Eponymous medical terms as a source of terminological variation

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- eponym (ἐπί – upon, ὄνυμα – name): a term derived from a person’s name
- eponymization honours a person who made a certain contribution
- eponymy as a highest standard of acknowledgment in science (Merton 1973)
scientists are far more eponymized than humanities scholars

medicine has a particularly rich eponymic tradition

some medical fields, such as rheumatology and neurology, are particularly fond of eponyms, and the term “eponymophilia” has been coined to describe their affinity (Kuchumova 2012)

“in no other field is their use so hotly debated”
Classification of eponyms according to the namegiver (term level)

- Physician (scientist) or patient
- Gender
- Place
- Time
### Clotting Factors in Blood and Their Synonyms

<table>
<thead>
<tr>
<th>Clotting Factor</th>
<th>Synonyms</th>
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<tbody>
<tr>
<td>Fibrinogen</td>
<td>Factor I</td>
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<tr>
<td>Prothrombin</td>
<td>Factor II</td>
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<tr>
<td>Tissue factor</td>
<td>Factor III; tissue thromboplastin</td>
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<td>Calcium</td>
<td>Factor IV</td>
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<tr>
<td>Factor V</td>
<td>Proaccelerin; labile factor; Ac-globulin (Ac-G)</td>
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<td>Factor VII</td>
<td>Serum prothrombin conversion accelerator (SPCA); proconvertin; stable factor</td>
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<td>Factor VIII</td>
<td>Antihemophilic factor (AHF); antihemophilic globulin (AHG); antihemophilic factor A</td>
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<td>Factor IX</td>
<td>Plasma thromboplastin component (PTC); Christmas factor; antihemophilic factor B</td>
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<tr>
<td>Factor X</td>
<td>Stuart factor; Stuart-Prower factor</td>
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<tr>
<td>Factor XI</td>
<td>Plasma thromboplastin antecedent (PTA); antihemophilic factor C</td>
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<td>Factor XII</td>
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<td>Factor XIII</td>
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<td>Prekallikrein</td>
<td>Fletcher factor</td>
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<td>High-molecular-weight kininogen</td>
<td>Fitzgerald factor; HMWK (high-molecular-weight) kininogen</td>
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<tr>
<td>Platelets</td>
<td></td>
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</tbody>
</table>

Gender

♂ 97%
♀ 3%
Place of birth
Conclusion:

- The vast majority of medical eponyms are coined after male German scientists born in mid 19th century.
Classification according to the nametaker (concept level)

- Anatomy
- Diseases
- Phenomena
- Laws
- Tests
Anatomy

- source of terminological variation: the massive creation of non-eponymous variants
- in 1955, the International Congress of Anatomy in Paris adopted an official list of anatomical terms from which all eponyms had been purged
- *Terminologia Anatomica* contains only 2 (*cornu ammonis*, *stratum purkinjese corticis*)
- “Eponimi u anatomiji” (413 eponymous terms, 27 in our termbase)
- *circle of Willis, Langerhans’ islets, canal of Schlemm, Reissner’s membrane, McBurney’s point, duct of Gartner*
in 1975, the Canadian National Institutes of Health held a conference where the naming of diseases and conditions was discussed. The conclusion was that “The possessive use of an eponym should be discontinued, since the author neither had nor owned the disorder.”

- *Down syndrome / Down’s syndrome*
- *Paget’s disease / Paget’s disease of bone*
- *arrhenoblastoma (32 000 online), Sertoli-Leydig cell tumor (833 000 online)*
Several ways of forming eponyms in English:

- synthetic genitive: *Parkinson’s disease, Fröhlich’s syndrome*
- substantival adjunct + principal noun: *Goldblatt hypertension, Bohr effect*
- analytic genitive: *canal of Schlemm, duct of Bellini*
- formal adjective: *Addisonian crisis, Jacksonian epilepsy*
- abridged form of the substantival adjunct: *a positive Babinski [sign]*
- derived noun: *parkinsonism, daltonism*
- verb derivation: *to pasteurize*
Croatian:

- possessive adjective: Gartnerov kanal, Gravesova bolest, Brown-Séquardov sindrom (*noun + noun)
- adjective expressing relation: adisonska kriza
- derived noun: daltonizam, salmonela
Types of terminological variants

Eponymous and non-eponymous terms:

1) orthographic variants

a) differences in spelling: *Fröhlich's/Frohlich's syndrome*, *van/Van den Bergh reaction*

b) morpho-syntactic variants: synthetic genitive, analytic genitive, possessive adjective in Croatian (*noun+noun*)

c) transcription: *Purkinje cell / Purkyněova stanica*
2) variants according to the namegiver

a) number of namegivers: *Mayer waves / Hering’s waves / Traube’s waves / Traube-Hering waves / Traube-Hering-Mayer waves*

b) gender of namegivers: *Stuart factor / Stuart-Prower factor, Michaelis-Mentenina jednadžba / *Michaelis-Mentenova jednadžba*

c) a change in the name (correcting false acknowledgement)
3) eponymous variants with different nouns following a proper name
   a) one concept:
      *Donnan effect* / *Donnan law* / *Donnan equilibrium*
      *Brown-Séquardov sindrom* / *Brown-Séquardova paraliza* / *Brown-Séquardova hemiplegija*
   b) two concepts (false variants): *Purkinje cell* / *Purkinje fiber*
4) non-eponymous terms

- new knowledge on the concept usually motivates the creation of a new term *(Kupffer’s cell / stellate macrophage)*
- conscious creation of non-eponymous terms *(Terminologia anatomica)*
Advantages of eponyms

- more precise concept-term relationship through eponymization; help achieve the ideal of univocity
- eponyms can be used in the reconstruction of a concept’s origin
- eponyms are usually shorter than their non-eponymous variants
Disadvantages

- eponyms are not as transparent as non-eponymous variants (not descriptive): *Fallopian tube / uterine tube, duct of Santorini / accessory pancreatic duct*
- eponyms can be misleading: *Purkinje cell / Purkinje fiber* (not related concepts); *Graves’ disease / Basedow’s syndrome / Basedow’s disease* (all refer to the same concept)
- often false acknowledgement or bias (feminist critiques)
There is no single solution as to whether an eponymous variant should be the preferred term in a termbase.

Once established, eponyms should be preserved.

Their use depends on the context.
Thank you for your attention!

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