What's in a Name?
A Tour of Eponyms in Rheumatology and Their Historical Descriptions

Wisconsin ACP Chapter Meeting
Robert McLean, M.D.,FACP
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Objectives
- Appreciate the role of eponyms in rheumatologic descriptions
- Learn some pimping fun facts useful on rounds
- Learn some historical fun facts useful as cocktail party conversation if you hang around with physicians too much
- Learn something you will remember longer than 48 hours

Case on Rounds
48 yo WM presented to the hospital 2 weeks previously with hemoptysis, dyspnea, and malaise. He is being presented to you as the rheumatology consult service attending by the medical student on the consult team. You are taking over the team, and there are no new consults on this day.

You are uncertain what you will talk about for attending rounds since all the patients being followed are clearly diagnosed and stable in their management plans.

The medical student was a history major in college and tells you she is considering changing her thesis topic to something about the role of eponyms as pattern recognition tools in medical diagnosis and education.

You have an idea.

The initial diagnosis
Patient H&P
Generally medically healthy with neg PMH

Works outside in yard lot, does lot of physical work around home. He was in USOH until he 3-4 d earlier developed vague malaise, then some cough and the next day coughed up some blood. Within 24 hrs he developed progressive dyspnea and then presented to the ED.

PE pertinent for mild rhonchi, labs with ESR 80, U/A with 10-20 RBC, Creat 1.5 then rose to 2.0, + anti-GBM antibodies
Goodpasture’s Syndrome

Patient doing well after 1 week plasmapheresis and institution of immunosuppressive regimen with high-dose steroids then cytoxan.

You want to ask the medical student something that has not already been asked in the past 2 weeks.

Who was Goodpasture?

Ernest Goodpasture 1886-1960

in 1919 reported a case of pulmonary hemorrhage and glomerulonephritis during an influenza epidemic


Ernest Goodpasture

* born October 17, 1886, Tennessee.
* graduation from Vanderbilt University in 1907
* 1908 Johns Hopkins School of Medicine where Rockefeller Fellow in Pathology with Dr. William H. Welch
* 1913-15 resident staff in Pathology at the Johns Hopkins Hospital
* 1913-15, resident staff of the Peter Bent Brigham Hospital with an appointment as Instructor in Pathology at Harvard
* 1918-22 appointment as Assistant Professor of Pathology at Harvard

Goodpasture

* 1922-24 director of the William H. Singer Research Laboratory in Pittsburgh
* 1925 Professor and Head of the Department of Pathology at the reorganized Vanderbilt University School of Medicine
* 1942 to 1950 served first as Associate Dean and later as Dean of the Medical School
* 1950 resigned the Deanship and thereafter devoted himself to his chosen field of Pathology
* 1955 retired from the active faculty and become Professor of Pathology, Emeritus then became Scientific Director of the Armed Forces Institute of Pathology in Washington, DC
* 1959 resigned to return to Tennessee and to Vanderbilt.
* 1960 died at home of a heart attack
Goodpasture

Research mostly dealt with viral diseases.

His early work: study the route of spread of herpes virus in neural tissue.

In 1931 using the tissue of chicken embryos, able to effectively grow viruses--was a huge advance in virology.

Back to the patient

Family history:
+ RA in mother
+ sarcoidosis in aunt (details uncertain)

You realize now you have more to work with
You visit the patient with the team

Family history details

Per patient, mother developed RA age 40, rapidly developed severe joint problems but also other problems like a "low white cell count", and he recollects she had surgery to have her spleen removed.

You look at the medical student and pose a question.

Felty Syndrome


Next question?
Who was Felty?

Augustus Roi Felty

Born 1895 in Abilene, Kansas,
Both his father and his uncle were
in general practice.

His father moved from Abilene,
Kansas to Hartford, Connecticut

1912 entered Yale College -
intending to become an
academic in the classical
languages, Greek and Latin.

Augustus Felty

However, after hearing Sir William Osler
lecture, he changed plans.

1916 graduated Yale
1916-1920 Johns Hopkins Medical School
1920-21 intern on Osler service
1921-22 research fellow at Columbia Presbyterian Hospital
in New York
1922-24 returned as an assistant resident in medicine at
Johns Hopkins

Augustus Felty

As resident, he observed a patient with arthritis,
splenomegaly and leukopenia, and he
recognised that this was an unusual disease
picture.

Searching the hospital archives he found four
more cases, which he described in 1924 in the
Johns Hopkins Hospital Bulletin.

