

Nomenclature in Paleopathology

By Jane Buikstra

Concern for consensus and accuracy in the use of terms in paleopathology has been a longstanding concern for the Paleopathology Association. This issue arose frequently in the popular workshops that Don Ortner presented to the PPA membership at the North American annual meeting, beginning in 1985 and partnered with Bruce Ragsdale, starting in 1989 (Powell, 2012). Ragsdale and Ortner, seeking to bring attention to the topics, as well as input, published the following in the June 1992 issue of the Paleopathology Newsletter (No. 78, p. 7f.).

NOUNS

YES	YES	YES	???	NO
Addition	Deposit	Hole	Bump	Abrasion
Accepted anatomical names/sites/locations	Dimensions (height,length, width, etc.)	Layer	Cavitation	Disease name
Boundary	End	Marrow Space	Flake	Compact bone
Build up	Erosion	Overlap	Knife blade	Damage
Cleft	Exostosis	Pit(s)	Opening	Impression
Cortical	Fracture	Plateau	Piece	Inflammation
Crack	Gap	Reactive bone	Woven bone	Marrow
Curve	Gradient	Remnant		Periosteal layer
Defects	Groove	Ridge		Periostitis
		Sheet		Remodeling
		Wormian bones		

MODIFIERS

YES	YES	YES	???	NO
Angular	Elevated	Porous	Angulated	Abscessed
Atrophic	Eroded	Projecting	Clean	Ballooned
Bent	Exophytic	Prominent	Collapsed	Chewed away
Blunt	Fenestrated	Punched out	Crenulated	Degenerative
Bowed	Fine	Ragged	Crinkled	Disrupted
Broken	Flat	Raised	Lucent	Expanded
Carious	Fragile	Robust	Minor/major	Granulomatous
Coarse	Heavy	Sclerotic	Organized	Is (not) present
Compact	Intact	Sharp	Pencil (-ed)	Is/are noted
Curved	Ivory-like	Smooth	Remodeled	Narrowed
Delicate	Light	Solitary	Worm eaten	Peculiar
Diminishing	Lobulated	Stellate		Periostitis
Dense	Lytic	Straight		Septic
Depression	Multiple	Undulating		There is/are
Discolored	Narrow	Worn		Traumatic
Eburnated	Overlapping	Widened		
Effaced	Pitted			

At this time, Ortner and Ragsdale's main concern was the use of inappropriate terms in describing normal and abnormal structures during the course of paleopathological study, (e.g. ballooned). They emphasized the fundamental importance of descriptive terms that are

widely held, and used correctly. Ragsdale and Lehmer (2012: 243) re-emphasized this need.

"The approach of agreeing on a few experts to set the terms, and then agreeing on common usage in the major journal in the field, will likely help paleopathology, as it has in other fields... With conscientious authors and reviewers working alongside diligent, strong-willed editors, rules will become habits, and manuscript using uncanonized terminology."

As the inaugural editor-in-chief of the IJPP, I fully endorse the need for attention to terminology, recognizing that ambiguity exists in disease study, notably in the classification of diseases (cf. Ragsdale and Lehmer, 2012 vs. Ortner, 2012).

As the IJPP began (2011), I encouraged Don, Bruce, and Keith to expand upon the earlier effort. Keith, ably aided by Alan Ogden and Rebecca Storm, with input widely invited from across the paleopathology community, has produced this document, entitled "Nomenclature in Palaeopathology." The authors wish it to be widely shared and to be organic, growing with the field. Comments are actively invited!

The "structured lists" of terms have been appended to recognize the terminological diversity that cross-cuts our interdisciplinary field. As a bioarchaeologist, I would like to call attention to #12, a list of terms drawn from taphonomy. One finds here such terms as "abrasion," "cracked," and "wear." Individuals who chose to use these words in reference to paleopathological structures should be clear in their choice of adjectives: pre-mortem, peri-mortem, or post-mortem.

Keith, Alan and Rebecca, THANK YOU for this generous effort. Don and Bruce are also to be recognized for their pioneering efforts. We look forward to your reactions and your careful usage of correct nomenclature.

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