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DOI <https://doi.org/10.32782/2522-4077-2025-215-2>**TYPOLGY AND FUNCTIONAL CLASSIFICATION OF EPONYMS
IN ENGLISH MEDICAL TERMINOLOGY****ТИПОЛОГІЯ ТА ФУНКЦІОНАЛЬНА КЛАСИФІКАЦІЯ ЕПОНІМІВ
В АНГЛОМОВНІЙ МЕДИЧНІЙ ТЕРМІНОЛОГІЇ****Venhrynovych N. R.,***orcid.org/0000-0001-7537-2798**Candidate of Philological Sciences, Associate Professor,
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In modern medical communication, terminology functions as a specialized linguistic system designed to ensure precision and clarity in the description of anatomical structures, physiological processes, pathological conditions, and therapeutic procedures. Within this framework, eponyms occupy a significant place as lexical units derived from proper names of individuals, places, ethnic groups, animals, or mythological figures, denoting diseases, syndromes, anatomical structures, diagnostic tests, surgical operations, instruments, and medical treatments. The article investigates the phenomenon of eponyms in English medical terminology, focusing on their typology and functional classification. The study provides a systematic analysis of eponyms according to their nominative origin, including anthroponyms, autoeponyms, ethnonyms, toponyms, hydronyms, zoonyms, poetonyms, mythonyms, biblical eponyms, etc., as well as their functional roles in medicine, such as designating diseases, clinical signs and symptoms, syndromes, diagnostic tests, medical treatments, surgical procedures, instruments or devices, and even elements of human anatomy. Morphosyntactic patterns and orthographic conventions, including the use of possessive forms, are examined to identify regularities and variations in usage. The research combines corpus-based analysis with descriptive and classificatory approaches to reveal structural, semantic, and functional heterogeneity of medical eponyms. The findings contribute to a deeper understanding of the integration of eponymous terms in medical discourse and provide practical recommendations for medical scholars, terminologists, and English for Specific Purposes (ESP) educators concerning standardization, teaching, and effective use of eponyms in professional and academic contexts.

Key words: eponym, term, medical terminology, English for Specific Purposes.

У сучасній медичній комунікації термінологія виступає спеціалізованою лінгвістичною системою, що забезпечує точність і однозначність опису анатомічних структур, фізіологічних процесів, патологічних станів і лікувальних процедур. У межах цієї системи важливе місце посідають епоніми – терміни, утворені від власних назв осіб, місць, народів, тварин або міфологічних персонажів, що позначають хвороби, синдроми, симптоми, анатомічні структури, методи діагностики, хірургічні операції, медичні інструменти

тощо. У статті проаналізовано феномен епонімів в англomовній медичній термінології з точки зору їхньої типології та функціональної класифікації. У дослідженні запропоновано систематичний аналіз епонімів за номінативним походженням, включно з антропонімами, автоепонімами, етнопонімами, топонімами, гідронімами, зоонімами, поетонімами, мітонімами, біблійними епонімами тощо, а також за їхніми функціональними ролями у медицині, зокрема для позначення захворювань, клінічних ознак та симптомів, синдромів, діагностичних досліджень, методів лікування, хірургічних втручань, медичних інструментів та пристроїв, а також елементів анатомії людини. Аналізуються морфосинтаксичні особливості та орфографічні конвенції, включно з використанням присвійної форми, для виявлення закономірностей і варіацій у вживанні. Дослідження поєднує корпусний підхід із описовим і класифікаційним аналізом, що дозволяє виявити структурну, семантичну та функціональну неоднорідність медичних епонімів. Результати сприяють поглибленому розумінню інтеграції епонімічних термінів у медичний дискурс та надають практичні рекомендації для учених-медиків, термінологів та викладачів англійської мови за професійним спрямуванням щодо стандартизації, навчання та ефективного використання епонімів у професійному та академічному середовищі.

Ключові слова: епонім, термін, медична термінологія, англійська мова за професійним спрямуванням.

