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Medical Eponym Angst

ERNEST LAWRENCE ABEL
Wayne State University, Detroit, Michigan, USA

An *eponym* is a person, real or fictitious, after whom something has been named. *Eponyms* have been an integral part of medical nomenclature and history for centuries, but their continued use, including their spelling, is contentious. This article reviews the history of the term, disagreements concerning its lexical legitimacy, and arguments pro and con about their place in modern medical nomenclature. Despite all the legitimate reasons for dropping them, *eponyms* are so deeply rooted in medicine that they are here to stay for the foreseeable future.

KEYWORDS *eponyms*, medicine, lexicon, dictionary, history

Introduction

Medicine is experiencing onomastic angst over *eponyms*. *Eponyms* are people, real or imaginary, or places, whose names have been given to something. In medicine, those "somethings" are typically diseases, syndromes, parts of anatomy, procedures, objects, discoveries, drugs, or bodily functions; there are currently about 8000 of them (Whitworth, 2007). The best-known *eponyms* are stand-alone names. No physician is in any doubt about what disorder is intended when encountering *Down's*, *Alzheimer's*, or *Parkinson's* (more about the apostrophe later on). When *eponyms* become widely recognized they become common nouns, and adjectives, e.g., *fallopian tube* (from Italian anatomist, Gabriel Fallopius (1523–1562), *eustachian tube* (from another Italian anatomist, Bartolomeo Eustachi (1524–1574).

Although their usage is millennia-old, the term *eponym* and its adjectival counterpart, *eponymous*, are relatively youthful terms in the English lexicon. The *Oxford English Dictionary* (*OED*, 1989) credits historian George Grote's 1846, *A History of Greece*, for their debut: "Pelops is the *eponym* or name-giver of the Peloponnesus," and "the *eponymous* personage from whom the community derive their name." Both the noun and the adjective are derived from the Greek, *eponymous*, whose roots are *epi*, "upon," and *onoma*, "name." Strictly speaking, an *eponym* is the person or place after whom someone, something, or someplace is named; *eponymous* refers to the disorder, procedure, invention, etc., named after that person. This has become a distinction without a difference. The person and the disorder are now considered one and the same. *Merriam-Webster's Collegiate Dictionary* defines *eponym* as the person for whom something is named and a name based on an *eponym*.

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The people whose names have become *eponyms* in medicine usually do not attach their own names to the conditions they describe or discoveries they make. More often than not, the *eponym* is suggested by a friend or colleague or by some physician in another country, as a token of respect. Many of those so honored were/are already famous for having made other discoveries (Draaisma, 2009). An *eponym* may also be bestowed for the individual(s) who was/were the first to be recognized as having been unfortunately stricken with the disorder. *Christmas disease*, a genetic blood-clotting disorder, is named after Stephen Christmas, the first patient with that disorder whose condition was described in detail. Amyotrophic lateral sclerosis, commonly known as *Lou Gehrig's disease*, is named after the New York Yankees baseball player stricken with the disorder. *Legionnaires' disease* is named after veterans who developed a respiratory infection at a convention they were attending in Philadelphia. *Eponyms* may also be derived from fictional people (e.g., *Pickwickian syndrome*, a breathing difficulty associated with obesity is derived from a character in Dickens' *Pickwick Papers*). Places that become *eponyms* are locales where a disease's center was first identified or came to public awareness. *Lyme disease* is named after a neighborhood in Old Lyme, Connecticut, where several children came down with arthritis, a rash, and heart and neurological problems.

While *eponyms* have long been an integral part of medical nomenclature, medical science has become so overwhelmed by them that their usefulness has been questioned, especially since alternative non-*eponymous* and more specific terms exist for the same conditions. What follows is a detailed examination of the arguments, for and against retaining *eponyms* in medicine, starting with a more fundamental issue — how *eponyms* should be spelled.

