

such a historical message to the world since the 20th century. At the same time, as M. Heidegger notes, technology does not depend itself, does not impose fatalism, powerlessness and the end of history compared to how the church defends God. In the case of the Christian God, this is his personal message. In the case of the phenomenon of technology, it is a personal decision of people: to immerse themselves in a degenerative improvement with liberating responsibility [2]. This responsibility is expressed by transcending through the things to which one belongs. The dependence of a person is that the appearance of things (their empirical embodiment and the context of consumption) is enough for him – her to perceive the truth. The truth is always within us and accessible through what is in our hands. And since it is impossible to master technology, the integrity of man, freedom and truth is violated due to the fact that human thinking is not yet ready to express the essence of technology. M. Heidegger believes that this problem is so fundamental and urgent that it is too early to talk about its solution. Twenty years after the publication of "The Question Concerning Technology", M. Heidegger answered questions about it in an interview with the "Spiegel" newspaper, in such a way that only God can save people [1].

So, the phenomenon of technology is represented in the type of thinking called Gestell in the post-war period, in the 1950s. The specificity of this phenomenon is based on the consumer attitude to things, as well as the belief that tools, inventions and products will preserve well-being and bring peace to the world.

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DIFFICULTIES OF THE MEDICAL TERMS TRANSLATION

The problem of medical translation – that is, certain difficulties and inconveniences associated with the translation process – has always existed, but in the last decade it has become especially relevant, as evidenced by numerous articles on this topic that have appeared both in periodicals and on the World Wide Web [1].

There are several main areas of medical translation: medical documentation (medical history, results of laboratory and instrumental examinations, protocols of operations, expert opinions); documentation on clinical trials of drugs (agreement on clinical trials, study protocol, study brochure, form of informed consent, individual registration card); pharmaceutical documentation (annotation of drugs, leaflets, information for doctors and patients, documentation on quality control); documentation for medical equipment and tools (operating instructions, manuals, descriptions, advertising materials, catalogs, presentations); sites on medicine, pharmacy, clinical trials, medical equipment and tools; popular science literature on medicine; scientific medical literature (scientific articles, conference proceedings, reviews, abstracts, dissertations, monographs, reference books, manuals, textbooks for doctors and medical students.

The difficulty of analysis lies in the fact that the term is a conservative phenomenon [2]. It is quite difficult to identify something new and unusual. In addition, terms often do not consist of a single word, but are a combination of words, each of which has its own transformation during translation.

Medical texts are characterized by a peculiar construction of sentences. Often the structure of the English expression from medical area is replete with complex grammatical constructions (infinitive and gerund), which complicates the definition of logical emphasis in the sentence. All this leads to ambiguity in the translation of the text.

When translating the names of organizations and their abbreviations, we should first translate the full name of the organization, and then shorten it to the abbreviation. The translator should be careful, because the equivalent of the abbreviation may already exist in the language of translation: *The National Health and Nutrition Examination Survey (NHANES)* – *Національна програма перевірки здоров'я та харчування (НППЗХ)*, *The National Center for Health Statistics (NCHS)* – *Національний центр медичної статистики (НЦМС)*.

Quantitative analysis showed that transliteration is the most frequent transformation for medical terms. Indeed, the overwhelming majority of terms are the names of diseases and other internal processes of the body, borrowed from the Latin language, they are international, therefore they are often transferred from one language to another through transliteration: *lymphadenopathy* – *лімфаденопатія*; *myocarditis* – *міокардит*, *hypertrophic cardiomyopathy* – *гіпертрофічна кардіоміопатія*; *cytolysis* – *цитоліз*. Into the second place in terms of frequency can be put loan

translation: *mobilized metals* – мобілізовані метали; *photophobia* – світлобоязнь; *intravenously* – внутрішньовенно; *rubella* – краснуха.

In conclusion, we have found that transliteration is the most common translation technique for medical terms because of a large number of Latin names in medical science. On the second place is loan translation. As for grammatical transformations of medical terms, the most characteristic is the transposition of words during translation and grammatical replacement (most often parts of speech are changed along with the syntactic transposition).

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FREE “FOR NOTHING” OR THE FATE OF WOMANHOOD ON THE PAGES OF SIMONE DE BEAUVOIR’S “THE SECOND SEX”

The main problem of society throughout history remains the habit of dividing the whole and opposing its parts to each other. The concept of ‘human’ fades against the backdrop of heated debates about which gender is more privileged or powerful. The lack of unity provokes the need for one element to dominate over another. The question of why women specifically allowed themselves to be conquered and reconciled with their inferiority remains relevant. Simone de Beauvoir noted that “the division into sexes is actually nothing but a biological factor, not a phenomenon in the history of humanity. Their irreconcilable antagonism arose in the depths of primitive human society and was not eradicated” [1, p. 31]. The brute physical strength of man was seen as a means of conquest and power retention, while a woman's body was deemed insufficiently resilient and suitable only for motherhood. Then, it became a matter of time. Women were so often persuaded of their tenderness and vulnerability from birth that it became true for many of them.