

ГУМАНІТАРНІ ТА СОЦІАЛЬНІ ПРОБЛЕМИ МЕДИЦИНИ, ПИТАННЯ ВИКЛАДАННЯ У ВИЩІЙ МЕДИЧНІЙ ШКОЛІ

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MEDICAL EPONYMS AS A SUBJECT OF CONTROVERSIES IN THE MODERN TERMINOLOGY STUDIES

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The article examines the phenomenon of eponymy in the modern English medical terminology. The major problematic aspects which may arise in the process of translation and usage of medical eponyms in oral and written speech have been considered. The advantages of eponymic names in medical terminology have been analyzed: these lexical units disclose the evolution of medical research and practice, provide continuity of scientific knowledge, as well as contribute to the formation of terminological competence of medical students. The phenomenon of eponymy in medical discourse has been studied through the lens of contemporary controversies (ethical, historical and gender aspects).

Key words: term, eponym, terminology system, medical discourse, gender.

Eponym (from Greek *eponymos* – "giving one's name to something") is the name of a disease, structure, operation, or procedure, usually derived from the name of the person who discovered or described it first [8]. The scientific efforts on structural systematization, etymological categorization and semantic classification of eponyms in different medical specialties are already numerous and well-developed [1; 2; 4; 12]. There are also researches devoted to ethical [14; 15], historical [9] and gender [2] issues of medical eponyms. However, the comprehensive studies embracing and considering the entire spectrum of controversial aspects regarding the phenomenon of eponymy in medicine have not yet been undertaken until now. Thus, the novelty and relevance of the present research are obvious, since this paper will focus precisely upon all the debatable issues associated with medical eponyms, which have recently appeared in the world of science.

The aims of the research are to identify the main tendencies in the functioning of eponymic terms in the modern medical discourse; to assimilate and consider the potential difficulties and controversies which are associated with this linguistic phenomenon. The material of the study is the corpus of open access research papers, registered in the electronic database of medical publications "PubMed".

The undeniable advantages of eponymic names in medical terminology are quite obvious: eponyms are international, unambiguous, laconic and concise. Furthermore, eponyms (1) disclose the evolution of medical research and practice; (2) provide continuity of scientific knowledge and (3) contribute to the formation of terminological competence of medical students. It is beyond doubt that all these

benefits render eponyms an essential part of medical terminology.

However, during the last decade, the use of eponyms has become the subject of intense controversy. In fact, some scholars [5; 11; 13] are convinced that the use of eponymous terms should be avoided, since they do not contain any practical information, and are only intended for immortalization of historical figures involved in the process of medicine development. "Anti-eponymists" argue that eponyms "lack accuracy, lead to confusion, and hamper scientific discussion in a globalised world" [15], and therefore should be replaced with descriptive equivalents that directly reflect the essential features of the concept. The exception is the names that long firmly penetrated the medical terminology and from which the derivative words are formed.

On the other hand, the group of "pro-eponymists" believes that the use of medical eponyms contributes to a deeper understanding of the evolution of clinical thinking and diagnostics, unveils the history of medicine development, and increases the intellectual level of the physician, because eponyms are part of history and culture. For instance, the adherents of eponymization assert that "eponyms serve as a means of honoring individuals who have made important discoveries and observations" [7]. The scholars argue that the undeniable value of eponyms consists in their "capability to encapsulate long and complex concepts very concisely" [5]. Pro-eponymists persist in the opinion that replacing and rebranding of eponyms will bring nothing but needless effort and "precisely the confusion which the scientific taxonomy aims to avoid" [13]. Therefore, such prevalent terms as *Alzheimer's disease* and many other existing eponyms

cannot be virtually replaced “because they are too well entrenched and because there is no concise way of describing them scientifically” [13].

