внутрішньої вмотивованості; до більш якісного володіння іноземною мовою; до підвищення інтелектуального рівня студентів.

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LINGUISTIC PECULIARITIES OF MEDICAL TERMINOLOGY

Abstract. *The article is devoted to linguistic peculiarities of medical terms and semantic and structural classification. Medical studies phenomena, the essence of which is hidden behind many signs and is not always amenable to accurate identification, which is reflected in terminology in this branch of science.*

Key words: *dermatology, micro terminological system, macro terminological system pathomorphological, submicrosystem.*

Modern medical terminology is one of the most extensive and complex in conceptual, meaningful term systems. Medical vocabulary, along with the terms of other sciences used in scientific medicine, amounts to several hundred thousand words and phrases. The constant increase in the volume of medical information in various languages is accompanied by the appearance in the medical literature of many new terms. A huge volume of modern medical terminology is accompanied by a variety of categories of scientific concepts reflected by it, which are the subject of research in many scientific disciplines.

Together, medical terminology forms a complex macro terminological system.

At the same time, each medical term is an element of the corresponding micro terminological system (anatomical, histological, embryological, dermatological, physiotherapeutic, etc.).

Any micro terminology system is based on the classifications of scientific concepts. Each term, occupying an appropriate place in the microsystem, is in certain relations with its other terms and the terms of other micro systems at the level of the macro system. This reflects a dual trend in the development of science: a further differentiation of medical sciences, on the one hand, and strengthening integration, on the other hand [Lidov, 1981, p. 28].

When studying the same object, specialists of related specialties cannot always fully contact with each other. This is due to the fact that the differentiation of sciences and fields of knowledge facilitates the exchange of information within a narrow specialty, but complicates mutual understanding within the macro terminological system of medicine, since a highly specialized terminological fund is developing primarily.

The intensive growth of the terminological fund leads to inaccuracy, vagueness, the ambiguity of many terms, and the abundance of synonyms. The term, representing the unity of form and content, must satisfy several important requirements:

1. Adequacy requirement: the content of the term concept should correspond to modern scientific knowledge of the corresponding object.

2. The requirement of accuracy: a) the content and scope of the term concept should clearly differ from other concepts in the given microthermal system; b) the sound complex of the term should not contain elements that may not be correctly oriented in relation to the content and volume of the term concept.

3. The requirement of unambiguity: any sound complex should be assigned to only one concept; ambiguity of the term is unacceptable.

4. The requirement of uniformity: the concept should be expressed only by one sound complex; synonymy is not allowed.

The last two requirements usually come down to a formula of unambiguous correspondence between the form and content of a term within the framework of a particular terminological system [Golovin, Kobrin, 1987, p. 48].

One of the most important properties of the term — to occupy a strictly defined place in the structure of relations within the terminological system — is fully manifested when these requirements are consistently observed. But there are a number of reasons why these requirements cannot be fully met within the framework of such complex micro terminological systems as medical ones. Human thinking tends to uniqueness and accuracy of usage, but constantly counteracts this when creating new concepts and

changing the boundaries of already existing concepts. New content fills the existing sound forms [Petrov, 1982, p. 34].

Medicine studies phenomena, the essence of which is hidden behind many signs is not always amenable to accurate identification, which is reflected in terminology in this branch of science. This specificity becomes the reason for difficulties in achieving a unity of understanding of phenomena and the application of terms denoting them.

The more abstract the term, the more difficult this unity is achieved. Therefore, the concepts of medicine such as «disease» and «infection» still cause controversial interpretations. The terminology of those objects that are more specific and specific (nomenclature, instrumental vocabulary, which calls anatomical formations, methods of surgical intervention, etc.) is characterized by much greater accuracy and unambiguity. Many medical terms reflect the essence of certain hypotheses, theories, points of view, concepts. Individual terms become a kind of markers of a particular submicrosystem of terms that exists along with other submicrosystems of terms within the same science [Bekisheva, 2007, p. 36].

