

Portfolio of Work



Marga Burke MITI

Translator and Editor Specialising in Health-Related Research

French to English - Italian to English - English Editing and Proofreading

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Introduction

I'm a translator and editor who specialises in health-related research, from clinical trials on new pharmaceuticals to sustainable development projects that cross over with medicine. I translate from French and Italian into English, and I edit English writing.

With ten years' translation experience and a background in healthcare, I work for a range of demanding clients including universities, NGOs, pharmaceutical industry partners and individual researchers. Types of text that I translate include journal articles, white papers, reports, press releases, web copy and information for patients.

The translation samples in this portfolio have been chosen because of their non-confidential nature; they are either in the public domain or I have explicit permission to share them. They do not cover the full range of my work, which also includes scientific texts that are fully grounded in mainstream medicine, but they should give an idea of my writing style and translation skills.

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Traditional Medicine in Madagascar (French to English translation)

I translated a sample chapter from this academic ethnobotany text for submission to UK publishers, with funding from the University of Oxford. The original French book is published by L’Harmattan, and the author is currently seeking funding for a full English translation.

<i>French original</i>	<i>English translation</i>
<p>Ce livre traite de la « médecine traditionnelle », un domaine qui serait sans doute mieux décrit comme les <i>pratiques thérapeutiques ancestrales</i>. Ce serait, en tout cas, se conformer à la manière dont les choses s’expriment en malgache. En effet, la notion de médecine traditionnelle, souvent discutée et devenue assez populaire récemment dans le public européen et américain, n’a eu que récemment son équivalent dans la langue malgache. La langue officielle et la presse utilisent le terme <i>fitsaboana nentim-paharazana</i>, littéralement « soins portés depuis les ancêtres ». L’expression, très claire pour les locuteurs, est un néologisme construit expressément pour traduire une notion internationale. Mais l’idée même d’une médecine autre qui se définit en parallèle ou en opposition à la biomédecine est une idée contemporaine assez nouvelle. En fait le parallèle est assez artificiel et une définition théorique de la « médecine traditionnelle » serait difficile, car ses fonctions sont différentes, en réalité beaucoup plus larges que celle de la biomédecine. Certes on y trouve des consultants, on y trouve un personnel de soignants, tels que devins-guérisseurs, personnes possédées, etc., qui semblent correspondre aux docteurs et aux infirmiers de la médecine internationale, on y trouve aussi ce qui pourrait passer pour des médicaments dans l’équivalent d’une pharmacopée. Mais, comme on sait, dans cette « médecine traditionnelle », la notion de maladie est plus étendue que dans la biomédecine. Elle inclut en fait tous les malheurs de l’existence. Si les devins-guérisseurs fournissent des plantes qui trouveraient leurs équivalents dans les spécialités pharmaceutiques biomédicales, par exemple celle qui permet de faire résorber un abcès¹ et semble pour cette</p>	<p>This book is about ‘traditional medicine’, a field which may be better termed <i>ancestral therapeutic practices</i>. In any case, that is how it is described in Malagasy. In fact, the concept of traditional medicine, often discussed by and of late quite popular with the European and American public, has only recently found its equivalent in the Malagasy language. In the official language and the press, the term used is <i>fitsaboana nentim-paharazana</i>, literally ‘treatment brought from the time of the ancestors’. This expression, which has a very clear meaning to its speakers, is a neologism constructed expressly to translate an international concept. But the very idea of an ‘other’ medicine defined in parallel or opposition to biomedicine is a fairly new and contemporary idea. In fact, the parallel is quite artificial, and it would be difficult to provide a theoretical definition of ‘traditional medicine’ because it has different functions which are far broader than those of biomedicine. Granted, there are consultants and a team of carers—diviner-healers, mediums and so on—who seem to correspond to the doctors and nurses of international medicine; there are also what could pass for medications in the equivalent of a pharmacopoeia. But, as we know, the concept of sickness in this ‘traditional medicine’ is more extensive than in biomedicine and encompasses all of life’s sorrows. The diviner-healers may use plants with equivalents in the pharmaceutical products of biomedicine—for example, the plant that can be used to reduce an abscess¹ seems comparable to</p>

raison comparable à un anti-inflammatoire, ils peuvent aussi ordonner des remèdes, généralement des plantes aussi, pour soigner une personne dont le commerce périclute, ou encore pour faire fuir les fantômes responsables des pleurs des enfants, etc. Ce genre de « médicaments » n'a évidemment pas d'équivalents dans la biomédecine.

