

# A CASE OF COMPLETE TRANSPOSITION OF THE THORACIC AND ABDOMINAL VISCERA.

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[Read in the Section of Anatomy and Physiology, May 25, 1894.]

THE specimen exhibited at the meeting and recorded here was obtained in the dissecting room during the course of the Winter Session, 1893-94. It occurred in a female subject about forty-five years, of low stature, height only 4 ft. 2 in. I could not obtain any details as to the personal history. The condition must be a very rare one, as my personal experience has now extended over at least 1,400 subjects, and this is the first example I have met with.

The transposition is complete, not only in regard to the viscera of both thorax and abdomen but also to the blood-vessels and the thoracic duct.

In regard to the cause of such transpositions the most plausible theory would be to consider the female subject as having been one of twins developed from a single egg and in one set of membranes, dichotomy being complete, to support which I exhibit a double monster in which dichotomy is complete except in the thoracic region (thoracopagus), and in which the right of the two foetuses has transposition of the viscera—a fact already noted by Förster (*Missbildungen des Menschen*. Jena. 1865. P. 136). This same fact had been suggested by Mr. Marrant Baker to Mr. Bland Sutton, as stated in his work on *Evolution and Disease*. London. 1890. P. 132.

This is not the explanation given by the great embryologist, von Baer, who, on rare occasions finding the embryo with its right side directed towards the yolk instead of the left as was

usual, considered this to be the cause of transposition of the viscera.

The number of cases recorded of genuine congenital transposition of the organs of both cavities, thorax and abdomen, are not numerous, and this number has been vitiated by including under the heading cases of transposition of the thoracic and abdominal viscera occurring separately, but even including these wrongly so recorded, the entire number would not reach two hundred. In the references which I have appended the 1st, 2nd, and 5th will enable any reader interested to reach the source of cases on record up to their respective dates. The 6th and 7th are cases recorded during the last year.

#### REFERENCES.

(1) Wenzel Gruber—Archiv. für Anat. und Physiologie. 1865. He gives a list of 79 cases.

(2) Scheele—Berliner klin, Wochenschrift, 1875, No. 30, p. 419—added a list of fourteen cases.

(3) Burgl.—Inaug. Diss. München, 1876, zur Casuistik des Situs Viscerum Mutatus—adds four cases and deals with previous ones.

(4) Potamianos—Inaug. Diss., Berlin, 1879—adds three cases, and contains Gruber's catalogue.

(5) G. J. Fisher—Vol. VII., Buck's Ref. Handbook of the Med. Sciences, p. 241, 1889—refers to the cases in English Literature chiefly, and directs attention to the foreign ones, and to the manner in which complete and incomplete cases have been mixed.

(6) Wartlin—A case of Situs Viscerum Inversus. New York Med. Jour., V. LIX., p. 306.

(7) Herrick, Henry J.—A case of Transposition of the Viscera. Med. Record, New York, V. XLVI., N. 4, p. 108.