Problem statement. In modern healthcare communication, medical terminology serves as a specialized linguistic system designed to ensure accurate and unambiguous description of anatomical structures, physiological processes, pathological conditions, and medical treatments. The system of medical terminology encompasses a wide range of lexical units and even symbolic designations that reflect the precision and complexity of medical discourse. It comprises single-word terms primarily derived from Latin and Ancient Greek morphemes (e.g., cardiology, osteoarthritis, hyperthyroidism), multi-word expressions representing complex lexical units composed of two or more words that function as a single terminological entity (e.g., human immunodeficiency virus, acquired immune deficiency syndrome, chronic obstructive pulmonary disease), as well as abbreviations (e.g., HIV, COPD, MSU), acronyms (e.g., AIDS, ECMO, GERD), and specialized symbols widely used in clinical documentation (e.g., R, ♀, ♂, ↑, ↓). Furthermore, the medical lexicon includes eponyms – terms that belong to the domain of onomastic terminology, since they originate from proper names used to designate anatomical structures, medical conditions, therapies, or discoveries (e.g., Loop of Henle, Tillaux fracture, Cesarean section, Foley catheter). Recognizing that the system of medical terminology is exceptionally broad and heterogeneous, integrating lexical, morphological, and semantic dimensions, our research addresses only a limited fragment of this system – the phenomenon of eponyms within English medical vocabulary.

Analysis of recent research and publications. The issue of eponyms in English medical discourse has attracted attention of both Ukrainian and foreign researchers. Among Ukrainian scholars, significant contributions have been made by Yu. Lysanets, O. Bieliaieva [1], L.V. Stegnitska [2], M.M. Teleky [3], who have examined medical terminology from linguistic and cognitive perspectives. Foreign scholars such as K. Andrew et al. [4], N. Bacci et al. [5], R.P. Ferguson, D. Thomas [6], A. Karenberg [7], A. Woywodt and E. Matteson [8] have focused on the historical development, classification, and ethical dimensions of medical eponyms. Their works provide valuable insights into the linguistic, cultural, and professional aspects of eponym usage, forming a solid foundation for further comparative and interdisciplinary research in this field.

The purpose of the research is to provide a comprehensive typological and functional account of eponyms in English medical terminology by combining linguistic analysis with domain-specific medical classification. The study will (1) map eponyms according to their nominative origin (anthroponyms, toponyms, ethnonyms, zoonyms, mythonyms, etc.), (2) classify them by medical function (diseases, syndromes, symptoms, anatomical structures, instruments, procedures, etc.), (3) analyse morpho-syntactic patterns and orthographic variants in English, identifying frequency patterns and contextual constraints, and (4) formulate evidence-based style recommendations for medical scholars, terminologists and English for Specific Purposes (ESP) educators concerning the formation, usage and orthography of medical eponyms.

Presentation of the main material. Having its origins in the early 19th century, the term «eponym» is derived from the Greek words «epi» (meaning «upon» or «after») and «onyma» (meaning «name»), and is commonly understood to mean «named after someone or something». In its broad sense, the concept of an eponym refers to a person, place, or thing that lends its name to something else. In the field of medicine, eponyms are terms named after a physician or a patient, a specific location, an animal, or even a figure or setting from history, literature, or mythology. Thus «eponym» is an umbrella term for a handful of other terms such as autoeponyms, ethnonyms, toponyms, hydronyms, zoonyms, ergonyms, cosmonyms, ideonyms, poetonyms, theonyms, mythonyms, sacronyms, biblical eponyms, etc.

Within the medical sciences, it is a widespread practice to designate diseases, signs, syndromes, diagnostic tests, medical treatments, surgical procedures, instruments or devices, and even elements of human anatomy after particular physicians, surgeons, scientists, or researchers. Although such terminology might initially appear to be uncommon, the reality is quite the opposite. Various sources suggest that the number of medical eponyms ranges from approximately 8,000 to as many as 30,000. Moreover, some branches of medicine have specialised dictionaries devoted exclusively to eponymous terminology. Discussing eponymy as a form of prestige and recognition in science, Robert K. Merton notes that eponymy is a method of granting credit for scientific contributions, «Although scientific knowledge is impersonal, although its claim to truth must be assessed entirely apart from its source, the historian of science is called upon to prevent scientific knowledge from sinking (or rising) into anonymity, to preserve the collective memory of its origins. Anonymous givers have no place in this scheme of things. Eponymity, not anonymity, is the standard. And, as we have seen, outstanding scientists, in turn, labor hard to have their names inscribed in the golden book of first» [9, p. 645].

