

Book Review: *Duramazwi reUtano neUrapu and Denhe reUtano neUrapu*

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ARTICLE HISTORY

Published online November, 2021

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About the book

Title	<i>Denhe reDuramazwi reUrapu neUtano</i>
Author	Boniface Manyame
Publisher	Mambo Press, Gweru, 2018
ISBN	978-0-86922 090 2
Pages	562
Dimensions	205mm, 145mm, 25mm. [shelf size]

1. *Denhe ne Duramazwi* (Encyclopaedia and Dictionary)

Author short-bio

It is often said that the main achievement of the French Revolution (1787 – 1789) was not the Paris Commune or the storming of the Bastille. Rather, it was the intellectual ferment of the Enlightenment of the period that went with it, in turn changing Europe.

The 'dictionary movement' has been gaining momentum in Zimbabwe, and several other countries in the southern African region. It has changed the position of indigenous languages, hopefully, with similar lasting effect as the French 'encyclopaedists.'

Dr Boniface Manyame has singlehandedly done a sterling job, authoring *Duramazwi* (a dictionary) and *Denhe* (an encyclopaedia). He graduated in medicine in the 1970s at the then University of Rhodesia (now University of Zimbabwe). His long career is illustrated on the back cover of the book by the various roles he has played in the health service in Zimbabwe, including a stint in Gweru and Zvishavane (Midlands Province).



2. *Denhe neDuramazwi* (Encyclopaedia and Dictionary)

The *Denhe* and *Duramazwi* were originally separate books, published by Kagondya Books, Harare, in 2015. Mambo Press, in Gweru, combined the structure and format into one book of 562 pages. This is, essentially, a monolingual text, divided into 19 chapters (381 pages), with 127 pages of index (*gwashamazwi*), and a 51-page appendix (*chiwedzerwa*) which is a glossary of English-to-*ChiShona* terms. There are over 2,500 entries in the monolingual section.

In the acknowledgements, Dr Manyame pays tribute to the assistance rendered from a variety of language experts such as Dr Esau Mangoya of the African Languages Research Institute (ALRI) at the University of Zimbabwe, and *ChiShona* Language teachers at Oriel Girls High School (Harare). Dr Mangoya was one of the editors of the first *Duramazwi reUrapi neUtano*. Others include health professionals in the Ministry of Health namely, Dr Portia Manangazira, College of Health Science Obstetrician; Prof. Steven Munjanja, Ophthalmologist; Prof. Rangarirai Masanganise, and others, who are *ChiShona* first language speakers.

Dr Boniface Manyame states the aims of the endeavour noted as to:

1. Fix the medical definition of common usage *ChiShona* terms so that they have a specific technical meaning in medical/health contexts.
2. Explain medical terms and meanings so that the public understands the medical conditions explained in their own language. As with English and other languages, technical words require standard definitions, whether the source term is borrowed from another language, from the standard form of the language or dialect.
3. Give *ChiShona* names to conditions that may not already have such terms. In naming, the following steps are given as the process that was used:
 - a. Is there a *ChiShona* word already? [e.g., vertebral column-*muzongoza*] If NOT, then:
 - b. Is the English term easy to translate? [e.g., spinal cord – *tambo yemuzongoza*] If NOT, then:
 - c. Can the word be written as a *ChiShona* word? [e.g., hormone –*homoni*] If NOT, then:
 - d. The word should be written or used in its English form.

The African Languages Association of Southern Africa (ALASA) recommends inserting an additional two steps of looking at neighbouring languages when there is no locally available word or translating from the original Graeco-Latin root of the English word (Botibo, 2010). In this way, there are new coinages, changes of meaning and ex- tensions of meaning, many of which may be new to readers. In this sense, this new professional dictionary does significantly advance the development of the *ChiShona* language by making available language resources for health professionals to venture away from the sanctuary of English. Among the arguments against use of indigenous languages are limitations imposed by lack of technical terminology and resources for their development

The first obvious observation is that by combining the *Denhe and Duramazwi*, two different systems are at work. The encyclopaedic organisation by body systems means, word entries are scattered throughout the book. A good example is *chifo*: inflammation. This word first appears as *chifo cheapendikisi* in **Chitsauko 1: Kuzeya kudya: Dumbu, Ura, Chiropa ne Pangiriyasi** (Chapter 1: Mastication, Abdomen, Intestines, Liver and Pancreas). In chapter 1 alone, there are fourteen different

headwords starting with /chifo/, but /chifo/ itself is not defined until on page 256. A single headword in Chitsauko 1 (Chapter 1); cross referenced to the entry in page 256 with different types of inflammatory conditions relevant to the chapter would have been a better arrangement. Similar points could also be made about many other entries.

