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## American Association for the Study of Goiter Origin—History—Accomplishment

### Presidential Address

J. R. YUNG, M.D.  
TERRE HAUTE, IND.

IT IS only fitting, on an occasion such as this, to review the factors which led to the formation of this Association, the men instrumental therein, its objective, and whether or not that objective is being attained. Having been an officer of this Association since its inception I have an intimate acquaintance with its activities and personnel, and feel that I am in an especially advantageous position to do so. In sketching the early American history of goiter, of our Association and of the International Goiter Conferences, in which we are interested, for brevity's sake, it should be pardonable to refer only to the outstanding figures. I am certain that failure to refer directly to all of our many conspicuous contributors, or to call attention to the sincere efforts of other members of our group who have been equally loyal to our ideals, will not be misunderstood.

Virtually no important contributions to the subject of goiter were made prior to the early nineties. At that time great strides in American surgery occurred as the result of the elimination of a great deal of the wound infection so common at that time. This progress was due to general acceptance of Pasteur's discovery of bacteria as the cause of infection, and the employment of the principles of antisepsis as propounded by Lister. The prompt application of these principles by C. H. Mayo, Crile, and Halstead especially brought them to the front rank of American surgeons. Located in the great endemic goiter regions their interest in goiter had been already aroused. They had abundant opportunity to apply the latest European surgical technic with which they were thoroughly familiar. Their proficiency and the low mortality which they achieved, together with the liberal contributions which they made to the goiter literature, naturally brought them early prominence in the field of American goiter surgery. Skillful, however, as they were in avoiding the technical accidents which make subtotal thyroidectomy hazardous in nontoxic cases, they were as unsuccessful as European surgeons in overcoming the high mortality from postoperative hyperthyroid reactions, in both the toxic nodular and diffuse goiters.

Doctor C. H. Mayo, in 1908, devised for poor risk cases, ligation of the thyroid arteries in stages, and injections of hot water into the gland as a preliminary to subtotal thyroidectomy. With this treatment he reduced the mortality to about three per cent. C. H. Mayo might well re-

ceive the title "Father of American Goiter Surgery." Doctor George Crile further reduced the fatalities from postoperative hyperthyroid crises. He introduced the method of nerve block by local anesthesia, combined with light gas anesthesia thus eliminating the use of ether, and his practice of sharp dissection with minimum traumatism of tissue accomplished this reduction of fatalities. The distinction of C. H. Mayo and George Crile in this field of surgery and their sympathetic interest in our association has made it a source of mutual gratification to have them as Honorary Members.

Early advancement was also made by Americans in research. Especially noteworthy is the work of Marine and Kimball, which resulted in the use of iodine as a prophylactic measure in endemic goiter regions. It is interesting to note that in 1927 its use in salt, as a prophylactic measure, was advocated by the first International Goiter Conference. Dr. Kimball, for years, was an active member of our association.

Prior to and during the World War, there were few medical centers in America where goiter was intelligently studied and successfully treated. It was to these centers that the general practitioner, rightly, referred his cases. These cases for the most part presented the moderately toxic types which the practitioner did well to suspect, and easily recognized large nodular and fully developed exophthalmic types. Unfortunately a large number of these patients remained invalids at home, lacking the means of transportation to medical centers for surgical relief. A further group of unrecognized, mild hyperthyroid patients were more or less incapacitated for gainful occupation. If the patient was the main support of the family, the economic loss in these two groups was great indeed.

Our entrance into the World War created a great demand for medical men, highly trained in the newer specialties, to form hospital units. To meet this emergency men were sent to the large medical centers for intensive studies. Of these, some took their postgraduate work at clinics where successful thyroid work was being done and naturally they became interested in the subject of goiter. When the emergency ceased they applied their recently acquired ability to the easily recognized cases, which, being pronounced were usually either of long standing, with degenerative visceral changes or acutely toxic, both groups very hazardous surgical risks. Tragedies were encountered in the nontoxic goiters due to unfamiliarity with operative technic. In the toxic cases, where the mortality rate was already high in the hands of the experts, it was further increased by lack of experienced judgment and of the knowledge of when to employ the multiple stage operations.

