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Medical Eponyms and Toponyms in Tropical Africa

K Saasa[1], MSS Patel[2]

[1]Emeritus Principal General Practitioner, [2]Emeritus Chief Pathologist

ABSTRACT

The topic of medical eponyms and toponyms in tropical Africa is discussed. Eponyms have been adopted in medicine to honour pioneering doctors who perceived previously unrecognised discoveries in medical science. There is yet no representation of medical eponyms for indigenous doctors or patients in tropical Africa. A historical explanation for this predicament might be the bigotry of colonialism and a colour-bar psyche which unreasonably precluded diversity in medical education in the past. It has further compounded the delay caused by an extraordinary length of time for medical eponyms to evolve. It is now important to start recognising the contribution to medical science by doctors in tropical Africa as the process of bestowing eponyms begins with publicity. The achievements of Zambian medico-political *avant-gardists* should be adequately publicised in the medical literature. It will be a matter of time before an eponymous achievement is accomplished by African doctors. The deep entrenchment in medicine and a long-standing medical tradition makes it unlikely that medical eponyms could become extinct by then. Nevertheless, there are in existence several toponyms and vernacular etymology for African diseases such as Crimean-Congo haemorrhagic fever or Buruli ulcer and chikungunya or kwashiorkor.

INTRODUCTION

The topic of medical eponyms and toponyms in tropical Africa is discussed. The objectives are twofold (a) to put the spotlight on the rationale for not having medical eponyms representing indigenous African doctors and (b) to remedy an inadequate publicity of their achievements in medical science. The discussion is structured with seven subheading viz. (i) medical eponyms, (ii) first non-Caucasian doctor, (iii) first Zambian doctor, (iv) pioneering Zambian doctors, (v) first Zambian nurse, (vi) African medical toponyms and (vii) African medical etymology.

Eponyms are used in medical science to honour pioneers who perceive previously unrecognised medical discoveries. There are no set rules for bestowing medical eponyms but it begins with popular publicity and takes extraordinary long time to evolve and become acceptable.[1] There are limitless eponyms in medical practice and an illustrated historical synopsis reviews ten well known medical eponyms.[1] In general pathology, for example, eponyms for morbid specimens were flavoured with culinary comparisons.[2]

Corresponding author:
Dr K Saasa
PO Box 11710, Chingola, Copperbelt, Zambia
imasikusaasa@gmail.com

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There is a debatable controversy about conferring medical eponyms. There is no consensus in the medical community on the suitability of some medical eponyms.[3] The pros and cons arguments over medical eponyms have been tabulated and well elaborated in an editorial letter.[4] Those in favour assert that medical eponyms are immutable as they provide a concise means of recall.[3] It is an effective way to communicate clinical findings with medical colleagues globally.[5] A debate on the opposite side is whether medical eponyms should indeed be in the medical vocabulary.[3] Another view against honorary medical eponyms is that they do not reflect the pathophysiology of a disease process and are harmful to an understanding of complex pathology to help provide optimal clinical care.[6] It has also been canvassed that a possessive eponym for a medical condition should be discouraged unless there is ownership as acquired by patients.[7] There is an obvious need to systematically address the semantic and etymological classification of medical eponyms.[3] It is unlikely that medical eponyms would be eradicated as they are deeply entrenched in medicine and have a long-standing tradition.[4]

Unfortunately, there are no eponyms to date for indigenous African doctors from tropical Africa. This is understandable considering a relatively late start due to the historical prejudicial circumstances. The process has been further delayed by inadequate exposure of their achievements in the medical literature as the case is with Zambian *avant-garde* medical practitioners.

Nevertheless, there are in existence several toponyms for African illnesses which are mostly viral diseases. There are other African diseases which have a vernacular etymology.