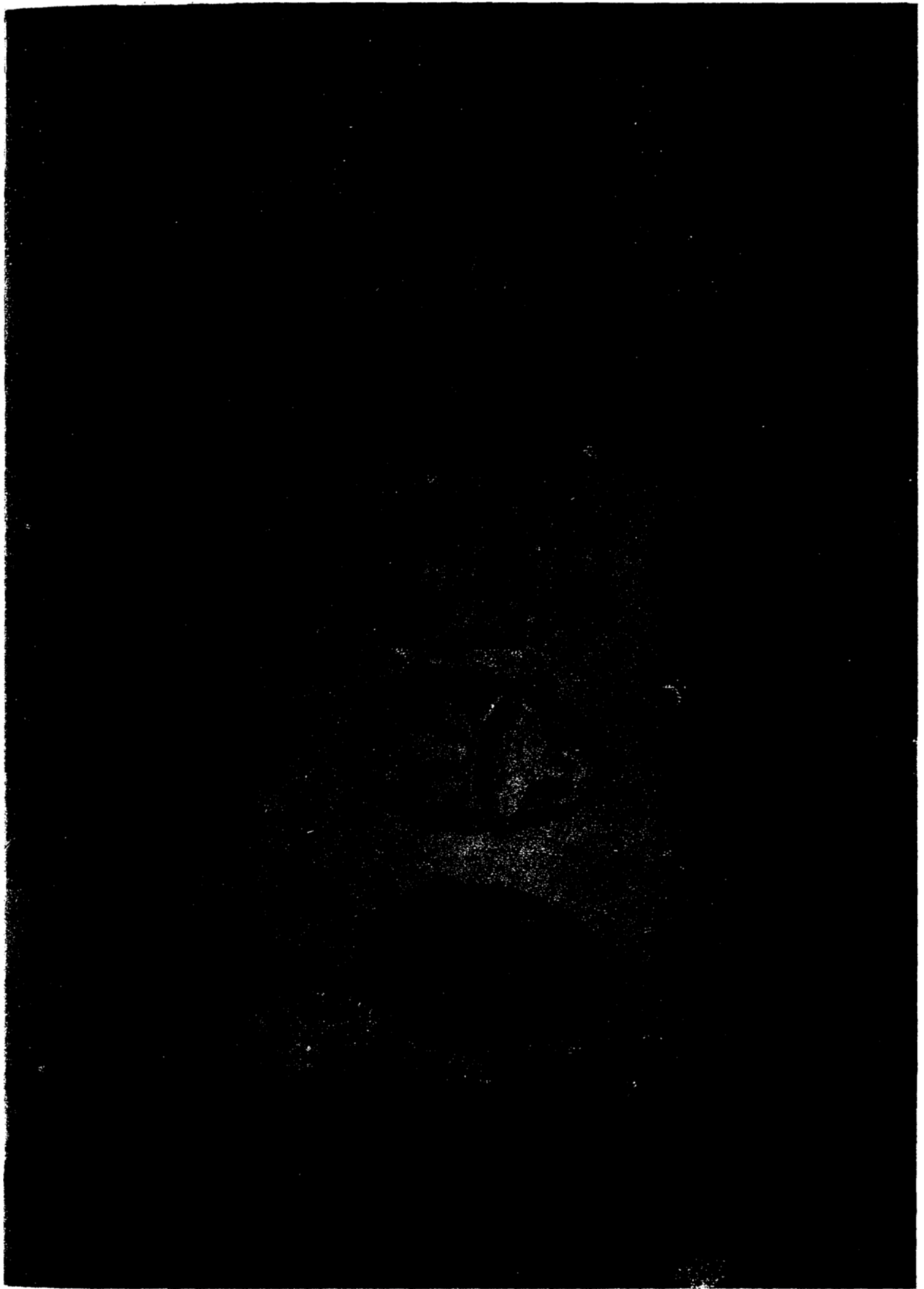
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ON THE CENTRAL NERVOUS SYSTEM.

