LCM
Lingue Culture Mediazioni
Languages Cultures Mediation

12 (2025)
2

Discourse and the Contemporary Chinese Media
Media cinesi contemporanei e analisi del discorso

Edited by
Chiara Bertulessi, Lutgard Lams, and Bettina Mottura

Popularisation Strategies of Medical Knowledge and Terminology in Chinese Medical TV Series: A Preliminary Investigation

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DOI: https://doi.org/10.7358/lcm-2025-002-riva

Abstract

Chinese medical television series (*yiliaoju* 医疗剧) operate as hybrid cultural artifacts blending entertainment with informal health education and conveying social and moral values. These productions shape public perceptions of healthcare, trust in medical institutions, and doctor-patient relationships, while simultaneously serving as vehicles for the dissemination of specialised medical language. This study offers a preliminary investigation of the strategies employed by Chinese *yiliaoju* to popularise medical knowledge and terminology, focusing on the 2024 series *Live Surgery Room* (*Shoushu zhibo jian* 手术直播间). Using a qualitative approach, the analysis draws on a corpus comprising 130 minutes of drama to explore how verbal and visual resources support comprehension of clinical concepts and practices. Within the framework of written popularisation discourse, eight strategies are identified and organized into four overarching categories: concept identification, linguistic re-elaboration, relational mapping, and contextualisation. When assessed against these criteria, the preliminary results demonstrate that the series operates through the integrated use of verbal explanations, subtitles, visual didacticism, and immersive simulations to make complex medical phenomena accessible to non-specialist audiences, underscoring the potential of *yiliaoju* to mediate and disseminate specialised medical knowledge.

* The article is the result of a joint research effort. In particular, sections 1 and 5 were conceived and written collaboratively by both authors, Natalia F. Riva authored section 4 whereas Alessandro Vallati is the author of sections 2 and 3.

Keywords: audiovisual popularisation; Chinese medical drama; Chinese TV; discursive strategies; health communication; Live Surgery Room; medical terminology; multimodality; Shoushu zhibo jian; yiliaoju.

1. Introduction: scope and research objectives

In the People's Republic of China (PRC), science popularisation (*kexue puji* 科学普及) is considered central to national modernisation and technological development. The 2024 revision of the *Law on Science and Technology Popularisation* (*Zhonghua renmin gongheguo keji jishu puji fa* 中华人民共和国科学技术普及法) affirms its strategic role, emphasising the dissemination of specialised knowledge to foster scientific literacy and public engagement (MoST 2024; Bertulessi 2025). Within this framework, the media are recognised as essential vehicles for science communication, tasked with the strategic mission of bridging expert discourse and mass audiences by leveraging their communicative power (Ren *et al.* 2021). Medical TV dramas exemplify this mediating function.

Scholarly literature suggests that medical TV series are not merely entertainment but cultural artifacts of societal influence: they shape public understanding of health issues and influence viewers' behaviours and trust in medical institutions, framing perceptions of doctor-patient dynamics and other key societal relations, such as self-body, physician-healthcare system, etc. (Chung 2014; Kohler *et al.* 2019; Pilz *et al.* 2020; Tian and Yoo 2020; Zago *et al.* 2024). They also function as informal pedagogical tools, disseminating specialised language through scripted dialogue and providing instructions for medical and non-medical learners (Kim and Kim 2019; Alahmari 2023; Yanagi *et al.* 2023).

Because of this dual role, medical TV dramas have been studied across disciplines, from narrative analysis to healthcare communication and reception research (Sonego and Rocchi 2024). While much scholarship focuses on English-language series, such as *ER*, *Grey's Anatomy*, and *House, M.D.* (Wicclair 2008; Ye and Ward 2010; Vignozzi 2020), interest is turning to how medical TV dramas in other contexts, including China, communicate medical knowledge and broader cultural values (Chen 2019; Li 2022; Riva and Tarantino 2023; Riva 2025). Although terminology popularisation may not constitute their primary objective, their representation of medical procedures, doctor-patient exchanges, and professional discussions inevitably entails specialised vocabulary that shapes the audience's familiarity with medicine. As mass-oriented

audiovisual products, medical dramas often require, or purposefully deploy, specific strategies to make technical discourse intelligible. In this sense, popularisation can be understood as a form of recontextualisation or intralingual translation, whereby specialised knowledge is reformulated, simplified, or anchored in accessible linguistic, visual, and narrative frames.

Building on these premises, this paper explores the role of Chinese medical TV series in health communication, with particular attention to their potential contribution to the popularisation of medical terminology. Using the 2024 Chinese series *Live Surgery Room* (*Shoushu zhibo jian* 手术直播间, Youku/Alibaba Pictures) as a case study, it adopts a qualitative approach to investigate whether, and how, this show employs discursive strategies fostering the dissemination of medical knowledge and specialised language. The working hypothesis is that, given the specific affordances of both the genre (Chinese medical drama) and the medium (television), traditional mechanisms of popularisation may be adapted or at times replaced by alternative strategies shaped by multimodality. After introducing the communicative and linguistic strategies in the popularisation of medical discourse, alongside the main features of Chinese medical terminology and its dissemination, the study outlines the characteristics of Chinese medical TV dramas and their regulatory context before applying the analytical framework to the series. In particular, it will be shown how, in the episodes analysed, the interaction between verbal and visual modes plays a crucial role in making medical knowledge accessible.

2. Communicative and linguistic strategies in the popularisation of medical discourse

The increasing scholarly attention devoted to the dissemination of scientific discourse has led to a reconceptualisation of popularisation as a process of recontextualisation or intralingual translation, wherein knowledge is reformulated across communicative settings while preserving its epistemological integrity (Bucchi 1996; Gotti 2014). Such recontextualisation involves deliberate lexical and discursive adjustments aimed at managing terminological density and conceptual complexity without compromising accuracy. A substantial body of research examines the rhetorical and cognitive strategies employed to enhance accessibility in

popular science texts (Ciapuscio 2003; Gülich 2003; Calsamiglia and van Dijk 2004; Garzone 2006; Anesa and Fage-Butler 2015; Sterk *et al*. 2023), often characterizing them as hybrid genres at the intersection of scientific norms, media conventions, and audience expectations.