Before medical science had the means to uncover the root causes of many disorders and conditions, the eponym provided a practical way to name a disease. **Eponymous diseases** were most often named after the physicians or other healthcare providers, who initially documented and described them, usually through publication in a reputable medical journal. Such was the case of *Alzheimer disease* (a neurodegenerative disorder causing dementia, studied and first described by the German psychiatrist and neuropathologist Alois Alzheimer in 1906) or *Parkinson disease* (a progressive degenerative disorder of both the central and peripheral nervous systems, named after the English surgeon James Parkinson, who published the first comprehensive medical description of the disease in 1817). Less frequently, an eponymous disease was named after a patient, examples being *Hartnup disease* (an autosomal recessive metabolic disorder affecting the absorption of nonpolar amino acids, named after the British family Hartnup, who had this disease) and *Machado-Joseph disease* (a rare autosomal dominantly inherited neurodegenerative disease, named after the surnames of two families in which the condition was initially described).

It's worth noting that medical journals as well as dictionaries and style guides treat the issue of the possessive use of an eponymous disease or condition quite differently. European journals tend towards the use of the possessive form, while US journals are largely discontinuing its use. The trend in possessive usage varies between countries, journals, and diseases or conditions, so both *Alzheimer's* or *Alzheimer disease*, *Parkinson's* or *Parkinson disease* are acceptable. Nevertheless, the practice of using possessive eponyms is declining, with many medical journals now preferring non-possessive or descriptive names, e.g., *Hartnup disease / pellagra-like dermatosis* or *Machado-Joseph disease / spinocerebellar ataxia type 3*. Moreover, the decision to drop the possessive apostrophe from most eponymous diseases or conditions was supported by the Canadian National Institutes of Health back in 1975. The conclusion, as summarized in *The Lancet*, was the following, «The possessive use of an eponym should be discontinued, since the author neither had nor owned the disorder» [10, p. 451].

One type of eponymous diseases is **autoeponym** (from the Greek autós, meaning «self»), which is a medical condition named in honour of a medical professional who either suffered from or died due to the illness they discovered or described; alternatively, it may be named in honour of a patient who

experienced or succumbed to the disease. Examples of autoeponyms include *Carrion disease*, named after Daniel Alcides Carrión, a Peruvian medical student who deliberately infected himself with *Bartonella bacilliformis* in 1885, and *Lou Gehrig's disease*, which takes its name from the American baseball player Lou Gehrig diagnosed with the condition in 1939.

Autoeponyms can appear in either possessive or non-possessive forms. Typically, the non-possessive form is used when a disease is named after the medical professional, whereas the possessive form is more often applied when the disease is named after a patient – usually, though not exclusively, the first known case.

In medical nomenclature, *ethnonyms* (from the Greek *ethnos*, meaning «nation, people, or ethnic group») refer to disease names that are derived from the designation of a particular ethnic group, nationality, or population. Ethnonymic designations in medicine are exemplified by several well-known conditions: *German measles* (rubella) and *Japanese encephalitis*, which were originally described in German and Japanese populations respectively; *African sleeping sickness* (trypanosomiasis), which reflects its prevalence among certain sub-Saharan African populations; *Scandinavian nephropathy*, which represents a historical classification of kidney disorders first recognized in populations of Scandinavian descent. In medical history, syphilis may serve as a notable example of ethnonyms for it was frequently referred to as *French disease* in the late 15th and early 16th centuries, as well as *Italian disease* in France, *Neapolitan disease* in Germany, and *Spanish disease* in Italy. These historical names reflect a broader European tendency to attribute the disease to foreign populations, with each nation often blaming its neighbours for the spread of the condition. These naming conventions illustrate the ethnonymic practice of associating diseases with foreign or external groups, thereby connecting illness to social and cultural stigma rather than to its underlying scientific cause.

