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THE PROGRESSIVE DENTIST

Volume II

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No. 1

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MEDICAL LAWS FOR DENTISTS.

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HEMOPHILIA

Arthur S. Calman, M. D.

This is a pathologic condition with which the individual dentist meets rarely, but which, nevertheless, is of sufficient importance for him to recognize, for he will be saved a great deal of anxiety and undesirable notoriety if unfortunately he should come across such a case in his practice.

By the term hemophilia we have come to understand a hereditary pathologic state of the body with a tendency to spontaneous or traumatic bleeding.

The etiology and pathology of this condition are unknown. A number of noted authors think that the uncontrollable bleeding in these cases is due to a defect in the structure of the walls of the bloodvessels; this view, however, has so far not been confirmed by post-mortem examinations. The coagulation of the blood in these cases is much retarded; normal blood coagulates in about 4-7 minutes, whereas the blood of a bleeder will coagulate in 15-25 minutes and in exceptional cases as long as 45 minutes. The theory of coagulation, as at present understood, cannot explain this phenomenon, for the composition of the blood taken from hemophilic subjects has been studied carefully and nothing abnormal found. It is also known that no particular races are prone to this disease, all are equally subject to it.

The symptoms of hemophilia are manifested in more or less uncontrollable hemorrhages from any part of the body, occasionally of spontaneous but in the great majority of cases of traumatic origin. These attacks may be accompanied by subcutaneous hemorrhages and swelling of joints with or without rise in temperature.

As to the diagnosis of this anomaly it may be said that there is nothing characteristic about the physical appearance of a bleeder. But the fact that this condition is in almost all cases congenital or hereditary will put us on guard against attempting even the most minor surgical operations on such individuals. The transmission of this constitutional anomaly from parents to their offsprings works out very beautifully and almost law-like. Given a "bleeder family" it will be found that the father who is a bleeder will transmit this tendency to his grandsons through his daughters and not through his sons, the daughters themselves not being bleeders; also that the male members are a good deal more prone to this disease than the female members of the family. With this most important fact in view we should deem it imperative to go very carefully into the history of every patient who is to be exposed to the most minor operation, be it the removal of an ingrown toe-nail or the extraction of a decayed tooth, and we should first of all try to eliminate a history of previous uncontrollable bleeding either personal or hereditary; for there are various degrees of severity to hemophilia. A patient may have a number of hemorrhages and recover quickly after each attack, and on the other hand, the very first hemorrhage may prove fatal in another case.

In treating these cases, every attempt to check the bleeding has so far

proven unsuccessful. Astringents of various descriptions, continuous pressure applied to the bleeding surfaces, cauterization with acids and pure phenol, and even actual cautery have been of no avail. Lately subcutaneous injection of horse serum or even better human serum has been tried with some good results, but this therapeutic measure is still in its experimental stage.

I shall now cite three cases which have recently come under my observation illustrating the various degrees of severity which we are apt to meet in this condition.

Case 1. Male, single, 25 years of age, German, has two brothers bleeders, one sister not subject to this tendency. Dentist attempting to extract a molar lacerated the gum slightly. The blood began oozing from traumatized area and every attempt to check it proved futile. Eight hours after the bleeding commenced patient received a dose of 40 c.c. of horse serum (diphtheria antitoxin). The oozing continued and twenty hours later ceased entirely.

Case 2. Male, 14 years old, Hebrew. Had tooth extracted several years ago after which he bled continuously for 5 days. Present trouble began after extraction of one of his molars. Blood began oozing from injured gum without a stop. Every available therapeutic measure tried resulted in complete failure. On 3rd day patient received 30 c.c. of horse serum, but no improvement was noticed. On fifth day he became delirious, restless, attempted to jump out of bed and at one time his condition became so poor that recovery was almost despaired of. Shortly after patient assumed a ghastly appearance, pulse became very rapid, small, and of very low tension. But on the tenth day he suddenly ceased bleeding, began to pick up gradually and made complete recovery at the end of 6 weeks. This patient during the period of his illness had several of his joints swollen, which is one of the manifestations of hemophilia.

Case 3. Male, 7 years old, Italian, operated on for adenoids. No history obtainable before operation for neither the father nor the boy understood English. Half an hour after the operation patient vomited a large quantity of blood and was put to bed immediately under close observation. One hour later he had another attack of hematemesis. Naso-pharyngeal examination revealed constant oozing of blood from raw surface of traumatized mucous membrane. Attempt to check the bleeding proved futile. Patient vomited large quantities of blood at various intervals, pulse became very feeble and rapid and finally patient died 12 hours after the operation. History obtained later through interpreter revealed the fact that two older brothers of patient and several members of the family on the mother's side were bleeders.

It is, therefore, in the interest of the dentist to learn of the nature of this disease so as to be able to do what is right for his patient and also to avoid unnecessary trouble for himself. From the dentist's point of view then, we may assume, that he is justified in refusing to extract diseased teeth of a hemophilic subject. But on the other hand, what is to be done with a patient who presents himself to you with a markedly decayed tooth necessitating extraction? Should such patient be allowed to suffer untold agony or should the dentist extract the tooth and thereby expose his patient to a probable death?

The solution to this unfortunate problem lies in the employment of prophylactic measures and in the closer co-operation between the physician and the dentist. A physician usually knows the family he treats more thoroughly than the dentist does, and with members of a "bleeder family" under his care the physician should not only instruct them to guard against trauma of any kind, but should also see that the children be placed from their early infancy under the care of a competent dentist who should institute the best prophylactic measures known to the dental profession.

Professional Ethics A Conventional Lie

Dr. L. E. Evslin

Does an ethical man designate one who is proficient in his profession, and who is honest and conscientious in his work, or the term "ethical" applies simply to the man who has a small sign at his door? The answer, of course, will be that the term means both. In the first place, it is a well known fact, that by far not all men that style themselves ethical can compete successfully with their so-called "quack" brethren in professional efficiency. The same can be said about honesty and conscientiousness in their work. The above statement can be easily proven by the great mass of dental work done by the so-called ethical man, which is below the standard of the work done in a great many advertising shops; and last, but not least, the apparent dignity of the majority of ethical men is also a chimera, for they advertise themselves just as extensively as any given "quack," the only difference being in the methods employed for that purpose.

One man opens an office and makes a large display of signs, and announces his business with a liberal distribution of hand-bills. The man across the way satisfies himself with a small sign at his door, and sends out a couple of thousand finely engraved cards. In the first place it is called quackery, and in the second instance, it is proclaimed to be ethical. Why? Is it not rather a question of taste than principle? True that in the first instance the taste is rather vulgar, but it is a question of taste nevertheless; the same as in the case of one wearing a sparkling diamond stick pin in his cravat the other man satisfies himself with a modest pearl pin, while the third man satisfies himself with a still more modest "no pin at all." One man is a good church member; the other a club man; another, a member of a dozen various societies; another, spending a good deal of his time visiting; still another employing his wife and the rest of his family peddling with his cards. All these men, providing their signs are small, are ethical men, although none of them do the above business for their health. In fact, most of them would prefer to take fresh air, or sit at home and read a book instead, especially in the case of a dentist, who has so little time for exercise or self-culture. It is evident, therefore, that this advertising one's self through the different mediums is part of the business, and is a necessity, and yet when the man across the street does the same thing admittedly in a less attractive manner, but who may be just as good a man otherwise, is called a "quack." Thus, we see that the term "ethical" is not only meaningless, but that it tends to injustice. However, there is nothing unnatural about this; it is only one of the conventional lies with which the present society is so abundant. We are living in a competitive system in which every man is thrown upon his own resources.

