

## Clinical and other Notes.

### A CASE OF ENDOCRINE DEFICIENCY.

By CAPTAIN C. E. ECCLES,

*Royal Army Medical Corps.*

I THINK the following case is worth recording as it shows the peculiar train of symptoms that may be produced in such a condition.

The patient, aged 35, a nullipara had eighteen months previously been operated upon for a right ovarian cyst and a retroverted uterus. Prior to the operation the patient had suffered from dysmenorrhœa and general abdominal discomfort. The operation that was performed was ovariectomy and intraperitoneal shortening of the round ligaments. Following the operation the patient was much better, and in the best of health up to four months ago, October, 1935.

She arrived in Hong Kong in February and was quite fit throughout the hot weather except for occasional attacks of diarrhœa, which are not uncommon in the Colony. In September, the patient went for a trip to Japan, and on return she looked very well. On the evening of October 15, I was called in to see the patient. She told me that she was unable to use her legs properly, and also complained of having fainting attacks. She was in a rather neurotic condition.

On physical examination, I found very little to account for her condition. There was slight irregularity of the heart, and the blood-pressure was just below normal. The knee-jerks were slightly exaggerated, and the discs on examination appeared normal. There was slight pigmentation of certain areas of skin on her chest.

Examination of a stool for cysts and ova was negative. The urine analysis, however, showed that the patient had glycosuria.

I sent the patient into a nursing home to have a glucose tolerance test done, the result of which was as follows:—

<i>Blood-sugar—</i>	Resting	..	..	112	milligrammes	per 100	cubic centimetres
	$\frac{1}{2}$ hour	..	..	144	"	"	"
	1 hour	..	..	163	"	"	"
	$1\frac{1}{2}$ hours	..	..	175	"	"	"
	2 hours	..	..	153	"	"	"
	$2\frac{1}{2}$ hours	..	..	164	"	"	"

RESTING  $\frac{1}{4}$   $\frac{1}{2}$   $\frac{3}{4}$  1hr.  $1\frac{1}{4}$   $1\frac{1}{2}$   $1\frac{3}{4}$  2hr.  $2\frac{1}{4}$   $2\frac{1}{2}$   $2\frac{3}{4}$  3hr.



Urine -	Sample	Amount	S.G.	Reaction
	Resting .. ..		1024	Acid
	$\frac{1}{2}$ hour .. ..	50 cubic centimetres	1116	Acid
	$1\frac{1}{2}$ hours .. ..	230 ,,	1000	Acid
	$2\frac{1}{4}$ hours .. ..	40 ,,	1010	Acid

Sugar, albumin, and acetone bodies were not detected during this period.

The resting sample of urine contained a small amount of a reducing substance which also gave a positive ferric chloride test. On further examination this was found not to be sugar, but most probably salicylic acid. This, together with the fact that this result was obtained in the resting urine and not in the later samples, makes it almost certain that it was not sugar.

The above is the report of the pathologist on the case.

The appearance of the salicylic acid was rather extraordinary as the patient had not taken any salicylates; its appearance is still unexplained.

During this period the patient was gradually getting worse. She looked ill, her fainting attacks were more frequent and she complained of a severe headache; but the Fehling's test was negative two days following the blood-sugar test.

I tried the patient on a course of hormotone and at the same time gave her a mixture containing ammonium and potassium bromide with some tinct. valerian. After five days of this treatment she showed quite a definite improvement; she looked much better, the fainting attacks were less severe and the headaches had practically ceased. After fourteen days' treatment she still continued to improve. The fainting attacks had ceased, her blood-pressure had returned to normal, and she was going out for walks by herself.

About this time she developed a very bad cold and also started menstruating. This appeared to retard her progress as she had one attack of fainting in the morning on which her periods began, but it was not nearly so severe as the previous ones had been.

I took her off the hormotone now and put her on to "proklimon" (sistomensis compound) as I thought that her deficiency was probably ovarian.

From the time she started the "proklimon" she made a very rapid recovery, and has kept extremely well ever since.

In conclusion, I think that the interesting train of symptoms described above must have been due to a deficiency of ovarian hormone, as the patient made such rapid progress under treatment.

I am indebted to Lieutenant-Colonel M. J. Williamson, M.C., R.A.M.C., O.C., Combined Military Hospital, Kowloon, for permission to forward these notes for publication.

---

#### NOTES, CLINICAL AND OTHERWISE.

By MAJOR R. R. G. ATKINS, M.C.,

*Royal Army Medical Corps.*

I HAVE felt for a long time that there must be many others, who like myself, have occasionally had a case in hospital which has presented points of interest; but which in itself was not worth writing up for the Corps Journal. Also, we all have a few "tips" about procedure, of which we have either heard and adopted, or have picked up in the school of experience. Surely some of these are worth passing on.

I put it forward therefore as a suggestion that "Notes" published as a regular feature in the Journal would be interesting and instructive. I hope at any rate that the following will be found so, and that others will follow suit.

*Note 1.*—Soldier, aged 21. Admitted with acute intestinal obstruction. At operation a hard constricting lump was found just to the transverse colon side of the hepatic flexure. The boy died. On section of this mass, it was found to be a carcinoma—and in a boy of 21.

*Note 2.*—I suppose the patella is the bone most frequently fractured by muscular action. Recently I had a case in hospital where the head had been torn off the fibula by muscular action. Has anyone seen this before?

*Note 3.*—Officer's wife. Sciatica practically continuously for twelve years, during which time she had had every known and unknown form of treatment. There was a history of a fall from a horse a few months before the onset, and there was a doubtful history as to whether the hip-joint of this side had been dislocated. She walked with the foot inverted, and, on testing, it was found that the external rotation at the hip-joint was absent. After a negative radiogram, and under full anæsthesia, a very firm adhesion was broken down and full external rotation restored.

**JRAMC**

## **A Case of Endocrine Deficiency**

C. E. Eccles

*J R Army Med Corps* 1936 66: 398-400  
doi: 10.1136/jramc-66-06-06

---

Updated information and services can be found at:  
<http://jramc.bmj.com/content/66/6/398.citation>

---

### **Email alerting service**

*These include:*

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

### **Notes**

---

To request permissions go to:  
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:  
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:  
<http://group.bmj.com/subscribe/>