

HYPOPHYSECTOMY AS PREVENTIVE THERAPY OF DIABETIC COMPLICATIONS

To the Editor:

In my paper "Prevention of Vascular Disease in the Diabetic" in *DIABETES*, July-August, 1955, on page 301, appears the statement: "In our limited experience, unequivocal improvement in retinopathy and probably improvement in nephropathy appear to follow hypophysectomy in diabetic patients with advanced vascular disease."

In another paper presented at the meeting of the American Diabetes Association in June, 1955,* my associates and I stated: "Much more time must elapse before it will be possible to determine whether, under suitable conditions, hypophysectomy will retard the progress of diabetic vascular disease."

The paper in the July-August issue of *DIABETES* was written in the autumn of 1954. Unfortunately, the galley proofs arrived and were returned during my absence in the summer of 1955. But for this, the first statement noted above would have been changed for the following reasons:

1. *Some* diabetics following hypophysectomy appear to have "unequivocal improvement" in the retinal vascular lesions; but others have progression of their retinal pathology. It is our *belief* that the improvement or lack of improvement is dependent upon the state of the retinal vessels at the time hypophysectomy is performed, that is, improvement follows in those patients whose vascular lesions are not too far advanced. However, we do not *know* that this is true, nor will we for several years.

2. During the past year, we have become increasingly concerned over the rising tide of enthusiasm for hypophysectomy in diabetics in general. It was for this reason that we went out of our way in the paper which was presented at the June meeting to indicate that no one as yet is able to make any positive statements regarding the value of the procedure; and also emphasized the hazards involved and our opinion that the procedure was probably not indicated either in those with advanced renal disease, or in the patient without a significantly unstable, insulin-resistant diabetes.

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A Definition of Diabetes Mellitus

Those who adhere to the unitarian conception of diabetes, as I do, define this disease as an abnormality of metabolism created by insufficiency of the insular activity of the pancreas. In diabetes the homeostasis of the blood sugar level is permanently disturbed. In cases of severe diabetes in which no treatment is employed, abnormal elevation of the blood sugar level is a constant phenomenon. In cases in which the disease is of mildest intensity, abnormal elevation regularly is provoked by administering dextrose. In this characteristic, which, as I interpret it, represents evidence of irreparable disease, clinical diabetes differs most consistently from all other conditions associated with hyperglycemia. Disorders of other glands of internal secretion or of the liver or of the central nervous system, individually or collectively, are capable of disturbing the level of the blood sugar, but the hyperglycemia or tendency to elevation of the blood sugar level in such conditions is impermanent, whereas that in diabetes is permanent except as it may be controlled by restricting the intake of food or by giving insulin.

By Russell M. Wilder, M.D., in *Clinical Diabetes Mellitus and Hyperinsulinism*, Philadelphia, W. B. Saunders Co., 1940, p. 19.