The exceptions to this rule are the remnants of the old European aristocracy, and the offspring of the new plutocracy. Men engaged in the liberal professions are not exempt of this general rule, although occasionally a man may start his professional career under more favorable circumstances than the rest of his brethren. A great majority of the young professionals, however, find the professional roads difficult to climb, and competition is, as a rule, their first visitor. Hence, in order to subsist at all, there is no choice in many cases as to the means of attracting the public's attention, and the last analysis therefore, we come to the old story that the under-

lying principle of all the wrongs and injustices are caused by the absurdity of our economical system, a system of perfect anarchy, when men are forced to compete and cut one another's throat unnecessarily. Imagine an orderly society where professions are regulated; there would be no need for publicity or quackery, and certainly not any more than is necessary for a municipal school teacher to get enough pupils.

Occupational Diseases

Dr. Wm. Mendelson

Diseases due to occupations are as old as the different trades themselves. A good many of them are of recent origin following in the footsteps of new industries. Due to our modern capitalistic system with its intensified form of production the number and seriousness of these industrial diseases have increased to such an extent that medical men and sociologists began to study and classify them.

Dr. Van Der Borgh defines an industrial disease as one which arises as the result of prolonged action of harmful influences of certain trades commonly occurring in persons working in those trades.

Industrial diseases are divided for purposes of study into four classes, i. e., those due to dust of various kinds, to chemical poisons, to germ infections and lastly the miscellaneous class to which belong maladies arising from overexertion, compressed air, unhealthy positions while at work, etc. I will begin with the last class, not because they are more important, but because they are of more recent origin.

Caisson disease is probably the newest and most mysterious of these maladies. It has become very common since the erection of soaring skyscrapers, which necessitate the laying of deep foundations. It attacks workmen who pass from the high pressure in the underground chambers to the caisson where they are working to normal surface air pressure. The symptoms of caisson disease are quite marked. It begins with a dizziness of the head, soon followed by neuralgic pains spreading all over the body, commonly known among the workmen in this line as the "bends," finally resulting in paralysis and ultimately in death.

The legislature of the State of New York passed a law relative to the use of compressed air in caisson tunnels and other works, which contains, among other provisions, a clause limiting the hours of labor to six in all works where the air pressure exceeds 28 pounds per square inch; these six hours to be divided into two periods of three hours each, with an hour's intermission. It also provides for the constant attendance and presence of a medical man at such works. The law is to take effect in September, 1912. It remains to be seen whether it will be enforced.

The diseases due to overwork are numerous. They occur in the muscles of the toes of the ballet dancers, the throats of the auctioneers, causing "Auctioneers' Spasm"; the eyes of the printers, and of the miners, causing, in the latter, what is known as "Miners' Nystagmus. When the malady appears lights seem to dance before their eyes; they suffer from dizziness and falter at their work. This is due to the lying position assumed while at work and the straining of the elevator muscles of the eyes in looking upward.

Glass workers and steel workers suffer from the rapid changes of temperature in passing from one room to another.

GERM INFECTION.

This class of diseases, the result of occupations which bring workmen in contact with the various infected materials, although less numerous, are by far more dangerous.

Scarlet fever, small pox, tetanus of the jaw and other acute and often fatal maladies are the scourge of the workers engaged in the hides, skins, woolens, rags, shoddy or hemp industries.

Furriers often contract an ugly disease due to some microbe which causes their finger nails to loosen and fall off.

CHEMICAL POISONS.

Bulletin No. 100 of the Department of Commerce and Labor mentions no less than 54 industrial poisons whose constant use in various industries produce fatal results.

Here are some of the most important: Lead poisoning occurs among workmen engaged in smelting of lead: articles made of metallic lead, such as sheets, plates, boxes, wires, cans, flasks, pails, kettles, faucets, etc., in type foundries, bottle caps, composing rooms, file cutting works, manufacture and use of lead colors, etc. The number of workmen coming in contact with lead is therefore legion, for it is claimed that materials containing lead may occasionally be employed in almost any industry and that lead colors and other lead compounds are often met with in trades under fanciful names.

Absorption of lead occurs through the skin in isolated cases, in the form of vapors and as dust through the respiratory organs.

Industrial lead poisoning appears, as a rule, in the chronic form, and arises from a continuous absorption of the most infinitesimal quantities of lead during a protracted period of time, weeks, months, and even years.

The symptoms are a disturbance of general health, a sense of weakness, decline of bodily health, sallow, pale and yellowish hue of the skin, pain in the region of the stomach, lack of appetite, metallic taste in the mouth, and fetid breath. Lead poisoning may lead to very serious results, such as most obstinate constipation, retention of urine, rheumatism of the joints and paralysis of some of the muscles of the hands and feet. Transient blindness and also a gradual progressive atrophy of the optic nerve, temporary loss of the sense of taste and smell, violent and often fatally ending diseases of the brain.

Lead poisoning is, therefore, quite serious, both as to its fatality and the large number of industries it is used in, but not less so than mercury.

This is used in quite a variety of industries, chief of which are mirror plating, amalgam gilding and silvering, manufacture of barometers, thermometers, incandescent electric lamps, Roentgen rays and Hottorf tubes. Pharmaceutical products, antiseptic dyes, inflammable materials and explosives, the employment of the salts of mercury in the fur business, felt hat manufacture, photography and steel engraving.

Mercury is absorbed through the uninjured skin also in the form of vapor and as dust. The first symptoms are an increased flow of saliva, with swelling of the gums and mucous membrane of the mouth, often accompanied by a formation of ulcers.

Further absorption of the poison leads to digestive disturbances, tremulousness of the fingers, hands, arms, legs, and head. Death may occur in severe cases in consequence of violent tremors and pains affecting the entire body.

Those working in the match factories suffer from phosphorous necrosis of the jaw. This is caused by the inhaling of fumes which arise from the molten mass of the paste into which the match stick is dipped in order to make its head. The fumes from this molten mass enter the decayed teeth of the worker, causing inflammation, suppuration, followed by the loss of the teeth, and, in many cases, it attacks the jaw bone, causing its decay.

DISEASES CAUSED BY DUST.

Dust of various kinds is the cause of a long list of diseases. Government reports indicate the enormous inroads the diseases due to dust are making among various laborers.

Below is given a table of only three of such diseases due to dust. The basis in each case is the ratio of death in every 1,000:

Kind of Dust.	Tuberculosis.	Pneumonia.	Digestive Disease.
Workers in metallic dust....	28.0%	17.4%	17.8%
Workers in mineral dust....	25.2	5.9	16.6
Workers in mixed dust....	25.6	6.0	15.2
Workers in animal dust....	20.8	7.7	20.2
Workers in vegetable dust....	13.3	9.4	15.7
Workers on dusty trades....	11.0	4.6	

The percentage for mortality per 1,000 for those occupied in dust producing trades are for those engaged in rags and paper factories, 429; wood-turners, 417; street dust, 419; type foundry and compositors subject to lead dust, 304; cotton weavers, 285; janitors, 250; cotton spinners, 235; silk weavers, 205, and bookbinders, 98.

