

To the Editor

How disenheartening (sic) (no pun intended) (sic) to read yet another convoluted semantic discourse on abnormal cardiac morphology — this time on transposition.¹ Such discussion serves to remind one of a typical New Yorker Magazine fill in!

In this whole nomenclature mashugas, the most confusing terms may be “left” and “right”. For many years I have chosen to designate the so called morphologic right ventricle “Morris” and the left “Eloise” — much easier.

Sincerely,

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Reference

1. Anderson RH, Henry GW, Becker AE. Morphologic aspects of complete transposition. *Cardiol Young* 1991; 1: 41-53.

To the Editor

We are sorry that Dr. Steeg found our review so disheartening, the more so since only our opening section was devoted to semantics, and thereafter we tried to concentrate on anatomic facts. We could, of course, have simply ignored controversies which, undoubtedly, still exist. That might have satisfied Dr. Steeg, but would it have pleased all our other readers? From

other responses, our judgement is that it would not, but we accept we may be wrong in this respect. At any rate, Dr. Steeg raises a very important point when discussing the difficulties imposed by the adjectives “right” and “left”. We are well aware of these problems. Indeed, when we first embarked on discussions of nomenclature, Professor Desmond Julian, then working at the University of Newcastle-upon-Tyne, raised exactly the same objection as Dr. Steeg. We were not brave enough to fly in the face of conventional wisdom and discard “right” and “left”. We were also unable to find suitable alternatives which would please everyone. “Morris” and “Eloise” may go down well in the Bronx, but then, so does “meshugaas”, whatever that means. We do not see “Morris” and “Eloise” attracting world-wide approbation but, again, we may be mistaken. Presumably the atriums also have familiar names in the Bronx. Perhaps “Frederick” and “Kitty”? Something is certainly needed if cases are to be fully described. When searching for our solution, we compromised and added “morphologic” to provide specificity in description. It may not be perfect, but it works and, apart from Dr. Steeg, seems to have satisfied most people. The crucial point, however, is to recognize that complete transposition is the combination of concordant connections at atrioventricular and discordant connections at the ventriculo-arterial levels, irrespective of what the chambers are called.

Sincerely,

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