lower incisors, but sometimes upper incisors may be seen, and very rarely molars of either the upper or lower jaw. Other facial or buccal malformations may occasionally be met with. (5) They are caused by the premature occurrence of the processes which normally lead to the cutting of the milk teeth; in a few cases it would seem that the anomaly is due to a true ectopia of the dental follicle and its contained tooth. (6) In a few instances a hereditary history has been established. (7) As the congenital teeth are usually incomplete and ill developed, and more likely to be more an inconvenience than an advantage to the infant, they are best removed soon after birth, an operation which can be easily and, except in very rare instances, safely performed. (8) The occurrence of premature teeth in certain historical personages is an interesting fact, the importance of which has been much exaggerated.—*Canadian Practitioner, Nov., 1897.*

A SALIVARY FISTULA OF THIRTY YEARS' STANDING: OPERATION: CURE.—Mr. G., aged 61, native of St. Helena, consulted me in June, 1896, for what he termed "a leak in his neck." Examination revealed an opening about the size of a small pinhead situated in the inferior portion of the superior carotid triangle of the left side of the neck, and from which there was oozing a thin watery fluid. On giving him a small crystal of citric acid to suck, the flow of this fluid would markedly increase. It was evidently salivary secretion. I passed a small probe into the fistula in the direction of the parotid gland about two inches. Over thirty years ago the patient underwent an operation for an enlargement in the neck, which he says the doctor called "a tumor"—what variety of tumor I could not elicit from the patient. After the healing of the wound, which was several months after the operation, he noticed that his neck was always wet, and that from the lower portion of the cicatrix there seemed to be an oozing of water. He had undergone treatment on several occasions without success. I injected, hypodermically, cocaine, placing the patient in the recumbent posture (which I believe to be the only safe manner for the administration of that anæsthetic), and passed a probe well into the fistula. I then passed a curved needle, threaded with heavy silkworm gut, well under the probe and fistula, bringing it out on the other side. Removing the probe I ligated the fistula. This would be at a point about 4 c.cm. from the opening of the sinus. Reinserting the probe to the point of ligation, I cut down upon the probe, laying the fistula open, and curetting thoroughly, sutured the incision with three or four sutures. I asked the patient to return in four days. Examination then showed no signs of suppuration, and the wound seemed well healed. On the fifth day I removed the ligature. On the eleventh day the sutures were taken out. It is now fully three