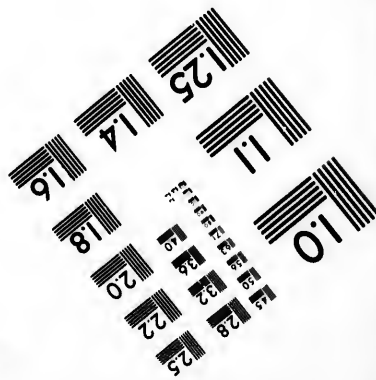
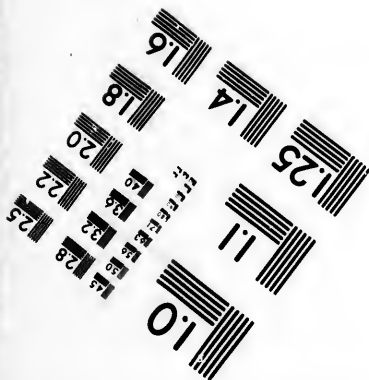
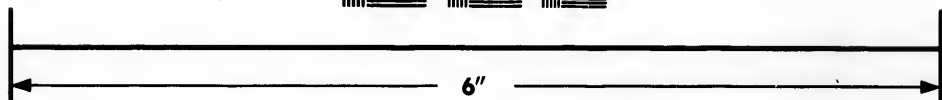
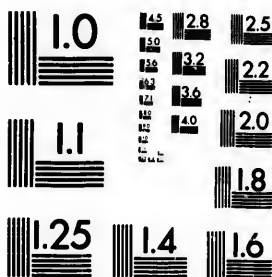


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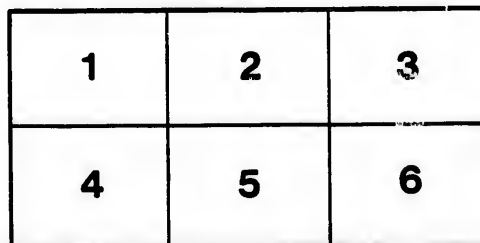
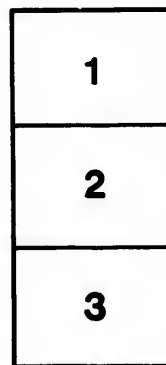
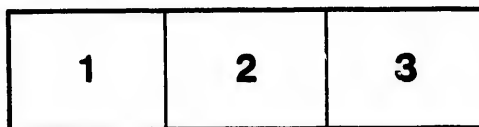
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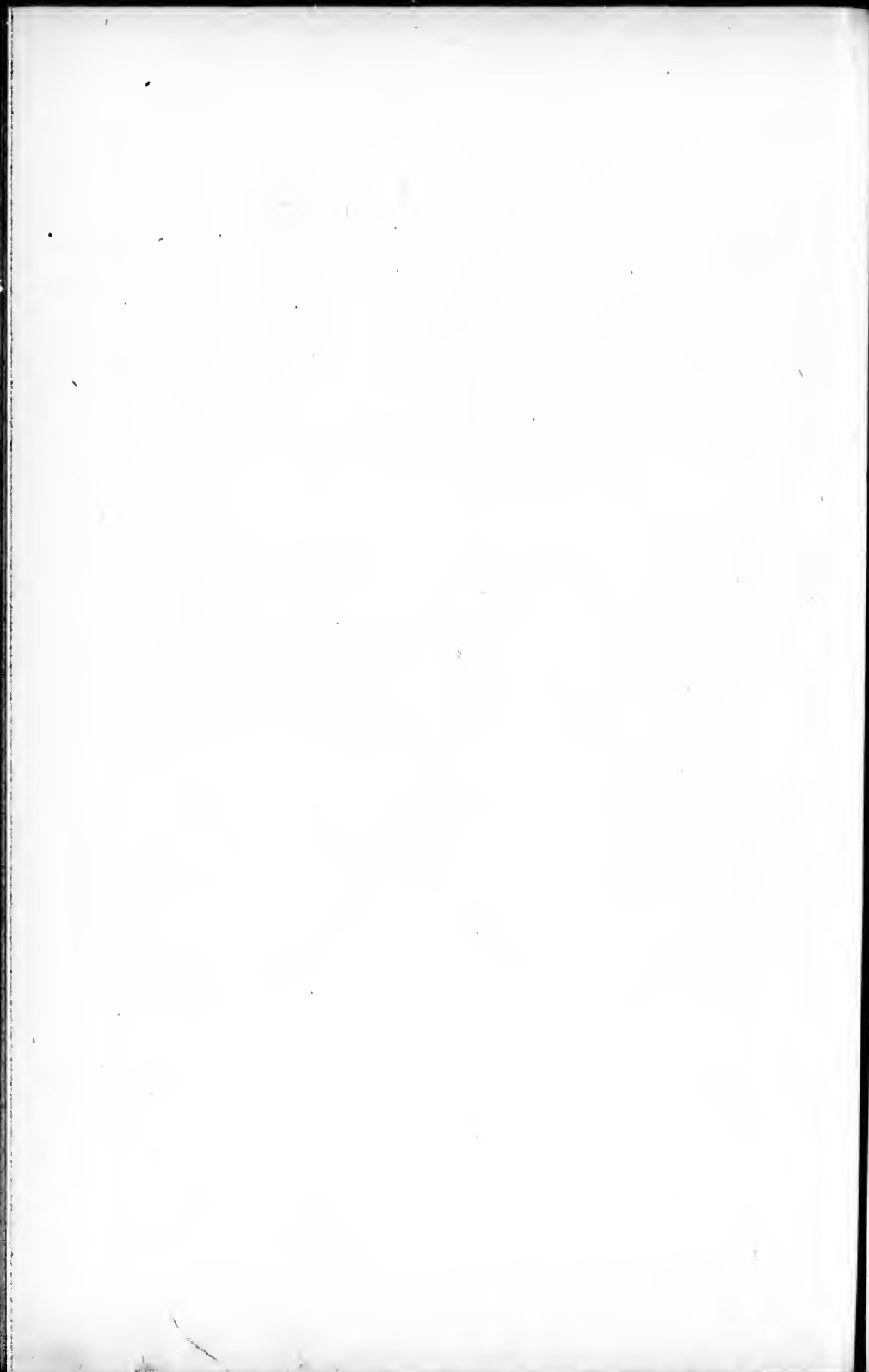
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## CONCURRENT DIABETES AND EXOPHTHALMIC GOITRE.

