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The Men Behind Medical Eponyms

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*“Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time.....”;*

“A Psalm of Life”: Henry Wadsworth Longfellow (1807-1882)
American poet, Harvard Professor

How do you recognise a flower? By its name! In Western tradition, an equation in Chemistry or a geographic landmark was named after the person who described or discovered it first. It was their way to remember and honour the pioneer, dedicated scientist, master clinician for his contribution, recognise his hard work and perpetuate his memory. In an era when nothing much was known about causation of disease, it was logical to use Eponyms, which still retain a certain charm and allure, an old-world poise and elegance.

Speak of ‘*Down syndrome*’ and we see as in a photograph the physical appearance, face, eyes, single palmar crease, everything the English physician John Langdon Down described in 1862. We know now it is caused by Trisomy 21, which is therefore its correct name. But it is interesting to know a bit of John Down, who after graduating with honours and gold medals from London, joined Earlswood Asylum, first as Physician, later as Medical Superintendent. He found the Asylum a house of horror, its inmates kept in dirty conditions and subject to corporal punishment. With his wife Mary, he transformed the hospital- it became a happy place, patients’ dignity was valued, punishments forbidden and replaced by rewards and kindness; inmates were taught riding, gardening, crafts, elocution. In his book, ‘Ethnic Classification of Idiots’ based on his observations, he classified different mental conditions by their striking resemblance to people of various races: Malay, Caucasian, Ethiopian and so on. He called some of his ‘white’ subjects the ‘*Mongolian idiots*’. The Eponym ‘*Down syndrome*’ thus came to be synonymous with ‘Mongolism’. Down argued that if disease could transform facial features of the offspring of whites to those of another race, there had to be universality in the genetic make-up of the human race; this was at variance to what had been understood hitherto. One of his grandsons had the disability. He and his two doctor-sons converted his house into a home for children with mental disabilities. The Langdon Down Centre, London remains the headquarters of the Down Syndrome Association. While it was scientifically more accurate to call Down Syndrome as Trisomy 21, we stick to the moniker while

teaching every new generation the manifestations -physical, mental, cardiac and haematological- of this fairly common disorder. An Eponym is a person, real or fictional, place or thing after which something is named [*Eponym*: ~1846 from Gk “*epi*”-“upon” + “*onyma*”- “name”].

The earliest of all the masters, who we remember with respect and reverence as the ‘Father of Medicine’ is Hippocrates, who lived on the Greek island of Kos, c. 460 – c. 370 BC. This great clinician-teacher observed carefully and recorded all his findings meticulously. His contributions are legion: Hippocrates described several clinical signs we now take for granted: Clubbed fingers or ‘*Hippocratic fingers*’ which he observed in patients with empyema, “the finger-nails become curved and the fingers become warm, especially at the tips”; the ‘*Hippocratic facies*’, the unhealthy countenance seen in death, prolonged illness, excessive hunger and severe cachexia - ‘the nose sharp, the eyes sunken, the temples fallen in...’; ‘*Risus sardonius*’, the facial grimace of Tetanus and Strychnine poisoning; the chest signs of Pneumothorax, Pleurisy, Pneumonia; the ‘*Succussion splash*’ in Hydro- and pyo- pneumothorax. He treated chest abscesses with lead pipes, used the rectal speculum, managed haemorrhoids with ligation and cautery, suggested lifestyle modifications and diet in conditions like diabetes, devised the ‘*Hippocratic bench*’ or ‘*scamnum*’ to set bones. Above all he laid out in ‘*The Canon*’ the characteristics desirable in a student of Medicine and set up a code of conduct for physicians, in an attempt to introduce Ethics into medical practice. All graduating medical students start their career by taking the ‘*Hippocratic Oath*’ or its current variation. We have all this and more in The ‘*Hippocratic Writings*’ or ‘*Corpus*’, available as a Penguin publication. The *Corpus* is a compilation of about sixty Treatises written by several physicians, many were his own students, over nearly a hundred years.

Galen of Pergamon, b. 129 AD (ancient Greece, now in Turkey), performed dissections on animals in an era when dissection on humans was taboo; these findings were extrapolated on to humans. He described among others, the Great Cerebral Vein, which still bears his name. He was a renowned surgeon, in great demand for healing gladiators’ wounds; he thus got the opportunity to document human anatomy with precision, went on to clarify the anatomy of the Trachea and demonstrate that voice was produced by the Larynx.