[...]

Les remèdes sont désignés dans la langue par le terme *aoly*, sous lequel se trouve réuni un vaste ensemble de pratiques. Dans d'autres régions le terme a une connotation « païenne », ce qui n'est pas nécessairement le cas ici. Les *aoly* incluent toutes les ressources thérapeutiques, qu'elles soient en vente sur les marchés des villes, ou collectées dans la brousse et la forêt. Mais certains des objets sont particuliers aux *ombiasa*, que ce soient les bois *volohazo*, les graines et le sable utilisées pour la divination géomantique *sikily*, ou encore les cornes à remèdes *mohara* ainsi que d'autres instruments secondaires de la cure. Les plantes sont un élément essentiel dans la composition des charmes, *aoly*. S'y ajoutent des pierres, des animaux, l'eau, et des éléments immatériels, des rituels, des invocations, l'imposition d'interdits, et parfois de sacrifices. La pharmacopée comprend aussi des plantes utilisées par tout un chacun au quotidien ; ces remèdes qui ne relèvent pas de la connaissance des spécialistes sont désignés par le terme *ravin-kazo* littéralement « feuilles d'arbres ».

1. C'est le *malaimivonto*, « il-déteste-ce-qui-gonfle », ou *malairahamivonto*, « il-déteste-les-choses-qui-gonflent », identifié comme *Rhopalopilia perrieri* Cavaco & Keraudren, Opiliaceae, par Rasolondratovo et coll. 1995.

Lefèvre, Gabriel. 2013. Médecine traditionnelle à Madagascar : Les mots-plantes. Paris: L'Harmattan.

an anti-inflammatory—but they can also prescribe remedies, usually likewise plants, to help someone whose business is collapsing, drive away the ghosts responsible for a child crying, and so on. This type of 'medication' clearly has no equivalent in biomedicine.

[...]

In Malagasy, remedies are known as *aoly*, an umbrella term that covers a vast range of practices. In some other regions, this term has a 'pagan' connotation, but that is not necessarily the case here. *Aoly* consist of all the resources used for treatment, whether these are sold in the town market or gathered in the bush and the forest. But some of these objects are specific to the *ombiasa*, including wood (*volohazo*), the seeds and sand used in geomancy (*sikily*), and even horn remedies (*mohara*) and other secondary instruments of treatment. Plants are an essential ingredient in *aoly* charms. To these can be added stones, animals, water, and intangible elements such as rituals, invocations, taboos and sometimes sacrifices. The pharmacopoeia also includes plants used by everyone in everyday life; remedies that do not come under the remit of specialists are called *ravin-kazo*, literally 'tree leaves'.

1. *Malaimivonto*, 'it-hates-what-swells', or *malairahamivonto*, 'it-hates-things-that-swell', identified as *Rhopalopilia perrieri* Cavaco & Keraudren, Opiliaceae, by Rasolondratovo et al. 1995.

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Summary report on the Inter-Regional Forum on Migration and Health (French to English translation)

The Inter-Regional Forum on Migration and Health took place in Morocco in 2017. I translated and edited a summary report, which had been written in a mixture of French and English, for presentation at a seminar in Finland. The result had to be suitable for an international audience, many of whom had English as a second language. My translation was revised by Martin Hemmings MITI.

