

Eponyms: What's in a Name?

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The Video in Medicine reported in this issue shows a rare, possibly never reported, overly active response to a flick of the middle finger, known as the “Hoffmann reflex,” named after German neurologist Johann Hoffmann (1857–1919) (**Image 1**), owner of the “Hoffmann syndrome,” a myopathy seen in hypothyroidism, and co-owner of the Werdnig-Hoffmann syndrome, a mortal disorder of babies, renamed “spinal muscular atrophy type 1.”

The reflex, less well known as the “finger flexor reflex,” turned out to have been described in print by his student, who named it after his teacher, the presumed discoverer. RIMJ’s Editor-in-chief William Binder, MD, asked me about Dr. Hoffmann. I knew nothing, other than that he had a neurological sign and a mortal disease of babies named after him. I could not recall having heard of Hoffmann’s syndrome, but

muscle disorders and endocrinology were never academic strengths, and I learned about them only with an internet search.

Hoffmann was a major neurologist who devoted his career to the study of muscle disorders, publishing observations that advanced the

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field considerably, and was a well-regarded teacher. Unlike the neurologists Hugo Spatz and Julius Hallervorden, each of whom had a disease named after them, but revoked in 1996 because of their ardent Nazi political activities, Hoffmann apparently kept out of trouble and left a legacy that was exemplary and celebrated. Although we older neurologists felt more comfortable talking about Hallervorden-Spatz disease than Pantothenase kinase-associated neurodegeneration disease, none wanted the names of Hallervorden or Spatz to be celebrated in any fashion. And naming an observation or even a disease is an honor, certainly greater than having a room or even a building named after one. Parkinson’s disease was not given that name by James Parkinson. He called it “the shaking palsy.” The great French neurologist Jean-Martin Charcot requested that the disorder be renamed in Parkinson’s honor about a half century later.

Neurology probably has more eponyms, at least for examination findings, than other disorders, although I may be incorrect about that. The Babinski reflex is probably the most famous sign in all of medicine, probably because that is all that most health care providers know about neurology.

The problem with personal names for reflexes, syndromes or diseases, is that you either know it or you don’t. You can’t figure it out. If you’re unfamiliar with the Hoffmann reflex, you can’t deduce that it is a measure of the upper part of the corticospinal tract, and involves the fingers, or that Myerson’s sign is another name for the glabellar reflex. If someone

discussing a case mentions an eponymous sign or reflex, you interpret its implication based on context, or you must reveal your ignorance, and hope you’re not the only one listening who is unfamiliar with the sign. On the other hand, it is part of the ongoing saga of medical practice, which has been whittled away but not yet fully replaced by objective testing and digital evaluations. Eponyms help some of the old legends live on. It is our history.

Of course, eponyms occur outside of medicine. The Pythagorean theorem is a well-known example. In high school there was a reference to a point that had certain properties in three-dimensional Euclidean geometry. The name was the same as my best friend’s last name, so I jokingly asked him if it was named after his father. He said he didn’t know and would ask, as if this was an actual possibility. It turned out that his father was, in fact, a famous academic who could possibly have had that point named after him, but it wasn’t.

I had my own brush with eponymous fame long after I had become a neurologist. A nurse practitioner I worked with, Carol Jacques, told me that many of our Parkinson’s disease (PD) patients had runny noses. I didn’t think much about it until a new patient, wheelchair-bound from his Parkinson’s disease, told me that his single most bothersome problem was his runny nose. It ran all year round, all day long, and worsened when he ate. He would not eat with others around because his nose drippings fell into his food. Now that I faced this problem myself, I took it seriously. I started asking patients about it and discovered it was fairly common. I had no idea how to treat it, so I asked Carol, who told me,



Johann Hoffmann

[PUBLIC DOMAIN, VIA WIKIMEDIA COMMONS]

and I started to investigate. There were no references to this issue in the literature and in calling about, I was referred to an older ENT clinician who told me this was well known to otolaryngologists and was surprised that it wasn't in the literature. So, I simply asked consecutive PD patients if they had rhinorrhea, nothing fancy, with measures of fluid production or quality of life impairment, and learned that it was, in fact, common. Given the high frequency of other autonomic problems in PD, this was not surprising. I published the observation, backed up by the survey.

I discussed rhinorrhea in PD with a colleague who told me that although he had known this for years, he didn't think it worth the trouble to write up. He thought that I deserved all the credit and fame, and suggested that water-like fluid dripping from the nose of someone with PD be called, "Friedman's sign," or perhaps "Jacques-Friedman sign," giving credit where it was due, but thereby confusing people googling who Jacques Friedman was. (**Image 2**).

I demurred. Like the "anal wink," a drippy nose is better described by its features, and not by its discoverer's name.

For more on medical eponyms, click on:
www.whonamedit.com



«Jacques Friedman sign»

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