The metal polisher lives on the average only fifteen years after entering his trade, dying of consumption and other lung diseases. The stone cutter's trade is far more hazardous than that of the soldier, the death rates exceeding 100% every other trade.

Stone quarriers, despite their out-door life, die about twice as fast of consumption as most of the people.

The few facts given which but for the lack of space could be increased tenfold, show how far reaching these industrial diseases are, and how fatal they are to the health and well being of the working class, to say nothing of the economic loss they entail.

Many are the measures that trade unions should enforce in the shops and factories through their organized power, and many are the measures that socialist legislators should enact into the laws of the land that will ameliorate this condition of affairs. It will not remove them; the abolition of capitalism alone will do away with them, but they can be bettered. Of this we shall speak in a future article.

A Suggestion By Dr. M.S. Calman

The renewal of activities on the part of the Harlem, Eastern and Kings County Dental Societies, after the long summer vacation, is no doubt eagerly awaited by the membership.

While the societies are to be congratulated on their past achievements, their work is but begun.

The Societies ought to immediately inaugurate a campaign against Article 9, paragraph 193 of the present dental laws (Public Health Law) relating to the powers conferred on the district dental societies. At present the district dental societies have the power to make all by-laws for the admission of members.

In previous articles printed in the *Progressive Dentist* the writer pointed to the fact that the membership of the present recognized dental societies are mainly well-to-do practitioners, plying their profession among the rich of the community. Is it any wonder then that these district societies take advantage of the power granted to them by law, and thus make the admission of new members to their organization so difficult, that a great number of dentists who are duly authorized to practice dentistry are kept out?

Many of the dentists thus kept out are just as anxious as the members of the district dental societies, to help advance the science of dentistry. Some would make good candidates for nomination to the State Dental Society or to the Board of Dental Examiners. Most or all of them are very anxious to see the present dental laws relating to the illegal practice of dentistry enforced to the full limit, inadequate as these dental laws are at present.

Do you know why this great wrong exists? It exists simply because you are indifferent. A great opportunity presents itself to you. Will you take advantage of it? We shall see.

Here, in Greater New York, a number of dentists (the majority of them) not eligible to membership in the recognized Dental Societies, are organized in three organizations, the Harlem, Eastern, and Kings County Dental Societies. Each organization is active in its own way in carrying out certain activities; all of them having nearly identical interests.

Have you realized what a tremendous amount of work could be accomplished if the three organizations, while maintaining their separate units, would form a federation? Don't you know that in union there is strength and in division weakness? Were we united into one big federation, if we could not have the laws amended with regard to the powers granted the district dental societies in the matter of prescribing the qualifications to membership, we would then demand *equal recognition* with the district dental societies.

Is it not a shame that a man, after complying with all the laws pertaining to the acquisition of the dental degree, is barred from membership to the duly recognized dental societies, because perhaps he has violated some minor clause of the dental code of ethics as adopted by these societies?

This demand is a just one, and I cannot see how a law which discriminates between one legal practitioner and another, a law which holds, that while two persons must conform to certain prescribed rules before they can practice in the State, yet one may have all say, and the other no say in the advancement of the science of dentistry in the State; I say

again, I cannot see how such a law could stand the test before a bar of justice.

It requires but a united front, and victory is ours. Which is the first society to inaugurate such a move? We shall see.

While the demand for equal recognition with the district dental societies is a very important matter, the radical organizations, formed into a federation, would be in a position to carry on an agitation and most likely bring to a realization a great number of reforms that to a single organization may appear of such great magnitude that it abandons them altogether.

"Call Me Not Naomi"

By John Philip Erwin, D. D. S., Perkasie, Pa.

THE SIGNIFICANCE OF NAMES AND TITLES—THE VAGUENESS OF THE TITLE
"DOCTOR"—CONTRAST BETWEEN THE WORK OF THE PHYSICIAN
AND THAT OF THE DENTIST—NEW TITLES SUGGESTED.

"Sticks and stones may break your bones, but names will never hurt you," to be complete should read—"a good name is more to be desired than great riches." A rose by any other name might smell as sweet, but we know a certain surname advances the price to twelve dollars a dozen. William impresses stronger than Jim or Pat, and Kathryn suggests greater dignity than Sal or Liz. Phonograph is preferred to talking machine, and automobile to gas wagon. John D.— is enough to suggest an oil king and J. Pierpont— an American financier. Names may not hurt, but they certainly can help, for the power of a good name is self evident.

It is surprising when one considers the age and history of the dental profession, how few titles, terms and personalities it has created which it can truly call its own. The three greater lights about the altar of human usefulness have each titles by which they are known; technical terms equal to a vocabulary; and prominent personalities dotting every page of history, whereby they are rightfully recognized the leading callings of society. *Reverend (Rev.)* suggests a minister of the gospel, not a butcher; *Honorable (Hon.)* a maker of laws, not a baker; and *Doctor (Dr.)* your family physician, not a candle-stick maker. Each presents a unit in itself, distinct in its work and not confused with any other line of activity. While they may not possess any higher degree of intelligence or skill, produce greater or grander results by their labor or serve society more faithfully, still we all must admit, through some chain of circumstances, they occupy an enviable position not held by dentistry. Their titles have been a factor in producing the success they now enjoy.

The prime purpose of a title is to indicate the class of or position in society to which the bearer belongs and when it fails to clearly do this, it at once drops from its original purpose and becomes a hindrance rather than a help. And so it should be. No confusion attends the employment of the titles, king, prince, duke, colonel, captain or corporal, nor must their wearers explain when announced they are so and so, not this or that, before feeling at ease, because their titles stand for a special class and not a general mass. Has King George ever been called upon to explain that he is not a King but something else? Is Admiral Dewey placed in the uncomfortable position of clearing a mind every time he is greeted by a stranger? Would an American society seeker relinquish a million that his

daughter might be known as Duchess—if the title could be rightfully worn by any other class in society? Therefore, every title to well fulfill its purpose should unconsciously suggest to the mind a complete picture displaying the peculiar type, social position and line of activities of the bearer.

Dentistry, however, continues to employ the title *Doctor (Dr.)* confiscated years ago from the medical profession to add prestige to our calling, notwithstanding its continued use creates continual confusion and heaps deserved discredit upon us. Custom, that invisible builder weaving its web of steel as a spider binds a fly, through years of usage has designated *Doctor* to indicate a person engaged in the practice of medicine, and its use by any other class is unjustifiable. *Doctor* has been employed so many years by the public in connection with one to whom we go for relief from physical ills and to whom fear drives us in search of that something to hold the grave away in the great distant, that we never can bring ourselves to associate any other person or profession with it. While it has been employed in the past to represent different vocations, the present and future will only recognize it as representing the medical practitioner.

