S tarting from the second half of the 16th century, significant contributions about the anatomy and function of the thyroid gland came from Andreas Vesalius (1514 – 1564) (Fig.1), Niels Stensen (1638-1686) (Fig.2) and Herman Boerhaave (Fig.3). Albrecht von Graefe (1828-1870) (Fig.4) and Jean Marie Charcot (1825-1893) (Fig.5) described two typical signs associated with exophthalmic goiter (whose possible origins and pathogenesis had been described by Drs Basedow and Graves): respectively, the immobility or lagging of the upper eyelid on downward rotation of the eye (von Graefe’s sign), and the tremor and the skin resistance reduction (Charcot’s sign).

Theodor Billroth (1829-1864) (Fig.6), Theodor Kocher (1841-1917) (Fig.7) (the latter described signs and symptoms of the cachexia strumipriva that followed total thyroidectomy) and Charles Mayo (1865-1935) (Fig.8) (who coined the term hyperthyroidism) were master surgeons, performing thousands thyroidectomies during their career.

Julius Von Wagner Jauregg (1857-1940) (Fig.9) studied cretinism and goiter, treating them with thyroid extracts and iodine, respectively.

In 1915 Edward Calvin Kendall (1886-1972) (Fig.10) isolated thyroxine. In 1934 Enrico Fermi (1901-1954) (Fig.11) prepared the first radioiodine solution for the treatment of hyperthyroidism.

Nowadays, the prevalence of goiter caused by iodide deficiency has almost disappeared in rich and developed countries, while it remains an endemic health problem in certain areas of Asia. For this reason, India and other countries have used postage instruments to make people aware about the use of iodide salt (Fig.12).

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