The long-lasting debate upon the use of eponymous terms in the field of medicine has never stopped. The subject of discussion is the expediency of their use instead of descriptive terms. In the last decade the discussion of this theme broke out with the renewed vigour. This controversy stipulated the actuality of the choice of the subject matter of the given paper.


Advantages and disadvantages of the eponymous terms were analysed by S.G. Kazarina, D.K. Kondrat'ev, Alexander Woywodt, Eric Matteson, Judith A. Whitworth and other researchers.

It should be marked that all of them have their own linguistic viewpoint upon the positive and negative characteristics of eponymous terms and their use in medical terminology.

The paper aims to focus on the reasons of diametrically opposed attitude of specialists and linguists to the use of eponymous terms in the field of medicine.

A lot of linguistic factors may be a prime cause of difference of opinion upon eponymous terms in medical language.

1. The first of such factors is the fact that there is no the exact definition of the concept “term”. In the article published in 1970, B.N. Golovin gave seven definitions of this concept. In the book which appeared in 1977, V. P. Danilenko gave 19 definitions of the term and emphasized that it was the incomplete list which can be continued. This abundance of various definitions is explained not only by the fact that by the time of their formulation there was no scientific discipline a subject of which is the term – a terminology, but also by the fact that the term is an object of a number of sciences, and every science seeks to allocate in the field of medicine a term which is an object of its own.

The term is connected with names of the Austrian scientist E. Wuester and the Russian scientist D. S. Lotte who published the first his works in 1930. Now a number of national linguistic schools (Austrian-German, French-Canadian, Russian, Czech, which differ in their approaches and aspects of consideration of special lexicon) is engaged in development of the theoretical problems of terminology. Despite the absence of a unified definition of a term the main characteristic of it must be clarity and certainty, exactness, the fact that there is no the exact definition of the concept “term”. In the article published in 1970, B.N. Golovin gave seven definitions of this concept. In the book which appeared in 1977, V. P. Danilenko gave 19 definitions of the term and emphasized that it was the incomplete list which can be continued. This abundance of various definitions is explained not only by the fact that by the time of their formulation there was no scientific discipline a subject of which is the term – a terminology, but also by the fact that the term is an object of a number of sciences, and every science seeks to allocate in the term the signs essential from its point of view.1

Terminology is the science studying special lexicon from regarding its typology, an origin, a form, contents and functioning, use and creation. The beginning of a terminology is connected with names of the Austrian scientist E. Wuester and the Russian scientist D. S. Lotte who published the first his works in 1930. Now a number of national linguistic schools (Austrian-German, French-Canadian, Russian, Czech, which differ in their approaches and aspects of consideration of special lexicon) is engaged in development of the theoretical problems of terminology. Despite the absence of a unified definition of a term the main characteristic of it must be clarity and certainty, exact subject (concept) – these are the qualities that are reflected in the nomenclature codes of the various fields of medicine. Terms do not possess expression, side association and other features typical of artistic words. The absence of imagery, emotion, neutrality is the basic principle of the term.

So far there is no uniform point of view concerning essence of the concept "term", therefore the generally accepted standard determination, the definition recognized by the most linguists, still does not exist.

It is interesting to note that even the word "term" itself is an eponym, since it was formed from the Latin "Terminus" – the name of god, who was the guardian of boundaries.

2. Opinions of linguists upon the semantics of proper names differ considerably. Proper names are widely used for creation of terms. The eponymous term formation occurring under the same laws as that term formation in general, has a number of peculiarities. Its specificity lies in the fact that proper names constitute the basis of eponymous terms, the question about the meaning of which causes constant controversy of researchers.

Some researchers believe that proper name has no lexical meaning and is not associated with the concept (A.A. Reformatsky, H.D. Arutjunov, S.D. Shelley, S. Ullman, A. Bach et al.). Others, on the contrary, believe that proper name has meaning and represents one of the most meaningful categories (L.V. Szczerba, V.A. Nikolov, S.V. Griniov, O. Jespersen, K. Hengst et al.).

To determine the peculiarity of the meaning of a personal name has appeared the most difficult task.

In the last century, this problem was perceived not only as a linguistic one, but as a logical, so its researchers were mainly logicians and philosophers. A lot of effort to solve it was devoted by a great English logician John Stuart Mill (1806-1873). He came to the conclusion that proper names have no meaning – they are a kind of labels or tags helping to recognize objects and to distinguish them from each other. The name-tag is not associated with the characteristic of the given thing, it does not "connote" (does not indicate, does not describe it), but only "denotes", or calls the thing. Proper names have no meaning. Another English logician X. Joseph, did not agree with Mill, who refused proper names in semantics, expressed the opposite opinion: he not only admitted the existence of meaning in proper names, but believed that "the proper name is even more important than the common noun".

