

EXPUNGING EPONYMS

The Australian Rheumatology Association wrote to the *MJA* recently, advocating that the eponym "Reiter's syndrome" be expunged from the medical literature. They argued that the distinction of having one's name immortalised in an eponym should never be accorded to doctors involved in crimes against humanity. They considered that honouring the Nazi physician Reiter with his own eponym was a travesty.

Eponyms have long been part of the tradition of medicine, connecting us with eminent minds of the past — those whose astute observations have added to the rich culture of medicine. Our early professional education exposed us to this tradition; remember the circle of Willis and Hunter's canal in anatomy? Starling's law of the heart and his hypothesis of capillary fluid flow in physiology? The Krebs cycle and the Henderson–Hasselbalch equation in biochemistry, or Virchow's triad and Koch's postulates in pathology?

In our clinical years we were swamped in eponyms, such as those bearing the names of three of the giants of Guy's Hospital — Addison, Bright and Hodgkin — or those attached to diagnostic signs, such as the Babinski test, the Argyll Robertson pupil, or Sister Mary Joseph's nodule.

However, recent times have heralded the phenomenon of "eponym cleansing". The *Annals of Internal Medicine* has advised that an eponym should not be used when a descriptive synonym is available. Others have drawn attention to the confusion created by the use of many eponyms with identical names or the redundancy of multiple eponyms describing the same condition.

Howard Burchell, a former cardiologist at the Mayo Clinic, offered some sane advice: if an eponym is obfuscatory, it should be culled; if it enhances clarity and communication, it is richly deserved. He also suggested an addition to the Hippocratic oath:

I shall not be the cavalier accoucheur of an eponym or the uncritical promoter of a new one.



Martin B Van Der Weyden

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