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THE TREATMENT OF TOXIC GOITRE.

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BEFORE we can discuss the treatment of toxic goitre, it is necessary for us to have a clear conception of what we are attempting to treat.

By a toxic goitre we mean a goitre which produces symptoms other than those due to its presence or size in the neck, the chief of which are tremor, muscular weakness, tachycardia and other disorders of cardiac function.

Now, although in practice we meet with almost every gradation in type among the toxic goitres, yet when we are considering treatment and prognosis we can divide them roughly into two. These two types I like to refer to as primary Graves' disease and secondary Graves' disease.

Primary Graves' disease or exophthalmic

goitre is, as you know, a symptom-complex marked by certain definite changes in the thyroid gland associated with changes in many of the other internally secreting glands. The changes in the thyroid gland itself vary with the severity of the disease, but in a fully-developed case they are characterized by the entire absence of colloid storage, and by the presence in the lymphatic spaces of thin watery secretion which can be demonstrated by special staining methods, as Scott-Williamson has shown. The cells of the gland are markedly granular and hyperplastic, and are often several layers deep, and there may even be papilloma formation. This condition of the thyroid is associated with the fully-developed picture of exophthalmic goitre as you know it, with tremor, tachycardia, muscular weakness, exophthalmos, and the usual vasomotor disturbances in the skin. The other internally secreting glands are involved, as is shown by the almost constant hyperadrenalinæmia, by changes in sugar tolerance, &c. Primary Graves' disease is a polyglandular syndrome in which the thyroid