3. There exist various definitions of eponymous term. The Oxford dictionary calls such medical term as "eponym" and gives two variants of definition of eponym: 1. a person after whom a discovery, invention, place, etc., is named or thought to be named. 2. a name or noun formed after a person. According to Merriam-webster dictionary "eponyrm" is: 1. the person for whom something (as a disease) is or is believed to be named. 2. a name (as of a drug or a disease) based on or derived from the name of a person.

If we refer to another dictionaries we’ll see that there is no unified definition of an eponym. It is known that in course of time the meaning of the term “eponym” has undergone a semantic change: from designation of a person who gave the name to any object, to designation of an object to which the proper name was transferred.

Kakzanova E.M. proposed the following definition of a term: “Eponym is a term that contains in its structure a proper name (anthroponym or toponym) as well as the common noun in the designation of a scientific concept.”

Kondrat’ev D.K. denied such definition and considered that “the use of terminological designation “eponym” for denoting of a term derived from the proper name is incorrect because “eponym” is not a lexical unit but a person who has given his name to the term.” He called such terms “eponymous terms”. From my point of view it is the most correct, definite and precise definition.

The wider use of eponymous terms is connected with the appearance of a great number of new specialized branches in medicine, such as gastroenterology, cardiology, endocrinology, infectology, haematology, nephrology, oncology, pulmonology, rheumatology and other ones at the end of the 18-th – beginning of the 19-th centuries. New methods of investigation, invention of new diagnostic devices, new methods of examining patients and new medical terms have appeared thanks to the great development of science and technology. Many diseases, symptoms, syndromes, factors, tests were named after the physicians who were the first to describe them. But the wide use of eponymous terms caused the scientific debate and disagreement among specialists and linguists upon their use in medicine.

Different groups of scientists, specialists in medicine and linguists had quite opposite standpoints upon eponymous terms. That’s why it appeared necessity to classify them. Eponyms in medical terminology obtained a description in the scientific papers in which the authors give different classification of these terms: V.F. Novodranova, E.V. Bekisheva, N.A. Pushkin, M.V. Vasia, E.A. Lapteva, R. Nestmann, Cappuzzo B., Tatiana Canzian and others.

The classification is based on the relationship between the determinant (a proper name) and the determinatum (disease, syndrome, sign and so on).

Taking into account this statement all eponymous terms are classified according to two trends:

1. The authors give the classification of synonymous terms according to different criteria concerning the namegiver (the person after whom the term is named). A generic name is preceded by the name of the scientist who first described the phenomenon. The proper name may be expressed by myronym.
name of a literary character, fairy tale character, legendary folk hero. It may be a single proper name or multi-component proper name. Besides it may be a proper name of an individual, a patient or a doctor, who was affected by the disease which he had described or identified. Canziani T. gives the example of namegiver when it is expressed by common name of profession (coal miner's knee), eponyms derived from the Visual Arts such as Monalisa syndrome (a facial muscle contracture) or an occasional reference to cartoons (Mickey Mouse sign).

Instead of an anthroponym it may a toponym where a generic name is preceded by the geographical name of the place in which the phenomenon was first observed.

Some linguist give the classification according to the gender and the state of birth of the namegiver. Though from my point of view it is just statistical data, but not the classification of eponymous terms.

2. The second classification of eponymous terms takes into account the nametaker's concept the name was given to. A common noun can designate anatomical structures, disease-related phenomena, tests, factors, pathological conditions, symptoms, syndromes, injuries, medical equipment, theories, laboratory examinations, techniques, methods, microorganisms, reflexes, reactions and conditions; in pharmaceutical medicine – drugs, ointments, drops, solutions, preparations.

All branches of medicine are overloaded with eponymous terms. But there are different viewpoints of specialists and linguists upon the use of eponymous terms in medicine. Some of them believe that eponymous terms should be maintained, while others propose to substitute them with descriptive equivalent terms, because they consider the eponymous terms are obscure, inaccurate, and give no information other than historical.

Linguists who maintain the existence of eponymous terms in medical language underline that:

- Possession of the clinical eponymous terminology reflects the evolution of clinical thinking, the history of diagnostics and clinical development of medicine. The eponymous terms help to preserve the history of medicine. The use of eponymous terms in the midst of specialists provides the succession of knowledge, gives knowledge about the main stages of the development of science, the struggle of opinions and views, forms the scientific world outlook of a person.