There are many rephonologisations of terms such as:

anyurisimu [aneurysm],
leza [laser],
sayatika [sciatica] and
sejari [surgery], to name a few.

In this sense, the dictionary follows in the footsteps of the Kiswahili **Kamusi yaTiba**. This is borrowing, and is a very useful, and rapid way of enriching a language. English borrowed massively from French and has digested it well.

There are some words that were already present in *ChiShona* but forgotten or unknown at least to the general medical professionals. For example, these are the upper limb: *dingaringa* [scapula], *bendekete* [shoulder], *pfudzi* [shoulder joint], *ruoko* [arm –as in upper arm], *mukono* [forearm], *gokora* [elbow joint], *honokono* [olecranon], *chiningoningo* [wrist], *chanza* [hand]. *Dingaringa*, *mukono* and *honokono* are not words one hears much these days. Bringing back these terms into daily use also links back to indigenous knowledge systems and delving deeper for more forgotten terms.

The author states that one of his aims is that indigenous words as used in medicine should be fixed to technical or specific meanings. This is called semantic extension as it stretches the meaning to include something not previously regarded as part of the meaning. *Kudzidzimuka* generally means 'to rouse' from unconsciousness or deep sleep. The author suggests that such a word be 'fixed' or be accepted to mean 'to resuscitate', in the medical sense. This enables the development of acceptable terms from this to populate the vocabulary. Language specialist can further play a role in developing different grammatical permutations of such terms: Table 1 below provides some examples.

Table 1: Examples of further development of terms from '*kudzidzimutsa*'

English	to resuscitate	resuscitate	resuscitation	resuscitaire	resuscitator
<i>ChiShona</i>	<i>kudzidzimuka</i>	<i>dzidzimutsa</i>	<i>dzidzimudzo/ udzidzimu</i>	<i>pamudzidzimutso</i>	<i>chidzidzimutsi</i>

One also observes some new word coinages such *uopimvura* defined as '*hydrocephalus*' (brain water). However, hydrocephalus is currently used as a diagnosis of a medical condition in which there is excessive water or water pressure on the brain. I would prefer if *uopimvura* was translated to mean *cerebrospinal fluid*, which is an anatomical term meaning the '*water around the brain and spinal cord*' because it is a loan translation. The source language word is translated into the recipient language in its form. *Rutambira* [atrium] is another term from 'entrance hall' in a Roman building. Further, *chisakadiwa* [side effects or unwanted effects], *chiratidzi* [symptom of a disease], *Ichiratidzo* [physical sign of disease] and many others.

Another interesting development observed in the book is use of word compounds to form new words (Madzimbamuto, 2012). Bantu languages generally have this vast capacity to generate new words in the way Latin and Greek have been used in

science and technology to form new words. For instance: *cardio* (Greek: heart) and *logo* (Greek: study) forming *cardiology*. The *uropi* example able and *mvura* to give *uropimvura* is an obvious starting point. Dr Manyame gives ‘prophylaxis’ as ‘*dzividzorapa*’ which translates literally to ‘preventive treatment’. He could have gone further than he attempted in the book, because this generates some very useful compounded words, using terms such as ‘*musimwa*’ for ‘transplant’, ‘*mabvisa*’ for ‘-ectomy’ (remove), ‘*chifo*’ for ‘inflammation’ and others. Terms so generated would then look as in the table below:

Table 2. Examples of word compounding for terminology development in *ChiShona*: (*different portions of the bowel have different names e.g.: **duodenum**, giving *duodenectomy*, *duodenitis*; **ileum** giving *ileitis*, *ileumectomy*; **sigmoid** giving *sigmoidoscopy* etc.)

