

ON THE DIFFERENTIATION OF TWO FORMS OF CONGENITAL DEXTROCARDIA.

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The heart may lie to the right of the median line in the thorax from a variety of causes, congenital and acquired. Three distinct types may be recognized. In the first of these, to which the name of *dextro-versio cordis*, may be applied, the alteration in position is due to extraneous causes, the organ being pushed, pulled or dislocated to the right from pathological conditions outside of itself, such as effusions or new growths in the left pleura or lung. In these cases the causative factor causing the displacement, is usually acquired or post-natal disease, but in some rare instances it may be of congenital origin, as for instance, in great enlargement of the left lung from congenital cystic disease. In these cases although the heart is displaced to the right the apex still points to the left and is usually felt during life not further to the right than the right sternal border.

In the other two types the condition consists, not in a simple pushing over of the heart to the right, but in its congenital malposition from causes acting within the heart itself. These are the cases of true congenital dextrocardia. In these the heart is situated to the right of the median line, and the apex points to the right, the apex beat during life being situated some distance to the right of the right sternal border. We owe the clear differentiation of these two forms of congenital dextrocardia to the studies by Kuchenmeister,¹ in a casuistic contribution on 125 cases, and more recently by Nagel². The two forms of true congenital dextrocardia may be distinguished as types A and B.

In *type A* there exists a true transposition of the heart. Here all the cavities with their afferent and efferent vessels are reversed in relation to each other, so that a mirror-picture of the normal heart results. This condition is practically always associated with a more or less complete transposition of the other

¹ Kuchenmeister, Leipzig, 1883.

² Nagel, Deut. Arch. f. klin. Med. vol. XCVI, p. 552.