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AN OVERVIEW OF EPONYMS IN THE LATIN MEDICAL TERMINOLOGICAL SYSTEM

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ABSTRACT: This research aims to present a comprehensive classification of eponyms within Latin medical terminology, based on the type of proper name from which they are derived (referred to as "thematic classification") and the various patterns of eponym formation (referred to as "structural classification"). The thematic classification reveals four primary groups: 1) Eponyms derived from *anthroponyms (personal names)*; 2) Eponyms derived from *toponyms (geographical objects)*; 3) Eponyms derived from *ethnonyms (names of ethnic groups)*; and 4) Eponyms derived from *chrematonyms (brand names).* In addition, the structural classification identifies two main categories: 1) Main eponyms; and 2) Subordinate eponyms.

The research employs lexicographical excerption and analysis as its primary methods. The primary source of information is *"Nova Terminologia Medica Polyglota et Eponymica" ("New Medical and Eponymic Terminology in Seven Languages")* by Petya George Arnaudov. Though there is much discussion about the difficulties of using eponyms as units in specialized medical language, they remain an integral part of it and their use in practice should be precise. If not examined in detail, the large number of eponyms increases the likelihood of errors occurring during communication.

KEYWORDS**:** eponyms, medical terminology, Latin, anthroponym, toponym, ethnonym, chrematonym, onomastics

1. Introduction

In the past, the human body was an enigma for human knowledge. As Helen King wrote in her *"Greek and Roman Medicine"*, "The ancient doctor was expected to diagnose by studying the external signs to determine what was happening inside. (…) Everything coming out of the body was examined with interest as a way of finding out what was going on in the mysterious regions inside. (…) There were a few instruments that were used to enable the doctor to see into the body. In the absence of X-rays, scans, and blood tests, diagnosis usually had to rely on the patient's answers to questions and on what everyone could recognize through their senses (King, 2001, p. 12)."

Then another difficulty appeared here, this time not in the field of medicine, but a linguistic one – how to call these new instruments and methods, and whom to name them after.

In the terminology of modern medical science, mainly Latin terms or lexical elements of Greek or Latin origin are used. In anatomy, surgery, clinical, or laboratory medicine, Greek, Latin, and Greco-Latin elements make up more than 90% of their specialized terms.

In the initial period of constructing the medical terminological system, the terms were formed from lexemes of Greek origin, which were introduced by Hippocrates (c. 460-377 BC), Claudius Galen (c. 130-200 BC), and their predecessors. The Latin terms date from the time of Aulus Cornelius Celsus (c. 30-50 AD). Some terms originated in the Middle Ages when Latin was used as the international language of medicine as late as the 18th century. Later, with the development of science, new terms were created almost exclusively on the same Greco-Roman basis, and it was not until the 19th century that lexemes from modern European languages began to penetrate medical terminology. The latest trend intensified in the late 20th century with the advent of high technology in medicine. However, the importance of Latin does not diminish due to the Latin basis of all the medical terminology (Arnaudova, 2005, p. xviii).

A peculiarity of the term as a lexical unit is that its semantics, illustrated by its definition, must be transparent. This, of course, is not always possible. When the linguistic motivation for the term derivation is synchronous, it is obvious, but if it is diachronic, then it is hidden (Попова и др./Popova et al, 1999, p. 19).

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A “term” means a linguistic sign (word or phrase), which names a concept for an object or a phenomenon in a scientific or technical field that requires a definition, and the totality of all terms used in a particular scientific or technical field of knowledge builds its terminology (Kancheva, 2009, p. 16).

More specific is the case when diseases or recently found changes in the human body are named after their discoverers. These terms are called eponyms[1], i.e., terms based on personal names or personal names used as terms. The first eponyms ever are linked to the name of Hippocrates – *“digitus hippocraticus”* (a Latin medical term), i. e., *“Hippocratic fingers”* or *“clubbed fingers”* (an English medical term)) (Arnaudov, 1964, p. 165) are described for the first time by Hippocrates in his *“Hippocratic corpus of text[2]“* (King, 2001, p. 9), and because of that, these terms are dedicated to him.

II. Main features of the eponym as a terminological unit

Eponyms play an important role in the terminological system of every language. In the field of medicine, they first emerged in the 16th and 17th centuries. Clinical eponyms appeared slightly later, in the 19th century, and their number continues to increase (Тошева и др./Tosheva et al, 2000, p. 323).

