

## **Barbarism in medical language.**

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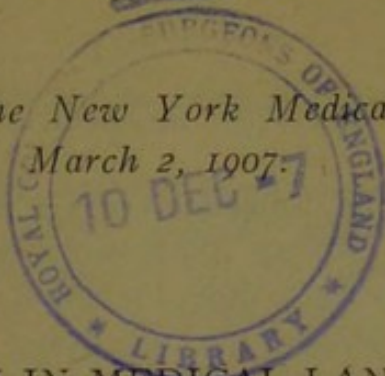
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## BARBARISM IN MEDICAL LANGUAGE.

126 EAST TWENTY-NINTH STREET,

NEW YORK, February 11, 1907.

*To the Editors:* In *La Semaine médicale*, 1906, No. 52, appeared an article by M. Sakorrhaphos, professor of medicine in the University of Athens, entitled *Comment on doit former les néologismes médicaux du Grec*, in which not only all I have been saying on this subject these thirteen years is stated, but also many striking examples mentioned of incorrect medical terms which I myself had exposed in numerous writings.

Litré, more than half a century ago, wrote: "Medical language, which in its first composition is almost entirely Greek, has not ceased to fall back on this source when the inevitable necessity presents itself of coining new terms, but in many instances nomenclators of modern times have gone astray by creating unnecessary words and by violating the laws of analogy and orthography."

Corrections of this evil are useful under all circumstances for teaching as well as for thinking. Sakorrhaphos has apparently not read my own remarks in which I refer to the beautiful words of Lavoisier on the necessity of correct scientific language:—

"Onomatology furnishes the real instruments for the operation of the mind; it is important that these instruments should be of the best, and it is indeed working in the interest of science, for the progress of science, when we exert ourselves to improve our onomatology.

. . . In science we have to distinguish three things: The series of facts which constitute the science, the ideas which recall the facts, and the words to express the ideas. The word has to develop the idea, the idea has to embrace the fact; these are three impressions with the same seal. Since the words preserve the ideas and transmit them, perfection in science is impossible without perfection in language. . . . However true

the facts may be, however correct the ideas developed by facts, only wrong impressions will be transmitted so long as the expressions by which they are communicated are not exact."

The current excuse for retaining barbarisms in our nomenclature, "*usus est tyrannus*," might be translated "Darwin is right." G. H. Roger, quoted by Sakorrhaphos, says numerous technical terms in medical nomenclature are so incorrectly formed that the Greeks must find it difficult to recognize the origin and the meaning of such terms supposed to be Greek. The incessant progress in medicine, especially since the introduction of bacteriology, has necessitated the coining of new names for new conceptions; investigators and discoverers, in giving new terms, have done so without regard to grammar; they are in the habit of consulting a lexicon, pasting two or three words together, no matter if the new formations correspond with grammatical rules or give the correct meaning.

Irregularities in the formation of new medical terms have been permitted an extensive field because physicians of recent periods have more and more abandoned grammatical studies. While grammaticians have thus far done very little in presence of an existing animosity against scientific language in medicine, the innovators have carried their audacity to the last limits, to such a point that medical onomatology threatens to become before long entirely unintelligible. I fully agree with Sakorrhaphos when he speaks of the animosity of medical men when medical slang is attacked. Every true man of science will agree with him when he says it would be well to check the abuse of language. Medicine progressing all the time, we are menaced, if the abuse of language continues, with finding ourselves at short notice before a chaos which will compel the medical student to a long and ungrateful study.

The author illustrates the condition of our onomatology by some examples: Amyotrophia, amyatrophia. These two synonyms, of which the former is more frequently employed than the latter, have not been constructed according to grammatical rules. They do not derive from *μῦς*, muscle, and *τροφή*, nutrition, as medi-

cal dictionaries point out, but from *μῦς* and *ἀτροφία*. The latter comes from *ἀτροφος*, without nutrition, which is formed of *a* privative and *τρέφομαι*, to nourish one's self. Therefore the term amyatrophia, exactly like amyotrophia, where the privative has been taken out of its regular place to be carried before the prefix myo-, figures, as the grammarians call it, as hyperlate, i. e., inversion, but the Greek language does not utilize in compounds what is contrary to syntax and incorrectly constructed. Two privatives constitute a perissology, or contradiction—two negatives are equal to an affirmation—and for this reason Sakorrhaphos suggests, in place of two incorrect terms, the word myatrophia, and corresponding with this he offers as substitutes for the incorrect terms amyataxy and amyastheny the words myataxy and myastheny. This would, besides, be in conformity to the name neurastheny, which is grammatically well composed.

