Open discussion about a problematical eponym

The ‘Clara cell’ was named after the anat-

omist Max Clara. This cell is localised in

the terminal bronchioles of the human

lung. It’s function in secretion and as a

potential progenitor has recently been

reviewed by Reynolds and Malkinson.1

Briefly, the morphology is typical and has

already been described by Koelliker in

1881. It is a cuboidal, non-ciliated cell

with a dome-like protrusion. It contains

many densely staining granules. Antibodies
to the secretogobuline family allow the

identification (figure 1A). However, there

are enormous species variations.1 2

Winkelmann and Noack3 have reviewed

the problematic context of Max Clara’s
research in Germany in the historical time
period of the ‘3, Reich’ 2 years ago. In

consequence Winkelmann and Noack

requested the eponym ‘Clara cells’ no

longer to be used. However, this article

has not raised a discussion about this
eponym in the international community of
lung researchers. We would like to initiate
an open discussion for a new and widely
accepted term now. Different alternatives
are used, for example, exocrine bronchi-

olar cell, bronchiolar non-ciliated cell, club

cell, etc. Our proposal is small airway
secretory epithelial cell or bronchiolar
dome cell. This would fit the situation in
humans and many other species. In add-

ition the ‘Clara cell protein’ should be

renamed as well.

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Figure 1  The immunofluorescence using a polyclonal antibody rabbit anti-CC10/uteroglobulin is demonstrating the typical dome-like morphology (A). Immunolabelling for surfactant protein A (SP-A), bronchiolar dome cell labelled with 20 nm gold particles indicating SP-A antigenicity (B). Note the neighbouring SP-A negative ciliated bronchial epithelial cell. This figure is only reproduced in colour in the online version.
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