

Editorial

Thoughts of the Season

Medical literature is a very impersonal means of communication. In our scientific objectivity we go out of our way to be not only first-person-plural but preferably inanimate. This is a distinct loss, for the warmth of the personal word captures the spirit as well as the sense of the message.

These reflections seem particularly apt now at the Holiday Season. Over the centuries, the fortnight ending with the start of the new year has been a period of reflection, appreciation, and resolution. Among other things, we suddenly communicate (by sending attractively decorated cards to people we may know only slightly), because we want all our friends and acquaintances to know that we are think-

ing of them—and that we are glad to have them in our ken.

It is in this spirit that we want to break the cool objectivity of medical publications and reach out to our readers and tell them how much we appreciate their interest in this JOURNAL. Through letters and personal conversations we know that many have a warm spot in their hearts for the *A. J. C. N.* We bask in that glow. And we of the editorial and publishing group want to take this means of speaking personally to each of our readers and sincerely wishing them a most happy Holiday, and a New Year of peace, pleasure, and plenty.

—S. O. W.

The Endocrine Glands and Nutrition

That ultimate in malnutrition—anorexia nervosa—so closely resembles hypopituitary “cachexia” (Simmonds’ disease) that elaborate clinical and laboratory techniques are needed to distinguish them,¹ if, indeed, they are distinguishable. This nosological problem stems from the interrelationship between nutrition and the endocrine glands.

In an excellent review, Zubirán and Gómez-Mont² described their study of 529 adults suffering from chronic malnutrition in their hospital in Mexico City. Involution and atrophic changes in various endocrine glands were seen in the material obtained from 195 autopsies.

Malnutrition may be said to have a significant direct effect on the pituitary; and the resulting decrease in function leads to disturb-

ances of other endocrine glands. The significant feature of this “malnutrition hypopituitarism” is that it is reversible by nutritional rehabilitation.^{1,2} Thus, as a result of refeeding, a patient with “anorexia nervosa” gained 23 pounds. During this period there was a rise in radioiodine uptake, basal metabolic rate, serum cholesterol level, and in the excretion of 17-ketosteroids, corticoids, estrogens, and gonadotropins in the urine.

It is interesting that decreased gonadal function is usually the earliest endocrine manifestation of significant inanition. In fact, a large literature has grown up correlating amenorrhea and low urinary estrogen and gonadotropin excretion with malnutrition. The ovarian failure is believed to be secondary to hypopituitarism.