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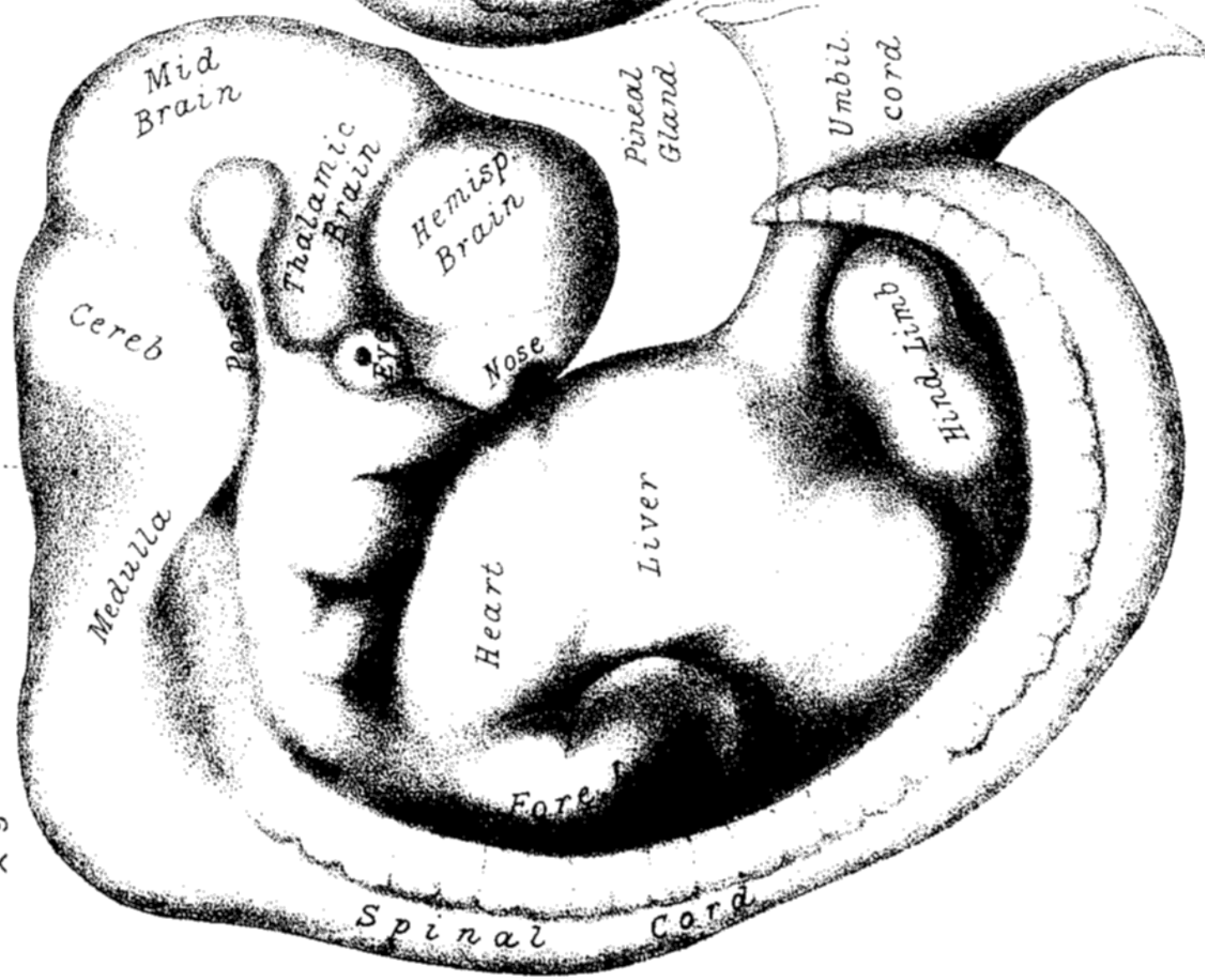
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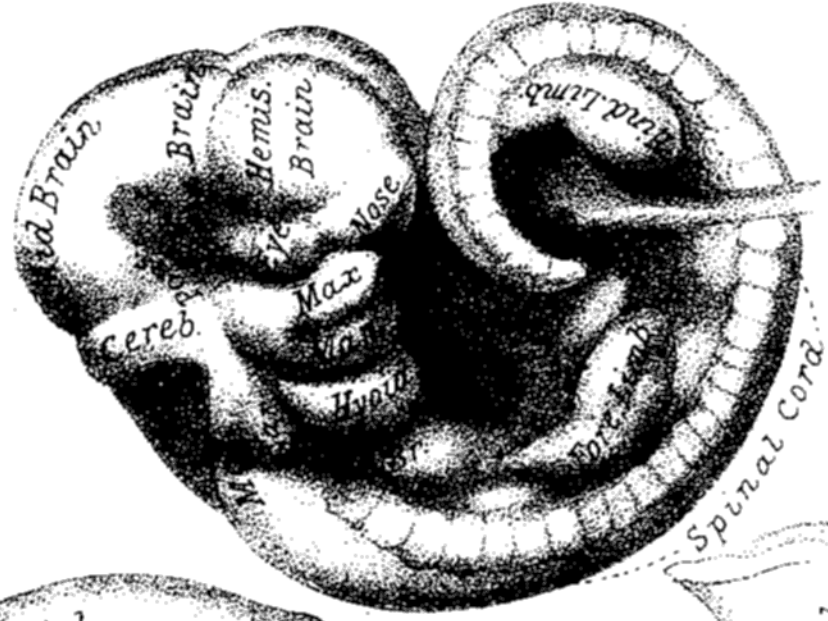
ON THE CENTRAL NERVOUS SYSTEM.