These conditions were frequently discussed by the Illinois Clinic Club, organized in 1921, of which I am a member. This club consisted of a group of medical men, resident in Bloomington, Illinois and vicinity, who were under the leadership of Dr. E. P. Sloan. In our travels to various medical centers, it was further noted that some centers, otherwise highly informed, were rather deficient in their knowledge of goiter. The

explanation was offered that these clinics were not in the "goiter belt" and yet the presence of goiter was apparent on every hand as one walked the streets. These men failed to realize that populations with their diseases were shifting as a result of rapid and cheap transportation; that, for example, great industries located in the goiter regions were sending their workers to distant branch factories; and that goiter was no longer a local, but fast becoming a general problem in America.

To ameliorate these conditions, E. P. Sloan advocated an association of medical men gathered from all parts of America. The purpose of this organization was proclaimed to be the earnest exchange of ideas on the problems of goiter; the holding of meetings in the different sections of the country; the effort to make these sections conscious of the presence of goiter. In the Fall of the year 1923 these ideas crystalized in the organization of the American Association for the Study of Goiter.

Upon the solicitation of his friends, Dr. Sloan was prevailed upon to accept the presidency of the Association for the years 1924 and 1925. In his official family were George W. Newell of Burlington, Wisconsin, as vice-president and myself as treasurer. The charter membership consisted of the following: Doctors E. R. Arn, Joseph L. DeCourcy, Frank Deneen, F. B. Dorsey, Jr., J. W. Dreyer, Wm. Englebach, G. S. Fahrni, L. W. Frank, N. W. Gillette, A. S. Jackson, H. M. Joy, R. A. McGillicuddy, G. W. Newell, A. J. Paulson, A. F. Renneker, R. G. Stevens, E. P. Sloan, A. C. Scott, F. S. Wetherell and J. R. Yung. This roster represented many states of the Union and the Dominion of Canada.

At a meeting held in Bloomington, Illinois, December 6, 1923, the use of ethylene gas was demonstrated in several thyroidectomies. Final plans were also made for the first regular clinical meeting of the Association, to be held in Bloomington, the following January of 1924.

Among those mentioned on this first program were: H. S. Plummer, André Crotti, Wayne Babcock, F. H. Lahey, E. R. Arn, Wm. S. Bainbridge, Jos. De Courcy, E. G. Blair, Wm. Englebach, Frank Wilson, Arnold Jackson and Joseph Pettitt. The subjects formed a well-balanced program. Further, diagnostic clinics were held and 15 operations were performed ranging from simple ligation to subtotal thyroidectomy. Among the attendants, numbering more than 200, were Dr. Pusey, President of the A. M. A., Presidents of several State Societies, medical men from both Atlantic and Pacific Coast States, and also from Canada.

The success of this meeting was due to the indomitable will and energy of E. P. Sloan. Here was a noble character in stature and manner unpretentious, whose use of homely metaphor to gain his point, whose generosity to friend and foe alike, reminded one of Lincoln. To be sure, he was interested in the political phase of medical organization. Ofttimes his motives were misunderstood, but in time even his severest critics were converted to an admission of his sincerity of purpose. His ability as an organizer was exceptional, and he was truly the founder of this organiza-

tion. Of him we shall hear again in connection with the International Goiter Conference.

His interest in the affairs of medical societies, which brought many honors upon him, did not interfere with his devotion to study and professional work. He found time to do extensive dissections of the neck, adding to our anatomical knowledge of its fascias in relation to the thyroid. He also prepared a treatise on Goiter, which will be published. In spite of an acute middle ear infection, in September, 1935, he delivered an address before the Colorado State Medical Society, convened in Estes Park, Colorado. At his home in Bloomington, Illinois, a few days later, September 14, he passed away from an acute cardiac dilatation, a sacrifice to his high sense of duty.

