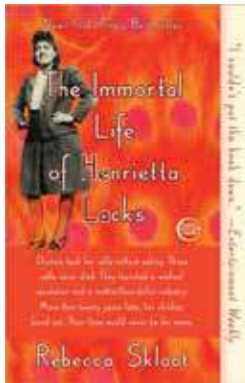


# Letters to the editor



## **The Immortal Life of Henrietta Lacks**

We read the review of the compelling book *The Immortal Life of Henrietta Lacks* in the Autumn edition of *The Pharos* (pp. 38–39) with great interest but wish to make a point of clarification. Dr. Griffith states that “In 1941 . . . she went to Johns Hopkins, the only hospital in the region that accepted black patients.” We disagree, since University Hospital, as it was then known, cared for African-American patients at that time. Actually, we believe that the University of Maryland Hospital has not ever refused care to patients of any race or ethnicity since it was initially opened as The Baltimore Infirmary in 1823; the name was changed in 1897 to University Hospital and then renamed the University of Maryland Medical Center in 1984. There is historical documentation of African-American patients being admitted to The Baltimore Infirmary in the 1800s and we

have an annual report from University Hospital in 1934 not only showing African-American patients but also providing the opening statement: “For years this institution has served the people of this State, irrespective of creed, color, or financial status.”

We appreciate the opportunity to make this important clarification.

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## **“Pure and wholesome”**

I read, with great interest, the Winter 2013 article “Pure and Wholesome” about cholera in New York City (pp. 18–27). I always knew that Robert Koch (1843–1910) was a true genius, but I had no idea that he had discovered the cholera bacillus in 1844 when he was, according to this article and my calculation, just one year old! Koch actually discovered the cholera organism between August 1883–January 1884. To be historically accurate, however, credit really belongs to the Italian physician Filippo Pacini who described *Vibrio cholerae* (now *Pacini 1854*) in his 1854 article “Microscopical observations and pathological deductions on cholera.”

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## **“What difference can a student make?”**

Dr. Gunderman’s touching story (Winter 2013, pp. 40–41) of how a medical student contributed so importantly to the emotional well-being of a patient reminded me of why I always tell medical students they are part of the team, not just onlookers.

As a third-year medical student I was sent to perform a history and physical examination on a man admitted for aortic valve replacement. He had very pale and wrinkled skin, which I learned in retrospect was called alabaster skin. He also gave a history of progressive headache, impaired sexual dysfunction, fatigue, cold intolerance, and more recently difficulties with postural hypotension. I remembered being taught the sequence “go to Alaska”—gonadal, thyroid, then adrenal insufficiency—from pituitary tumors, so examined his visual fields and found that he had a bitemporal field defect. I advised the resident that his surgery should probably be postponed, and he should be investigated for a pituitary tumor. Subsequent investigations confirmed a pituitary adenoma and pan-hypopituitarism that very likely would have resulted in his demise had he undergone his valve replacement without endocrine support.

Medical students can make a difference in more ways than one.

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