The Declining Use of the Hallervorden-Spatz Eponym

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Despite efforts to the contrary, the use of eponyms remains widespread in medical practice and research.1 Eponyms appear to collectively function as a form of medical shorthand in communication that also serves to highlight and concretely recall a temporally far removed historical context. The actual assignation of eponyms occurs somewhat haphazardly and typically reflects the explicit recognition of a primacy of discovery and description to those deemed worthy of “eponymic glory.”2 Thus eponyms do serve as a mechanism or form of honoring medical pioneers who through astute clinical observation or scientific pursuit enabled a recognition of a particular disease entity or clinical phenomena or furthering an understanding of pathogenesis.

Hallervorden-Spatz disease is but one example of a long-existent eponym within pediatric neurology.2 Julius Hallervorden and Hugo Spatz were indeed the first to describe a familial neurodegenerative condition characterized pathologically by progressive iron deposition in the basal ganglia.3 Coincidentally, these 2 individuals were also “giants” of neuropathology in its descriptive heyday. Their meticulous histopathologic observations, combined with thorough clinical correlation, fostered considered progress in disease classification and pathogenesis in the first half of the 20th century.

However, both of these pillars of the ivory tower of continental academic neuroscience were complicit in some of the most egregious atrocities committed by medicine in the Third Reich.4 While we typically consider these atrocities to be restricted to horrific experiments conducted in the charnel houses that were the concentration camps, in actuality medical abuses were more pervasively and systematically distributed in mainstream medicine.5 These included targeted extermination programs directed at disabled German children6 and chronically ill institutionalized German adults.7 These “euthanasia” programs were precursors to “court” of opinion. This court has weighed the evidence before deeming the disorder—first with its chromosomal localization10 and subsequently with the actual identification of the pantothenate kinase gene defect.11 Similar pleas for eponymic reconsideration were voiced in editorials in such authoritative journals as the New England Journal of Medicine12 and Lancet.13

Zeidman and Pandey document a statistically significant decline in the unqualified use of the eponym.8 Indeed its use has declined by half between the intervals of 1990-1999 and 2000-2010. A similar trend was also apparent in the few textbooks they reviewed.

What is intriguing about this trend is that it speaks of an unconscious collective decision by the neurologic community to “do the right thing.” After all, there is no central body regulating the use of eponyms. Any changes in designation or use must reflect a naturally occurring, emerging, and broadly based consensus. The declining trend in unqualified use of the Hallervorden-Spatz eponym documented by Zeidman and Pandey is in effect a reflection of a decision by a neurologic “court” of opinion. This court has weighed the evidence before it without explicitly doing so and has rendered a judgement that Hallervorden’s and Spatz’s later actions effectively negate the honor of their original discovery of a novel disease and its

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underlying pathology. It speaks of a collective consciousness, a collective morality, and a collective will by the neurologic community.

Zeidman and Pandey in their discussion ponder what should be done in the future; whether the eponym should be abandoned entirely (after all a gene has been discovered) or used with qualification and explicit recall of the crimes committed as a “siren” song to the present. Personally, I think we would best honor the neurologic “court” by letting it reach its own evolving consensus. Given what has already transpired, I have no doubt that it would do so in a way that is meaningful, just, and most of all right.

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