Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF MUMPS IN WHICH ATTACKS OF EPIDIDYMITIS OCCURRED ON EACH SIDE IN TURN, EACH ATTACK BEING ACCOMPANIED BY SYMPTOMS PROFOUNDLY INVOLVING THE NERVOUS SYSTEM.

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A MAN, aged 23 years, an army officer, was attacked by mumps in March, 1905. The left parotid gland was affected, and while the pain and swelling in it were subsiding the left epididymis became painful and enlarged. At the same time there was a rigor, the temperature rising to 104° F., and the patient became violently delirious, shouting and endeavouring to get out of bed. I saw him the next day; the delirium had passed off, but he had lapsed into a condition of deep stupor, seemingly quite deaf. He was not quite unconscious, showing signs of irritability when efforts were made to rouse him. There was retention of urine. His pulse was very rapid and small, his breathing laboured. The tongue and lips were very dry, and his breath was horribly fetid. The skin was clammy; the extremities were cold; the temperature was 103°, but he seemed much collapsed.

The family were naturally alarmed, but remembering Trousseau's description of somewhat similar cases I was able to reassure his father—a medical man. The patient was given some calomel and a hypodermic injection of strychnine. On the next day he was better and he continued to improve. But five days later I was called again to see him for a recurrence of the symptoms. The right parotid had swelled up and his delirium, fever, and tendency to stupor had returned. I found that the right epididymis had now begun to be swelled and painful. After a few days all his symptoms lessened and he eventually got quite well.

Remarks.—Trousseau¹ narrates two cases illustrating the alarming symptoms which may accompany epididymitis following on mumps—one of a man, aged 35 years, who with the onset of the epididymitis became alarmingly ill, "with a countenance of inexpressible anxiety, face pale and pinched, pulse small, rapid, and irregular, and extremities cold"; the second case was that of a youth, aged 17 years, who was seized with acute symptoms "resembling those of the bad days in the third week of putrid fever." Trousseau also alludes to cases previously recorded by Boissier.

My friend Mr. Mitchell showed me his notes of his case, and I have thought the record of my case might be of interest side by side with his. They both exemplify the very severe nervous disturbances which may arise with epididymitis after mumps. In his case an additional point of interest was the occurrence of epididymitis in an undescended testis; and in my case there was noteworthy: (1) the involvement of each epididymis in turn, on the same side as the parotid was affected; and (2) the separate attacks of delirium and stupor concurrently with each attack of epididymitis.

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A CASE OF ACUTE ORCHITIS OCCURRING IN AN UNDESCENDED TESTIS AFTER AN ATTACK OF EPIDEMIC PAROTITIS, AND ASSOCIATED WITH ACUTE DELIRIUM.

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WHILE acting as medical officer of No. 2 District in Grenada, British West Indies, I was called up one night to sign up a patient who was supposed to have gone mad. The

¹ Lectures on Clinical Medicine, Sydenham Society's Transactions, vol. ii., p. 277.

patient, a negro labourer, aged about 33 years, was in an acutely maniacal condition. He was lying in bed, restrained by three powerful men. I had the greatest difficulty in approaching him, as he bit, fought, and spat at me in a most terrifying manner. The only history I could obtain from his friends was that he had been in that condition for three days, previous to which he was apparently quite well, except for an "attack of the mumps" the week before, and that he had a "little fever." He had followed his usual occupation, which was of an extremely arduous nature. He had vomited once the previous day, and his bowels were "fairly regular," but he was dirty in his habits. He declined to take any nourishment. I found it impossible to approach him for some time, and owing to his extreme violence the hovel was in great danger of collapsing upon us, as it began to sway to and fro in a most ominous and threatening manner. After about an hour he quieted down a little, and I found his pulse was rapid but regular, and of moderate tension. The temperature in the axilla was 104° F. The lips were tremulous and dry, the eyes were bright and staring, and the pupils were dilated but reacting to light. The patient would not speak or put out his tongue. The heart was dilated and the lungs were normal. The abdomen was flat. The spleen was not enlarged. The left rectus was rigid and some tenderness was present on pressure below and to the left of the umbilicus. The right rectus was quite flaccid. Nothing could be felt in the left inguinal canal, but the patient resented this examination most forcibly, whereas he did not object to the right canal being examined. There was no discharge from the penis. On examination of the scrotum I found that the left testicle was undescended and could not be felt; the right was present and normal. The latter part of the examination was carried out under great difficulty, owing to the pugilistic efforts of the patient.

Morphia ($\frac{1}{2}$ grain) was administered hypodermically, and this quietened the patient, so that it was found possible to get him to take a little milk, in which was a powder consisting of calomel, gr. v., and pulv. jalap co., $\frac{3}{4}$ ss. Hot poultices were ordered to the abdomen. On my visit the next day the patient was very much better, and no longer needed restraining. He told me he had some pain in the lower part of his abdomen, and that his memory was "not too good," but otherwise he felt fairly well. His temperature was 100°, the pulse 110, and his tongue was dry and furred. The left rectus was less rigid, but there was still tenderness on examination of the left canal. The patient could give no history of any injury. The hot poultices were continued, and a quinine mixture was ordered. His diet consisted of milk and eggs. On the fourth day I found the patient walking about in front of his hut, apparently in the best of health, and he informed me he intended turning out to work on the following day. I subsequently made inquiries and was told that he did go out to work, and that he had since enjoyed good health.

Remarks.—There are several points of interest in this case. The occurrence of orchitis in mumps is a well-recognised complication, but for the condition to occur in an undescended testicle must be almost unique. It will be noted that there was an interval of about a week between the parotid affection and the testicular complaint; this is in accordance with the usual sequence of events when the testis is affected. This interval rendered the diagnosis less obvious in the case under consideration. The fever, severe pain, rigidity of the left side of the abdomen, and vomiting might readily have led to the diagnosis of some acute inflammatory affection of the abdomen if the position of the testis and the history of the illness had not been taken into consideration. This rare condition must therefore be added to the list of affections requiring differential diagnosis in cases presenting acute abdominal symptoms. The occurrence of delirium in mumps is an occasional happening, but acute mania following the disease must be excessively rare. As far as the writer knows only one case has previously been recorded (that is, the one referred to in Osler and Macrae's "System of Medicine"). The swelling and pain in the testicle when affected in mumps usually last four or five days. In this case the patient was quite well within a week from the onset of the acute symptoms.

Grenada, British West Indies,