Antonio Maria Valsalva, Italian anatomist (1666-1723), favourite student of Malpighi at Bologna, identified the internal, middle, and external parts of the ear, recorded the smallest muscles and nerves therein, described the tympanic antrum and demonstrated an original method of inflating the middle ear (Valsalva's manoeuvre) practiced even today. He noted that motor paralysis occurred on the side opposite the cerebral lesion in stroke and cranial injury and is said to have coined the term ‘*Eustachian tube*’, one of the earliest eponyms known. He anticipated the importance of nephrectomy, is remembered for his management of aneurysms and the surgical instruments he invented. He considered madness to be analogous to organic disease and was the first to implement humanitarian treatment of the insane.

John Hunter (1728-93), one of the greatest British anatomists and surgeons, was the founder of experimental pathology. As a child in a suburb of Glasgow he disliked school and hated books, but was good with his hands. When he was 20, he rode horse-back to London to join his elder brother William, who had his own anatomy school and was an established Obstetrician. William spotted John’s skills, made him dissect bodies and teach anatomy. John’s brilliant dissections soon made him famous. He apprenticed to the surgical great, Sir Percival Pott at St. Bartholomew's Hospital, London, qualified as a surgeon and joined the army. He described the *Hunter’s canal*, the subsartorial canal in the thigh and the *Hunter’s operation* of ligating a popliteal aneurysm. His interest in comparative anatomy made him build up a vast collection of specimens and dissections; he was an advocate of experimentation. In an attempt to decide whether gonorrhoea and syphilis were caused by the same organism, Hunter is reputed to have self-inoculated the pus and describe the changes in his own body one by one: the chancre and the complications. He suffered from angina from 1773 and from cerebral syphilis; he died suddenly while attending a meeting in his own hospital. The Royal College of Surgeons of England instituted in 1813 the prestigious Hunter

Oration, delivered on Hunter's birthday, February 14, to honour the great man for his "improvement or extension of surgical science".

Franz Friedrich Anton Mesmer (1734-1815) was a German doctor interested in astronomy. His Medicine doctoral thesis from the University of Vienna was on the 'The influence of Planets on the Human Body', how the tides in the human body were controlled by the sun, moon and planets. Even in those days this was not considered at all original: it was felt that Mesmer had plagiarised the idea from one of Newton's friends! We know he was a close buddy of the composer Mozart. But it was his theory of 'animal magnetism', the natural energy which could be transferred between animate and inanimate objects that made his 'reputation' and came to be called 'Mesmerism'. In 1774, he "cured" a woman of hysteria: he got her to swallow an iron preparation and then applied magnets on her person. Mesmer remained a controversial character: he was forced to move from Vienna to Paris, then to Switzerland and eventually died in Meersburg, Southwest Germany.

The islets of Langerhans were detected by Paul Langerhans (1847-1888), a young 22-year old Berlin medical student. In 1868 he discovered dendritic cells in the skin by special stains. He used the same technique on the pancreas in 1869 and found there were two distinct groups of cells, the acinar cells which secreted digestive enzymes, and others clustered in islands or islets, which, he postulated, had another function. The chemical from these 'islands' was later isolated and named *Insulin*. His mentor was Virchow - both shared an interest in Anthropology, together they discovered Macrophages. Paul Langerhans died young of tuberculosis and kidney infection.

Charles Heber McBurney (1845-1913), Professor of Surgery at Mount Sinai - Roosevelt Hospital from 1889-1907, a gifted teacher, is best remembered for his presentation in 1889 of his sign in acute appendicitis - the point of maximum palpable tenderness as determined by pressure applied by one finger - and the anatomical landmark *McBurney's point*. His surgical incision was presented five years later. McBurney also described Pyloric Stenosis, introduced Sphincterotomy for the management of stones impacted in the common bile duct, developed techniques for the repair of inguinal herniae and the management of fracture - dislocation of the shoulder: but these are not widely known. A keen hunter and fisherman, he died of myocardial infarction on one of these trips.

Named reactions in biochemistry are a nightmare to medical students, some simple, like the test described by the American Stanley Rossiter Benedict (1884-1936) of Yale's Department of Physiological Chemistry, others very complicated, like the *Henderson-Hasselbach equation*, relating pH to the bicarbonate buffer system of blood. Two chemists developed the latter independently, American Biological Chemist LJ Henderson and KA Hasselbach of Sweden.

