



THE PROGRESSIVE DENTIST

Vol. 2 Feb. 1913 No. 5



CONTENTS

ORIGINAL COMMUNICATIONS

Dental Asepsis	L. E. Evslin, D. D. S.	No. 1
Steele's Teeth	Alfred S. Savage	3
Best Method of Producing Local Anaesthesia (Continued)	Dr. M. Nevin	5
A Personal Experience With Counsel of the State Dental Society	By A. D. D. S.	9
A Plea to Amend the Public Health Law, in Relation to the Licensing of Dentists	Clarence Mayer, D. D. S.	14
Editorial Department		17
Everywhere the Light is Welcome Now	Carl. D. Thompon	21
Dental Society News		18
Federation Notes		19
Letters to the Editor		20
Students' Department		20
Good Fortune Attends Dr. C. E. Field		16
Dentists for Employees		4
Note		16

J. R. SCHWARTZ N.Y.C.D. '13

Publication Office: 15 East 106th Street, New York City

Adrenocaine Local Anesthetic

For the Painless Extraction of Teeth
and Minor Surgical Operations

AN ISOTONIC, ALKALINE SOLUTION

Containing **Adrenalin Chloride**, Chloretone, Thymol, Sodium Bicarbonate, Sodium Benzoate, Atropin, Double Distilled Water and **Cocaine Hydrochloride** six tenths of one per cent.

Prices, 2 oz. Bot. 50c.; 8 oz. Bot. \$1.75; 12 oz. Bot. \$2.50

"Rush" Prepared Root Canal Filling

For Treatment of Putrescent Pulp
and Permanent Filling of Root Canals

The essential ingredients of this preparation consist of the following chemically pure antiseptics and germicides: Thymol, Trikresol and Formalin; with these are incorporated Zinc Oxide, Aluminum Silicate and Alum to form a thick creamy paste and put up, under aseptic precautions in sealed collapsible tubes ready for instant use.

Contains 300 Treatments or Fillings

PRICE PER TUBE \$1.00

"Rush" Devitalizing Fibre

NON-STRINGY

For the Absolutely Painless Devitalization of Pulp

Put up in Glass Stopped Bottles

PRICE \$1.00

ALL PRODUCTS GUARANTEED BY US

Under the Food and Drugs Act. June 30th 1906. Serial Number 46124

RUSH CHEMICAL COMPANY

BROOKLYN, N. Y.

December 24th, 1912

Dear Doctor:-

We offer you, with our compliments, the opportunity to attend our **FREE PROSTHETIC CLINIC** at 507 Fifth Avenue, (Room 808) on Tuesday or Thursday evening, hours from 7 to 10 P. M.

The purpose of this Clinic will be to give practical instruction in the proper construction of Crown and Bridgework, using the **GOSLEE REPLACABLE TOOTH** in both the soldering and casting methods. Clinics will start at 7 o'clock sharp

You can not well afford to neglect this most excellent opportunity of receiving expert instruction in time saving and money saving methods in Crown and Bridgework, made possible by the use of the **GOSLEE REPLACABLE TOOTH**.

If you will please check off two of the dates below that will be most suitable to you and send this page to us promptly, an evening will be assigned to you by return mail.

One evening's attendance at our **FREE PROSTHETIC CLINIC** will, without a doubt, repay you for your time.

PLEASE REMEMBER there is no fee charged, nor are you placed under any obligation whatsoever.

Consolidated Dental Mfg. Co.

45 W. 34th St., New York

Tuesday

Jan. 1913 14-21-28
Feb. 4-11-18-25
March 4-11-18-25
April 1-8-15-22-29
May 6-13-20-27

Thursday

Jan. 1913 2-9-16-23-30
Feb. 6-13-20-27
March 6-13-20-27
April 3-10-17-24
May 1-8-15-22-29

"GOLBAC"

(Patented-Copyright)