Fig. 1.  
x 9



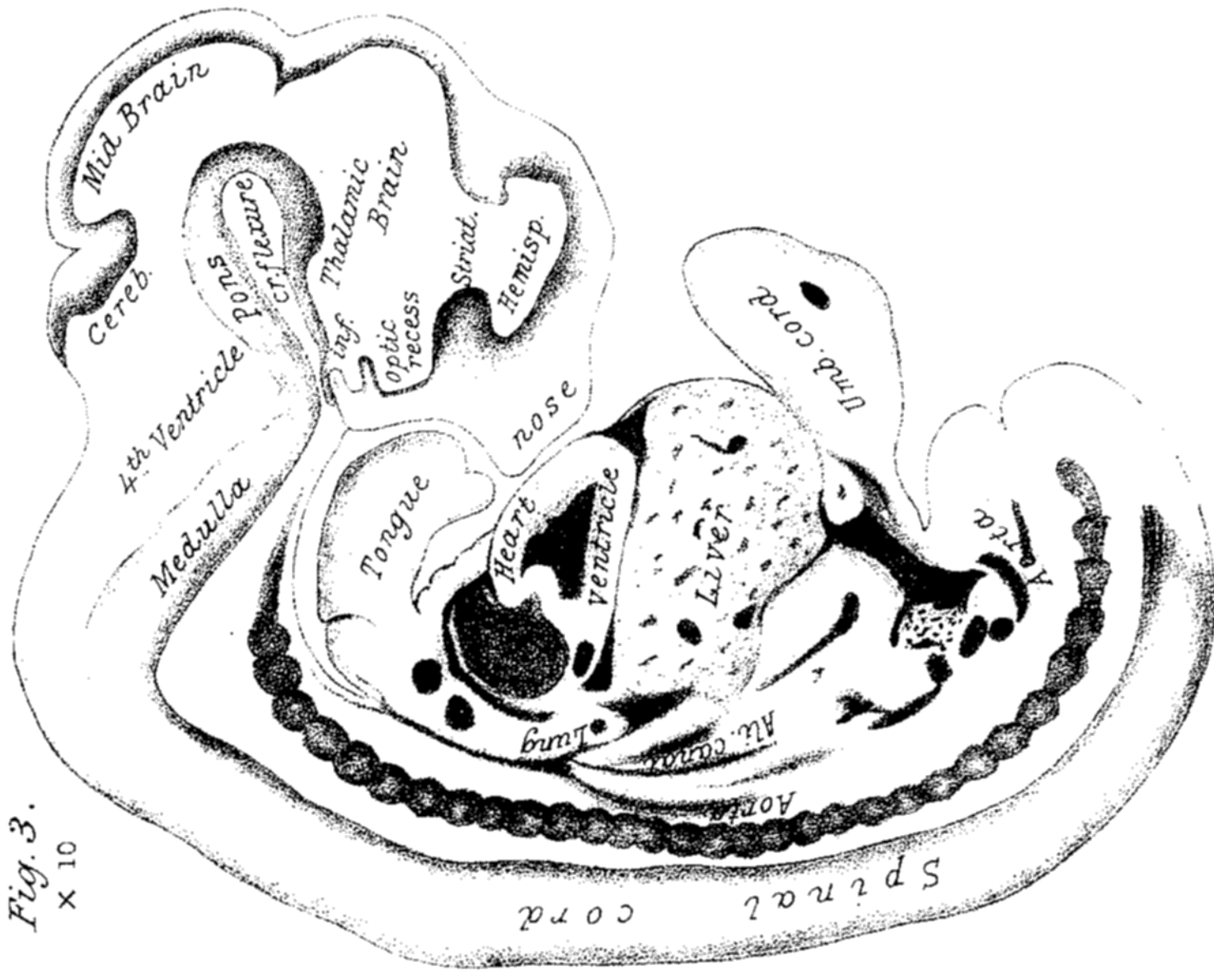
Human Embryo.