In the popularisation of medical discourse, linguistic strategies respond to the asymmetry in knowledge, beliefs, and values between experts and lay audiences. As a general rule, to offset the compactness and terminological density of specialised texts, popularised discourse tends to be more expansive, with lower lexical density, a predominantly expository mode, and reduced technicality. Concepts may be expressed more generally, technical terms replaced or supplemented with colloquial equivalents to foster reassurance, and sentence structures simplified to limit syntactic and informational complexity, thereby enhancing accessibility while preserving core accuracy (Garzone 2006, 88-91). This section outlines the specific strategies through which medical discourse is adapted for lay audiences, merging Garzone's (2006), Boginskaya's (2023), and Sterk and van Goch's (2023) taxonomies, originally developed in the contexts of mass-media popularisation, online expert-lay interaction, and science journalism respectively.

Denomination or *designation* constitutes a fundamental approach in which new concepts, objects, or phenomena are introduced through neologisms or metaphoric expressions (Garzone 2006, 91-92). This strategy often relies on linguistic markers such as *jiaozuo* 叫做 (called, known as), *ye jiao* 也叫 (also called), and *chengwei* 称为 (referred to as) to explicitly signal the introduction or clarification of specialised terms.

Definition involves providing a succinct conceptual delimitation of a term by outlining its general and specific attributes such as composition, quantity, size, localisation, time, process, and functions (Calsamiglia and van Dijk 2004, 379). This strategy establishes a preliminary consensus with the audience and draws attention to salient features of the referent. Definitions are frequently articulated via juxtaposition, parenthetical remarks or footnotes to enhance clarity without disrupting the flow of the text.

Reformulation or *paraphrase* refers to the restatement of complex or specialised discourse segments into simpler, more accessible language (Hyland 2007, 269). Such reformulations may appear within parentheses, dashes, quotes, as appositional constructions or introduced by reformulation markers and may draw on either contemporary usage or etymological insights (Gülich 2003, 238-240). Common reformulation markers include *ji* 即 (that is, namely), *huanyanzhi* 换言之 (in other

words), *huanjuhuashuo/jiang* 换句话说/讲 (in other words), and *ye jiu shi shuo* 也就是说 (that is to say) (Sun, Herget, and Silvestro 2024), which facilitate cognitive processing and comprehension.

Explication consists in offering supplementary information that enriches the interlocutor's knowledge base. By increasing the degree of shared understanding between expert and layperson, explication functions as a deliberate effort to bridge epistemic gaps and facilitate effective communication (Garzone 2006, 97).

Analogy and *metaphorisation* employ comparative mechanisms to relate unfamiliar medical concepts to known or more readily grasped referents. Metaphors, comparisons, and similes are particularly salient within this category, as their primary function is to render abstract or complex notions intelligible by framing them in terms of more familiar experiences (Lakoff and Johnson 1980, 5-10; Gülich 2003, 241-242). Typical linguistic cues include expressions such as *he ... yiyang* 和…一样 (same as) and *leisi yu* 类似于 (similar to).

Generalisation entails extending the applicability of a proposition to encompass a broader category or set (Calsamiglia and van Dijk 2004, 383; Garzone 2006, 96). This strategy is often introduced through formulations such as *shuyu* 属于 (belong to), *shi yi zhong* 是一种 (to be a kind of), and *keyi guiru* 可以归入 (can be classified as), thereby situating specific instances within a wider conceptual framework.

Exemplification provides concrete secondary instances that clarify a general claim (Hyland 2007, 270). This strategy is frequently marked by resorting to expressions such as *biru shuo* 比如(说) (for example), *liru* 例如 (for instance), and *ju ge lizi* 举个例子 (let me give an example), which serve to ground abstract propositions in tangible cases, thereby enhancing understanding.

Scenarisation, finally, consists in constructing plausible, hypothetical situations or events to clarify complex concepts (Ciapuscio 2003, 213). By appealing directly to the public and embedding specialised content in relatable, everyday contexts, this strategy enables the formulation of hypotheses about possible conditions, actions, and consequences, particularly when definition, reformulation, or analogy are not viable options. Gülich (2003, 244) differentiates scenarisation from *concretisation*, the latter referring to the reformulation of abstract information into a more tangible and concrete form. In this study, concretisation is regarded as a sub-strategy within the broader framework of scenarisation.

These eight strategies can be grouped into four higher-order functional categories, reflecting the cognitive and discursive operations they

perform. *Concept identification* encompasses denomination or designation and definition, both of which establish the referent and delineate its semantic scope. *Linguistic re-elaboration* includes reformulation or paraphrase and explication, which reframe or expand information to enhance accessibility. *Relational mapping* comprises analogy and metaphorisation alongside generalisation, linking unfamiliar concepts to familiar ones or situating them within broader categories. *Contextualisation* (or illustration) subsumes exemplification and scenarisation, which anchor abstract notions in concrete cases or plausible scenarios, thereby fostering comprehension through contextual grounding.

It is important to highlight that when simplifying specialised content, terminology often cannot be substantially altered (Bhatia 1983, 43), as most technical terms are tied to specific concepts, enabling patients to recognise familiar information in new contexts. They also function as a defining marker of professional expertise, thus replacing them may cause a distortion of the intended meaning (Gülich 2003, 240). Nonetheless, popularisation strategies are often combined to enhance communicative efficiency (Boginskaya 2023, 169). Understanding how they interact lays the groundwork for a more in-depth analysis of their empirical application and effects in the transmission of medical knowledge to lay audiences within serialised television products.

3. Chinese medical terminology and the popularisation of medical discourse

Medical language denotes a particular language for specific purposes (LSP), encompassing the linguistic and non-verbal practices employed in healthcare interactions between professionals and patients, in both oral and written discourse, with communicative functions ranging from anamnesis and diagnosis to therapeutic intervention (Jiang 1998, 4). Within LSP research, terminology (*shuyu* 术语) represents a central focus, generally defined as the lexical items used to accurately categorise specific entities, phenomena, characteristics, relationships, and processes, in accordance with the principles of univocity, semantic accuracy, specialisation, and systematicity (Xia 1986, 94-95).

While in Western medicine terminology developed as a highly specialised system rooted in Greek and Latin (Zhao 2016, 47), later shaped by English as the global *lingua franca* of biomedical communication

(Mićić 2013, 219-227), in China the introduction of modern scientific knowledge – particularly after the Opium Wars in 1839-42 and 1856-60 and later during the Reform and Opening-up in the 1980s – led to the large-scale incorporation of foreign terms or xenisms (*wailaici* 外来词) (Wu 2008, 55; Sun and Li 2012, 10). Alongside these imported terms, Traditional Chinese Medicine maintained an autonomous terminological system grounded in classical cosmology and premodern diagnostic theory. The coexistence of these systems, occasionally yielding parallel designations for similar conditions (Gan 2013, 50-53), reflects the persistent epistemological tension between indigenous and imported medical frameworks.

