

Match the photo to the name (and condition)!



1. *George Huntington*
(Huntington disease)



2. *Etienne Louis Arthur Fallot*
(Tetralogy of Fallot)



3. *Carlos Chagas*
(Chagas disease)



4. *Thomas Hodgkin*
(Hodgkin's disease)



5. *Herman Boerhaave*
(Boerhaave Syndrome)



6. *Paul Dudley White*
(Wolff-Parkinson-White Syndrome)

Reflecting on a few well-remembered medical eponyms

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Medical eponyms—terms in medicine named after people and occasionally after places—thumbs up or thumbs down? Much has been written about their pros and cons; I can add little further to those observations.^{1,2} Like or dislike them, there are thousands of medical eponyms, some well-known and in daily use, others familiar only to those within a particular medical specialty or with highly specific interests, a few that have been vilified in recent times,^{3,4} a considerable number now barely remembered, and many recognized solely for their historical interest.

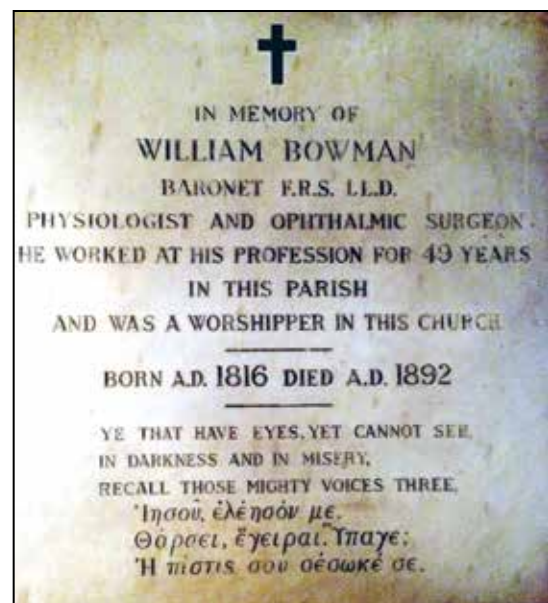
Having always had a passion for the study of history, medical eponyms gave me an opportunity to continue this interest while actively practicing my profession. After coming across references to medical eponyms in articles or books, I would satisfy my curiosity by looking into the lives and accomplishments of these medical ancestors of mine. My years in medical practice became more meaningful and richer knowing that I was part of this heritage. And for a variety of personal reasons, some of those eponyms continued to maintain a strong hold on my memory.

For many years, I cared for a young man who as a child during the 1940s had received one of the early “blue baby” operations for tetralogy of Fallot. Aside from attending to the unique medical problems he experienced during his adult years, I helped him find a job and took pleasure in seeing him married and raising his children. I grieved with him when his young wife died unexpectedly of cancer, and years later I was present at his graveside funeral service. As a result of that relationship, I have always had a special feeling for the following two medical eponyms—the tetralogy of Fallot named after the Frenchman Etienne-Louis Arthur Fallot who in 1888 described this condition,⁵ and the Blalock-Taussig procedure named for the cardiac surgeon Alfred Blalock and the pediatric cardiologist Helen Taussig whose description of the first “blue baby” operations in 1945 was a monumental moment in cardiac surgery.⁶

Perhaps because it was one of my earliest contacts in medical school with a “real” patient, I have never forgotten an elderly man with Adams-Stokes attacks whom I saw in the early 1950s at the Bellevue Hospital Cardiac Clinic in New York. Named after two notable Irish physicians, Robert Adams (1791–1875) and William Stokes (1804–1878), their observations of this disorder, made many years ago in the first half of the nineteenth century without the advantages of modern-day technology, are still pertinent today and fascinating to read.^{7,8}

In 1963, I gave a presentation before the New England Cardiovascular Society at Boston’s Museum of Science. Seated in the front row of the auditorium only a few feet from the podium where I stood was Paul Dudley White (1886–1973), a leading figure in cardiology and the second “W” in the well-known Wolff-Parkinson-White or pre-excitation syndrome.⁹ I recall the occasion well—it is not a daily occurrence to find oneself face to face with a legend.

A few steps inside the entrance to St. James’s Church, Piccadilly, a seventeenth-century church in



Memorial plaque for William Bowman (1816–1892) at the St. James’s Church, London. Photo courtesy of the author.

London that survived the World War II bombing of the city, I came upon a marble tablet in memory of William Bowman (1816–1892), the anatomist, physiologist, and ophthalmic surgeon whose name is eponymously attached to both Bowman's capsule within the glomeruli of the kidney and to Bowman's membrane, one of the layers of the cornea of the eye. How I had struggled in medical school trying to locate these structures under the microscope and understand their functions! The same church also contains a plaque to Richard Bright (1789–1858), remembered for associating dropsy (edema) and albuminuria with pathologic changes in the kidney, although the once-much-used term Bright's disease is now obsolete and referred to only within a historical context.