Georges-Fernand-Isidor Widal (1862 -1929), born in Algeria, graduate of Paris, Professor of Internal Pathology and later Medicine at Hospital Cochin, Paris, identified the lesions of Erysipelas. But he is better known for his serological test in Typhoid and its vaccine which saved innumerable lives during the First World War. He identified salt retention as a feature of Nephritis and of Cardiac Oedema. He also demonstrated, with the French physician Georges Hayem, the increased fragility of red cells in haemolytic jaundice ("*Hayem-Widal syndrome*").

Sir James Paget (1814 -1899) and his close friend Rudolph Virchow were the founders of scientific medical pathology. As a first year student in Bart's, London, he noticed some white specks in the muscle he was dissecting. Under the microscope he recognized they were encapsulated worms; years later, Richard Owen identified these and named them *trichinella spiralis*. Two of his famous works were *Lectures on Tumours* (1851) and *Lectures on Surgical Pathology* (1853).

In 1856, a patient came to Paget for an enlarging cranial vault. The patient's spine was also becoming anteriorly curved, resulting in a 'simian stance'; dimness of vision and deafness followed

by 1872. At autopsy 'the bone was so soft it could be cut by a razor' and the histology was unusual. Paget reported his case as *osteitis deformans* in 1877. Succeeding generations identify this skeletal problem by the eponym *Paget's Disease of Bone*. Paget, 'a man of small build, long face, bright eyes and sharp intellect', was considered a friend by the intelligentsia of the time - John Ruskin, William Gladstone, Cardinal Newman, Lord Tennyson, Louis Pasteur, Florence Nightingale, Thomas Henry Huxley and Charles Darwin. As many as ten diseases are associated with his name - including *Paget's disease of the Breast*, a type of cancer that resembles eczema, with skin changes involving the nipple; *Paget - von Schrötter disease*, upper limb deep vein thrombosis in the axillary or subclavian veins; *Paget's Abscess*, an abscess recurring at the site of a former abscess which had resolved. Paget continued to be active professionally till he died aged 85 years.

Chorea (*Gk- 'dance'*), is a quasi-purposive, non repetitive movement, a dance, which could easily be mistaken for Hysteria. That it could result from ingestion of Metoclopramide, Domperidone or a phenothiazine, all of which cross the blood-brain barrier and affect the basal ganglia, may not be known to an unsuspecting young doctor. Chorea occurring from the vasculitis of acute Rheumatic fever affects the same structures and was called *St Vitus' Dance*. St. Vitus, a Christian saint, persecuted by Roman emperors, died a martyr in AD 303. He was considered patron saint of dancers, actors, comedians, epileptics. In an era when hygiene was poor and rheumatic fever common, it was a common sight to find in mainland Europe, groups of people, thousands at a time, afflicted by Chorea - men, women, children - gathering in the streets and parks of various towns, dancing away till they collapsed from exhaustion, in an attempt to propitiate St. Vitus and rid themselves of their malady, also called Dancing mania, Dancing plague, Choreomania and St. John's Dance. The first major outbreak was in Aachen, Germany, in 1374, then throughout Europe, with another in Strasbourg in 1518. The first clinician to give a rational explanation, its full description and establish the relationship with Rheumatic Fever was Thomas Sydenham (1624 -1689), called 'The English Hippocrates' because of his keen clinical acumen and the importance he gave for bedside practices. Rheumatic Chorea is therefore popularly called Sydenham's Chorea and his *Observationes Medicae* was standard textbook of medicine for two centuries.

George Huntington (1850 -1916) a young 21-year old clinician from Philadelphia, wrote in April 1872 about some families aged 30 to 50 years who had chorea and dementia. Many of them were mistaken to be drunk. We know more of it now - its Autosomal dominant inheritance, that it is caused by a cytosine-adenine-guanine (CAG) trinucleotide repeat expansion in the huntington (HTT) gene on chromosome 4p. But we remember the condition only as Huntington's Chorea.

