

The Rediscovery of Previously Described Dermatoses

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Who discovered America? By some accounts, it was Christopher Columbus, who left Palos, Spain, on August 3, 1492, and dropped anchor off the coast of Santo Domingo, the Dominican Republic, not far from Haiti, on October 12 of the same year. Other historians, paleographers, and polemicists offer different accounts based on literary and archeological evidence suggesting that first the Phoenicians and later the Vikings arrived on these coasts and discovered the New World well before Genoa's maritime genius. Even assuming these latter accounts are true, we cannot ignore the outstanding achievements of Columbus: he introduced Europe to the new continent and initiated a new adventure in human endeavor, what have come to be known as "modern times." Nevertheless, only a small part of the New World remains associated in name with this discoverer—Columbia. Place names have been unfair in that respect, and the name "America" was proposed to designate a quarter of the world in honor of Amerigo Vespucci, who made several expeditions to the lands discovered by Columbus and who succeeded him as the *piloto mayor*.¹ "But what," you are no doubt asking yourself, "does this have to do with skin diseases?"

By analogy, this same process of discovery-rediscovery-renaming occurs in the field of medicine and, *a fortiori*, in dermatology. The eponyms of many diseases do not necessarily refer to their first discoverers. The variability of authorship, authors' deliberate ignorance of previous publications, and a lack of interest in articles written in other languages have all contributed to "pseudodiscoveries."

This article is not a systematic attempt to completely devalue these "rediscoveries"; in some cases, they serve to rehabilitate neglected or forgotten entities and may even generate new interest and stimulate research. This was the case, for example, with Alan Lyell² in 1956, who wrote the most highly cited article ever to appear in *The British Journal of Dermatology*³ and paved the way for the rediscovery of "dermatitis exfoliativa neonatorum syndrome" described by

Gottfried Ritter von Rittershain⁴ in 1878 and "erythroderma with epidermolysis" described by Debré et al⁵ in 1939. Its rediscovery generated a considerable amount of research, especially on staphylococcal exfoliations, immunologic mechanisms of severe bullous toxicoderma, and pharmacokinetics in dermatology. This research in turn contributed to the categorization of the "Lyell syndrome" into its 3 component entities also recognized by Lyell³: staphylococcal scalded skin syndrome (SSSS), exanthematous necrolysis (a major form of the Stevens-Johnson syndrome), and drug-induced toxic necrolysis.

REDISCOVERY: THE NEGATIVE SIDE

However, a rediscovery is not always so useful or enlightening, nor are the achievements of the rediscoverer always so valuable. At times, the rediscovery is attributable not to the rediscovering authors

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themselves but to the fact that the large centers involved in collecting and identifying international scientific data use predominantly English as their research language. Despite their international calling, they do a less than thorough job researching data, and the selection process gives priority to English-language journals. The implications of such a scenario are not difficult to imagine. The French linguist Claude Hagège⁶ denounced it with a polemical tone, noting

Either the articles in French are missing from the bibliographies because authors using the most widely available resources cannot find them; or, even worse, an English-speaking researcher does find the articles, but plagiarizes them. A researcher may plagiarize non-English articles with impunity because, without an archiving system, the scientific community is able to ignore their presence in the original language. And when the authors or their affiliates discover the larceny, it is too late to seek the rightful credit for an idea or discovery that an act of piracy has whisked away without due process.

Here is just 1 recent example of this phenomenon: the rediscovery by Hunt et al⁷ of microvenular hemangioma that was described barely 2 years earlier under another name in a German-language journal of dermatology.⁸

EONYMOUS ATTRIBUTIONS: GOOD AND BAD

The eponymic route⁹ is one road to immortality for the discoverer. Such eponymy is sometimes fortunate. For example, Lyme disease^{10,11} was instrumental in the discovery of borreliosis caused by *Borrelia burgdorferi*,¹² and its discovery led to the etiological reclassification of entities such as erythema chronicum migrans and acrodermatitis chronica atrophicans. It is probably Lyme disease or the more accurate Lyme borreliosis that will enter into general usage and endure.

In some cases, the eponym is only partially deserved. For Netherton syndrome, several authors provided partial descriptions of a set of symptoms: Comèl¹³ described ichthyosis linearis circumflexa in 1949;

Bazex and Dupré¹⁴ described variable circinate erythemas, periorificial erythemas, and hypotrichosis in 1956; Netherton¹⁵ described the bamboo-like hairs characteristic of this disease, which Wilkinson et al¹⁶ then named Netherton disease in 1964. This entity has had numerous discoverers, all worthy researchers. But despite protests by Bazex and Dupré,¹⁷ only the name of the person who described the hair shaft defects received an eponymous role.

ACRONYM DISGUISES

Resorting to acronyms is another way of completely or partially stripping away historically significant events. Hence, the syndrome with the acronym CRST (calcinosis, Raynaud phenomenon, sclerodactyly, telangiectasia), which has become CREST syndrome (because of esophageal involvement) and even, pseudoeponymically, “the Crest syndrome,” has expropriated the contributions of Thibierge and Weissenbach,¹⁸ who provided a remarkable description in 1911 of the 4 cardinal signs of what, in their estimation, was only a symptomatic variant of scleroderma. Surely CR(E)ST is more descriptive and less a mouthful than Thibierge-Weissenbach disease, but it does not give the actual discoverers their due credit.

