together, was six and a half inches. They were perfectly and fully formed in other respects, but the head that presented first was the larger of the two. I failed in obtaining permission to make any more particular examination.

When we consider the breadth of the connecting band between the two children in the above case, we see more clearly how the head of the second child could assume the position that it did, and to what an extent the connecting band must have been stretched to have allowed of its being placed at the back of the shoulders of the other child when delivered.

My patient is a woman of slender figure, but well formed and of a good constitution. During her pregnancy she enjoyed excellent health, which in some measure strengthened her for the extreme trial she had to undergo, and which she endured with the greatest fortitude.

She has made a most excellent recovery, and is now quite strong.

No doubt the long delay before the head was born, in a great degree saved her from the danger of perineal laceration, as there was ample time for complete dilatation, which was so essential for the safe passage of such a mass as had to follow.—*Monthly Journal of Medical Science, January* 1851.

ERGOT OF RYE.

[By Dr. Meigs, of Philadelphia.

Dr. Meigs, of Philadelphia, in his valuable work on Midwifery, in speaking of ergot, says:—"A labour is effected by the contractions of the muscular fibres of the womb, aided by that of the abdominal muscles. If all the powers employed in a labour could be accumulated in a single pain, lasting as long as all the natural pains do, no woman probably could escape with life from so great an agony, except that small number who are met with, and whose organs, happily for them, make no resistance, but open spontaneously like a door, to let the fœtus pass out. By a beneficent law of the economy, the pains of labour are short, not lasting more than thirty or forty seconds in general, and returning once in three or six minutes Under such pains or contractions, however powerful, the fœtus is safe; for as soon as the contraction is over it lies in the womb free from pressure, and the placenta, which during the contraction had been violently compressed betwixt the womb on which it lies and the child within the cavity,—that placenta, I say, recovers its circulation, and continues during the absence of the pain to perform all the bronchial offices which belong to it. But, he continues, "if an ergotic pain is produced to last thirty minutes, in a case where the placenta is on the fundus uteri, and to be jammed for thirty minutes against against the child's breech without an instant of relaxation, who can doubt that its circulation is either wholly or nearly abolished; and that when the child emerges at last from the mother's womb it will emerge quite dead or in a profound asphyxia from the long suppression of its placental circulation? Multitudes of children are born dead from this very cause, by the imprudent exhibition of a medicine which as certainly excites a spasm of the womb as nux vomica does that of the other muscles of the body. For my own part, he adds, "I could say that I scarcely give ergot as an expulsive agent; I chiefly employ it at the moment or just before the birth of the child, in order to secure, if possible, a permanent and good contraction of the womb after labour in women who are known in their preceding labours to have been subject to alarming hemorrhage.—*Dub. Quarterly Journal of Med. Science, Feb.*, 1851.