In 1768, William Heberden (1710-1801) a Cambridge physician, gave a classic description of angina pectoris [*angere* -"to strangle", *pectus* -"chest"] which is yet to be improved. Earlier textbooks called it '*Heberden's angina*'. That Heberden had also described night blindness, differences between smallpox and chicken pox, the progress of tongue cancer and observed that tuberculosis improved during pregnancy but not post-partum, is not widely known. He observed that the *Digitorum nodi* of the *distal* interphalangeal joints in Osteoarthritis (*Heberden's nodes*) differed from gouty tophi.

It was several years later that Charles Jacques Bouchard (1837-1915), French pathologist and student of Charcot, described another sign of Osteoarthritis - the hard, bony outgrowths or gelatinous cysts in the *proximal* interphalangeal joints (*Bouchard's nodes*). Bouchard and Charcot together identified the <300 micrometre miliary or micro aneurysms in the lenticulo-striate arteries of patients with Hypertension (*Charcot-Bouchard aneurysms*).

Palmar contracture is frequent in many north European countries where the Vikings settled hence its name, '*The Viking Disease*'. Wherever the Vikings went, they took the illness - even some Egyptian mummies have the contracture! It got to Scotland too and was handed down to successive generations. It is common in manual labourers; we now attribute it to repeated trauma. Bagpipe players of the Island of Skye had been known, for centuries, to have the contractures, called the

'Curse of MacCrimmons', as it was believed to have been the result of a widow's curse. Baron Guillaume Dupuytren (1777–1835), French anatomist and surgeon, one of the richest practitioners of his time, already famous after he treated Napoleon Bonaparte's haemorrhoids and his *Treatise on Artificial Anus*, was the first to make the contractures widely known. In his lectures of 1831, he described the fascial thickening, offered corrective surgery and published his findings in 'The Lancet' of 1834. He mentioned that the condition he described in the hand could also occur in the foot, but the first detailed reference of the latter is in 1894, when a German doctor, Georg Ledderhose, described fibromatosis of the plantar fascia. We see the Pope, while blessing the congregation in Rome, uses the 'St Peter's hand of benediction'. It is postulated that the curved fingers were due to the contractures! Dupuytren was the first to drain a brain abscess by trepanation; he claimed he discovered melanoma, and was aggrieved that Laennec had stolen the idea from him.

James Parkinson (1755–1824) was a GP in London. Over several years, during his morning walks, he observed several pedestrians, their stoop, resting tremor, propensity to bend the trunk forwards, the abnormal gait accelerating from walking to running pace. He noted how their physical disability progressed over the years, but with the senses and intellects always uninjured. He wrote all these up as a paper in 1817 when he was 62 years old (it is never too late to start!!), the 6 cases of '*paralysis agitans*', of whom only three were his own patients. "*An Essay on the Shaking Palsy*" is a landmark article in Neurology, which can be downloaded free as part of the Gutenberg collection. In five chapters he described the course, pathognomonic symptoms, confounding conditions, possible causes and suggested forms of treatment appropriate for the period. Parkinson also wrote about Gout and described the first case of ruptured appendicitis. As a political activist Parkinson frequently fell foul of the law. His interest in Paleontology led him to important discoveries in that field. 60 years later Jean Martin Charcot (1825-1893), "*the founder of modern neurology*", 're-discovered' the clinical condition and named it Parkinson's Disease.

Sir Charles Bell (1774-1842) was the first to differentiate motor from sensory nerves. He also described *Bell's palsy*. His artistic skills were evident even a child. He followed his elder brother John's footsteps into Medicine, to graduate from Edinburgh, later compiled a *Treatise on the Hand* and a 4-volume *Anatomy of the Human Body*, and made wax models of medical cases, which are still preserved in the Surgeons' Hall at Edinburgh. He described the Long Thoracic Nerve; *Bell's Palsy* - Idiopathic unilateral facial palsy; *Bell's phenomenon* - the eyes rolling up when the eyes are closed forcibly, a defense mechanism; the *Bell-Magendie Law* which stated that the anterior roots contained only motor fibres and the posterior roots were sensory.

However he was no relative of Joseph Bell (1837-1911), the Scottish surgeon who taught Sir Arthur Conan Doyle at the University of Edinburgh and provided Conan Doyle, by his observant ways, the inspiration for the literary character Sherlock Holmes.

