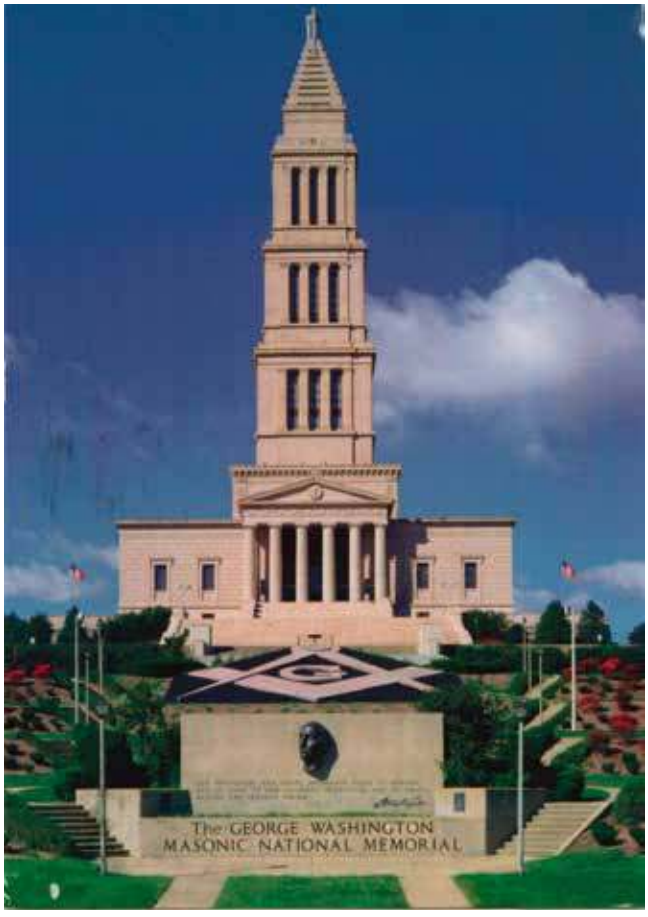
Letters to the Editor



The George Washington Masonic Memorial, Washington, DC

This monument was patterned after the ancient Pharos of Egypt.

R.F. Gillum, MD
ΑΩΑ, Northwestern University, 1969
Silver Spring, Maryland

A flawed attribution on the origins of "The slavery hypertension hypothesis"

In his award-winning essay, "The slavery hypertension hypothesis: A flawed explanation for its prevalence in African-Americans" (*The Pharos*, Autumn 2016, pp. 27–30), author James Comotto opens his discussion with the incorrect statement that I and a Minnesota colleague "first proposed" the slavery hypothesis in 1983.[1] A careful reading of the first article in his reference list would have revealed that we neither documented, argued, nor "proposed" this hypothesis. Rather, we simply mentioned it, labeled it "broadly speculative," and returned to it only decades later in invited commentary.[2]

An effective review of the literature would have identified Clarence Grim as first to seriously propose and elaborate on the hypothesis, and that he attributed the original idea to the speculations of pioneers in the neurohormonal regulation of blood pressure.[3]

Sound history requires scholarly search and reading of the literature, and most importantly, direct contact with primary sources. For example, I am easy to find, as is Clarence Grim.

Comotto's basis for taking up this provocative slavery hypothesis appears to be what he cites as the topic's prominence "in the media" and "in medical textbooks." Without documentation of these media and textbook accounts to illustrate his point, the essay simply sets up a "straw man," though admittedly an appealing and topical one.

The "different hypothesis" of his own that Comotto submits—that is, "The enforced immobility of slaves chained below deck during voyages would have placed them at considerable risk of deep vein thrombosis,"—while interesting, is undocumented and questionably relevant. If he and experienced others find neither the history of the Middle Passage from Africa nor the genetics of hypertension relevant to today's African-American vulnerability, would not speculation on thromboembolism become a

non sequitur in selection bias for hypertension?

This prize-winning essay is a good start on Comotto's superb mission to question theories and use history wisely. I wish him well and trust that he will learn as much from his mistakes as from his successes.

Henry Blackburn, MD
ΑΩΑ, Tulane University, 1948
Minneapolis, MN

References

1. Blackburn H, Prineas R. Diet and hypertension: anthropology, epidemiology, and public health implications. Prog Biochem Pharmcol. 1983;19: 31–79.

2. Blackburn H. Commentary: The Slavery Hypothesis of Hypertension Among African-Americans. Epidemiology. 2003;14:118–9.

3. Grim CE, Henry JP, Myers H. High blood pressure in blacks: salt, slavery, survival, stress, and racism. In: Laragh JH, Brenner BM, editors, Hypertension: Pathophysiology, Diagnosis, and Management. 2nd edition. New York: Raven Press. 1995; 171–207.

Shakespearean syphilis

Gregory Rutecki's article, "Shakespearean syphilis: An aggressive disease in evolution" (*The Pharos,* Autumn 2016, pp. 40–48) was very informative. He asked the important question, "Is syphilis a disease of the New World?" Recent excavations in Austria give the answer.

ARCHEOLOGY (March/April 2016) reported the results of excavations in the cathedral square of St. Polten, near Vienna. Multiple skeletons were discovered and securely dated to the early 15th century well before Columbus' journeys. Osteologists have identified some with Hutchinson's teeth, a marker of congenital syphilis. Columbus apparently brought back a more virulent strain, but not a new disease.

Cynthia Burdge MD
ΑΩΑ, Rutgers New Jersey Medical School, 1985
Kailua, Hawaii 96734

Information Overload

I hope all physicians will assess their own "Information Overload," ("Information and cognitive overload: How much is too much?" *The Pharos*, Autumn 2016, pp. 2–7). I agree that living a more goal-directed life is a key step in controlling this distraction. In his book, "The Magic of Goals," Ronald Reynolds states that "goals drive us…to become intolerant of those who waste time—either their own or ours."

However, as alluded to in the article, modern technologies make it difficult to stay focused on our goals. Physicians should also critically assess their use of mobile devices. The cover illustration reminds me that "An apple a day keeps the doctor away." Away from more worthy activities, that is.

Satyan Shah, MD
ΑΩΑ, Rutgers Robert Wood Johnson Medical School, 2002
Albuquerque, New Mexico