<i>Musimwa</i>	<i>transplant</i>	<i>mabvisa</i>	-ectomy	<i>chifo</i>	-itis
<i>musimwabapu</i>	lung transplant	<i>mabvisabapu</i>	pneumonectomy	<i>chifobapu</i>	pneumonitis
<i>musimwaitsvo</i>	renal transplant	<i>mabvisaitsvo</i>	nephrectomy	<i>chifoitsvo</i>	nephritis
<i>musimwamwoyo</i>	heart transplant	<i>mabvisamwoyo</i>	cardiectomy	<i>chifomwoyo</i>	carditis
<i>musimwaura</i>	bowel transplant	<i>mabvisaura</i>	(colon) ectomy	<i>chifoura</i>	(col)itis
<i>musimwabvupa</i>	bone graft	<i>mabvisabvupa</i>	osteoeectomy	<i>chifobvupa</i>	osteoititis

The dictionary, therefore, is a big step forward in developing *ChiShona* as an indigenous language capable of absorbing technical and scientific knowledge making them useful for information and education. In this way, *ChiShona* would then be used alongside English even in professional contexts such as medicine.

3. *Denhe* [Encyclopaedia]

Denhe is defined as ‘*mudziyo mukuru unochengeterwa upfu*’, in other words ‘a large repository.’ (Chimhundu & Mangoya, 2001). It differs from ‘*dura*’ in that ‘*duramazwi*’ means both ‘explanation’ and ‘store of words’. So, a *Denhe* has been used to suggest ‘encyclopaedia’ and ‘resource text’ when used with reference to school books. Encyclopaedia could also be differently translated as ‘*durazivo*’/ ‘*denhezivo*’, meaning ‘knowledge repository’. A dictionary is a linguistic product [words, definitions, etymologies, grammars etc], whereas an encyclopaedia, meaning, ‘bringing up everything’, is a philosophical product. It is a repository of all knowledge (*durazivo*) generally or in specific fields.

Chapter organisation lends itself well to the *denhe* concept. In each chapter, terms are arranged alphabetically as entries in a dictionary with head words. An explanation of some terms then follows, which are more detailed than a dictionary entry. A definition is not necessarily given, being cross referenced elsewhere. The symptoms of many conditions are given and sometimes related to a mechanism.

In Chapter 1 of the book, it may have been better to separately give an overview of the gastrointestinal system first, and then build the entries by cross referencing, as encyclopaedias generally do. There are also many interesting words some of which appear new such as *chikutumeno* [dental caries], *rumedzo* [oesophagus], *sviniko* [stenosis, constriction].

The other chapters are Chapter 2: *Bapu nemikana yekufema* (The lung and respiratory passages); Chapter 3: *Nzeve Mhuno neHura* (Ear Nose and Throat); Chapter 4: *Mwoyo netsinga dzeropa* (The Heart and Blood Vessels); Chapter 5:

Ropa (Blood) covering all the major systems in medicine. These are standard heading in textbooks of human anatomy and physiology. This is a very big task for one person to have done, even with assistance and Dr Manyame is congratulated.

Diagrams are difficult and expensive to produce, and it is understandable that this was omitted on those grounds. Most readers in the health field may have access to diagrams from other sources, but this is a book that lay people can and, indeed, must also read. This could become a handicap in future, when the utility of the book will really assert itself.

Structural words as used in anatomy and medical classification are nouns or used as nouns for which there are many ways of constructing nouns. Physiology on the other hand relies on verbs and developing verb terminology is more difficult. The number of new or technical terms in *ChiShona* for use in physiological science is much less. This will need addressing.

For the future, work probably needs to focus on the *Denhe* concept with subject and language specialists working together. A dictionary could follow when consensus has grown around some key features of a *ChiShona* medical vocabulary. Other fields need to be considered also as having separate sections such as *zviringopenzo* [anatomy], *fiziyoroji* [physiology] and other basic sciences as well as other clinical disciplines like *rufimbo* [anaesthesia], physiotherapy and so on. In other words, the task has been raised to the collective level.

We await similar developments in the other indigenous languages of Zimbabwe especially *IsiNdebele*, *ChiTonga*, *IsiZulu*, *TchiVenda*, *SeTswana* and others that can be linked to developments in neighbouring countries such as South Africa [*Mzansi Africa/Africa Borwa*], Botswana, Mozambique. In South Africa, language development is underpinned by government and the constitution.

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