HYPOPITUITARISM AND DIABETIC RETINOPATHY

In this issue, Dr. J. E. Poulsen has reported the final course and postmortem findings of the well-known patient who developed Sheehan's syndrome while suffering from diabetic retinopathy with impaired vision.

The report of substantial regression of the retinopathy (DIABETES 2:7-12, 1953) triggered the subsequent effort to evaluate the role of the pituitary gland in diabetic retinopathy.

Cautious students and investigators recognize the dangers of drawing inferences based on data obtained in a single patient. Controversy continues concerning the desirability of ablating the pituitary or adrenal glands in diabetic subjects with advancing retinitis. Nevertheless, Dr. Poulsen's second report provides the longest continual study of a patient with documented hypopituitarism with diabetic retinopathy whose retinal lesion regressed so as to save vision. This long period (fifteen years) from the beginning of remission to death without recurrence of retinal hemorrhages will serve to encourage further studies of induced hypopituitarism or adrenal insufficiency in comparable patients with advancing retinopathy in attempting to control this disabling complication.

The persistence of diffuse intercapillary glomerulosclerosis and progressive renal insufficiency in Dr. Poulsen's case, as in many others with induced hypopituitarism, indicates that the renal basement membrane changes may not be modified by hypopituitarism. The significant gain has been the cessation of retinal capillary hemorrhages and their sequelae in sufficient numbers of cases of advancing diabetic retinitis proliferans so as to warrant continued careful clinical and experimental investigation of hypopituitarism, however induced, and its role in arresting diabetic retinitis.

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Allen R. Hennes, M.D., Professor of Medicine at Wayne State University, died suddenly in Detroit, Michigan, on Nov. 22, 1965. He was in his forty-second year.

He received his degree from the University of Michigan Medical School in 1949 and completed his graduate clinical training there in 1955. After a further year at Michigan in the Division of Endocrinology and Metabolism, he joined the Department of Biochemistry at Brookhaven National Laboratory as an Assistant Scientist. In 1957 he was appointed Assistant Chief of Medicine at the Veterans Administration Hospital in Oklahoma City. He held this position until 1960 when he joined the faculty of Wayne State University College of Medicine. At the time of his death, he was Chief of the Section of Endocrinology.

Among the medical organizations in which he held membership were The Alpha Omega Alpha Society, The Central Society for Clinical Research, the American Diabetes Association, and The American College of Physicians.

Allen Hennes was a fine person and a valued friend. A little over two years ago the glow of his health flickered, and he knew then that he should have reduced his responsibilities to a more average level. Characteristically, the threat was ignored and his range of commitments extended; at the same time family life with his wife and two sons deepened, becoming an even greater source of satisfaction to him.

His independent mind and quiet sense of fun made him a good companion under any circumstances. More than upright in the conduct of his own life, he was sympathetic to the shortcomings of others and his judgments were rarely harsh. An underlying shyness always had to be overcome before his convictions could assert themselves, but he had his convictions, and from the
His capacity for hard work and sense of competition quickly placed his laboratory in the ranks of those doing first class research in lipid metabolism, and a steady flow of abstracts and papers on this subject have characterized the past five years of his work. His recent demonstration of abnormal patterns of fatty acid synthesis by platelets from diabetic patients and by platelets from apparent nondiabetics with coronary artery disease, led him to postulate an abnormal pattern of lipid synthesis as a fundamental defect in diabetes.*

He scintillated with projects and ideas derived from his work and contributed with keen perception at the numerous meetings to which his interests led him. He was an activist in the best sense of the word, whether reaching on the wards, pouring over data, or sailing in his boat. Yet he was as interested in a fine painting as he was in good food.

The loss to his family and friends is great and will be felt for a long time. But his effort is not lost and it assuredly will serve as a foundation for new work. For those of us who worked with him, it is difficult to realize he is no longer in the laboratory or busy at his desk.

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**ABSTRACTS**


Verbatim Summary. Focal muscular degeneration in two diabetics is described. In both instances the muscular lesion was excised on the grounds of clinical suspicion of tumor. The gross and microscopical pictures agreed with those of muscular degeneration following ischemia. Accordingly, the vascular lesions that were demonstrated, diabetic microangiopathy and arteriosclerosis, may have been of importance in the pathogenesis.


Total twenty-hour urinary excretion of hydroxyproline (OHP) was measured in patients with diabetic retinopathy before and after hypophysectomy and in twelve volunteer subjects. The OHP levels were significantly decreased in the diabetic patients before hypophysectomy; the levels after operation were increased to the control range. One patient with clinical hypopituitarism was given 53 mg. of human growth hormone over a four-day period with no apparent effect upon her low excretory rate of OHP. C.R.S.


The peripheral glucose and free fatty acid (FFA) metabolism was studied in twenty-four adults ranging from lean to grossly obese using the isolated forearm technique with catheterization of the antecubital vein and brachial artery. Oral glucose tolerance tests were performed with blood samples obtained before and for 150 minutes after glucose loading. The rate of glucose uptake showed a close negative correlation with the degree of skin-fold thickness; the nonobese females had a well-defined rise in blood glucose at sixty minutes which was twice that of the obese. The arterial FFA fell more slowly in the obese but the same low levels were eventually achieved...