peutique, Union Médicale, and Scalpel (Belgium), we copy the following facts:—

Bismuth was long confounded with lead and tin, and had done much mischief in therapeutics from the arsenic and sulphur it contains. The investigations of Stahl and Dufay have elucidated many facts respecting bismuth; its composition is now well known, hence it has been prescribed, in small doses, by Messrs. Odier, (of Geneva,) Guersant, Lannec, Récamier, and others, for nervous affections of the stomach. M. Trousseau and others have, on the other hand, used it in large doses with the best effects. But all practitioners know that bismuth produces constipation after the few first doses, so much so that its use must now and then be suspended.

The problem therefore was, to combine bismuth with a substance neutralizing these binding effects, without interfering with the action of that metal. Calcined magnesia seemed to answer the purpose; but it was found that the preservation of magnesia, deprived of its carbonic acid, is as difficult as to free bismuth of all its impurities.

M. Fayard, a well-known pharmacien of Lyons, has endeavoured to minister to the prevailing tendency in France of rendering useful medicines pleasant to the eye, the taste, and the stomach. He availed himself of the formula of Dr. Paterson, of New York, to purify bismuth and preserve calcined magnesia, and then mixed these substances with sugar. Hence were formed the bismutho-magnesian powders of Paterson, possessing all the advantages of these agents without presenting the drawbacks mentioned above.

These powders have been found useful in cases of dyspepsia with headache, anorexia, and vomiting, especially as regards pregnant women, in flatulence, &c. &c., taken in large doses for six weeks or two months. They have also been successfully administered for certain affections for which they are not habitually given—viz.:—1. For headache connected with derangement of the digestion. 2. In the acid vomiting of children at the breast, depending on the inferior quality of the mother's milk. In such cases the best results were obtained by desiring the nurse or mother to make a change in her food, and to take the bismutho-magnesian powders before or after meals. 3. As absorbents of the unwholesome gases evolved during imperfect digestion. These cases, when neglected, are the first to suffer when cholera breaks out.

INVESTIGATIONS RESPECTING THE DEVELOPMENT OF THE TEETH.

At a meeting of the Academy of Sciences of Paris, M. Guillot read a paper on the above subject. I have been led, says the author, to explain the origin of the teeth in a novel manner, from examining very early embryos of the human and sheep kind, of less than two months, as also from observations made upon fish. I have discovered an organic substance, in the centre of which the first traces of the teeth may be observed; this substance, being intended for genesis and protection, disappears when this twofold function is performed. By the transformation of the molecules, by which it is composed, it successively produces the ivory, enamel, and cementum. The appearance of this substance varies with the age of the subject; it is at first composed of irregular nucleated cells; at that period the ivory and the enamel begin to be formed, though not yet solid; it afterwards becomes fibrous, by the stretching of the cells, when it brings forth the dental sac and the cementum. The first rudiments of the teeth resemble diminutive spheres made up of myriads of cells. Those which are most easily discovered belong to the deciduous teeth; towards the third or fourth month the gums of the permanent teeth are easily perceived in the human subject. In this primitive state no sac or envelope confines these spherical bodies. Three divisions or partings take place in the interior of these spheroids before they become solidified. One is central, and eventually gives rise to the ivory; the second produces the enamel; and the most external division, the one where the dental sac has been formed, produces the cementum. These changes are the same for the deciduous and permanent teeth. The latter could never emerge from the capsules, which form a close receptacle for them, if a portion of the walls forming these capsules did not disappear to allow the crown to press forward. This disappearance, which depends on a kind of absorption which the bony cells undergo, can also be observed in the osseous capsules which fix the deciduous teeth. But although in several places the jaws decrease in size, and lose the substance of which they are composed, these same jaws increase on other places, stretch out and make the room necessary for the growing teeth. This double molecular movement goes on until the face has attained its greatest development.

IODATE OF POTASH.

Messrs. Demarquay and Custin consider that the action of this salt is more powerful than that of the chlorate of the same base, and that it has yielded excellent results where the chlorate of potash had failed. The dose varies from five to twenty-two grains, and it has been used in diphtheritis, mercurial and gangrenous stomatitis, &c. From M. Millon's directions, the salt may be obtained as follows: One part of iodine and one of chlorate of potash are brought in contact with six parts of boiling water, acidulated with a few drops of nitric acid. When chlorine ceases to be given off, a concentrated solution of chloride of barium is added to the liquor. The washed iodate of barytes is then decomposed by sulphuric acid, the sulphate of barytes is separated by filtration, and the fluid is slowly evaporated. The crystals of iodic acid are then washed with distilled water, redissolved in boiling distilled water, and the solution saturated with bicarbonate of potash. A great portion of the salt is deposited in little crystals on cooling.

THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

To the Editor of THE LANCET.

SIR,—It is really astonishing to witness the efficacy of the Ready Method of Dr. Marshall Hall in resuscitating all but hopeless cases of asphyxia. I was present a few days ago at a labour, when the child was born apparently lifeless, looking very livid, and having some amount of the cuticle of the abdomen peeled off. After keeping it between the palms of both my hands with its face looking downwards for about half an hour, it made the first attempt at breathing. I kept its head slightly downwards at first until the discharge from the mouth had ceased. The remaining treatment consisted in turning it round two-thirds upon its side, keeping up the usual artificial respiration until the cry became very audible.

The labour itself was a partial presentation of the placenta, in which I felt myself obliged to rupture the membranes early to arrest the hæmorrhage.

I remain, Sir, your obedient servant,

Bessborough-street, Belgrave-road, ALFRED W. MOORE, M.R.C.S.
August, 1858.

To the Editor of THE LANCET.

SIR,—I think the following case may be somewhat interesting, as it shows the efficacy of Dr. Marshall Hall's Ready Method even at that early period of extra-uterine life when the pupils are adherent and the nails of the child absent.

On July 16th, 1858, I was called at half-past twelve A.M. to attend Mary T—, aged twenty-two, living in the parish of St. Philip's, in her first confinement. On arrival, I found that the child had been born ten minutes, and had been wrapped in a napkin, and put away by the nurse, who considered it to be still-born; the placenta had followed almost immediately after the child. On examination, I found the body of a female infant, apparently about six months intra-uterine life, with eyelids firmly closed, and nails absent from both feet and hands.

I immediately immersed it in a warm and cold bath alternately for about five minutes, and it gave a very faint gasp. I then placed it in a shawl by the fire, and commenced Dr. Marshall Hall's Ready Method for a quarter of an hour, when the child made another faint gasp. On continuing the method, the child gasped every ten minutes, and in another quarter of an hour breathed naturally, and attempted to cry, making a faint whining noise. As it was very cold, I placed it by the side of the mother; it continued much in the same state for more than twelve hours, when it died. I was unable to obtain a post-mortem examination.

I am, Sir, your obedient servant,

Bristol Royal Infirmary, Aug. 1858.

WM. HOOPER MASTERS.

THE QUEEN'S COLLEGE, BIRMINGHAM. — At a special meeting of the council held on Wednesday last, the Rev. T. G. Cumming, the resident warden, in the chair, the physicians and surgeons of the Queen's Hospital—namely, Drs. Best Davies, T. P. Heslop, A. Fleming; Messrs. Sands Cox, Langston Parker, James F. West, and J. Sampson Gamgee, were unanimously elected professors of clinical medicine and clinical surgery at the Queen's College. At the same meeting, Wm. Sands Cox, F.R.S., was unanimously appointed an honorary governor—a step necessary to precede his proposed election as the Principal of the College.