

DR. ROSENTHAL REPLIES: I commend my colleagues for their careful perusal of the ancient literature, having correctly identified two sources of the Greek legend where an eagle, probably a symbol of Zeus himself, was sent to torture the Titan Prometheus. As noted by other scholars,¹ the Promethean tale resembles one described in Homer's *Odyssey*, in which Tityos is tormented by two vultures and may have been the original victim of this punishment.

An earlier legend holds precedence in the Caucasus, where earthquakes were allegedly caused by the struggles of a fierce giant, fettered in a mountain cave for his various impieties while a vulture pecked intermittently at his bowels.² Perhaps it was this ancient version to which Bulfinch's *The Age of Fable* alludes in describing Prometheus "chained to a rock on Mount Caucasus, where a vulture preyed on his liver."³ Other literary figures, including Byron, have also described the vulture of Promethean legend.⁴

As for the argument that vultures never eat live flesh, this is not strictly true. They are omnivorous, feeding chiefly on carrion because they have rela-

tively weak beaks and lack the strength of other birds of prey. They rarely attack live prey unless it is rendered helpless. One might argue that Prometheus was defenseless against the attacks of emboldened raptors, but the true ornithologic identity of his devourer remains enshrouded in the mists of myth. Let us hope that as scientists we leave less indeterminate the documentation of the illusive stem cell's true identity.

(I am indebted to Professor Brian Bothwick, Department of Classics and Ancient History, University of Western Australia, for his invaluable tutelage and for the use of his excellent library.)

Nadia Rosenthal, Ph.D.

European Molecular Biology Laboratory
00016 Monterotondo, Italy

1. Hesiod. *Theogony*. West ML, trans. Oxford, England: Clarendon Press, 1966.
2. Olrik A. Ragnarök. Ranisch W, trans. Berlin, Germany: W. de Gruyter, 1922.
3. Bulfinch T. *The age of fable: or stories of gods and heroes*. Boston: Charles E. Brown, 1855.
4. Prometheus. In: Byron GG. *Works*. London: John Murray, 1832.

Stem Cells

TO THE EDITOR: Regarding your editorial in the July 17 issue,¹ I would like to extend my compliments and appreciation to you and your editorial staff for making the publication of stem-cell research a priority. My mother has been fighting Parkinson's disease for almost 30 years, and although upcoming research may do little, if anything, to help her at this point, it has lifted the spirits of our family tremendously to know that promising research will get the attention it deserves and will perhaps help others.

Lisa J. Allen, J.D.

197 Eighth St.
Charlestown, MA 02129
inbox@lisaallen.com

1. Drazen JM. Legislative myopia on stem cells. *N Engl J Med* 2003; 349:300.

TO THE EDITOR: You accuse the U.S. House of Representatives of "legislative myopia" in their vote to ban research on medical treatments derived from embryonic stem cells. It might be, instead, that many legislators and the people they represent are being prudent and thoughtful in arriving at their assessment that this research should be banned. Both reproductive cloning and therapeutic cloning produce a human embryo. Even at this single-cell stage,

the human embryo has a human genetic code and is a living human being. The therapeutic clone is then destroyed so that its stem cells may be harvested for research.

The opposition to therapeutic cloning is not a legislative gaffe but the result of a deeply held belief in the personhood of the human embryo and the intrinsic value of every being of human origin. The goal of finding treatments for conditions that are incurable is a worthy one, but not if the means to achieving this goal is the production, and then the destruction, of human embryos. I hope the editors of the *Journal* will accept moral views contrary to their own.

Sharon Gerardi, D.O.

2561 Pico Ave.
Clovis, CA 93611

DR. DRAZEN REPLIES: The letters we have received about somatic-cell nuclear transfer exemplify the differing opinions about the ethical aspects of this procedure. There is no one answer that will satisfy everyone. Our position is that the use of somatic-cell nuclear transfer to create embryonic stem cells for therapeutic purposes is ethically justifiable. Thus, the editors plan to judge research using this form

of technology, as we do all research, on the basis of its quality and its ability to relieve human suffering. Patients with serious degenerative conditions are eagerly waiting for progress; when true progress is made, we will report it.