<i>French original</i>	<i>English translation</i>
<p>2.3 Cas de la Lybie</p> <p>Le cas de la Lybie a été présenté par Dr. Arif Syed Hussain, qui est le point focal « santé et migration » au sein de l’OIM Libye. Dr Arif a rappelé dans un premier temps que la Lybie présente un contexte géopolitique particulier de par l’absence de gouvernance et la guerre qui ont des conséquences économiques et sociales dramatiques. Cependant, avant le conflit, le système de santé libyen était très performant et les migrants avaient accès gratuitement aux établissements de santé. Les activités de l’OIM dans le domaine de l’assistance humanitaire et la santé sont :</p> <ul style="list-style-type: none"> ▪ Assistance aux migrants dans le cadre du retour volontaire. ▪ Dons alimentaires et non alimentaires aux familles. ▪ Renforcement des centres de santé (équipements). ▪ Renforcement des capacités des éducateurs pairs, des professionnels de la santé et des agents gouvernementaux. ▪ Dons alimentaires aux migrants en détention. ▪ Assistance médicale notamment auprès des migrants en détention. ▪ Assistance aux migrants particulièrement vulnérables. <p>Dans ce pays, l’OIM a mis en place un programme spécialement dédié aux migrants en détention qui propose des services « de court terme » tel que l’aide humanitaire, l’assistance médicale d’urgence en collaboration avec le Ministère de la santé et les OSC/ONG etc et des services de</p>	<p>2.3 Libya</p> <p>The presentation on Libya was given by Dr Arif Hussain Syed, the IOM Libya Health and Migration focal point. He began by talking about the atypical geopolitical context in the country, marked by a lack of governance and the war, which have dramatic economic and social consequences. However, before the conflict, Libya had a fully functioning health system and migrants had free access to health care facilities. IOM is carrying out the following humanitarian assistance and health activities in the country:</p> <ul style="list-style-type: none"> ▪ Assisting migrants with voluntary return; ▪ Food and NFI donations for families; ▪ Improving health centres (facilities); ▪ Capacity building among peer educators, health professionals and government officials; ▪ Food aid for detained migrants; ▪ Medical assistance, particularly for detained migrants; ▪ Assistance for especially vulnerable migrants. <p>IOM has set up a special programme for detained migrants in Libya, offering “short-term” services such as humanitarian aid and emergency medical assistance in collaboration with the Ministry of Health, CSOs, NGOs and other partners, and</p>

moyens et long terme qui tendent à répondre aux standards internationaux et des orientations basées sur les droits de l'Homme (réhabilitation des centres, toilettes, approvisionnement en eau, clinique de santé, etc.).

Très prochainement, l'OIM va mettre en place une évaluation de l'assistance dans les centres de détention dans cinq régions de la Lybie. Les objectifs de cette évaluation sont de :

- Collecter des informations sur les services de santé.
- Collecter des informations sur la santé des migrants en détention.
- Evaluer les besoins sanitaires et sociaux des détenus.

Les résultats de cette évaluation permettront d'apporter une réponse adaptée aux besoins spécifiques des migrants dans un contexte aussi particulier.

2.4 Cas du Yémen

Pour la Yémen, une première présentation de Mme Ishrag Rubaya Ahmed Al-Sebaeai, fonctionnaire au sein du Ministère de la santé et qui a rappelé que le contexte yéménite était vraiment différent du contexte des autres pays car la guerre et le contexte géopolitique ont laissé les services publics et notamment les services de santé en mauvais état. Elle a expliqué que malgré la guerre et les conditions difficiles, les migrants continuent d'arriver en nombre. Ainsi, elle souhaite qu'une stratégie soit établie entre le Ministère de la santé et le Ministère de l'intérieur pour que les migrants puissent bénéficier des services de santé.

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medium- to long-term services that focus on meeting international standards and human rights guidelines (renovating centres, toilets, water provision, health clinics, etc.).

In the near future, IOM will start to evaluate the assistance provided in detention centres in five regions of Libya, with a view to:

- Collecting information on health services;
- Collecting information on the health of detained migrants;
- Evaluating the health and social needs of detainees.

The results of this evaluation will inform an appropriate response to the specific needs of migrants in such an unusual context.

2.4 Yemen

The first presentation on Yemen was given by Ms Ishrag Rubaya Ahmed Al-Sebaeai, a civil servant within the Ministry of Health. She pointed out that circumstances in Yemen differ markedly from those in other countries because war and the geopolitical context have left public services, especially health services, in a poor state. She explained that, despite these challenging conditions, migrants continue to arrive in great numbers. She expressed hope that the Ministry of Health and the Ministry of the Interior could develop a joint strategy so that migrants can access health services.

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Young, Invisible, Enslaved: The Child Victims at the Heart of Trafficking and Exploitation in Italy (Italian to English translation)

I translated this report for Save the Children in 2016. My translation was reviewed by Adriana Tortoriello MITI (source language expertise), Suzanne Burke-Lowe (English copy-editing) and Verity Leonard Hill (revision on behalf of Save the Children).