No article on Eponyms would be complete without mention of Jean-Marie Charcot (1853-1940), "the founder of modern neurology" who worked and taught at the famous Salpetriere Hospital of Paris for 33 years and made it the Mecca of Neurology. Even as a young boy Charcot was interested in painting and drawing, which taught him the importance of making careful observations: this gift helped him throughout his career as a charismatic teacher and an outstanding scientist. He qualified at the age of 23 and was appointed to his hospital position after he presented an outstanding doctoral thesis on gout and its difference with chronic rheumatism. He underlined the importance of anatomical-clinical correlation of symptoms with the findings at autopsy. He discovered that the dorsal horn of the spinal cord carried trophic properties while studying the cells of patients with infantile paralysis, and demonstrated that the neuropathic (*Charcot's*) joint, a complication of *Tabes dorsalis*, was the result of loss of proprioception. He was the first to diagnose Multiple Sclerosis and its *Triad of* nystagmus, intention tremor and dysarthria. He researched the functions of different parts of the brain, the role of arteries in cerebral haemorrhage and to describe ankle clonus. There is

a famous painting by Andre Brouillet of Charcot demonstrating Hypnosis to cure the Hysteria of his patient "Blanche" Wittman with many of his students gathered around him: these included Joseph Babinski, Henri Parinaud and Georges Gilles de la Tourette. Charcot gave his name to at least 15 conditions, including Amyotrophic Lateral Sclerosis, Intermittent Hepatic Fever (pain, fever, jaundice, loss of weight-indicative of biliary colic), the *Triad in Cholangitis* - right upper quadrant pain, fever, jaundice. Charcot, Pierre Marie, his resident, and Howard Henry Tooth of Queen Square, London together announced the discovery of a new hereditary sensori-motor neuropathy which came to be called *CMT disease*. He worked uninterruptedly, his sole relaxation being the music of Beethoven, till he died nearly 90, literally burning the midnight oil.

Joseph Babinski (1857-1932), son of a Polish engineer, was one of Charcot's distinguished students. Unfortunately he was sidelined from academic positions, so he concentrated on clinical observations. In a 26-line presentation, "*phenomene des orteil*" at a meeting of the *Societe de Biologie* in 1896, he gave the first report on his observation that stimulation of the sole of the foot normally caused plantar flexion of the toes, but injury to the pyramidal tract resulted in an isolated dorsal flexion of the great toe, later called the "*Babinski sign*". Babinski was the first to localize spinal tumours and send them for surgery. His greatest contribution was to persuade his mentor Charcot to separate the young and suggestible female sufferers of Hysteria on the ward from those with epilepsy, as the two were separate entities. A year before Alfred Frohlich, Babinski described the Adiposo-genital syndrome in a patient with a pituitary tumour; it is still termed *Babinski-Frohlich* syndrome. Robert Wartenberg and Samuel Alexander Kinnier Wilson sought out Babinski for training. Perhaps his most distinguished student was the Portuguese Egas Moniz who was awarded the Nobel Prize for his discovery of Prefrontal Lobotomy in Schizophrenia and for introducing contrast-enhanced cerebral angiography. Babinski who had started having symptoms of Parkinsonism, wrote the preface for Moniz's monograph.

A contemporary of Charcot was Guillaume Benjamin Armand Duchenne (1806-75) of Boulogne, who was so fascinated by science that he went against his father's wishes and decided against a career in the Navy. Duchenne's wife died of puerperal fever; his wife's family blamed him for this tragedy and separated him from his son. He became a loner because of his country accent and unsophisticated ways, was mocked by interns, shunned by his peers, never applied for regular posts, wandered 'mariner-like', haunting different hospitals to study difficult cases. Charcot became his friend and called him "The Master". It was Duchenne, the diligent observer, who first established the meticulous and elaborate neurological examination, introduced surface electrodes into neurophysiology and introduced biopsy as a tool for diagnosis. He was a keen photographer, introduced medical photography into clinical practice, studied the mechanisms of facial expressions in emotion and documented in his Atlas the progress of his patients with Muscle diseases.

