Author's response to reviews

Title: Current use of medical eponyms - a need for global uniformity in scientific publications

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Author's response to reviews: see over
Subject: MS: 1086426092308967 - Current use of medical eponyms - a need for global uniformity in scientific publications

Dear Dr Puebla,

Please find attached revised manuscript of the article entitled “CURRENT USE OF MEDICAL EPONYMS – A NEED FOR GLOBAL UNIFORMITY IN SCIENTIFIC PUBLICATIONS” by Narayan Jana, Sukumar Barik, and Nalini Arora for consideration for publication in the BMC Medical Research Methodology. At the end of the letter, we have provided point-by-point answers/response/modification as suggested by the reviewer. We have also enclosed 1 additional file, which contains 2 tables detailing the name/nature of the journals and books for the first phase of the study. As per the editorial suggestion, we have conducted “additional studies on the use of eponyms in relation to other diseases” – Alzheimer disease and Parkinson disease. The details of the additional studies have been incorporated in the modified/revised manuscript (please refer to the point-wise response – answer to comment 7).

We hope you find the revised version suitable for publication in the BMC Medical Research Methodology.

Kind regards.

Yours Sincerely

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Point-wise response

Article: MS: 1086426092308967 Current use of medical eponyms – a need for global uniformity in scientific publications by Narayan Jana, Sukumar Barik, Nalini Arora

Reviewer: Alexander Woywodt

Major compulsory revisions

Comment 1. Methods: The authors describe that they scrutinized 70 textbooks. What kind of textbooks were those and which countries? To list them within the paper would be clumsy so may be providing a list as online supplementary material would be preferable. The same applies to the indexes of journals. Which journals were used?

The books and the journals were from a wide range of specialties, and as we noted in the text, they were “related to obstetrics, paediatrics, neonatology, radiology, genetics and general medicine” (page 4, first paragraph).

The reviewer suggested list of books and journals as online supplementary material. This indicates online accessibility of complete data set for the first phase of the study. Although, we feel this cumbersome exercise produces little yields, yet we have enclosed 2 extra tables in the attached additional file – one each for the journals and books. On the basis of information available to us, we prepared these 2 tables for your perusal.

All the publications included in this study were in English language, and almost all European books were from U.K. However, there were several journals from other European nations such as Germany, Netherlands, Switzerland, Denmark, and Norway. These are identified in the appendix 1 (journal table) by the name of the city.

Comment 2. I do not agree with the feeling of the authors that eponyms will stay whether we like it or not – this is very utilitarian way to regard the issue ............... I would suggest to rephrase some statement in this regard (e.g. p.8, second paragraph).

The statement has been referred to the views expressed by the earlier authors as noted in the text. Despite the current controversy and debate, the history of eponym and its trend suggest that total purging of eponyms would be a monumental task. As per the reviewer’s suggestion, this sentence has been rephrased (page 9, second paragraph).

Comment 3. Along the same line: Given all the confusion around Down and Down’s: What is wrong with the patho-physiological term, trisomy 21?

There is no problem of replacing Down syndrome with a patho-physiological term, trisomy 21 – this view has been expressed in the earlier submitted text, which is further modified in the current revision (page 7, third paragraph):

“Although suitable descriptive terminology based on patho-physiology (eg, trisomy 21 for Down syndrome) is generally favoured [5,8], such clear and precise alternatives may not be available for thousands of medical eponyms [13,15].”

To follow the similar trend, how should we express Fallot tetralogy in patho-physiological term? It would be difficult and cumbersome. Therefore, we wrote (page 7, third paragraph):
“The advantages of an agreed eponym cannot be ignored as these are considered as labels or handles [5], and are useful substitutes for cumbersome, tongue-twister…….”

Minor essential revisions:

Comment 4. To improve quality of the language……

The authors have attempted to present the article clear, simple and succinct. We appreciate the reviewer’s suggestion, and have made more efforts to improve the text and its readability.

Comment 5. Regarding what the authors call the second phase:…………I suggest to provide the dates in the text as well.

The dates are included in the modified text as suggested (page 4, second paragraph).

Comment 6. The authors report that one abstract used both forms of the term. This is extraordinary. The authors should cite the abstract to strengthen their point.

The abstract in question has following citation (reference 14):

This article includes “Down syndrome” in the title, while the body of the abstract contains the term “Down’s syndrome.” This has been cited in the revised text (page 4, second paragraph).

Discretionary revisions:

Comment 7. It would be interesting to know which form is used on commonly used resources on the internet, e.g. Wikipedia, Uptodate. What do patients websites use? How do Down and Down’s compare in a Google or Yahoo search and are there differences between countries?

As per the editorial suggestion, we conducted “additional studies on the use of eponyms in relation to other diseases” – Alzheimer disease and Parkinson disease. PubMed search reveals arbitrary use of possessive and non-possessive forms for both the eponymous diseases, although the MeSH terms use non-possessive form only (page 5, third paragraph). Therefore, the controversy and confusion, which are raised for eponym “Down syndrome,” is applicable to many other eponyms. This problem is ubiquitous, affecting search results from many other internet resources such as Google and Yahoo websites, and even patients’ websites (page 7, first paragraph).

Search of commonly used resources on the internet also revealed indiscriminate use both of possessive and non-possessive forms for same eponym. Websites such as Google or Yahoo has wide differences in the number of hits with search phrase “Down syndrome” and “Down’s syndrome.” Similar results are also noted for possessive and non-possessive forms of Alzheimer disease and Parkinson disease (page 5, third paragraph).

Wikipedia, a free on-line encyclopedia includes non-possessive form for “Down syndrome” as main heading, although it still includes possessive form for many other eponyms (e.g., Alzheimer’s disease and Parkinson’s disease; page 7, first paragraph). Current
confusion can be appreciated from the following table – individual author makes choices in various combinations:

**Current use of 3 eponyms in 3 different sources**

<table>
<thead>
<tr>
<th>Sources</th>
<th>Eponym 1</th>
<th>Eponym 2</th>
<th>Eponym 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MeSH term</td>
<td>Down syndrome</td>
<td>Alzheimer disease</td>
<td>Parkinson disease</td>
</tr>
<tr>
<td>ICD-10</td>
<td>Down’s syndrome</td>
<td>Alzheimer’s disease</td>
<td>Parkinson’s disease</td>
</tr>
<tr>
<td>Wikipedia</td>
<td>Down syndrome</td>
<td>Alzheimer’s disease</td>
<td>Parkinson’s disease</td>
</tr>
</tbody>
</table>

Most patients’ websites used non-possessive form [e.g., European Down Syndrome Association, National Association for Down Syndrome (U.S.A.), Canadian Down Syndrome Society]. However, in U.K. a possessive term has been used — Down’s Syndrome Association (page 7, first paragraph).

Thank you for your comments, and providing us an opportunity to respond and revise this article.