Is the age of eponymous diseases in rheumatology over?

Some musculoskeletal conditions have become known by the names of individuals who were perceived first to have described them. The naming of diseases after an individual goes back many years, for example Sydenham's chorea named after Thomas Sydenham (1624–89), which is also known as St Vitus' dance (St Vitus being a 4th century Sicilian martyr). However, the recent removal of the name Reiter on the grounds that he was far from the first to describe the constellation of symptoms and signs that bore his name, and the fact that he was an early member of the Nazi party, has enlivened a debate as to whether any diseases should be named after individuals.

Since the discovery of his involvement with the Nazi regime, the term 'Reiter's syndrome' has fallen out of favour among the medical community. It was revealed during his Nuremberg trial that Hans Conrad Julius Reiter swore an oath of allegiance to Adolf Hitler and, as president of the German Health Ministry, was instrumental in the implementation of the programmes of euthanasia and deliberate sterilization of hundreds of thousands of victims. He also designed the criminal research projects where inmates at Buchenwald concentration camp were deliberately inoculated with typhus, taking hundreds of lives (Wallace and Weisman, 2000).

Moral issues

The argument here is one of moral obligation to those who lost their lives as a consequence of Reiter's acts. Should an early disciple of Hitler be honoured with a rheumatological eponym? Aside from Reiter's Nazi party affiliation, various descriptions of a reactive cutaneo-arthropathy predate that of Reiter's; with Sir Benjamin Brodie's contribution preceding Reiter's by an entire century (Keynan and Rimar, 2008). Moreover, the use of the eponym Reiter for the variant of reactive arthritis wholly disregards the fact that Reiter originally misattributed the manifestation of conjunctivitis, arthritis and non-gonococcal urethritis to a spirochetal pathogen.

Despite his negligible contribution to our understanding of reactive arthritis, Reiter became associated eponymously with the condition in 1942, as suggested by Walter Bauer and Ephraim Engleman in *Arthritis and Rheumatism*. Paradoxically Engleman formed part of a group who, 65 years on, in the same journal, wrote in support of the formal revocation of the eponym in light of the discoveries of Reiter's abuse of professional responsibilities – surely the longest period ever recorded of a 'self-rebuttal' (Panush et al, 2007). Daniel J Wallace, who contributed to the public revelation of Reiter's heinous crimes against concentration camp prisoners, joined Engleman in the campaign for renunciation of the term 'Reiter's syndrome'.

The efforts of such figures have resulted in a decline in the use of the 'Reiter' eponym for the illness in medical literature published in English over a 5-year period, from 57% to 34% (Lu and Katz, 2005). This is far from a figure suggestive of total abandonment of the eponymous use of Reiter's name, and this will remain the case so long as medical textbooks and educational establishments continue to use it. However, some such as the *Oxford Textbook of Rheumatology* have made a major effort to avoid using the term.

Reiter was not the only Third Reich clinician to be honoured with eponymous distinction within rheumatology. Freidrich Wegener was afforded recognition for his role in the understanding of one particular anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis that affects the kidneys and respiratory systems. Wegener's collaboration with the Nazi party is less established than Reiter's, and he was not found guilty of war crimes. However, he is known to have performed autopsies on victims of Nazi persecution at the Lodz Ghetto. Eric Matteson convinced the American College of Rheumatology, the European League Against Rheumatism and the American Society of Nephrology to rename the condition, having stumbled upon Wegener's political associations while researching. Despite his less direct allegiance to the Nazi Party, 'Wegener's' has been re-named granulomatosis with polyangiitis (Wegener's). Once the profession becomes more familiar with its new term, Wegener's will altogether be rescinded.

This is not an ethical burden specific to the field of rheumatology; neurologists have their equivalents in Hallervorden and Spatz – neuropathologists who collaborated in their examination of autopsy specimens from 'euthanized' children and adults. 'Hallervorden–Spatz' disease refers to a rare form of familial neurodegeneration that manifests as a progressive extrapyramidal dysfunction and dementia (Kondziella, 2009). The term has been abandoned in favour of a more scientifically accurate description: pantothenate kinase-associated neurodegeneration with brain iron accumulation.

The sanction of such unspeakable scientific atrocities by Reiter, and the professional profit of Wegener from victims of Nazi execution, are undeniable examples of their exploitation of their privileged positions. Should the medical community decide to deny people eponymous distinction based on their historical misconduct, who would judge right from wrong in less overt examples of irredeemably bad behaviour? Rather than undermine the probity of the medical folk who use the convenient shorthand offered by eponyms on a daily basis, should we instead use them to reflect upon medical history, and allow them to serve as examples of the outcomes of physicians who abuse their moral responsibilities?

Scientific accuracy

Some are in favour of abandoning of eponyms in medicine for reasons other than the serious concerns about the professional conduct of various physicians honoured with eponymous conditions. Woywodt and Matteson (2006) argue that eponymous terms overlook the importance of pathology in medical nomenclature. Thus eponyms, for example Still's disease, provide no appreciation of a condition which a more scientifically accurate name such as systemic-onset juvenile idiopathic arthritis offers. Yet this may be over-simplistic, with most diseases having several manifestations and underlying pathophysiological processes, and the consequent need for renaming as scientific advances clarify conditions.

Nonetheless, if the aim is one of scientific or pathological accuracy, terms such as non-specific aortoarteritis (instead of Takayasu's), granulomatosis with polyangitis (to replace Wegener's) and eosinophilic granulomatosis with polyangiitis (to replace Churg–Strauss) are preferred. Eponyms for the same condition also vary internationally; for example ankylosing spondylitis is known in France and/or Germany as Marie-Strümpell disease (after a French and German neurologist) or Bechterew's disease (after another German physician).

A harder choice might occur when a generally unpleasant rather than evil physician might genuinely be the first to describe a condition. Would naming the condition after him or her be comparable to being unable to enjoy the music of Wagner or Richard Strauss, two vicious anti-Semites.

Conclusions

If we pride ourselves on being a body of non-judgemental professionals, should we strip a physician of eponymous distinction on the basis of disapproval? Do the duties of a doctor as defined by the General Medical Council demand that we hold ourselves to a higher standard and remove eponymous distinction from the workplace?

Would this not be a simpler, less contentious and more accurate way to proceed? Those interested in the history of a disorder can simply go to a search engine and get what they need in 2 seconds. BJHM

KEY POINTS

- Eponyms, much beloved by the medical community, are falling out of favour.
- Some are being dispensed of as the individuals concerned were unworthy and/or their claim to be the first to describe a disease is clearly incorrect.
- On balance descriptive names for diseases are to be preferred.

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