Figure 1.
Photograph taken shortly after admission to hospital (10.V.35). Note the mass of mucous membrane projecting from the lumbar region of the back.
Figure 2. Lumbar region of the back. Left lateral view. Mental cleft visible on upper right hand side when picture held horizontally. Note the circular protrusion rising above the level of the surrounding skin, and surmounted by the pad of mucous membrane.
Figure 3. Lumbar region of the back. Right lateral view. Natal cleft on the left. Circular protrusion and pad of mucous membrane as viewed from this aspect. Note the appearance of the skin over the circular protrusion.
Figure 4. Radiograph of the vertebral cleft. Taken 10.V.35. The identity of the pieces may be determined by referring to figure 3. The bands visible on either side are due to the adhesive tape employed in retaining a dressing over the mucous pad on the back.
Figure 5.
Radiograph showing an Abroall-filled catheter passing from the fistula to the anus. The relation of the fistula to the mucous mass is clearly seen.
Figure 6.
Diagram to show the manner in which the entering and returning limbs of the hernial loop communicated with the fistula or "accessory anus". Points A and B are referred to in the text.
Figure 7. The midline peritoneal fossa, with the entering and returning limbs of large intestine. The "common mesentery" is seen passing first above and then along the left side of the fossa. The crescentic fold of peritoneum which bounded the fossa above and below and to the right, is also seen. Note that where the term vessel is used, it may be taken to mean either the artery or vein, only one being represented for the sake of clarity. The knife passed through the diaphragm and upper end of the stomach.
The vertebrae column and its clef. The nerves about the clef may be identified with the aid of fig. II.A and B overlie the dural sheaths of the right and left divisions of the spinal cord.
Figure 9. Diagram to show the relationship of the abdominal vessels to the spinal cleft, and the form of the left kidney.
Figure 10. The vertebral arches. The arrows lie within the right and left halves of the vertebral canal. Note the ridge formed by the union of the "accessory half arches" (a.h.a.).
Figure II. Diagram to show the manner in which the spinal cord divided into two and reunited. Note the medial and lateral sets of nerves arising from the left division of the spinal cord.
graphic summary of recorded cases of combined spina bifida.

CASE

SEX

Omitted. Information Inadequate.

Omitted. Specimen was a Calvi.

Borderline Case. See Text.

R.S.
Figure I3.
After Feller and Sternberg.
Figure 14.
Diagram based on micro-photograph by Kolmer.
Figure 15.
Diagram of the alimentary tract in about the 8th week. The first stage of rotation has been accomplished, and the ends of the mid-gut loop now lie side by side. In the condition of "non-rotation" these relations are preserved, as in the present case. (After Dott).
SUPPLEMENTARY PLATES

In view of the numerous complexities presented by the case, it was deemed advisable to adhere where possible to diagrammatic representations. Figures 16 to 19 inclusive are introduced as the best photographic record that could be obtained.
Figure 16.
Additional figure -not mentioned in the text. Shows the midline peritoneal fossa with the entering and returning limbs of large intestine.
Figure 17.
Additional figure – not mentioned in text.
Sagittal section. Left half of abdomen.
Note pins in entering and returning limbs of hernial loop of large intestine.
View together with figure 18.
Figure I8.
Additional figure - not mentioned in text.
Sagittal section. Right half of abdomen.
Note pin leading from apex of hernial
loop into fistula below mucous pad.
Figure I9.
Additional figure - not mentioned in the text. Sagittal section. Left half of the abdomen. Entering and returning limbs of large intestine turned aside to show ridge formed by the "accessory half arches" on the medial aspect of the left half of the cleft column. The left division of the spinal cord is seen lying within the left half of the vertebral canal. Compare with figure 17.