The report makes for extremely harrowing reading in places. I have chosen one of the less distressing passages for my portfolio, although this section does not discuss health. The full report is published online at resourcecentre.savethechildren.net, and direct links are found on my website.

<i>Italian original</i>	<i>English translation</i>
<p>Secondo le testimonianze raccolte dagli operatori di Save the Children, i minori egiziani arrivati in Italia con gli sbarchi del 2016 hanno un'età media più bassa (14/16 anni) rispetto ai loro connazionali arrivati l'anno precedente (15/17 anni). Anche gli arrivi di giovanissimi, tra i 12 ed i 13 anni, sono in aumento. Le zone di provenienza sono principalmente Gharbia, Sharkeia e più in generale il Basso Egitto Delta del Nilo come Kafr El Sheikh e Behera, così come la parte Sud del Paese, in particolare El Menia e Assyut. A queste zone si aggiungono il Governatorato di Al Fayoum, Monofyia e Kaliyobia.</p> <p>Tra i minori migranti il livello di istruzione è molto basso, con diversi casi di analfabetismo, sia a causa delle scarse possibilità di accesso alle strutture scolastiche nelle zone da cui provengono (spesso aree periferiche e rurali), che per il frequente abbandono delle scuole dell'obbligo a favore di un inserimento nel mondo del lavoro sin dai 12/13 anni (e in alcuni casi già dai 7/8 anni). Questi ragazzi vengono incoraggiati ad intraprendere il viaggio verso l'Europa dall'esempio dei loro coetanei trasferitisi in Italia, che inviano soldi ai loro genitori. Il messaggio di una ricchezza e prosperità facilmente accessibile in Europa viene veicolato soprattutto tramite i social network e i profili Facebook di amici e coetanei all'estero.</p> <p>Il viaggio verso l'Italia viene gestito da un network di persone note nella comunità locale per occuparsi di questo business, con le quali viene stipulato un contratto per un debito che varia a seconda del costo</p>	<p>According to testimonies collected by Save the Children staff, the Egyptian children who have landed in Italy in 2016 have a lower mean age (14/16 years) than those who arrived the previous year (15/17 years). The number of younger children, aged between 12 and 13 years, is also increasing. The main regions of origin are Gharbia, Sharqia, the Nile Delta of Lower Egypt more generally (including Kafr el-Sheikh and Beheira), and the southern part of the country, particularly Minya and Asyut. Children also come from the Governorates of Faiyum, Monufia and Qalyubia.</p> <p>Migrant children have a very low level of education, with many cases of illiteracy, either because there is limited access to school facilities in their regions of origin (often rural and remote areas), or because they frequently have to leave school at the age of 12 or 13 years (and in some cases, as young as seven or eight years) in order to work. These young people are encouraged to make the journey to Europe having seen their peers move to Italy and send their parents money. The message of easily accessible wealth and prosperity in Europe is spread through social media and the Facebook profiles of their friends and peers abroad.</p> <p>The journey to Italy is managed by a network of people who are known in the local community as taking care of this business. A contract is drawn up for a debt that varies depending on the total</p>

complessivo del viaggio. I ragazzi che provengono dalle aree più lontane dalla costa, generalmente dal Sud del Paese, pagano una cifra che si aggira sui 4.000 euro, mentre chi parte dalla zona del Delta del Nilo paga tra i 2.000 e i 2.500 euro.

I principali porti di partenza verso l'Italia sono Alessandria, Rashid, Baltim o Domiat. È da segnalare anche che alcuni minori egiziani intercettati a Milano sono arrivati in Italia dopo aver fatto tappa in Grecia o in Francia. La traversata dalla Grecia viene organizzata da trafficanti egiziani o curdi per un prezzo che si aggira intorno ai 600 euro.

Nei porti di partenza, in attesa della preparazione delle imbarcazioni, i ragazzi sono collocati insieme ad altri migranti all'interno di casolari, da dove vengono poi **caricati su piccole imbarcazioni per raggiungere un peschereccio al largo delle coste.**

Il viaggio dura in media tra i 7 ed i 15 giorni: le condizioni generali delle imbarcazioni – sempre ad opera degli scafisti e le risse tra gli stessi migranti, rendono la traversata via mare un momento estremamente traumatico. Nel giro di pochi giorni, o anche qualche settimana, dall'arrivo in Sicilia o in Calabria, i ragazzi tendono ad allontanarsi dalle strutture di accoglienza per raggiungere le città del Nord e del centro Italia – in particolare Roma, Milano o Torino – oppure, per una piccola percentuale di loro, anche altri Paesi europei, come la Francia, la Germania, l'Olanda o l'Inghilterra. Spesso coloro che si allontanano dalle strutture lo fanno perché hanno in questi luoghi un parente o un contatto di riferimento dal quale sperano di ricevere supporto o un lavoro.

