

set up by them in rebuttal is so manifestly illogical and inconsistent. Clinical evidence depends for its value upon the character and relationships of the phenomena observed, and the frequency with which certain related phenomena repeat themselves under similar conditions. If, for instance, infantile convulsions occurring coincidentally with difficult or delayed eruption of the teeth are found to be relieved by a judicious use of the gum lancet, and a favorable result is obtained invariably in a number of cases so treated, we should be justified in assuming the casual relation between difficult dentition and infantile convulsions within certain limits, and be justified in the use of the lancet as a therapeutic measure for their relief. This relationship has been repeatedly observed. I have in several instances seen teething children, where convulsive seizures had supervened until the child was almost comatose, relieved at once and veritably snatched from the jaws of death by freely dividing the gum over the retarded teeth.

But convulsive seizures are not the only pathological result of delayed dentition. The irritation caused by the advancing tooth is but slight at first, and extends over a considerable period of time. The impress upon the nervous system of the child may be comparatively slight, so that its expression may not be manifested in the explosive outbursts of the nervous system which we know as convulsions. The nervous stress is more commonly manifested in loss of appetite, impairment of the digestive function, and nausea. Impairment of the digestive function, due to interference with the innervation of the stomach, whereby the food ingested becomes itself a source of irritation through the establishment of fermentative processes throughout its mass, leads to and is accountable for the train of intestinal disorders, infantile diarrhoeas, intestinal catarrhs, etc., which so often accompany the teething process, and constitute the *bete noir* of mothers in rearing their children through the much dreaded second summer. Where the digestive sequelæ of pathological dentition have established themselves, the lancet cannot be expected to effect a cure unaided. Its use should be followed by appropriate constitutional treatment.

The close relationship of difficult dentition and capillary bronchitis in infants has frequently been noted by medical writers and practitioners, but the idea of pathological dentition as a predisposing, not to say exciting, cause seems to have been overlooked until recently, notwithstanding the fact that in very many of the fatal cases of croupous pneumonia in young children there has been a definite history of difficult dentition immediately antecedent to the pulmonary attack. Recent observations lead me to suspect that in these cases the antecedent condition of difficult or pathological dentition has been the cause which induced the subsequent attack of capillary bronchitis.