In addition, the leading fields of medicine still do not have complete hierarchical classification schemes of concepts, each link of which could be expressed in identically understood and applicable terms, which is another reason for difficulties in the implementation of terminological requirements [Trafimenkova, 2008, p. 11]. Classification of concepts, as a rule, is based on a single division basis, i.e. the most significant feature, the changes of which allow attributing to different types of objects belonging to the same genus. Classifications based on the generic principle are most widely used in microsystems of medical terms. However, it is not always possible to build classifications on a one-sign basis. Particular difficulties in this regard arise when constructing classification schemes for the nomenclature of diseases, when either etiology, epidemiology, the clinical characteristics of the disease, or some of its other symptoms are taken as a basis for division. This negatively affects not only the adequacy and accuracy of the content of medical terms, but also the composition of their sound systems, which do not always express the most significant classification feature of the concept.

So, the names of diseases can be constructed either by syndromic (scrab), or by pathomorphological grounds (infectious hepatitis), then by the name of the pathogen, then by the name of the author who first described the disease more or less accurately (Bazin's disease, Sticker's disease), at the place where the disease was first detected (Crimean-Congo hemorrhagic fever). Some disease names use numeric or alphabetic designations (fifth venereal disease, sixth disease, Q fever (quadrilateral fever).

Often, generic relationships are expressed in terms-phrases. In the series of such phrases, their constant part expresses the generic (superior in the hierarchy) concept, and the variable parts have a clarifying, limiting function and express specific concepts. When constructing the terms, it is very important that within the limits of one terminological system the variable parts of sound complexes express a feature accepted as the basis of division; e.g. localization (aortic aneurysm, arterial aneurysm) or etiology (amoebic hepatitis, brucellar hepatitis, radiation hepatitis).

From the point of view of this stage of development of medicine, we can say that the sound form of the term often lags behind changes in the content and volume of the

concept. Modern knowledge of many diseases is much more accurate than when they got their names. But now it is no longer advisable to change the names of all diseases, being guided by some single principle.

Although there are situations when the development of science forces us to replace a group of interconnected sound systems with a new one.

An important factor in the formation of a form that expresses the content is the laws of linguistic semantics. When creating a new term, its authors, as a rule, try to display a certain motivating sign in the sound complex, sometimes several signs, producing a term from words of a native or foreign language, from international term elements having a meaning corresponding to this sign. Sometimes the sound complex of the term completely coincides with the word of the literary language, expressing not a primary, everyday, but a secondary, special meaning. A term is considered motivated if a specialist catches a semantic connection between the producing and derivative sound complexes of words or between the secondary, special, meaning and primary meaning of the same word. Motivation is a more or less visual image by which the content of the term is associated with its sound complex, including the word-building structure. Such, for example, are the sound complexes of the terms «divergent strabism», «sweating sickness», and «hypotrophy». Names with a figurative meaning (chest, thoracic cage, hammer bone, drift) appear to be motivated.

The sound complex seems to be motivated, an arbitrary linguistic sign, if the connection between the sound complex and the content of the term is not understood by the specialist. Such are, in most cases, borrowed words for which there are no producing words or roots in the mother tongue (lenses), or original English words whose generating bases are not preserved or difficult to distinguish (cough).

Motivation is recognized at the time of creating a new name or giving a word with everyday meaning special meaning. When the term becomes familiar, motivation ceases to be felt.

The nature of the relationship between the content of the concept and the form of the term is different, and therefore the terms are divided into qualifying, associative and neutral [Lot, 1961, p. 74]. In qualifying terms, this motivation is expressed directly, by directly calling the distinctive, motivating sign (eversion of the eyelid, cold shivering).

In associative terms, motivation is expressed indirectly, indirectly, with the help of various kinds of associations, without the direct name of a motivating sign. Such names usually have a figurative nature and are based on metaphors and comparisons (prancing gait, hare lip). In some names, the association is caused by the mention of a literary or mythological character, who possessed the corresponding personality traits or fate (sadism, narcissism, Alice in Wonderland syndrome).

Neutral terms are those whose sound systems do not even contain a hint of the essential features of a concept. The bulk of the neutral are eponymous terms, i.e. derived from the names of scientists, doctors or patients (daltonism, darsonvalism, Brock’s syndrome), as well as toponymical terms derived from geographical names (Rift Valley fever). Many microsystems of medical terminology abound in eponymous terms. They are often used if it is difficult to find a satisfactory qualifying term for adequately displaying a symptom of a complex phenomenon or its brief designation. In addition, the

description of symptoms and syndromes was often ahead of their correct scientific interpretation [Bleicher, 1984, p. 47].

