A CASE OF COMPLETE TRANSPPOSITION OF THE VISCERA; WITH POST-MORTEM REPORT.

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A MAN, aged 38, a wire weaver, was admitted to the Western Infirmary, Glasgow, on May 13th, 1907, under the charge of the late Dr. Lindsay Steven, whose intention it was to have the case put on record.

When admitted he was critically ill, suffering from the usual symptoms referable to failure of cardiac compensation resulting from rheumatic endocarditis affecting the mitral valve. He died eight days later.

It is unnecessary in the present connexion to detail the symptoms of his cardiac disease; suffice it to say that he had acute rheumatism at the age of 18, but was able to work till about a year before his death. In the previous autumn he had received treatment in the Royal Infirmary for cardiac failure, at which time also the features about to be described were fully recognized.

On making an examination of the patient cardiac pulsation was found to be present in the sixth interspace as far out as 7 in. to the right of mid-sternum, while the dullness extended from that point to 1½ in. to the left of mid-sternum at the level of the fifth interspace. The liver was palpable below the costal margin on the left side, and a tympanitic stomach note was obtained over the lower right costal cartilages—corresponding to Traube's space—and extending well down towards the umbilicus, evidently due to a somewhat distended stomach situated on the right side. The spleen was not palpable, but dullness was made out along the ninth and tenth right ribs extending well forwards.

Necropsy.

The heart, greatly enlarged, was lying on the right side with the apex pointing to the right. The left ventricle was in front, but functioning as a right ventricle. The left auricle, also in front, lay to the left of the middle line and received the venae cavae. The aorta arose from the right ventricle and passed upwards towards the left side before curving round to the right, and passed down the right side of the vertebral column with the vena cava to its left side. Three main branches arose from the arch: (1) A large vessel, the innominate, passing toward the left and dividing into left subclavian and

carotid; (2) the right common carotid; and (3) the right subclavian.

In the abdomen, the aorta being to the right, the right renal artery was shorter than the left, while the right spermatic vein fell into the right renal vein and not the left as is usually the case. The right recurrent laryngeal nerve wound round the arch of the aorta, while the left passed round the subclavian.

The left lung consisted of three lobes and the right of two lobes.

The liver lay mostly to the left side, with the gall bladder to the left of the suspensory ligament. The spleen was on the right side.

The cardiac end of the stomach was on the right side and the pylorus on the left, the duodenum thereafter curving round to the right side. The caecum with the appendix lay in the left iliac region, and the sigmoid on the opposite side.

The right kidney was higher than the left, while the testicle was lower on the right side.

The head was not opened.

Thus in all parts examined confirmation was obtained of a complete transposition of the viscera.

As a boy he recognized the fact that his heart was beating on his right side, but, as was to be expected, he did not at any time suffer in consequence. He knew of none of his relatives or children having a similar condition.

At the necropsy photographs were taken of the viscera *in situ* and of the principal organs after being removed *en masse*. For the use of the accompanying photograph and the pathological notes I am indebted to Professor Muir.

The heart is preserved as a specimen in the museum of the Pathological Institute of the Western Infirmary.

It is of interest that when the patient

was in the Royal Infirmary in 1906 Dr. Steven had under his charge a woman with transposition of the viscera presenting symptoms of cardiac disease similar to those of the case above recorded.

M. LOUIS MARTIN, Member of the French Senate, has introduced a bill making it compulsory for every foreigner taking up residence in France to produce a certificate of vaccination or revaccination within three months of his settling in the country. Similar certificates in regard to every member of his family staying with him must also be produced.

UNDER the will of the late Mr. Jacobus Bernardus Gelder, of Stroud Green, the Great Northern Central Hospital and the Institution for the Oral Instruction of the Deaf and Dumb each receives a sum of £1,000. To the former institution an additional sum of £6,000 is to be paid on the decease of a brother of the testator.

Fig. 1.—Transposition of the viscera; organs removed *en masse*. Cotton-wool has been placed round the trachea and between the lobes of the left lung. The right lung has been drawn back. The photograph shows the heart with the arch of the aorta and its branches, lungs, liver with gall bladder, stomach, and spleen.