In most cases, eponyms are connected with the name of a researcher who was the first person to describe a new disease, syndrome, symptom, method, etc., from a scientific point of view and they usually express the meaning of *“found by…”* or *“created by…”* (Tosheva, 2004, p.40). Nevertheless, there are some eponyms, though not as numerous as the previously mentioned ones, that are derived from the name of the place where a new disease appeared, the name of the first patient who became sick, or the name of a character from mythology, history, or world literature that was somehow linked with the symptoms of the illness or the patient’s appearance and status. Via the eponym not only the new phenomenon is validated, be it a disease or a method, instrument, etc., but also semantic connections are formed between the subject or the object used as a basis for the derivation of the new medical term and the term per se (Fortuine, 2000, p . 236, Todea, 2013, p. 1055).

There is always a logical link between the eponym and the onym from which it is coined and that is of great importance because it often indicates the scientific field of usage. However, when the etymology has faded, additional extralinguistic information should be supplied (Петкова/Petkova, 2010, p. 298).

Century after century, more and more diseases appear, and more and more eponyms emerge with them. At present, there are more than 20,000 medical eponyms, making it difficult for contemporary physicians to know and use them all.

Difficulties arise for several reasons: 1) eponyms describe medical phenomena indirectly through the personal names from which they are derived; 2) the majority are used to name rare diseases and syndromes; 3) many eponyms are named after scientists who are not well-known today; 4) the rapid development of medical science leads to the accumulation of numerous new terms, including eponyms, increasing the risk of technical errors in documentation.

Thus, special eponymic textbooks have been written and the knowledge and ability to use several thousand eponyms is a compulsory part of medical education in the USA (Arnaudova, 2005, p. iii). Therefore, special attention should be given to eponyms from a linguistic perspective, and the principles of their formation should also be studied.

The aim of this research is to present a general classification of eponyms within Latin medical terminology, based on the type of the proper name used as the basis for their derivation (referred to as “thematic classification”) and the different patterns of eponym formation (referred to as “structural classification”).

Lexicographical excerption and analysis are employed as methods to achieve the research objective.

The primary source of information is *“Nova Terminologia Medica Polyglota et Eponymica” (“New Medical and Eponymic Terminology in Seven Languages”)* by Petya George Arnaudov.

[1] Coined from the Greek επι and ονομα (Todea, 2013, p. 1055).

[2] In seven books of *“Epidemics”,* information is recorded that tracks the changes in a patient's condition from day to day; some passages even include the author's self-reflective questions (King, 2001, p. 11).

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III. Thematic classification

The total number of thematic groups formed is four:

1. Eponyms derived from an ***anthroponym (personal name)***: name of the *discoverer/researcher/doctor* (Antyllus' morbus ("Antyllus disease"), Behterev' morbus ("Behterev disease")), name of a *patient* (Christchurch' chromosoma ("Christchurch chromosoma")), *mythological name* (caput Medusae ("Medusa head"), cornu Ammonis ("Ammon horn"), corona Veneris ("collar of Venus")), *Biblical name* (Adam' pomum (lit. "Adam's apple")), *literature character* (Don Juan' syndromum ("Don Juan syndrome"), Pickwick' syndromum ("Pickwick syndrome"));
2. Eponyms derived from a ***toponym (geographical objects)***: an *oikonym (city, town, village)* (scala Glasgow' ("Glasgow scale") (< Glasgow), kaolinum (< Kao-Ling / Gao-Ling)), a *hydronym (sea, river, mineral springs and places belonging to them)* (Ebola' virus ("Ebola virus") (< Ebola)), an *urbanonym (names of buildings)* (Brompton' mixtura, mixtura Bromptoni ("Brompton mixture") (< Brompton Chest Hospital)), etc.;
3. Eponyms derived from an ***ethnonym (name of an ethnic group)***: (Azteci auris (lit. "Aztec ear"));
4. Eponyms derived from a ***chrematonym (brand name)***: (Coca-Cola infans (lit. "Coca-cola baby")).

As evident from the classification presented above, the logical link between the eponyms examined and the proper noun from which they are derived lies in several factors: the disease was either discovered by or named after the researcher or doctor, was first observed in a particular location, or was associated with a new method or remedy developed in that place. Additionally, the connection may involve the area's natural features that are conducive to health recovery or the illness's main characteristics that resemble a mythological or literary story.

IV. Structural classification

Two main groups are differentiated in this classification:

Main eponyms – these eponyms use a single personal name written with an apostrophe (') rather than its Latin case form (e.g., Basedow' morbus ("Basedow disease")). When more than one personal name is involved, the names are hyphenated without an apostrophe at the end (e.g., Gee-Thaysen morbus ("Gee-Thaysen disease"), Gee-Herter-Heubner morbus ("Gee-Herter-Heubner disease")).