As a result, Chinese medical terminology encompasses morphologically complex domain-exclusive terms denoting specialised concepts, processes, or tools, often opaque to non-experts. Much terminology relies primarily on compounding and derivation. In particular, compounding is the preferred strategy in medical language due to its descriptive precision, as seen in the use of *xibao* 细胞 (cell) in *juyouxibaoxing pinxue* 巨幼细胞性贫血 (megaloblastic anaemia)[1]. Derivation typically occurs via affixation, by means of prefixoids and suffixoids, such as *kang-* 抗- (anti-) in *kangning* 抗凝 (anticoagulation), and *-liu* -瘤 (-oma) for tumours, as in *xiongxianliu* 胸腺瘤 (thymoma).

The introduction of medical xenisms into Chinese has involved several morphological and semantic adaptation strategies. These consist of: phonetic calques, as in *asipilin* 阿司匹林 (aspirin, lit. 'a + department + equivalent + forest') (Wan 2020, 42); hybrid terms emerging through compounding, as in the case of *bing* 病 in *aizibing* 艾滋病 (AIDS); semantic calques, such as *tuofa* 脱发 (alopecia, lit. 'lose + hair'); semantic shifts, exemplified by *yinzi* 因子 (factor) in *ningxue yinzi* 凝血因子 (clotting factor); and eponyms, such as *Pajinsen zonghezheng* 帕金森综合征 (Parkinson's disease). Furthermore, English loans and acronyms such as DNA, hybrid acronyms as B *chao* B超 (ultrasound), and abbreviations as *fangchan* 房颤 (atrial fibrillation) instead of *xinfang chandong* 心房颤动, are frequently used in medical discourse. Synonymy also may occur, depending on register or specialisation, as *jiemoyan* 结膜炎 (conjunctivitis) used predominantly in formal contexts versus the more colloquial *hongyan* 红眼 (red eye), or the histological term *xianxian* 涎腺 (salivary

[1] The examples cited herein are drawn predominantly from the glossary included in the *Medical Chinese Test* (MCT) *Outline* (CLEC and CTI 2020) issued by the PRC Ministry of Education.

gland) preferred over *tuoyexian* 唾液腺 (saliva gland) (Gan 2013, 50-52; Guo 2013, 149; Wan 2019, 20-23)[2].

Despite the complexity and heterogeneity of Chinese medical terminology, recent efforts to popularise medical knowledge and terminology have been increasingly shaped by institutional initiatives aimed at enhancing health literacy among citizens[3]. National policies on public health communication – most notably the Healthy China 2030 project – have promoted linguistic simplification and the dissemination of medical knowledge through plain-language materials and media-based education (State Council 2016). While these initiatives primarily address the domestic audience, their logic extends outward through the *Medical Chinese Test*, designed to evaluate communicative competence in medical contexts and promote a standardised use of Chinese medical terminology among international healthcare professionals (Vallati 2024b). These processes find further resonance in contemporary media narratives, such as medical TV dramas. Although research on health communication is relatively recent in China, it is gaining importance, with studies ranging from macro-level theoretical and comparative work to analyses of how different mass media (e.g. Internet, television, new media) disseminate health information and influence public attitudes and behaviours (Li 2017; Lin 2020). Yet, systematic analyses of Chinese medical dramas from a health communication perspective are still limited, making their exploration through linguistic, terminological, and socio-cultural lenses particularly valuable.

4. Popularising healthcare information through TV drama: "Live Surgery Room" as a case study

Chinese medical TV series (*yiliaoju* 医疗剧) have become an established genre in China's television landscape, positioned between medical realism, sentimental drama, and social commentary. Defined by hospital

[2] For a detailed analysis of the morpho-lexical features of medical Chinese terminology, cf. Vallati 2024a.

[3] Health literacy refers to the ability to access, understand, and use health information effectively to improve personal and collective wellbeing. According to the China Health Literacy Survey, the proportion of residents with adequate literacy rose from 6.48% in 2008 to 23.15% in 2020, though marked regional disparities persist (cf. Gao *et al.* 2022; Li *et al.* 2022).

settings and medical professionals as central characters, these dramas intertwine clinical cases with longer narrative arcs that explore the technical and human dimensions of healthcare, depicting not only procedures but also the emotional and ethical challenges faced by doctors, thus prompting reflections on responsibility, social tensions, and the value of life (Lü 2014; Li 2017; Li 2020). As shown by previous studies (Riva and Tarantino 2023; Riva 2025), *yiliaoju* go beyond entertainment: closely tied to both media regulation and healthcare reform, they operate within the framework established by the National Radio and Television Administration – NRTA (*Guojia guangbo dianshi zongju* 国家广播电视总局), which defines audiovisual productions as instruments for education, trust-building, and value promotion, and serve pedagogical and ideological purposes, reshaping the public image of doctors and hospitals while promoting model citizenship. Meanwhile, they respond to contemporary healthcare challenges, offering reflections on issues such as rising costs, strained doctor-patient relations, and incidents of violence against medical staff (Liu and Tan 2021).

Within this landscape, *Live Surgery Room* constitutes a pertinent case study to investigate how Chinese serialised television products popularise medical knowledge and specialised terminology. Directed by Qiu Zhongwei, the 28-episode drama premiered in April 2024 on Jiangsu TV and Youku, combining the institutional authority of the State-owned provincial broadcaster with the reach of one of China's largest private streaming platforms. Adapted from a web novel written by a practicing physician, the series stands out for shifting the focus from romance – a convention of contemporary *yiliaoju* – to real clinical experiences, technical credibility, and the psychological pressures of medical work.

Mixed online reviews (Sohu 2024a, 2024b, 2024c) praised the series' cast[4] and realistic depiction of hospital spaces and surgical details, but criticised the shift from the novel's inspirational tone to a suspense-driven plot as well as the lack of expected sentimental elements. Ratings peaked at only 2.274% while debates arose over the authenticity of televised medicine and the balance between professional accuracy and dramatic appeal, an issue of particular relevance given that over 60% of viewers reportedly rely on such series as a source of medical knowledge

[4] The series features Zhang Binbin and Dai Xu in the leading roles, alongside veteran actresses Liu Mintao and Yuan Shanshan in supporting roles. Further information on the cast and production details can be found on the series' *Baidu* page (Baidu 2025).