The Association met for one day in Chicago in 1924, while the American Medical Association was there in session. The last meeting held in Bloomington was in January, 1925. The Association convened, under the Presidency of Dr. E. G. Blair of Kansas City, in 1925, at Atlantic City, while the American Medical Association was there in convention. Louisville, Kentucky, entertained us in February, 1926, E. G. Blair still acting as president. With Emil Goetsch of Brooklyn as president, we assembled at Philadelphia, Pennsylvania in January, 1927. In June, 1928, Denver, Colorado was host to the Assembly, Dr. Fahrni of Winnipeg, Canada, holding the honor of Presidency of the organization. Dayton, Ohio, saw the Association assemble for their study and work in March 1929, Dr. S. D. Van Meter of Denver, Colorado, then President.

This last name cannot be dismissed briefly. Here was a true pioneer figure, in the principles of right, staunch as a saint, in personal and professional dealings, solid as the Rock of Gibraltar, in appearance rugged as his Rocky Mountain environment. He was an early successful surgeon of the metropolis of Denver, Colorado. To stimulate research and to direct it toward the basic cause of goiter, in 1930 and also a few subsequent years, he provided a \$300.00 cash prize award, to be given the essayist presenting the best work on the subject of: "Goiter—Especially Its Basic Cause." His modesty and sincere desire to avoid any semblance of personal publicity prompted him to forbid two or three officers of the Association, who were necessarily familiar with his gift, to associate his name with it in any way whatsoever. After his death, however, the Association in recognition of his sturdy qualities, his honesty of purpose, and his contribution of the original idea, honored him by continuing the contest annually and calling it the "Van Meter Prize Award." Manuscripts from many countries have been submitted in this competition. An English author once received the prize and several honorable mentions have been given to Continental research workers.

Seattle, Washington, was selected for the meeting place of 1930. Dr. E. R. Arn of Dayton, then held the Presidency. On this occasion a group of members proceeded from Chicago to Seattle by special Pullman train, stopping en route at Winnipeg. Here Dr. Fahrni, past President, had

prepared clinics for us to attend during the day. In the evening he entertained sumptuously with a banquet, giving us opportunity to meet the interesting faculty members of the University and also his professional colleagues.

In 1931, we gathered in Kansas City in the month of April, Dr. Kerwin Kinard of that same city holding the position of President of the Association.

June, 1932, found our Association, diligently pursuing its work and ideals under the guidance of Dr. M. O. Shivers of Colorado Springs, Colorado, in convention at Hamilton, Ontario, Canada. I am too human, not to succumb to the temptation to linger a moment on the pleasant aspects of this meeting. Nature has given to Hamilton an enviable setting and surroundings. Thus designed by nature as a haven of restfulness we were loath to leave. In such an environment consideration of the intellectual treats offered in the program was greatly stimulated. And then—when Nature and the Association had done—the genial Dr. J. K. McGregor began. His assembling of persons of note and prominence, his arrangement of social functions and contacts, his supplying of diversification and relaxation, so well blended with the more serious work of the gathering, would do credit to an epicurean of the first water.

Dr. H. S. Plummer held the Presidency when we convened in Memphis, Tennessee, in 1933. This great and outstanding clinician, from the first, gave generously of his time. Frequently he addressed the Association at its regular meetings and attended sessions of the Council, where his advice received closest attention. His acute observations led in 1913 to his differentiating toxic goiters into two distinct entities: adenomatous goiter with hyperthyroidism and exophthalmic goiter. These findings paved the way for the brilliant discovery of the use of iodine as a remedy to mitigate the toxic symptoms of exophthalmic goiter, and also to prevent postoperative hyperthyroid crises. These findings were advocated and published by himself in 1922 and 1923. It required great courage to advocate the use of iodine even though it was based upon such sound facts as observed by Plummer.