A Special Gold Backing

GOLD SHELLS
GOLD SOLDERS
GOLD PLATES
GOLD CLASP
GOLD "STIFKLASP"
GOLD CYLINDERS

IMPERIAL ALLOYS

TELEPHONE: | Downtown, 2427 Stuyvesant
| Uptown, 7674 Morningside

I. STERN & CO.

Manufacturers of

DENTAL GOLD SPECIALTIES

Gold, Platinum and Silver Refiners

High-Grade Teeth and Dental Specialties

Branch Salesroom

Office, Factory and Salesroom

30 EAST 14th ST.

112 WEST 116th ST.

NEW YORK

Sole Agent for
KELLER'S AKME CEMENTS
for Crown and Bridge
Inlay and Copper

KELLER'S MASTODON
CEMENT
For Treatment

Sole Eastern Agent
INTERNATIONAL TEETH
AND PORCELAIN CROWNS

IMPORTED RUBBER



THE MOST IMPORTANT
F A C T O R

in the neutralizing of destructive acids and maintenance of oral health is—

Glyco-Thymoline

“The Alkaline Antiseptic”

GLYCO-THYMOLINE is as necessary on your bracket table as cotton and pliers. Ask us to send you free samples for yourself and patients (bottle like cut) Free of cost

KRESS & OWEN CO.

361-363 PEARL ST. New York

RIGHT GOODS RIGHT PRICES RIGHT SERVICE

Standard Dental Supply Co.

200 E. 23rd Street

Near Third Ave.

NEW YORK

Phone Gramercy 1449

GET OUR NEW 1912-1913 PRICE LIST

All instruments We Sell are
Unconditionally Guaranteed

We Refund Money if not Satisfactory

Discount to Students 10 per cent for Cash

In answering advertisements please mention the Progressive Dentist.



A NEW DEPARTURE!
DENTAL

GOLD-SOLDER

SOLD
UNDER UNCONDITIONAL

GUARANTEE

As to FINENESS, EASY-FLOW & Matching COLOR OF GOLD to be used with



GOLD-SHELLS



GUARANTEED

OF UNIFORM THICKNESS, PLIABLE, NON-SPLITTING.

CONSULT YOUR own INTEREST by using GOLD & GOLD-SOLDERS
MADE BY

J. F. JELENKO & CO.,

No. 1 UNION SQUARE
NEW YORK
TEL. 3178 STUYVESANT

WE PAY THE VERY HIGHEST PRICES FOR OLD GOLD.
SWEEPINGS AND FILLINGS REFINED.

FOR THE CONVENIENCE OF

The Bronx Dentists

We Have Opened

A DENTAL DEPOT
at 1315 Boston Road

Near 169th Street

Mc Kinley Sq. Theatre Bldg.

All Boston Road and Crosstown Cars pass the door

Near Freeman St. Subway Station

near Elevated

WE HAVE A FULL LINE OF

TEETH, GOLD AND SUPPLIES

Dunn's Cement, Scharmann's Burs, Vernon Broaches

Sole agents for
Odontographic
Cements and Alloys

Sole agents for
"Vernon" Local.
The safest and purest.

F. F. CARPENTER & CO.

Tel. 3424 Tremont

1315 BOSTON ROAD, N. Y. C.

The Progressive Dentist

Vo. 2

February 1913

No. 5

DENTAL ASEPSIS

By L. E. EVSLIN, D.D.S.

Dentistry can not be practiced as aseptically as general surgery, but by constant and persistent attention to the rules and regulations of asepsis, we can at least approach ideal cleanliness. The subject of asepsis can be divided into three parts, viz.: (1) asepsis of the hands; (2) asepsis of the instruments; and (3) asepsis of the operation.

(1) ASEPSIS OF THE HANDS.

The surgeon, after having his hands disinfected and gloved in sterilized gloves, is confined to the area of operation. The dentist, on the other hand, after having his hands washed and disinfected, is forced to touch other things besides the mouth of the patient and the instruments, thus making asepsis a more difficult task. However, when a system of constant attention and vigilance is established it is not impossible for the dentist to be on the safe side from producing infection. The hands have to be washed and scrubbed, and while wet they should be immersed into a basin (large enough to accommodate both hands), containing a solution of lysol. Keep the hands thus plunged for a few moments before drying them. After the hands are thoroughly and quickly dried talcum powder containing 15% of calomel is an excellent dusting agent. This powder may be perfumed ad libitum to counteract the odor of lysol. After the hands are thus prepared care is taken not to handle foreign objects but to go right to the operation. The fingers are never to touch the lips or mucous membrane of the patient, but the left hand is always to hold the mirror and manipulate with it as with the fingers. Whenever some other place besides the mouth, the operating table and the instruments is touched, the fingers must be immediately immersed into a vessel containing an antiseptic solution placed within arms reach for that purpose. The operator is to guard against touching his own face, nose, eyes and so on during an operation, but if such be necessary his fingers must be immersed into the above mentioned solution. It goes without saying that the operator's hands and finger nails must always be immaculate, and we may as well mention in this connection the great importance of the operator's general appearance, the condition of his operating coat, and last but not least the state of his breath.

