Hormone Excretion of Glaucomatous Patients. Comments on the Paper of M. Radnót and M. Csillag

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S. de Grősz

Budapest

The possible role of endocrine imbalance in glaucoma was emphasized by several authors in the past. Personally I found with my associate, Dr. P. Patat, low values of oestradiol in the urine of female patients at the age of sexual maturity. This fact may be due to the batch of rats used in that series (Acta Ophthalm. 19, 135 [1941]). I have emphasized in my paper (not mentioned by authors) that hormone-titration should be carried out during the full cycle (bi-weekly) in order to get an exact picture of conditions (Furu-hjelm). Due to technical difficulties, this cannot be carried out. Thus only one point of the curve—possessing two peaks—is obtained, and no answer is given whether this shows minimum or maximum!

The extremely broad variation of normal excretion seen in women causes serious difficulties in evaluation of estrogenic balance in a given case. “Normal” excretion—unfortunately—does not reflect the functional state of the ovaries. The same difficulties are met with in examining excretion of gonadotropic (not tropical!) hormone which should be tested daily during a full week! Information of one day is unreliable.

In verified hypogonadism—observed in Norway and Danmark during the war—normal oestradiol values were obtained regularly, without any increase of gonadotropic hormone [Bartels and Hjorth, Acta Med. Scand. 127, 313 [1947]].

The expression “folliculine” should be replaced by oestradiol, belonging to the group of estrogenic substances.

The fallacies encountered should not bar further studies on the role of neuro-hormonal balance, especially that of the pituitary-diencephalic system, stressed by Zondek and associates.  

Note added in proof. As bioassay of folliculoidealgs permit only an approximate estimation of the amounts of hormones present (Selye) analytic (colori-metric) study seems to be of more value in similar investigations.