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 secretoglobuline 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 bronchiolar 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 addition the 'Clara cell protein' should be renamed as well.

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Open discussion about a problematical eponym

The 'Clara cell' was named after the anatomist Max Clara. This cell is localised in the terminal bronchioles of the human lung. It's function in secretion and as a

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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.