One must remember that in Europe and especially in Switzerland there was found a goiter called "Jod Basedow," none other than the adenomatous goiter without hyperthyroidism of Plummer's classification, made hyperthyroid by the administration of iodine. This phenomenon of iodine converting a nontoxic adenoma into a toxic one caused the Swiss surgeons, particularly Theo Kocher, to condemn the use of iodine in goiter. This condemnation, so deeply rooted in European as well as in American literature, had caused the teaching of the use of iodine in goiter, especially the toxic types, to be denounced as rank heresy. In the face of this prejudice, almost as great as that Pasteur encountered when he discovered bacteria as the cause of disease and immunization as a preventive, Plummer continued his teaching until his principles were accepted. It is only proper to pay high tribute to a deep student, a clear

thinker, a close clinical observer, who discovered and advocated a remedy which has saved thousands of lives and countless invalids from a bed-ridden existence.

The 1934 sessions of the Association were held at Cleveland, Ohio, in the month of June, the President of the organization then being Dr. R. M. Howard of Oklahoma City, Oklahoma.

Salt Lake City, Utah, was the scene of our 1935 convocation, in the month of June. The presidency at that time was filled by Dr. Allen Graham of Cleveland, Ohio. Certainly it is not necessary for me to enter into a narration of the accomplishments of Dr. Graham. The Association points with pride to the fact that its Presidency was held by one whose work in the field of pathology is so outstanding, whose opinions in his sphere are so respected, so appreciated.

In these few years of organization, we as an association, have had no little part in bringing a better understanding of the problems of goiter, both to the profession and also to the laity. From the list of meeting places it can readily be seen that the various sections of America have been visited. As Corresponding Secretary of the association for some years, I am in a position to know that the objective of the organization, *to make the profession and laity of America, conscious of the presence of goiter in their sections*; has been definitely and positively attained.

The members and the friends of this organization have heard from time to time, mention of the International Goiter Conferences. Since we are to sponsor the Third Conference which is to meet in America, it is timely to acquaint you with its organization and our relations with it:

The concept of an international meeting was conceived by Dr. Aschoff, Professor of Pathological Anatomy of Freiburg, Germany; Prof. Holtz of Basle, Switzerland, and Dr. Carriere, Director of the Federal Department of Public Hygiene of Switzerland, and also President of the Swiss Goiter Commission, and his confreres resident in Switzerland, the center of Goiter in Europe. The First Goiter Conference was held in August of 1927 in Berne, the capital of their republic and the home of Theo Kocher who was closely associated with the early development of goiter surgery.

The meeting was inaugurated in an address by Dr. Carriere, who was acclaimed President of the Conference. The meeting was attended by 188 delegates, embodying the outstanding research workers, pathologists, internists, surgeons, and public health authorities. Eighteen countries were represented at this gathering; Europe, India, Japan, South America, the United States and Canada. There were 26 who attended in the United States group. The subjects on the program dealt chiefly with the etiology and prevention of endemic goiter, and were presented either in the French, German, Italian or the English language.

One of the results of the Conference was a resolution to extend to all endemic goiter zones information gathered at the meeting, so that people in such areas might avail themselves of prophylactic measures

against goiter, by the administration of iodized salt combined with general hygienic measures. Another result was the resolve to continue research in these zones in order to establish whether or not the factors in the production of endemic goiter were the same and present in all endemic centers.

To accomplish this the addresses and discussions were published in their original languages, and assembled in a large volume for distribution. Our group subscribed a considerable sum to have the volume translated into English for American dissemination. Dr. Carriere most graciously supervised this undertaking, and without remuneration.

The success of the first conference led to the desire for a second, to continue the work so fruitful in its recent inauguration. A resolution was directed the Swiss Goiter Commission to proceed with the preparations, when, in their opinion, a sufficient advance in the knowledge of goiter had been made, to make the conference worth while. Correspondence with representative men of many nations, with investigators of goiter problems and with those who had attended the first conference produced evidence of a nearly unanimous desire for a meeting in 1933. The first proposal for the 1933 meeting was the Netherlands. The Netherlands representatives, however, deemed it best to withdraw their invitation for the time being, because they were already host to the 1933 meeting of the International Conference of Geographic Pathology. The prevailing opinion, then expressed was to reconvene in Berne. Hyperthyroidism, Basedow disease, research findings on etiology and prevention of goiter, and malignant goiter, were proposed as subjects on the program for consideration.

