ESPAS: The Endocrine Society Presidential Address Syndrome

A Review*

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I wish to describe a syndrome, The Endocrine Society Presidential Address Syndrome (ESPAS), and to present evidence that it is an endocrine disease. From the literature, I have been able to collect a total of 36 complete case reports (1-36) that document the signs and symptoms of the malady and provide the data for the description which follows.

Among 57 persons at risk for ESPAS since 1918, 4 were exposed twice and 3 others were spared—2 by international meetings held concurrently, and 1 by restrictions on meetings during World War II—leaving a total of 50 persons for consideration. All victims were otherwise healthy Caucasian men, in the fourth to the sixth decade of life, all of whom volunteered for ESPAS, after having been chosen by a committee. The committee, euphemistically called a Nominating Committee, has consisted, among others, of 1-3 former victims, and in each instance their choice has been approved by vote of the membership at large. Parenthetically, the apparent limitation of the disease to men has been regarded as an attribute of the committee rather than the disease and, happily, the next patient will be a woman for the first time.

The onset of ESPAS is insidious, with symptoms recurring over a period of up to 2 yr before terminating abruptly with a final episode called the Presidential Address or PA, invariably manifest before a plenary session of the membership convened at the time of the annual meeting. Occasionally, anticipation of the PA has resulted in suffering for the entire period, including the PA itself. For example, patient F. A. (17) began his PA by saying "Two years ago when I became President-Elect of this Association, I knew I would have to give this address this evening. I have worried about it ever since, and I am still worrying." A second, J. E. H. (26), noted, "it cannot be said that there has not been ample warning of this moment. For 2 years I have known that only an act of God could avert the necessity of my speaking at this time...." On occasion, a patient imagines irrational alternatives to the PA such as sudden death, an atomic holocaust, or refusal to go on with it (31).

Ordinarily, except for occasional bouts of vague uneasiness precipitated by contemplating the inevitability of the PA, the first of the 2 yr is not remarkable. However, symptoms begin to increase in severity at the beginning of the second year, when the patient accepts the gavel, commends his predecessor for his service, and introduces him to deliver the PA. Moreover, from that moment until called upon to present the PA, the evolution of signs and symptoms is remarkably uniform from patient to patient.

Throughout the terminal year the patient with ESPAS generally feels well, but a vague sense of uneasiness leads him to conclude that something must be wrong with the Society. Could it be that the source of his uneasiness is the heterogeneous membership of the Society, or its restrictions on membership, or its ill-defined goals, or the format of its annual
meetings, or its failure to inform the lay public about the virtues of endocrinology, or, God forbid, all of the above?

Preoccupation with these alternative sources of his uneasiness causes the patient to have delusions about the impending dissolution of the Society. He imagines that during his incumbency a coalition of disaffected members will form another Society, or that federal support for endocrine research will dwindle to naught, or that some other cataclysmic event will occur, and he will be responsible for it. He becomes convinced that he must take steps to minimize the likelihood of these potential disasters. He contemplates changing requirements for election to membership in the Society, changing the format of the annual meeting, revising the By-Laws of the Society, or making a determined effort to inform members of Congress and the public at large as to "what endocrinology is all about."

Wisely, the By-Laws require the President to act only with the advice and consent of Council, whose members frequently regard the President's ideas as irrational, or his proposed solutions as illogical, impractical, or expensive. As a result, the patient fails to achieve much in the way of meaningful measures to reduce his anxiety about the impending dissolution of the Society. This failure leads him to conclude that he must go directly to the membership at the annual meeting. This decision sets the stage for the final episode, the PA.

To prepare himself for the PA, he goes to the literature to see how his predecessors have coped. He is comforted transiently to discover that his perceptions of the problems of the Society have been shared by his predecessors. Indeed, from the founding of the Society, conflicts among clinical and nonclinical scientists have disturbed victims of ESPAS to the point that the subject is a recurring theme of the PA. For example, in 1924, patient W. T. (4) spoke about the relationship between clinical and experimental endocrinologists in solving biomedical problems. He said, and I quote, "to fall short in this work is to stamp ourselves simply inadequate; but if the inadequacy is due to our own internecine strife, then our deficiency is a moral one as well." He went on to say "let me exhort you, physiologists and clinicians, to cast aside your cynicism, to work in good humor and harmony toward the common goal of medicine—the freedom of mankind from the ills and incapacities of disease." Despite his exhortation, the problem persisted. Thus, 8 yr later, E. K. (9) said, "it [the Association] has maintained a balanced proportion in its development so that neither the clinician nor the physiologist have induced what could be called a neoplasm of a malignant type."

A benign neoplasm was not excluded! Again, in 1965, patient F. D. W. L. (30) in 70 lines of more or less iambic pentameter, rhyming AA, BB, CC, DD, etc., alluded to the format of the annual meeting and to continuing strife among clinical and nonclinical members of the Society when he said,

"So half a day more, I warmly urge
We meet as one. Select for this the cream,
The topics that will most advance man's dream.
Do not select by clinic, lab or gland,
But choose the polished effort that may stand
As that year's model in its chosen field
To show what fruit sound thought and effort yield.
For those who know much must still be done
Biology and medicine are one.
Dream less than this, endocrinologist,
And you will join the men who won't be missed.
"'Twixt clinic and the lab let's have no schism
Combine them both in broadest humanism."

