All medical eponyms should be abandoned

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In his article “Pas d’éponyme pour les médecins nazis”, Dr. Halioua called for the separation of eponyms associated with Nazi physicians from the diseases which carry their names [1]. I would like to echo this appeal.

In some cases the responsibility the named physician had for human rights abuses and war crimes has been made very clear, as in the case of Hans Reiter. In others the direct responsibility is less clear, as we discovered in researching the background of Friedrich Wegener [2, 3].

Like Reiter, Wegener was an early convert to the Nazi cause, joining the party in 1932, before Hitler took power in 1933. Also like Reiter, Wegener was not tried for participation in the genocide of the Third Reich, but he served as a high-ranking official in an organization, the Schutzstaffel (SS), which was dedicated to this end. In inspecting and performing autopsies on the inhabitants of the Lodz ghetto, and from his office located adjacent to the ghetto, he would have known of the misfortune of its victims and the epidemics of disease they suffered in the crowded, filthy conditions forced upon them in the ghetto, and of the long lines of deportees waiting to board the trains to take them to the first Nazi extermination camp at Chelmno.

After the war, Wegener continued his work as a pathologist, never taking the opportunity to speak out about these events and his involvement in them. Even if not a direct participant in the genocide, he instead remained silent, a bystander rather than a witness to this inhumanity.

Like the other physicians mentioned by Dr. Halioua, Wegener is morally responsible and thus ineligible for honors like eponyms or other recognitions. The American College of Chest Physicians has now decided to retract the “Master clinician” award from Friedrich Wegener. I concur with Dr. Halioua that the disease eponym “Wegener’s syndrome” should be replaced with the designation of ANCA-positive vasculitis or idiopathic necrotizing granulomatous vasculitis.

Eponyms are often inaccurate in historical context. Neither Reiter nor Wegener was the first to describe the condition named for each of them. Political and nationalistic events are often behind misattribution, as in the case of Takayasu arteritis [4]. In many cases, eponyms are used in some countries, but not others. The example of Horton’s disease, which is not used even at Mayo Clinic as the designation for temporal arteritis, shows that eponyms fail as convenient universal shorthand to describe a condition.
Medical eponyms are arcane, inconsistently applied to the conditions they are meant to describe, obscure historical inaccuracies, and in the worst case, honor the disgraced. Their use should be abandoned altogether.

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References