DESCRIPTIVE CONSTRUCTIONS IN ENGLISH AND LATIN: SOME METHODOLOGICAL REMARKS

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Abstract: The paper focuses on some aspects of Latin nominal morphology and its acquisition by students of Medicine and Dentistry with English as a mediatory language. The observations were made throughout the academic years 2016/2017 and 2017/2018 in the Medical University of Plovdiv where Latin is taught to foreigner students through English. Special attention is paid to the first tongue of the course participants, which very often determines the specific features which should be faced in the track of the teaching process. Such include: the morphological type of the students' first language - two particular types are taken into consideration, i.e. flectional and agglutinative, fluency or knowledge of other foreign languages, etc. Those types determine e.g. the way specific concepts as the adjectives and their syntactical and morphological functioning are handled. Students with English as a first or predominant tongue are also facing particular issues regarding the way attributes are expressed in Latin. In English, the attributive position in a nominal phrase is strictly determined positionally, thus overlapping certain 'traditional' morphological restrictions such as grammatical agreement mostly resulting from the total loss of the end-word flection. Not only that, but actually English allows every kind of word to fill this position regardless of its kind as a part of the speech. In Latin, on the other hand, a similar situation is attested where adjectival attribution is often correspondently parallel to the genitive constructions. Genitive case is often regarded not as the case of possession, but the case of attribution and linking two (or more) nouns in a nominal descriptive phrase; thus, its possessive notion is regarded not as a primary but as a particular, secondary use of a larger attributive function. This situation creates a certain ambiguity among the students who are led by the syntactical function and the semantics and neglect the morphological restrictions which the language system applies. Another issue, one of the first that an English-speaking student faces in Latin is the grammatical agreement between nouns and adjectives and their often belonging to different declensional classes. Syntactical structures used in writing diagnoses often pose challenges such as the modification of a noun phrase after preposition depending on whether its construction is attributive (adjectival) or genitive (nominal), i.e. whether the attribute is agreed or non-agreed. All this is discussed with provided examples. Finally, the paper aims to discussing different approaches that could consider these strictly linguistic peculiarities originating from the typological specifications of each of the two languages used in the medical education.

Keywords: language teaching, linguistic typology, nominal morphology

1. INTRODUCTION

Latin is an obligatory component in 1st year students' curriculum of Medicine, Dental Medicine and Pharmacy. Depending on the tradition established in the country of study, the scopes of the courses differ significantly. Very often, the major focus of teaching medical Latin fall presumably on:

1. acquiring the anatomical terminology;
2. learning the very basic grammar used in anatomy (basically, no other cases except the Nominative and the Genitive);
3. acquiring the terminological elements of Greek origin, used in the clinical terminology.

In other words, teaching medical Latin is concentrated mainly on acquiring and activating the vocabulary layers used in the Anatomy and the word formation mechanisms that are employed in the clinical terms.

On the other hand, in countries where it is accepted that the diagnoses are supposed to be written in Latin, as in Bulgaria, a deeper and more active knowledge of grammar is required. The course, respectively, usually has a duration of 60 academic hours, divided proportionally in the two semesters of the first year of study. Among the abilities that the students are expected to have acquired by the end of the course, including the basic set needed to comprehend and construct a grammatically correct diagnosis are:

a. combining correctly adjectives and nouns;
b. forming correct forms of the adjectives and nouns (plurals, cases);
c. good knowledge of Latin declensional classes;

d. correct usage of the cases after prepositions (i.e. a necessary active knowledge of the Accusative and the Ablative).[24]

In this paper I shall focus one of the main aspects and one of the basic abilities needed not only in Latin but also in any language in particular – the skills to form and comprehend the structure of the descriptive phrases. I shall also try to observe the given issue from linguistic point of view, believing that understanding the deeper structures and their functioning in a given language will help in finding adequate solutions for explaining them as well as for teaching them.

2. DESCRIPTIVE CONSTRUCTIONS IN LATIN AND ENGLISH

In this text by 'descriptive construction' I will consider a nominal phrase (i.e. with a main core part, or in terms of the generative syntax '*head',* expressed by a noun) with syntactical extensions giving additional information about specific qualities of the core-noun (or the noun-head). In English such constructions are expressed by a strict word order that requires the description to precede the described unit. Together with the almost total lack of flection in the English nominal system, this results in a grammatical situation where the place of the description could be taken by actually any word, regardless of its categorial type as a part of speech. Thus, a simple descriptive phrase could be constructed by combinations like adjective-noun (*a yellow book*), noun-noun (*note book*), adverb-noun (*outside temperature*), verb-noun (*stop sign*) etc. The word order predominates the morphological division of the lexical units in a system traditionally known as 'parts of the speech'. This phenomenon, by the way, is largely typical for languages of the isolative type (like Chinese), where this category, together with morphology all in all, does not exist; or the agglutinative languages (like Turkish, Hungarian, Finnish) where the same grammatical affixes could be attached to any root, regardless of whether it is a verb and a noun, one could not consider the strict bipartition of nouns and verbs, too. Finally, a similar descriptive construction which connects noun with another noun or adjective, could be found in modern Persian, known as *ezafe,* which also serves as a way to form possessive constructions (s. more in Petrov forthcoming).

