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ORIGIN, AIMS & POLICY OF THE AMERICAN ASSOCIATION FOR THE STUDY OF GOITER*

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DENVER

THE unavoidable, everchanging personnel of the attending membership of this Association renders it impossible for many of those present at this meeting to know much about the origin and aims of our Association. Consequently I came to the conclusion that nothing would be more appropriate or serve better the interests of the organization than for me to address you upon "The Origin, Aims and Policy of the American Association for the Study of Goiter."

The origin of this Association is to be found in the fact that for years men interested in the goiter problem were dissatisfied with the scant attention paid to the subject in the existing medical organizations.

Six years ago, at Bloomington, Illinois, on the initiative of Dr. E. P. Sloan, the American Association for the Study of Goiter was organized with the definite object of creating a society devoted wholly to the study of goiter and its associated problems, a society that would bring together each year men who would present the best that had been thought, said and done relative to this important, well-known, but poorly understood disease. To Dr. Sloan is due the honor of starting the organization. In addition we must

credit him with the conception of its democratic plan and policy, as well as an untiring zeal in aiding its development and progress. From its very beginning the founders were convinced that the Association, if expected to succeed, should be a representative body. To accomplish this we felt that the active membership should be distributed equally among the several states. We believed that a liberal policy in regard to membership should be adopted if we were to create and maintain widespread interest in the study of the goiter problem.

We proceeded on the principle, that if you cannot think a thing out yourself, you should get as many people as you can to thinking on the problem, that by so doing, somebody may find facts that have eluded you, and through them come to the solution. Who thinks a matter out is of no importance whatsoever. The important thing is that the problem should be solved.

This was the theory upon which the originators of our Association based their hopes of progress and ultimate success in the solution of the unsolved phases of goiter.

To encourage widespread interest in our programs and work, attending membership was extended to all doctors in

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good standing in their respective state and provincial medical societies, upon presentation of their credentials and payment of a small registration fee. Such members have all the privileges of active members save those of holding office and participating in the business affairs of the Association.

The limitation of active membership was for no other purpose than to insure fair trial of the plan and policy adopted, which would by uniform distribution of the active membership throughout the continent make the Association truly representative, and furthermore not allow it to become sectional in character. Some of the states are still not represented in our Council, but a sufficient number of active memberships have been reserved for them when they conclude to join in the active management of the Association.

A survey of those states not represented in the active membership shows they are states where there is not much goiter. In our opinion, however, there is sufficient goiter in every section of the country to warrant the deep interest of the profession of those sections even where the disease is not prevalent, in the progress and the general affairs of this Association.

If there are attending members present at this meeting from any of those states not represented in our active membership, I beg of them to carry this message to the profession of their respective states: The American Association for the Study of Goiter is desirous of having active members from every state in the Union and from every province in the Dominion of Canada.

Particularly are we anxious to have members from every state and province who are willing, enthusiastic workers, and who are in accord with our aims and policy.

That the policy of our Association is good and founded on the right principles, we think is conclusively proved by the record it has made in the short time of

its existence. It has established a forum where all subjects pertaining to goiter may be presented and discussed by any member of the profession in good standing in his local medical society. That it has stimulated study and interest in the goiter problem is well shown by the rapid improvement in each successive annual scientific program. Now since it has been thoroughly established and organized, no one need be afraid of its failure, as some did in the beginning.

Aside from the stimulus to study and research such an organization creates, and through which we should expect discoveries that will tell us many things about goiter we fain would know, there are many things our Association can and should do that will be most helpful to every one interested in goiter. I will call your attention to only two of these. The first is that of concerted effort to reform goiter nomenclature, which, as you all know, is in many respects misleading. Even the definition in the most modern medical dictionary (Gould) of the term *goiter* is ridiculous: *A tumor of the thyroid gland.*

A disease of the thyroid gland characterized by disordered function, with or without enlargement of the organ, would better convey the idea of the general conception of the entity we call goiter. The numerous names in use for the type of the disease commonly known as *exophthalmic goiter* is another example which illustrates the necessity for simplification and clarification of goiter nomenclature. The mere fact that *exophthalmos* is a striking feature of this type of the disease in less than 50 per cent of cases, does not warrant the use of the term *exophthalmic*.

The constant features of hyperplasia and toxic symptoms in this type, however, justify the present tendency of the profession to call it *toxic hyperplastic goiter*, and should serve as a guide to those desirous of bringing about reform. Certain it is that the present nomenclature and the numerous lengthy and involved classi-

fications of the disease are responsible for much confusion and misunderstanding, which could be avoided by sensible reform.

The elimination of the ordinary infections and primary neoplasms of the thyroid, which should not be classed as goiter, permits adoption of the simple classification of:

1. Colloid
2. Nodular
3. Hyperplastic

Adoption of this short classification of goiter would go a long way toward bringing about a clearer and more workable grasp by the general profession of the goiter problem. I can conceive of no type of the disease that will not fall under some subheading or combination of these three types.

The other thing that this Association can do, and which would be of inestimable assistance in the study of goiter, is the establishment of a council that will, from time to time, publish in abstract the consensus of opinion on important questions relative to the disease. The scheme would entail considerable labor on the part of the council or committee in charge, but the great good that it would accomplish in an educational way would be full recompense for the effort expended.

In conclusion allow me again to express my sincere appreciation of the honor of having served this Association as its presiding officer for the year, and assure you that as long as I am able to aid in furthering its noble aims, my services are at your command. With your high ideals you cannot help but make continued progress and you should be the means by which the mystery of the etiology of goiter may be solved. This must come before we can expect progress in the prevention or rational treatment of the disease which, sad to admit, at the present time is but little superior to that in vogue in China centuries before the dawn of the Christian Era. We should not allow our pride in the progress made in the management of the advanced stages of the disease to obscure the importance of finding its primary cause. Without this essential cornerstone our foundation is imperfect, any superimposed structure unstable, and sure to fall like the proverbial house of cards.

Consequently, no greater honor lies hidden in the future than that awaiting him who wins the crown of laurel, so justly due the discoverer of the basic cause of goiter. By that achievement, in all probability, one more scourge of the human race will be conquered.