In medical nomenclature, the designation of diseases based on geographic locations is classified as *toponymic* (from the Greek *tópos*, meaning «place»). A considerable number of medical conditions derive their names from specific places. Examples include Bornholm disease, named after the Danish Island of Bornholm in the Baltic Sea, where one of the earliest documented outbreaks occurred; Lyme disease, which takes its name from the town of Lyme, Connecticut, where it was first identified as a distinct disorder in 1975; and Ebola virus disease, named after the Ebola River, near which simultaneous outbreaks were reported in 1976 in regions of present-day South Sudan and the Democratic Republic of the Congo. The latter example, more precisely classified as a *hydronym* (from the Greek *hydōr*, meaning «water»), represents a subtype of toponym referring specifically to a body of water. Although many toponymic terms maintain a legitimate historical or geographic connection to the regions they reference, others arise from incidental or arbitrary associations.

It is important to recognize, however, that the use of ethnonyms and toponyms in contemporary medical practice is increasingly discouraged. Such terminology can inadvertently perpetuate stigmatization, imply erroneous associations with particular populations, or convey misleading information regarding the epidemiology of a disease. In line with recommendations from the World Health Organization, modern disease-naming conventions emphasize neutral, descriptive terminology that conveys information about etiology, pathology, or clinical presentation without reference to ethnicity, nationality, or geographic location. For example, the designation COVID-19 avoids reference to the city of initial detection, reflecting this contemporary approach.

Diseases that are named after the animals with which they are associated are classified as *zoonymic* (from the Greek *zōon*, meaning «animal»). Representative examples of zoonymic diseases include cat-scratch disease, so named because it is transmitted via scratches or bites from cats; monkeypox, named for the laboratory monkeys in which the virus was first identified; cowpox, so named because the disease was first observed in cows; avian flu, which reflects its occurrence in birds (avis = bird); and swine flu, named for its association with pigs.

In May 2015, the World Health Organization issued Best Practices for the Naming of New Human Infectious Diseases to reduce potential negative impacts on trade, travel, tourism, or animal welfare,

and to avoid offense to cultural, social, national, regional, professional, or ethnic groups. These guidelines are not intended to replace the International Classification of Diseases but provide direction for scientists, public authorities, the media, and other stakeholders who may first communicate information about a newly identified disease [11].

As previously discussed, medical eponyms encompass not only eponymous diseases but also eponymous signs, symptoms, syndromes, and other clinical entities. **Eponymous signs and symptoms** are typically named after the physicians who first described them, or, in certain instances, after notable patients. For example, *Hippocratic face*, attributed to the classical Greek physician Hippocrates of Kos, refers to distinctive facial changes recognized as an indicator of impending death; *Babinski sign*, described by the French-Polish neurologist Joseph Jules François Félix Babinski, is a pathological plantar reflex that signifies corticospinal tract dysfunction; *Braxton Hicks contractions*, named for the English physician John Braxton Hicks, are sporadic uterine contractions usually perceptible during the second or third trimester of pregnancy; *Tetralogy of Fallot*, first characterized by the French physician Étienne Fallot, represents a congenital heart defect comprising four structural abnormalities: pulmonary stenosis, ventricular septal defect, right ventricular hypertrophy, and an overriding aorta; *Whipple triad*, named after the American surgeon Allen Oldfather Whipple, comprises three criteria indicating hypoglycemia as the probable cause of a patient's symptoms, potentially suggesting an insulinoma; and finally, *Auberger's blood group*, named after a 59-year-old French patient with esophageal varices, denotes a human blood type in which the Auberger antigen is expressed, occurring in approximately 82% of Caucasian populations.

Beyond individual signs and symptoms, medical eponyms also encompass eponymous syndromes – groups of interrelated clinical signs and symptoms that consistently occur together and are frequently associated with a specific underlying disease or pathological process. These syndromes are typically named after the physicians who first described them, or, in some instances, after patients who exhibited the defining characteristics. Examples named for physicians include *Down syndrome*, described by the British physician John Langdon Down, which is a genetic disorder caused by trisomy 21 and characterized by developmental delays, intellectual disability, and distinctive phenotypic features; and *Pierre Robin syndrome*, identified by the French dental surgeon Pierre Robin, which is a congenital condition defined by micrognathia, glossoptosis, and resultant airway obstruction.