Orthography

Unless they evolve into commonplace nouns or adjectives, medical *eponyms* are recognizable as such because they are capitalized. This avoids mistakenly attributing a device or a disorder to some nonexistent person. For example, a dictionary of medical *eponyms* titled *Medical Eponyms: Who was Coudé* asks who was the *Coudé* in the compound *eponym*, *Coudé catheter*. The joke is that *coudé* is not a name as the book's title implies, but the French word for "elbow" which is why it is written *coudé* and not *Coudé*. Most *eponyms* in medicine are surnames, although in some instances the first name is also part of the *eponym*, e.g., *Austin Flint murmur*, *Cornelia de Lange syndrome*. Some dictionaries also capitalize the syndrome, disease, etc., that follows the *eponym*, e.g., *Down Syndrome*; others do not, e.g., *Down syndrome*. Preference is arbitrary. Some *eponyms* have become so commonplace they are no longer capitalized, e.g., *fallopian*, *mullerian*, *parkinsonian*.

Where spelling is concerned, we have a medical rhubarb — to apostrophize or not to apostrophize. The apostrophe is a punctuation mark with three traditional uses. One is to indicate omission of one or more letters in a word, as in "it's" for "it is," or "gov't" for "government." A second use is to indicate the plural of abbreviations such as MD's, and numbers or decades, e.g., 100's, 1990's. This latter apostrophized convention has generally been abandoned in favor MDs, 100s, and 1990s, but, in the case of dates, the apostrophe is still used when the century part of a date is omitted

as in "'90s." There is no controversy in the medical lexicon about these two uses of the apostrophe. It is the third use as a genitive that divides opinions in current medical nomenclature.

In 1974, attendees at a conference at the US National Institutes of Health discussed setting standards for naming malformations and disease conditions. One of the proposed changes was to drop the "possessive use of an *eponym*" (i.e., the apostrophe) because "the author (the *eponym*) neither had nor owned the disorder" (*Lancet*, 1974: 513). Had there been any grammarians at the conference, they might have pointed out to their colleagues that, in English, the possessive is only one of the ways the genitive apostrophe is used. The medical apostrophe was intended as an adjective to indicate the individual who made a discovery, not a possessive. *Children's Hospital* does not mean children own the hospital; it is a hospital where children are treated (Anderson, 1996). Shakespeare's *A Midsummer Night's Dream* does not mean Shakespeare had a particular dream during a midsummer night. It means a "dream" that occurred during *A Midsummer Night*. The apostrophe in this instance is adjectival, not possessive. Other uses of the apostrophic genitive as adjectival are twenty dollars' worth = an amount valued at twenty dollars; Wayne State University's School of Medicine = the school of medicine at Wayne State University. The historical shift of a possessive *eponym* such as *Addison's crisis* (a disorder of the adrenal glands) into the derived adjective, *Addisonian crisis*, as noted by Anderson (1996), indicates *eponyms* are structurally and semantically adjectival.

In 1976 the American Medical Association's (AMA's) *Manual for Authors and Editors*, adopted the NIH's proposal and recommended dropping the apostrophe, then restored it in its 1981 revision, and then revised the revision and went back to dropping it. Many US and Canadian medical journals, e.g., *American Journal of Medical Genetics*, *Annals of Internal Medicine*, now routinely omit the apostrophe for *eponyms* (e.g., *Down syndrome*), but European and British journals, e.g., *European Journal of Human Genetics*, *Scottish Medical Journal*, retain it. However, when the *eponym* is used to stand for the disease or syndrome, the possessive form is still retained in US nomenclature, e.g., the patient has *Alzheimer's*, *Parkinson's*, *Huntington's*, etc.

