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# Society for Endocrinology Dale Medal lecture

Author affiliations

M O Thorner, University of Virginia, Charlottesville, VA, USA [Abstract](#)

Michael O. Thorner is David C. Harrison Teaching Professor of Internal Medicine. He previously was Kenneth R. Cripsell Professor, Chief of the Division of Endocrinology and Director of the General Clinical Research Center and Henry B Mulholland Professor and Chair, Department of Internal Medicine at the University of Virginia. He is a fellow of the American Academy of Arts and Sciences, Master of the American College of Physicians, Fellow of Royal College of Physicians, member of American Association of Professors of Medicine, American Society of Clinical Investigation and American Clinical and Climatological Association.

Dr. Thorner received his M.B.B.S (1970), and D.Sc (1988) from the University of

London. He received his endocrine training under the mentorship of Professor G Michael Besser at St Bartholomew's Hospital, London (1972–1977). He received the following awards: 1984 Albion O. Bernstein Award (NY Medical Association – nominated by Endocrine Society); 1988 Virginia's Outstanding Scientist; 1989 Alpha Omega Alpha Faculty election University of Virginia Chapter; 1992 Edwin B. Astwood Award, Endocrine Society; 1995 GCRC Program Seventh Annual Award for Excellence in Clinical Research; 1995 Pituitary Society Annual Award for Contributions to Understanding Pituitary Disease; 1996 Theodore E. Woodward Award–American Clinical and Climatological Association; 1999 American College of Physicians John Phillips Memorial Award; 2000 Endocrine Society Distinguished Physician Award. His research has been supported by multiple grants from NIH.

His area of expertise is hypothalamic pituitary physiology and pathophysiology. His three most important contributions have been: (1) The demonstration that prolactin secreting pituitary tumors can be effectively treated with dopamine agonist drugs which not only lower prolactin levels to normal and restore gonadal function but also lead to shrinkage of the tumors to allow visual field defects to recover and resolution of headaches and other mass effects; (2) Identification of pancreatic tumor in a patient with acromegaly – GHRH was isolated, characterized and sequenced from this tumor; (3) Treatment of normal older subjects with a ghrelin mimetic for one year is able to restore GH secretion to that in the young, increase serum IGF-I and not only prevent the normal loss of muscle mass during aging but allows muscle mass (fat free mass) to increase by 1.6 kg associated with an increase in limb fat. His primary research interest has been the decline of growth hormone secretion during aging and its reversibility with ghrelin mimetics. More recently his focus is changing to the study of obesity and its metabolic consequence. He was the chair of the National Institute on Aging Advisory Panel on Testosterone Replacement in Men (2000).

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