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Feature

Head to head

Should eponyms be abandoned? Yes

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Medicine has been enthusiastic in naming tests, symptoms, and diseases after their discoverers. **Alexander Woywodt** and **Eric Matteson** argue that eponyms are no longer appropriate, but **Judith A Whitworth** believes they remain a useful reflection of medical history

The Oxford English Dictionary defines an eponym as a person . . . after whom a discovery, invention, institution, etc is named or thought to be named. Eponyms are deeply rooted in tradition and their use has long been viewed as a matter of taste. However, it is time to abandon them in favour of a more descriptive nomenclature.

Eponyms often provide a less than truthful account of how diseases were discovered and reflect influence, politics, language, habit, or even sheer luck rather than scientific achievement. Moreover, the continued use of tainted eponyms is inappropriate and will not be accepted by patients, relatives, or the public.

Eponyms connected to Nazi medicine are inappropriate

The atrocities committed by Nazi doctors are well documented[1]; they received new attention with the discovery that Hans Reiter, a German doctor who is remembered for his discovery of a variant of reactive arthritis, took part in human experiments.[2] These revelations resulted in a decline in use of the term Reiter's syndrome,[3] and a formal retraction of the eponym was proposed.[4] In hindsight, the facts about Reiter escaped the scientific community only because no one had investigated the person behind the eponym.

We recently investigated the life of Friedrich Wegener, the pathologist for whom Wegener's granulomatosis is named. We discovered that Wegener had been an early member of the Nazi brown shirts and that he had been the pupil of a prolific expert on "racial hygiene." Wegener was also wanted as a war criminal, although the reasons remain unclear.[5 6] An editorialist regarded the evidence for war crimes as "thin but tangible" and raised further questions: How heinous must an individual's behaviour be before he or she is denied eponymous distinction?[7]

Prompted by our revelations about Friedrich Wegener, the Vasculitis Foundation of North America stated: "As patients and family members, we would prefer a different name for our disease," (unpublished letter to *Lancet* 2006). This letter and other supporting feedback to our articles on Wegener give us further confidence in our interpretation that eponyms with a connection to Nazi atrocities must be abandoned.[8] Furthermore, we have been told that as a result of our research, the American College of Chest Physicians has decided to rescind its "master clinician" award to Dr Wegener.

Eponyms do not reflect scientific discoveries

Use of eponyms without reflection or even knowledge of the person concerned causes other problems. A common flaw is that eponyms usually refer to one person whereas scientific discoveries often reflect a group effort over time. Behçet's disease serves as an example [9]: Hulushi Behçet recognised the disease in 1937, but Benedictos Adamantiades described a

case of the disease in 1930. And what about all the other people who contributed? To acknowledge everyone who discovered facets of the disorder, we would have to name it Hippocrates-Janin-Neumann-Reis-Bluthe-Gilbert-Planner-Remenovsky-Weve-Shigeta-Pils-Grütz-Carol-Ruys-Samek-Fischer-Walter-Roman-Kumer-Adamantiades-Dascalopoulos-Matras-Whitwell-Nishimura-Blobner-Weekers-Reginster-Knapp- Behçet's disease.[9]
Similarly, Heinz Klinger, Friedrich Wegener's university roommate, described a case of what became known as Wegener's granulomatosis before Wegener. Makito Takayasu failed to recognise the vascular changes when he described the vasculitis that now bears his name. We are forced to conclude that eponymous distinction has often been awarded to those who had published in a more accessible journal or language and that influence, politics, or even luck have also had a role.[10]

Eponyms lack scientific accuracy

Eponyms are often claimed to facilitate learning and provide shorthand reference. Contrary to this intention, signs and symptoms in aortic regurgitation carry as many as 31 eponyms.[11] Not surprisingly, some may remember the eponym while being unable to describe its meaning. In a systematic study, only 10 of 92 orthopaedic surgeons were able to give the correct description of Finkelstein's test for diagnosing tendovaginitis.[12] Experienced trauma surgeons may spend some time in debating whether a fracture is a Barton's, a Smith II, or a reversed Barton's.[13]
To make matters more complicated, some diseases have different eponyms in different countries.[10] For example, giant cell arteritis is known as Morbus Horton in Germany and maladie de Horton in France, but the term Horton's disease is virtually unknown in the United States. Different ways of spelling add just another level of complexity. Should ankylosing spondylitis be knows as Bechterew's disease as in Germany or Bekhterew's as in other countries?[10] Or Marie Strümpell disease as elsewhere in the world? Finally, eponyms may have two completely different diseases attached to them: de Quervain's disease can be tendovaginitis of the hand or a rare thyroid disorder.
In the face of such confusion, it is not surprising that pleas for a more descriptive classification have emerged, particularly from specialties where eponyms were heavily used. Trauma surgeons have introduced the AO nomenclature,[13] while neuroscientists have called for a nomenclature that refers to the site of the lesion.[14]
Eponyms lack accuracy, lead to confusion, and hamper scientific discussion in a globalised world. Instead of using eponyms, we should use our interest in medical history to provide fair and truthful accounts of scientific discoveries and to dissect individual contributions. We call on the editors of medical journals and textbooks to abandon the use of eponyms.

