

"SYNCHRONIZING IDIOSYNCRACIES"

By

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FADE IN:

LECTURED

In a conference room rich with the smell of weathered coffee.

THE DOCTOR

Hi everyone, thank you for coming to the Shelf review session. Leave your pagers outside with the department secretary.

(smiles awkwardly and pauses for 30 seconds)

Let's get started and warm up with some rapid review. First off, who can tell me what Virchow's triad is?

MEDICAL STUDENT JASMINE

(raises hand enthusiastically)

It describes the three physiologic derangements that lead to thrombosis: hypercoagulability, endothelial injury, and stasis of blood flow.

THE DOCTOR

Excellent! Shelf questions will touch on one or more of these aspects. I am sure you are all familiar with the provoked deep vein thrombosis that occurs after long plane rides as an example of blood flow stasis. Let's draw this out.

MEDICAL STUDENT LARRY

(raises hand hesitantly)

Umm, Doctor, silly question. Why is this called Virchow's triad? It's not very descriptive. I just feel like I keep memorizing all these dead white dudes' names, and I'm having trouble keeping them straight.

THE DOCTOR

Well, you see, Dr. Rudolf Virchow discovered these three factors, so we put

his name on the triad to honor his discovery.

MEDICAL STUDENT JASMINE

(raises hand aggressively)

Well, Doctor, he actually didn't. He never proposed a triad. He didn't confirm the individual components either. That work was done by his contemporaries. Not to mention he was dead when the eponym of Virchow's triad was first published in the literature. While he was alive, he did a nice synthesis of the pathophysiology behind a pulmonary embolism which obviously is related to thrombosis.

(scratches chin and pensively looks up)

Though notably he missed the part about endothelial trauma. He vehemently opposed the idea that endothelial cells had any role in thrombosis.

THE DOCTOR

Well, thank you, I did not know that! Of course, to get back to the original question, its important you learn these eponyms. Regardless of the exact history, they help consolidate multiple concepts into a unified package, like Virchow's triad.

MEDICAL STUDENT LARRY

Ok, but Doctor when I'm memorizing the 3 unique parts of the triad, things make sense. But, when we throw in a name that isn't descriptive, I get lost. Why can't we call this the Triad of Thrombosis or something like that?

THE DOCTOR

Another astute question. Well, we cannot forget our history. We honor the giants on whose shoulder's we stand by using these phrases, people like Dr. Apgar, Dr. Wegener, and Dr. Whipple.

MEDICAL STUDENT ADRIENNE

(raises hand nearly bursting out of seat)

Woah, woah, woah, slow down. First off, Dr. Virginia Apgar doesn't count in that argument. She earned her eponym. She overcame ridiculous amounts of discrimination because of her sex. She was encouraged to leave surgery by Dr. Whipple, who we will get to later, because of the difficulty women had in establishing surgical careers. He pushed her to become an anesthesiologist which was not even a recognized medical specialty and was considered a nursing task. Sure, he said some nice things about her being the best person to pioneer that field, but we can all see sexism in this story. And when Dr. Apgar revolutionizes our approach to evaluating newborns, she does not just put her name on it. She makes it meaningful. She turned her name INTO A MNEMONIC which is, well, iconic. It's not a throw-away honorific.

Next, let's not even begin to talk about Wegener and his history as a Nazi. Scientifically, he took an already recognized disease and described it a little better, so we slapped his name on it. I'm all for people getting credit for improving how we classify diseases, but using a name tells me nothing about the disease. Pulmonary embolism? I think blood clot to the lungs. Wegener's disease? There are no breadcrumbs to even help me get to an answer. I know calling it granulomatosis with polyangiitis is relatively new to our attendings, and it is a mouth full, but at least its descriptive. The acronym for it, GPA, isn't even that bad! Also, it doesn't commemorate a Nazi which is a nice touch, so I'll happily call it GPA.

Finally, its great what Dr. Whipple did with pancreas resection, but with things like Whipple's triad and Whipple's disease, they crosswire in my brain. Not to mention Whipple's disease is named after a different, unrelated Dr. Whipple so are we really honoring people if we don't know that distinction? Let it not be lost that it was the surgical Dr. Whipple who told the brilliant Dr. Apgar after completing a sought-after surgical internship and residency that she should do something else with her life. That honestly sucks. Let's call the Whipple procedure what it is: pancreaticoduodenectomy. Sure, that's not fun to say, but we could abbreviate it to PD resection.

Speaking of one guy having too many eponyms, after we figure out the Whipple situation, we can work on Charcot, that guy has his name on everything. Did you know he has 15 eponyms?

You may not have recognized this, but the examples you gave us lack any ethnic diversity. We all know what Tetralogy of Fallot is, which I may add is another eponym though not as egregious given it at least reminds me there are four components to the disease. The surgical repair of Tetralogy of Fallot was pioneered by Vivian Thomas, a black man who was held back from receiving a medical education, and then he had his work stolen by his white boss. We don't call that repair Thomas' Repair of Tetralogy of Fallot. We could though, that's the problem.

Racism and sexism made our scientists white men historically, but do you know what message that sends to anyone who does not look or act like Wegener, Whipple, or Virchow?

THE DOCTOR

Those are very valid, important points, and I agree with you. These eponyms are not fair and don't facilitate learning. But level with me here, a lot of your attendings are going to say these names and expect you to know what they mean. These names show up in review articles and on board exams. These names have a function even if it's not perfect. I do not like it either, but it also would not be fair of me to deprive you of this knowledge.

MEDICAL STUDENT ADRIENNE

Sorry, Doctor, I didn't mean to take that frustration out on you. I am just sick of medicine changing one funeral at a time. Not to mention that the Old Guard which reveres these names are still teaching, and when we one day are the Old Guard, we are going to have to fight our training which is to revere these names. This doesn't just disappear. So, I appreciate you looking out for us, but can we at least acknowledge that eponyms need an audit and mention that when teaching? Jasmine brought up the history of Virchow which I had no idea about, but it's a worthwhile factoid to know. More useful, than dare I say, the names of every enzyme in glycolysis. Maybe if we all knew who the people behind the eponyms were, we may be more conscious with how we use their names.

MEDICAL STUDENT JACK

(clears throat loudly)

Hey this is great and all, but I have a shelf exam Friday. Maybe we should worry more about the test than our side conversation. I mean, honors are on the line!

The class looks around and nods in hesitant agreement as Jasmine and Larry look at Jack incredulously. The Doctor does not comment and turns to the white board to draw a triangle. His white coat camouflages him with the board.

FADE OUT:

THE END