some of the risks of instrumental delivery, and increasing the ease with which the latter was effected.

In conclusion I hope that others of the profession may think the method worth a systematic trial, and that it may be found worthy of support.

## TEN CASES OF ACUTE ORCHITIS, (METASTATIC,) OCCURING AMONGST TWENTY CONSECUTIVE CASES OF MUMPS, WITH REMARKS.

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Case 1.—A.— W.—, aged 25, single. Admitted to hospital with mumps. Mumps began in right parotid gland, Jan. 5, '89; left parotid became affected Jan. 8th, '89. Swelling began to subside in right parotid Jan. 12th, and at the same time right testicle became painful, hot, swellen. On Jan. 16th the inflammation and swelling had reached its height; testicle was then about the size of a goose egg. By Jan 22nd testicle was of normal size. The orchitis was attended with fever, slight headache, vomiting at times, and anorexia for 2 or 3 days. Temp. reached 102.8, Jan 15th.

Treatment for mumps, woolen bandage under the lower jaw and over the head with milk diet. When orchitis began Pil. cathart co. (U. S. P.,) was given (four), lead and opium lotion was applied to the testicle, which was gently

supported by bandage. Kept in bed.

Case 2.—T—— C——, aged 25, single. Mumps began in both parotid glands, Jan, 11, '89; swelling began to subside in left parotid Jan 14, and at the same time the left testicle became painful and began to enlarge. On Jan. 16th testicle was about the size of a goose egg. By Jan. 19th the testicle was of normal size. Temp. reached 102.2 Symptoms and treatment same as No. 1.

Case 3.—J—— S——, aged 19, single. Mumps began on both parotids Jan 15, '89; swelling began, on Jan 19th, to subside in right parotid, and at the same time the right testicle began to be painful and to enlarge. On Jan. 23 the swelling began to subside and by Jan. 30th it had disappeared. The enlargement of the testicle in this case only reached about the size of a hen's egg, but the pain was much greater than in any of the other cases. Two days after the orchitis began the patient sank into a typhoid state, with low, muttering delirium, having coated tongue, great thirst, etc., etc. The temperature was as high as 104.4. For four days the urine had to be drawn off by a catheter. The treatment was the same as in the other cases, but in addition morphine was administered hypodermically to relieve the pain, and antifebrin was used twice, (gr.  $\sqrt{\parallel}$  as a dose), to reduce the temperature.

Case 4.—W. J. G.—, aged 22, single. Mumps began in left parotid Jan. 4, '89, began to subside on Jan. 8th and at same time left testicle began to be painful and to swell. Greatest enlargements Jan. 12th, somewhat larger than a hen's egg. Jan 18th the testicle was of normal size. Temp. reached 103. Symptoms and treatment the same as in cases 1 and 2.

Case 5.—C. McI——, aged 21, single, was admitted to hospital Jan. 29, '89, as mumps was suspected. The left parotid was very slightly swollen, there was a little discomfort at angle of left jaw when the mouth was widely opened, but there was no rise of temperature although he was tested three times each day, and otherwise he felt quite well. On Feb. 5th he was discharged as the swelling was nearly gone, but next morning he returned with the left testicle painful

and beginning to swell. On Feb. 19th he was discharged quite well. The symptoms were very mild.

Case 6.—P. G——, aged 35, single. Mumps began March 1st, '89 in left parotid gland. Began to subside in left parotid March 5, and at same time the left testicle began to enlarge and be painful. Was discharged March 10th, well. Symptoms all mild.

Case 7.—G.W——, aged 21, single. Mumps began in left parotid, March 6th, began in right parotid March 9th, began to subside in left parotid on 12th and left testicle began to enlarge and be painful at same time. Enlargement reached to the size of a goose egg, This case was about the same as case 3. The day after the orchitis began he sank into a typhoid state and for 4 days was very ill. His urine was not drawn off but he had great difficulty in passing it. Was discharged on the 20th quite well.

Case 8.—A. L. Y——, aged 26, single. Mumps began Feb. 20th in left parotid, began to subside in left parotid Feb. 24th, and at same time the left testicle became painful and began to enlarge. On Feb. 28 testicle was a little larger than a hen's eggs, and on March 4th he was discharged well.

A mild case.

Case 9.—W. S——, aged 19, single. Mumps began in the left parotid Feb. 1st, and in the right parotid Feb. 5th. On Feb. 8th the swelling began to subside in the right parotid and at the same time orchitis began in the left testicle. On Feb. 12 the swelling began to subside in the left parotid, and orchitis began in the left testicle. The left parotid and left testicle were more swollen than the right parotid and right testicle. Both testicles were a little larger than a hen's egg. This patient suffered very much with headache, but in other respects his symptoms were mild.

Cose 10.—G. E. R.—, aged 23 single, Mumps began Jan. 4th in right parotid, and on Jan 7th in left parotid. On Jan 9th swelling began to leave right parotid and orchitis began in right testicle. Right testicle was about the size of a goose egg Jan 12th. Temperature was up to 103.4. By Jan. 21st he was able to go out well. All the symptoms were pretty severe.

Remarks.—All these cases but one came under my care while attending to the hospital of the Military School during the illness of the surgeon. An epidemic of mumps was very general all over the country during the months in which these cases occurred.

As will be seen in all ten cases the orchitis began evidently with the subsidence of the parotitis. In nine of the cases the orchitis developed on the side corresponding to that in which the parotitis first began to subside, but in case 9 the reverse occurred. Case 9 is one of double orchitis, which is rare, but as this case illustrates is not necessarily more severe than when one testicle alone is affected.

In case 5 there was no rise of temperature. This absence of febrile movement was further impressed on me by a case in private practice in which the left submaxallary gland alone was affected.

During the acute stage of the disease the testicles affected were of a stony hardness, hot, heavy, and painful; but as soon as subsidence began a softer and more elastic feel was noticed. The testicle alone was affected in all the cases, there was no apparent change in either the epididymus or cord.

The most marked benefit was to be observed from lying in bed with the testicles slightly suspended. The pain was greater and the nausea and vomiting occurred more frequently in those who endeavoured to keep about the ward but disappeared almost altogether when they took to their beds.