

stridor from below. On the other hand, the symptoms characteristic of cancerous tumour of the lung or mediastinum were not present. There were no indications of pressure—no varicose condition of the veins—no œdema—no appearance of cancerous degeneration or cancerous tumours in any other part of the body; no currant-jelly-like expectoration—no *complete* dulness with *entire* loss of respiratory murmur—no faint *double* sounds, and no bruit de soufflet.

Having now examined at some length, all the morbid conditions capable of producing dislocation of the heart, or pulsation in the right side of the thorax, and having carefully compared their characteristics with the symptoms and signs of the case before us, we find that not one of them agrees with the phenomena exhibited by it, and we are compelled, therefore, to fall back on the only remaining cause, viz., *congenital displacement of the heart*, which we know to be generally connected, with transposition of all the other viscera. What then, were the positive signs of transposition of the viscera, which were observed in the case of Munro? *Visible pulsation on the right side of the chest, there being no pulsation in the usual cardiac region; sounds of the heart of a normal character, heard most distinctly over the cartilage of the third rib on the right side, feebly, in the usual cardiac region; amphoric sound on percussion over the right hypochondriac region; complete dulness over the whole of the left hypochondriac region; and dulness also over a space on the right side, corresponding to the usual situation of the spleen on the left.* You perceive, then, that, in forming a diagnosis, the pernicious system of *guessing* at the condition and situation of the organs, was studiously avoided. I purposely entered into as minute details in estimating the nature and value of the *negative* signs and symptoms, as in the collection and comparison of the *positive* ones—we found that the phenomena were totally irreconcilable with any other idea, than that of congenital displacement,—we know from physiology, that such transpositions are generally *complete*—we discovered by auscultation and percussion, *that a complete transposition of all the large viscera* was actually present in the case, and hence, from *all these circumstances together*, we deduced our diagnosis.

Besides complete transposition of the thoracic and abdominal viscera, we sometimes meet with cases where the abdominal organs alone are thus displaced; and again we meet with instances where the heart is the only organ transposed. I know a medical practitioner whose heart is situated in the right side of

the chest; he regards it as a congenital conformation, and this is the opinion of others who have examined him; and yet, if I recollect aright, he has no evidence of a transposition of any other organ. In such a case as this, what proof would we have that pleurisy, with effusion into the left pleural cavity, might not have dislodged the heart; for, though chronic pleurisy generally produces marked changes in the affected side, yet extensive effusion, (causing detrusion of the heart,) may become absorbed, and leave no deformity of the chest—and the heart may not return completely to its natural situation. As an illustration of this, I may mention the case of a military surgeon, a fellow student of mine, whose case is related in Dr. Stokes' treatise upon "Diseases of the Chest," who presented an example of extreme mobility of the heart, after pleurisy of the left side. In this case, the effusion dislodged the heart, and, on its being absorbed, which took place without any deformity of the chest, it was found that, whenever the patient lay upon the left side, his heart fell to that side, and as soon as he turned to the right side, it moved towards the right cavity. He was quite conscious of this extreme mobility, but suffered no inconvenience from it. Now in such a case, the want of the usual changes in the shape of the thorax, might mislead the practitioner into the belief that the position of the heart was congenital, but all doubt on the subject would be removed, by the detection of the liver in the left hypochondrium.

ART. LIV.—CASES OF THE ENDEMIC FEVER OF CANADA, WITH UNUSUAL COMPLICATIONS.

By JOHN JARRON, Surgeon, Dunnville.

(Continued from page 259.)

In the Bombay reports, Dr. Crow, in a letter to Dr. Jukes, states, "that the symptoms of coldness and total absence of pulse frequently take place where there appears to have been little disturbance of the *primæ viæ*." Dr. Jukes relates cases where the *primæ viæ* were not at all affected; and Dr. Taylor says, "Of the third form of the disease I have also seen several varieties." The patients fall down suddenly deprived of sense; the pulse is often feeble and indistinct, but sometimes rather full and strong. When he recovers a little, he complains of great pain of the head and giddiness, and frequently of pain in the abdomen. Trismus occurred in two of these cases." A recent work by Dr. Parkes of India states, "for it often happened at the period the algid symptoms were most developed, the purging had ceased, and in others of the most fatal collapse, the purging and vomiting had been trifling or absent." The New York