

being taken from points $2\frac{1}{2}$ inches apart, and when mounted in one way show the front view, and when reversed, the back view is seen. Full size pictures are in the museum of Medical Faculty, McGill College, for inspection.

So far as we know, this is the second recorded case of well-developed anterior duplicity occurring in Canada, and it may be well to recall the former, which was described by Dr. D. C. MacCallum, of this city, some 22 years ago (*Obstet. Trans. London*, Vol. XX., 1879, p. 120), and of which our museum possesses the original drawings by Hawksett. These children were born at St. Benoit, County of Two Mountains, on Feb. 28, 1879, and, as Dr. MacCallum informs me, they, or it, died in Sept. 1880, having lived for a period of 19 months.

It will be seen from the illustrations that the duplicity in this case was much greater than in ours, the external union occurring in the lower part of the thorax, the ribs throughout being distinct. It may indeed be laid down that the more complete the duplication the greater the chance of prolonged life in these monstrosities.

Here, as shown by the illustration of the posterior view, there were two pairs of anterior extremities, while the tail-like appearance about the nates was really a rudimentary median lower limb. This measured five inches in length, was provided with a point, and, like the anterior extremity in our specimen, tapered to a fine point, which was furnished with a definite nail.

Dr. MacCallum notes in his description that the child to the left of the observer, named Marie, resembled the mother, had a fairer complexion and was of more strong development and healthier looking; the other, Rosa, the smaller, darker and more delicate looking, and resembled the father. The pulsations of the hearts did not correspond; Marie's heart beat at the time of examination 128 per minute, Rosa's 133; nor again were the respiratory movements synchronous. The sensation of hunger was not always felt at the same time; very frequently one child slept while the other was being nursed. When one child cried and the other was tranquil, the abdomen on the side of the crying child contracted and extended, and the limb on that side was agitated, the corresponding parts on the other side being at rest except for a slight and evidently communicated movement of the lateral half of the abdomen on the side of the quiet child; the same phenomena were observed when either child forced during a motion.

Clearly thus the spinal, circulatory, respiratory and digestive systems of the two children were distinct, the alimentary canal probably opening at a point close to the common anus.

Into the etiology of foetal deduplication, a subject as involved as it is interesting, we will not enter, possibly one of us at a later period will