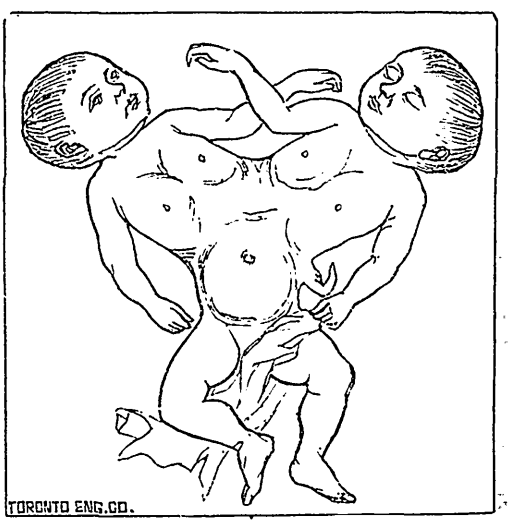
same professional value accorded to his degree that it would obtain on the other side, i. e., entitling him to practice medicine, surgery, midwifery, any or all of them as the case might be; while if his qualification only extended to one of these, he should be allowed to submit himself to examination in the others at a reduced proportional fee. The same privilege should be granted to those who have pursued their studies entirely within the limits of the United Kingdom. The question of the diminution of the revenue of the Council ought not to be considered in this matter at all, and in point of fact it is not probable that the plan proposed would materially diminish it, for the number of those who go over yearly is very small, and would not be likely to be much increased by this concession. On the other hand against the small loss of revenue which might ensue, ought to be placed the advantage it is to the country to have its medical men possessed of the most extended experience and attainments possible; the spread of that "êsprit de côrps" that might be expected to result from the union of the profession throughout her Majesty's dominions into one body existing under the same conditions, and enjoying the same privileges, and which ought to distinguish medical men everywhere, instead of those of each Province being jealous of each other, and striving by local rules and regulations to prevent outsiders from competing with them. Lastly, the admission by Ontario of British graduates to registration on the terms here suggested, would open the way to according similar advantages in Great Britain to those who had obtained the imprimatur of the Ontario College.

It must be borne in mind that one great obstacle to the recognition of our diplomas by the British Medical Council is the existence of varied regulations in different Provinces. Melbourne, for example, seeks the same advantages for her graduates that we do for ours, and throws the same obstacles in the way of registering British diplomas. The end desired can only be obtained by the assimilation of regulations for qualification everywhere, and should the proposed conjoint scheme of examination for Great Britain be adopted at the next meeting of the British Medical Council it may be found advisable for us to modify our own regulations slightly, so as to bring them into conformity with those contained in it, if it be practicable to do so

WONDERFUL LUSUS NATURÆ.

There is at present in Montreal, one of the most remarkable and interesting specimens of abnormal genesis of which we have any record on this continent. It is in reality a case of monopelvian, twin female children. They were born on the 28th of January 1878, at the village of St. Benoit, Que. a midwife only officiating. The mother is a young woman about 20 years of age, of medium stature, mild expression, light complexion, and a good nurser. It is her second birth. The father is a tall man, of dark complexion, aged about 23; both parents are well formed, and no such freak of nature was ever before known in the family. We append the following wood-cut which gives but a faint idea of them as they really appear to the professional eye.



Looked upon as they lie in the cradle, they appear to be two distinct infants, with their heads lying in opposite directions, healthy and rather good looking. On exposing the lower parts, the two bodies are seen to blend in one, at the point of ordinary situation of the liver of one, and the spleen of the other. The heads, arms, thoracic organs, and apparently stomachs are distinct; but there is only one umbilicus, and apparently but one abdominal cavity, one pelvis, one sexual apparatus (well formed female), and two legs as in ordinary formation. The spines blend in one about the 12th dorsal vertebra and growing out of the left loin, near the pelvis is a rudimentary arm