Jeffrey M. Drazen, M.D.

Case 11-2003: Ulcerative Colitis and Primary Sclerosing Cholangitis in a 14-Year-Old Boy

TO THE EDITOR: Case 11-2003 (April 10 issue)¹ describes a 14-year-old boy with recurrent cholangitis complicating ulcerative colitis. The authors state that this presentation is unusual in such a young patient. We report a similar experience of a malignant duodenal tumor complicating the treatment of an 11-year-old boy with X-linked hyper-IgM combined immunodeficiency.²

The histologic diagnosis was duodenal neuroendocrine carcinoma, which makes this boy the youngest reported patient with this condition. The association of neuroendocrine tumors with the X-linked hyper-IgM syndrome is recognized and has been linked with hepatobiliary cryptosporidiosis and cholangitis, justifying early liver transplantation.³ In the case of our patient, lifelong precautions against cryptosporidiosis were pursued, including the sterilization of drinking water, surveillance microscopy of the stool, and liver biopsy. In Case 11-2003, the cause may be assumed to be chronic inflammation, but in our patient's case, neither infection nor cholangitis was identifiable.

These cases illustrate two points. First, the intensive management of previously life-threatening conditions permits complications to present at increasingly younger ages. Second, the early presentation of a tumor in a child with an inherited condition in a case in which the presumed mechanism of carcinogenesis is absent calls into question the role of the underlying defect (e.g., the role of CD40 ligand) in carcinogenesis.

Elizabeth Drewe, M.B., B.S.
Abed M. Zaitoun, M.D., Ph.D.
David A. Walker, M.B., B.S.

Queens Medical Centre
Nottingham NG7 2UH, United Kingdom
liz.drewe@nottingham.ac.uk

1. Case Records of the Massachusetts General Hospital (Case 11-2003). *N Engl J Med* 2003;348:1464-76.
2. Levy J, Espanol-Boren T, Thomas C, et al. Clinical spectrum of X-linked hyper-IgM syndrome. *J Pediatr* 1997;131:47-54.
3. Hayward AR, Levy J, Facchetti F, et al. Cholangiopathy and tumors of the pancreas, liver, and biliary tree in boys with X-linked immunodeficiency with hyper-IgM. *J Immunol* 1997;158:977-83.

TO THE EDITOR: Table 3 in the Case Records is misleading. Immunodeficiency states and cryptosporidium infection are listed as conditions associated with primary sclerosing cholangitis, yet these conditions are only two of many diverse causes of secondary sclerosing cholangitis.^{1,2}

At the risk of appearing pedantic, I would argue that it is prudent for clinicians to distinguish primary from secondary causes of sclerosing cholangitis, since such a distinction will influence patient care. Knowledge of the diseases associated with primary sclerosing cholangitis may hasten diagnosis by an astute clinician, but these diseases should not be confused with secondary causes of sclerosing cholangitis.³

Sandeep Mukherjee, M.D.

University of Nebraska Medical Center
Omaha, NE 68198-3285
smukherjee@surgey.unmc.edu

1. Lindor KD, Larusso NF. Primary sclerosing cholangitis. In: Schiff ER, Sorrell MF, Maddrey WC, eds. *Schiff's diseases of the liver*. 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2003:674-8.
2. Lee Y-M, Kaplan MM. Primary sclerosing cholangitis. *N Engl J Med* 1995;332:924-33.
3. Sclerosing cholangitis. In: Sherlock S, Dooley J. *Diseases of the liver and biliary system*. 11th ed. Oxford, England: Blackwell Science, 2002:255-65.

Case 21-2003: Permission for Postmortem Examination

TO THE EDITOR: The Case Records on the 72-year-old man with giant-cell arteritis (July 10 issue)¹ include a comment from a house officer: "As one of the house officers caring for this patient, I developed a relationship with him and his family. Probably one of the hardest things I have ever had to do