

remarkable degree. But cases of this kind are to be found in almost every part of our country : and there is no proposition in the science of human life more clearly demonstrated, than that a well-ordered vegetable diet is most favorable to the highest order of intellectual acumen, activity, power and soundness. The misfortune is, that people generally know nothing about the science of human life ; and not one in a hundred even of the members of the medical profession, has anything more than the most superficial acquaintance with this important science.

It is not with a disposition to return reviling for reviling, or to detract from Dr. Lee's merits as a physician and a man of mind, but from an honest conviction of my judgment, that I say that his knowledge of the science of human life is very limited. The article which he has published affords the most complete evidence of this, to those who are capable of perceiving and appreciating it. He writes like a superficial observer and a loose reasoner, who hastily draws general conclusions from very limited and imperfectly ascertained premises.

Prejudiced men and smatterers may consider his article an able one, because it agrees with their prejudices and habits ; but profound and accurate thinkers—men of deep learning and ripe minds—will perceive at a glance that it is presumptuous, loose and inconclusive ; and that it greatly abounds with at least the *appearances* of rank prejudice and dishonesty.

SPINA BIFIDA, COMPLICATED WITH OTHER MALFORMATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following curious case of Spina Bifida may be interesting, since it was connected with other deformities. The child was born May 5, 1835, and lived six months and ten days. At birth the head was observed to be rather larger than usual. Upper extremities and body were well formed, as far as the second and third lumbar vertebræ, where the tumor of the spina bifida was situated. It was about as large as half of a small orange, rather flaccid. Lower extremities were at right angles with the trunk. Both feet were clubbed ; very little flexion of knees, though they improved some in this respect before death. The legs extended so as to form an angle of 68 deg. with the thighs, in front, and the lower extremities were frequently brought in contact with the face. No patella could be distinguished at birth, and with difficulty before death. The life of such a deformed being was not very desirable. Everything, however, was done to make it comfortable, but nothing with any expectations of remedying any of its malformations, for it evidently could live but a few months. The lightest dressings were applied to the tumor, which always irritated it, and serum was constantly oozing from the capillaries on its surface. The child was always feeble—never able to support its head upright—restless and irritable—often appeared to suffer much from pain. Had little or no command over its evacuations. The eyes never appeared natural and intelligent, but wild and staring, though the parents supposed it to be as *intelligent* as any child. The head and

tumor increased more rapidly in size than the body and limbs; and a few days before death the head measured nineteen, and the tumor ten inches in circumference. The integuments over the fontanels and the tumor became more and more distended till death. The sutures of the cranium were separated but very little. A few days before death, the child was convulsed, but there was no complete paralysis or tetanus. After death, the fontanels became depressed, the anterior to the depth of half or three fourths of an inch. The tumor was more easily compressed than during life.

After death the lower extremities were brought nearly in a line with the body. Circumstances did not admit of a very thorough post-mortem examination. The walls of the tumor consisted of the common integuments and membranes of the medulla spinalis. The contents of the tumor were a serous fluid, nearly colorless, and a thick cream-like substance of a pearl-white color. It was about the consistence of thick cream, and resembled very much the softened spinal marrow. There was more serum than creamy substance. The calibre of the neck of the tumor was not more than one-third of an inch in diameter, though its base externally was nearly as large as the largest diameter. The neck of the sac did not pass between the two halves of one of the vertebræ, but between the third and fourth vertebræ.

The articulation of the hip-joint was very much like one of the ribs with the vertebræ. There was no proper neck or trochanters, but the upper extremity of the femur very much resembled the vertebral extremity of a rib. The knee-joints were easily articulated, and nearly natural, except a deficiency in the prominence of the anterior part of the condyles, easily admitting the leg to be extended to much more than a straight line with the thigh. The patella was about one-quarter of an inch in diameter. We could carry the examination no further.

Although circumstances did not permit us to examine the brain at all, or the spine more carefully, yet from symptoms during life, and from appearances after death, there can be no doubt that there was a free communication between the ventricles of the brain and the tumor. In nearly all such congenital malformations, there is evidently some remote cause, with which we are very little acquainted. In the present case, however, we are inclined to believe that we know something of the remote occasion. Some time during the early months of pregnancy, the mother was very much affected from a sister's child being taken from the river in a state of asphyxia, and brought into the house where she then resided. The drowning child soon recovered, but the shock was considerable.

Was not this shock sufficient to cause some defect in the growing fœtus? May not the head and upper part of the body have been so far advanced that the shock could not so easily affect the growth of that part of the fœtus, but yet sufficiently powerful to check the perfectly healthy development of the lower half of the child, which is not matured so early? The mischief might then be extended to the otherwise sound portions—as in the instance of a communication being established between the dis-

eased portion of the spinal column and the brain, through nearly the whole length of the spine.

S. B. CARPENTER.

Newton, Ms. March 15, 1836.

CHILD-BIRTH CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have taken a hasty sketch of the following case of midwifery, and forwarded the same to you—not with the expectation of furnishing the medical world with anything new, but merely as affording one more evidence, to those already on record, of the safety, if not the propriety, of sometimes deviating from the formal rules of long-established practice; and which you are at liberty to dispose of as you may think proper.

Phelps, N. Y. Feb. 20, 1836.

CALEB BANNISTER.

Mrs. M——, of large stature, and full and robust habit, aged 42, was taken in labor on the morning of the 21st of Sept. last, with her 14th child. On the evening of the same day I was called to her, and found her laboring under hard and frequent pains, together with severe convulsions. An examination per vaginam was immediately made; the os uteri was found to be amply dilated, and the membranes protruding, but no part of the fœtus could be felt through them. The patient refused to be bled, so I proceeded immediately to introduce the hand into the uterus, in order to ascertain the presenting part. At this period, the convulsions and the violence of the pains, together with the evident unfavorable presentation of the child, gave to the case an aspect that was to me appalling indeed. On introducing the hand, my previous fears were all confirmed, for, to my sorrow, the first part encountered was the shoulder. The waters were of course gradually discharging—the contractions of uterus were violent—the symptoms of repeated convulsions alarming, &c. I was so far enabled to raise the shoulder, between the pains, as to pass the hand, but could not pass it so as to obtain the feet, owing to the violence of the pains, and soon was convinced that I should be obliged to withdraw it without effecting my object, the turning of the child. Making a virtue of necessity, therefore, I resolved to make the attempt to cause the head to advance in place of the shoulder, and was not a little surprised, as well as gratified, to find that I succeeded so easily—and which was done by raising the shoulder so as to pass the hand by it, slipping it around the head, and holding it in as favorable a position as circumstances would allow, until the accession of a pain, and then gradually withdrawing it. The head dropped and rested upon the pelvis, and the shoulder was not to be felt. I sat awhile with the pleasing expectation that a very few pains would safely relieve my patient from her perilous situation. The pains, however, instantly subsided, and she remained perfectly free from them for the space of thirteen hours. During this period of anxious suspense, she had no return of the convulsions, but was troubled with alternate and severe ague chills, and fever, and her appearance was truly frightful. Waiting, however, with as much pa-