THE BASOPHIL ADENOMAS OF THE PITUITARY BODY *
AND THEIR CLINICAL MANIFESTATIONS
(PITUITARY BASOPHILISM)

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Introduction. In a long since superseded monograph on the pituitary body and its disorders, published in 1912, a section was devoted to a group of cases which showed peculiar and sundry polyglandular syndromes. It was stated at the time that the term "polyglandular syndrome" implied nothing more than that secondary functional alterations occur in the ductless-gland series whenever the activity of one of the glands becomes primarily affected; and further, that the term, as employed, was restricted to those cases in which it was difficult to tell where the initial fault lay.

That a primary derangement of the pituitary gland, whether occurring spontaneously or experimentally induced, was particularly prone to cause widespread changes in other endocrine organs was appreciated even at that early day, and it was strongly suspected that this centrally placed and well protected structure in all probability represented the master-gland of the endocrine series. The multiglandular hyperplasias of acromegaly, so evident in the thyroid gland and adrenal cortex, were already known, and the no less striking atrophic alterations in these same glands brought about by the counter state of pituitary insufficiency were coming to be equally well recognized. But in spite of these hopeful signs, we were still groping blindly for an explanation of many other disorders, obviously of endocrine origin, like those associated with pineal, parathyroid or suprarenal tumors. Out of this obscurity, those seriously interested in the subject have, step by step, been feeling their way in spite of pitfalls and stumbling blocks innumerable.

1 The subject matter of this paper was ventilated at the New York Academy of Medicine, January 5, 1932; at the Yale Medical School, February 24, 1932, and at the Johns Hopkins Hospital Medical Society, February 29, 1932.

* By the kind permission of The Johns Hopkins Press, pages 180 and 181 of this issue of the Annals are facsimiles of the title page and a concluding page from Cushing's review of his cases published in 1932 in the Bulletin of the Johns Hopkins Hospital, vol. 50, pages 137 et seq.
in Case 4 to show atresia; in Case 6, to be small but normal; and in Case 7, to show hypertrophy with signs of increased functional activity. The testes in Cases 9 and 10 showed atrophy of the spermatogenous epithelium.

**DISCUSSION AND RECAPITULATION**

In ascribing this obscure polyglandular syndrome to a pituitary rather than to an adrenal source, I am aware that much might be said in favour of the latter seat of origin. Indeed, it was my original belief in the case of Minnie G. that her malady was in all probability associated with an adrenal tumor. What light the contemporary literature served to shed on the subject was strongly in favour of such an interpretation, containing, as it did, numerous examples of precocious sexual development in children or of the masculinization of women who were found to have large suprarenal tumors. A striking example was that reported in 1911 by Launois, Pinard and Gallais41 of a bearded and amenorrhoeic woman who showed plethoric adiposity with an abundance of purplish lineae over the trunk. A suprarenal tumor of cortical type with metastases to liver and lungs was found at autopsy in association with what was said to be a normal pituitary body, though the sella turcica was said to have measured 18 mm. in its largest diameter which, to say the least, is at the upper limit of normal for her age, this being 14.4 mm. according to Erdheim and Stumme's measurements.

About this same time, twenty years ago, I had the opportunity in London to see with Dr. Gordon Holmes a striking example of masculinization or heterosexual virilism in a woman from whom an adrenal tumor was subsequently removed by Sir Percy Sargent with prompt restoration of the patient’s original normal feminine appearance and reactions.42 This woman had a lean, mannish habitus quite unlike the highly plethoric and adipose individuals herein depicted, and the case may possibly have unduly coloured my impressions of hyper-

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