(Wenxiaobai 2024). Despite these limitations, *Live Surgery Room* was formally recognised by the medical community for advancing public communication: at the 2024 Annual Meeting of the Chinese Medical Association for Interventional Physicians, it received the title of CCI 2024 Interventional Communication Ambassador, acknowledging its role in popularising interventional medicine and fostering public understanding (Yang 2024).

By blending medical realism with popular entertainment, *Live Surgery Room* can be said to exemplify the hybrid function of *yiliaoju* as a medium of health communication at the intersection of didactic and dramatic imperatives. For these reasons, it was selected as a case study, focusing on a sample of three episodes (Eps. 1-3), amounting to about 130 minutes of audiovisual material. These opening episodes were chosen because they contain key narrative, linguistic, and visual patterns recurring throughout the series. As expected, they introduce the protagonists and hospital setting: Zheng Ren, a talented yet emotionally restrained interventional surgeon, and Su Yun, the cynical head of the emergency department, who together face both surgical and institutional challenges at Haicheng Hospital, under the bureaucratic and cautious direction of Su Li. By highlighting ethical and communicative tensions between empathy, professional duty, and institutional rules – elements which are central to the genre – and showcasing representative equipment and high-stakes procedures along with collaborative work among surgeons, nurses, anaesthesiologists, and support staff, the opening episodes establish the series' overall tone.

Given the exploratory nature of this study, the approach adopted is qualitative and combines textual and audiovisual analysis, guided by the higher-order functional categories introduced earlier. These categories provide a framework for identifying how specialized medical language is recontextualised within the narrative and multimodal fabric of the series. Multimodality here refers to the interplay of semiotic resources in constructing meaning. Television dramas, with their complex plots and characters, are inherently multimodal, combining language, image, and sound to reflect social realities, guide understanding and emotional engagement, and generate further discourse (Bednarek 2015). This paper argues that popularising medical terminology and the related knowledge in products of this kind relies crucially on this integration of expressive codes. While explicit linguistic structures typical of written popularisation often seem to be less prominent, *Live Surgery Room* frequently translates specialised knowledge into visual form through

images, on-screen text, and contextual cues that make medical discourse intelligible to non-specialist audiences. The following analysis examines how this interplay of multimodal resources unfolds across the selected episodes by means of representative examples.

A key mechanism is the combination of concept identification and linguistic re-elaboration to unpack or paraphrase newly introduced technical terms. When the rare SAPHO syndrome is mentioned (Ep. 2, 12:46-13:02), Dr. Zheng uses the term SAPHO *zonghezheng* 综合征 but immediately explains: "a combination of symptoms including synovitis, acne, pustulosis, hypertrophy, and osteomyelitis" (*yi huamoyan, cuochuang, nongpaochuang, gufeihou, gusuiyan wei bingzheng de zongheti* 以滑膜炎、痤疮、脓疱疮、骨肥厚、骨髓炎为病症的综合体). The Chinese subtitles avoid the hybrid acronym and likewise spell out the components. This strategy recures with other common abbreviations: when Dr. Zheng uses CT MRI *pianzi* 片子 and PET CT (Ep. 1, 19:29 and Ep. 2, 12:57), the subtitles expand the terms into *heci gongzhen* 核磁共振 (nuclear magnetic resonance) and z*heng dianzi fashe jisuanji duanceng saomiao* 正电子发射计算机断层扫描 (positron emission tomography). Similarly, when a patient "needs to be transferred to ICU" (*xu song ru* ICU 需送入ICU, Ep. 1, 35:58), the subtitles replace the English acronym with its full Chinese form *zhongzheng jianhu shi* 重症监护室 (intensive care unit), privileging explicitness over abbreviation.

A second strategy is cause-effect framing, whereby conditions are explained through logical chains. In Ep. 2 (12:54), Dr. Zheng names SAPHO syndrome and adds that "a percentage of patients develop shingles and may experience chest pain"[5], linking a rare condition to recognizable outcomes. In another scene (Ep. 2, 17:36-17:40), Dr. Su explains to his colleagues: "There's no cure for liver cancer; even the efficacy of targeting drugs is generally less than 10%, and they are expensive"[6]. Although talking to his peers, he proceeds in steps, exposing both medical and socio-economic implications. Such explanations often rely on relational mapping, situating technical processes within broader categories as shown in a scene with Dr. Zheng reading imaging and Dr. Su telling a junior resident that he is "looking for abnormal signalling shadows on the edge of the liver to see if that's the feeding artery for the tumour" (Ep. 2, 38:49-38:55)[7], thus generalising a complex diagnostic act. Simi-

[5] 一部分患者合并带状疱疹就会出现胸部疼痛的症状。

[6] 肝癌没有特效药就算是靶向药物药效率普遍低于百分之十而且很贵。

[7] 寻找肝脏边缘异常的信号阴影，看看是不是肿瘤的供养动脉。

larly, in Ep. 3 (16:23-16:33), the hospital Director and Vice-Director observe the procedure Dr. Zheng is performing in the operating room and note that "all blood vessels in the body can supply oxygen to the tumour. This is a characteristic of tumour tissue. The difficulty of interventional dual-colour surgery lies in finding the oxygen supply blood" [8], reframing a specific surgical risk as a general physiological property and anchoring new knowledge in familiar categories.

These strategies also extend into teaching moments, staged when surgeries are observed and commented on by colleagues outside the operating room. During the interventional procedure mentioned above, the watching staff provide a running commentary: they name technical acts, identify the arteries involved in the chemoembolisation (hepatic, superior mesenteric, gastric, etc.), explain risks ("forced embolisation of spinal cord vessels might lead to ectopic embolism. It'll paralyse the patient") [9], and evaluate alternatives ("the structure of the blood vessels supplying the spinal cord is very different from person to person. If I were to perform this operation, I would definitely not choose the arteries supplying the spinal cord") [10]. The scene mirrors a teaching hospital setting in which actions are narrated, contextualised, and assessed in real time. Simultaneously, Dr. Zheng's dialogue with the patient on the operating table introduces moral considerations, contrasting survival time ("if this fails, you may be paralysed, but without it you can only live three to six months") [11] with the ethical principle that "life is the most precious thing in the world" [12].