Failure of the Society to inform the public at large about endocrinology has been a recurring preoccupation of victims of ESPAS. In 1934, J. P. P. (12) spoke of an "...intelligent laity... eager to obtain authentic information concerning endocrinology as it may affect them," and complimented R. G. Hoskins for the contribution made by his book, The Tides of Life.

Again in 1966, R. O. G. (31) pointed out that "although of great human interest and appeal, there are few fields about which the intelligent layman knows less than he does about our area."

While he is comforted transiently to discover that the problems he perceived are
chronic ones, this insight provides no solution
to the patient's larger problem: How to get
the message across? As patient H. M. (29) put
it, "all during the past year, I have had a
nagging feeling that the President of this
Society should have something profound to say
on this occasion."

The options seem to resolve themselves into
one of the following three categories: 1) bite
the bullet and tell it like it is (or seems to be),
an option rarely chosen [H. C. (3), W. T. (4),
and W. O. N. (21)]; 2) ignore the problems and
speak on a noncontroversial issue such as sex
[E. P. M. (24)] or the biography of an endo-
crinologist [A. T. K. (20), E. K. (36)] or the
history of a disease [F. A. (17)] or a hormone
[H. M. (29)], or results of personal research
[R. G. H. (6), J. P. P. (12)] or the future of endocrinology [R. W. R. (32)]; or 3) "do a
number" and get the message across sublimi-
nally. The PA was aptly labeled a "number"
in 1927 (37), and this alternative has been
chosen frequently. Having chosen to do a
number, the President must then choose a
time when the members are assembled in a
plenary session. It is both wise and merciful
to choose a time when the membership has
had cocktails and a meal, as noted by patient
C. N. H. L. (18) when he said, "this adroit
timing enables the listeners to endure what is
to follow."

After all, nobody, not even endocrinologists,
could tolerate the concurrent insults of hypo-
glycemia and a lecture on such subjects as
"The Effects of Equine Gonadotropins on
Testes of Hypophysectomized Monkeys" [P.
E. S. (16)], complete with the details across the requis-
ite surgical procedures, or "Contributions of Baby Opossums to Endocrinology" (C. A.
M., 1945). Similarly, at 8:30 a.m., breakfast
notwithstanding, it is impossible to imagine
much enthusiasm for discourses on such topics as
"An Evaluation of Therapy with Special Reference to Organotherapy" [L. G. R. (5)] or
the sixteenth in a series of studies on vigor
titled "Endocrine Functions in Vigor" [R.
G. H. (6)].

In the overwhelming majority of instances,
33 to be exact, persons with ESPAS have
chosen to do their number after everyone has
had a “pleasant evening with good food and
drink” at the annual banquet [A. T. K. (20)].
Once the problems of a strategy and a time
have been solved, the problem of maximizing
the impact while minimizing suffering re-
 mains. Available evidence suggests that the
President, members of the Society, their
wives, sweethearts, and lovers are instantly
relieved when the PA has been delivered.
Thus, it is desirable to make the PA brief.
However, patients have not always succeeded
on this score so that PAs of up to 1 h have
been recorded.

Having discussed the signs, symptoms, and
clinical course of ESPAS, I now wish to con-
sider the pathophysiological basis of the syn-
drome. After reviewing the PAs, I am con-
vinced that ESPAS is an endocrine disorder,
a hormonal deficiency or imbalance.

With rare exception [E. P. M. (24), R. O. G.
(31)], the most impressive feature of PAs is a
deficiency of humor, so severe in some in-
stances as to justify use of the term "humor-
less." Since opinions vary as to what constit-
utes humor, there are no specific assays for
it, and consequently it has not been possible
to isolate and purify the substance. Moreover,
there is so little humor in the accumulated
PAs that an alternative source must be sought,
if isolation, purification, and characterization
are to be successful. Since neither pure humor
nor assays for it exist, the ultimate nature of
the apparent deficiency in ESPAS remains
speculative for the moment.

By analogy, one might postulate that the
syndrome results from stress-induced produc-
tion of an inactive prehumor, prohumor, or
proprohumor. Under the circumstances, use
of the terms "big" or "big-big" humor seems
inappropriate! Alternatively, since humor is at
least partially cerebral in origin, perhaps the
syndrome is due to a deficiency of a humor-
stimulating hormone (HSH), or factor (HSF)
of intracranial origin. A third alternative is
appealing these days. Maybe the lack of mirth
during the PA relates to a deficiency of recep-
tors in the target audience. Perhaps saturation
and down regulation have reduced the number
of receptors transiently. The rapid, sponta-
eous recovery of all concerned after the PA...
makes this possibility attractive.

Obviously, resolution of the nature of the apparent deficiency awaits the development of assays for humor, and in this regard the future is rosy. The next volunteer for ESPAS (R. Y.) is a happy choice. Not only is she the first woman volunteer for ESPAS, but also she may be immune to the disorder. After all, she has retained her humor despite the stress of a Nobel Lecture! Although she has a remarkable record for developing sensitive, specific, precise, practical assays for a variety of unpurified heterogeneous hormones, what she will be able to accomplish with crude humor remains to be seen! If anybody can bring it off, she can!

Finally, treatment for the disorder poses a problem. There is so little humor around these days that replacement therapy is impractical. Furthermore, substitution therapy is not an attractive alternative. After all, life without humor would be dull indeed! That leaves prevention as the only feasible treatment. So, endocrinologist, heal thyself!

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