- The use of eponymous terms makes a certain contribution to any culture. They perform the function of honouring a scientist, an inventor or a prominent physician who played a major role in describing of the disease. Eponymy is considered to be the highest level of acknowledgment in science. The desire to preserve for future generations the name of the scientist, his achievements in the field of medicine leads to widespread of eponymous terms in various fields of medical science.

- There cannot be the slightest doubt that positive quality of a large number of the eponymous terms is their international character. This feature contributes to better understanding of physicians from different countries and helps their communication: Down syndrome (En.) - Down-Syndrom (Germ) – синдром Дауна (Rus.), Syndrome de Down (French); Alzheimer morbus (Lat.), Alzheimer's disease (En.), Alzheimer-Krankheit(Germ.), la maladie d'Alzheimer (French), болезнь Альцгеймера (Rus.).

- One of the advantages of eponyms is their briefness. They express a complex and very complicated concept in one word.10 Eponymous terms are convenient in medical practice, especially it is important for surgeons, traumatologists who while performing the operation or in case of emergency cannot use long descriptive terms like “Arterial tweezers for blood-stopping” instead of brief eponymous term “Kocher's tweezers” or “nontraumatic clamp, which is used for holding the blood vessel” instead of “Potts' clamp”. The use of descriptive terms in such cases may slow, retard and complicate the work of a specialist.

- The eponymous terms assist to memorize the medical terms as they give a distinct picture of the appearance of a patient, his behaviour: Down’s syndrome, Edwards' syndrome.

- Sometimes eponymous terms perform sparing patient’s feelings function in order to avoid traumatic situations at diagnosis: Korsakoff syndrome (a chronic memory disorder caused by severe deficiency of thiamine).

- Eponymous terms make the language of medicine brighter, facilitate communication of physicians and reflects the educational level of specialists, practical doctors and medical personnel.

The arguments against the use of eponymous terms include the following statements:

- The eponymous terms do not inform us about the essence of the term because the name itself does not reflect any significant characteristic. Eponymous terms only point to the notion but do not reveal it. This is the reason why they are known only to specialists in one definite field of medicine.

- Medical eponymous terms are difficult to transcribe. Every language has its peculiarities of pronunciation but the dictionaries do not give the transcription of eponymous terms. The absence of transcription complicates their pronunciation by specialists for whom the language is not a native one: Creutzfeldt-Jakob disease, Busquet’s disease, Daae’s disease, Crigler-Najjar disease, Hirschsprung’s disease.

- The same terms differ from each other in spelling in different countries. Ankylosing spondylitis is spelled in Germany as Bechterew’s disease, in other countries as Bekhterev’s disease; Filatov’s disease, infectious mononucleosis, is also spelled as Filatow’s disease; Rot’s disease has another variant of spelling – Roth’s disease; there are also two variants of spelling: Abrikosov’s and Abrikosoff’s tumour.11

- The eponymous terms are often overloaded with proper names: Brown-Vialetto-van Laere syndrome; Charcot-Weiss-Baker syndrome; Dyke-Davidoff-Masson syndrome, Mauriceau-Smellie-Veit maneuver. But such terms are often shortened: Sinding-Larsen-Johansson disease – to Sinding-Larsen disease; Mann-Whitney-Wilcoxon test – to Mann-Whitney test; Charcot-Marie-Tooth disease – to Marie-Tooth disease or even to Tooth disease.

- There are many eponymous terms that have synonymous eponymous and descriptive terms. It is usual though unwanted phenomenon for the medical field to have two or more terms for the same concept. No branch of medicine can avoid it. Some linguists consider that synonyms enrich the medical language but many of them consider that they cause misunderstanding. Graves' disease is named after the

10 Božena Đuganova. English medical terminology – different ways of forming medical terms, P. 65, URL: http://hrcak.srce.hr/file/162511
Irish doctor Robert James Graves, who described a case of goitre with exophthalmos in 1835. The German Karl Adolph von Basedow independently reported the same symptoms in 1840. As a result, the terms Basedow's syndrome, Basedow's disease, or Morbus-Basedow are more used than Graves' disease. Less commonly, it has been known as Parry's disease (described in 1786), Begbie's disease, Flajani's disease (described in 1802), Flajani-Basedow syndrome, and Marsh's disease. One more name for this disease is exophthalmic goitre. Ankylosing spondilitis is known as Bekhterev's disease in Russia, the neurophysiologist V. Bekhterev described it in 1893, Adolph Strümpell in Germany described it in 1897, and Pierre Marie of France – in 1898. For this reason, ankylosing spondilitis is known as Bekhterev (or Bechterew's) disease, or Marie-Strümpell disease. Raynaud's disease has the synonym Raynaud's gangrene; Milroy disease is also known as Nonne-Milroy-Meige syndrome and hereditary lymphedema.

