CASE 23. T. G. The man stated that he had had rheumatism, but careful questioning revealed the fact that he never had had an attack of acute rheumatism. This murmur was very soft, and it disappeared.

CASES 24, 25, 26, and 27 have substantially the same history as the others.

A CASE OF TRANSPOSITION OF ALL THE ORGANS.¹

BY W. W. GANNETT, M.D.,

Pathologist to the Boston City Hospital.

CASES of transposition (*situs transversus*) of the thoracic and abdominal organs are of such extreme rarity that the report of this case, with the demonstration of the specimens,² may be of interest.

The picture that one gets in viewing the organs *in situ*, in case of transposition, may be called the mirror-picture of the normal position. For if one imagines the thoracic and abdominal organs of the normal individual exposed to view, and then a mirror held over the body and the picture in the mirror examined, it will be at once obvious that not only the apparent position of the organs will be reversed, those normally lying upon the right side apparently upon the left; but also the shape of the organs will be exactly the reverse of the normal; there being the same difference as between a right and a left shoe.

The individual in question, an Italian about twenty-five years of age, of good development externally, entered the Boston City Hospital in a critical condition and died there, twelve hours after admission, of cerebro-spinal meningitis. Physical examination before death was restricted by the patient's condition; the heart was noted as found to the right of the sternum, and there was an unusual area of flatness in the usual situation of the spleen; otherwise, previous to the autopsy nothing was known of the condition to be described.

Circulatory system: The heart was in the right half of the chest cavity. Its shape was exactly the reverse of the normal: the right ventricle lying to the left, the left ventricle to the right. The conus arteriosus of the right ventricle was directed upwards and to the right, instead of upwards and to the left. The pulmonary artery was directed upwards and to the right. The aorta was directed upwards and to the left, then arched backwards and to the right; consequently the ascending portion of the arch came to the left, the descending to the right. The innominate artery was given off from the ascending portion of the arch to the left, and the left subclavian and left carotid were given off from the innominate. The right carotid and right subclavian arteries were given off directly from the descending portion of the arch on the right. The aorta lay to the right of the vertebral column, and the cava superior and cava inferior to the left of the vertebral column. The left spermatic vein, instead of emptying into the left renal vein, emptied directly into the inferior cava, whereas the right spermatic vein emptied into the right renal vein instead of into the cava.

The right lung was two-lobed, and the lower an-

terior tip of the upper lobe ended in a distinct lingula. The left lung had three lobes.

The liver, in shape, was the reverse of the normal, and was situated in the left half of the abdominal cavity, exactly opposite to where it should lie.

The spleen was upon the right side, just under the diaphragm, in the same relative position that it normally occupies in the left side.

The cardiac end of the stomach was upon the right, the pyloric upon the left. The greater curvature was to the right.

The duodenum was upon the left; the head of the pancreas attached to it and consequently to the left, whereas the tail of the pancreas was situated far to the right and in contact with the spleen.

The cæcum lay in the left iliac fossa; the ascending colon was to the left; the descending colon and sigmoid flexure to the right.

At the time of the autopsy the right testicle hung lower than the left.

Whether the individual was left-handed, and whether the centre of speech was in the right half of the brain, are points about which nothing can be known.

Cases of transposition of the organs are of clinical interest, as showing a heart upon the right side, without signs of a sufficient cause for displacement in the left side of the chest. Confirmatory evidence is to be attained by finding by percussion that the liver is upon the left, the spleen upon the right side,—although it is possible to have the thoracic organs transposed without a corresponding transposition of the organs in the abdomen.

Had this individual had an inflammatory process about the vermiform appendix, the signs would have been found in the left inguinal region, and from the situation might have led to error or confusion in the diagnosis.

AN UNUSUAL SEQUEL OF TYPHOID FEVER.

GANGRENE OF LEFT LEG EXTENDING TO UPPER THIRD OF THIGH: AMPUTATION AND RECOVERY.

BY R. P. LORING, M.D., NEWTON CENTRE, MASS.

Miss P., æt. seventeen, a factory operative, entered the Newton Cottage Hospital on the 2nd of last September, with a history of fever, malaise, etc., extending over a week. The hospital record for the following two weeks is that of continued fever, diarrhœa, and abdominal tenderness, rose-spots, enlarged spleen, and marked bronchitis. The temperature chart did not show the typical typhoid range of Wunderlich, but it was modified by antifebrin and certain malarial influences. The highest point, 105°, was reached on the evening of Sept. 4th. After Sept. 13th defervescence commenced. The case continued to improve until Sept. 19th, when a striking change occurred. It was noticed that the left radial pulse had become weaker than the right, and about the same time excruciating pain, numbness, and loss of femoral pulsation, commenced in left leg. On the following morning a purple discoloration of the left foot was manifest. This deepened and extended until, in a week, the foot was mummified and the gangrene had reached the knee. In the meantime the left radial pulse had become quite indistinct.

¹ Reported at the Boston Society for Medical Improvement, January 14, 1889.

² The organs were shown to the society.

As the case now needed surgical care, it was removed from the medical service, and placed in the hands of the surgical staff.