DISCUSSION

(i) Medical eponyms:

A lengthy list of medical eponyms which is set out in various categories such as diseases; clinical signs; diagnostic tests; surgical procedures and medical devices is curiously void of indigenous doctors from tropical Africa.[8]

A probable explanation might be the historical ethnocentric bigotry of colonialism compounded by a colour-bar psyche which prohibited diversity in medical education. The protracted historical prejudice hindered African doctors to be on par with Caucasian doctors who had achieved medical eponyms. It inspired an egalitarian desire to transform the s*tatus quo* by a peaceful medico-political means. This brought about a gradual transformation as more and more African doctors successfully completed their medical education and contribute to medical science.

The issue of eponymous achievement by African doctors will get addressed eventually, slowly but surely. It requires patience as an extraordinary length of time is taken for medical eponyms to evolve. The process of bestowing eponyms begins with publicity. Recognising the contribution to medical science by doctors in tropical Africa is an important start. Furthermore, the achievements of Zambian medico-political *avant-gardists* should be adequately publicised in the medical literature.

(ii) The first non-Caucasian doctor:

The first doctor of African descent reportedly was Afro-American James Smith (1813-1865) who qualified in Scotland in 1837 during a period of unreasonable racial prejudices when admission to an American medical college was forbidden.[9] It was not until *circa* mid-19th Century that doctors from tropical Africa began to gain medical qualifications.

(iii) The first Zambian doctor:

The first Zambian doctor was Durton Konoso (1929-1995) who qualified in South Africa in1957 [Figure 1]. He was registered in 'Northern Rhodesia' and practised hospital medicine with Britons in white coats. The medical ambience was overtly 'mal-arial' {bad air, *vide infra*} in a British Protectorate. The non-existence of a commemorative medical institute in Zambia

bearing his name to honour his historical achievement seems to be a gross national oversight.

Young Konoso had been told by a disparaging Director of Education in the defunct Federation of Rhodesia and Nyasaland that medical degrees were not for natives! He overcame adversity sedulously having already gained a science degree from Uganda.

Paradoxically, his entry to a medical school primarily for non-Caucasian students was facilitated by an Anglo-Saxon Hospital Superintendent' in Bechuanaland' (Botswana) who acknowledged a medical vocation. (Konoso S, personal correspondence)

secondary school which has produced many Zambian medical graduates bears his honorary pseudonym Munali (maize yellow) which portrays his pale skin tonality. Saasa K, Munali alumnus

(iv) Pioneering Zambian doctors:

There was a motley mini-group of domestic doctors who were likewise role models for the next generation of home-schooled doctors. The authors were among the original intake of diverse medical students at the University of Zambia [UNZA] six decades ago.

Fig. 1 Dr Durton Konoso, medical student -6th from the left- in middle row (image: courtesy of Ms Sitali Konoso)

In contrast it was historically easy sailing for a missionary doctor David Livingstone (1813-1873) when an isle-upon-*R*. Zambezi in 'Northern Rhodesia' (Zambia) posthumously became eponymous as Livingstone Island. It was for a non-medical achievement of being the first non-African person at the wondrous misty *Mosi-oa-tunya* {thundering smoke}aka Victoria Falls as an accolade for the imperial British Crown. Albeit, it was made possible by his faithful aides and more than a hundred Barotse locals escorting him in a flotilla sponsored by the King of Barotseland. It is less widely known that an outstanding African

(v) The first Zambian nurse:

The Zambian *prima nurse* Kapelwa Sikota, née Mwanañumbi (1928-2006) qualified in South Africa in 1955 [Figure 2]. She was not officially recognised in quasi-apartheid 'Northern Rhodesia' until Zambia was decolonised. She had also not been readily welcomed by her European peers but stayed resolute and gradually earned the admiration of her colleagues. It is most befitting that a clinical lecture hall at a leading Zambian hospital in Lusaka commemorates her pioneering legacy.