The simple fact is that there are so many exceptions that there is no consistency about whether *eponyms* should or should not have an apostrophe. *Stedman's Medical Dictionary* (Pugh, 2000; note the apostrophe) and the American Association for Medical Transcription (Hughes, 2005) adhere to the AMA's *Manual for Authors and Editors* (AMA, 1997) and generally do not use the apostrophe except for some cases in which the possessive has been retained not for accuracy, but for style as a matter of choice. The National Board of Medical Examiners decided that the simplest way of dealing with the "nagging dilemma" of correct and consistent use was to drop the 's, regardless of whether it signified possession or not (Vaughan, 1986a). Anderson (1996) noted that whether an apostrophe is used or not used is arbitrary; there is no rule, but the trend is definitely towards dropping it. *Dorland's Illustrated Medical Dictionary* (Anderson, 2012) dropped it in its most recent edition. The only agreement is in the case of compound *eponyms*, which always omit the apostrophe, e.g., *Tay-Sachs disease*, *Epstein-Barr virus*. Confusion as to whether to apostrophize sometimes occurs, however, for individuals with hyphenated names, e.g., Charles

Brown-Séquard or compound names, e.g., Argyll Robertson. Such individuals take the possessive; if the *eponym* refers to two people, the apostrophe is omitted (Brunt, 1998).

The American Board of Psychiatry and Neurology has adopted the same principle as *Stedman's Dictionary*. When "pleasantness of sound and common sense" call for it, the apostrophe should be retained; when they do not, it does not (Talbott, 1986: 1295). Citing *Crohn disease* (a bowel disease) and *Pott disease* (tuberculosis), Duplantier and Laborde (1986: 1295) note the loss of the "'s" is both "'jarring to the ear' and 'clumsy on the tongue.'" The possessive also avoids mistaking *Graves' disease*, a specific disorder affecting the thyroid, for a nonspecific disorder, the end result of which is death.

The dispute about the apostrophe also characterizes medical societies and associations, and patient websites. Some do not use the possessive in their names, e.g., National Association for Down Syndrome (US), Canadian Down Syndrome Society, European Down Syndrome Association. The corresponding UK association, adheres to the possessive (Down's Syndrome Association). In contrast to associations and societies devoted to *Down syndrome* those whose focus is on *Huntington's disease*, invariably retain the apostrophe, e.g., "The Huntington's Disease Society of America," and the "Huntington's Disease Association of Ireland."

Noting how arbitrarily the apostrophe is used in medicine, Jana and colleagues (2009) scoured the indexes of 70 medical books published between 1970–1977, and the annual indexes of 50 medical journals for the terms "*Down syndrome*" and "*Down's syndrome*." Most were either published in the United States or Europe (primarily the United Kingdom). Slightly more than 53% had the possessive compared to 47% without. When place of publication was considered, 80% of the US publications did not have the possessive, whereas 20% for the European journals did. A second study was conducted using the PubMed database for three dates in 2005, 2007, and 2008. This time there was no difference in overall usage, but US journals were again less likely to use the possessive. The authors conducted a similar comparison for *Alzheimer* and *Parkinson* on the Internet search engines *Google* and *Yahoo* and also did not find any differences in use or nonuse of the possessive for these terms (Jana et al., 2009).

Fraternal, occupational, and toponymic *eponyms* have not escaped the fray. Diseases affecting farmers and welders are apostrophized (e.g. farmer's lung, welder's conjunctivitis) as are legionnaires. Toponymic diseases on the other hand, are usually not. *Lyme disease*, derived from the town of Lyme, Connecticut, is hardly ever formally apostrophized. Scotland's Toxoplasma Reference Laboratory and National Lyme's Disease Testing Service is either unaware of the convention or the origin of the *eponym*. Some US medical texts appear equally uninformed. *The Best Test Preparation for the USMLE* (United States Medical Licensing Examination) describes a patient with "classic *Lyme's disease*" (Fife, 2004: 356). A Google search (August 16 2012) came up with 142,000 hits for "*Lyme's disease*," and an even greater 332,000 hits for "*Lymes's disease*." In all fairness, this is far below the more than 7 million hits for "*Lyme disease*," but indicates that the toponymic convention has either not been adhered to, or the name is unknown to a sizeable number of people on the internet.

