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Aspects of Endocrinology

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Aspects of Endocrinology

For decades Endocrinology was an area of medicine in which the only reliable tools were the skills of the clinician. The available assays were bioassays which had such limited sensitivity that several erroneous physiologic and pathophysiologic concepts were allowed to develop. The introduction of radioimmunoassays in the late 1950s and early 1960s opened up new vistas as medical scientists were able to understand for the first time the true hormonal basis for many endocrine disturbances. In the last decade or so, amazing breakthroughs in molecular biology have allowed us to begin to understand the molecular basis of many of these diseases.

For a few years it seemed that the role of the strong clinical endocrinologist had become superfluous as even the most esoteric hormone assays became readily available. By simply ordering enough tests, answers to clinical problems were provided in percentile form as the assay results returned from the laboratory.

This issue of the *Journal* features a series of articles in which the skills of the clinician have been blended with the excellence of modern science to continue to expand our endocrine horizons. At the same time it is clear from several of the articles that many unanswered questions remain.

Endocrine deficiency frequently occurs even though the glands are capable of quite normal function. Drs. Wilson and Wisgerhof demonstrated this phenomenon in their patient whose deficient pituitary function was secondary to a central nervous system disorder. A. Keith Cryar, MD, also working with Dr. Wisgerhof and neurological surgery colleagues, reports the classic features of metastatic disease to the pituitary, with endocrine symptoms occurring even before the primary tumor had made its presence known.

Dr. McKenna reports interesting effects of the drug bromocriptine in the treatment of pituitary hyperfunction. Prolonged remission of Cushing's disease, apparently induced by the drug, is a unique observation. His second manuscript

describes the successful intermittent use of bromocriptine in a hyperprolactinemic patient.

The reports of Dr. Jeffrey Jackson and his colleagues at the Scott & White Clinic also concern aspects of pituitary function. Accepting the possibility of a pituitary factor stimulating adrenal androgen secretion, these investigators studied the effects of the opioid antagonist naltrexone in virilized patients. The same center reports the features of a patient with the infrequently recognized disorder, thyrotropin-secreting pituitary tumor.

Two important communications relate to the subtle manifestations and associated disorders of hyperparathyroidism. Drs. Kambouris, Ansari, and Talpos discuss the interesting observation that many cancer patients with hypercalcemia also have hyperparathyroidism, which is the actual cause of the metabolic disorder and requires surgical treatment. Dr. Gregory Brown and colleagues report that the neurobehavioral symptoms associated with the disease are not necessarily improved by surgical cure.

Drs. Fachnie and Foreback report the effects that nonpharmacologic measures have on the serum lipid factors of severely obese persons, while Dr. Dumler et al discuss the renal changes they have found studying patients with type 2 diabetes mellitus.

Dr. Wisgerhof evaluated the Henry Ford Hospital experience with hyperaldosteronism in the 1980s and presents his observations on these cases. Dr. Talpos' tribute to Melvin A. Block, MD, former Chairman of the Department of Surgery and a founding member of the American Association of Endocrine Surgeons, is peculiarly fitting for this issue of the *Journal*. Finally, Dr. Brunner has reviewed the latest contribution by Dr. Sudha Kini to the cytopathologic diagnosis of thyroid disease.

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