An illustrative example of an eponymous syndrome named after an individual exhibiting defining characteristics is *Lazarus syndrome*, derived from the biblical figure Lazarus who, according to the New Testament, was raised from the dead by Jesus. Clinically, this term refers to autoresuscitation after failed cardiopulmonary resuscitation and is defined as the spontaneous return of a normal cardiac rhythm following unsuccessful resuscitative efforts. Since 1982, at least 38 such cases have been reported in the medical literature. It should be emphasized, that Lazarus syndrome is more precisely classified as a *biblical eponym*, a subtype of eponyms originating from figures or narratives described in the Bible.

Additional notable examples of eponymous syndromes include *Munchausen syndrome*, named after the German nobleman Münchhausen and inspired by the fantastical tales attributed to the fictional Baron Munchausen in Rudolf Erich Raspe's English-language novel. Also referred to as factitious disorder or factitious disorder imposed on self, this psychiatric condition is characterized by the deliberate feigning or induction of illness, injury, or psychological trauma to elicit attention, sympathy, or reassurance. Literary characters have also served as the basis for such eponymous syndromes as *Plyushkin syndrome*, derived from Stepan Plyushkin in Mykola Hohol's *Dead Souls*, and *Havisham syndrome*, named after Miss Havisham in Charles Dickens' *Great Expectations*. Both terms correspond to hoarding disorder or senile squalor syndrome, a neuropsychiatric condition characterized by persistent difficulty discarding possessions and the excessive acquisition of items that are unnecessary or for which adequate space is lacking.

In fact, the examples of *Plyushkin* and *Havisham syndromes* are more accurately classified as *poetonyms* (from the Greek *poietes*, meaning «creator»), a category encompassing proper names used

in works of fiction. Poetonyms represent names conceived in the creative consciousness of an author and reproduced within literary texts, films, video games, or other artistic media. More specifically, *Plyushkin syndrome* and *Havisham syndrome* can be further categorized as *anthropopoetonyms* (from the Greek *ánthropos*, meaning ‘man’), denoting proper names of fictional or artistic characters that are applied to real-world phenomena in medical or psychological contexts.

It is noteworthy that the aforementioned eponymous syndromes – Plyushkin and Havisham – are also sometimes referred to as Diogenes syndrome. This designation derives from Diogenes of Sinope, an ancient Greek philosopher and Cynic renowned for his ascetic lifestyle, who is said to have lived in a large jar in Athens. Unlike individuals with hoarding behaviours, Diogenes did not accumulate possessions; rather, he actively sought social interaction by venturing daily into the Agora. Consequently, the application of his name to these neuropsychiatric syndromes is considered a *misnomer*, reflecting a term that is inaccurately or inappropriately assigned.

A particularly intriguing category of medical terminology comprises mythologically inspired terms, also known as *mythonyms*. Derived from the Greek *mythos* («myth»), a mythonym refers to the proper name of an imaginary entity – such as a god, hero, supernatural phenomenon, or legendary place – perceived as real and employed in myths, legends, or tales. Greek mythology, in particular, served as a rich source for the creation of medical terms, as ancient physicians familiar with these stories often drew upon them when naming novel concepts. Notable examples include: *Oedipus complex* (named after the mythological figure Oedipus, who killed his father and married his mother), which in psychoanalytic theory describes a child’s desire for sexual involvement with the parent of the opposite sex accompanied by rivalry with the parent of the same sex; *Narcissism* (derived from the mythological Narcissus, who became infatuated with his own reflection), which denotes a self-centered personality style characterized by excessive preoccupation with oneself and one’s needs, often to the detriment of others; and *Gigantism* (inspired by the Giants of Greek and Roman mythology, beings noted for their great strength and aggression), which refers to a medical condition marked by excessive growth and height significantly above the population average.