Subordinate eponyms – in this category, the author's name is given in the Genitive singular form following a Latin term (e.g., degeneratio Wagneri ("Wagner degeneration")). There are two exceptions: 1) for all personal names of French origin (e.g., degeneratio Gombault' ("Gombault degeneration")); 2) for all personal names ending in a vowel, regardless of origin (e.g., degeneratio Abercombie' ("Abercombie degeneration")), where an apostrophe is used instead. These rules are followed to avoid the mispronunciation of anthroponyms.

The exceptions mentioned above do not apply to eponyms that have become classic and well-known when written in the Genitive form (tuba Eustachii ("Eustachian tube"), tuba Fallopii ("Falipian tube")).

Subordinate eponyms with multiple anthroponyms are also expressed using an apostrophe (e.g., degeneratio Armanni-Ebstein' ("Armanni-Ebstein degeneration")) (Arnaudova, 2005, pp. xvi-xviii). This is typically the case with more recent eponymic terms, as nowadays medical specialists often work in teams to address specific problems (Fortuine, 2000, p. 308).

When two or more scientists share the same surname, the abbreviation of the researcher's first name is provided in parentheses (e.g*., Brown (F.), Brown (G.), Brown (H.), Brown (J.), Brown (M.); Addison (C.), Addison (T.)*). In rare cases where both the surname and the first name abbreviation are identical, an additional initial is included to differentiate between individuals (e.g., *Johnson (F. B.), Johnson (F. C.*)).

Cases of so-called similar eponyms are also observed and special attention should be given to the origins of these terms. Such cases arise because different eponyms for the same disease may be popular in different countries (e.g., morbus Alfidi and Vollmar, morbus Kartagener and Afzelius, morbus Dunbar and Moore) (Arnaudova, 2005, p. viii).

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These peculiarities are often due to the fact that two or more researchers may have worked on the same problem either together or independently, resulting in the simultaneous publication of similar findings (Arnaudova, 2005, p. ix).

Synonymy is another interesting fact about terms in general; there are pairs of synonyms like *Bornholm' morbus* ("Bornholm disease") = *pleurodynia epidemica* ("epidemic pleurodynia"), *Bulgaria' bacillus* ("Bulgarian bacillus") = *Lactobacillus bulgaricus* ("Bulgarian lactobacillus"), *febris Haverhilli, Haverhill' febris* ("Haverhill fever") = *erythema arthriticum epidemicum* ("epidemic arthritic disease"), *erythema polymorphum acutum* ("acute polymorph erythema"), *morbus morsus Muris* ("mouse bite disease").

There can be synonymy between lexemes, between a lexeme and a phraseological unit, and between phraseological units (Зидарова/Zidarova, 1998, p. 66).

The examples given are called absolute synonyms or lexical doublets and their meaning and stylistic usage are completely alike and can be observed only in scientific terminology (Русинов, Георгиев/Rusinov, Georgiev, 1996, pp. 165-166).

On the one hand, synonymy of terms can pose a problem in communication, as it hinders the possibility of a precise and uniform designation within a scientific field. It allows for the emergence of different variants (Зидарова/Zidarova, 1998, p. 113), and these diverse forms can also reflect varying perspectives on the same phenomenon (Суперанска и др./Superanska et al, 1986, p. 34).

A variety of eponyms can easily be found in pharmaceutical terminology. The naming of plants follows a logic similar to linguistic derivations. However, many generic names of plants, whether of Greek or Latin origin, are classified with names derived from mythological characters, such as *Osyris alba* ("white Osyris") or *Mercuralis annua* ("annual mercury") (Келбечева/Kelbecheva, 2017, p. 153). This illustrates the widespread use of eponyms in term formation according to different principles.

V. Eponym usage

As previously mentioned, eponymic terms are primarily derived from the names of researchers, medical specialists, and doctors who first discovered a particular phenomenon. Cases where an eponym is named after a patient, a mythological, Biblical or literature character, a historical figure, or a toponym (i.e., a geographical object or region) are rare. These names represent individuals from various nationalities, form part of the onomastic systems of different languages, and possess unique features of accentuation and orthography (Arnaudova, 2005, p. viii).

Correct spelling and pronunciation are crucial for specialists, particularly in today's globalized context (Arnaudova, 2005, p. x-xi). Another relevant aspect is their lexical form – the more descriptive the eponym, the lower the chance of errors occurring (Arnaudova, 2005, pp. xii-xiii; Иванова и др./Ivanova et al, 2023, p. 33; Ivanova, 2022, p. 63).