Synonyms of the interpretation type have become much more complex. Their large share in medical terminology is due primarily and mainly to extra linguistic reasons — the features of the development of medical science and practice. Firstly, there is a fundamental possibility of distinguishing different distinctive signs from the same object, which is manifested by the use of various motivating signs during termination. To designate the same disease, both obsolete and modern scientific names can be used; e.g. nutritional dystrophy — starvation edema — war dropsy; angular fissure — perleche — angular cheilitis; mumps — epidemic parotiditis. Secondly, the same object (symptom, syndrome, disease, pathological process, diagnostic method, treatment method, surgery, pathogen, etc.) can be discovered or described and, accordingly, differently named by various specialists in one country or specialists from different countries, or at different times, or simultaneously, but independently from each other. If at the same time a similar scientific concept has developed in the thinking of specialists, then the names created by them are synonymous with the interpretation type. So, to designate a disease of unclear etiology, characterized by periodically occurring phenomena of damage to the serous membranes, various names were proposed, each of which fixes a particular distinguishing feature (familial recurrent polyserositis — periodic peritonitis — sextan fever). Thirdly, in connection with a deeper, more comprehensive cognition of the object, the concept that has developed about it is enriched. The specialist's thinking reflects other significant distinguishing features of the concept. On this basis, there is a need to express the enriched concept with a new sound complex, in which a more accurately orienting character, for example, angiohemophilia — pseudohemophylia — constitutional thrombopathy, would be presented. Fourth, interpretive synonyms can arise when a new classification of a group of concepts appears, for example, viral hepatitis type A — infectious hepatitis — epidemic jaundice — Botkin's disease.

Fifth, interpretive synonymy may be the result of establishing the identity of the disease, previously designated by different names; for example, Spencer's disease, intestinal influenza, is now considered the same disease, more commonly referred to as virus diarrhea.

Thus, the term in the framework of the macro terminological system of medicine often does not meet the requirements that are usually presented to the terms, which is facilitated by the rapid development of medical science.

For a number of the above reasons, these requirements of adequacy, accuracy, unambiguity and uniformity cannot be fully implemented, but, this does not prevent the medical term from occupying a clearly defined place within its terminological system.

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SPECIFITY OF MEDICAL TERMS IN MEDICAL DISCOURSE

Abstract. *The article deals with the study of specificity of medical terms functioning in medical discourse. The term is analyzed in dynamics on the basis of such medical fields as diabetes mellitus and AIDS. The analysis of conversations between a doctor and patient revealed the fact that the term has a pragmatic function and depends on the types of discourse. Doctor and patient are the objects of the institutional regulatory activity as the bearers of medical knowledge. The goals of the doctor in communication with patients include making a diagnosis, choosing optimal treatments, and explaining his/ her actions with the use of medical terms and their comment. Using medical terms efficiently helps a healthcare professional to affect the patient favorably.*

Key words: *medical terminology; medical discourse; anthropocentric linguistics.*

Anthropocentric linguistics provides the possibility of studying the speech phenomena characterizing human activities. In scientific papers medical discourse is considered as an act of speech, which includes the knowledge about diseases; phenomena, related to diseases, their properties and qualities. Medical discourse is an aggregate of verbal and non-verbal structures with certain pragmatic features.

In this regard, we analyzed 156 protocols of conversations of a doctor with a patient, which allowed us to consider pragmatic terms used in them. One cannot disagree with E.I. Golovanova, who says that «the definition of pragmatic content of special units on different stages of professional communication and identification of the conditions for the implementation of this content are extremely important for modern science of terms». We agree that the term captures not all information associated with designated objects and situations. It focuses only on certain, communicatively significant ones.

The subject of our study is the pragmatic and medical terminology in the areas connected with diabetes and AIDS. We have specified two types of relationships here — formal and informal. Formal relationship includes «Doctor — patient», «doctor — doctor», and «doctor — medical sister» relationship. This type of relationship matches a set of standard situations. When communicating with a colleague, the main goal of communication is the optimization of medical tactics.

The main goal of the doctor when communicating with the patient is to diagnose and choose the optimal treatment methods. In the first case, mainly neutral, objectified units striving for accuracy and uniqueness of content provide the professional significance of