Addison's Disease (Hypoadrenalism) was first described by Thomas Addison (1793-1860) of Guy's Hospital, London. Addison's schooling was in Newcastle-on-Tyne. He was fluent in Latin, always 'correct' with his notes and diction. His father wanted him to become a lawyer but he entered Edinburgh University Medical School to graduate in 1815, aged 22. He moved to London, joined Guy's Hospital, developed a lifelong interest in Skin diseases, described the skin changes of the disease that bears his name, and became a popular teacher. His findings were much debated and became accepted only after Armand Trousseau (1801-1867) of Paris recognised adrenal failure as an entity and gave it the eponym Addison's disease. US President John F. Kennedy was on lifelong steroids for Addison's. Addison also described *Addisonian Pernicious anemia* from failure to absorb Vitamin B12. He was a contemporary of two other 'all time greats of Guy's', Richard Bright (1789-1858), Father of Nephrology, who described '*Bright's Disease*', and Thomas Hodgkin (1798-1866) who gave the first account of the Lymphoma which bears his name. Another contemporary, Benjamin Guy Babington (1794-1866) invented the laryngoscope: he had called it a '*glottiscope*' and was the first to introduce indirect laryngoscopy into routine practice.

In 1896, French Paediatrician, Antoine Bernard-Jean Marfan presented a clinical syndrome at the

Societe Medicale des Hopitaux de Paris. Gabrielle, a 5-year old girl, had asthenia from birth, disproportionately long limbs, unusually slender fingers and toes- Marfan called them 'spider-like', "*pattes d'araignee*", 'spider's legs' and the condition "*dolicostenomely*" (*Gk: stenosis = narrow, slender; melos = limb*). It was only in 1931 that Henricus Jacobus Marie Weve (1888–1962) of Utrecht called it "*Marfan syndrome*": this name became so popular it has stayed. Abraham Lincoln, 16th President of the US, tall, lean, with slender fingers, was known to have "*Marfan's*". Perhaps if Booth had not shot him, Lincoln might have died of an aortic bleed, a known complication. This habitus with span greater than height, gothic palate and the like, well described by McKusick, occurs in other hereditary disorders of Connective Tissue. But Lincoln was no fool! If the person had in addition to the habitus, mental subnormality and congenital cardiac defects like ASD or VSD, the more likely diagnosis was Homocystinuria, easily identified by a simple urine test. Ehlers-Danlos syndrome is a similar clinical condition. All have hyper-motile joints and orthopaedic problems. But it is easier for a medical student to link Lincoln to Marfan's rather than remember its complicated Greek name!

Antoine Bernard-Jean Marfan made another major contribution: *Marfan's Law*. He noticed the rarity of pulmonary tuberculosis after local tuberculous lesions had healed, "One rarely records pulmonary tuberculosis in people who, during their childhood, had been attacked by the disease and in whom lesions had healed before the age of 15 years". This led to a better understanding of immunity and the development of the BCG vaccine.

Johann Friedrich Horner (1831 –1886), Zurich Ophthalmologist, described in 1869 the syndrome caused by a disorder of the sympathetic nervous system. He also described the "*Horner's muscle*", "tensor tarsi muscle", the Lacrimal portion of the Orbicularis oculi, and "*Horner-Trantas spots*", the small whitish-yellow chalky concretions of the conjunctiva around the corneal limbus. He was the first to introduce 'Z'- plasty for Ectropion correction. Many add the name of French physiologist Claude Bernard (1813- 1878) to Horner syndrome. Claude started off as a playwright, then moved to Medicine. He was the first to use blinded experiments to establish the accuracy of scientific experiments and originate the terms *Le milieu interieur* (internal environment) and *homeostasis*. His contributions on the function of the Pancreas and Glycogenic action of the liver were followed by his discovery of the vasomotor nerves.

It is always a source of merriment for the teacher and confusion to the medical student who is asked whether the signs of the 'ARP' were described by one person or by two! Scottish ophthalmologist Douglas Moray Cooper Lamb Argyll Robertson (1837–909) was the first to identify the pupillary changes. He followed his father's footsteps to become President of the Royal College of Surgeons of Edinburgh. He was a keen archer and golfer - his wife's favourite item of jewellery being a necklace fashioned from her husband's golfing medals.

Charles Edward Beevor (1854–1908), President of the Neurological Society, Consultant in Queen Square, London, described the sign of selective weakness of the lower abdominal muscles causing movement of the navel towards the head on flexing the neck; the umbilicus moves up because the upper part of Rectus abdominis is intact, localising Spinal cord injury to T9-T10 levels. It is also found in ALS and Facio-scapulo-humeral dystrophy. That Beevor also localised the Jaw reflex to the area of brain supplied by anterior choroidal artery is not widely known.