Anophthalmy is generally employed to designate congenital absence of one eye. In Greek, however, this word indicates complete absence of the eyes. Congenital absence of one eye is called in Greek monophthalmy, from *μόνος*, alone and *ὀφθαλμός*, the eye. The ancient Greeks called the cyclopes monophthalmes and not anophthalmes.

Abrachia has been mentioned by me already. The translation is not absence of arms, but absence of rocks, from *a* privative and *βράχος*, a rock. I have found the term abrachionia, from *a* privative and *βραχίων*, -ονος, the arm. Sakorrhaphos gives lipobrachionia, from *λείπω*, being absent, in analogy with lipoblephary, lipoglossy, lipotrichy, but he uses also abrachionia. He says we should not designate congenital absence of the arm and head by abrachiocephalia, but abrachionocephalia, and says this word might appear difficult on account of its length, but it would, from the standpoint of etymology, be unjust to mutilate a word for the sake of saving one or two syllables; for the same reason we should not say brachiotomy (cutting of rock), but brachionotomy, according to the principle which is to be considered here: Compound words are formed from the genitive, which contains the root, or, according to grammatical language, the

theme, of the word, not tenotomy, tenorrhaphy, but tenontomy, tenontorrhaphy. The genitive of βραχίων is βραχίονος, that of τένων, τένοντος.

Acromegaly, chiromegaly, and splenomegaly have been formed contrary to the principles which govern word formation in Greek. In my own writings I pointed out these examples several years ago, and I gave as correct terms megalacria, megalochiria, etc., or for those who like a shorter word megacria, etc. Sakorrhaphos says: When the Greeks form a compound with the aid of a substantive and one of the adjectives μακρός, μέγας, μικρός, πολύς, etc., they always give the adjective as first component. In accordance with this rule there exists already a certain number of medical terms, such as macrocephaly, macroglossy, microcephaly, polydactyly.

Acinesia.—I had retained this word because grammatically it is correct. Sakorrhaphos shows, however, that it is too indistinct. He says Romberg has employed it as a synonym of paralysis. The word exists, indeed, in Greek, but its meaning is so extensive that it could not be applied usefully in medical nomenclature. It has been employed, for instance, to mean difficulty in performing certain movements in consequence of atrophy of corresponding muscles, but also to designate the interval which separates the systole from the diastole of the heart. Of these, the first interpretation is incorrect, for difficulty of movements cannot be called acinesia, but should be named dyscinesia, corresponding with dysarthria—from the particle δυσ, and άρθρον, articulation, dyspnoea, δυσπνοία, difficulty of respiration, dyspepsia, δυσπεψία, difficulty of digestion. The term acinesia should, if employed at all, be reserved for complete absence of motion, and the name of the organ which is at fault should be added, for instance, cardiac acinesia.

Now Sakorrhaphos comes to speak about an incorrectness which has grieved me very much these last seven years. In a lecture on Atonia Gastrica, which was published in the *New York Medical Journal* for May 11, 1900, I placed stress on the fact that the word gastropptosis was ungrammatical, and gave the etymology, according to which we should say gastropptosia; notwithstanding the conclusive evidence I had given

some editors of medical journals not only changed my spelling gastroptosia into gastroptosis, but in quoting my papers changed the spelling of my title Gastrop-tosia into Gastroptosis. The etymology which I had given in the paper quoted corresponds exactly with the one given by Sakorrhaphos. He says: Indeed, as is known, the abstract names in Greek which end in -sis remain unchanged when they enter into composition with a *preposition*, as, for instance, stasis, anastasis, katastasis; but when these abstract names in -sis enter into composition with another word which is not a preposition, they change the ending into -sia, like stasis, astasia—pepsis, dyspepsia, I mentioned, in order the better to demonstrate the difference, sepsis, asepsia, and sepsis, antisepsis. Sakorrhaphos gives the following illustrations: Arthrolysia, not arthrolysis; gastroptosia, not gastroptosis; nephroptosia, not nephroptosis; thy-reoptosia, not thyreoptosis; hæmostasia, not hæmosta-sis; histolysia, not histolysis.