In audiovisual popularisation, contextualisation (exemplification and scenarisation/concretisation) is not merely intrinsic to the medium but a deliberate didactic strategy: instead of asking viewers to imagine situations, TV dramas stage them through performance, dialogue, and visual cues, translating abstract knowledge into embodied events. In this sense, *Live Surgery Room* makes extensive use of what can be called 'visual didacticism': at the basic level, procedures and tools are named and shown on screen, with close-ups anchoring specialist vocabulary to concrete gestures and instruments, but beyond this, the series externalises

[8] 全身的血管都有可能给肿瘤供氧血液，这是肿瘤组织的特性。介入双色术难就难在一定要找到那条供养血管。

[9] 强行栓塞脊髓供氧血管术后很可能会导致患者瘫痪。(18:10)

[10] 脊髓供养血管每个人从结构上说差异非常大，如果由我来主刀这台手术，我是绝对不会去选择脊髓供养动脉的。(20:51)

[11] 如果失败可能会导致瘫痪, 但如果不继续超选你只能活三到六个月。(18:54)

[12] 生命是世界上最宝贵的东西。(19:28)

the diagnostic and decision-making processes, visually displaying medical reasoning. On-screen charts and scans appear both before and during procedures, guiding doctors' choices within the diegesis while allowing viewers to follow the same interpretive cues. At times, medical cognition is further dramatised by using floating textual labels that externalise Dr. Zheng's thought process. For instance, in Ep. 1 (7:13-7:32), symptoms such as "profuse sweating" (*huanzhe hunshen dahan linli* 患者浑身大汗淋漓), "dyspnoea" (*huxi kunnan* 呼吸困难), and "jugular vein distension" (*jingbu jingmai quzhang* 颈部静脉曲张) appear as labels anchored to close-ups of the patient. As the camera shifts to Dr. Zheng's mental assessment, these diagnostic clues hover in his visual field like tangible thoughts. Their accumulation mimics the cognitive process of weighing symptoms, culminating in the final diagnosis explicitly visualised as a 3D model of the heart marked "pericardial tamponade" (*xinbao tianse* 心包填塞).

Visualisation is further extended in sequences where simulation supports both diagnostic reasoning and procedural planning. In Ep. 1 (28:40-29:15), as Dr. Zheng evaluates an ongoing surgery, floating terms appear within his cognitive field externalising the risk factors he weighs. The scene then transitions inside the body, showing a catheter advancing through the vessels in an interventional embolectomy, and ends with the caption "embolisation success" (*shuanse chenggong* 栓塞成功), turning an otherwise invisible procedure into a visible chain of actions and results. Dr. Zheng then estimates a "one in a hundred" chance of success, echoing other moments where quantification by means of vital signs readouts – coagulation index, blood pressure, or oxygen saturation – creates an impression of clinical realism even when not fully intelligible to viewers. Numbers thus serve as scientific markers and narrative devices, heightening suspense by framing metrics as signs of life, death, and urgency. This pursuit of realism, however, is sometimes counterbalanced by visual restraint: in the same scene (Ep. 1, 27:12-40), the camera lingers on an incision but blurs overtly bloody details, softening the impact for mainstream television.

Even more innovatively, the series employs simulation and training sequences in which doctors interact and practice with virtual or holographic organ models, pushing visual didacticism to a more advanced level. For instance, in Ep. 3 (11:00-11:52), Dr. Zheng and Dr. Su use a Virtual Surgical System to rehearse a late-stage liver intervention embolisation: wearing VR headsets, they manipulate a 3D annotated liver that can be virtually rotated, enlarged, and incised, visualising anatomy and procedural steps without risks.

Overall, these examples show how *Live Surgery Room* turns specialised knowledge and terminology into an immersive, perceptible experience, transforming medical expertise into a shared narrative and bridging professionalism and public understanding. In doing so, it illustrates how contemporary *yiliaoju* reconfigure medical popularisation through multimodal storytelling.

5. Conclusions

This study has examined how medical knowledge is popularised in contemporary Chinese television drama through an exploratory, multimodal discourse analysis of *Live Surgery Room*. Situated within broader debates on medical communication and audiovisual mediation, it aimed to identify how medical terminology and concepts are recontextualised for mass audiences through the interplay of linguistic and visual modes. Drawing on a limited corpus of three episodes, this investigation represents an initial step toward a more systematic understanding of how *yiliaoju* function as informal health communication within China's regulated media ecosystem.

Despite its limited scope, the analysis yields several preliminary insights. First, the simplification of medical terminology, while observable, is not the principal vector of accessibility. The drama deploys an array of multimodal strategies going beyond lexical reformulation. The eight micro-strategies identified – grouped under concept identification, linguistic re-elaboration, relational mapping, and contextualisation – operate in a synergetic way across verbal and non-verbal dimensions through subtitles, explanatory overlays, simulation sequences, and dramatised visualisations of clinical reasoning. Rather than paraphrasing specialised language, these techniques anchor terminology in embodied, perceptually salient events, thereby externalising diagnostic and procedural cognition.

Second, the popularisation observed in *Live Surgery Room* diverges from the conventions of written scientific dissemination, where simplification and analogy predominate. In this audiovisual environment, popularisation operates through recontextualisation rather than reduction: medical expertise becomes intelligible not through linguistic simplification alone but through its embedding within a multimodal narrative mobilising spatial, visual, and affective resources. This reflects

a broader semiotic view of meaning-making distributed across multiple modes rather than confined to the verbal plane.

Third, the centrality of visual didacticism – close-ups, floating textual labels, real-time simulations, and quantified data displays – underscores how the televisual form itself functions as a pedagogical interface. The series transforms abstract biomedical reasoning into observable practice, producing what might be termed an 'experiential epistemology': the viewers' understanding emerges from the co-occurrence of linguistic, visual, and emotional cues jointly simulating medical cognition. Subtitles, acting as paratextual mediators, further supplement professional exchanges that would otherwise remain opaque, constructing a hybrid discourse at the intersection of education, entertainment, and institutional communication.

In sum, by reframing popularisation as a process of multimodal translation and semiotic negotiation, the study highlights the need for an expanded theoretical model of medical discourse dissemination accounting for the epistemic, pedagogical, and ideological dimensions of televised medicine in contemporary China. Nonetheless, these conclusions remain provisional. The limited sample constrains the generalisability of the findings, and the qualitative orientation precludes quantitative validation. Future research should broaden both dataset and methodology, incorporating additional series, genres, and viewer reception data to assess whether the multimodal mechanisms identified are recurrent, genre-specific, or idiosyncratic. Cross-comparative analyses could further clarify how different representational strategies interact with sociocultural and regulatory variables, particularly in relation to China's evolving media policies and public health narratives.

