

In Defense of Eponyms

Shamelessly, I purloined the title of this piece. I lifted it from Wright¹ (inserting a good American “s” in place of the British “c”). Wright might have nicked it from someone else. So far as I know, you can’t copyright a title—unless they’ve changed the rules behind my back.

Does eponymy require a defense? Yes, if only because it’s a dwindling and endangered species. Does eponymy deserve a defense? I think so, and I’ll try to mount one.

In biomedicine since ancient times, proper names have been applied to anatomic structures, syndromes, diseases, medications, operations or procedures, and equipment or instruments. Such eponyms generally are of two types: those which memorialize a discoverer, an innovator, or a principal promoter; and those used in lieu of prosaic identifiers or descriptors that otherwise might be unduly cumbersome or not yet clearly elucidated. The first category is more likely to be on shaky ground and more difficult to defend; eponyms of this sort tend to fade as memory falters or we no longer look through a dark glass. Eponyms of the second category often are more lasting because they serve a more useful purpose, sustained by convenience and currency.

Scientists who disparage eponyms and discourage their use point to the observation that attribution can be faulty in fact or priority. That is, in some cases, unfortunately true. Mark Ravitch,² not one to dismiss eponyms out of hand, concedes that “given an eponym, one can be sure that (1) the man so honored was not the first to describe the disease, the operation, or the instrument; or (2) he misunderstood the situation; or (3) he is generally misquoted; or (4) that (1), (2), and (3) are all simultaneously true.” Nevertheless, in a later piece³ Ravitch relents: “My own belief is that whatever their fallibility, eponyms illuminate the lineage of surgery [as well as other scientific endeavors] and bring to it the color of old time, distinguished features, ancient sieges and pestilences, and continually remind us of the international nature of science.”

Eponyms usually commemorate actual persons, but some derive from literature or mythology. Take, for example, *Achilles tendon*, *Lazarus complex*, *Münchhausen syndrome*, *Oedipus complex*, and *Ulysses syndrome*, to mention but a few fanciful terms. E D Robin⁴ reminds us that “medicine needs all the ties to the broad stream of human culture that it can develop.” To that I would add, not only medicine, but all branches of science. Selection of an apt eponym attests to a writer’s range of knowledge, prods a reader’s curiosity, and perhaps even prompts a search for the original source.

So, while it is true that the use of eponyms is in decline (and in many instances rightly so), let us cling to eponyms that are valid and memorable. When we can, with perspicacity and accuracy, let’s make use of an eponym, now and then, to leaven what might otherwise be a lumpy loaf of scientific writing.

I cede the benediction to Harvey Cushing⁵: “What has been accomplished does not die, but too often, alas, the personality of those who handed the torch from one generation to the other soon fades into oblivion.”

References

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2. Ravitch MM. Poland’s syndrome; a study of an eponym. *Plast Reconstr Surg* 1977;59:508-12.
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5. Cushing H, as quoted by John Fulton in *Harvey Cushing: a biography*, Springfield IL: Charles C Thomas; 1946.

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