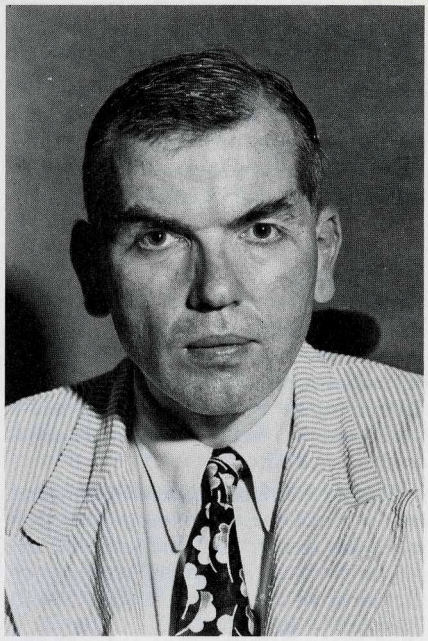
Fuller Albright

1900-1969

A.B. Harvard University 1921, M.D. ibid., 1924, S.D. hon. ibid., 1955, Research Fellow in Industrial Medicine 1926-1927, Moseley Traveling Fellow 1928-1929, Henry Pickering Walcott Fellow in Clinical Medicine 1929-1935, Instructor in Medicine 1930-1935, Associate in Medicine 1935-1938, Assistant Professor of Medicine 1938-1942, Associate Professor of Medicine 1942-1961, Professor of Medicine Emeritus 1961-, Harvard University.



December 8, 1969, was, in the narrowest sense, the date of Fuller Albright's death. For all practical purposes his life and his intensely productive career terminated in July 1956 when, following surgery undertaken in a desperate attempt to alleviate his advanced Parkinsonism, he became totally incapacitated and unable to communicate with his family and his colleagues.

In a wider sense and a truer one, Fuller Albright has refused to pass away at all. The most remarkable feature of his thirteen years of complete absence from the scene of medicine is the extent to which he has been, and continues to be, present.

Modern medicine moves rapidly. Its spotlight continually shifts to new personalities, leaving many recent celebrities in relative gloom. With few exceptions, "Honour travels in a strait so narrow where one but goes abreast." Yet in important medical centers everywhere people are still saying, "Fuller showed . . .," "Fuller thought . . .," "Fuller would have . . . ." Even his critics are still saying, "I disagree with Fuller," quite forgetting that he has not been here to disagree with for well over a decade.

What then are the achievements and the qualities to which this persistent relevance is due? In the first place, a high proportion of Albright's working hypotheses, set up only to be tested and, in his own words, "Subject to change without notice," have survived the test of time. With minimal change they still form the basis of our understanding in many areas of medicine and physiology. To name a few:

> Our understanding of the physiology and pathology of the parathyroid glands, including the diagnosis and treatment of hypo- and hyper-parathyroidism.
> The distinction between osteoporosis and disorders of calcium metabolism. The role of disuse, old age, gonadal failure and corticosteroids in the pathogenesis of osteoporosis and the use of anabolic steroids in treating osteoporosis.
> The recognition of renal tubular - insufficiency - without - glomerular-insufficiency, (renal tubular acidosis), and how it can cause osteomalacia, kidney stones or hypokalemia, how to diagnose and treat it.
> The concept that kidney stones of all kinds indicate that a metabolic disorder should be sought and treated rather than simply be removed when they have formed.
> The pathophysiology of spontaneous Cushing's syndrome and the adreno-genital syndrome and how they illustrate the actions of the anabolic and antianabolic steroids now in wide use.
> The concept of target organ resistance and the recognition of two new syndromes, "Vitamin D resistant rickets" and Pseudohypoparathyroidism, which illustrate this mechanism.

One could list many other new diseases and new concepts. Albright's laboratory was the first in this country to measure urinary steroids and the first to devise a quantitative assay for urinary gonadotropins. His excursions into gynecology, in the renowned "Ovarian dysfunction Clinic" produced the "Medical D & C" and saved sufferers from metropathia hemorrhagica from needless and sometimes tragic surgery. There also, he demonstrated the safety and wisdom of replacement therapy for the menopause. By showing how to suppress ovulation with estrogen while preventing metropathia with progesterone, he laid the foundation for the contraceptive pill. Male patients came to that clinic also and "A classification of the causes of hypoleydigism" emerged.

The practical applications of these discoveries are everywhere in medicine today. But Albright was not concerned with the practical application of his ideas. In his own words, "There are those who advocate medical schools which will turn out practical physicians rather than 'theorists.' But they end by turning out a poorer grade of doctors. As with eggs, there is no such thing as a poor doctor. Doctors are either good or bad."

So much for a brief sketch of the achievements. And the qualities? The dominant one was a complete and unselfconscious absorption in the joy of medical discovery. No time was spent, in the Albright department, on anything else; that is, *almost* no time. There was no small talk and no coffee break. For entertainment there was speculation and discovery, imagination, and wit. Nevertheless one day a year was allotted to questions of money and advancement. That was the day the annual grant application was prepared. On that day only did we ask for more mice or for more carbon tetrachloride