(2) ASEPSIS OF THE INSTRUMENTS.

Instruments should be washed and scrubbed after each patient before sterilizing them. If the formaldehyde vapor is employed the instruments after being washed and scrubbed should be immersed into a lysol solution for a few minutes and then dried and arranged on a tray to go into the sterilizer for not less than 5 minutes at a time. Of course the best steriliza-

tion is boiling, but even then the instruments should be washed and scrubbed beforehand. There are, however, a number of instruments that cannot be boiled, as the hand pieces, broach holders, crown pliers, etc. These instruments should be wiped off with pure alcohol after each patient and sterilized in the formaldehyde vapor. Hand pieces should always be slipped-jointed or detachable for aseptic purposes. Especial care is to be taken with the crown pliers, the beaks of which are always infected and in order to be on the safe side they also have to be boiled. Forceps, lancets, hypodermic needles should always be boiled. It is repugnant and in the highest degree unsanitary to employ the same drinking glass in spite of the fact that it be subjected to a constant dripping or flow of water in the fountain cuspidor, as some make it a practice. A number of glasses should always be in the formaldehyde vapor unless the aseptic paper cups are used which are highly recommended. Great care must be taken with the burs and broaches. They are always to be thoroughly cleaned and washed before boiling; these instruments being a great source of infection. The impression cup or tray (an instrument always neglected) should always be cleaned and well polished and most carefully boiled before each and every operation. If the operating table is an old style one, a clean napkin must always be placed after each patient and if the table be a modern one (of glass) it should always be wiped off with alcohol before each patient. The engine sleeve should always be clean, and as to the cuspidor nothing need be said.

(3) ASEPSIS OF THE OPERATION.

It is always best to start out by vaporizing the mouth with an H_2O_2 solution, preferably perfumed, in order to counteract the acidity of the drug. Wherever and whenever it is possible, the tooth to be operated upon should always be isolated by a clamp, cotton rolls or small napkins, in conjunction with the saliva ejector. In treatment, whatever the treatment, the tooth should always be isolated, the cavity dried and dehydrated with alcohol, or chloroform if the cavity be sensitive. In filling teeth, whether the filling be amalgam, gold, inlay, cement or gutta percha, the tooth is always to be isolated, the cavity dehydrated and flooded with creosote or with a hydro-naphthol solution before filling. In crown and bridge work, the crown of the bridge should always be washed in a lysol solution before trying it in the mouth and before cementing the crown or bridge, the abutments should always be treated with a silver nitrate solution and then dehydrated with alcohol. No piece of prosthetic work should be tried or placed in the mouth before it be thoroughly washed in a lysol solution. Base plates and wax for articulation are to be treated likewise. If the same wax is to be used over and over again (a very bad practice), it should be remelted each time in boiling water and before using it, it should be softened in a hot lysol solution. After the filling is inserted or a crown or bridge set, the part, especially the gum part, is to be thoroughly sprayed with an H_2O_2 solution and it is an excellent practice in general to adopt the habit to spray the entire mouth before dismissing the patient.

The above methods, although somewhat lengthily described, are easy to follow and by no means constitute a loss of time if a routine or a system is established. The benefits derived from such a system by all parties concerned is **incalculable**.

STEELE'S TEETH

By ALFRED S. SAVAGE.

It is not the purpose at this time to give a detailed description of Steele's Teeth; neither is it necessary. They are now well known and are largely used in the United States and every civilized country.

The question arises why, if their merits are recognized as being so great, and so many have discarded "Flat-backs" entirely in favor of "Steele's," they are not as yet used by every dentist who is able to obtain them.

We believe that the answer to the above question is of great interest to the profession.