Eponymous terms lack scientific accuracy. Very often the person who gave his name to the eponymous term is not the first person to describe the disease.

Moller-Barlow disease is attributed to the German physician J.O.L. Moller (1819-1887) and the English surgeon T. Barlow (1845-1945) but scurvy (the synonym of this disease) was documented as a disease by Hippocrates, and Egyptians have recorded its symptoms as early as 1550 BC. For the first time it was described by the British physician Glisson (1597-1677).

Eponymous terms do not reflect medical discoveries. Hulusi Behçet as a clinical dermatologist described the cases of a disease in 1937. Behçet was not the very first to describe the condition. This condition was first mentioned in the writings of Hippocratic physicians in the fifth century BC. In 1922, two investigators, Planner and Remenovsky, reported a case suggestive of Behçet’s disease. In 1930, Dr. Benediktos Adamantiades, a Greek ophthalmologist, described a patient with similar symptoms. Behçet's syndrome is sometimes referred to as the Adamantiades-Behçet syndrome.

In some cases the eponymous term is composed of two or more proper names. It takes place when these scientists described the disease independently from each other as in the case of Itsenko-Cushing disease. The disease associated with the increased secretion of cortisol was described by the American neurosurgeon Harvey Cushing in 1912. In 1924, the Soviet neurologist Nikolai Itsenko made his impact to the description of this disease. Considering this impact, name of Itsenko was added to the title in some East Europe and Asia countries, and disease is called there as Itsenko-Kushing disease.

An eponym in one country may correspond to another eponym in another one. Grave’s disease (R.J. Grave, Ireland 1835), known in Italy as Flajani’s disease (G. Flajani, Italy 1802) or Basedow-Flajani disease but known in Germany as Basedow’s disease (K.A. von Basedow, Germany 1840),... megaloclon known as Hirschsprung disease in Denmark, as Ruytsch disease in the Netherlands and as Morbo di Battini or Morbo di Mya in Italy12. All attempts to unify clinical medical terminology on international level have failed till now.

One eponymous term may denote two quite different diseases. Scurvy in babies is named Barlow's disease, after Thomas Barlow (1845-1945), a British physician who described it in 1883. However, Barlow's disease may also refer to mitral valve prolapse, named after Dr. John Brereton Barlow (1924-2008).

Eponymous terms denoting the same notion may be derived from different proper names. An endemic osteoarthritis may have two eponymous terms: Beck’s disease or Kashin-Bek’s disease. Sometimes eponymous terms may have different common nouns but used for the same concept: the English terms Donnan effect, Donnan law and Donnan equilibrium contain different common nouns but refer to the same concept.

Eponymous terms based on the same proper name do not always mean that they imply the same person. This may delude both specialists and linguists. Thus in the article by Chernova N.A. for medical internet conferences we can read “Eponyms … remind us about the specific contribution of scientists to the development of medical science and practice. For example, the contribution of the German microbiologist Robert Koch in bacteriology and epidemiology development: tubercle bacillus, tuberculin Koch, Koch's triangle.” But in this statement the first two eponymous terms are named after Robert Koch, a German microbiologist, and the third one is named after Walter Koch, German physician and pathologist, whose papers are devoted to the structure and function of the heart.

Some linguists consider that eponymous terms associated with Nazi medicine are inappropriate because they honour doctors who were involved in war crimes and accused of having conducted experiments on prisoners (gypsies and Jews) in concentration camps and autopsies on children killed in the Nazi euthanasia project. The same may be referred to medical eponymous terms which honour the memory of doctors who supported Eugenics – a science, which deals with the influences that improve the inborn qualities of a race. In the 20th century, Eugenics was transformed into a social movement, which advocated the improvement of genetically pure races through social intervention, including birth control, selective breeding and the sterilization of the mentally handicapped.

Conclusion: Eponymous terms constitute a substantial amount of special terminology in medicine. They are used side by side with descriptive terms. It is evident that both eponymous terms and equivalent descriptive terms have positive and negative aspects. Despite the continuous debate over the use of eponymous terms in medicine it is beyond any controversy that descriptive terms will not oust their eponymous synonyms from medical terminology. Though eponymous terms still abound in the language of medicine, there is a lot of problems which remain unsolved. The task of specialists and linguists is to solve these problems.
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