Consistency in nomenclature is clearly called for, at the very least to expedite retrieval of information from data bases (Jana et al., 2009). The irony is that there would have been no such inconsistency had the proponents of dropping the apostrophe known their grammar. The reason initially given for dropping the apostrophe was tied to the argument about possession. But that was not its intended use. Making it so was a grammatical error that was subsequently legitimized by the rationalization of consistency. Nevertheless, the trend to eliminate the possessive is clearly gaining ground in US medical terminology. However, it is unlikely that the apostrophe will be entirely eliminated from medical *eponyms* simply because there are many *eponyms* whose apostrophes are so entrenched in the lexicon that change is very unlikely.

Reasons for eliminating *eponyms* from the lexicon

Confusion

Doctors who want to do away with *eponyms* in medicine maintain they can cause confusion (Garrison, 1909; Mora and Bosch, 2010; Woywodt and Matteson, 2007). For example, a rare thyroid disorder and an inflammation of the tendons in the hand are both called *de Quervain's disease* (Woywodt and Matteson, 2007). It is unlikely that a patient with *de Quervain's disease* would receive a different type of treatment based on that diagnosis alone, but a doctor unfamiliar with the term might confuse the two disorders when looking for more information as to appropriate treatment. Informed a patient had *Pick's disease*, a doctor might have to sort out four different diseases. Equally confusing, some *eponyms* have interchangeable attributions. *Jakob-Creutzfeldt disease*, a slowly progressive neurodegenerative brain disease related to "mad cow" disease, first described by German neurologists Hans Gerhard Creutzfeldt and Alfons Maria Jakob, is also called *Creutzfeldt-Jacob disease*. This disease is rare enough that it would not normally be encountered in most medical practices. But if it were, and a physician wanted more information, he/she might not suspect the existence of such variants when searching for such information using the variant not listed in the source being consulted (Jana et al., 2009; Matteson and Woywodt, 2006).

One argument for using clinically descriptive names in place of *eponyms* is that such confusion over variants would disappear. However, this is not necessarily so. While *Fabry syndrome* (a genetic protein disorder) is known by five different *eponyms*, it has an even larger twelve clinically descriptive names (Jablonski, 1991). *Faber syndrome* (a metabolic disorder) has seven *eponymous* variants and twelve clinically descriptive names (Jablonsky, 1991).

Eponyms are misleading

Another criticism of *eponyms* in medicine is that they do not convey anything specific about a disorder (Dirckx, 1983). Asked to describe a procedure called *Finkelstein's test* used to diagnose a disorder affecting the vaginal tendons, only 10 of the 92 orthopedic surgeons got it right (Waseem et al., 2005). Wright (1991), a proponent of their continued use, argues that some clinical names are equally prone to misunderstanding, citing *rheumatoid spondylitis* as an example. Wright (1991) notes that *rheumatoid spondylitis* is not in fact a variant of *rheumatism*, as the name implies,

since it does not have the same clinical or physiological expression as *rheumatism* and does not respond to the same treatment. Likewise, Wright (1991) notes that some clinical terms may be less accurate than their *eponyms*. *Regional ileitis*, for instance, implies an inflammation localized to the ileum part of the intestine when in fact the same lesions are found in the stomach and colon, whereas its *eponymic* counterpart, *Crohn's disease* (after Burrill B. Crohn, 1884–1983) refers to similar lesions throughout the gastrointestinal tract.

Tainted Eponyms

Many doctors (e.g., Winkelmann and Noack, 2010; Woywodt and Matteson, 2007) do not like *eponyms* because once a name becomes attached to a disease it is hard to dislodge it, even when the *eponym*'s honoree proves to have been a medical pariah. This is especially so in the case of recent efforts to rename diseases *eponymously* named after Drs Hans Reiter, Frederich Wegener, and Max Clara, three physicians who willingly participated in Nazi eugenics and euthanasia programs (e.g., Rosen, 2007).