By October 1st the gangrene had reached the middle of the thigh anteriorly and the upper third posteriorly. No pulsation could be discovered either in the left or right femoral. The patient commenced to complain of pain and tenderness in right leg. The right radial pulse could be easily discovered, but it was weak, and ranged from 120 to 140 per minute.

In a few days the line of demarcation commenced to show itself at about the upper third of the left thigh, higher posteriorly than anteriorly. The morning temperature was subnormal, and the pulse was rapid and feeble.

On October 12th amputation was performed by Dr. Loring (assisted by the surgical staff) at the upper part of thigh, just below the greater trochanter. There was no hemorrhage from the femoral, which, with the profunda artery, was filled with a firm thrombus as far as it could be traced. On the second day after, the temperature ran up to 102°, and from that time until the present the patient has improved steadily. The stump healed rapidly, and in four weeks after amputation it was solidly united, and the patient moved around the ward in a hospital chair. Although the left radial pulse and right femoral pulsation could not be detected for nearly four weeks, the left hand and arm and right leg preserved a good temperature, and never showed any signs of discoloration. Until recently the right leg has continued to be tender, and even now cannot be fully extended.

The case is unusual in several points. Gangrene, as a sequel of typhoid fever, is rare, but does occasionally occur. It may result from embolism following an ulcerative endocarditis, or, more probably, from arterial thrombosis, the result of endarteritis. Mütter,¹ Patry,² Hayem,² Trousseau,² and others, give cases of gangrene of leg, hand, and one striking case in which gangrene of ear, cheek, and forehead resulted from plugging of the carotid artery. Martin³ gives a case in which a gangrenous cervix was removed. Spillman³ has called attention to gangrene of vagina and vulva in cases of typhoid fever.

J. H. Hutchinson ("Pepper's System of Medicine," vol. i. Article Typhoid Fever) quotes the researches of Barié⁴ as to the frequency of acute arteritis as a sequel of typhoid fever, with the following deductions: the affection is generally unilateral, and as likely to occur in mild as in severe cases; in order of frequency it attacks posterior tibial, femoral and dorsal artery of foot; there are two varieties: 1. Acute obliterating arteritis, which is characterized by embryonal infiltration of all the tissues, loss of smoothness of the intima, followed by roughness of the same, with secondary thrombus and gangrene. 2. Acute parietal arteritis, in which there is a milder grade of inflammation, without clot, which terminates without gangrene.

Since there was no evidence of any cardiac valvular lesion at any time in our case, we can safely exclude heart embolus as a cause.

¹ Phila. Med. Times, 1887.

² Cited from Article Typhoid Fever, Pepper's System of Medicine.

³ Loc. cit.

Revue de Médecine, Jan. and Feb., 1881.

So we seem to have had a striking example of the two forms of arteritis described by Barié:—

1st, The obliterating arteritis, causing occlusion, by thrombus, of the left femoral, and followed by gangrene of almost the entire limb.

2nd, The acute parietal arteritis, which caused, for four weeks, a *partial* occlusion of the left radial and right femoral arteries, *not* resulting in thrombus and gangrene.

REPORT ON MENTAL DISEASES.

BY HENRY R. STEDMAN, M.D.

THE VALUE AND ADVISABILITY OF EARLY DISCHARGES FROM ASYLUMS.

SCHULE'S¹ view is that the asylum fulfils a negative duty in protecting the insane, a positive one in treating them. The ideal method is to keep the patient until he is restored, not to his former condition, but to a state even more satisfactory. This is not always practicable for other reasons beside the fact that many patients cannot be restored to mental health, because they never have been sound mentally. There is a class for whom early removal from the asylum is beneficial, (*a*) when removal is likely to hasten cure, (*b*) when their stay in the asylum is actually injurious.

Melancholia is the condition most requiring asylum care. Homesickness, however, comes on in protracted melancholia and in convalescence. It often becomes a fixed idea. In these conditions, when it becomes imperative, early removal often has a good result. Otherwise the patient opposes treatment, falls off in flesh, sleeps poorly, and homesickness becomes almost a delusion. Carefully selected cases are greatly benefited by removal. In convalescence from the early stages, when the delusions are beginning to be corrected, there may be refusal of food. In this type alone, early removal may be in such cases followed by the patient's beginning to eat. Other cases are those who are querulous, have morbidly increased anxiety about their health, and find new ailments each day. These, when tending to chronicity, may be harmed by longer stay in the asylum.

Mania. — Mendel's hypomania (*mania mitis*) and reasoning types are often irritated by asylum discipline, also those protracted cases of mania who are convalescing, and are independent, regardless as to their conduct, and impulsive. Patients of this class behave badly because they are "in an asylum," and feel that they may do as they like. The pressure of outside life steadies them.

Paranoia, with delusions of persecutions. In the early stages some cases reach a point where the asylum experience is woven into the delusion, and discipline adds to the morbid ideas. If removed for a time such patients instinctively do well until they become used to the new conditions. Some actively oppose discipline, others passively resist it. They may go on to dementia, while change, new surroundings, etc., may serve to resist this tendency. Great irritability contraindicates removal.

Acute Paranoia, convalescing stage. Consciousness once more becomes cognizant of surroundings. The healthy and morbid elements of consciousness,

¹ Annual meeting of German Alienists at Berlin, Sept. 17 and 18, 1888.