Andre Alfred Lemierre (1878-1956), French bacteriologist reported in *The Lancet* of 1936, 20 cases of anaerobic oro-pharyngeal infection causing septic thrombophlebitis of internal jugular vein, often complicated by septic pulmonary emboli and distant metastatic infections. The organism responsible is now known to be *Fusobacterium necrophorum*. Lemierre's syndrome, not infrequent in the pre-antibiotic era, occurs today uncommonly and is therefore under-recognised.

Sir William Osler (1849-1919), 'Father of Modern Medicine' was the first to bring medical students out of the lecture hall for bedside clinical training and create the first residency program for specialty training of physicians. William Osler's father was an Anglican missionary who went to Canada. William excelled in studies and sports. Though it was supposed he would become a priest, his fascination for natural history made him opt out of becoming a person of the cloth. He joined Toronto, transferred to McGill, Montreal, graduated in 1872. He started teaching at McGill after spending several years in England and Europe, and joined the new Johns Hopkins University, Baltimore, as Professor of Medicine. With William Henry Welch (1850-1934), chief of pathology, Howard Atwood Kelly (1858-1943), chief of gynaecology and William Steward Halsted (1852-1922), chief of surgery, Osler transformed the organization and curriculum of clinical teaching to make Johns Hopkins a famous medical school. Osler's textbook of Medicine, which first came out in 1892 became popular for lucidity in style, readability and for being exhaustive. The system of clinical teaching now extant in medical schools was first introduced by Osler. His best-known saying was "Listen to your patient, he is telling you the diagnosis", emphasising the importance of a good history. In 1904, Osler was invited to Oxford as Regius Professor of Medicine, a signal honour. He was largely responsible for setting up the Association of Physicians of England and Ireland and the Quarterly Journal of Medicine. He was a great clinician who lent his name to a number of diseases, signs and symptoms: systolic hypertension secondary to atherosclerotic arteries; the tender nodules in infective endocarditis due to vasculitis of the finger tips and toes; hereditary haemorrhagic telangiectasia; Polycythemia Rubra Vera; atypical, verrucous, nonbacterial, valvular and mural endocarditis in terminal SLE; recurrent episodes of colic, with typical radiation to back, intermittent rigors, chills and fever due to a free-moving gallstone in Vater's diverticulum larger than the orifice. *Osler's triad* is the association of pneumonia, endocarditis and meningitis. There are two important biographies on Osler: the Pulitzer-prize winning biography written by his own student, Harvey Cushing (1869-1939), Father of Neurosurgery and another by historian and author Michael Bliss.

It was Harvey Cushing who popularised the sphygmomanometer, already invented in 1896 by Riva-Rocci and insisted that every patient should have a blood pressure recording on the case sheet. In 1912, he reported an endocrinological syndrome caused by malfunction of the pituitary gland which he termed "*polyglandular syndrome*" and published the findings in 1932 as "*The Basophil Adenomas of the Pituitary Body and Their Clinical Manifestations: pituitary Basophilism*". He differentiated the '*disease*' from the '*syndrome*', caused by cortisol excess from non-pituitary causes, invented the *Cushing forceps* to grasp the thick tissues of the scalp during cranial surgery, the *Cushing ventricular cannula* to enter the brain ventricles for CSF drainage and a surgical magnet to extract shrapnel from the heads of wounded soldiers. Not surprisingly, he was nominated for the Nobel Prize 38 times!

The first reports on what we know now as inflammatory bowel disease were by Giovanni Batista Morgagni (1682-1771). As early as 1904 Polish surgeon Antoni Lesniowski (1867-1940) described several cases of inflammation in the wall of the gut and one with a fistula to the colon - they could not be distinguished from intestinal tuberculosis. In 1913 Glasgow surgeon Thomas Kennedy Dalziel (1861-1924) presented 9 cases of *Ileitis terminalis*. But it was Burrill Bernard Crohn (1884-1983), Professor of Gastroenterology at Mount Sinai Hospital and Columbia University who, with his surgical colleagues, identified 14 cases whose symptoms were common, but would not fit in with any previous description of disease, as a paper in the JAMA of October 1932. This was the first description of *Crohn's disease*. In Poland, it is still called *Lesniowski-Crohn's disease*. Crohn's was a multi-faceted personality: he enjoyed studying the history of the American Civil war, and painting - many of his water-colours were on display in New York galleries.

