

Wilder (B. G.)

DUPLICATE
College of Physicians
OF THE STATE OF NEW YORK

6
SOLD

Reprinted from THE MEDICAL RECORD, October 2, 1886.

THE PAROCCIPITAL FISSURE.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR: Referring to your editorial of September 4th, "A New Brain Fissure," I beg space for the correction of some errors, and for remarks upon the subject of encephalic names.

Permit me first to express my gratification at the admission of the probable soundness of my conclusion, that the fissure commonly called "interparietal" embraces two integers, a true parietal and a paroccipital, of which latter the "transverse" of Ecker is only a part. This conclusion, opposed as it is to an almost universally accepted view, was based upon the study of many brains, and the suggestion of a new name was made with great hesitation, and only from the conviction that, in the end, students and teachers of anatomy would find a single word easier to remember and use than a variable phrase like "posterior part of the interparietal." Contrary, then, to the order in which the words occur in the editorial, my "treatment of the fissure" was primarily monographic and only secondarily neuronymic.

The editorial says, as if on my authority, that "the paroccipital fissure is 'yoke-shaped.'" Then follows the remark that "we have never seen a yoke like that figured," and an astronomical comparison which, in view of the weight accorded to THE MEDICAL RECORD'S editorial page, might well tend to discredit my generalization as to the typical form of the paroccipital and some other fissures, especially the orbital. I must be allowed, therefore, to say that I, too, "have never seen a yoke like that figured," but also—and this is the essential point—that the term *yoke-shaped* does not occur in my article. On the fourth page, zygal fissures are defined as "H-shaped or quadradiate, presenting a pair of branches at either end of a connecting bar or yoke, the zygon." A zygal fissure *contains* a bar or zygon, a yoke in the most general sense, but that does not imply that as a whole it resembles the

SURGEON GEN'L'S OFFICE
293
LIBRARY

specific form of yoke which connects a pair of oxen. If a geometer should name a certain figure *quadrate*, a carpenter would not be entitled to say that it was "square-shaped," and ridicule the geometer because neither of them ever saw a "square" so shaped.

Even if, however, the Greek ζυγόν was applied exclusively to an ox-yoke, the use of a derivative like *zygal* would not necessarily imply that a part so designated resembled the article, or justify a translation into *yoke-shaped*. I am strenuous upon this point, because it exemplifies a distinction which I have insisted upon repeatedly since 1880 (and especially in the article "Paronymy," etc., in the *Journal of Nervous and Mental Disease*, July, 1885), between classical and vernacular terms. The latter are presumably *descriptive* and literally correct; but the former are merely *designatory*, and need not apply with absolute accuracy. For example, no one objects to the retention of *vertebrate* for a group of animals, but the use of the vernacular equivalent, *backboned*, at once arouses the objection that several "vertebrates" have no backbone at all. Again, in speaking of a great French naturalist, who thinks or cares that one of the meanings of *Cuvier* is *wash-tub*?

In the second paragraph of the editorial, *stipes* should be *stipe*, the English singular of the Latin word, which is *stipes* in both numbers. I hope the time may come when, so far as possible, we shall employ English forms or paronyms of Latin words, and distinguish the latter by italics, just as we now distinguish French words. For example, *callosum* is the same in both languages, but would be italicized if used in a Latin sentence or on a figure; the plurals *callosums* and *callosa* would be distinguished not only by the italics, but by the distinctly Latin form of the latter. This matter is also discussed in the paper above referred to.

The statement that, "Ithacally speaking," *fissure* is *gyre*, is probably due to inadvertence, since *gyre* is given on the second page as the synonym of *convolution*, and on the fourth and fourteenth pages *paroccipital gyre* is suggested as a briefer and more appropriate name for

superior annectant gyrus, and other synonyms of Gratiolet's "*pli de passage supérieur*." The mistake is here corrected, lest it be hastily inferred that my efforts to improve anatomical nomenclature involve a complete revolution in the use of commonly accepted terms.

So far from this, as may be seen by anyone who will read my papers carefully and without adverse prepossession, I have taken things as they are, as they have come down to us from *patres anatomici*, who, apparently, were not pressed for time and never imagined that the structure of the human body would come to be of common interest in an age of less leisure, and, from the standpoint of an investigator and teacher of many years' standing, have tried to "make the best of it."

I have noted the general tendency toward the simplification of terms, and have endeavored to hasten what seemed to be the natural progress of reform. There are very few of my terms which do not occur in the writings of some anatomist of authority. I have selected what seemed to me the best, modified them, when desirable, in accordance with established etymological rules, and—with a consideration for my readers which surely no one will condemn, even if he does not take the trouble to follow the example—have *used always the same word for the same thing*.

My merit, or demerit, as it may be viewed, is essentially that I have done consistently and persistently what many others have done sporadically and spasmodically; my "case" is chronic, while theirs was only acute.

Nor are the new terms put forth without due consideration. They are first tested in the laboratory and lecture-room, and must endure the trenchant criticism of my colleague, Professor Gage, who will even abandon a cat for the sake of dissecting my propositions.

I am in no hurry, and have plenty of patience for those who hesitate. Already, however, there has been enough "aid and comfort" from working anatomists to warrant the prediction that, within twenty years, what my friend, Harrison Allen, calls the "dear old incongruities" will no longer encumber our books, prolong our

lectures, confuse the anatomist of another nationality, hinder the progress of the student, and mystify the laity. With few exceptions each part will have but one name, and that a single word of classical derivation, co-ordinated with the names of related parts, applicable to all vertebrates, intelligible to all nations, and capable of inflection and of adoption into other tongues. Instead of *internal perpendicular*, *occipito-parietal*, *parieto-occipital*, and the host of synonyms in all languages, we shall follow Pansch in saying simply *occipital*; while Owen's unmistakable mononym, *subfrontal*, will replace Broca's convolution, *third frontal*, *first frontal*, and *infero-frontal*, etc. Instead of *corpus callosum*, we shall say *callosum*, adj., *callosal*; for *pia mater*, *pia* and *pial*; for *commissura anterior*, *precommissure* (Latin, *præcommissura*); for *cornu posterius*, *postcornu*; for *iter a tertio ad quartum ventriculum*, *iter* in particular, and *mesocæle* for the entire cavity of that segment of the brain; in place of *upper*, which means one thing in man and another in the cat, we shall say *dorsal* when we mean it; and instead of using *external*, and leaving the reader to guess whether we mean *superficial* or *to one side*, we shall say *ectal* in the one case and *lateral* in the other.

Admitting that there are questions not yet solved, and that some of the terms proposed by me will be modified, or even rejected altogether, by the committees appointed two years ago by the American Neurological Association and the American Association for the Advancement of Science, I am sufficiently sure of the general correctness of my position to join, perhaps with more than ordinary heartiness, in whatever merriment may be aroused by the editorial reference to "Wilderese," "Ithacan," or, as I would rather it should be called, *Cornellian*, as a medium for the communication of facts and ideas. "Let them laugh who win;" I mean to win, not in spite of THE MEDICAL RECORD, but, so long as its columns are open to me, by its help, even though that help is not intended as such. Respectfully yours,

BURT G. WILDER, M.D.