

it was found on their arrival that adhesion had taken place between the membranes of the yolk and those of the shell, so that the yolk could not be turned out of the shell unbroken. On examination by experienced pathologist this was found to be the result of true inflammation; the material of the adhesion was found to be precisely the same as that of the plastic exudation in inflammation of the lungs or bowels. It will at first seem absurd to speak of inflammation in such an unformed mass as an egg; but this arises from our forgetting, that, structureless and unorganized as it seems, the egg, even when fresh laid, is a living being, and capable of disease from external causes. The cause of this inflammation is undoubtedly the shaking and friction from the motion of the cars, and it cannot but render the egg more or less unhealthy, as the products of inflammation can never be as salutary in food as those of healthy growth.

Yes, the egg may contain the "promise and potency of life," but not those vital conditions without which we cannot have a true inflammatory state. The new-laid egg is *not* a living being until certain changes have occurred in it—until the necessary blood channels and until the nerve fibres to regulate the flow of the blood in them have been formed. When the formative process has been sufficiently advanced to permit of the definite process called inflammation then, and only then, can we have the inflammatory exudation which Dr. Wright speaks of. Springs, wheels, dial, hands, etc., are not a clock, neither is an egg the most diminutive kind of chicken.

A good deal of journal space is still devoted to thallin and antipyrin. A good account of the supposed anti-pyretic properties of thallin is given by Dr. Crozer Griffith (Dr. Osler's assistant) in a recent number of the *Philadelphia Medical News*.

Thallin has nothing to do with the metal thallium, although they both derive their name from the same Greek root. Its chemical formula is $C_{10}H_{15}NO$, its formal name is hydrate of parachinanisol or, if you prefer, you may call it tetrahydroparamethoxyquinolin. It is a pale yellow or white powder with an agreeable, aromatic odor, said to resemble that of the trailing arbutus. The taste, however, is bitter, pungent and disagreeable. It is easily soluble in water, with difficulty in

alcohol, and insoluble in ether. The first to use it was Von Jaksch in Nothnagel's clinic. He concludes that thallin is very similar in its action to antipyrin, although in much smaller doses, but claims that it is more rapid in its action, although the fall of temperature produced lasts for a shorter time. It is also less dangerous, inasmuch as it never causes collapse, as does the latter drug. Both agents may produce profuse sweating; and chilliness or rigors often occur with the subsequent rise of the temperature after the action of the medicines has ceased.

These conclusions he reached by giving thirty cases of various diseases, accompanied by fever, alternating doses of antipyrin and thallin. His investigations, throughout, were most careful and thorough. The usual dose of thallin as administered by him is four to fifteen grains, given at one time, and repeated in one or two hours if no effect is produced. The degree of reduction of temperature obtained varies somewhat, and the duration of the lowered temperature lasts usually but a few hours.

Dr. Griffith concludes from clinical experiments that thallin is efficacious in reducing temperature in most cases of fever but frequently decided depressions of strength occur (with profuse diaphoresis) during its administration and it must be given with great care to debilitated patients. The cost of the drug is about three dollars an ounce laid down in Montreal.

The Contagious Diseases Acts, by which prostitution was regulated in certain British military stations has been repealed by the rather large majority of 114 in the House of Commons. There has been persistent opposition to these legislative enactments ever since their passage in 1875. Whether they accomplished the good claimed for them (the repression of vice and the prevention of venereal diseases) is a much-disputed question, but the English people chafe under the restrictions which on the continent have been in force for so many years in the large cities. Now that the opponents of the regulative plan have carried the day what do they propose to put into its place, or do they abandon the attempt to limit the spread of syphilis and gonorrhœa, as is done in this and other favored localities?