Hans Reiter is the namesake of *Reiter's syndrome* (a form of arthritis characterized by painful inflammation of the genitals, eyes, and joints). Reiter was president of Nazi Germany's Reich health ministry and was convicted of war crimes at Nuremberg for supervising medical experiments on concentration camp victims. After incarceration, he was allowed to resume his medical practice. When his background was recognized in the 2000s, many rheumatologists lobbied for renaming the disease "*reactive arthritis*" and many rheumatology journals no longer permit the Reiter *eponym* in their publications (Lu and Katz, 2005). *Wegener's granulomatosis* (after Friedrich Wegener) is an inflammation of the blood vessels. Wegner was an enthusiastic Nazi supporter who selected Jews for genocide and subsequently carried out postmortem examinations on them (Jeffcoate, 2006). He was charged with war crimes but, unlike Reiter, was never tried (Woywodt and Matteson, 2007). The "*Clara cell*," a secretory cell in the respiratory tract, is named after Max Clara, an active supporter of Nazi eugenics programs, who experimented on prisoners prior to their execution (Winkelmann and Noack, 2010).

Proponents of *eponyms* counter that tainted *eponyms* should be retained as reminders of what happens when doctors discard ethical principles (Leach, 2003; Whitworth, 2007). The names of evildoers are important to remember if only to despise them, not to celebrate them. Some also question what kind of behavior qualifies for renaming. While there are clear cut reasons for renaming medical disorders honoring war criminals and the like, some have raised questions, e.g., about renaming works by composers like Richard Wagner, an anti-Semite whose music was played on concentration camp loudspeakers as people were being exterminated (Rosner, 2008).

Stigler's Law

Another argument for dropping *eponyms* from the medical lexicon is that they often give credit where credit is not due (Stigler, 1980). By his own admission, Alzheimer said his discovery of the disease that bears his name was made several years earlier by a colleague in 1898 (Draaisma, 2009). *Asperger syndrome* was described in detail in 1926 by a Russian neurologist almost twenty years before Asperger in 1944

(Draaisma, 2009). Such misattribution is called *Stigler's Law of Eponymy* (after statistician Stephen Stigler). Essentially, it holds that "no scientific discovery is named after its original discoverer" (Stigler, 1980: 147). Ironically, it is also true for Stigler. Stigler did not discover it; sociologist Robert K. Merton (1973) did. Stigler even said so himself. But he popularized it and so got the credit. If primacy were the overriding consideration, America, named after Florentine explorer, Amerigo Vespucci, would have to be renamed, e.g., Columbia.

Draaisma (2009) concluded that what determines who gets the *eponym* in medicine is not the discovery itself, but how convincingly the eventual *eponymist* describes it; "convincing" means how many cases are detailed with the condition. A single case study is not convincing. A clinician who describes only one case is less likely to get the *eponym* than one who describes several; in today's obsession with statistics, a single case would be considered merely "anecdotal evidence" unless duly quantified in some way (Draaisma, 2009).

Reasons for keeping *eponyms* in the lexicon

Shorthand

Doctors who want to keep *eponyms* in the medical lexicon say they are a useful shorthand and mnemonic for groups of phenotypic effects that vary and are difficult to remember (Burchell, 1985; Mora and Bosch, 2010). To make the point, Whitworth (2007: 425) rhetorically asks her colleagues if they would they rather say someone has "violent muscular jerks of the face, shoulders, and extremities with spasmodic grunting, explosive noises, or coprolalia," or simply say that that person has "*Tourette's syndrome*."

Eponyms give a human dimension to disease

While US medical journals may prefer *non-eponymous* terminology (see above), defenders maintain that retaining them encourages both students and teachers to learn the history of the people who discovered the diseases and structures associated with their names (Gilliland and Montgomery, 2010). *Eponyms* "envelop diseases in human rather than technological terms" that "increase appreciation of disease as a human experience" (Rodin and Key, 1989: xix).

