

I have taken some pains to investigate the matter when opportunity has offered, and I have never found an operator who objected to gum lancing who did not have exactly this conception of the operation. This is gum scarification, and not gum lancing. Gum lancing is a totally different procedure, undertaken not for the relief of congestion of the gum, but for the purpose of freeing the tooth from restraint by the unyielding gum which covers it, causing backward pressure of the undeveloped tooth root upon the formative dentinal papilla at its base; the irritation of this latter is the cause of the nervous disturbances which it is the purpose of the operation to relieve. The conditions which demand relief by gum lancing are so graphically told by the late Dr. J. W. White, in the *American System of Dentistry*, that I cannot do better than quote from him:

"The direct pressure of the advancing tooth upon the fibrous integuments is not the only nor the principal factor in the disturbance of equilibrium in pathological dentition. The most serious complications are, it is reasonable to suppose, caused by the resistance of the gums, and consequent pressure upon the nervous and vascular supply of the pulp, giving rise to severe and unremitting pain—a true toothache, comparable only to that exquisite torture which is experienced in after life from an exposed and irritated pulp. The condition, when a tooth is thus situated, is not unlike that which is found in whitlow, vascular and sensitive tissues bound down by unyielding coverings. If such a perversion of this physiological process is possible, there can be no question as to the extent of the mischief which may result—an irritability of the general system which finds expression in loss of appetite, sleeplessness, nausea, thirst, fever, diarrhœa or constipation, convulsions, paralysis, and other serious lesions, many of which, as strabismus or epilepsy, remain throughout life."

If, then, morbid symptoms, coincident with the teething period, manifest themselves, and their history and character point to a dental origin, the operation of dividing the gum over the presenting tooth should be so performed that the crown shall be completely freed from its imprisonment by the overlying tissues. It is frequently necessary to include in the operation not only the teeth immediately presenting, but those next in order of eruption in each jaw. If the operation has been properly done, it should be followed almost immediately by marked improvement in the general condition of the infant, and instant relief to the nervous distress.

The technique of the operation is quite simple. The child should be placed on a pillow lengthwise, supported on the lap of the nurse or assistant, seated on a chair facing the operator, and with the back toward the source of light, which should come preferably from a north window. The operator seats himself in front of the nurse, with the end of the pillow supporting the child's head in his lap. He then has command of the territory of operation, and can,