

# A Case of Diabetes Mellitis. Apparent Recovery.

*Under the Care of DR.COLQUHOUN.*

(For the following Notes we are indebted to Mr. D. E. Currie, Clinical Clerk in charge of the case.)

Thomas—, soldier, formerly house painter, aged 31, single, was admitted to Dunedin Hospital on June 16<sup>th</sup>, 1916, suffering from acute diabetes mellitus.

Patient states that he landed upon Gallipoli on June 2<sup>nd</sup>, 1915. He was well until early in July, when he began to suffer from dysentery. Then on August 28<sup>th</sup> he was put on board H.M.H.S. "Gloucester Castle," owing to his having contracted left pleurisy. Later he contracted enteritis. On January 16<sup>th</sup>, 1916, for the reason that he had had pleurisy, dysentery, and enteritis, he was discharged from the N.Z.E.F. He re-enlisted on April 12<sup>th</sup>, 1916. When he had been three weeks in Featherston Camp, the roof over his bed leaked one night, he got wet, and caught cold. He noticed stiffness across the back and occasionally stiffness and dull pain up the legs—e.g., when he raised his legs to put on his puttees. Also he developed a deep cough. He came down to Dunedin for his final leave on June 2<sup>nd</sup> (about a month after the night he got wet), and it was on this day that he first noticed any unusual thirst. He says he felt sleepy in the train, about Oamaru, went out for a walk on the platform, and felt thirsty.

The following day he bought a gallon of lemonade, and finished it in the day. He says: "I drank large quantities because it was nice. I did not have a craving for it"; but it is to be noted that he did not try to limit the quantity he drank. The following day (June 4) he took to drinking water, and oatmeal-water. He noticed that if he drank a glassful, he would micturate in ten or fifteen minutes' time. He drank, say, a glassful every half-hour or hour by day. He drank one or two glassfuls at bedtime, but did not drink through the night. He micturated at night—would fill a chamber between midnight and

8 a.m. During the week June 2<sup>nd</sup> to 9<sup>th</sup>, he felt a slight weakness, but was otherwise fit. He did not have much appetite. During the week the thirst lessened. At the end of the week he went to see Dr. Colquhoun, who tested his urine, and sent him into hospital.

During that week, when he drank water, he noticed a light sweet taste under the tongue. He also noticed a clammy dryness of the tongue and mouth and a dry throat. These were not relieved by drinking. By June 23<sup>rd</sup> this sensation of dryness had lessened, so that it recurred only for a few minutes at a time. By July 8<sup>th</sup> it had almost disappeared. The only time he then noticed it was for a couple of hours after the evening meal. By July 1<sup>st</sup> the sweet taste of which he complained had entirely gone. By June 23<sup>rd</sup>, he was drinking daily two cups of fluid at each of three meals, and five cups at other times (i.e., say, five pints daily). He says this is nothing to what he was drinking during the week June 2–9. On June 23<sup>rd</sup> he was feeling fit and in good spirits, and was interested in things around him. One noticed that he was very bright and intelligent.

With regard to body weight.—He says his normal weight is 12st. 8lb. on April 2, 1916 (the day he went into Featherston), but lost 7lb. in the next two months; but he had been missing a lot of meals in camp owing to the unappetising nature of the food. He would often just take a cup of tea at some refreshment place. His weight was 11st. 8lb. to 11st. 10lb. all the time he was in hospital.

His family history is good—parents and brothers and sisters are all healthy.

On examination at the end of June he was found to have a very slight cough, which he said did not trouble him. Breath sounds were heard on the right base posteriorly, where also there were a few coarse crepitations. X-ray examination showed mottling of the right chest and glandular enlargement in the left chest. Otherwise lungs and heart

were normal. Both eyes were normal, as regards both vision and the state of the fundus. Knee-jerks were normal. There was no pain on compressing the gastrocnemius. There was no ankle-clonus and no patellar clonus. The plantar, cremasteric, and abdominal reflexes were all normal. On July 1st, patient said that he thought the amount of fluid he was then drinking was not much in excess of what he normally takes, but the daily amount of urine at that time was about 76ozs. The state of the skin was then normal. Patient felt very well indeed.

(Note by DR. COLQUHOUN.)

The most interesting feature of the case was the disappearance of glucose from the urine. On June 24th there were 32.8 grs.

of glucose per oz. of urine; on July 29th there was 1 gr. per oz., and on August 2nd glucose had entirely disappeared; and has not (October 9th) reappeared. I have never seen so young a diabetic even apparently recover. He had a fairly rigid diet, and Benger's Liquor Pancreaticus was given several times a day. In another case of very severe diabetes in a woman of 40, under the use of pancreatised foods considerable improvement took place. Claims have also been made that good results have followed the use of Carnrick's preparations, and as many cases of diabetes are doubtless due to lesions of the pancreas, it is but reasonable to suppose that something in the way of an internal secretion is lacking.

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