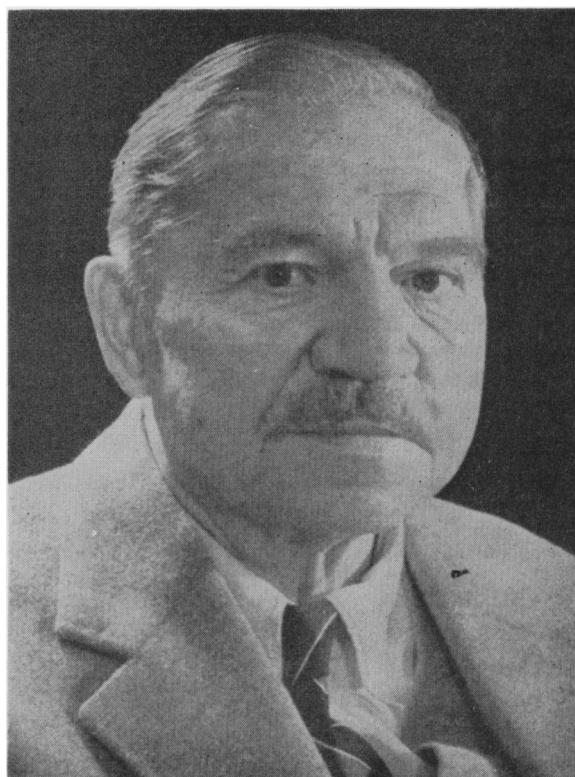


Max Bürger, M.D.

1885–1966

*Ernest Bruch, Ph.D., M.D.
Rockford, Illinois*



Max Bürger, M.D., Emeritus Professor of Medicine, an authority on metabolism, diabetes research, and one of the Nestors of international gerontology, died in Leipzig, Germany, on Feb. 5, 1966, at the age of eighty. Born in Hamburg Nov. 16, 1885, he received his medical doctorate from the University of Würzburg in 1910. He was an excellent student and after his graduation decided to broaden his knowledge in the experimental basic sciences. He spent one year in pharmacology in Würzburg, then became assistant to Professor Umber in Berlin, where he worked on problems of the pathology of metabolism. Between 1912 and 1914 he worked in bacteriology and biochemistry at the University of Strassburg. After two years of military duty during World War I, he started his career in Internal Medicine at the University of Königsberg. In 1918 he became a lecturer in the Medical Faculty of the University of Kiel and was appointed Associate Professor in 1922. In 1929 he became Director of the City Hospital in Osnabrück and in 1931 he was called as Professor of Medicine to the University of Bonn. In 1937 he was appointed Director of the large Medical University Clinic in Leipzig and held this position until his retirement in 1957. During his retirement he continued doing research and publishing articles and books in medicine and gerontology.

Bürger's many publications included important contributions to the pathological physiology of hunger, circulation, carbohydrate, protein and lipid metabolism. In 1938 he and the pediatrician, Professor W. Catel (Leipzig) started the *Deutsche Zeitschrift für Verdauungs- und Stoffwechselkrankheiten* (*German Journal for Digestive and Metabolic Diseases*). This was followed by Bürger's textbook on *Digestive and Metabolic Diseases* (1950). His intensive research on diabetes and insulin physiology led to the early separation and puri-

fication of "Glukagon" (1935) and to his postulation that this constituted the second hormone of the pancreas. Subsequent work of American and Canadian investigators arrived at the recognition of the "Hyperglycemic-Glycogenolytic Factor" as an alpha-cell hormone of the pancreas (1948) and after 1951 the name of "glucagon" was generally recognized. To Bürger's great satisfaction the preparation of crystalline glucagon followed a few years later in the Eli Lilly Laboratories. As a teacher, Bürger stressed the early instruction of clinical students in the evergrowing field of pathological physiology, and his textbook on *Pathologische Physiologie* has seen six editions. As an internist, he opposed early amputation in cases of diabetic gangrene and he laid down principles of successful conservative management in his book *Angiopathia Diabetica. Konservative Behandlung des Zuckerbrandes* (1954).

