SOME NEW FACTS
CONCERNING
GOUTY PAROTITIS AND GOUTY
ORCHITIS.

BY
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(COMMUNICATED BY SIR ALFRED GARROD, M.D., F.R.S.)

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ON May 12th, 1885, I read a paper before the Academy of Medicine of Paris on gouty affections of the glandular system, bearing more particularly on gout in the parotid gland and in the testicle. The paper was intended to fill a lapsus existing even in the most recent treatises on gout, in which scarcely any mention is to be found of gout as affecting glands, especially the parotid gland. I am now anxious to bring this subject before the notice of the Royal Medical and Chirurgical Society, with certain additional facts which have come to my knowledge, in the hope that the great experience of English medical men in this country, in the matter of gout, may throw a new light on the subject.

In the first place, *unmistakable attacks of gout are met*

with, having their seat in the glands and alternating with articular manifestations. In May, 1881, I had for the first time an opportunity of observing an attack of gout localised in the parotid gland. I had searched in vain in the various works on the subject for some allusion to this peculiar form, when in August, 1882, Dr. Garrod informed me that he too had had a similar case under his care. In the following year Dr. Rotureau, of Paris, noted another case of gouty parotitis. Lastly, in July, 1885, I myself had a fourth case of this kind under my care at Contrexéville.

The first case which came under my observation was that of M. D—, æt. 68, a patient of Professor Teissier, of Lyons, and a decidedly gouty subject, who had presented, in a more or less marked degree, almost all the symptoms of the uric acid diathesis; attacks of unmistakable articular gout, nephritic colic, eczema, dyspepsia, and even some amount of glycosuria. Notwithstanding his disinclination to take care of himself, the nephritic colics had not recurred since 1869, and the attacks of gout had become much less frequent, when in May, 1881, I was called upon to visit M. D—, who at that time resided in Paris. My patient, who had suffered severely from the financial crisis of January, 1881, told me that, having called on his dentist the day before for the purpose of an operation on one of his teeth, he awoke in the night with a very painful swelling at the angle of the jaw on the left side, on a level with the parotid region. I thought that the dental operation had given rise to an abscess, and had recourse to the usual remedies; but at the end of forty-eight hours there was not the slightest alteration in the appearance of the tumour, and I began to think I was mistaken in my diagnosis. I requested Dr. Bucquoy, of the Hôtel Dieu, to give us the benefit of his opinion, and this gentleman thought that the swelling could only be attributed to the dental traumatism, and that surgical interference would probably soon prove his opinion to be correct. On returning the next day, however, we found

that the swelling had almost completely disappeared, with relief of the local pain, its disappearance coinciding with an attack of gout in the right knee. I did not see this patient again until the 3rd of July following, when he came to Contrexéville. He told me that the other parotid gland and the left knee had been successively invaded by the gout. At the time of his arrival, except a slight induration of both parotids, no trace remained of his attack beyond a saline taste in the mouth at the beginning of each meal. After a careful examination of the glands I convinced myself that this saline taste was due to the presence of urates in the saliva secreted by the parotids, this after all being one of the epiphenomena of the gouty crisis. Dr. Garrod's case was very similar, and I hope to see it published in detail.

The case observed in Paris by Dr. Rotureau is still more instructive, because it shows the attacks of gout following the same course five times in succession in the same patient at intervals of from one to two years. In this patient the attacks invariably began in one of the parotids, rapidly invading the knee on the opposite side, and then successively the other parotid and the other knee.

Judging from these three examples one might be inclined to suppose that the glandular and articular manifestations followed a certain regularly alternating course; but that this is not always so, the following case will show.

Mr. L. E—, æt. 54, of robust constitution and sanguine temperament, had suffered from gout and gravel for upwards of twenty years. He has had nephritic colic and attacks of gout, which until 1885 had been clearly articular. He visited Contrexéville in 1885, when he was attended by Dr. Boichox. Two days after his arrival he suffered from an attack of gout in the right wrist followed by a very painful swelling of the parotid region *on the same side*. After applying the usual external remedies without benefit, Dr. Boichox requested me to see his

patient. Under the impression that I had to deal with a new case of parotid gout I did not hesitate, in order to relieve the excruciating pain, to prescribe fifty drops thrice daily of a tincture of the fresh flowers of colchicum together with sulphate of quinine. The patient was promptly relieved by this treatment, and was enabled to return to Paris, and to business forty eight hours afterwards. In accordance with the axiom *naturam morborum curationes ostendunt*, we must admit that this was a genuine case of parotid gout.

I will deal more briefly with the subject of gouty orchitis, the existence of which has often been pointed out by English authorities, by Hunter and Sir James Paget among others. In January, 1885, several cases were described by Dr. Guyot and Dr. Millard at a meeting of the Medical Society of the Hospitals of Paris, and gave rise to a discussion. Lastly, in February, 1886, a thesis on the manifestations of gout in the genital organs was read by Dr. Legalchez before the Faculty of Paris. For my own part I have only met with two cases of gout in the testicles.

The first case, that of a man *æt.* 62, has already been reported on to the Academy of Medicine of Paris in May last; the second, under my own care in March, 1885, has not yet been published. Both are cases of orchitis not accompanied by any urethral discharge, occurring in confirmed gouty patients, and followed by well-marked attacks of articular gout. Although the absence of any urethral discharge was carefully ascertained, it has excited doubt in the minds of certain medical men who have not had to do with cases of genuine gouty orchitis. I can only refer them to the observations published by Dr. Latil of Aix¹. The patient suffered from orchitis ending in an attack of gout in the big toe, twenty-six days after a fracture which obliged him to keep his bed with a surgical apparatus on, thus excluding any suspicion of urethral contagion.

My own patient was a man *æt.* 35, whose father and

¹ 'Bull. et Méms. de la Soc. Méd. des Hôp. des Paris,' 1885, p. 36.

mother both suffered from gout. When twenty-eight years of age he underwent an operation for incurved toenail, and the toe was rendered insensible to pain by the application of the ether spray. Shortly afterwards his first attack of gout declared itself in this toe, recurring two years later and subsequently affecting both feet and both elbows. In March, 1885, the patient suddenly became aware of a swelling of the left testicle accompanied by acute pain, without any history of a traumatic or urethral origin. This swelling involved the testicle as well as the epididymis. The testicle was three times its natural size and the swelling was general; there was no effusion into the tunica vaginalis; it was moderately tender on pressure, but was the seat of intense shooting pain. Poultices, belladonna fomentations and position, failed to effect any improvement in the patient's condition until the swelling suddenly disappeared on the supervention of an attack of gout in the big toe. I am sorry now that I did not at once have recourse to colchicum as I did in the case of my patients suffering from gouty parotitis.

In the various observations published by medical authors we remark in most cases the alternations which I have already pointed out with reference to parotid gout—the left testicle and the right foot—for in all the cases hitherto published the left testicle has been the sufferer. This rule, however, is not absolute since in the case of my other patient, the right testicle and the right foot were affected. I may add that so far I have never met with gouty manifestations in the testicle and in the parotid in the same patient.

(For report of the discussion on this paper, see 'Proceedings of the Royal Medical and Chirurgical Society,' New Series, vol. ii, p. 218.)