The REM syndrome (reticular erythematous mucinosis) described by Steigleder et al in 1974¹⁹ turned out to be identical, according to the authors,²⁰ to plaquelike cutaneous mucinosis described in 1960 by Perry et al,²¹ but the acronym REM seems to have stuck.

In some cases, the acronym is the best name: CHILD syndrome²² (congenital hemidysplasia, unilateral ichthyosiform erythroderma, and limb defects) is infinitely more communicable than the titular descriptor proposed simultaneously by other authors²³ for the same disease.

SHIFTING TERMINOLOGY

The choice of terminology is a fundamental issue in many cases. Thus, keratoacanthoma first described by Hutchinson²⁴ in 1889 (crateriform ulcer) has been rediscovered several times: by Dupont²⁵ in 1930 (se-

baceous cyst with vegetative wall); by MacCormac and Scarff²⁶ in 1936 (molluscum sebaceum); and by Rook and Whimster²⁷ in 1950 (keratoacanthoma). But the term keratoacanthoma seemed better than all the others, even according to Dupont,²⁸ who luckily still retains credit for its discovery.

However, it does not always turn out that way; the choice of certain terms often precludes the citation of certain articles despite their earlier publication dates. The expression “sinus histiocytosis,” proposed by Rosai and Dorfman,²⁹ provides no link to original research by Destombes,³⁰ whose name rarely appears in publications using the eponym and never shows up in works using the anatomopathological term to designate the disease. The concept of *multiple endocrine neoplasias* that appeared in 1968 in the wake of research by Pearse³¹ on the APUD (amine precursor uptake and decarboxylation) system has either eliminated or reduced the citation of previous works where such pathological relationships were already described. Hence, the seminal work by Bazex and Dupré³² on “cutaneous myelinic neuromas” is never cited by articles on the MEN (multiple endocrine neoplasia) 2b syndrome.

Finally, there are more complicated situations where even a bookworm would feel disoriented. The syndrome associating multiple primitive carcinomas of the colon and cutaneous tumors (keratoacanthomas, adenomas, and sebaceous carcinomas, in particular) was described by Muir et al in 1967³³ and by Torre in 1968.³⁴ There has never been a conflict concerning these authors and if the eponym Torre syndrome generally prevails in the citations, this would seem linked to the less than rigorous searches of later authors who duplicate each other's work without checking sources.

SOME REDISCOVERIES ADVANCE OUR KNOWLEDGE

Successive rediscoveries do at times improve our understanding of the disease process. Examples abound. For instance, carcinoid papillomatosis,³⁵ considered to be pseudocarcinoma, first became florid papillo-

matosis,³⁶ a precancerous disease, and next verrucous carcinoma,³⁷ a low-grade cancer. Most, if not all, of the poikilodermas have been described and rediscovered, and rarely are the first authors credited eponymously.³⁸

It is not always possible to explain the outcome of a discovery or the designation of a name. And this does not just involve the medical field. In the automotive industry, 2 models undergoing development with the utmost secrecy may wind up being identical when they hit the market, as their designers integrate the same features using the latest technology. But in fact, 1 of the 2 models will enjoy greater success commercially contrary to all logical predictions.

A medical example of this apparently random phenomenon is the association of scleroderma and primitive biliary cirrhosis, remarkably described by Murray-Lyon et al³⁹ and Reynolds et al⁴⁰ at the same time. However, only the term Reynolds syndrome prevailed.

CULTURAL CHAUVINISM

Unfortunately, cultural chauvinism is present everywhere: Dubreuilh's melanosis is to the French-speaking world what Hutchinson melanosis is to the English-speaking world; Darier disease in Europe becomes White disease in the United States, although the 2 names should be systematically combined because this disease was described simultaneously on both sides of the Atlantic in 1889.^{41,42} Sometimes discoveries occur simultaneously on both sides of a battle front and the division persists into posterity. The Fiessinger-Leroy-Reiter syndrome is better known in Germany as the Reiter syndrome.⁴³

CONCLUSIONS

So what does all this mean? First, it means that we should regard any apparently original ideas with some scientific skepticism and do a careful literature search. Access to data banks facilitate such work, but direct consultations with colleagues

sometimes yield other information or cruel disappointment.

It also means that we should learn how to publicize our discoveries, using all existing means of communication. The choice of words, the timing of a written or an oral presentation, and the relevant forum are assets as valuable as the quality of the research itself.

Finally, we have to show respect for our discoveries by tailoring them to the scientific movements of their time and allowing them to gain recognition as such. Pautrier (in personal oral communication with E.G. on many occasions) said that in order to succeed, one has to *have* the knowledge, *communicate* the knowledge, and *use* the knowledge. With respect to medical discoveries, these 3 principles should be applied systematically if one does not wish to remain the anonymous Indian or Viking or Phoenician who discovered the New World, but, instead, desires to emulate Christopher Columbus, who not only discovered the New World, but also made his discovery known.

Accepted for publication March 2, 2001.

This article is based on a thesis on the history of dermatology presented by Dr Tomb at the Faculty of Medicine of Strasbourg (Louis Pasteur University), Strasbourg, France, on March 27, 1989. Part of this study was also published as an editorial in 1992 in the Annales de Dermatologie on the occasion of the 500th anniversary of the discovery of America.⁴⁴

We are deeply grateful to Eugene Garfield, PhD, for his encouragement and for his contribution to the English translation of this article.

We also thank A. Bernard Ackerman, MD, who was the most important contributor to Roland Tomb's thesis work in 1989. His valuable comments helped us to achieve a less passionate tone and to improve the quality of this article.

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