The matter of subconscious institutional racism endured by her was raised in the British House of Commons for the Secretary for Overseas Colonies to respond. A favourable parliamentary intervention against outdated prejudices opened a gateway for her and fellow citizens to pursue allied medical careers.[10,Saasa K, personal knowledge]

Fig. 2 Nurse Kapelwa Sikota (image: courtesy of Hon Mr Sakwiba Sikota)

Incidentally, Zambian female auxiliary hospital staff who adorned a pink uniform were complemented with a colourful eponym as 'pinkies'.

(vi) African medical toponyms:

There are several toponyms for African illnesses which are mostly viral diseases. Some well known examples include Crimean-Congo haemorrhagic fever which was originally identified in Crimea and the virus was subsequently isolated in 'Belgium Congo' (DR of Congo); Rift Valley fever which was identified in the rift valley of Kenya; West Nile fever which was identified in a West Nile district of Uganda after the virus was isolated from a patient; Ebola virus disease was named after a village river in 'Zaire' (DR of Congo) where it was discovered when the virus was isolated from an infected missionary nurse; Zika virus disease was named after a forest in Uganda where it originated, and Lassa fever disease was named after a town of discovery in Nigeria. Buruli ulcer caused by a mycobacterium was named after a district in Uganda where it was first observed.

(vii) African medical etymology:

There are other African diseases which have a vernacular etymology, such as *chikungunya* which in Swahili is descriptive of a clinical presentation of stooped posture; *konzo* which means tied-up in a tribal dialect from DR Congo and describes the sign of spasticity from cassava toxicity, and *kwashiorkor* which in Ghanaian mother-tongue basically refers to severe protein malnutrition which is complicated by deprived breast feeding due to displacement by a newborn sibling.

The diseases chikungunya, konzo and kwashiorkor were not eponymous of the founders or toponyms from where they were first described in Tanzania, DR Congo or Ghana respectively. The Crimean-Congo haemorrhagic fever and West Nile fever were also not named after the founders or patients with the ownership as in Ebola virus disease.

CONCLUSION

Eponyms are adopted in medicine to honour pioneering doctors who perceived previously unrecognised discoveries in medical science. Eponyms and toponyms which are universally established may be immutable even if found to be mistaken. For instance, malaria as an etymon of Italian *mal aria* {bad air} since miasma was suspected to be a causative agent has survived amiss of the parasitic aetiology. It is unlikely that medical eponyms will be extinct in the near future as they have a long-standing medical tradition. Medical eponyms that are morally and socioculturally proper may well continue till judgement day!

The representation of medical eponyms for indigenous doctors or patients in tropical Africa is long overdue. An obvious historical explanation for this predicament might be the past bigotry of

colonialism and a colour-bar psyche which unreasonably precluded diversity in medical education. The delay has been compounded by the extraordinary length of time taken for medical eponyms to evolve. It is likely that medical eponyms will continue to be in existence due to the deep entrenchment in medicine and a long-standing medical tradition. It is now a matter of time before an eponymous achievement is accomplished by African doctors.

The medico-political scenario in tropical Africa has changed beyond recognition from the past colonial days. Gone are the European expatriate hospital consultants and professors of tropical medicine who have been replaced by equally competent indigenous African doctors.

The medical community are now at liberty to remedy the non-existence of medical eponymous by a greater awareness of the achievement by African doctors in medical science. They may begin the process of bestowing eponyms by giving it publicity at medical meeting or conferences and publishing relevant papers on the topic in African medical literature. This should continue after a medical eponym is adopted in tropical Africa so that international recognition may be enhanced. An *ad hoc* medical committee could be formed to focus on pioneering doctors who might otherwise omit to report perception of previously unrecognised medical discoveries in Tropical Africa.

Nevertheless, there are already several toponyms and vernacular etymology for African diseases such as Crimean-Congo haemorrhagic fever or Buruli ulcer and chikungunya or kwashiorkor.

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DEDICATION

In memory of the original cohort of medical staff and technicians, administrators, campus kitchen staff and graduates from the School of Medicine at UNZA for untold beneficence to medical practice in Zambia today.

DISCLAIMER

The authors have refrained from a divisive monochromatic cutaneous racial profiling.

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