Una volta arrivati a Roma, Torino o Milano, i ragazzi egiziani, anche su indicazione di un adulto, entrano in contatto con le autorità per essere inseriti all'interno di una comunità per minori.

Coppola, Viviana and Eva Lo Iacono. 2016. *I minori vittime di tratta e sfruttamento: chi sono, da dove vengono e chi lucra su di loro.* Rome: Save the Children Italia Onlus.

cost of the journey. Adolescents who come from the areas furthest from the coast, generally in the south of the country, pay about 4,000 euros, whereas those from the Nile Delta region pay between 2,000 and 2,500 euros.

The main ports of departure for Italy are Alexandria, Rosetta, Baltim and Damietta. It should also be noted that some Egyptian children intercepted in Milan have arrived in Italy after stopovers in Greece or France. The crossing from Greece is organised by Egyptian or Kurdish smugglers for a price of around 600 euros.

In the ports of departure, while they wait for the boats to be prepared, adolescents are placed together with other migrants in farmhouses. From here, they are **taken onto small boats to get to a fishing boat off the coast.**

The journey takes seven to fifteen days on average. The general condition of the boats – always operated by smugglers - and brawls between the migrants themselves make the sea crossing an extremely traumatic time. Within a few days or weeks of their arrival in Sicily or Calabria, the adolescents tend to leave reception facilities to travel to cities in north or central Italy – especially Rome, Milan or Turin – or, in a small percentage of cases, other European countries such as France, Germany, the Netherlands or the UK. Often, those who leave the reception facilities do so because they have a relative or contact in these places from whom they hope to get support or a job.

Once they have arrived in Rome, Turin or Milan, the Egyptian teenagers, sometimes on the advice of an adult, make contact with the authorities to enter a residential care facility for children.

Coppola, Viviana and Eva Lo Iacono. 2016. *Young, Invisible, Enslaved: The Child Victims at the Heart of Trafficking and Exploitation in Italy.* Translated by Marga Burke. Rome: Save the Children Italia Onlus.

Website on Patient Support Programmes (Italian to English translation)

In 2017, I translated the website of an Italian company that provided patient support programmes for the pharmaceutical industry and was seeking to expand internationally. The company achieved its aim when it merged with an international group. I then translated the group's new website in 2019, working together with Oliver Lawrence MITI.

<i>Italian original</i>	<i>English translation</i>
<p>Primo punto: alcune singole realtà operanti nel settore dell'Healthcare accomunate da una offerta incentrata a rispondere ai bisogni dei pazienti.</p> <p>Secondo punto: le singole realtà si fondono e danno vita ad Healthcare Network Partners, il principale gruppo europeo che eroga programmi di supporto al paziente.</p> <p>I punti si sono moltiplicati e hanno creato una rete di soluzioni integrate che offrono ad altrettanti punti, gli attori del mondo dell'Healthcare, un'offerta che spazia dalla tecnologia alla comunicazione passando per la consulenza. Ascolto, accesso, ingaggio, supporto sono i punti cardine della nostra rete.</p> <p>Non abbiamo messo un punto alla nostra storia, perché crediamo che la nostra trama possa unire sempre nuovi punti.</p> <p>AREE TERAPEUTICHE</p> <p>Acromegalia Alfa Mannosidosi Amiloidosi Angiodema Ereditario Artrite Reumatoide Cistinosi Nefropatica Diabete Emofilia EPN</p>	<p>It all started when a few organisations in the healthcare sector teamed up to focus on meeting patients' needs.</p> <p>Next, we merged to form Healthcare Network Partners (HNP), Europe's leading provider of patient support programmes.</p> <p>With our partners, we offer integrated solutions that range from technology to communications and consultancy. Listening, access, engagement and support are the cornerstones of our network.</p> <p>Come and link up with us.</p> <p>OUR THERAPEUTIC AREAS</p> <p>Acromegaly aHUS Alpha-mannosidosis Amyloidosis Diabetes Fabry disease Fertility Gaucher disease Haemophilia</p>