By C. F. MARTIN, B.A., M.D.

Demonstrator of Pathology, McGill University : Assistant Physician, Royal Victoria Hospital.

The coincidence of two such maladies as diabetes and exophthalmic goitre in the same patient has already been recorded in not a few cases, and yet each newly added instance is of more than ordinary interest in view of the apparently associated features in their etiology. The subjoined report is therefore very briefly submitted, though without any effort to comment on the nature of such an association.

A French-Canadian aged 28, who was a piano maker by trade, came to the out-patient department of the Royal Victoria Hospital complaining of frequent micturition, excessive appetite, general weakness and persistent sweating. He had been ill about one year, the weakness being an early symptom and progressive, while the micturition, sweating and increased appetite supervened some months later. To these signs were added a gradually developing tremor, great nervousness, palpitation, and dyspnoea on exertion; also gastric disturbances with occasional obstinate vomiting. During the year he had lost about twenty pounds. There was no history of diarrhoea.

He was a man of temperate habits, and except for the usual diseases of childhood he had always enjoyed good health. The family history presented no evidence of hereditary taint.

An examination of the patient showed him to be a remarkably thin young man, with small, soft muscles and moist skin. His eyeballs were markedly prominent, giving him an expression of terror and anxiety. Von Graefe's and Stellwag's signs were distinct; that of Möbius could not be definitely made out.

The thyroid gland was enlarged bilaterally and rather soft.

His pulse was of low tension, soft and rapid, beating 150 to the minute. The heart sounds were normal. The respirations were increased in number, but the lungs themselves appeared free from disease.

The urine was pale and clear, acid in reaction, sp. gr. 1035; a small quantity of albumen was present and a large amount of sugar.

The nervous system was not abnormal further than is implied in the symptoms just mentioned.

He was admitted to the wards for a few days and further notes of the case were made by Dr. Fry, the house physician. During his sojourn he had slight pyrexia, a constantly rapid pulse, persistent nervousness and excitability. The glycosuria remained unaltered in amount, though there was never marked polyuria. He was discharged after twelve days and for a short time only attended the dispensary. Just one year later he returned to the out-patient department of the hospital, where I again examined him. He had maintained fair health in the interval; the goitre had somewhat increased in size, and there was still a large quantity of sugar in the urine.

The above notes, which though brief, state the main features of the case, are sufficient to render it certain that we were dealing with a case of true diabetes associated with Grave's disease, and not merely a transitory glycosuria. And their concurrence is especially interesting in view of the numerous analogies which may be formulated in their respective etiologies and morbid anatomy. In both diseases, for example, heredity is thought to play a part; both occur in neurotic individuals, and not infrequently are preceded by great mental excitement, worry, fright, etc., sometimes, too, after trauma, and in both we find individuals affected at the same period of life.

Regarding the morbid anatomy, it is recognized that in both of these affections lesions of the sympathetic system are often manifest, or again, injuries of the fourth ventricle, tumours, hæmorrhages, parasites, etc., while experimentally evidence may be adduced to some extent along these same lines.

That some definite analogy exists would further appear evident in view of the experiments recently made by Falkenberg upon dogs. He records that in several instances the extirpation of the thyroid gland has been superseded by diabetes.

Perhaps the most suggestive work upon this subject is that of Laucereaux, who in a clinical lecture published in the *Semaine Médicale* of March, 1895, discusses the subject of trophoneurosis. He

relates several instances in which patients have manifested three different conditions, all of which he regards as very closely related in their etiology, viz., acromegaly, diabetes and exophthalmic goitre. He tends, therefore to group the three conditions together, their pathological significance implying some vaso-trophic neurosis.

Similar suggestions have emanated from other authors, mainly in France, among others from Henrot, of Rheims, and from Valat.

In conclusion it may be said that while the occurrence of transitory glycosuria is a fairly common occurrence perhaps in marked forms of Graves' disease, and that in two cases recently in the hospital we have met with that condition, nevertheless the permanent presence of glycosuria with other definite symptoms of diabetes seems to be very much more infrequent.