Through its many years use—or mis-use—dentistry has not approached one step nearer the family heart or attained a position equal to that held by the physician. That our years of labor and service to the human family are thoroughly appreciated is acknowledged, for who would belittle the great achievements as now beheld in modern dentistry. The sensitiveness of the organs we are called upon to treat, and the attendant pain usually associated with our work have formed a barrier between us and our patients which has been a factor in closing the human heart against us. Our present title, however, has and never will overcome it. A new one will be a step in the right direction.

Consider the life work of a physician. With what a warm welcome we receive him in our homes. He it is that greets us at the cradle, hears our first cry, and laughingly launches us out on life's voyage. To him through life we go for balm to our physical wounds, and oftentimes for spiritual solace—for who better ministers to a mind diseased—always looking unto him for the help he so cheerfully gives, until we have suffered the last tinge of pain and breathed our last sigh, again it is our kind, loving, physician who softens our footsteps as we journey over into yon borderland. He is the Alpha and Omega of our existence, for his kindness, his gentleness, and his love reaches from tears to tears; from the cradle to the grave. How fortunate the family that possesses a kind, loving physician. Truly he deserves, as does no other, the enviable position he now occupies.

But how different our work! The sphere of our usefulness is circumscribed. It is largely limited to the controlling of a few black sheep in the dental family, namely, the six year molars and the superior laterals, which, if eliminated, leaves little for us to consider. We seldom treat the inferior six fronts; inferior four bicuspid; the superior cuspids and the twelve year molars as compared to the other teeth. If we control the six year molars in the child, which I grant is a gigantic task, we at once greatly reduce our labors and responsibilities. Pain drives patients to us, while fear keeps them away. The physician comes into close relation with every member of the family, but only the few become professionally acquainted with the dentist.

Many live their lives without a visit to our office, while others rarely require our services. Our calling has never provoked a man to write a poem of merit unless it was the one of Burns' in which he labelled, "— toothache, the hell of all diseases." Surely dentistry is a thing apart—medicine a whole existence.

Because of these differences dentistry should divorce itself forever from the medical profession, giving back the title of *Doctor* and adopting in its stead the new title, *Dentor* abbreviated *Dtr.*

Dentistry is destined to be an independent profession and as such must possess a title clearly indicating those engaged in its practice. Our future is not as medical doctors practicing dentistry nor as a branch of the medical profession, but as a separate unit, a profession independent in itself. For this we need that which makes great characters live forever in history; gives to theology, law, and medicine their peculiar positions and takes an individual out from a mass and places him on a pedestal, namely, *Individuality*. The first step towards supplying the need is the adoption of the suggested title *Dentor*.

Dentistry deserves it. When the profession was young, possessed of limited capabilities and employed by the few, the title *Doctor* was an aid in gaining recognition, but now it has served its purpose, for to-day, with the complete endorsement by all classes of society dentistry is in a position to stand alone. It presents to the world a united profession, supreme in its skill, undivided in principles of practice, and unfaltering in performing the great task of curing the tooth troubles of to-day and preventing those of to-morrow. It not only deserves a name all its own, but is well enough established to demand it.

The new title *Dentor* is significant in that it suggests a person engaged in treating and caring for defective teeth, while the abbreviation *Dtr.* would be quickly comprehended by all. *Dentor White* or *Dtr. Jones* will clearly indicate a dentist while *Doctor Smith* as surely suggests a medical practitioner. Persons hearing you addressed *Dentor* in public places will not awaken you at midnight to treat a child suddenly taken ill, thinking you a medical practitioner. *Stomatologist* or *Orthodontist*, while definite in their meaning to an educated person, signify nothing to the average mind, whereas *Dentor* is different in that the natural logic of an intellect will recognize its relation to a *Dent-ist*. Therein lies its strength. Surely its use will develop for us a pleasing professional personality.

And now, what of our distinct dental words or terms?

The strength of a nation is found in a study of its language. The lower types of civilization express their desires and feelings in grunts, gestures and a few articulated sounds, but as new thoughts and conditions arise, words appear, until a vocabulary is evolved capable of the most beautiful shades of

meaning. The highest state of civilization is accompanied by a beautiful literature made possible by an enlarged vocabulary. From the imp of the isolated isle to the gentleman of golden Greece is a vast span in history, wholly built of words. To measure well a nation your yard stick should be formed of *words* rather than *inches*, for a people are never larger than their vocabulary.

This truth is beautifully exemplified in our present social conditions. The laborer in the ditch with his simple task does not require the language of the expert accountant. Politics the result of reform crusades in the last ten years has given us graft, gold-bug, muckraker, stand patter, big stick, insurgent, progressive bossism, gang, etc., terms read daily in the press and frequently heard from the public platform.

Though possessing a liberal education one cannot read intelligently a medical work unless familiar with numerous technical terms. Many common legal terms are not understood by the laity, while to comprehensively read a theological discourse demands a special vocabulary and a knowledge of Hebrew and Greek.

And what of our technical terms? Were you asked to write one hundred dental terms (excluding medical terms) how would you succeed? Try it. Dentistry now has no name for the dental clinics, hospitals, and wards being established throughout the world as the result of the oral hygiene movement, although the name *Dentatarium* would supply the need and imply the purpose. It would naturally suggest a place where defective teeth are treated and cared for, while dental clinics, dental ward, and dental hospital would not attract attention because of their lack of significance—these latter terms being applied to medical institutions. Bellevue Hospital, Medico-Chirurgical Hospital, and Hahnemann Hospital are names denoting clearly the functions of the institutions.

The Forsyth Dentatarium of Boston would present an entirely different impression and picture than any name now used, make it stand clearly as a particular place devoted to a particular kind of work, and produce for the institution a personality it does not now possess. Rochester Dentatarium would advance the organization to a position where the citizens would soon learn to recognize its sphere of usefulness.

The *Dentatariums*, like the hospitals of our cities, could well bear the name of either their founders or some noted person in the dental profession, whereby honor would be justly bestowed upon the worthy ones and the institutions stand as monuments to the dental profession. Can the reader appreciate the value of *The G. V. Black Dentatarium of Chicago*; *Wheeler Dentatarium of New York*; *Guilford Dentatarium of Philadelphia*, and *Ebersole Dentatarium of Cleveland*, in creating an individuality for such institutions? How long before the press and public would recognize the

dental profession as a powerful factor in the great task of uplifting humanity? What a rare opportunity for someone to write their name with,—"those who love their fellowman."

The spirit of unrest is upon the waters. Dentistry must decide what it intends to stand for. In this twentieth century of marvelous activity and growth the world demands that every man know his proper position and occupy it well. Would not the adoption and use of Dentatarium be a step forward for our profession? Shall we continue the use of *Doctor* as we have in the past, or shall we discard our old dress and proudly proclaim to the world that from henceforth call us not—*Doctor*—call us *Dentor*?

"ORAL HYGIENE."