The Second International Conference on Goiter convened in Berne in August, 1933. Dr. Carriere was called to the Presidency by acclamation: while Dr. Stiner of the Federal Service of Hygiene, was selected as General Secretary. This meeting was attended by 212 scientists from 22 nations. The United States had 21 in its representation. Remarkable *success and signal achievement* was the distinction of this second meeting. The addresses and discussions were again published in their original languages, and distributed in volume form.

Our participation in the activities of the International Goiter Conferences were initiated in 1926. That year, while paying a return visit to the Prof. De Quervain Clinic, at Berne, my attention was called to the contemplated first meeting to be held in 1927. I submitted our membership list for invitations.

With characteristic energy, Dr. E. P. Sloan organized a group of twenty-six Americans, of which I was one, to attend this meeting. Many of the group sailed on the same ship and medical sessions were held daily during the crossing. Various European Clinics were visited before and after the Conference. The Americans were not only present but took active part in all the Sessions. Dr. S. D. Van Meter was one of the twelve honorary Presidents who in turn conducted debates. Dr. Allen Graham

was on the committee for uniform Nomenclature in Pathology. Dr. H. S. Plummer and Dr. David Marine were on the program, though the latter's paper, due to his absence, was read by Doctor Graham. Dr. André Crotti and M. O. Shivers entered prominently into the discussions.

Closely linked with Doctors Sloan and Van Meter in the American group was Dr. R. M. Howard of Oklahoma City, a professor of surgery, a quiet, unobtrusive personality, endowed with sound judgment and statesmanlike vision. These three, with my connivance, conceived the idea of a future International Conference being held in America. Upon our return Dr. Van Meter was authorized by this Association to work toward the realization of this, our mutual brain-child. Through extensive correspondence, he secured the support of various American Medical Societies in our desire to extend to the International Conferences an invitation to convene in America. It was Dr. Van Meter's cherished ambition to present this invitation in person at the Second International Conference of 1933—but fate had decreed otherwise. He struggled to leave his invalid's bed to make the trip—but in vain. A metastatic growth of the vertebrae prevented his doing so. Before his death, however, he had the satisfaction and happiness of knowing that his efforts were not in vain.

Doctors Sloan and Howard, as delegates of this Association, headed the group of 21 from the United States and two from Canada who attended the Second International Goiter Conference. Dr. Sloan was one of the seven Honorary Presidents. Dr. H. S. Plummer, Dr. M. B. Tinker, Dr. R. B. Cattell, and Dr. Bruce Webster were among the names on the program.

Doctor Sloan, as Chairman of the U. S. Delegation, presented the invitation to hold the Third International Conference in the United States. This proposal was quickly approved in a courteous speech by Dr. Carriere of the Swiss delegation. The Conference decided by acclamation that the "Third International Goiter Conference" should meet in the United States. The naming of date and place of this meeting was left to the discretion of the United States representatives.

I cannot let this opportunity pass without this comment. I am proud to be a member of an association with such a record of accomplishment. I am sure that every member experiences the same thrill and sentiment. But let not the glories of the past blind us to the present and future. The needs which brought our association into existence are still, will ever be with us. Let us not lose sight of its *IDEALS*. May this resumé of its achievement, not cause us to stagnate, but stimulate us—actuate us to greater accomplishment in our chosen field. If naught but this is achieved, we can well deem this convention a success.

Animated by these reflections we may scan the horizon for further achievement. We will do well to focus upon the International Goiter Conference to be held in this country. In these sessions we will assume the leading role. Much will depend upon capable leadership. We are

fortunate in the personalities of two of our leaders—Doctors Howard and Graham. Doctor Howard's experience at both International Conferences, his intimate knowledge of the formalities, his farsightedness, diplomacy and zeal; Doctor Graham's experience at the first International Conference, his prominence in the field of pathology, his acquaintance with the research workers of the world, and his tenacity of purpose, nominate them as logical ones to captain this adventure. And since the Council has spoken through the motion it passed and I have been selected along with them to serve on the Committee, I shall willingly do so in the earnest effort to bring to fruition our long cherished desire to entertain the "Third International Goiter Conference" in the United States of America.