Fig. 2.  
x 9



Rat Embryo  
12 days 16 hours.

Fig. 3.  
x 10



Sheep Embryo.



Fig. 4.  
x 3  $\frac{1}{3}$

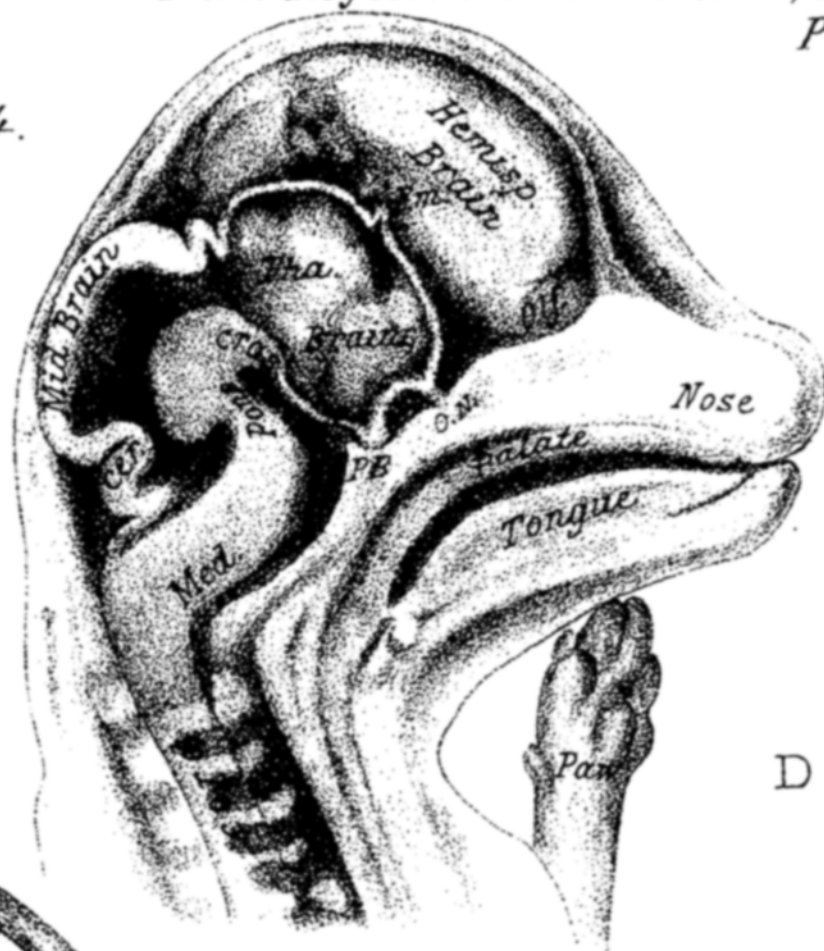


Fig. 6.  
nat. size



Human.

