

## Medical Eponyms - *Have they reached their sell-by date?*

Alwyn Foden

[Alwyn.foden@cddft.nhs.uk](mailto:Alwyn.foden@cddft.nhs.uk)

The debate on medical eponyms has been raging for a long time<sup>1,2,3</sup> yet they actually continue to increase in number despite all the controversy. There are thought to be more than 15,000 eponyms. So if everyone purports to hate them why are they not all being replaced by generic scientific nomenclature? The arguments against them range from that they are a medical party game that should be systematically exorcised, to medical snobbishness. But before we throw the baby out with the bathwater we should look at some of the reasons why medical conditions, signs or tests are named eponymously in the first place.

One of my favourite eponyms is Rendu-Osler-Weber syndrome, now sadly known as “familial haemorrhagic telangiectasia”. One could argue the eponym is both easier to say and remember. However the condition was not described by Rendu or Osler or Weber. It was in fact first described by Henry Sutton in 1804, and then Benjamin Babington published a case of hereditary epistaxis in 1865 only also to be trumped in 1875 by John Legg. Rendu only came into the picture in 1896 when he differentiated the condition from haemophilia. In 1901 William Osler published the first comprehensive description of the disease, emphasising its familial component and six years later Frederick Weber published a series of cases. Yet at the beginning of the 20<sup>th</sup> century only Osler’s name was appended to the condition. With time the triple eponym came into use with the physicians’ names in chronological order according to the dates of their respective publications.

This example is a good illustration of the permanent flux within medical nomenclature that not only applies to eponyms but also generic scientific descriptions that have to survive change. Prior to our current era it was easier to name a newly described condition after the person who first published that description, but as one can see from the Rendu-Osler-Weber example, previous generations did not treat eponyms as sacrosanct, and freely changed them as knowledge about the condition increased. We, the current generation, are the ones guilty of wanting to carve medical terminology in stone, possibly due to our ignorance of medical history. Those of us who do adopt this attitude will in time be duly embarrassed when future generations change our sacrosanct “scientific names” as new medical knowledge or understanding comes to light.

Eponyms do lend a certain colour and flavour to the practice of medicine. However there are several conditions named for political reasons and these eponyms possibly taint the ideal of medical ethics<sup>5</sup>. One in particular is that of Reiter’s syndrome, a name approved by the Joint Committee on the nomenclature of diseases of the Royal College of Physicians of London. The alternative would have been to designate it Stor, Brodie, Fiessinger and LeRoy disease as they all described the condition before Reiter. However what has been glossed over in the past is that Hans Reiter was the president of the German Health Ministry after 1933 and had direct oversight and complicity in the abusive activities of the Nazi Racial Hygiene Programme. Fortunately the use of the eponym is rapidly declining and being replaced by the generic term “reactive arthritis”. After Wallace and Weisman’s publication in 2000<sup>4</sup>, Germany dropped the eponym altogether, but what about Takayasu’s arteritis? This condition was originally named after Morgagni in 1761 and several others in between. In 1941, Yasuvo Niimi suggested that Takayasu be honoured by naming the disease after him; even though he never recognised the peripheral artery changes. This decision was taken at the beginning of World War II in the political climate of Japanese Imperial expansionism.

A similar example is that of Behçet’s disease, named after Hulusi Behçet (not French as you might think, but a Turkish name pronounced beh-chet) when he published two cases in 1937. This condition was allegedly first described by Hippocrates, followed by a host of other authors. The debate was fuelled by the expulsion of the ethnic Greek population from Asia Minor by the Turks in 1920.

In an editorial entitled: “Tainted eponyms in medicine” Woywodt<sup>6</sup> draws our attention to those eponyms with a respiratory connection but unfortunately named after doctors with strong Nazi connections. Prominent among these is Wegener’s disease. It appears that Wegener actually had a six year gap in his career between 1939 – 1945, which has never been explained; that he never obtained the title of Professor or even Lecturer; that he was a Lt-Colonel in the Nazi “brown shirts”; that he was wanted by the Polish Authorities and his case had been referred to the United Nation War Crimes Commission. The American College of Chest Physicians withdrew its lifetime “Master Clinician” award in 2007 because of this revelation.

Max Clara, of Clara’s cells found in the distal airways of the lung, wrote up his original description based on tissue obtained from a prisoner executed by the Nazi “justice system”. As the Nazi Empire grew, bodies obtained in this way became more available to Max Clara and his Leipzig group, publishing nearly twenty articles using this material. Winkelmann and Noack<sup>7</sup> first suggested we totally abandon the name of Clara cell and rather call it a “club cell”. However not all war-related eponyms are tainted. There are some well-known ones that honour victims and survivors of the war: Tinel’s test honours Jules Tinel - a physician who fought in the French *résistance* during World War II, and Pompe’s disease is named after Joannes Cassianus Pompe, a Dutch resistance fighter executed by the Germans for his involvement in the movement in the final days of the war – 15<sup>th</sup> April 1945.

Because of the above issues some would argue that we should do away with medical eponyms post haste for fear that more unethical ones will come to light. Does that also mean we must insist that Father Christmas goes back to wearing green because a marketing company changed his outfit to red in the 1920’s for commercial gain? Eponyms are about history which is about what took place and not what we would have liked to have taken place. So do eponyms stay or go? Before you reply - how you would describe Tourette’s syndrome or for that matter Crohn’s disease, Alzheimer’s disease or Downs syndrome? What would you call the Earl of Sandwich’s invention? Whitworth also asked the question that if we eliminate eponyms in medicine would the same rule apply to sciences that serve medicine. That would mean getting rid of Avogadro’s number, Boyle’s law, the Joule, the Kelvin and Hertz.

Is not modern medical education to blame for this state of affairs? Medical students do not learn much medical history during their training. I was recently shocked when asking a group of Foundation doctors who Aesculapius was to find out they had never even heard of him, or Hippocrates or Sir William Osler! Perhaps the time has come to have a formal course in medical schools on medical history, not to make their senior colleagues happy but to help medical students understand how medical practice has developed and perhaps thereby ensure the sensible use of medical eponyms.

## References

1. Whitworth JA. Should eponyms be abandoned? No. *BMJ* 2007;335: 425.
2. Whonamedit? A dictionary of medical eponyms. [www.whonamedit.com](http://www.whonamedit.com)
3. Matteson EL, Woywodt A. Eponymophilia in rheumatology. *Rheumatology* 2006; 45: 1328-30.
4. Wallace DJ, Weisman MH. Should a war criminal be awarded with eponyms? The double life of Hans Reiter (1881 – 1969). *J Clin Rheumatol* 2000; 49 – 54.
5. Nordqvist C. Should we do away with medical eponyms? [www.medicalnewstoday.com](http://www.medicalnewstoday.com)
6. Woywodt A, Lefrak S, Matteson E. Tainted eponyms in medicine: the “Clara” cell joins the list. *Eur Respir J* 2010; 36: 706-8.
7. Winkelmann A, Noack T. The Clara cell: a “Third Reich eponym”? *Eur Respir J* 2010; 36: 722 – 7.