Physical Defects in School Children

Lucien Saint, Washington correspondent for the *Coming Nation*, in his regular contribution to that magazine, has a section dealing with a government report on the public schools that is startling. When the Socialists get possession of the schools free medical and dental attention will remedy the vast majority of defects that are now sapping the physical life of the oncoming generation. To quote:

"There are 20,000,000 public school children in the United States. That is fine, for the public schools are intrinsically a socialistic apparatus, in spite of the text book trust which tries to throttle free thought in them. Of these 20,000,000 children, an expert in the employ of the Federal Bureau of Education, has learned that not less than 75 per cent. 'need attention to-day for physical defects which are prejudicial to health and which are practically or completely remediable,' but which, he fails to add, are not being remedied because it does not pay to do so. Here is the sad story of capitalism and the children—in cold figures:

"From 1½ to 2 per cent., or 100,000, of these have organic heart disease. Probably 5 per cent., 1,000,000 at least, have now or have had tuberculous disease of the lungs. About 5 per cent., or 1,000,000, have spinal curvature, flat foot, or some other moderate deformity serious enough to interfere to some degree with health. Over 5 per cent., or 1,000,000, have defective hearing. About 25 per cent., or 5,000,000, have defective vision. About 25 per cent., or 5,000,000, are suffering from malnutrition, in many cases due in part at least to one or more of the other defects enumerated. Over 30 per cent., or 6,000,000, have enlarged tonsils, adenoids, or enlarged cervical glands which need attention. Over 50 per cent., or 10,000,000 (in some schools as high as 98 per cent.), have defective teeth which are interfering with health. Several millions of the children possess, each, two or more of the handicapping defects. All the political parties which the capitalistic press denominates as 'great' talk loudly about conservation of 'our natural resources.' Why not conserve the little children?"

. . The Progressive Dentist . . .

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EDITORIAL DEPARTMENT

A great deal is being written and talked about in dental journals and societies at the present time about the reorganization of the N. D. A. Editors write "learned" editorials and "prominent" members of the district societies give talks followed by lengthy discussions on the same topic. To us the whole affair appears comical, were it not so sad.

Reorganize what? The few old reactionary foggies that are responsible for the condition dentistry is in to-day? First open the doors, gentlemen, and let new blood come into your organizations, and then we will reorganize the National Dental Association that it may become truly the representative national organization of the American dentists.

Open the doors wide to all conscientious practitioners whether their signs are three feet or three inches, whether they make gold inlays or gold crowns, so long as they are honest. There are thousands of them, gentlemen, and we will organize the N. D. A. so that it will become a power for the betterment of the practice of dentistry and a deadly foe to the charlatan, the illegal practitioner and the dental "quack."

To the younger members of the district societies we say that if you really desire a powerful dental organization similar to the American Medical Association, that will be in a position to wipe out the widespread illegal practice of our profession and raise the standard of dentistry in general, do away with that part of your code of ethics that prevents you from admitting among your ranks honest practitioners, who must by the nature of the people among whom they practice, have large signs, etc., as a means of getting their patronage.

Should you not, we will start a movement to unite all of the existing dental organizations outside the National, as well as the thousands of unorganized dentists, into a powerful dental organization, take out of your hands the safe keeping of dentistry which was entrusted to you and sweep you into oblivion.

Mourn William Maily's Death

At the last meeting of the Dentists' Study Chapter of the I. S. S. the following resolution was adopted:

"Whereas, the untimely death of Wm. Maily has removed from the Socialist movement one of its most devoted and active workers, who by word of mouth and pen was ever ready to lead the working class in its fight for emancipation, and

"Whereas, by his magnificent endowments he was able to give for the cause of Socialism the respect and admiration of all, and

"Whereas, by his splendid devotion to the cause he was an inspiration to all who came in contact with him, be it thereby

"Resolved, That the Dentists' Study Chapter of the I. S. S. mourn the loss of our Comrade and extend our heartfelt sympathy to our Comrade, Bertha Howell Maily, in her great bereavement.

STUDENTS' DEPARTMENT

All Communications intended for this department should be addressed to: Herman Mendelson, 806 Sixth Ave. New York

Beginning with this issue, the *PROGRESSIVE DENTIST* is attempting to add a new feature to its columns. It wishes to establish a department for dental students. This department shall serve as a medium for the recording of dental college news, I. S. S. chapter activities and for the discussion of all questions of interest to the dental students throughout this country.

We wish to make this department an open forum for and by the dental student. In order to accomplish this, short articles and communications are cordially invited from the student body of all the dental colleges.

Probably not all articles or letters which we shall receive will be fit to print. But, we may as well state at the outset that the shortest, the most impartial and matter-of-fact communications will receive our immediate attention. Also, that they will be published commensurate with the space allotment for this department.

Fellow students, it is high time for the dental student to possess a medium of expression. All colleges, all student bodies possess, more or less, such a medium. Is not our chosen profession of as much importance to ourselves and the community which we intend to serve as any of the other professions practised in this broad land? Shall we not possess an instrument through which to voice our sentiments and ideas pertaining to the cause of dental education?

The columns of this growing dental journal offer us an opportunity for free and untrammelled expression. By all means, let us take advantage of it, and as time will roll by and we will pass out of the students' sphere we shall be able to leave as a legacy to the students following us a real, live, truly representative students' department. And who can tell, it may be the harbinger of benefits which shall be shared by both the future student and professional man.

Fellow students, rally to the support of this department. Let us hear from you.



The Committee on Dental Science and Literature of The Pennsylvania State Dental Society, at the forty-fourth annual meeting, held at Pittsburgh, Pa., on June 11 to 13, 1912, under the heading "New Journals," reported on the *PROGRESSIVE DENTIST* (printed in the October number of *The Dental Cosmos*) as follows:

The Progressive Dentist made its initial appearance in January, 1912. It is a small monthly journal, published by the Dentists' Study Chapter, Intercollegiate Socialist Society, New York city.

LETTERS TO THE EDITOR

DEAR EDITOR:

The Ass sends congratulations. I have just seen the copy of PROGRESSIVE DENTIST and find it truly "progressive," in that it is up to the very moment in its economic attitude.

I appreciate what it means for a publication along any specific side line like this to stand out boldly for Socialism, it takes *nerve* to do that—and the Ass wiggles his ears in joy that there are people who possess this great asset.

I "spoze" dentists can be called a "nervy" bunch anyway, seeing they are extracting nerves from other people all the time.

Joking aside, here's luck to you and long life.

Am tickled to put you on the exchange list.

Yours muchly,

THE ASS HIMSELF.

Headquarters in Kalamazoo,

Hindquarters all over the country.

DEAR EDITOR:

I had the pleasure to read of your Socialist editorial venture in the *New York Call*. I congratulate you for your progressive spirit, and hope that you will have great success, which you certainly deserve. There are too many half-starved dentists who imagine themselves capitalists because they are professionals. Every thinking man, through a little study, will have to come to the conclusion that the present system is a curse to the majority of dentists.

So, you have burdened yourself with a great task and your road will not be a smooth one. For great songs of praise are sung, only, to innovators after they have passed to realms where capitalists are not admitted.

With best wishes, I remain,

Fraternally yours,

C. BUTTNER, D.D.S.

404 Bessemer Building,
Pittsburgh, Pa.

Dangers of Decayed Teeth

Many diseases are caused by the septic poisoning which begins in the mouth or at the root of the teeth.