Taking into account all the above-listed advantages of eponyms, it is still necessary to consider a range of controversies which cannot be ignored. One of the most hotly debated topic, associated with the usage of eponymous terms, concerns eponyms related to the perpetrators of Nazi crimes (the groups of “tainted” eponyms due to unethical research practices of their inventors). As a matter of fact, until recently, medical discourse was replete with eponyms, named for individuals who are implicated in Nazi atrocities. However, nowadays the situation is steadily changing: there are active efforts to substitute these eponyms with descriptive equivalents. As a result, in the last decade there has been a dramatic decline in the usage of such eponyms [14; 15]. This tendency has been triggered by a recent series of incriminating researches on biographies of Nazi doctors (*Declining Use of the Eponym “Reiter’s syndrome”* by Wu et al., 2005; *Wegener’s Granulomatosis – Probing the Untold Past of the Man Behind the Eponym* by Woywodt et al., 2006; *Eponyms and the Nazi Era: Time to Remember and Time For Change* by Strous et al., 2007; *Tainted Eponyms in Medicine: the “Clara” Cell Joins the List* by Woywodt et al., 2010 etc.). Thus, it is suggested to replace eponyms connected with the perpetrators of Nazi crimes as follows: *Beck-Ibrahim disease* → congenital cutaneous candidiasis; *Cauchois-Eppinger-Frugoni syndrome* → portal vein thrombosis; *Clara cells* → club cells; *Hallervorden-Spatz disease* → pantothenate kinase-associated neurodegeneration; *Reiter’s syndrome* → reactive arthritis; *Seitelberger disease* → infantile neuroaxonal dystrophy; *Spatz-Stiefler reaction* → paralysis agitans reaction; *Van Bogaert-Scherer-Epstein syndrome* → cerebrotendineous xanthomatosis; *Wegener’s granulomatosis* → granulomatosis with polyangiitis; *Eppinger’s spider naevus* → spider naevus; *Reiter’s spirochete* → *Trepemona forans*.

Moreover, eponyms may also give rise to other ethical issues. Sometimes eponyms may have “misleading racial connotations” and thus become “embarrassing terms”, as in case with “mongolism” (Down syndrome) which was abandoned by the World Health Organization in 1965 after a request from the Mongolian People’s Republic delegation [6].

Another important aspect of eponyms is the inventor’s gender. Although the frequency of eponyms with women’s names does not exceed 4% [2], it is essential to be aware of these terms, especially in order to avoid errors in Ukrainian and Russian. Hence, ignorance of eponyms named after women can lead to incorrect translation into Ukrainian or Russian (inadequate ending in Genitive case, which depends on gender in these languages). That is to say, students should be instructed that *Epstein-Barr virus* is translated as “вірус Епштейна-Барр” NOT “вірус Епштейна-Барра” (Yvonne Barr, 1932-2016,

A PhD student of Michael Anthony Epstein); *Apgar score* – “шкала Апгар” NOT “шкала Апгара” (Virginia Apgar, 1909-1974, an American obstetrical anesthesiologist) and so on.

Furthermore, from the historical perspective, some eponyms are clear embodiments of sexism. For instance, a French neurologist Jean-Martin Charcot (1825-1893) studied the so-called “hystero-genic” zones across the female body (*Charcot’s zones*). For centuries, female hysteria was a medical diagnosis, reserved exclusively for women, and nowadays it is no longer recognized by medical authorities as a disorder. Consequently, the *Charcot’s zones* eponym has also lost its relevance.

Yet another important aspect of eponyms is the issues of spelling, in particular, the unsettled question of apostrophe use. Traditionally, the eponyms denoting diseases and pathological conditions were recorded as possessives (e.g., *Crohn’s disease*). However, over the past few decades, there has been a steady transition of the scientific community to omit the apostrophe and to eliminate the possessive case (*Crohn disease*). In 1975, the United States National Institutes of Health (NIH) held a conference to standardize the naming, and the conclusion was summarized in *Lancet* as follows: “The possessive use of an eponym should be discontinued, since the author neither had nor owned the disorder” [6]. It was agreed that writing eponyms without the apostrophe is feasible and reasonable due to its “linguistic simplicity and technical advantages” [10]. Nevertheless, this problem remains unresolved: despite the adoption of the “nonpossessive standard” more than 40 years ago, medical discourse still reveals the cases of using apostrophes in the eponymous names of diseases. Several authors [7; 10] have studied this situation and came to the conclusion that, despite a certain level of inconsistency, there is a gradual drift towards the nonpossessive form of such eponyms. It is necessary to bear in mind that the uniform use of clinical nomenclature is “vital for its identification and classification” [10]. At the same time, inconsistency of using the same eponyms with and without apostrophes significantly “hampers retrieval of information from public databases” and therefore, the nonpossessive form should be used uniformly worldwide [10].

