

by holding the child's head, guard against any sudden movement. The hands and body of the child are to be firmly held by the assistant. The best form of lancet for the operation is a small curved bistury, such as is sold at the depots for the purpose, but with the needle-like point ground off to a small but keen, rounded edge. The lancet is to be passed through the overlying tissue until it is felt to come into contact with the enamel surface, and the tissue divided a sufficient distance to allow the tooth to erupt without resistance.

For the incisors, a single linear cut along the incisive edge is sufficient; for the cuspids and molars, a crucial incision is required. The operation is not excessively painful, and the pain is reduced to a minimum when a properly sharpened knife is used dextrously. Little hemorrhage follows, but if persistent, some slight styptic, such as powdered alum or phenal sodique, may be used.

Nearly all medical writers agree that the teething period is one fraught with danger. Statistics show that the percentage of infant mortality is markedly higher during teething. A long series of infantile disorders occur most frequently during that period, and while recognizing this coincidence we find many otherwise intelligent practitioners ignoring the possibility of a casual relationship between these diseases of infancy and the teething process, and, consequently, condemning the operation of gum lancing, not only as useless, but dangerous.

A recent published work on "Diseases and Injuries of the Teeth," by Messrs. Morton Smale and J. E. Coyler, of London, contains the following suggestive statement: "Many healthy children pass through this period without any untoward symptoms, but many succumb, as may be gathered from the tables of mortality, teething being the cause of over 4.8 per cent. of deaths in children under 12 months, and 7.8 per cent. between the ages of 1 and 3 years." These same authors, however, notwithstanding this statement, are inclined to regard gum lancing as not useful save as a blood-letting measure. I have been unable so far to find any reported case of fatal result from gum lancing, nor have I knowledge of any untoward result occasioned by it when correctly performed. It is quite true that no precise scientific demonstration by the microscope or by post-mortem examination has been made to settle the question of the exact rationale of the procedure pro or con. The conditions are such that it perhaps never can be made, but this same objection might be as potently urged against many other well-established therapeutic measures in constant legitimate use.

The value of gum lancing in difficult dentition is established almost solely on clinical evidence, though it is difficult to understand why the perfectly plausible hypothesis of the rationale of its action should be rejected by its opponents as imperfect, when that