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Feature

Head to head

Should eponyms be abandoned? No

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Medicine has been enthusiastic in naming tests, symptoms, and diseases after their discovers. **Alexander Woywodt** and **Eric Matteson** argue that eponyms are no longer appropriate, but **Judith A Whitworth** believes they remain a useful reflection of medical history

Some years ago, filling in time between candidates in a clinical examination, I was chatting to a colleague about eponyms. His view was that eponyms were not particularly useful and he recalled an encounter with a young woman struggling in a similar examination. She couldn't find the lymph nodes and seemed unfamiliar with pulmonary auscultation. To bolster her spirits, he asked her who discovered Koch's bacillus. She became even more anxious and lost for words. My colleague helpfully asked, "Who wrote Mendelssohn's *Spring Song*?" and she burst into tears. Similarly, I recall a friend coming out of a fine arts examination and asking who designed the Eiffel Tower.

I understand there was a long line of people happy to argue that eponyms be abolished, and few prepared to take the contrary view. This I can only ascribe to the well known human propensity to enjoy tilting at windmills. Eponyms are here to stay.

Eponyms are everywhere and there are lots of them—7899 when I last looked at whonamedit.com.[1] They are heard on the street as well as in the ward. They are in textbooks, in the mass media, on the web, palm pilots, and in the World Health Organization's latest revision of the international classification of diseases.[2] They are so widely used and recognised that their eradication, even if it were desirable, would take a purge of monumental proportion and effort. Why bother? Eponyms bring colour to medicine, they provide a convenient short hand for the profession and the community alike, and they embed medical traditions and culture in our history.

The use of eponyms in medicine, as in other areas, is often random, inconsistent, idiosyncratic, confused, and heavily influenced by local geography and culture. This is part of their beauty. For example, Plummer-Vinson syndrome in the United States (and Australia), Paterson-Kelly's syndrome in the United Kingdom, and Waldenstrom-Kjellberg syndrome in Scandinavia all describe sideropenic dysphagia.[3] There are even differences within countries. For example, cholecystography was known as such in Melbourne but called the Graham test in Sydney.[3]

Eponyms are often practical and a form of medical shorthand. Do we really want to speak of congenital cyanotic heart disease due to ventricular septal defect, pulmonary stenosis, right ventricular hypertrophy, and aortic dextroposition rather than Fallot's tetralogy? Or hereditary disorder of renal tubular function with vitamin D resistant renal rickets, glycosuria, aminoaciduria, and hyperphosphaturia for Fanconi syndrome? Or violent muscular jerks of the face, shoulders, and extremities with spasmodic grunting, explosive noises, or coprolalia instead of Tourette's syndrome?

No need for censoring

Eponyms are not simply rooted in the past. They come and go. Richard Bright, Thomas Hodgkin, and Thomas Addison, giants of 19th century medicine, were contemporaries at Guy's Hospital. Hodgkin's disease and Addison's disease are well known to practitioners and public alike. Bright's disease was widely used as an eponym for glomerulonephritis (although Stewart Cameron showed one of Bright's cases was in fact amyloid[4]) but with improved understanding of the diverse aetiology, pathology, and clinical courses of various forms of nephritis, it has fallen from favour. Similarly, the eponymous mongolism has disappeared

from contemporary use and been replaced by Down's syndrome. As we come to understand more of the basis of diseases, current usage will change. There is no need to legislate against eponyms. They go of their own accord when they pass their use-by date.

In these (better) days of codified evidence, appeal to authority is the last resort, but here it is the best evidence we have. To learn it is necessary to understand history. Much is made of the argument that to use the name of someone who was vile is to celebrate them inappropriately. But history is what happened, not what we or the revisionists wish had happened. We remember the names of tyrants and despise them, not celebrate them. Telling people what they must or must not say or write is fraught with danger. Rather it should be left to individuals to determine if there are people whose name they "do not care to recall" (*Don Quixote*, Cervantes).

Simply withdrawing the eponymous term for the wicked few is not a way forward. Who would determine acceptability? Would political views or marital infidelity or tax avoidance disqualify someone? Would the heinous behaviour need to be proved in a court of law or merely rumoured? Would historicity prevail so that other times and customs become irrelevant? It is all or nothing for eponyms. Given they are now deeply embedded in our culture, abolishing them is unrealistic. Similarly, if we abolish them in medicine, can we still use them in the sciences that enable medicine? Do we get rid of Avagadro's number, Boyle's law, the joule, the kelvin, the hertz?

Eponyms are widely used in contemporary life. In many cases their use is so widespread that they are not always recognised as eponyms. Should we abolish the cardigan because he was a bully whose incompetence led to a monumental folly and over a hundred unnecessary deaths (not his own) in the charge of the Light Brigade? Should we instead speak of a front opening sweater? What will we call the sandwich, sideburns, diesel, or chauvinism?

In the words of the American philosopher Ralph Waldo Emerson, "There is properly no history, only biography." Eponyms are here to stay.

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