Felty

The eponym
Felty’s syndrome
established by
Hanrahan
and Miller
when they
described
the next
case in
JAMA
in 1932.
Felty

He also published some papers on infectious diseases and epidemiology.

Took over his father’s practice in Hartford where he remained until he retired in 1958.

Died 1964.

Further Family History

- Sarcoid details in aunt
  - Age 35
  - Some spots on legs
  - Ankle arthritis
  - Not ongoing problem

You look to the medical student with another question.

Lofgren Syndrome

- Erythema nodosum, periarticular ankle inflammation/edema, and bilateral hilar lymphadenopathy

In a Swedish survey published in 1953 he obtained histological proof of sarcoid tissue in one-quarter of a series of 113 patients with erythema nodosum and bilateral hilar lymphadenopathy and 89% had articular symptoms—

Triad known as Lofgren’s syndrome ever since.
Who was Lofgren?
Sven Halvar Löfgren (1910-1978) was the second of six children born to August Löfgren, a landowner
*studied medicine at the Karolinska Institute in Stockholm, becoming a medical licentiate in 1935.
*defended his doctoral dissertation at the Karolinska Institute in 1946 and subsequently became a docent/lecturer of internal medicine and then specialized as a chest physician.

Who was Westergren?
Alf Westergren (1891-1968)
Swedish internist who observed sedimentation of blood from patients with pulmonary TB, published 1921
Described use of sodium citrate as anticoagulant and also defined standards for ESR test

Lofgren
*Lifetime work at St. Goran's Hospital --deputy head physician, later he succeeded professor Alf Westergren (1891-1968).
*He succeeded Westergren as head of the lung clinic
*worked with Jörgen Nilsen Schaumann (1879-1953) who was an experienced dermatologist turned multi-system physician.
During the war years he analyzed 212 cases of apparent pulmonary sarcoid with BHA—large number age 25-30 and 113 with onset of illness marked by EN.
After this survey published in 1953, the eponym became recognized.
Edmund Biernacki 1866-1911
Polish physician in 1897 described blood sedimentation differing among individuals, and sedimentation being higher in febrile diseases

Robert Fahraeus 1888-1968
Swedish hematologist analyzed time differences of ESR between pregnant and non-pregnant women; results presented in 1918

Back to the patient
Feeling well except over past day developing focal anterior chest discomfort at rest but worse with movement

On exam, lungs clear and he is focally tender with palpation over costo-chondral cartilage regions of anterior rib cage.

The student indicates this seems like "costochondritis".

You nod and pose another question to her…

What is Tietze’s Syndrome?
Inflammation of the costochondral cartilages
* self-limiting disease of unknown etiology
* unilateral on the left side
* swelling may persist long after the tenderness has disappeared
* twice as frequent in men as in women
* approximately one third of all patients are in the third decade

Tietze’s syndrome and costochondritis are not identical, as the Tietze syndrome is associated with swelling, whereas costochondritis is not.
Who was Tietze?

Alexander Tietze
1864-1927
born 1864, Liebenau, Germany
died 1927, Breslau

*studied at Breslau obtaining his doctorate in 1887
*1888-1895 assistant at the Breslau surgical clinic.
*1896 became primary physician at the Allerheiligen-Hospital.

Tietze

wrote an excellent textbook on emergency surgery which was published in 1927 and contributed numerous papers on surgical topics.


Back to the patient

You wonder how his chest imaging has progressed over the 2 weeks.

Reviewing the CXR reports, it’s clear that early pulmonary infiltrates are clearly improving. Incidental finding on the lateral views notes a “Schmorl’s node” in a vertebral body.

You look to the medical student with another question…

What is a Schmorl’s node?
What is a Schmorl’s node
Destructive lesions at endplates which are believed to be due to the herniation of the nucleus pulposus through the cartilaginous endplate into the body of a vertebra

Schmorl described in 1927. He was known throughout the world for his book on histopathological methods which went through 15 editions and which was known locally as “Der kleine Schmorl”.

Christian Georg Schmorl 1861-1932
*son of high ranking public servant
*1881 started study of medicine in Leipzig
*trained in pathology in Leipzig
*medical doctorate in 1887
*1887-04 worked as pathology assistant
*1894 obtained another doctorate, in sciences, & became director of the pathological-anatomical institute of Dresden
*1903 appointed professor

Christian Georg Schmorl
*attracted students from all over the world and became known throughout the world for his book on histopathological methods
*remembered for his work in histology and his studies of the human skeleton. He created a histological stain especially designed to show the canaliculi and lamellae in sections of bone.
*1932 published Die Gesunde und Kranke Wirbelsäule (The Healthy and Sick Spine).
*1932 died from septemia caused by an infected finger, which he nicked in the process of dissecting a spine 14 days earlier.