References

Alahmari, A. Abdussalam. 2023. "Professionalism, Ethics, and Realism of Television Medical Dramas as Perceived by Saudi Medical Students". *Journal of Medical Education and Curricular Development* 10: 1-6. https://doi.org/10.1177/23821205231175037

Anesa, Patrizia, and Antoinette Fage-Butler. 2015. "Popularizing Biomedical Information on an Online Health Forum". *Ibérica* 29: 105-128. [14/08/2025]. https://revistaiberica.org/index.php/iberica/article/view/251

Bednarek, Monika. 2015. "Corpus-Assisted Multimodal Discourse Analysis of Television and Film Narratives". In *Corpora and Discourse Studies: Integrating*

Discourse and Corpora, edited by Paul Baker and Tony McEnery, 63-87. London: Palgrave Macmillan (Palgrave Advances in Language and Linguistics).

Baidu 百度. 2025. "Shoushu zhibo jian 手术直播间" ['Live Surgery Room']. *Baike Baidu* 百科百度. [27/10/2025]. baike.baidu.com/item/手术直播间/58512960#reference-26

Bertulessi, Chiara. 2025. "Il discorso sulla divulgazione scientifico-tecnologica in Cina attraverso le fonti istituzionali". *OrizzonteCina* 16 (2): 106-120. https://doi.org/10.82002/119548

Bhatia, Kumar Vijay. 1983. "Simplification v. Easification: The Case of Legal Texts". *Applied Linguistics* 4 (1): 42-54.

Boginskaya, Olga A. 2023. "Popularization Strategies in Eliminating Knowledge Asymmetry in Expert-Lay Discourse". *Science Journal of VolSU. Linguistics* 22 (2): 164-174. https://doi.org/10.15688/jvolsu2.2023.2.13

Bucchi, Massimiano. 1996. "When Scientists Turn to the Public: Alternative Routes in Science Communication". *Public Understanding of Science* 5 (4): 375-394. https://doi.org/10.1088/0963-6625/5/4/005

Calsamiglia, Helena, and Teun A. van Dijk. 2004. "Popularization Discourse and Knowledge about the Genome". *Discourse and Society* 15 (4): 369-389. https://doi.org/10.1177/0957926504043705

Chen, Li. 2019. "Vulnerable Live Patients, Powerful Dead Patients: A Textual Analysis of Doctor-Patient Relationships in Popular Chinese Medical Dramas". *Cogent Arts & Humanities* 6 (1): 1-16. https://doi.org/10.1080/23311983.2019.1622626

Chung, Jae Eun. 2014. "Medical Dramas and Viewer Perception of Health: Testing. Cultivation Effects". *Human Communication Research* 40 (3): 333-349. https://doi.org/10.1111/hcre.12026

Ciapuscio, Guiomar. 2003. "Formulation and Reformulation Procedures in Verbal Interactions between Experts and Semi-Laypersons". *Discourse Studies* 5 (2): 207-233. https://doi.org/10.1177/1461445603005002004

CLEC (Jiaoyubu Zhongwai Yuyan Jiaoliu Hezuo Zhongxin 教育部中外语言交流合作中心 [Center for Language Education and Cooperation]) and CTI (Hankao Guoji 汉考国际 [Chinese Testing International Co.]). 2020. *Yixue hanyu shuiping kaoshi (MCT) dagang* 医学汉语水平考试(MCT)大纲 [Medical Chinese Test (MCT) outline]. Beijing: Gaodeng jiaoyu chubanshe 高等教育出版社.

Gan, Shixiu 甘师秀. 2013. "Guanyu jinyibu guifan yixue lei keji mingci de tantao 关于进一步规范医学类科技名词的探讨" [Medical terms should be further standardized]. *Zhongguo keji shuyu* 中国科技术语 15 (5): 50-53. https://doi.org/10.3969/j.issn.1673-8578.2013.05.012

Gao, Ya, Chen Chen, Hui Hong, Chen Mingyue, Chen Ning, Chen Hong, Zeng Weiming, Wei Yan, Wang Zhaoxin, and Shi Jianwei. 2022. "Improving Health Literacy: Analysis of the Relationship between Residents' Usage of Information Channels and Health Literacy in Shanghai, China". *International Journal of Environmental Research and Public Health* 19: 1-11. https://doi.org/10.3390/ijerph19106324

Garzone, Giuliana. 2006. *Perspectives on ESP and Popularization*. Milano: CUEM.

Gotti, Maurizio. 2014. "Reformulation and Recontextualization in Popularization Discourse". *Ibérica* 27: 15-34. [14/08/2025]. https://revistaiberica.org/index.php/iberica/article/view/260

Gülich, Elisabeth. 2003. "Conversational Techniques Used in Transferring Knowledge between Medical Experts and Non-Experts". *Discourse Studies* 5 (2): 235-263. https://doi.org/10.1177/1461445603005002005

Guo, Lijun. 2013. "Status quo of Language Use in Medical Documents and on Medicinal Packages". In *The Language: Situation in China*, vol. 1: *2006-2007*, edited by Li Yuming and Li Wei, 145-157. Boston (MA) - Berlin: De Gruyter Mouton.

Hyland, Ken. 2007. "Applying a Gloss: Exemplifying and Reformulating in Academic Discourse". *Applied Linguistics* 28 (2): 266-285. https://doi.org/10.1093/applin/amm011

Jiang, Xuelin 姜学林. 1998. *Yiliao yuyanxue chulun* 医疗语言学初论 [Introduction to medical linguistics]. Beijing: Zhongguo yiyao keji chubanshe 中国医药科技出版社.

Kim, Hyang-Sook, and Kyongseok Kim. 2019. "The Effects of Open Captions in a Medical Drama on the Acquisition of Medical Terminology about Chronic Health Conditions Related to Physical Injury". *American Journal of Health Education* 50 (5): 318-329. https://doi.org/10.1080/19325037.2019.1642267

Kohler, Moritz, Claudia Forstner, Maximilian Zellner, and Michael Noll-Hussong. 2019. "Bias by Medical Drama: Reflections of Stereotypic Images of Physicians in the Context of Contemporary Medical Dramas". In *Handbook of Popular Culture and Biomedicine*, edited by Arno Gorgen, German Alfonso Nunez, and Heiner Fangerau, 337-349. Cham (Switzerland): Springer.

Lakoff, George, and Mark Johnson. 2003. *Metaphors We Live By*. Chicago: University of Chicago Press.

Li, Qian 李茜. 2017. *Jiankang chuanbo shiyu xia wo guo yiliaoju neirong yanjiu* 健康传播视阈下我国医疗剧内容研究 [Research on the Chinese medical drama's content under the perspective of health communication]. Beijing: Beijing gongshang daxue 北京工商大学.

