— Editorial

HOW WE SHOULD (AND SHOULD NOT) NAME DISEASES

Occasionally, I´ve heard a friend and scientist whom I greatly admire express his disagreement with the practice of naming syndromes and diseases after their discoverers. When he did so, I found myself reflecting that, beyond the personal satisfaction experienced by the "father" of a disease in witnessing the success of his achievement, having one's name permanently associated with it also represents a source of pride and a reward for the effort invested.

Alois Alzheimer, a German psychiatrist, discovered in 1906 the disease that bears his name, and I believe that wherever he may be, he must feel pride each time it´s mentioned. Something similar must happen to *Carlos Ribeiro Justiniano Chagas*, who discovered in 1909 the disease that also carries his name and was immortalized when, in 2019, the 72nd World Health Assembly established World Chagas Disease Day in his honor. Above all, however, I believe that simply hearing names such as *Chagas, Hansen, Von Recklinghausen, Darier, Kaposi, Duhring, Bowen, Paget, Raynaud*, and so many others is enough to immediately bring to mind the disease in question, without the need to explicitly mention leprosy, dermatitis herpetiformis, or other diagnostic terms.

I believe that the crucial issue lies in knowing when a process is sufficiently significant to justify allowing a disease to immortalize a name—and a person. It is worth remembering that eponyms are not the only form of nomenclature: Lyme disease does not refer to an individual but to a locality; Spanish flu perpetuates the name of a nation; and the Ebola virus immortalizes a river, the Ebola River.

I think it is fair that those who have investigated—and, even more so, discovered—a disease of great significance should see their name permanently associated with the diagnosis of that entity. However, this legitimate aspiration should not be taken to an extreme that normalizes such practice without proper justification, nor should it be applied to minor findings or merely diagnostic observations. There are also examples of fair and descriptive forms of nomenclature that do not refer to human beings. One such example is pellagra, which, when referred to as the "disease of the four Ds"—in reference to dermatitis, diarrhea, dementia, and death—essentially conveys the entirety of the condition in a single expression.

If we consider *Carvajal syndrome*, we find that virtually all bibliographic sources immediately draw an analogy with *Naxos disease*. This leads me to ask: who would remember these two conditions if we were required to name them as "striated palmoplantar hyperkeratosis associated with congenital woolly hair and left ventricular dilated cardiomyopathy," while in *Naxos disease* the distinction lies in the repetition of the first two features together with the presence of arrhythmogenic right ventricular dysplasia (ARVD), a cardiac disease that may lead to arrhythmias and sudden death?

I believe we must continue to reflect on whether a change is suitable or whether we should establish a status quo that avoids potentially complex alterations.

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