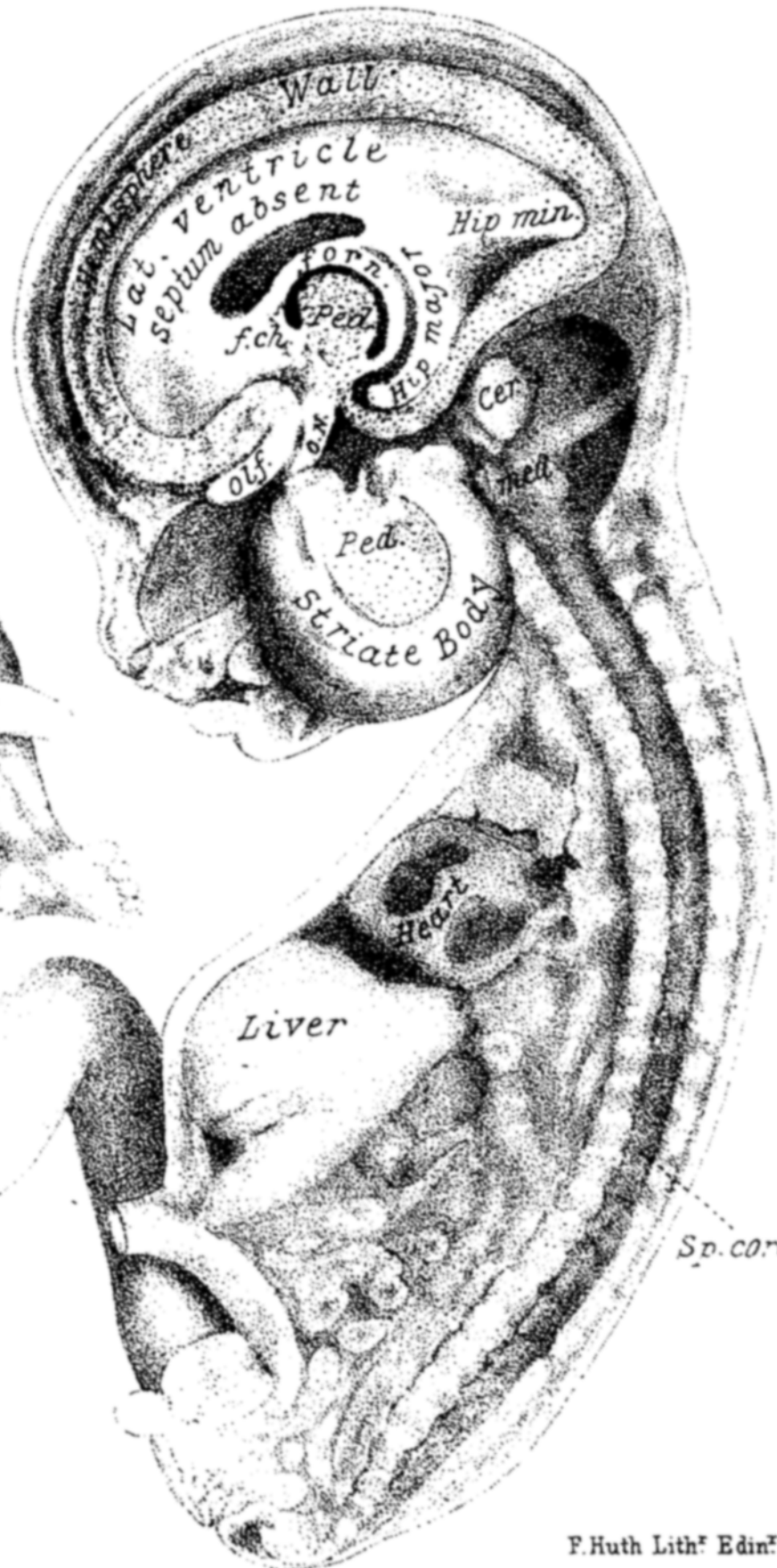
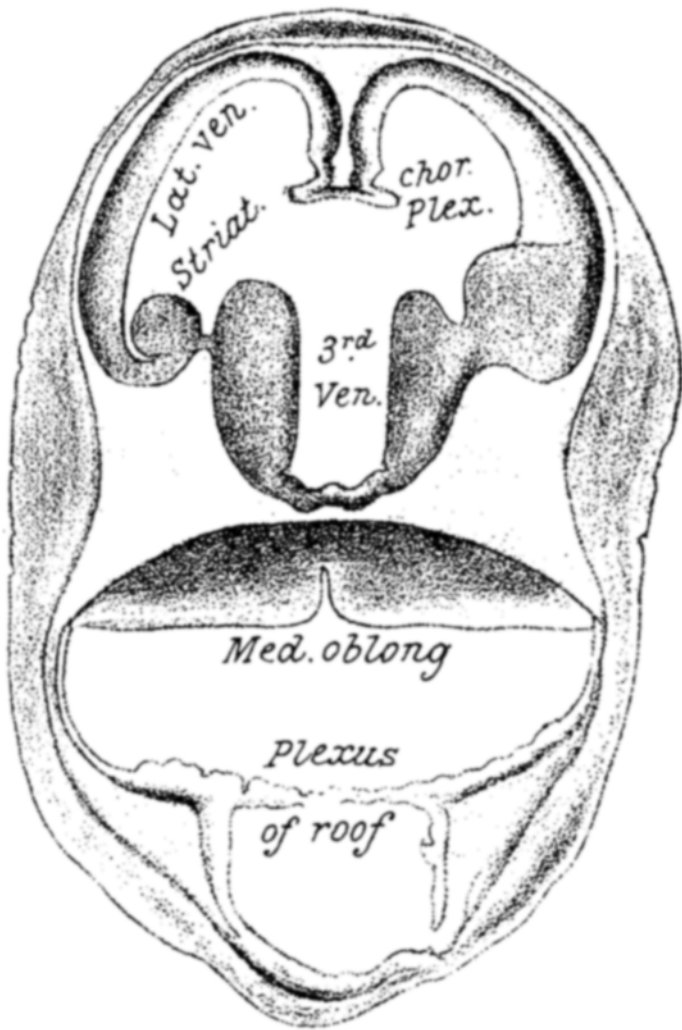