Eponyms carry not only lexical but also historical significance – they honor the person after whom the term is named and preserve a moment of human history forever (Arnaudova, 2005, p. ix; Иванова и др./Ivanova et al, 2023, p. 33; Ivanova, 2022, p. 63).

Unfortunately, some historical moments and personages taking part in important for the whole humankind events could not always be remembered for good. This category of terms memorizing people and their deeds can also include all eponyms formed from the names of Nazi doctors or scientists connected to the regime (Hallervorden-Spatz morbus which is derived from the names of Julius Hallervorden and Hugo Spatz, neurologists and neuropathologists). It is horrifying that the monstrous experiences over human beings cause the appearance of numerous eponymous terms – only in the field of neurology, their number is more than 30 (Kondziella, 2009).

Another thought-provoking research topic worth exploring is the use of eponyms in contemporary languages. Terms that were once widely accepted might now be considered offensive.

The issue of eponym usage has been addressed by various scholars. Nieradko-Iwanicka defined an eponym as "a person, place, or thing after whom or after which something is named" (Nieradko-Iwanicka, 2020, pp. 56-57). This broad definition can lead to unintended references to "cultural, social, national, regional, professional, or ethnic groups," as noted by the WHO (WHO, 2015). Therefore, the definition proposed by Yale et al. is more precise and suitable. They define a medical eponym as "an honorific term bestowed upon individuals who identified or discovered a disease, sign, symptom, syndrome, test, finding, anatomical part, or designed a device, procedure, view, treatment, classification, prediction rule, principle, or algorithm. Medical eponyms include aspects related to

patient care or its applications. Since the term connotes respect and honors a person's accomplishment(s), any name proven without a reasonable doubt to be associated with racial, fascist, or anti-Semitic beliefs or behaviors or other inhuman atrocities against people or society should be expunged from literature and usage" (Yale et al., 2020, pp. 187-188).

Nowadays, many researchers recommend avoiding the use of eponyms due to issues of misunderstanding, as scientists increasingly focus on their potential negative impact (Гаранин, Гаранина/Garanin, Garanina, 2019, p. 111).

Despite the trend to avoid eponyms in official scientific sources, they remain quite prevalent in mass media, as Prof. Oliviu Felecan points out and gives an example with Wuhan/ China/ Chinese virus and Wuhan/ China/ Chinese coronavirus instead of COVID-19) in his work *"Onomastic Considerations on News in the Recent Mass Media"* (Felecan, 2021, p. 44).

Human civilization has one main property – the "transmission of knowledge and traditions in a diachronic plan through the means of language" (Ангелов/Angelov, 2014, p. 138).

The above-described circumstances introduce the need for periodic revision of the eponyms used in the field of medicine. Regular editorial intervention is observed for clinical terms that are formed from an anthroponym associated with the name of a person that has acquired a negative connotation over time, as well as from a toponym or ethnonym, leading to a negative and discriminatory attitude towards representatives of a given ethnic or regional group of people. Here, examples are also included that can be used as a form for manipulations related to economic interests or related to "species/ class of animal or food", "cultural, population, industry, or occupational references", or "terms that incite undue fear" (Felecan, 2021, p. 43).

A similar example is the term mongolismus (an old term formed from the name of the Mongolian ethnic group in Asia by analogy with the characteristic shape of the eyes), which for objective reasons has been replaced by Down syndromum8 or chromosomal-21 trisomia (Arnaudova, 2013, p. 190). Although the object of research is eponyms in the Latin medical system, we will pay attention to similar cases in the Bulgarian terminological system as proof that the observed processes are global and generally valid: Icelandic syndrome (an old term formed from the toponym Iceland, naming an island country in Europe, where an epidemic was described in 1948) (ibidem, p. 128) has been replaced by chronic fatigue syndrome (prolonged and constant pronounced fatigue, without an established cause, with a reduction of more than half of regular physical activity, accompanied by various complaints (muscle weakness, headache, insomnia, mild fever, depression, etc.) (ibidem, p. 270); Spanish disease in Bulgarian has been replaced by grippe, and in other languages by influenza and flu (ibidem, p. 72).

In conclusion, eponyms continue to be a compelling area for linguistic research. Their widespread use as terms leads to the creation of new eponyms, making the study of their formation and classification highly relevant not only to linguists but also to researchers in other scientific fields of knowledge. Eponyms remain an integral part of communication, both official and informal, and despite an *avis rara*, they are as vivid as ever.

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