Abstract
We argue the need to include in the International Anatomical Terminology the term "Umbilical-spinous line" for its importance as a morphological referent in bioscopic and surface anatomy. Also, in order to avoid using eponyms, it is suggested that the traditional term "McBurney point" be replaced by "supra spinous point" as being more descriptive of location.

In the current Anatomical Terminology, the official book of the Federated International Committee on Anatomical Terminology (FICAT), "umbilical-spinous line" does not appear to be named as an anatomical detail of the human body. The structures that appear in the text related to the navel are: artery, fascia, and fissure, left side branch of the portal vein, umbilical region, umbilical ring and umbilical vein

The "umbilical spinous line" is an imaginary line traveling from the umbilicus to the right anterior superior iliac spine and concerning it is included the traditional term, "McBurney point", which corresponds to the point that defines the lateral and middle third of that line. At that point and depth, it lies at the base of the vermiform appendix, which is associated with the diagnostic sign of inflammation of the vermiform appendix and the surgical technique for the management of appendicitis. He reported that the palpation point of maximum sensitivity is determined by pressure being applied with a finger (McBurney's sign), and that this point is located between one and one-half to two inches from the right anterior superior iliac spine (McBurney point) on a straight line drawn from the spinous pro-

Resumen
Se argumenta la necesidad de incluir en la Terminología Anatómica Internacional el término "línea umbilico-espinal" por su importancia como referente morfológico en la anatomía bioscópica y de superficie. Además, con el propósito de evitar la utilización de epónimos, se sugiere que el tradicional término "punto de McBurney" sea remplazado por el de "punto supraespinoso", por ser más descriptiva su ubicación.

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Nevertheless, we must remember that many years ago -1895 - Germany established the first committee charged with pointing out over 5,000 anatomical terms with an unique name, which constituted the Basilean Anatomical Catalog⁹, after which others followed. In 1933 it was decided to formally remove eponyms from terminology¹⁰. The XIII International Congress held in Rio de Janeiro in 1989 established the Federated International Committee on Anatomical Terminology⁶ (FICAT) which is the body responsible for ensuring that the majority of anatomical structures are named with a single word, that each anatomical term is as accurate and descriptive as possible and that eponyms are not used⁷. All this is intended to facilitate the teaching-learning process and also allow clear and accurate communication between all professionals and researchers in the area of health¹¹,¹²,¹³.

Based on foregoing considerations, and assuming that all professionals in the field of health accept the current Anatomical Terminology for describing not only physical structures but also conditions that affect the patient for medical or surgical evaluation, understanding would be easier because they would be communicating in terms of structure and function which does not happen when eponyms are used¹⁴ since applying a researcher’s name to a given structure tells us nothing about its nature. In scientific language precision and clarity are important for the terms used since precision requires sharply defined scientific terms for meaning, while clarity is achieved when in a given context each term can be exclusively applied only to one object or phenomenon¹⁴.

It is a fact that every change initially generates a certain amount of resistance, especially with doctors and surgeons rooted in a culture in the management of a particular language loaded with eponyms with the risk of intoxicating themselves with this inappropriate symbolism that rather approaching the truth¹⁵. The major obstacle standing in the way of human beings is language because it is easier to corrupt a written text than the memory of a surgeon, especially if he has learned a million words and does not dare to modify a single one for fear of losing the rest¹⁶.

However, despite this reluctance, in recent years there has been increasing consciousness of the need to modify medical language, replacing eponyms for more descriptive terms to make communication clear and precise. Thus, a large group of professionals in the medical field throughout Latin-America meet regularly at the Ibero/Latin American Symposium on Terminology – SILAT - to review, discuss and suggest changes in terminology, which are subsequently sent to FICAT for final study¹⁷. But more important, all members of SILAT come from years of teaching and transmitting disciplinary knowledge to new generations of physicians based on current terminology, so that language change, although slow, is still occurring.

Returning to the topic at hand and consistent with anatomical terminology, in the study of elements associated with the navel it was found that the umbilical region is highly significant and is taken into account by all texts for teaching macroscopic anatomy and in articles dealing with the clinical implications of appendicitis.

Therefore, there is a need to include a new term in anatomical terminology, “umbilical spinous line”, which would serve as a morphological referent for location on the given line, a specific point of auscultation of the vermiform appendix known from years ago
by the eponym of McBurney’s point. Furthermore, to avoid using unacceptable eponyms in anatomical terminology, we suggest that the traditional McBurney’s point be replaced by the “supraspinatus point.”

**References**