Back to the patient
Out in the hallway, you realize you have 10 min left and decide a brief discussion of the differential diagnosis of hemoptysis would be useful for the group.

TB is mentioned by the astute resident trying to earn your good graces

Since the team was just discussing vertebral abnormalities, you raise the question of TB involvement of the spine.
Pott’s disease

*Pott’s disease* is a presentation of extrapulmonary tuberculosis whereby disease is seen in the spinal vertebrae.

*The lower thoracic & upper lumbar vertebrae are the areas most often affected; also called tuberculous spondylitis and most commonly localized in the thoracic portion of the spine.*

*Results from hematogenous spread of tuberculosis from other sites, often pulmonary, then spreads from two adjacent vertebrae into the adjoining intervertebral disc space.*

Who was Pott?

Sir Percivall Pott (1714 – 1788)

Born in London, England

As the first surgeon of his day in England, excelling even his pupil, John Hunter; on the practical side, Pott introduced various important innovations in procedure.

Percivall Pott 1714-1788

*aged 17, after having discarded his original plans of studying for the clergy, was apprenticed to Edward Nourse, a surgeon at the St. Bartholomew's Hospital*

*Nourse taught anatomy and surgery--In addition to his surgical practice, organized anatomy lessons in his home*

*Pott served during his 7-years apprenticeship as Nourse’s primary assistant in preparing cadavers for public demonstrations of dissections & assisting surgeries*

Percivall Pott

*1736 faced the Court of Examiners, passed, and qualified for the Grand Diploma.*

*He continued to assist his mentor both at surgical operations and with his private lectures. Pott now established his own surgical practice*

*1745 he became assistant-surgeon*

*1749 appointed full surgeon at St. Bartholomew's Hospital*

*1787 retirement*
Percivall Pott

1749 appointed full surgeon at St. Bartholomew’s Hospital, 1756, broken leg after fall from a horse. Forced into a long period of rest, Pott began recording his experiences as a physician and a surgeon.

1756 *A Treatise on Ruptures* - refuted many of the old theories concerning the causes of hernias

1757-1782 13 more works
In Pott’s lifetime these 14 works were published in a total of 31 editions in England.

1758 *Remarks on that Kind of Palsy of the Lower Limbs*

1775 *Chirurgical works*, with a new edition in 1783.

Percivall Pott

In 1775, Pott reported an association between exposure to soot and a high incidence of scrotal cancer (later found to be squamous cell carcinoma) in chimney sweeps.

**first occupational link to cancer**

**the first person to demonstrate that a malignancy could be caused by an environmental carcinogen.**

1787 retirement

Pott's early investigations contributed to the science of epidemiology and the Chimney Sweeper’s Act of 1788

Other TB manifestations

You recollect that TB involvement of the joints had an eponym.

No one in the group can come up with it.

Then the I.D. fellow comes out of the neighboring room and indicates he overhead our discussion. He gives the answer...
Poncet's Disease
Polyarthritis that occurs during acute tuberculosis infection in which no mycobacterial involvement can be found or other known cause of polyarthritis detected.
Different entity from tuberculous arthritis, which is usually monoarticular and is caused by direct tuberculin infection.


Antonin Poncet (1849-1913)

* studied medicine in Lyon
* member of the Lyon ambulance corps during the Franco-Prussian War
*1878 became a member of the surgical section of the Lyon faculty of medicine
*1883 he attained the chair of operative medicine in Lyon.

Poncet
Introducing aseptic techniques at the Hôtel-Dieu in Lyon in 1880. He devised an operation for bladder stone, and his operation for appendectomy still bears his name.
Known for ambitious approach to teaching, he led the Lyon faculty through a considerable upswing during his time

In Lyon, Hôpital de la Charité built in 1622 was destroyed in 1934. The bell tower, built in 1665, was the sole monument retained. At the time, it was the second largest hospital in Lyon after the Hôtel-Dieu, and was more of a hospice than a hospital.
A square was called Place de la Charité, and the name was changed by the municipal council in 1913 to be named after Antonin Poncet

Place Antonin-Poncet, Lyon
Conclusions:

Appreciate how our knowledge is based on the clinicians and scientists who many years ago described what we still see.

Do not be surprised if you recognize these names on monuments or places around the world.

Keep asking the historical questions.