Another common error arises due to confusion with capitalization of such terms as “Southern blotting”, “northern blotting”, “western blotting” and “southwestern blotting”. The first blotting technique – *Southern blotting*, was discovered by Edward Southern, and therefore, this eponym is capitalized. Meanwhile, “northern blotting”, “western blotting” and “southwestern blotting” are not eponyms, but merely a play on eponymously-named *Southern blot*.

Another spelling problem may arise with similar sounding medical eponyms, for instance, *Meigs’ syndrome* (ovarian fibroma with ascites and pleural effusion) vs. *Meige’s syndrome* (blepharospasm

with oromandibular dystonia) vs. *Meige's disease* (lymphedema praecox); *Meniere's disease* (cochlear hydrops) vs. *Menetrier's disease* (hyperplastic hypersecretory gastrophyl); *Wermer's syndrome* (multiple endocrine neoplasms, type 1) vs. *Wermer's syndrome* (hereditary premature aging) and the like. Scholars argue that this incorrect use of medical eponyms "stems from the fact that the eponym does not include physiologically descriptive terms" [3].

Eponyms may also differ from country to country which may be quite challenging. As Robert P. Ferguson remarks: "There are no rules on eponym development. It may take an extraordinary period of time, be different in different languages and cultures, and evolve as more is known about the physician or the disease" [9]. For example: the condition, which is called *Bazedov's disease* in most countries, is called *Graves' disease* in the UK, and *Flayani disease* – in Italy [9].

Thus, eponyms are largely used in medical language, and their significance in medical discourse is undeniable. However, eponyms can be very tricky and confusing on a pragmatic level: they can be easily misspelled, erroneously used or misunderstood. Hence, medical students should be instructed as to the contemporary tendencies in using eponymous terms, namely: eradication of eponyms related to physicians who have committed crimes against humanity and have been involved in unethical actions [11]; potential errors which may arise when translating and writing medical eponyms; the peculiarities of using eponyms in different contexts, etc. The recent trends in the use of eponymous nomenclature reflect the fact that the contemporary medical community is flexible and open to changes. It is our belief that the phenomenon of eponymy in the English medical discourse requires further in-

depth study, in terms of synchronous and diachronic aspects, in particular.

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Реферат

МЕДИЧНІ ЕПОНІМИ ЯК ПРЕДМЕТ ДИСКУСІЙ У СУЧАСНОМУ ТЕРМІНОЗНАВСТВІ

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Ключові слова: термін, епонім, терміносистема, медичний дискурс, ґендер.

У статті досліджено явище епонімії у сучасній англомовній медичній термінології. Розглянуто основні проблемні аспекти у процесі перекладу та вживання медичних епонімів у писемному та усному мовленні. Проаналізовано переваги епонімічних найменувань, які розкривають еволюцію медичної науки і практики, забезпечують спадкоємність наукових знань, а також сприяють формуванню термінологічної компетенції студентів ВМНЗ. Явище епонімії у медичному дискурсі досліджено крізь призму дискусійних питань сучасності (етичний, історичний, ґендерний аспекти).

Реферат

МЕДИЦИНСКИЕ ЭПОНИМЫ КАК ПРЕДМЕТ ДИСКУССИЙ В СОВРЕМЕННОМ ТЕРМИНОВЕДЕНИИ

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Ключевые слова: термин, эпоним, терминсистема, медицинский дискурс, гендер.

В статье исследовано явление эпонимии в современной англоязычной медицинской терминологии. Рассмотрены основные проблемные аспекты в процессе перевода и употребления медицинских эпонимов в устной и письменной речи. Проанализированы преимущества эпонимических наименований, которые раскрывают эволюцию медицинской науки и практики, обеспечивают преемственность научных знаний, а также способствуют формированию терминологической компетенции студентов-медиков. Явление эпонимии в медицинском дискурсе исследовано сквозь призму дискуссионных вопросов современности (этический, исторический, гендерный аспекты).