Fig. 5.  
nat size.

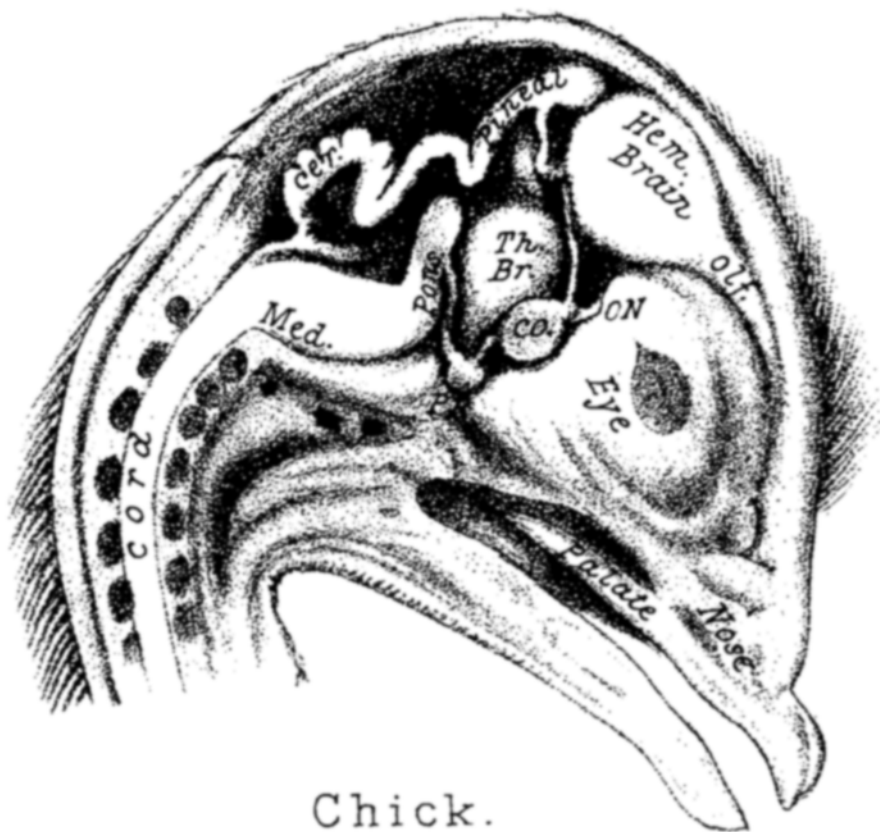
F. Huth Lith<sup>r</sup> Edin<sup>r</sup>

