

Беззаперечним фактом є те, що твори фанфікшен відображають сучасні мовні тенденції, виражають музичні, літературні та кіно-уподобання суспільства, тож їх вивчення є перспективним як у мовно-стилістичному напрямку, так і у лінгвокультурологічному аспекті.

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## NON-UNIFORMITY OF EPONYMS IN ENGLISH MEDICAL TERMINOLOGY

## НЕВПОРЯДКОВАНІСТЬ ЕПОНІМІВ В АНГЛІЙСЬКІЙ МЕДИЧНІЙ ТЕРМІНОЛОГІЇ

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Eponyms have been known to humanity since the time an apple was stuck in Adam's throat [2]. Besides, their golden age in medical terminology dates back to approximately the late 19th to early 20th

centuries [6]. Eponyms flourished as it was a time of discoveries in various fields of medicine, which required new names. Since naming new phenomena by a person is an ancient tradition to glorify a doctor, it is not surprising that according to the website *whonamedit*, their number has increased to 8,000 units.

Medical language is replete with eponyms, therefore, the problem of their collating and standardization arises. Eponyms in medicine have been addressed extensively in the literature, where ensuring the unified form of eponyms is of particular interest to scientists. Any study of eponyms is complicated by the proliferation of variant forms over time. In this respect, our work aims to trace the difficulties that may appear when unifying eponyms.

In English medical terminology, an eponym is considered the name of a person after whom something is called, usually in recognition or honor of a person that played an essential role in the invention or for a discovery [5, c. 163]. However, since the term eponym means “upon a name” (from Greek *epi* “upon”, + *onyma* “name”), consequently it is unclear whether the name is “proper” or “common” [4, c. 25]. Since there are no rules on eponym coinage [6], the non-uniformity of terms with a proprial component arises for some reasons, among which, in our opinion, the main are the presence of synonyms, differences in usage in different countries, the homonymy of the proper name and culture-specific items.

Medical terminology and medicine are in a phase of active development; correspondingly, the presence of synonyms is an ordinary phenomenon. We consider synonyms as terms with a common denotation but a different form of expression, having identical or almost identical meanings [11]. A significant number of eponyms have lexical-semantic synonymous pairs, which encounter in the form of doublets, equivalents, or variants. They do not alter the meaning but specify their cognitive or communicative functions [13]. For instance, *Dubowitz disease* / *intermediate spinal muscular atrophy*, *Behcet syndrome* / *silk road disease* or *Silver-Russell syndrome* / *Silver-Russell dwarfism*, respectively.

The uniformity of eponyms is complicated by the variable use of a proper name to denote the same disease, so far as the proprial component differs within the toponymic space. For instance, *sideropenic dysphagia* is defined as *Plummer-Vinson syndrome* in the United States and Australia, used as *Paterson-Kelly's syndrome* in the United Kingdom, and is also known as *Waldenstrom-Kjellberg syndrome* in Scandinavia [9]. In its turn, the term *Basedow's disease* is used in German and French-speaking

countries, while in English-speaking countries, the condition is referred to *Graves' disease* [8].

The homonymy of medical eponyms appears as a result of the coincidence of the surnames of different researchers, originating from an anthroponym which is a polylexemic terminological unit. Such namesakes may lead to confusion when interpreting a particular medical phenomenon since the units are similar in meaning, e.g., *Le Fort amputation* took its name after *René Le Fort*. At the same time, *Le Fort-Neugebauer operation* originated from *Léon Clément Le Fort*.

Realia are claimed to be unique items or experiences, material and spiritual elements of a culture, inherent to a specific ethnic group, a country, or a region, which usually have no equivalents in other cultures or languages [3, c. 45]. They are also considered as a variable category related mainly to the process of a binary comparison of languages at lexical and phraseological levels [10, c. 49]. Such culture-specific items can be assigned to proper nouns or common expressions [1]. In general, eponyms are realia of the language environment that can't be adequately translated; therefore, ignorance of the meaning will hinder communication. For example, *Petrushka syndrome* is a genetic disease in which patients wave their arms and laugh, and their behavior is similar to the *Petrushka* puppet. *Petrushka* is a culture-specific character in the Russian environment; that's why it is typical for Russian-speaking countries. In foreign sources, this condition is known as *Angelman syndrome*, named after British pediatrician H. Angelman, who first described the syndrome in 1965. Another realia term is *Plyushkin syndrome* which is used in domestic psychology. It originated from the hero *Plyushkin*, N. Gogol's "Dead Souls", who accumulated all sorts of rubbish at home. In foreign sources, the eponym *Messy syndrome* is used originating from English *messy*, which means "messy, dirty" [12, c. 85].

Given the advantages of eponymous terms (i.e., they are convenient when naming a new discovery that is at the stage of research; they perform a cultural and commemorative role and contribute to the study of the history of medicine; give a specific color to the language of medicine; contribute to the economy of linguistic means; perform the role of euphemisms; have an international character; testify to the education of a doctor in a particular field; encourage the reader to search for a source, etc.) and their number in the professional language of medicine would be pretty inappropriate to get rid of them.

According to P. Turnpenny, the solution to the non-uniformity of eponyms can be found in the approval by international committees of the so-called orthonym, a single generally accepted standard, which will help avoid misunderstandings. In addition, over time, with a deeper

comprehensive study and understanding of clinical phenomena, some eponyms will disappear by themselves, like obsolete words [7]. In turn, new terms will reflect new concepts that improve thinking, deepen understanding, and clarify ideas about the subject under study.

Due to J. Aronson, eponyms progress in four overlapping phases: attribution, elucidation, depersonalization, and substitution, which may also contribute to their non-uniformity. Attribution, i.e., attachment of proper name to a terminological unit, occurs according to Stigler's law and Non-Original Malappropriate Eponymous Nomenclature (NOMEN), that is, no eponym bears the name of the discoverer since completely new phenomena appear very rarely. The elucidation gives the following sequence: syndrome of the same name → disease of the same name → replacement with a descriptive term. Depersonalization of the eponym arises by forming derivatives, often written with lowercase letters. Replacing diseases, syndromes, or symptoms with descriptive terms ensures complete depersonalization. How easily and quickly such a replacement occurs depends on how accurate the descriptive term appears [2].

Consequently, it may take decades to unify medical eponyms. We believe such polishing will enable us to single out the most common variant of the eponym and approve it as a standard.

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## METHODOLOGY OF THE STUDY OF THE ENGLISH CONCEPTUAL FIELD GENIUS

## МЕТОДИКА ДОСЛІДЖЕННЯ АНГЛОМОВНОГО КОНЦЕПТУАЛЬНОГО ПОЛЯ GENIUS

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