

lower part of the thorax of each, and from that part downwards they present the appearance of one female child; that is, there is but one abdomen with one navel, a genital fissure with the external organs of generation of the female, and two inferior extremities. The floating ribs are distinct in each, as is also the ensiform cartilage. The lateral halves of the abdomen and the inferior extremities correspond in size and development respectively to the body of the same side; and the same remark applies to the labia majora. The spinal columns are distinct and appear to meet at a pelvis common to both, although the fusion of the children commences at some distance above their junction. From near the extremity of each spine a fissure extends downwards and inwards, meeting its fellow of the opposite side at the cleft between the buttocks near the anus, including a somewhat elevated soft fleshy mass, thicker below than above. At a central point between these fissures, at the distance of *two and a half inches* from the point where the vertebral columns meet, and *three and a half inches* from the anus there projects a rudimentary limb with a very movable attachment. This limb, which measures *five inches* in length, and is provided with a joint, tapers to a fine point, which is furnished with a distinct nail. It is very sensitive, and contracts strongly when slightly irritated.

The respiratory movements are not synchronous, nor do the pulsations of the hearts correspond—Marie's heart beating at the time of examination 128 per minute; Rosa's, 133. The sensation of hunger is not always felt at the same time, as very frequently one child sleeps while the other is nursing. When one child cries and the other is tranquil, the abdomen on the side of the crying child contracts and expands, and the limb of that side is agitated, while the corresponding parts of the opposite side are at rest. There is slight movement of the lateral half of the abdomen on the side of the quiet child, but this is evidently communicated. Precisely the same phenomena are observed when either child forces during a motion.

From these observations it would appear that the spinal, respiratory, circulatory and digestive systems of these children are quite distinct. They have each a separate diaphragm, and the abdominal muscles on each side of the mesial line, and the limb of that side are supplied with blood by the vessels, and are under the control of the nervous system of the corresponding child. They have each a distinct stomach and an alimentary canal, which probably opens at a point close to the common anus. It would follow, also, that the accessory organs of the digestive system are distinct for each child.

The two fissures behind are evidently the

original clefts between the buttocks of each child, one buttock remaining in its integrity, whilst the other in a rudimentary condition is fused with that of the opposite child, forming the soft fleshy mass from the upper part of which the rudimentary limb projects.

These children are the products of a second gestation. They were born at St. Benoit, county of Two Mountains, on the 28th February, 1873. The mother, a fine healthy looking woman, aged 26 years, states that she experienced unusual sensations in the womb during the period of gestation, and that towards its close the abdomen became so prominent she was ashamed to be seen by her friends. The weight also greatly fatigued her, and the movements of the children were very distressing. During her labor she was attended by a midwife. It lasted seven hours, commencing at 1 a.m. and terminating at 8 a.m. One head and body were first born; this was shortly followed by the lower extremities, and immediately after the second body and head were expelled. — *Canada Medical and Surgical Journal*.

TREATMENT OF HOOPING-COUGH.

MM. Louvet-Lamare and Constantine Paul recommend very highly the use of the *drosera rotundifolia* in the treatment of whooping-cough. They treat the bronchitis of the first period with *bryonia*, and give the *drosera* as a sedative for the cough in the second period. They use the tincture, giving from M xv. to M lxxv. daily. M. Louvet-Lamare recommends also muriate of ammonia in the treatment of a frequent complication, viz., an inflammation limited to the lower part of the pharynx, the larynx, and the upper part of the trachea. This inflammation is attended by a slight rise of temperature, and is characterized by a virulent, tearing cough, for which the physical examination of the chest affords no explanation. He gives about seven grains a day to a child of seven years—*Lyon Medical*, June 16.

CONTRACTION OF THE FINGERS—(DUPUYTREN'S CONTRACTION).

Mr. William Adams, in a paper read before the Royal Medical and Chirurgical Society, (*Brit. Med. Jour.*, June 29th, 1878), describes this condition, and states that it is most commonly met with in men about the middle age of life, or beyond it. It occurs rarely among children and adolescents. Mr. A. had never seen a case in a woman. The ring finger is most frequently affected—especially if only one be involved—but generally, the adjacent fingers become affected. The articulations are healthy