Speaking generally, those who prefer to use the "Flat-back" for bridge-work may be divided as follows:

First—Those who are satisfied with the old methods and do not wish to make any change.

Second—Those who, while admitting that Steele's may be superior, will not use them because their cost is greater than Flat-backs.

Third—Those who have attempted to use Steele's and have not had success with them.

It is the purpose of the writer to refer briefly to the reasons given above, with a view to inducing those who have not given Steele's Teeth a fair and intelligent trial, to do so.

The number of those given in the first reason, while growing less every day, is yet large. May we suggest to them that what has been found so very beneficial by their brother practitioners, is at least worth an unbiased investigation. They owe this to themselves and their patients.

The advantages of Steele's Teeth are many, and for the benefit of those who, for whatever reasons, have not yet attempted to use them, we will give some of the principal ones.

Ease of backing and setting up.

No danger of checking teeth while soldering.

No change of color of teeth during soldering.

No breaking teeth on a large bridge when it is being sprung into position.

No waiting to heat up before soldering, or cool off afterwards.

Substitution of longer teeth to take up any absorption.

Changing shade of teeth, should it become necessary at any time without removal of bridge.

Much more sanitary than Flat-backs, there being no space between facing and backing for secretions.

While showing practically no gold at incisal edge the strength is equal to a strongly tipped Flat-back.

Easy replacement of facing should it become accidentally fractured, making not a makeshift repair, but an absolute restoration to original conditions.

These are some of the many advantages of Steele's Teeth and surely the above claims, added to their successful use by so many, are enough to warrant every dentist to give them a fair trial.

The second reason given, that of increased cost, is one that should not, properly speaking, be considered by any dentist, if Steele Teeth are the improvement they claim to be. There are many, however, who allow this to influence them and to them we say that this increased cost is largely, if not wholly, imaginary.

It is true that the initial cost of a Steele facing with a gold, or even a platinum alloy backing is greater than a Flat-back facing with 36 gauge gold backing. But there are other considerations.

In the first place the Steele backing is 26 gauge and requires less solder to bring it to a given thickness than when 36 gauge is used. There is also a saving of time in setting up and soldering, as the operation can be carried forward without any wait, and time is money. In case of breakage of a Flat-back, during soldering, etc., there is also a further loss of time and material which must be considered.

In the opinion of those who, through constant use, should be qualified to judge, the actual cost of Steele's, taking everything into consideration, is no more, and many say less, than for Flat-backs.

The third reason, failure with Steele's, is due entirely to the fact that they were not used properly.

The cause of much of the trouble is that because Steele facings do not have to be tipped, many have not protected them at all and they consequently break off.

It cannot be too strongly insisted on that no porcelain facing can stand the stress of occlusion at incisal edge. It must be protected. Steele facings can be so, and show practically no gold, but they *must* be protected according to instructions.

Another reason for breakage is the grinding of facing at incisal edge and leaving it blunt. It is impossible to protect it when left in this manner. If it is for any reason necessary to grind incisal edge the facing should always be beveled, from labial side, again to a thin edge when proper protection can be secured.

Occasionally the cause of a fractured facing is found where the backing is left too thin. It should be sufficiently reinforced with solder, especially in the case of a strong bite.

Care should be taken that the cement is not mixed too thickly. If this is done it is sometimes impossible to get the facing up in place and the porcelain is left exposed.

It must be admitted that it is most unfair to Steele's Teeth to neglect the above simple and obvious precautions, but that is what many have done and are yet doing.

It is hoped that this statement of reasons for failure with Steele's by one who has in the past few years investigated a large number of so-called failures with these teeth and found them in every single case, to be due to one or more of the causes given, may help those who have had trouble to be as successful as their brethren who use Steele's to their great comfort and to the benefit of their practice.

DENTISTS FOR EMPLOYES

Morris & Co., packers, made known the establishment of a dental office at the Chicago plant in the Union Stock Yards, where free dental service will be given employes. Medical inspection was inaugurated by the company some years ago. Employes are given treatment and material free.

Best Method of Producing Local Anaesthesia

By Dr. M. Nevin

(Continued from January Issue)

NOVOCAIN.

