

SUGGESTIONS CONCERNING THE CLINICAL STUDY OF THYROID DISORDERS

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The anatomic location of the thyroid gland has attracted both the laity and scientists to a consideration of its disorders. Early in the history of medicine, swellings of the neck were designated as goiters. The latter is the French version of the Latin, "gutter," meaning gutter or throat. Just when it came to be used only in connection with the diseases of the thyroid gland is not to be found in any of the chronicles of learning.

Richardson¹ very aptly says that "it is remarkable that the ancient writers of medicine have left so few records of so evident a deformity as goiter." However, beginning about the fifth century observations began to appear in the literature which have gradually and steadily grown until, at the present time, about 8,600 articles² have been written on the thyroid gland and its various disturbances. A very large percentage of this number have to do with clinical reports and studies as well as related pathologic classifications. All of which, in a measure, has led to a better understanding of the conditions surrounding thyroid disease.

More rapid advance in such medical studies of thyroid conditions has been stayed by the usual sluggish delivery and adoption of the ideas and facts evolved in the research laboratories. Accordingly an improvement might be affected in the matter of histories and clinical results by bringing the salient discoveries of investigators to the attention of practicing physicians in a concrete manner. There would undoubtedly develop a more productive interpretation of the clinical and laboratory findings in their relationship to each other.

In the light of scientific studies and facts obtained by reviewing the literature, it seems of import to elicit the following information in cases of thyroid irregularities:

Name
Age..... Marital State.....
Blood Pressure:
Sys..... Dias..... Pulse..... Temp.....
Basal Metabolic Rate:
Preoperative..... Postoperative.....

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Chief Symptoms:

Character of Development:

Puberty..... Adolescence.....
Gradual..... Rapid..... Fast.....
Unilateral..... Bilateral..... Recurrent.....
Internal Secretion and Other Disorders:
Obesity..... Emaciation.....
Undergrowth..... Overgrowth.....
Sexual overdevelopment.....
Sexual underdevelopment.....
Sterility..... Diabetes.....
Infectious diseases.....
Focal infections.....
Nasopharyngeal infections.....
Allergic disturbances.....
Pregnancies:
Number..... Years..... Miscarriages.....
Comment

It is not intended to eliminate the regular routine of examination and history taking, but to ascertain, wherever possible, the more specifically related knowledge listed above. The taking of postoperative metabolic rate readings is essential in order to evaluate the progress of medical treatment or the efficacy of the amount removed by the surgeon in a given case. From the pathologist's point of view, the notations as to the character of development of thyroid disorders will aid him in deciphering the histologic evidences of the insults of disease and their significance as to toxicity.

Physiologic research has established the thyroid as the regulator of the uniform and usual metabolic processes. In this capacity it probably serves through the other glands of internal secretion and the sympathetic nervous system. It is important to observe such disorders clinically and weigh them in relationship to thyroid hypo- or hyperfunction.

The role of infectious diseases or recurrent focal infections to thyroid imbalance has never been established. It is, therefore, suggested that these be included as a problematic issue in clinical thyroid study. The great metabolic shock, as well as the internal secretion derangement, of pregnancies and menstrual cycles is such that a very evident relationship to so-called goiter exists.

A generalized uniform clinical study of the essentials of thyroid disease should lead to an easier assembly of more valued data with which the laboratory findings may be correlated.

BIBLIOGRAPHY

1. Richardson: The Thyroid and Parathyroid, p. 73, 1905.
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