

CASE OF MONSTROSITY WITH TRANSPOSITION OF THORACIC AND ABDOMINAL ORGANS.

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ON May 10, 1870, was called to a mulatto infant, two days old, for a large tumor on the back of the head, which the mother wished removed by surgical operation.

The child was not well grown; not exceeding five lbs. in weight. Tumor was quite as large as the child's head, very tense, and marked with a deep seam nearly longitudinally, and in appearance resembling very strikingly an immense "water-fall."

Careful manipulation made out a firm unyielding line of bone, the margin of a large opening in the skull occupying the region of the "posterior fontanel." It evidently contained fluid and quite probably brain substance—a hydro-encephalocele.

The eyes looked a little popped, but it took the bottle very well, and there was no paralysis or convulsive movements. The child survived thirty days and died.

Some days before death the tumor ulcerated and discharged quite a quantity of water, still retaining considerable bulk made up of brain-substance and its envelopes.

On June 8 it died, and I secured the body. It had not grown any since birth.

On opening up the sac, it contained a large amount of brain, perhaps nearly one half of the cerebrum, and some water. When the thoracic and abdominal cavities were opened, the order of the viscera was exactly reversed; there was a complete transposition of the organs; those that ought to have been found on the right side were discovered to be on the left side, and *vice versa*. The liver was swung to the left side of the diaphragm and buried in the left hypochondrium; the spleen was on the right side. The pyloric end of the stomach, with the duodenum, pancreas and jejunum were turned completely about to keep up relationship with the liver.

The colon was reversed, the cæcum occupying the left iliac fossa, the sigmoid flexure passing over the right.

The right spermatic vein emptied into the right renal vein, and the left spermatic into the inferior cava.

There seemed to be a complete transposition of the abdominal organs. When the chest was opened the same state of things was noticed.

The heart was on the right of the sternum, the pericardium being extensively attached to the right diaphragm, as it is to

the left diaphragm when the heart is in normal position—the greater part of the base being on the right of the central tendon. The right lung had two lobes instead of three, the left had three instead of two lobes.

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BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

CHARLES D. HOMANS, M.D., SECRETARY.

MAY 9th.—*Stricture of the Rectum.*—Dr. FIFIELD said that during a recent visit to New York, his attention had been drawn, by some remarks of Prof. Charles Budd, to the subject of stricture of the rectum. It was of the annular stricture, and not of that produced by malignant disease, that his remarks would be made.

Such stricture is to be found in all conditions of life, among rich and poor and at all ages. At Charity Hospital, Blackwell's Island, cases could always be found as well as at other hospitals of the city. Attention being called to the condition of the rectum by the complaint of obstinate constipation, a firm ring of cartilaginous hardness is found, craggy with elevations and depressions, when viewed by speculum, white and bleeding easily. This is evidently a deposit of a new material possessing a low vitality with a constant tendency to destruction by ulceration, and this in its turn succeeded, it may be believed, by a cicatricial tissue.

Following the affection of the rectum comes the destruction of its walls, and the occurrence of recto-vaginal fistula which is irremediable by any known means. To the constipation succeeds a symptom which might often lead an inattentive observer to believe in the existence of dysentery, viz.: the occurrence of repeated discharges (from three to twelve a day) of pus mingled with mucus and blood, attended with some tenesmus. Attentive investigation of the history of the case will soon, however, set the practitioner right. With all the discharges the patient may have one or two solid feculant motions, in no ways different in color or consistency from those of health. These are often attended with severe pain.

The discharges of pus, for so an examination shows them to be, are peculiar in their occurrence. They come at somewhat regular periods, take place suddenly and no effort of the will is sufficient to resist them. The rectum has become a reservoir which will contain so much only, and then overflows.

Although the point has never been alluded