should be taken into account when assessing translation quality in terms of a functionally adequate rather than a good translation, or, to quote Schäffner (1998: 1), turning "from a 'good' to a 'functionally appropriate' translation". Moreover, ability to highlight differences across languages via contrastive analysis seems to be one of the tools needed to help better professionalize the translation activity. Highlighting the above-mentioned "inherent complexities" may therefore help the translator qualify as a professional and work towards ensuring effective interlinguistic communication both with the "public" and with "those responsible for funding and promoting translation".

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Appendix

Corpus

E1 – E12: British PILs
E1: *Arthrotec 50*, Searle;
E2: *Augmentin*, Dispersible tablets, Beecham Research;
E3: *Distalgesic*, Co-proxamol tablets, Dista;
E4: *Florinet*, tablets, fluorocortisone acetate, E.R. Squibb & Sons Ltd;
E5: *Gamanil*, Lofepramine hydrochloride, Merck Ltd.;
E6: *Innovace*, Enapril Maleate, MSD Limited;
E7: *Lustral*, Sertraline, Pfizer Limited;
E8: *Nu-Seals 75 and 300*, Tablets, Eli Lilly and Company limited;
E9: *Paracetamol*, Tablets, Sterwin;
E10: *Ventolin*, Inhaler, Allen & Hanburys;
E11: *Zestril*, Tablets (lisinopril), Zeneca;
E12: *Zovirax*, Cold sore cream, Warner Wellcome.
I1 – I12: Standard Italian PILs; Ir1 – Ir12: revised Italian PILs
I1/ Ir1: *Aspirina C*, Effervescente con vitamina C, Bayer;
I2/ Ir2: *Bactrim forte*, Sulfametoxazolo – trimetoprim, Roche;
I3/ Ir3: *Breva*, Aerosol dosato, Valeas;
I4/ Ir4: *Lyseen*, Pridinolo mesilato, Zyma S.p.A.;
I5/ Ir5: *Ketoprofne*, sale di lisina, Dompé S.p.A.;
I6/ Ir6: *Polaramin*, Desclorfeniramina maleato, Schering-Plough S.p.A.;
I7/ Ir7: *Seroxat*, Paroxetina, SmithKline Beecham;
I8/ Ir8: *Stilla delicato*, Naprossene sodico, Recordati;
I9/ Ir9: *Synflex forte*, Sulfametoxazolo – trimetoprim, Roche;
I10/ Ir10: *Travelgum*, Dimenidrato, confetti gommosi masticabili, Asta medica;
I11/ Ir11: *Turbinal*, beclometasone dipropionato, Valeas;
I12/ Ir12: *Zovirax*, Crema, GlaxoWellcome.
T1 – T7: Italian to English translations
T1: *Diabemide*, Chlorpropamide – Hypoglycemic, Laboratori Guidotti S.p.A.;

T2: *Digomal*, Malesci Istituto Farmacobiologico S.p.A.;
T3: *Gliboral*, Glibenclamide, Menarini International;
T4: *Gliformin*, Hypoglycemic, Laboratori Guidotti S.p.A.;
T5: *Glurenol*, Gliquidone, Menarini International;
T6: *Metforal*, Metformin HCI, hypoglicemic, Laboratori Guidotti S.p.A.;
T7: *Rilaten,* Laboratori Guidotti, S.p.A.

Notes

[i] This paper has benefited from substantive comments and remarks of many people. The author would like to thank participants at and organizers of the First Dublin City University Postgraduate Conference in Translation Studies (Dublin, 26-27 March 2004). Responsibility for any mistakes lies with the author.
[ii] Cf. also Eckkramer (1996), for a contrastive analysis of German and Portuguese PILs.
[iii] See Cacchiani (1998) for a detailed analysis of British and Italian PILs.
[iv] One reason for using conditionals might be to turn the responsibility over to the readers (cf. Comrie 1986 on different uses of conditionals in English). However, investigating the reader's perceptions is a matter for future research.
[v] Although Grice's Cooperative Principle (1975) is concerned with language in general, Sager et al. (1980:21) point out that it "applies more particularly to special languages".
[vi] The "Crystal Mark" award is a prize awarded relating to clarity in PILs.
[vii] The costs of the localization project depend on the quality that a client is willing to afford in the desired turnaround time. Among the cost drivers are project management, management updates and change management costs, translation, editing and proofreading costs, glossary costs, and engineering costs. For a detailed account of the basic principles of localization and of the components of a translation project, see Esselink 2000.