On the other hand, Latin, as a typical representative of a flectional old Indo-European language, has a strict division between its parts of the speech, using different sets of grammatical mechanisms and markers to handle each class. In descriptive phrases as the ones we observed in English, Latin would narrow its grammatical solutions to two specific types of attribution – namely, the agreed and the non-agreed one. In the former, the describing element will inherit all grammatical significations of the described part, it is attributed to - speaking in terms of classical grammar, this is the adjective. The other strategy, employed not only by Latin, but also by other old Indo-European languages, is the so-called non-agreed attribute, or a substantive in a specific case. Usually, this case could be any of the peripheral cases, that used to express more obstacle-orientated semantics – Ablative, Locative or Instrumental. On the other hand, Genitive was also widely used in building describing construction. It is traditionally assumed that the Genitive was mainly the case of possession (as in English: John's book, the book of John), but this might not be exactly the situation. For example, in Classical Latin, the adnominal Genitive was widely used to express quality (*vir magni ingenii* 'lit. a man of great talent, very talented man'), additional information (Gen. explicativus: *poena mortis* 'death penalty, penalty 'death'), etc. This situation has led to the state where in Latin medical nomenclature terms like *columna vertebrarum* (noun + noun in Gen.: lit. 'column of vertebrae') and *columna vertebralis* (noun+adjective: lit. 'vertebral column') are equally adequate to denote the specific part of the body (Petrov forthcoming). In Late Roman Empire, authors also prefer the combination of two nouns, the one defying being in Genitive, to form a phrase, that denotes where a certain pathology occurs in the human body[25]: *fluxus ventris* (*diarrhoea*), *tormenta intestinorum* (colica), *gravedo capitis, suffusion oculi* (Pelagonius Salonnius); the same construction is preferred by Celsus in the anatomy and in the pathology: *cervix vesicae, os pedis, morbus oculorum.* Actually, this type of synonymity between an adjective-noun and noun-noun phrase in Medical Latin could be observed not only in certain terminological units, but also in a single work of a single author (Langslow 2000:230).

3. TEACHING ASPECTS

One of the major specifics of teaching Latin for medical purpouses is that the focus often mainly falls on the passive knowledge and usage of the language. Unfortunately, even outside the medical field, Latin continues to

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[24] For other classification of the skills taught in the course of Medical Latin, s. Ikonomova 2013.
[25] Apud Ikonomova 2016: 22- 23.

be taught and learned presumably as a dead language, despite the major modern systems that are trying to break up this *status quo*[26].

Another important factor that needs to be taken into consideration is the overall number of academic hours prescribed by the specific academic environment. Unfortunately, very often the courses of Medical Latin are restricted just to one semester of 30 hours, often preceding or going simultaneously the first semester of Anatomy. Within such a limited timeframe, what can be achieved is not more than a summarized presentation of very basic grammar and an initial immersion in the vocabulary. This means that the students would not be able to understand the structure neither of anatomical terms, nor will have the needed abilities to compose and read medical diagnoses.

Last but not least, often the pace of acquisition is determined by the linguistic background of the students.

My observations are made mostly on groups of students coming from the UK, with diverse origin, but often without any previous experience in a systematic learning of a foreign language. Some of them are bi-, few tri- or even multi-lingual, but have acquired their other languages, different than English, in a domestic environment. Parallelly to their Latin course, the students attend a two-year obligatory course of Bulgarian language which consists of 180 academic hours per year for students of medicine and 240 for students of dentistry. This simultaneous immersion in the two language, in my view, is rather helpful.