Teeth which are neglected or treated improperly by unskilled or unscrupulous dental operators offer a fertile field for suffering through dental cavities or tooth decay. Poisons generated by defective teeth pass into the human system, and by the slow process of their continued absorption the channel is opened for any and all diseases which are common to mankind.

Why Physicians Should be Socialists

By William Leland Holt, M. D., Friedburg, Germany

[We are printing below an interesting discourse on "Why Physicians Should be Socialists" which should have been termed, "Why Medical Men Should be Socialists," thus including all members of the healing profession. From day to day the benefits a socialist system of society would confer both upon the community and the members of the healing profession, forces itself to the attention of the thinking portion of this profession. We wish the dentists would take a hand in this discussion. The pages of the PROGRESSIVE DENTIST are open to both adherents and opponents of Socialism. —EDITOR.]

Although there is a large organization in the United States called the Christian Fellowship, which publishes the *Christian Socialist*, Socialist physicians seem to be very few. It is natural, to be sure, that more ministers than doctors should espouse the cause of labor, because they are directly concerned with the study of social problems, and the gospel of universal brotherhood and love, which is the spirit of Socialism, is an essential doctrine of the Christian religion.

But is there any valid reason why we physicians should be opposed or even indifferent to the Socialist movement? I believe not. We may naturally be averse to taking a prominent part in Socialist propaganda for fear of losing wealthy patronage; but we are much more independent in this respect than the clergyman, whose salary depends on a few wealthy parishioners. I propose to show that Socialism should appeal to us just as strongly as to the clergy. Indeed, I believe that the chief reason why so few of us have as yet joined the movement is simply ignorance of its true nature. We have no conception of its great significance for our own welfare as a profession, and for the physical and moral welfare of the people. We pride ourselves on being the most altruistic profession; we pride our selves on our disinterested attempts to prevent disease and improve the people's health in every way. Should we not, then, take great interest in a world-wide political movement which will, when successful, make it possible for the first time to realize those ideals of preventive medicine which we have so long cherished but found impossible to attain because of poverty and ignorance?

All the incentives for physicians to become Socialists may be summed up in two, viz: (1) Socialism would greatly benefit themselves, both in body and mind, and (2) Socialism would be of inestimable value to preventive medicine. In the present article I will attempt to establish only the first of these. I wish I could take it for granted that all my readers had a reasonably correct idea of the principles of Socialism; but I know from experience that I cannot.

Hence I must briefly explain the economic and social conditions which would obtain in a co-operative commonwealth. In the first place we should have no rich class owning all or any part of the land, mines, railroads, factories, or other forms of capital or means of production or distribution of wealth; all capital used collectively would be owned collectively by the city, State or nation. This would mean an end to our millionaires and

capitalists, small and large—that is, an end to their private wealth and so to them as a class—and also, I admit, to the big fees that some of our fortunate colleagues occasionally extract from them. But victorious Socialism would not only abolish the millionaire; it would also abolish his victim, the pauper, and the much greater class “on the ragged edge of poverty,” for the socialistic state would give regular work to every able-bodied citizen and pay him the full value of his work. And when you know that the average worker to-day gets back in commodities bought with his wages only 20 per cent to 25 per cent of the value of his product you will see that under Socialism all the working people will get four or five times the income they do at present. The total amount of wealth produced would not be diminished, but rather much increased, because the present great waste of labor due to excessive advertising, to strikes, lockouts, panics and tramps, both rich and poor, would be eliminated. Moreover, the most efficient machinery and methods would be introduced in all industries, and the thousand wastes of competition would be removed. Indeed, Carroll D. Wright has estimated that all the wealth now produced in the United States could be produced in an average working day of five hours if all the sources of waste above mentioned were eliminated. But the most important change would be the more equitable distribution of wealth, that is, of income. Few of us realize that the concentration of wealth in our country has gone on at such a terrific rate during the last generation that at present, according to both Charles B. Spahr* and John Graham Brooks, 125,000 “plutocratic families,” composing less than 1 per cent of our population, own no less than \$33,000,000,000 of wealth, or 54.8 per cent of the total wealth of the United States. Another million and a half families in “the well-to-do class” own about \$20,000,000,000, or one-third of the total wealth, leaving for the 15,000,000 American families of the “middle and poor classes,” that is, the working class, the handsome sum of \$8,000,000,000 or \$9,000,000,000, amounting to but 12 per cent, or one-eighth of the total national wealth. The contrast is made plainer when one compares the average wealth of the 125,000 plutocratic families with the average wealth of the 15,000,000 working class families; the figures are respectively \$264,000 and \$825, making a ratio of 1 to 320. A single individual, Mr. Rockefeller, is estimated to have an income of no less than \$50,000,000, equal to that received by 100,000 families in the working class at \$500 apiece!

Is it not evident that if these huge fortunes were distributed, or rather the huge incomes now derived from them, among the 15,000,000 families who form nine-tenths of our patients, that we should gain much by getting fair pay for all our work than we should lose from the occasional big fee? Then every citizen would be able to pay his physician. Or more likely the State would pay us according to the amount and quality of work we did. The fundamental idea of Socialism is not “equal incomes,” as ignorant critics often declare, but as Abraham Lincoln said long ago, “to secure to each laborer the whole product of his labor, or as nearly as possible,” which, he added, “is a worthy object of any good government.”

So much for an outline of what Socialism means and our economic position under it. Besides the assurance of a comfortable income we should get free insurance from the government against accident, illness and old age. We could work with light hearts, free from that haunting fear of

being incapacitated and plunged into poverty by accident or illness, or dying and leaving a family with only a few thousand dollars of life insurance to stave off poverty for a few years.

"All very well," some objector may say, "but if you abolish the rich, who is going to build such fine hospitals as our millionaires have given us?" The same workingmen. I answer, who have built all the hospitals we now have; for no millionaire ever built a hospital, or anything else, unless one calls his accumulation of wealth taken from the workers by the euphemistic name of "building a fortune." Our millionaires have only ordered workingmen to build hospitals, and paid them a fraction of the true value of their labor out of the great wealth already taken from these same workers and their fellow workers. A Socialist State would be vastly wealthier than even our Rockefellers and Carnegies, for it would possess the entire capital of the nation except such "personal capital" as private houses, tools, or physicians' instruments. Hospitals would be built by a national or municipal Department of Health composed of physicians and engineers, who we may be sure would erect quite as good buildings as our millionaires have ordered. Indeed at present the largest and best equipped hospital in Boston is a municipal one, the Boston City Hospital.

Another boon promised by Socialism is delivery from the injurious and humiliating competition of "quacks" and patent medicines. For a socialistic government would undoubtedly nationalize the practice of medicine like every other profession; a strong Federal Department of Health would establish a high uniform standard for medical education and uniform examinations for a national license. This was done long ago in Germany and other European countries. Moreover, medical service would probably be made free, just as the protection afforded by the army and navy, the police and fire departments is at present, the individual citizen paying his share of their support in the form of taxation. And when the people could get first class medical service free, no one would go to quacks, and these gentry would die a natural death.

