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EDITORIAL

Marathon of eponyms

This issue of Oral Diseases, contains a study on an eponymous condition named Hutchinson-Gilford progeria syndrome (HGPS), as it was first described in 1886 by Jonathan Hutchinson but also described independently in the following year by Hastings Gilford.

An eponym (from Greek $\epsilon\pi i$ [*epi*, 'upon'] + $\delta\nu\nu\mu\alpha$ [*onuma*, name]), is a person, whether real or fictitious, after whom an item is named or thought to be named. The use of eponyms in medicine and dentistry is widespread; for example, Ruffner (1977) lists 20 000 eponyms.

Nevertheless, the use of eponyms is highly contentious. Some argue that healthcare professionals may be baffled by terms that do not accurately outline the condition, that eponyms may not necessarily reflect the truth of discoveries, and suggest eponyms be abandoned in favor of more descriptive terms. Eponyms certainly can have some rather annoying features. For example, many diseases have more than one eponym. Some eponymous authors even have multiple conditions ascribed to them so it may be taxing to distinguish which condition is being discussed (Gorlin was a prime example). Swee (2007) points out that another problem is that some eponyms do not refer to the same person: for example, the Pick cell (foam cell), Pick disease (a neuro-degenerative disorder) and Pick pericarditis were named after, respectively - Ludwig Pick (German pathologist), Arnold Pick (Czech psychiatrist), and Friedel Pick (Czech-Austrian physician). Eponyms can differ between cultures (e.g. Behcet syndrome is often termed Adamantiades syndrome in Greece: Sjogren syndrome is termed Gougerot syndrome in France).

As long ago as 1978, the American Dental Association (ADA) stated in their Principles of Ethics Section 15 that 'The use of eponyms in connection with drugs, agents, instruments or appliances is generally to be discouraged.' As to eponymous conditions, Woywodt and Matteson (2007) argue '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,' and they state. 'Moreover, the continued use of tainted eponyms is inappropriate and will not be accepted by patients, relatives, or the public.' In contrast, Whitworth (2007) believes that eponyms remain 'a useful reflection of medical history.'

Swee (2007) states that 'Sometimes, perhaps often, things are named falsely or wrongly after persons because of their high social status and high visibility in the field, long after a particular discovery had been made.' Swee goes on to summarize 'Despite all these inconveniences, medical eponyms will continue to be used because there is a sense of history to their use.' Eugene Garfield (1983) in a lengthy essay on eponyms, summarizes as follows: 'Whatever such disadvantages eponyms may have, I believe they are outweighed by their benefits. Eponyms remind us that science and scholarship are the work of dedicated people. They allow us to immortalize sometimes obscure but deserving persons. It is clear that they represent a natural language way of expressing complex ideas and it is for this reason that they have often been cited as a useful first approach to searching with title-word and citation indexes, as well as with controlled vocabularies."

The use of eponyms in diseases of the head and neck is mainly in specialties dealing with medically compromised individuals (paediatric dentistry, special care dentistry, oral and maxillofacial medicine, oral and maxillofacial pathology and oral and maxillofacial surgery) and particularly by hospital-centered practitioners. Oral Diseases will publish a series of synopses of eponymous conditions relevant to oral and maxillofacial diseases, presented alphabetically. This series will select some of the more recognised relevant eponymous conditions. Geographic eponyms such as Lyme disease, Coxsackie infections, Ebola and Lassa fever are not included. The information will of necessity be based largely on data available from MEDLINE and a number of Internet websites e.g. http://www.whonamedit.com and, as many journals (e.g. the Journal of the American Medical Association) no longer use the possessive for eponyms (reasoning that the eponymized persons did not own the disease), this style will be used.

Past experience suggests that papers on eponyms will almost certainly contain discrepancies and excite controversy (Evereklioglu, 2007) and we trust that readers will continue to contribute to this on-going debate.

References

Evereklioglu C (2007). Regarding the naming dilemma of Behcet disease in the 21st century. *Oral Dis* 13: 117–121.

- Garfield E (1983). What's in a name? the eponymic route to immortality. *Essays of an Information Scientist* **6**: 384–395. Current Contents, No. 47, pp. 5–16, November 21, 1983.
- Ruffner JA ed. (1977). *Eponyms dictionaries index*. Wayne State University Science Library: Detroit, MI, Gale Research, pp. vii–ix.
- Swee CTE (2007). SMA news 39: 21-25.
- Whitworth JA (2007). Should eponyms be abandoned? NO. *BMJ* **335:** 425.
- Woywodt A, Matteson E (2007). Should eponyms be abandoned? Yes. *BMJ* **335:** 424.

Internet website

http://www.whonamedit.com

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