Li, Zunyi 李樽彝. 2020. "Qianxi guochan yiliaoju de fazhan yu chuangxin – yi 'Xinshu' wei li 浅析国产医疗剧的发展与创新—以《心术》为例" [Analysis on the development and innovation of domestic medical drama. Taking 'Angel Heart' as an example]. *Shi ting* 视听 4: 61-63.

Li, Jiachen. 2022. "A Comparative Study of Medical Dramas in China, South Korea, and the United States". *Journal of Innovation and Social Science Research* 9 (1): 16-22. https://doi.org/10.53469/jissr.2022.09(01).03

Li, Yuanyuan, Lü Xiaofeng, Liang Jun, Dong Hengjin, and Chen Changgui. 2022. "The Development and Progress of Health Literacy in China". *Frontiers in Public Health* 10: 1-11. https://doi.org/10.3389/fpubh.2022.1034907

Lin, Liying 林丽颖. 2020. "Cong jiankang chuanbo shijiao pingxi guonei yiliaoju 从健康传播视角评析国内医疗剧" [Analysis of domestic medical dramas from the perspective of health communication]. *Zhongguo gaoxiao renwen shehui kexue xinxi wang* 中国高校人文社会科学信息网: 1-3. [27/10/2025]. https://www.sinoss.net/c/2020-01-05/558514.shtml

Liu, Tianyang, and Tan Xiao. 2021. "Troublemaking in Hospitals: Performed Violence against the Healthcare Professions in China". *Health Sociology Review* 30 (2): 157-170. https://doi.org/10.1080/14461242.2020.1779105

Lü, Weiwei 吕玮玮. 2014. "Dangdai Zhong-Mei zhuliu yiliao ticai dianshiju bijiao yanjiu 当代中美主流医疗题材电视剧比较研究" [Comparative study of Sino American medical drama]. *Nanjing yishu xueyuan* 南京艺术学院.

Mićić, Sofija. 2013. "Languages of Medicine: Present and Future". *JAHR* 7: 217-233. https://ojs.srce.hr/index.php/jahr/article/view/16194

MoST (Zhonghua Renmin Gongheguo Kexue Jishubu 中华人民共和国科学技术部 [Ministry of Science and Technology of the PRC]). 2024. "Zhonghua renmin gongheguo kexue jishu puji fa 中华人民共和国科学技术普及法" [Law on Science and Technology Popularization]. *Gov.cn*. [27/10/2025]. https://www.most.gov.cn/xxgk/xinxifenlei/fdzdgknr/fgzc/flfg/202412/t20241226_192778.html

Pilz, Merle, Walter Stummer, and Markus Holling. 2020. "Neurosurgery in Contemporary Medical Dramas: How *Grey's Anatomy* & Co. May Affect Perception of Neurosurgery in the Media". *Journal of Neurological Surgery. Part A, Central European Neurosurgery* 81 (6): 495-500. https://doi.org/10.1055/s-0040-1709169

Ren, Fujun, Lin Yin, and Gauhar Raza, eds. 2021. *Science Communication Practice in China*. Singapore: Springer.

Richards, Jack C., John Platt, and Heidi Platt, eds. 2002. *Longman Dictionary of Language Teaching & Applied Linguistics* 朗文语言教学与应用语言学词典. Beijing: Waiyu jiaoxue yu yanjiu chubanshe 外语教学与研究出版社.

Riva, Natalia F. 2025. "Doctors, Values, and the Nation: Exploring the Cultural and Socio-Political Dimensions of Chinese Medical Dramas". In *Italian Association for Chinese Studies. Selected Papers 5*, edited by Alessandra Brezzi and Paolo De Troia. Venezia: Libreria Editrice Cafoscarina.

Riva, Natalia, and Matteo Tarantino. 2023. "The Politics of Fictional Medicine: Entertainment, Propaganda, and Education in Chinese Medical Dramas in the Xi Era". In *14th Media Mutations International Conference. Investigating Medical Drama TV Series: Approaches and Perspectives*, edited by Stefania Antonioni and Marta Rocchi, 46-66. Bologna: Media Mutations Publishing.

Sohu 搜狐. 2024a. "Dianshiju shoushilü bandan jiemi: 'Shoushi zhibo jian' diezhi di er, ni zhui na yi bu? 电视剧收视率榜单揭秘：《手术直播间》跌至第二，你追哪一部？" [TV drama ratings list revealed: 'Live Surgery Room' drops to second place, which one are you following?]. *Sohu* 搜狐. [27/10/2025]. https://www.sohu.com/a/771676898_121642975

Sohu 搜狐. 2024b. "Zhang Binbin Shoushi zhibo jian koubei jiemi, guanzhong pingfen yu pingjia yizhenjianxue! 张彬彬手术直播间口碑揭秘，观众评分与评价一针见血！" [The reputation of Zhang Binbin's surgery live broadcast room is revealed, and the audience ratings and comments are to the point!]. *Sohu* 搜狐. [27/10/2025]. https://www.sohu.com/a/771805493_121642659

Sohu 搜狐. 2024c. "Dianshiju shoushilü bandan jiexiao, 'Shoushi zhibo jian' xiahua zhi ci xi, ni zhui na yi bu? 电视剧收视率榜单揭晓，《手术直播间》下滑至次席，你追哪一部？" [The TV drama ratings list has been announced, and 'Live Surgery Room' has dropped to second place: which one are you following?]. *Sohu* 搜狐. [27/10/2025]. https://www.sohu.com/a/772159816_120970327

Sonego, Allegra, and Marta Rocchi. 2024. "Medical Drama TV Series: A Semi-Systematic Literature Review". *Online Journal of Communication and Media Technologies* 14 (4): 1-29. https://doi.org/10.30935/ojcmt/15268

State Council of the PRC (Zhonghua Renmin Gongheguo Zhongyang Renmin Zhengfu 中华人民共和国中央人民政府). 2016. "Zhonggong Zhongyang Guowuyuan yinfa 'Jiankang Zhongguo 2030' guihua gangyao 中共中央国务院印发《健康中国2030》规划纲要" [The Central Committee of the Communist Party of China and the State Council issued the guidelines for the 'Healthy China 2030' initiative]. *Gov.cn*. [27/10/2025]. https://www.gov.cn/xinwen/2016-10/25/content_5124174.htm

Sterk, Florentine M., and Merel M. van Goch. 2023. *Re-presenting Research: A Guide to Analyzing Popularization Strategies in Science Journalism and Science Communication*. Cham (Switzerland): Palgrave Macmillan.

