

Calcium phosphate, two parts; calcium carbonate, three parts; sodium phosphate, one part. Mix. Triturate to an impalpable powder. Direct: Three to five grains or more with other food, three or four times a day for a week, then once a day, p. r. n. The fluoride salt might be a desirable addition. In cases of anæmic children a trace of ferric phosphate is added. While wholesale condemnation of the gum lancet is as much to be deprecated as its indiscriminate use, like all the extreme views which come in waves over the profession, there is doubtless much practical sense in the course recommended by Dr. Wallan of nourishing the teeth.—*N. Y. Medical Journal*, June 4th, 1898.

TREATMENT OF ANKYLOSIS OF THE LOWER JAW.—Karl Roser (*Centralbl. f. Chir.*, Berlin, 1898, Vol. IV., p. 122) has had as a patient a man twenty-two years of age suffering for the past four years from complete ankylosis, caused by a severe bruise to the face. A T-shaped incision was made, and the condyle, after considerable trouble, incised. A mouth-gag was then introduced and the jaws forcibly separated, until a thumb could be placed between the front teeth. In order to keep the jaws from coming together again, a cork was fastened between the molars of the upper and lower jaws. A gold-plate, kidney-shaped and about the thickness of a ten-mark piece, was bent and curved so as to fit transversely in the joint. It was put in place and a deep row of sutures used to bring the tissues into close approximation. The skin was accurately sutured. After ten days the cork was removed and passive movements begun. One month after the operation the patient was able, by himself, to open the teeth $1\frac{3}{4}$ ctm., and by using the mouth-gag $2\frac{1}{2}$ ctm. were reached.—*American Medico-Surgical Bulletin*, April 25th, 1898.

TONSILS AND ADENOIDS AS CAUSES OF MALFORMED MAXILLÆ AND IRREGULAR TEETH.—Wm. A. Mills (*Jour. of Am. Med. Assn.* pp. 980-1, April 23rd, 1898) states that from observation of twenty-five years he has found that any inflammatory lesions in children of four to twelve years that obstruct the nasal or oral passages are the chief agents in causing malformed jaws and abnormal and alignment of teeth. A child of seven brought to him to have a tooth filled for relief of pain in right ear and right angle of inferior maxilla, was found to have almost complete obstruction of the nasal cavities; the face was pale, anæmic and haggard. A small cavity in a molar tooth was filled without relieving the pain. Depression of the tongue showed enlarged tonsils almost touching in the median line, from one of which pus flowed out on introducing the depressor, causing relief of the pain. The patient was sent to a rhinologist, who removed the adenoids