



With respect to oral or buccal

Referente a oral o bucal

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In our days, we are witnessing a conflict with the manner of describing anatomical elements of the human body. A former classification (nomenclature) is commonly used, it embodies the name of every author who contributed in the description of the human body. This terminology made of eponyms with 50,000 names, which nominates oral cavity as buccal cavity, mandibular lingula as Spix's spine, the parotid duct as Sternon duct (based on the French description translated into Spanish). With this terminology former generations studied anatomy and a great number of specialized books were translated.

From the beginning of the XXth century, for anatomical nomenclature, a new simplified, direct style has been used. This new style encompasses 5,000 names and lacks eponyms in an effort to achieve more direct orientation. In fact, from the morphological point of view, at the Leningrad Congress (1976) the first list of Histological and Embriological Nomenclature was published.¹ In our days, with the ever-present need to establish scientific communication, it is necessary to adopt this simplified anatomical terminology and resort to change.

The International Federation of Anatomists Associations (IFAA)² was created in 1903. This association had the purpose of reviewing every four years the International Anatomical Nomenclature, created in 1894 in order to simplify the manner of anatomically designating human body parts.

The following are some of the principles adopted in the preparation of the Anatomical Nomenclature of 1894:

- 1) With a limited number of exceptions, each anatomical element will be described with only one name.
- 2) Each and every name of the official list will be expressed in Latin; nevertheless, every country will be free to translate it to its native tongue so as to fulfill didactic aims.
- 3) Names must primarily exhibit descriptive value.

4) Eponyms must not be used.

5) Organs topographically joined or in close proximity must, whenever possible, exhibit analogous names (femoral artery, femoral vein, femoral nerve).

In the dental realm, Anatomical Nomenclature (AN) divides the **oral cavity (*cavitas oris*)** in **oral vestibule (*vestibulum oris*)** which is composed of: labial cleft (*rima oris*), lips (*labia oris*), upper lip (*labium superius*), philter (*philtrum*), tubercle (*tuberculum*), lower lip (*labium inferius*), labial commissure (*comisura labiorum*), oral angle (*angulus oris*), cheek (*bucca*), adipose body of the cheek (*corpus adiposum bucae*).

The **oral cavity proper (*cavitas oris propia*)** is divided in mucous tunic of the oral cavity (*tunica mucosa oris*), oral glands (*glandulae oris*), teeth (*dentes*), tongue (*lingua*), tongue muscles (*musculi linguae*), fauces (*fauces*), palate velum (*soft palate*), muscles: (*musculi palate et faucium*), the palate (*palatum*), divided into hard palate (*palatum durum*) and soft palate or palatine velum (*palatum molle*) (*velum palatinum*), palatal raphe (*raphe palate*) and the pharynx (*pharynx*).

The word mouth is not lost, since it is the word used colloquially, in Spanish it is «boca», in French «bouche» or in German «Mund».

Rapidly Russia, USA, Italy and German speaking countries adopted it, Great Britain was slower in accepting it, France, notwithstanding, refused to use it, from this situation derive the anatomical names used during decades in all the Spanish speaking countries.

In our country, where eponyms were used, and thus names derived from them, the text of Dr Fernando Quiroz (who translated into Spanish from French the anatomy textbook Testut-Latarjet) was the most

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respected and important text. With this text many health professionals learned about human anatomy. The word buccal was used to describe elements related to the labial cleft, which divides the mouth in vestibule and oral cavity proper, since it was described in French in this manner. That description remained until the decade of the 1940's. Up to the present date, Dr Quiroz's book has never been updated. Based upon that knowledge, later books were translated.

Presently, Dr. Quiroz's textbook does no longer govern Anatomy teaching; since the decade of the 1960's many authors have entered the Mexican market, and have brought about changes in the manner of human anatomy description. They have rendered it simpler, more direct, with a lesser amount of names for the same anatomical element, with clear language and suitable guidelines. These books come to us, not from France anymore, but from USA, Great Britain and Canada, and, at a certain point in time, even from Russia.

The serious problem encountered was the fact that these books were translations, achieved by specialized translators who were unaware of the Anatomical Nomenclature (AN). Therefore, books began exhibiting a bizarre mixture of names, coming from two different name sources. This was the case of the Voss Herlinger textbook, in the 1970's. As a consequence of this, translators considered the terms Buccal and Oral as indistinct entities. This is still the case; there is no defined anatomical separation, therefore, we are still in a transition period.

Another event is the fact that two or three editions have been correctly translated, but the edition after them has been translated with the previous nomenclature, due to a change in translator. Another event altogether is what occurred to the textbook authored by La Tarjet-Ruiz Liard, in which the second and third edition were achieved with AN. Unfortunately the authors passed away, and the fourth edition, although preserving their names as authors, was elaborated by others who came back to the previous nomenclature discarding thus such important change.

In present days, most countries adhere to International Terminology so as to confer to morphological science teachings ease of learning, in comparison with the memory effort required at the times of the traditional French terminology based on eponyms.

Anatomy is a part of the foundations of medical education. It has been a constant aspect of teaching, dating back to the Renaissance times. The format and amount of information provided have evolved and changed along with demands of the profession.

In present times, globalization forces us to master specialized and specific communication techniques which must allow a clear and simple understanding of the nomenclature. All professions must use common scientific language in order to allow international integration.

Ultimately, if we want updated information, words must be translated from Latin into Spanish. The School of Dentistry of the National University of Mexico (UNAM) is leader in knowledge and continuous education programs. If we desire to go out in the world and expose our research, or hear other researchers, and if we are involved in teaching, we bear the responsibility of being at the forefront and be cognizant of these changes. This must be achieved so that our students understand dental scientific language and can thus access information. We must join other countries which already use current terminology on an everyday basis. Even the French, since 1976 have adopted this international anatomical nomenclature.³

To conclude, must we say oral or buccal? ORAL would be a definite choice. In current WHO and OPS terminology oral health is always mentioned, buccal was forgotten. In the same manner as the whole world had to unify the manner of studying the human body, with the same scientific language, we must join this unification effort to communicate with the same language in the Dental realm, as well as with the rest of the world.

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