Fig. 7.  
x 10



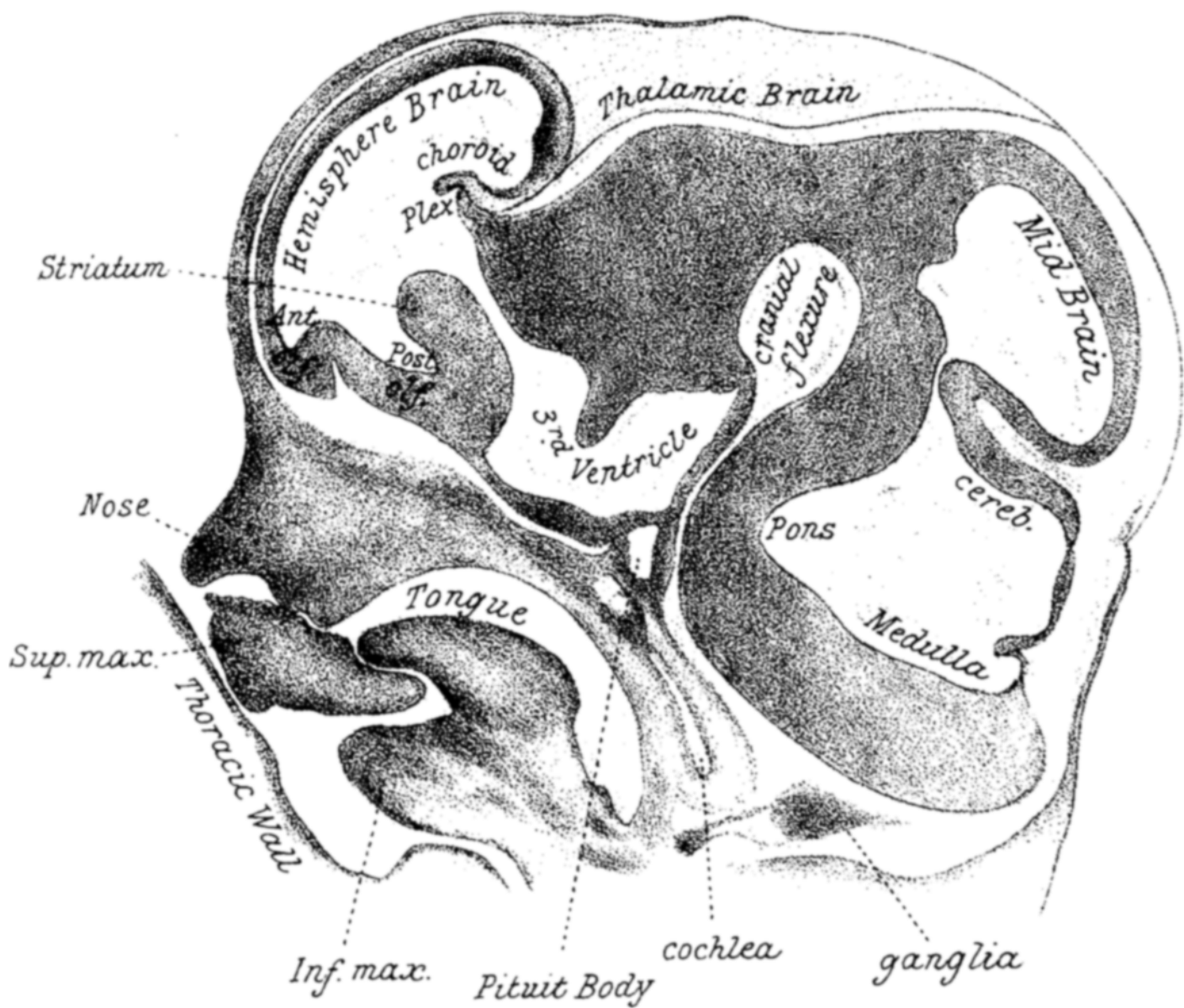
Sheep

Fig. 9.  
x 3 1/3



Chick.

Fig. 8.  
x 10



Sheep.

F. Huth, Lithr. Edinr