In contemporary medical practice, there is concern that the mythological origins of certain terms may gradually fade, leading to the loss of semantic richness inherent in these mythonyms. Nonetheless, let’s hope that such terminology will be preserved, as mythologically inspired medical terms represent a particularly fascinating and culturally significant subset of medical nomenclature.

Considering eponyms in medical terminology, it is impossible to overlook **eponymous tests** – diagnostic procedures that traditionally bear the names of the physicians or researchers who first described or introduced them into clinical practice. For instance, *Ober test*, named after the American orthopedic surgeon Frank Roberts Ober, is frequently employed to evaluate a tight or shortened iliotibial band. *Allen test*, honoring the American cardiovascular specialist Edgar Van Nuys Allen, serves as a standard first-line non-invasive procedure for assessing arterial blood flow to the hand. *Barlow maneuver*, attributed to the British pediatric orthopedic surgeon Thomas Geoffrey Barlow, is a physical examination conducted in infants to screen for developmental dysplasia of the hip. *McMurray test*, named after the British orthopedic surgeon Thomas Porter McMurray, is a manipulative assessment used to detect meniscal tears in the knee.

The final example of an eponymous test is *Apgar score*. In fact, it represents a *backronym*, an acronym intentionally formed from an existing word to create a memorable name. *Apgar score* was originally developed as a mnemonic tool to evaluate the effects of obstetric anesthesia on newborns. This scoring system was designed by and named after Virginia Apgar, an American physician, obstetrical anesthesiologist, and medical researcher. She introduced five key indicators, monitored by anesthesiologists during surgeries, to assess the vitality of newborns: (1) heart rate, (2) respiration, (3) muscle tone or activity, (4) reflex response to stimulation, and (5) skin colour. By the early 1960s, the Apgar scoring method had been widely adopted in many hospitals and maternity homes not only

in the USA but all over the world. Subsequently, a backronym was created using the letters of Apgar's name as a mnemonic for the five criteria:

- A – Appearance (skin colour)
- P – Pulse (heart rate)
- G – Grimace (reflex response to stimulation)
- A – Activity (muscle tone or activity)
- R – Respiration

Additionally, Dr. Apgar's name is eponymous for another backronym – American Paediatric Gross Assessment Record.

We also cannot overlook eponymous medical treatments, which are typically named after physicians who developed or described them, e.g., *Epley maneuver*, named after the American otolaryngologist John Epley, which is employed by medical practitioners to manage a common cause of vertigo originating from semicircular canals of the inner ear; *Sippy diet*, named after the American gastroenterologist Bertram Welton Sippy, which is a bland dietary regimen for managing peptic ulcers, consisting primarily of measured portions of milk and cream taken at regular hourly intervals over a specified period; and finally, *Williams flexion exercises*, developed by the American orthopedic surgeon Paul Williams, which comprise a series of targeted physical exercises designed to promote lumbar flexion, limit lumbar extension, and strengthen the abdominal muscles, providing a non-surgical approach to managing lower back pain.

Eponymous surgical procedures are typically named in honor of the surgeon or surgeons who first performed or documented them. In certain cases, the procedures bear the name of the surgeon who popularized or refined the existing techniques, while on rare occasions, they are named after the first patient underwent the procedure. For instance, *Foley operation*, named after the American urologist Frederic Eugene Basil Foley, who was the first to describe an innovated technique, which is a pyeloplasty performed to treat stricture of the uretero-pelvic junction; and finally, and *Tommy John surgery*, named after the American baseball pitcher Tommy John, who was the first patient to undergo this surgical treatment, which is a reconstructive grafting procedure in which the ulnar collateral ligament of the medial elbow is replaced with a tendon harvested either from the patient's own body or from a deceased donor.

In most cases, **eponymous medical devices** are named after their inventors. Examples include *Adson forceps*, named for the American physician, military officer, and surgeon Alfred Washington Adson; *Auvarud speculum*, named after the French obstetrician and gynecologist Alfred Auvarud; and *Allis clamp*, named in honor of the American surgeon Oscar Huntington Allis.