Sun, Huanqi, Katrin Herget, and João P. Silvestre. 2024. "Popularization Strategies in Public Health Discourse: A Corpus Based Analysis in Portuguese and Chinese". In *International Conference New Perspectives in Science Education – 13th Edition. Conference Proceedings*, edited by Pixel International Conferences, 18-23. Bologna: Filodiritto Editore.

Sun, Qingxiang 孙庆祥, and Li Dingjun 李定钧. 2012. "Yixue shuyu xinci de laiyuan, dingming yu hanyi 医学术语新词的来源、定名与汉译" [Etymological analysis

of new medical terms and principles for Chinese translation]. *Zhongguo keji shuyu* 中国科技术语 14 (3): 10-14.
https://doi.org/10.3969/j.issn.1673-8578.2012.03.003

Tian, Yan, and Jina H. Yoo. 2020. "Medical Drama Viewing and Medical Trust: A Moderated Mediation Approach". *Health Communication* 35 (1): 46-55.
https://doi.org/10.1080/10410236.2018.1536959

Vallati, Alessandro. 2024a. "Caratteristiche morfolessicali del cinese medico-scientifico". In *Declinazioni di umanesimo tra etica, natura e scienza*, a cura di Marco Taddei, 209-242. Milano: Biblioteca Ambrosiana.

Vallati, Alessandro. 2024b. "La promozione dell'identità nazionale cinese in ambito sanitario: il potere discorsivo del Medical Chinese Test". *OrizzonteCina* 15 (2): 42-65.
https://doi.org/10.13135/2280-8035/11139

Vignozzi, Gianmarco. 2020. "'Multiple G. S.Ws to the chest. B.P. 90 over 60. Pulse in the 120s. Push 1 of epi!': A Preliminary Study on the Representation of Spoken Medical English in *Grey's Anatomy*". *Lingue e Linguaggi* 40: 187-209.
https://dx.doi.org/10.1285/i22390359v40p187

Wan, Mei 万梅. 2019. "Yixue shuyu zhong de tongyi xianxiang ji cunzai yuanyin fenxi 医学术语中的同义现象及存在原因分析" [Analysis of synonymous phenomenon in medical terms and the reasons for existence]. *Zhongguo keji shuyu* 中国科技术语 21 (4): 19-23.
https://doi.org/10.3969/j.issn.1673-8578.2019.04.003

Wan, Mei 万梅. 2020. "Xiyao mingci de yinyi yanjiu 西药名词的音译研究" [On the transliteration of Western medicine terms]. *Zhongguo keji shuyu* 中国科技术语 22 (2): 41-45.
https://doi.org/10.3969/j.issn.1673-8578.2020.02.010

Wenxiaobai 问小白. 2024. "Yiliaoju zhenshixing zhi zheng: 'Shoushu zhibo jian' yinfa guanzhong shendu taolun 医疗剧真实性之争：《手术直播间》引发观众深度讨论" [The debate over the authenticity of medical dramas: 'Live Surgery Room' sparks in-depth discussion among viewers]. *Wenxiaobai* 问小白. [27/10/2025].
https://www.wenxiaobai.com/api/expends/detail?article=25250848-6e3a-47a9-9fb0-40a98ed3701d

Wicclair, R. Mark. 2008. "The Pedagogical Value of *House, M.D.* – Can a Fictional Unethical Physician Be Used to Teach Ethics?". *The American Journal of Bioethics* 8 (12): 16-17.
https://doi.org/10.1080/15265160802478503

Wu, Wei 吴卫. 2008. "Cong ciyuanxue jiaodu tan yixue shuyu 从词源学角度谈医学术语" [Medical terminology from an etymological perspective]. *Zhongguo keji shuyu* 中国科技术语 10 (1): 55-57.
https://doi.org/10.3969/j.issn.1673-8578.2008.01.002

Xia, Zhonghua 夏中华. 1986. "Xiandai hanyu kexue shuyu chutan 现代汉语科学术语初探" [A preliminary exploration of modern Chinese scientific terminology]. *Jinzhou shiyuan xuebao* 锦州师院学报 2: 94-100. https://doi.org/10.13831/j.cnki.issn.1672-8254.1986.02.018

Yanagi, Natsuyo, Hiroki Satoh, and Yasufumi Sawada. 2023. "The Impact of a Medical Drama Featuring a Hospital Pharmacist on the Perception of Pharmacists among High School Students and Guardians: A Quasi-Experimental Study". *Exploratory Research in Clinical and Social Pharmacy* 11: 1-8. https://doi.org/10.1016/j.rcsop.2023.100286

Yang, Wenjie 杨文杰. 2024. "Dianshiju 'Shoushu zhibo jian' zhuli jieru yixue chuanbo 电视剧《手术直播间》助力介入医学传播" [The TV series 'Live Surgery Room' helps spread interventional medicine]. *Beijing Youth Daily*. [27/10/2025]. https://www.chinanews.com.cn/cul/2024/11-19/10322034.shtml

Ye, Yinjiao, and Kristina E. Ward. 2010. "The Depiction of Illness and Related Matters in Two Top-Ranked Primetime Network Medical Dramas in the United States: A Content Analysis". *Journal of Health Communication* 15 (5): 555-570. https://doi.org/10.1080/10810730.2010.492564

Zago, Daniela, Peter Cautero, Enrico Scarpis, Erika Pompili, Gianluca Voglino, Roberta Siliquini, Silvio Brusaferro, and Laura Brunelli. 2024. "TV Medical Dramas: Assessing the Portrayal of Public Health in Primetime". *Frontiers in Public Health* 12: 1-9. https://doi.org/10.3389/fpubh.2024.1432528

Zhao, Yunqian 赵云茜. 2016. "Tansuo gu Xila Luoma shenhua dui yixue yingyu shuyu de yingxiang 探索古希腊罗马神话对医学英语术语的影响" [Impact of ancient Greek and Roman mythology on the etymology of medical terminology]. *Zhongguo keji shuyu* 中国科技术语 18 (3): 47-50. https://doi.org/10.3969/j.issn.1673-8578.2016.03.011

How to cite this paper:
Riva, Natalia F., and Alessandro Vallati. 2025. "Popularisation Strategies of Medical Knowledge and Terminology in Chinese Medical TV Series: A Preliminary Investigation". *Lingue Culture Mediazioni / Languages Cultures Mediation – LCM* 12 (2): 201-221. DOI: https://doi.org/10.7358/lcm-2025-002-riva