There are two household names among the great psychiatrists: Sigmund Freud (1856-1939) and Alois Alzheimer (1864-1915). Freud was an Austrian Jew who died in exile in Britain. He founded the science of psychoanalysis, redefined sexuality and interpreted dreams. The poet WH Auden wrote a poetic tribute to Freud in 1940. Alzheimer was born in Bavaria, Germany. While just out of

school, as a member of his fencing group, he was fined for disturbing the peace. After graduating from Wurszburg, he started working in the Frankfurt mental asylum with Frank Nissl, who was to develop special stains to study brain tissue leading to the identification of 'Nissl granules' and popularise the lumbar puncture for CSF study: the two collaborated for seven years and established the relation between mental illnesses and structural disease. Alzheimer studied his most famous patient Frau Auguste Deter from 1901 till she died in 1906, identified post mortem the amyloid plaques and neurofibrillary tangles which characterised the dementia he described. He was only 51 years old when he died.

Sometimes a disease takes the name of a fictional character. In their 1956 article in the *Am J Med*, Burwell and others called Obstructive Sleep Apnoea the 'Pickwickian Syndrome' after Joe, the fat boy in Charles Dickens' 'Pickwick Papers', who always fell asleep.

Baron Munchausen, a German nobleman, enjoyed telling tall tales of his imaginary exploits. In 'Baron Münchhausen and his exploits', Richard Asher described patients who went from doctor to doctor seeking a remedy for symptoms; the patients were so convincing that the doctor would perform one or more operations. The patient would then go to the next doctor, show him all the scars and complain he had had no cure. *Munchausen syndrome* is a psychiatric factitious disorder manifest in those affected who feign disease, illness, or psychological trauma to draw attention, sympathy, or reassurance.

Patients have given their names to diseases: *Lou Gehrig*, American baseball player, was not the first to have amyotrophic lateral sclerosis but he had celebrity status by the time he fell ill. In 1952, British doctors Rosemary Biggs and Robert Gwyn Macfarlane at the Radcliffe Infirmary, Oxford, discovered that *Stephen Christmas* (1947–1993), the first patient to have Haemophilia B was not deficient of Factor VIII, but of Factor IX.

Many eponyms have single, others multiple names. Who decided which one was first? Sometimes it depended on individual prestige, rank, seniority, or whoever described it first. Was there some bullying in some instances? Perhaps! Sometimes the decision was taken by drawing lots, or as in the case of Watson-Crick, a coin-flip! A few never got full credit: in the case of GBS syndrome, Jean Baptiste Octave Landry de Thezillat (1826-1865) had already reported ten similar cases in 1859, but credit for identifying the clinical characteristics and cerebrospinal fluid changes is given to Georges Guillain (1876 –1961), Jean Alexandre Barre (1880–1967) and Andre Strohl (1887-1977) on their two cases with a self-limiting paralysis they reported in 1916.

Genius certainly runs in certain families! Herman David Weber (1823-1918), German- born physician who settled in England, who had come to work in the German Hospital, London then joined Guy's, was the first to identify ipsilateral third nerve palsy with contralateral hemiplegia as the result of Midbrain infarction - the Weber syndrome. His son, Frederick Parkes Weber (1863-1962) became even more famous, having described several conditions: Sturge-Weber syndrome; Osler-Weber-Rendu disease (telangiectasia of skin and mucous membranes); Klippel–Trenaunay–Weber syndrome ('port-wine' stain, which Gorbachev famously had, varicosities, soft tissue and skeletal anomalies); Weber-Christian disease (panniculitis among others). Father and son were dedicated coin collectors and Alpine campers.

There are several thousand Eponyms in Medicine. Many fell by the wayside and were forgotten. With each Eponym, we salute the man behind - many of them were geniuses, giants in their respective fields, flamboyant personalities with interests outside Medicine, from politics to palaeontology. Our admiration quadruples when we realise that these observations were made entirely on clinical grounds, against overwhelming odds, often after a lifetime of meticulous observation and scrupulously honest documentation, with no sophisticated gadgets to help them.

Even today, where Biochemistry or Genetics remain elusive, the Eponym holds its place.

As we commemorate the person we honour with the eponym, the veil of mist lifts from the past. We get a glimpse of the period, the circumstances, trials, tribulations that he had to endure. A bit of history unfolds, we understand the man and the era in which he lived. We see farther now because we stand on the shoulders of giants. Eponyms are dead, long live Eponyms!