We have in our onomatology a great many words which are construed correctly according to grammatical rules; for instance, paralysis, not paralyasia, diagnosis, not diagnosia, antisepsis, not antisepsia.

Sakorrhaphos says: "We have spoken at some length of the composition of words ending in -is and -ia, in order to show that a great number of this kind exist which are incorrect and which can be easily rectified." Then he gives some words which do not convey the meaning intended. Anæmia. In order to designate poverty or small quantity of blood we should employ the term oligæmia, from *ὀλίγος*, little, and *αἷμα*, blood. It may appear exacting too much to suggest a correction in this case, but it is best not to refrain when the question arises of giving expression of the proper sense instead of falsifying the base of medical study.

We are in favor of short words, and at the same time we say diplocephalia and diplosomia instead of retaining the shorter and only correct Greek terms. The Greeks call one who has two heads dicephale, and not diplocephale, one with two bodies disome and not diplosome, from whence they give as substantives dicephalia and disomia. This correction is the more imperative, since medical onomatology contains already

correctly formed analogous terms, as, for instance, didelphæ, dicrote, didyme.

Athetosis comes from the weak radical of the verb *τίθημι*, but, entering into composition with a privative, it has been changed into *ἀθεσία*. The word atesia, existing already in the ancient literature, should therefore take the place of the barbarous term athetosis.

Allochiria, allocinesia.—To express duality, the pair, the couple, the Greeks do not use the adjective *ἄλλος*, but *ἕτερος*. We should, therefore, say in this case heterochiria, heterocinesia, heterogenia, heteromorphia, etc.

Actinomyces.—This incorrect term was criticised by me years ago. The genitive of *μυκῆς* is *μύκητος*. We have to say, therefore, mycetosis instead of mycosis, and call the disease in question actinomycetosis. For the same reason the terms saccharomyces, trichomyces, botryomyces, should be saccharomycetosis, etc.

Anorchidia.—A man without testicles is called in Greek anorchos, and this pathological condition is anocthia and not anorchidia.

What Sakarrhaphos writes about -phobia, I am unable to understand; it does not correspond with what I have learned from Greek onomatology. However, in case -phobia is not distinct enough, we can call the morbid fear phobopathia.

Hyperacouria, hypacouria.—The Greeks give to one who has the sense of hearing very well developed the denomination *εὐήκοος* from *εὖ*, well, facile, and *ἀκοή*, hearing; from this is formed, according to grammar, *εὐηκοία*, exactly as one who is hard of hearing is called *δυσήκοος*; consequently we should say euecoia and dysecoia instead of hyperacouria and hypacouria. There exist many analogous words in medical language, such as eupepsia, dyspepsia, eutocia, and dystocia.

Pollakiuria.—Dieulafoy has given this term to designate frequency of emission of urine, not knowing that the Greeks never employ the adverb *πολλακις* as a first component of a word. Laboulbène has suggested sychnuria, from *συχνός*, often.

About the unfortunate habit of some authors of forming new technical terms by combining a Latin and a Greek component, Sakarrhaphos says that this habit

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has brought about a bizarre mosaic which will finally make medical language impossible, and that this deplorable condition can only be remedied by returning to Greek language. He gives some examples which are comparatively tame when compared with many which I have given in numerous publications.

What he suggests in order to secure a reform of onomatology, the appointment of an academy *ad hoc*, is impracticable. I have pointed out the way to secure a reform without difficulty: we have simply to adopt the correct scientific terms used by the professors of the University of Athens. As soon as these terms are only known by the men in our profession who have true science at heart, there will be no question but good writers will introduce them.

The paper of Sakorrhaphos, of which I have given here an extensive abstract, shows what we can accomplish if we communicate with our Greek brethren on this great language question.

A. ROSE.