Diseased abdominal lymph nodes, original specimens of Thomas Hodgkin. Gordon Museum, Guy's Hospital Campus, King's College London. Photo courtesy of the author.

On a visit to the Gordon Medical Museum at Guy's Hospital in London, it was a strange experience, almost like a voyage back in time, to find myself standing before the original pathologic specimens prepared more than a century earlier by Thomas Addison (1793–1860) and Thomas Hodgkin (1798–1866), specimens that showed the diseases they described and that today continue to bear their names—Addison's disease and Hodgkin's disease. In Westminster Abbey I walked with great care around the edge of the stone and inscription placed over John Hunter's (1728–1793) grave in the floor of the north aisle of the nave, although when doing so it was not possible to avoid treading on the nearby memorial stones of Ben Jonson and others. Memories

arose of being an overwhelmed first-year medical student trying to dissect and identify the structures within Hunter's canal in the upper thigh of the cadaver to which my partners and I had been assigned. I later met up with John Hunter again at the Royal College of Surgeons, where the surviving specimens from the remarkable museum he acquired during his lifetime are now exhibited.

It is doubtful that Chagas disease would have entered my personal pantheon of medical eponyms were it not for an unusual memory I have of swimming mice. Until that time, this disease had been merely a name vaguely recalled from a parasitology course in medical school. However, during a cardiology fellowship in the early 1960s, some of my colleagues at the time were involved in a research project

studying the effects of exercise on mice with experimentally induced Chagas myocarditis, the exercise consisting of running in activity wheels and/or forced swimming in aquaria.¹⁰ It was truly an unusual sight to see these rodent equivalents of Olympians-in-training being urged on by my cardiologic associates acting as swimming coaches. Chagas disease, named after the Brazilian physician and researcher Carlos Chagas (1879–1934), thus found a place on my special list of well-remembered medical eponyms, for which I owe thanks to Drs. Walter Abelmann and Ernest Federici and their aquatic mice for making me aware of a disease that I never saw or treated clinically but nevertheless came to appreciate as an important public health problem elsewhere in the world.

One cold winter evening in 1967, I was called to the emergency room at our local hospital to see a patient for a possible heart attack. He had been found by police on Main Street moaning in pain, vomiting, and with a strong smell of alcohol about him. On closer examination, however, it appeared that something other than a heart problem was the cause of his symptoms. Indeed, he had experienced a ruptured esophagus as a result of forceful vomiting during a recent drinking episode—an entity known as Boerhaave's syndrome named after the Dutch physician, chemist, and botanist Hermann Boerhaave (1668–1738)—a surgical rather than a medical emergency. Once this was recognized, a chest surgeon was called and was there within a few minutes. Since his assistant was not immediately available, I was asked to temporarily substitute for him. And so I retracted and suctioned, observing at close hand the ugly-looking material within the chest as the surgeon proceeded to look for and repair the hole in the esophagus—my first active participation in an operating room since internship many years earlier. After about half an hour, a bona fide surgeon replaced me. Miraculously, the patient survived and returned to his usual haunts in Manchester. I would never see another case of Boerhaave's syndrome during the remainder of my years in practice. However, my evening with that particular patient and my later reading of the fascinating story—it almost reads like a novella—that Boerhaave wrote in 1724 about his own patient with this syndrome,¹¹ an admiral in the Dutch navy, probably accounts for my still vivid memory of this eponym.

Robert Massey, a former medical school dean, once wrote that a few eponyms “might become life-long friends.”¹² And as with old friends, whenever we chance to meet them, either in our practices or in our readings, memories are awakened and reexamined. I have introduced a few of my old friends. Others, if they are fortunate, will meet up with and reminisce with such friends of their own.

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The weight of a marble

I should have known
 something was wrong
 when she told me to call
 between five and seven p.m.
 on Friday, when she didn't
 pick up on the second ring,
 when she didn't ask
 about my exam.

"I went in for my MRI
 on Wednesday," she says,
 and suddenly
 I know.

"It's the right breast
 this time," she says,
 and I'm clicking through the words
 in my head like flashcards—
 tamoxifen
 letrozole
 anastrozole
 metastasis
 metastasis
 metastasis

I think of the jelly bean-lymph nodes
 I plucked from a cadaver
 last year;
 I wonder if my mom's
 are the same or
 if they're already
 heavy as marbles
 with cells dividing
 uncontrollably.

Maybe
 if I had gotten that question right
 on the exam this morning,
 maybe if I had studied harder—
 was it raloxifene or exemestane
 for a fifty-eight-year-old
 post-menopausal woman
 with two sisters
 one mother
 one daughter
 and a tamoxifen-resistant
 tumor?

Maybe if I had listened
 when she asked me
 not to move away,
 I would have known.

Instead, I sat
 a thousand miles away,
 staring blindly into a microscope
 at slides of cancer cells,
 at their mitotic chromosomes splayed out
 like a skeleton's fingers
 and I didn't know
 that those same fingers
 were slowly growing,
 squeezing between fibrous tissue,
 and taking root
 again.

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