Novocain or chlorhydrate of paramino benzoyl diethylamino-ethanol, was discovered in 1906, by Uhlfelder and Einhorn and put on the market by the chemical works of Meister Lucius and Bruening, Germany. It is an alkaloid in a powdered form, seven times less toxic than cocain and has no detrimental effect upon circulation and respiration. It is soluble, one part of novocain to one part of water. Although it is still in its experimental state, the series of experiments performed by noted men in Germany and France proved beyond doubt the great value of the agent as an anæsthetic.

Its advantages as compared with cocain are as follows:

(1) DIFFERENCE IN TOXICITY.

Novocain is seven times less toxic than cocain. In other words the dose of novocain is seven times greater than that of cocain and using the same percentage solution we may inject seven times the amount of novocain with the same degree of safety. This is a great advantage. Many of you have noticed the toxic effects of cocain often produced after injection, especially with patients who show an idiosyncrasy toward the drug. In my office experience I have had no case of syncope since I have adopted the use of novocain, while I had quite a number with cocain injections.

(2) IRRITABILITY.

Novocain does not irritate the tissues, even when used in strong solutions; therefore the injection is painless.

(3) SLOUGHING.

Novocain causes little or no sloughing, as I have said before, cocain produces an ischæmic condition which is thought by some authorities to be the cause of sloughing. Now, ischæmia with novocain is not as pronounced as it is with cocain. Dr. Socks, who has been experimenting with the drug, observed that the socket after extraction bleeds more profusely. Dr. Misch, another experimenter, also states that alveolar anæmia is not so noticeable with novocain and adrenalin as it is with cocain and adrenalin. These are vital points to remember, for when anæsthesia is accompanied by extensive anæmia, death of the tissues occurs, due to deprivation of blood supply, and death of tissues means sloughing, necrosis, and pain. Since I have undertaken the task of preparing this essay, I have kept a record of 75 cases of novocain injections. Of this number only four cases reported pain lasting for a few days. Two or three of these cases, I remember, have had a severe pericemental irritation before extraction, which fact may account for the post-extraction pain. In about twelve cases there was a little sloughing. Fourteen cases I have not heard from, while the remaining forty-five cases reported very little or no pain and no sloughing. Including the four-

teen unreturned cases in the successful extractions, we have fifty-nine cases out of seventy-five, or about eighty per cent. of the cases reported no sloughing, while seventy-one out of seventy-five, or ninety-five per cent. of the cases, may be considered in the "no post-extraction pain" class. To my mind these figures prove the superiority of novocain for subcutaneous injections and I would defy anyone to show similar results with cocain.

(4) ITS COMPATIBILITY WITH ADRENALIN.

Adrenalin is the extract from the suprarenal capsule and is a greyish white powder, slightly alkaline in reaction. Adrenalin chloride as prepared now by Parke, Davis & Co., consists of 1:1000 of a physiological salt solution of adrenalin to which small quantities of chloretone and thymol are added for the purpose of keeping it in solution. This chemical is of great value in local anæsthesia. When injected in small doses it stimulates the smooth muscle coat of the blood vessels, acting thereby as a powerful vaso-constrictor and causing temporary rising of the arterial blood pressure. It therefore performs two useful offices:

First: By constricting the blood vessels it produces local anæmia, thereby restricting the action of the anæsthetic only to a limited area. Absorption of the drug into the general circulation is thereby retarded and a smaller dose will be necessary to anæsthetise the tissues.

Second: Again by virtue of its vaso-constriction properties, it stimulates the heart to greater activity in order to overcome the increased resistance in the blood vessels, due to their diminished diameter; it therefore acts as a cardiac stimulant. However, care should be exercised in the administration of this drug. Too large doses of the drug will by their deeper action close up the larger arteries and cause a prolonged anæmia. Dilatation of the blood vessels will follow, depriving the tissues of their blood supply. It is easily understood why sloughing will occur in such cases. Too large doses of the drug will cause extensive dilatation of the blood vessels after vaso-constriction, resulting in heart failure. Solutions of adrenalin chloride do not keep. On exposure to the air they oxidize, turning pink, then red and finally brown. In these stages they lose their physiological action and become useless. I prepare my anæsthetic in the following manner:

To an ounce of distilled water I add 10 grains of novocain, obtaining a 2% solution. I half fill my syringe with the anæsthetic, then add one drop of adrenalin chloride, and completely fill my syringe ready for injection. As a syringe contains about 30 minims, and one drop being equivalent to one minim, I have about a 3% of 1:1000 adrenalin chloride solution which is a safe dose to administer. No more than five drops should be injected at one sitting. This is the maximum dose that may be used with comparative safety.