Like all the disciplines of medical science, anatomy has its own language too. The set of terms used to designate and describe the organism or its parts is called Anatomical Nomenclature. Though many scientists argue on the expediency of the use of **anatomical eponyms** (they are difficult to memorize, imprecise and ethnocentric), eponymous terms have great historical importance and are still applied to designate elements of human anatomy. Thus, anatomical eponyms include **anthroponyms** – *artery of Adamkiewicz* (Albert Adamkiewicz, Polish pathologist), *Bowman capsule* (William Bowman, English surgeon-anatomist), *Betz cells* (Volodymyr Oleksiiovych Betz, Ukrainian histologist), *Bundle of His* (Wilhelm His, Swiss cardiologist), *Great vein of Galen* (Galen, ancient Greek physician), *Fallopian tube* (Gabriele Falloppio, Italian anatomist), *Islets of Langerhans* (Paul Langerhans, German pathologist, physiologist and biologist), *Node of Ranvier* (Louis-Antoine Ranvier, French physician, pathologist, anatomist and histologist), *Sphincter of Oddi* (Ruggero Oddi, Italian physiologist and anatomist); **mythonyms** – *Achilles tendon* (Achilles, Greek mythological character), *Adonis belt* or *Apollo belt* (Adonis, Apollo, Greek mythological characters), *Atlas vertebra* (Atlas, Greek mythological character), *Hymen* (Hymenaios, Greek mythological character), *Iris* (Iris, Greek mythological character), *mons Venus* (Venus, Roman mythological character), *Ammon's horn* (Amon, Egyptian mythological character); **biblical eponyms** – *Adam's apple* (Adam, Biblical figure), *Jacob's tendon* (Jacob, Biblical figure) etc.

In contemporary anatomical nomenclature, naming of a body structure is primarily intended to convey descriptive information about the structure itself. In line with this principle, eponyms have largely been abandoned, as they provide little insight into morphology, location, or function. Instead, terms that describe the shape (e.g., trapezius muscle), position (e.g., median nerve), pathway (e.g., circumflex scapular artery), connections or relationships (e.g., sacroiliac ligament), association with the skeleton (e.g., radial artery), or function (e.g., levator scapulae) are now preferred.

Conclusions. The conducted analysis of medical eponyms highlights their continued relevance in contemporary clinical practice, despite their inherent limitations. While eponyms often lack precision and can occasionally cause confusion, they remain widely used, and familiarity with them is essential for understanding the language of clinicians who continue to employ these traditional terms. Although the World Health Organization and other authorities advocate for descriptive, multi-word terminology that conveys precise anatomical, functional, or pathological information, certain eponyms have achieved such widespread recognition that they persist even even in a negative form, e.g., pernicious lymphogranuloma is better known as *Hodgkin disease /granuloma/ sarcoma*, and its histologically negative variety is called *non-Hodgkin lymphoma*.

Furthermore, usage of eponyms varies in different countries. In English-speaking countries such as the USA and the UK, *Graves disease* is the predominant term, whereas in Continental Europe, including Germany and France, the same condition is typically referred to as *Basedow disease*. Both terms describe the same clinical entity – toxic diffuse goitre – yet regional preferences in terminology underscore the cultural and historical dimensions of medical nomenclature. It should be noted that in Ukraine, the terms *Graves disease* and *Basedow disease* are used with equal frequency.

Overall, eponyms continue to serve as a bridge between historical medical knowledge and contemporary practice, enriching clinical communication while simultaneously reflecting the evolving nature of medical language. Their study is therefore valuable not only for clinicians but also for historians of medicine, English for Specific Purposes (ESP) educators and industry-specific interpreters and translators offering insight into how tradition, culture, and scientific precision intersect in the naming of disease and clinical procedures. Although medical eponyms can be challenging to master and may seem outdated, they nevertheless remain an integral part of the history of medicine.

Further research could expand the corpus of English medical eponyms across diverse clinical sub-fields and explore cross-linguistic adaptation, especially in translation into Ukrainian. Future studies may also investigate the cognitive and communicative aspects of eponym usage in medical education and professional practice, providing insights for standardization and pedagogical applications.

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