<p>Fertilità Fibrosi Polmonare Idiopatica (IPF) Ipofosfatemia Ipoparatiroidismo Malattia di Fabry Malattia di Gaucher Malattia di Parkinson Malattia di Maroteaux Lamy (MPS VI) Malattia di Pompe Obesità Oncologia Osteoporosi Porpora Trombotica Trombocitopenica (TTP) Psoriasi SEUA Sclerosi Multipla Sindrome di Morquito (MPS IV) Sindrome di Hurler Scheie (MPS I) Sindrome dell'intestino corto Sindrome di Hunter (MPS II) Tirosinemia Ereditaria</p>	<p>Hereditary angioedema Hereditary tyrosinaemia Hunter syndrome (MPS II) Hurler-Scheie syndrome (MPS I) Hypophosphataemia Hypoparathyroidism Idiopathic pulmonary fibrosis (IPF) Maroteaux-Lamy syndrome (MPS VI) Morquio syndrome (MPS IV) Multiple sclerosis Nephropathic cystinosis Obesity Oncology Osteoporosis Parkinson's disease PNH Pompe disease Psoriasis Rheumatoid arthritis Short bowel syndrome Thrombotic thrombocytopenic purpura (TTP)</p>
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Editing Case Studies

The medical anthropology researcher

I was approached by this French researcher, based at the University of Oxford, about a journal article he had written in English. It had been rejected by one journal, and a second was not willing to publish it unless changes were made to improve the clarity.

I edited the article, correcting errors in the English and rewording it to bring out the author's intended meaning. My knowledge of French gave me the edge over other copy-editors as I could easily recognise what the author had meant, addressing false friends and overly literal 'translations' from French.

The journal accepted the revised submission, and I went on to edit other articles for this author, which were also published. This allowed him to raise his profile as a researcher by sharing his work with an English-speaking audience.

The consultant ophthalmologist

This French surgeon contacted me about a journal article written by his team, which had two problems: the English needed to be improved, and the word count was far too long. My edit therefore focused on reducing the word count as well as correcting language errors. I reworded the text considerably to make it more concise, flagged up information that was repeated, and suggested some structural changes to tighten up the article. The team had the final decision on which content to retain, but the need for them to omit facts and data was now minimal.

The freelance translator

I regularly edit press kits for a freelance translator whose client requires their English materials to be 'proofread' after the translation process, without reference to the source. My role is to catch any language errors and flag up suspicious content or areas that could be improved stylistically. The end client had previously used an agency for bilingual revision but found that the quality was variable and not all revisers understood the need to have different content for different markets. I was able to offer an editing service that focuses on the English press kits in their own right.

My client says, "As well as cleaning up the texts by eliminating typos, repetitions, etc., Marga hones the use of language and style with astute tweaks and improvements. The texts I send Marga are already of a good standard, but she adds an extra layer of quality and polish that really enhances the end result."

Sample Edits

I don't usually share samples of my previous editing work, for the very good reason that my clients prefer not to have their errors broadcast. Many of the journal articles that I edit are published, but seeing the final version tells you little about my contribution.

Instead, if you are interested in my editing services and would like to 'try before you buy', please send me your full text (or a whole chapter) and I will be happy to complete a short sample edit. This takes place after we have discussed your needs and the project budget. If you are unhappy with the result and decide not to take things further, there is no charge.

Testimonials

"Marga translated my material thoughtfully and conscientiously, engaging sensitively with the text and making my life significantly easier. She found an excellent balance between literal and stylish translation, demonstrating her skills as a linguist and a writer, allowing me to gain greater access to the text myself. She followed the layout of the original and sent me notes on the original to explain some trickier sections, which were extremely helpful. She was sensitive to my particular needs and understanding of French, and worked with me to clarify the text areas I needed to understand. She was efficient about keeping me informed of progress, negotiating the precise workload, processing invoices and in all other communication."

- Dr Cressida Ryan, University of Oxford

"I commissioned Marga to revise a translation I had done for a new client, for which style was particularly important. She provided some excellent and incisive comments and constructive suggestions for improvement, and the outcome was a highly polished translation for my client's website."

- Angela Dickson, freelance medical translator

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