

months since the operation, and there are no signs of the recurrence of the fluid, and the surface is thoroughly healed. The only points to be noted in this operation are these: The ligating of the fistula at the proximal end of the fistula, thus shutting off the flow of saliva, to allow the curetted portion of the canal to heal; and the early removal of the ligature before its cutting its way to the fistula, or causing the parts to slough. I might here add that I found the opening of Stenson's duct, and I had no difficulty in passing a probe its full length.—*Brit. Med. Journal.*

THE MEDICAL TREATMENT OF TOOTHACHE.—(Frederick C. Coley, M.D., Physician to the Children's Hospital, Newcastle-on-Tyne, and to the Northern Counties Hospital for Diseases of the Chest.)—Beyond all question the treatment of toothache is mainly surgical. An aching tooth is usually carious and should be "stopped," if that can be done with a fair prospect of success. Carious teeth which cannot be "stopped" had better be extracted as a general rule. But I need not waste time in enumerating the circumstances which often arise to make these simple rules inapplicable; and no one who has recently suffered from a "jumping" toothache will be inclined to think that I need not apologize for asking a little space in which to enumerate the remedies which I have found successful in such a common and painful ailment. I may say at once that I believe very few toothaches are incapable of permanent relief without extraction of the tooth. That operation is very often the most desirable way of procuring relief, but it is very rarely the only way. Thousands of people have carious teeth without toothache, which proves that caries is only one factor in the production of pain. The other factor may (and commonly does) prove to be removable, and then the pain ceases, though the carious tooth remains. And, on the other hand, it is only too common to find that neuralgic pain persists after the extraction of tooth after tooth, which might perhaps have done good service *in situ*. A toothache which is "scotched" by appropriate means often ceases permanently; or it may return once or twice (being again relieved by the same, or some other, remedy) and then finally disappear. To attack a pain of this kind by a mere narcotic, such as opium or morphia, seems to me rather clumsy therapeutics, and we can usually find much more suitable methods. Alcohol in any form is still more objectionable. One of the most melancholy cases of alcoholism that ever came under my own observation had its origin in the inconsiderate recommendation of stout as a remedy for dental neuralgia. It is partly because I desire to replace these dangerous narcotics by more effectual and safer remedies that I have determined to write the present paper. The pain of a hollow tooth may generally be entirely removed by