In a recent article (Perspectives in Biology and Medicine 2015,58:419-43), physician and medical historian John G. Sotos suggests that former first lady Mary Todd Lincoln suffered from pernicious anemia. In the years following her husband’s assassination, Mrs Lincoln was noted to become socially isolated and mentally unstable. Those around her labeled her as hypochondriacal. Dr Sotos goes on to describe how the former first lady manifested a number of signs and symptoms over 3 decades that “…included sore mouth, pallor, paresthesias, the Lhermitte symptom, fever, headaches, fatigue, resting tachycardia, edema, episodic weight loss, progressive weakness, ataxia, and visual impairment.” He concluded that these were all consistent with undiagnosed vitamin B12 deficiency due to chronic multisystem pernicious anemia.

One hundred thirty-five years after the death of Mrs Lincoln, significant advances have been made in the diagnosis of anemia. The World Health Organization estimates that anemia afflicts 1.6 billion people worldwide (about one-fourth of the world’s population). Its widespread prevalence has led to it becoming an adjective in the nonmedical English lexicon, meaning feeble, weak, or bland. Yet, anemia is still frequently underrecognized and untreated. It is also seen as a poor prognostic indicator for many diseases.

In this issue of Medical Clinics of North America, Dr DeLoughery and colleagues provide an extensive overview of common and uncommon causes of anemia. I hope that
this overview will serve as a thorough reference for practicing clinicians, assisting
them in diagnosing and managing this pervasive condition.

Bimal H. Ashar, MD, MBA, FACP
Division of General Internal Medicine
Johns Hopkins University School of Medicine
601 North Caroline Street
#7143
Baltimore, MD 21287, USA

E-mail address:
Bashar1@jhmi.edu