Often Latin is taught with a presumption that the learner not only have available experience in learning a foreign language, but also that this previously learned language has a morphological system at least comparably rich as the one in Latin. This results also in preparing and publishing textbooks that tackle the grammatical units is way which presupposes a previous language experience of the same kind in the students. Unfortunately, the situation is rarely such. Even if the student has studied a foreign language, often contemporary methodologies focus on the communicative side of the language, neglecting grammatical structures and the systematical approach for the sake of a more situational or culture-based immersion to the language mechanisms. Latin for medical purpouses hardly fits into this scheme mostly because of its specifics and the restricted scope of vocabulary and the particular situations this vocabulary comes into functioning. The above mentioned presumption results in grammar being presented in a way that could be understandable only for someone who had encountered previously similar grammatical mechanisms and constructions. This means that concepts such as grammatical gender, grammatical concord (between adjectives and nouns) and grammatical case etc. are scarcely explained or not exercised enough.

For English speakers, such grammatical trait that is foreign to the English language structure and poses particular difficulties to students, is the grammatical agreement in the nominal descriptive phrase (i.e. in a phrase constructed by a noun and an attributed adjective). Latin demands that an adjective concord with the noun it is adjacent to and with which it forms one semantic unity in all grammatical categories relevant to the nominal-like parts of speech (nouns, adjectives, participles), i.e. gender, case and number. The case and the number are more or less comprehendible for English speaker not only due to their relevant presence in English but mostly due their transparent markedness of grammatical meaning (John'*s* car, many car*s*). On the other hand, the concept of grammatical gender is completely foreign to English where it has been dropped more or less at the same time when the flectional endings in Old English started to be dropped. Further complicacies introduced by the Latin adjectives is the fact that they change, in contrast with the situation in English, where they do not change their form for plural (at the least). Another structure that presents certain obstacles in understanding is the before mentioned descriptive phrase which in English is marked not by specific grammatical markers, but with a fixed position in the word order.

Summarizing the situations in Latin and English, grammatical categories (such as gender, case and number) are marked, expressed in the former with the ending of the word where those grammatical meanings are fused together; the use of the ending sets, needed for each correlation of gender-case-number, is predetermined by structural classes known as declensions (methodologically better referred to as *change-patterns*). On the other hand, the later has lost some of the grammatical meanings as gender and case, and as far as number and case (among the personal names) tends to express it with a clearly separable marker or with a fixed position in the phrase.

To overcome these difficulties, resulting from the typological differences between Latin and English, a special attention is needed in preparing adequate exercises that could help student to develop understanding and practical knowledge not only in understanding Latin phrases but also in composing them. Grammatical functioning of the agreement is well presented and practiced in exercises as presented in the book of I.

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[26] E.g. the *Vivarium Novum* in Italy, together with the summer schools of spoken Latin in Poland and Bulgaria (*Schola*) that grow in popularity among students and pupils.

Ikonomova *Latin and Medical Terminology* (var. ed.) where transformations of a given phrase (usually a short diagnosis) is to be written in different contexts are presented as exercises:

> *gastritis chronica*
> Therapia .....
> Status post....

Something that is widely neglected, though, is the above mentioned synonymy between noun-noun and noun-adjective phrases. This situation is further complicated by the fact that, as it was explained before, in English we can speak more of a *position* of a definer than of a defining part of speech- this position can be taken equally by an adjective, an unchanged noun and even a verb (speaking from a traditional-grammar point of view). This sometimes makes it particularly demanding for English speaking students to understand the difference between constructions like 'pulmonary swelling', 'swelling of the lungs' and 'swelling of a lung'. To comprehend these differences is meaning, it seems a good idea to present students exercises where similar phrases are to be translated into Latin in an order as shown in the given examples, e.g. *fracture of a rib, fracture of ribs, fractures of a rib, fractures of ribs, costal/rib fracture and costal/rib fractures.*

4. FINAL REMARKS

Teaching Latin for medical purpouses often goes hand-by-hand with teaching Medical English which more often than never remain obscure and incomprehensible even for native speakers of English. It also depends on the number of hours that are planned for the full course and on the specific purpouses of using Latin – most commonly determined by the medical tradition of the country where medicine is studied and practiced. All these specific features contribute to forming the different face of this subject, basic for all life sciences.

Language teaching has been obsessed by negating the role of grammar in learning a foreign tongue, forgetting that an adult needs an ordered information in order to comprehend it, acquire it and later put it into practice. Learning and teaching Latin for medical purpouses has also been affected by this trend having to deal with students that lack basic concepts of grammatical concepts and structures.

In the situation of monolingual speakers or such that have no previous experience in learning a foreign tongue, a good idea would be to propose a more extended course with a larger number of classes. This would provide a more steady and calm immersion not only in the grammatical structures, but also in vocabulary juxtaposing it to Medical English, which remains *terra obscurissima* without the knowledge of Latin even for the native speakers.

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