Eponyms are medicine's scientific biography in *haiku*; short biographical histories of the men and women whose names have become attached to an anatomical structure, a disease, a procedure, an instrument, etc. *Eponyms* provide an historical context for a condition's or an invention's discovery in medical science (Mora and Bosch, 2010). *Tay-Sachs disease*, for instance, was originally thought to be two separate infant diseases, one opthalmological characterized by symmetrical yellow spots around the macula (*Tay's choroiditis*) and one involving neurological development (*Sach's disease*). The two conditions were eventually recognized as different manifestations of the same disease and were collectively called *Tay-Sachs disease* in 1896 (Rolleston, 1937).

Eponyms lend dignity to diseases

Some terms for disabling disorders are racially or ethnically offensive or carry emotional baggage. One of the best known examples is a genetic disorder involving an

extra chromosome (47 chromosomes instead of 46) which causes characteristic facial features and cognitive impairment. This disorder was once called *mongolism* because the disorder's facial features were said to resemble the faces of Mongols. Renaming it *Down Syndrome* (after Dr John Langdon Down who described it in detail) eliminated the connotation of racial prejudice.

Other disorders that have likewise been *eponymized* for similar reasons include *leprosy*, renamed *Hansen's disease*, *gargoylism*, renamed Hurler's syndrome, and *happy puppet syndrome*, renamed *Angelman syndrome* (Wright, 1991). Wright (1991: 1600) contends that *eponyms* give dignity to sufferers of some diseases. Wright (1991: 1600) quotes an acquaintance who was more than glad to have her condition called *Perthe's disease* instead of "avascular necrosis of the hip occurring in small (stunted) children of low social class."

National pride and recognition of achievement

One of the reasons many diseases have several different *eponyms* is national pride. A disease to which an *eponym* becomes attached conveys a sense of priority which bolsters the national prestige of the country in which the discoverer lived (Rolleston, 1937). However, the fact that the French were the first to refer to a number of diseases such as *Addison's disease* (kidney dysfunction), *Hodgson's disease* (cardiovascular disorder), and *Stokes-Adams disease* (heart block) by their English discoverers (Garrison, 1909), indicates a French mindset for naming diseases that is not solely ethnocentric. Quoting author Henry James that the French "do their duty by their great men," Fielding Garrison (1909: 3) suggested that this mindset is one of the main reasons the French are particularly fond of medical *eponyms*: "I think, that they like to call a new disease or operation by the name of its discoverer or originator in the same spirit in which they have conferred the names of distinguished French physicians upon the streets of Paris" (Garrison, 1909: 3).

Eponyms are deeply rooted in medicine

The current zeitgeist in medicine is not to award *eponyms*. There is no *Gottlieb syndrome*, for instance, even though Dr Michael Gottlieb discovered AIDS, *acquired immune deficiency syndrome*, in 1981 (Fee and Brown, 2006). But the *eponymously* named disorders of the nineteenth and early twentieth centuries are here to stay. For one thing, many like *Alzheimer's*, *Duchenne's*, *Tourette's*, *Huntington's*, and *Crohn's* are so deeply ingrained in medspeak and popspeak that they are not likely to go away, despite *anti-eponym* animus in the near future. As in the case of *Huntington disease*, "It is inconceivable to imagine (it or those other disorders) being called anything else and the *eponym*(s) remains set in stone" (Turnpenny and Smith, 2003: 153).

Despite the many valid reasons for jettisoning *eponyms* from the medical lexicon, it is unlikely they will be entirely eliminated if for no other reason that they are deeply embedded in medicine (Garfield, 1983). "Despite all the inconveniences," opines Swee (2007: 21) "medical *eponyms* will continue to be used because there is a sense of history to their use." Perhaps another reason *eponyms* are unlikely to disappear from the medical lexicon is that they give medicine a vestige of humanism in its seemingly detached and mechanical view of our bodies and our afflictions.

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Notes on contributor

Ernest Lawrence Abel is a Distinguished Faculty Professor at Wayne State University in Detroit. His research and publications focus on onomastics, fetal alcohol syndrome, longevity, religion, and the American Civil War.

Correspondence to: Ernest Abel, Mott Center, Wayne State University, 275 East Hancock, Detroit, Michigan 48201, USA. Email: eabel@wayne.edu