Patent medicines are, of course, made solely for private profit, and their manufacture or sale would be absolutely prohibited, just as the making of private money or of postage stamps is at present. When people could get doctors' prescriptions for nothing and drugs made in the national factories at cost, our patent medicine vendors could not sell their inferior goods to an enlightened public at a profit in any case. Indeed, some economist has shown that when a nation goes into any business, such as carrying the mail, no private corporation can successfully compete with it. Just remember the estimate made by Samuel Hopkins Adams that the American people were spending \$100,000,000 a year on patent medicines; then think how much more income and practice we should get if all those people came to us instead!

So much for the material advantages that Socialism would bring us. The reproach is often brought against Socialists that they are "sordid materialists," caring only to fill the stomachs of the people and ignoring the spiritual side of life. I wish to show how completely false this charge is, that Socialism would not improve spiritual as well as material conditions, by outlining the spiritual effect which Socialism would have on the ethical relations in the medical profession. What is the chief cause of the jealousies and unfriendliness which so often exist among us but competition?—the fact that there is not enough practice for all of us to make a good income;

and each of us feels that he must get all the practice he can, whether his less fortunate colleague fails to get enough to support his family or not. And can the unsuccessful physician who sees his rivals get more practice than they can alone take proper care of, and much more than they need for a good living, while he cannot get enough to make both ends meet, chiefly because he cannot afford a well situated and well appointed office and has no influential, rich friends—can such a man, if human, help being jealous of his successful rivals? Do we realize how subtly but surely this eternal economic warfare poisons the friendship which would naturally exist between us? Is it not competition, and the enmity which it so often generates, which tempts some of us to take unfair advantages, just as it tempted Rockefeller and is tempting tradesmen now every day, in order to defeat our competitors and save ourselves from defeat? Competition tempts the tradesman to lie about his goods in his advertisements; it tempts the manufacturer to reduce his employes' wages and adulterate his goods; it tempts the lawyer to defend any scoundrel or any crime for a fee; it tempts the clergyman to advertise sensational sermons, to defend the anti-social business methods of his rich parishioners, to betray his duty of preaching social justice, and it tempts us physicians to advertise, to cut rates, to flatter the rich, to seek political favor and influence and worst of all to attack or disparage the work and reputation of our competitors.

Now this is an axiom of scientific medicine: To cure a disease, first remove the cause. Does it not follow, then, that the best way to cure this moral disease, the jealousies, enmities and breaches of ethics in our profession is to remove their chief cause, the brutal struggle for a living? Can any one of us doubt that if we all were assured a comfortable living from the Federal or State Government, so long as we did satisfactory work, and if our income and reputation did not at all depend upon our social connections, or private wealth, but solely upon our own ability and industry, that most of the jealousy and enmity among us would die out, and we should soon acquire the spirit of comradeship and brotherhood which should unite all the members of our noble profession?

I should like to mention just one more advantage which Socialism would bring us: opportunity to specialize. It is one of the drawbacks of our present competitive system that it prevents most of us from specializing and doing that work which we can do best and enjoy most, for with few exceptions every one enjoys that work most which he does best. Most of us in the cities and all of us in the small towns feel that we must "take everything that comes" to make the two ends meet: we can no more afford to specialize than we can afford all the latest medical books or a \$3,000 automobile or a postgraduate course in Germany. Hence we often treat difficult cases that we know a specialist could treat better. Of course in theory it would be possible now under the present system for all the doctors in every city to specialize, dividing up the various specialties among them according to individual ability and preference and the popular demand. But practically under our present competitive stress I doubt greatly whether any city could be found where each doctor would agree to take only one sort of cases and refer all others outside his specialty to one of his competitors. In the present half-organized state of the profession with the clash between the regulars, the homeopaths, and the osteopaths, any such plan is clearly out of the question. Under Socialism, however, the whole medical profession would soon be completely and scientifically organized,

somewhat as the army and navy are now. Indeed a physician recently advocated in the *Critic and Guide* nationalism of the profession and medical education after the pattern of West Point and of army appointments. And in such case there is no reasonable doubt that all physicians would be trained and appointed for some special work. We should obtain the same scientific division of labor in medicine that we have long had in our great industries. Would there be any comparison in the efficiency of service rendered to a community by ten physicians, each a master in one large branch of medicine, with that rendered by ten "physicians of the old school," who know a little of everything, but are masters of nothing? Even small towns of 4,000 or 5,000 could have the advantage of this system of specialists, for example, as follows: (1) For the eye and ear; (2) for the nose, throat and lungs; (3) general internal medicine; (4) obstetrics and gynecology; (5) pediatrics; (6) general surgery; (7) the skin and venereal diseases; (8) school physician and teacher of hygiene and physiology; (9) health officer, and (10) general pathologist and milk commissioner.

Why Physicians should not be Socialists

By James J. Walsh, M. D., New York

Dean of Fordham University Medical School.

There is just one reason why physicians should not be Socialists, and that is because Socialism is a revolutionary system. We all know and feel that social reform is sadly needed. Social revolution is quite another thing. A large number of people just now are coquetting with Socialism who apparently do not understand at all its true significance. Prominent Socialists, recognized as such by members of the party, are on record declaring patriotism a foolish notion by which the wealthy get the poor to fight for the rights of the property owners, while supposedly fighting for their country, proclaiming Christianity a system of thought by which the poor are made subservient to the wealthy, and deriding the marriage relation as a bond and badge of servitude. If physicians are willing to go this far then let them become Socialists.

But does not Socialism represent the best means of securing social reform? Prominent Socialists are on record repudiating the idea of social reform so long as the present social conditions continue. They want to revolutionize our social system in order to bring in social reform. With the gradual social reform under our present system they have no sympathy. This has been abundantly shown by their own writers.

But has not the socialistic movement brought great improvements in social conditions? The improvement in the conditions of the laboring classes which began about a century ago have continued progressively since. Socialism began to make itself felt in a very mild way only half a century ago and until the last twenty years had very little influence either on general thought or in politics.

In the meantime it must not be forgotten that centuries ago a magnificent development of social conditions was witnessed, when M. Urbain Gohier, the French Socialist, was in this country some years ago he called attention to the fact that the workmen of the Middle Ages had secured "the three eights," eight hours of work, eight hours of sleep and eight hours for recreation and the necessities of the body. He also added that they had secured the Saturday half holiday in all trades and he might have added

that there was a full holiday oftener than once every two weeks because the Church holy days, over thirty in number annually, required abstention from work.

Socialism is a system of thought and of government that would remake the world, but remake it out of its present imperfect elements. If men were perfect, if they would all work to the top of their bent without special prizes and the spur of ambition, if sex relations could be managed and children raised without disturbance under a system of free love, if religion meant nothing to men and patriotism were an idle dream, then Socialism might well be successful.

In the meantime it might be well to call to attention the fact that Dr. Holt is all wrong, though not more wrong than Socialists usually are, in his statistics with regard to the distribution of wealth. He says, for instance, that "the middle and poor classes own one-eighth of the total national wealth." There are no statistics that justify that assertion. The magazine, the *Common Cause*, has an article in February (continued in March), that utterly contradicts all such socialistic claims. We know from the United States Agricultural Department that one-fourth of all the wealth of the nation is represented by farm lands that belong to farmers. How much more they have in railroad stocks and bonds, on deposit in banks and in mortgages and all sorts of securities we have no means of knowing. There are those who say that owing to recent prosperity 40 per cent. of the wealth of the country is in the hands of the farmers.

