

Editorial

Dermatology: one of the most descriptive fields of medicine

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Any scientific discipline requires a sharply defined set of words for exact and reproducible communication. Dermatology lexicon is very rich with descriptive terminology. This descriptiveness is because of frequent use of eponyms and toponyms. In dermatology literature, every now and then we see eponymous words, toponymous words, eponymous adjectives and phrases. An eponym is a person (real or fictitious) from whom something is said to take its name. The term eponym is derived from the Greek words *epi*, meaning upon, and *onyma*, meaning name.¹ Thus eponym means giving a name, while toponym is the name derived from place (geographic eponym) or things. Dermatologists, non-dermatologist physicians, medical students, paramedical workers and patients, all have contributed to the terminology used in dermatology. Eponyms may also give a clue to the epidemiologic nature of the illness or represent a memorable incident.² The use of an eponym actually reminds us of the lively history of dermatology.³ It can also be a natural protection against plagiarism.⁴

When we enjoy using these descriptive and eponymous terminologies in dermatology, we should also keep in mind the problems and limitations that might be encountered with eponyms and toponyms. These include incorrect spelling or mispronunciation due to inaccurate transliteration -- like what happened to Nikolsky when it was translated from the Cyrillic alphabet to other languages.⁵ Other limitations may be; using same eponym for more than one diseases or clinical signs, incorrect or misleading eponym (misnomer) or a disease may have more than one eponym.^{2,6} An example of the latter is Pautrier microabscesses (first described by Darier). According to a pupil, Pautrier himself expressed surprise that he was given credit for Darier's contribution.⁷

The beauty of dermatology can be depicted from following few phrases containing some of the descriptive terminologies. A dermatological patient visiting your clinic could be; An *Amsterdam dwarf* covering his *moth-eaten alopecia* with *cradle cap*, has *bamboo hair*, *toad skin*, *dish face*, *webbed neck*, *Mickey mouse ears*, a *butterfly rash*, *rose spots*, a *whisky nose*, *screw driver teeth*, *mulberry molars*, a *strawberry tongue*, *pigeon's chest*, *humped back*, *pot belly*, *mitten hands*, *tripe palms*, *green nails*, *elephant's leg*, *hanging groins*, *leopard's*

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spots, sabre tibia, parrot's nodes and athlete's feet. He would be wearing Harlequin armour made of Moroccan leather covered with an apron decorated with café-au-lait macules and ash leaf spots and at places appearing as plucked chicken skin. He would be dressed in a borrowed Casal's necklace, cluster of jewels, Epstein pearls and PRP sandals for a meal of cauliflower (growth) with cayenne pepper, orange peels (peaud'e), cherry (angiomas), apple jelly (nodules) and port wine (stain).

Do you have an appetite for dermatology? Dermatological diagnosis is aided by an eye-sign, carpet-tack sign, deck-chair sign, groove sign, corn-flake sign, flag sign, heliotrope sign, shawl sign and antenna sign, Hutchinson's nail sign, Leser-Trélat's sign, Darier's sign, Auspitz's sign, Nikolsky's sign and many more. Then there is mica-like, cigarette paper-like, branny and furfaceous scales or a CHILD, KID and LAMB syndromes. If you still not want to finish it off, there is always ANOTHER syndrome.

Dermatopathology is even more descriptive, e.g. jigsaw puzzle, dilapidated brick wall, tadpole, Indian filing, exploding grenade, keratin pearls, ainak wala jin (monster with glasses), tala howa anda (fried egg).

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