His interest in gerontology started in 1927 with investigations on the physiological chemistry of aging tissues. By 1938, he and the late Professor Emil Abderhalden (University of Halle) started the *Zeitschrift für Altersforschung* (*Journal for the Research of Aging*) which was the first gerontological journal in the world. In 1952, the *Zeitschrift* became the organ of the German and Austrian Gerontological Societies within the frame-

work of the International Association of Gerontology, and Bürger was editor-in-chief from 1951 to 1965. He was President of the German Gerontological Society from 1956 to 1960. Bürger's book, *Altern und Krankheit*, which was first published in 1947 under conditions of dire distress, has had several greatly improved editions since. The book represents the basic German text on gerontology. While transmitting an immense amount of scientific knowledge, the author also dealt in noble language with ethical and philosophical problems in the handling of older patients and the dignified acceptance of the process of aging. Max Bürger emerges as an impressive combination of medical scholar and experienced clinician, a warmhearted man of classical education and a follower of the idealistic German philosophy of the nineteenth century. Although he had to live

through difficult times and suffered tragedy in private life, he was an indefatigable worker, strongly liberal in his convictions and possessed of great personal courage. His humor and wit were truly disarming. As a teacher he was able to kindle enthusiasm in his younger associates and encouraged independence in their work.

Wide recognition extended to Max Bürger included two honorary Doctorates in Medicine, an honorary Doctor of Science, the Paracelsus Medal, the Cothenius Medal and a National Prize. He was elected to three academies of sciences and he held honorary memberships in thirteen societies of various medical specialties in Germany, France, Austria, Italy and England. He attended the International Congress of Physiology in Boston in 1928. We mourn the loss of an outstanding man and a great pioneer.

BOOK REVIEW

CHARCOT JOINTS. *Sidney N. Eichenholtz. \$15.75. 246 pages. Charles C Thomas. Springfield, Ill., 1966.*

This volume represents an important contribution to the literature by virtue of the fact that it is the first attempt to collect and correlate information about Charcot joints within the covers of one monograph. Actually, the volume is more of an atlas than a text since, of the 200-odd pages, only 10 per cent are devoted to superficial discussions of the various aspects of Charcot neuroarthropathy, whereas the other 90 per cent consist of photographs of X rays and pathological material depicting various joint involvements, their progression, etc., with appropriate descriptive material. Surely there is more to be said about Charcot neuroarthropathy than can be contained in twenty short pages. One would have liked to see a more thorough analysis of so many of the fascinating aspects of this condition.

Most of the material is based upon the author's careful study and analyses of sixty-eight cases. These represent the gamut of neurological diseases that form the background for the development of a Charcot joint. One half of his cases are due to syphilis, one fifth are due to diabetes, and, interestingly enough, eight cases have no demonstrable neuropathogenetic background. There is included a discussion of the differential diagnosis, an evaluation of clinical aspects peculiar to the specific joint involved, and a particularly interesting and stimulating exposition of the three stages in the evolution of the Charcot joint, namely, the stages of development, coalescence and reconstruction. The intriguing possible relationship of these stages to the rational timing of therapy is suggested.

From the diabetologist's point of view, the author's series contains twelve cases or about one fifth of the total series. These patients had their neuropathic joints entirely below the

level of the ankle, consistent with general experience. Of unusual interest is the observation that one third of these patients had no knowledge of the presence of diabetes; that is, the Charcot joint was the initial clinical manifestation of the diabetes. He further indicates that there was no relationship of the presence of the Charcot neuroarthropathy to either the control or severity of the diabetes. Further, the degree of joint destruction did not seem to have any relationship to the severity of the nerve involvement. The author is quick to point out that all of his eight cases with Charcot joints of unknown etiology are located in the foot, precisely as occurs in diabetes mellitus. He, therefore, raises the conjectural question whether these may represent "preglycosuric" facets of the diabetic syndrome. Although there are many beautiful reproductions throughout the book, it is unfortunate that some of the photos directly related to the demonstration of diabetic neuropathic joint involvement are not of this high caliber, thereby missing relevant details.

The author stresses the "neuropathic foot" in diabetes. This is an unfortunate term since he is referring to diabetic neurotrophic arthropathic involvement associated with secondary soft tissue involvement. This overlooks completely the fact that there may be neuropathic involvement, specifically the neurotrophic ulcer, without necessarily any underlying bone or joint pathology. This can only lead to confusion and this term should be eliminated. An interesting and important point is that in diabetic patients, contrary to most other patients with Charcot arthropathy, there is not infrequently multiple joint involvement in one or both feet.

It is reassuring to note that the author advocates the conservative approach to the treatment of the Charcot joint and deplors surgery except as a last resort. This is a reflection of the fact that surgery is of little or no value and, unfortunately, so often results in secondary infection. This book was written "to stimulate the reader's interest in the subject"; the author has succeeded in his mission.