Such misrepresentations of social conditions are constantly made so as to increase social disquiet. This is the purpose of the Socialist openly avowed. He is for social revolution, not the reform of present conditions unless by means of the revolution which he is planning. There are many short-sighted people who think of themselves as Socialists but do not realize this. Let every physician do all that he can to help social reform, but let us beware of sugar-coated social revolution.

Socialism at Michigan University

"Hail to the students who are including humanity among the humanities," was the greeting that William Dean Howells gave to the second annual convention of the Intercollegiate Socialist Society, at which 325 men and women were present, representing seventy colleges, among them Michigan, which is officially stated to be the strongest in the league.

No Socialist organization was in existence or even dreamed of in the university until 1907, but when in that year six Michigan students drank from a loving cup at a midnight feed, and pledged themselves "round and round" to Socialism, it was like the leaven which the woman hid in three measures of meal, till the whole lump became leavened. This nucleus of Socialism in the university has acquired bone and sinew, and has achieved a strength which is virile and victorious among contemporary campus organizations.

This little society of six met very unofficially and irregularly, with a purpose nothing more than to find opportunity to discuss present day social problems, unhampered by class-room restrictions. Socialism entered into these discussions only as an academic question, but it entered, and the force

of it has permeated through college and town, until the Intercollegiate Socialist Society, locally represented, is a living factor in Ann Arbor and is officially announced as the strongest organization in the intercollegiate league.

And the Intercollegiate Socialist Society is a factor that is being reckoned with, for its growth has realized assertive rights, and it is aggressive sometimes almost beyond faculty restraint, and in instances has defied faculty caution, and individual members have paid the penalty for "free speech" by compulsory resignation from the university, which could not tolerate the views.

SOME PROFESSORS IN.

The faculty as a faculty does not give to this avowed group of Socialists its moral support. The organization is an alien to faculty kinship, although a few professors wink at it, and a smaller number brazenly affiliate with it, laughing at the sovereign edict that free speech in colleges shall not be.

The Intercollegiate Socialist Society was organized in New York City on September 12, 1905, in response to a call issued by a group of well known writers, including Jack London, Upton Sinclair, Thomas Wentworth Higginson, J. G. Phelps Stokes, Charlotte Perkins Gilman, Clarence Darrow and others, who felt that the subject of Socialism was one concerning which the educated men and women of the country could not afford to remain in ignorance. The expressed purpose, therefore, was "to promote an intelligent interest in Socialism among college men and women," graduate and undergraduate. This was to be accomplished chiefly through the formation of study clubs in colleges and universities and alumni chapters among graduates, the distribution of literature and through lectures and discussions.

In 1908-1909 the increased activity of the initial six at Michigan brought increased membership and preparations were made to apply for a charter from the national organization. This was granted, and in 1909-1910 the organization was launched formally. Larger activities gave increase of meetings and the society became substantial and promising. The very active members were Marie Rasey, William Klare, J. B. Beekenstein, Peter Fagan, Claire Tinker. The faculty member who was the inspiration of the movement was Dr. William E. Bohn.

(From Detroit Free Press.)

(To be Continued in the November Issue)

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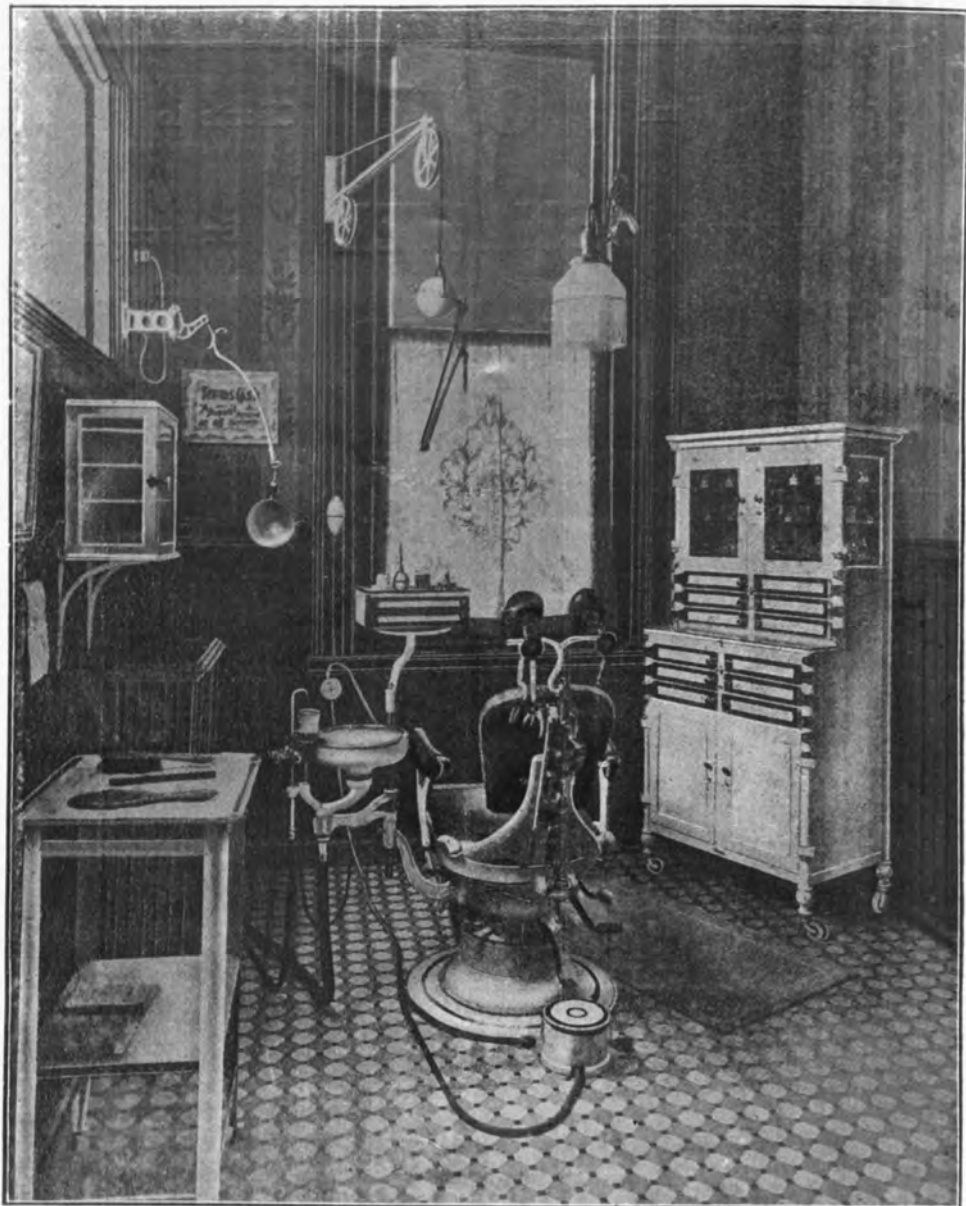
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