

THAT FANTASTIC GLAND, THE THYROID

(Continued from Page 35)

the first two years, and then the thyroids began to protest. In our own country, war situations, as we have seen, made a similar impact. Doctor Means said that nearly every woman who entered Massachusetts General Hospital in Boston as a new hyperthyroid case had first noticed symptoms soon after a husband or son or other relative had enlisted or left for overseas.

The medicine these patients were receiving, thiouracil, has now been replaced by a newer and much less hazardous member of the same chemical family, a compound known as 6-n-propyl thiouracil. Many patients take the pills at home, under a doctor's direction, without spending a day in the hospital, although they are urged to call the doctor at the first sign of a sore throat or other trouble. This caution stems from experience with the original thiouracil, which caused adverse reactions in 8 to 12 per cent of the patients. Most serious side effect of thiouracil was agranulocytosis, a depletion of the germ-fighting white blood corpuscles. When this occurs the body is unable to cope with an infection. Agranulocytosis was reported in only 2 to 2½ per cent of the cases treated with thiouracil, but one out of four victims of agranulocytosis died. With the new propyl thiouracil in use, however, there have been, at this writing, only half a dozen instances of agranulocytosis reported in more than 5000 cases treated with the chemical, and none of those half dozen was fatal.

Although thousands of patients have received the antithyroid chemicals, the

medical experts do not yet agree on all aspects of the therapy. Dr. David P. Barr, professor of medicine at Cornell, and physician-in-chief at the New York Hospital, reviewing the picture at a recent meeting of the New York Academy of Medicine, expressed the opinion that propyl thiouracil could be given, often in conjunction with iodine, as the principal treatment of hyperthyroidism or toxic goiter. A number of authorities, including Doctor Means and Dr. Rulon W. Rawson at Massachusetts General, are not yet convinced that the chemicals permanently correct the runaway tendencies of the thyroid. They also point out that if the same drug is given a second time, to clear up a relapse, the possibility of the patient's being sensitive to it is somewhat increased. They therefore prefer at present to use the compounds principally as preparation for surgery.

As advance agents for the surgeon, the chemical "brakes" have turned in a remarkable performance. True, the mortality in thyroid operations, when performed by experts, had already dropped to less than 1 per cent. This has been due, in a major degree, to the preoperative use of iodine. Iodine brings about a temporary involution or quieting down of the gland and minimizes the danger of flooding the patient with thyroid hormone at the time of operation. But the thiouracil compounds do the job even better, particularly if followed by a few days of iodine treatment, and they have made the operation safer than ever and the attendant procedures simpler and less expensive to the patient. Dr. Frank H. Lahey, head of the Lahey Clinic in Boston, whose group has performed 27,000 thyroid operations since the clinic was organized, firmly believes

(Continued on Page 67)