Adrenalin combines more readily with novocain than it does with cocain. It does not in the slightest interfere with its action, but on the contrary, it greatly increase its anæsthetic effect.

(5) The duration of the anæsthesia is longer than that of cocain.

(6) Solutions of novocain may be boiled without altering in any man-

ner its properties or physiological action. This is also a great advantage since it is the most effectual way of sterilizing your anæsthetic. Cocain decomposes after boiling.

Those are the main advantages of novocain. Although yet of a comparatively recent discovery, it has been experimented with and used extensively in recent years by many noted members of our profession and their clinical experiences are very convincing of the par excellence of this drug as a local anæsthetic. I have been utilizing it in my office for the last four years and nothing could induce me to abandon it. It is really a surprise to me why dentists have not as yet universally adopted it in their practice.

NORMAL PHYSIOLOGICAL SALT SOLUTION.

Now, there is another phase of local anæsthesia that I wish to discuss, and it is an important one, just as important as the analgesic itself or the sterilization of the needle, and that is the presence of normal physiological salt solution in your anæsthetic. This has been grossly overlooked by the manufacturers of proprietary anæsthetics, and by the dentists who make their own preparations. But in order to fully understand its importance, we must look into the question of osmosis. So that, let us for a few moments go back to our good old college days, hard benches, and still harder lectures which we have vainly tried to absorb.

OSMOSIS.

If we have two liquids in a vessel separated by a permeable membrane, one being a salt solution and the other pure water, we will notice that gradually the water molecules will pass into the compartment of the salt solution and the sodium chloride molecules will pass into the pure water compartment. This process will cease only when the two compartments will contain liquids of the same concentration of sodium chloride. This process is termed osmosis. The pressure exerted by the differently concentrated solutions is osmotic pressure. The resultant solutions are known as isotonic. The solution having a greater osmotic pressure, namely the salt solution in our case, is called hypertonic, while the pure water having a less osmotic pressure is known as hypotonic solution.

Osmosis will go on not only in salt solutions, but in any two aqueous solutions of different density. It may be seen at once that this is a very important physiological function. In the human body we have various substances separated by membranes. For instance the endothelial walls of the capillaries separating the blood from the lymph. We have the epithelial walls of the kidney tubules separating the lymph and blood from the urine; the lining of secreting glands; the walls of the alimentary canal. The process of osmosis is a very important one in secretion and excretion. It is the process by which the cells of the body receive their nourishment and eliminate their waste products.

The living cell is surrounded by a semi-permeable membrane. If the solution injected into the tissues is hypotonic, having less osmotic pressure than the cell contents—the cells absorb water, swell, become macerated, and finally die. If the solution is hypertonic—having a greater osmotic pressure than the cell contents—the protoplasm shrinks and loses water and death

of cells finally follows. This process of cell death is known as necrobiosis. Isotonic solutions like physiologic salt solution, when injected into the tissues produce neither of these effects, because they are of the same concentration and have the same osmotic pressure as the contents of the cell wall.

It is obvious now that our anæsthetics must be isotonic with the materials within the cells in order not to disturb their equilibrium and work destruction to their life changes. It has been found by experiments that all aqueous solutions having the same freezing point have the same osmotic pressure. What are the contents of the cell wall? Serum, blood, lymph, etc. The freezing point of those substances is found to be approximately 0.55° . C. A 0.9% sodium chloride solution will have the same freezing point; therefore it must be isotonic with the cell contents. This solution is termed normal physiologic salt solution and when injected into the tissue will cause no change in the cell structure and endanger their lives. The swelling appearing sometimes on the gum after injection is due merely to the fact that absorption is not as rapid as the injection and disappears as soon as the blood-vessels adapt themselves to their task. Pure water when injected will cause severe pain and will produce superficial anæsthesia. A more concentrated sodium chloride solution than 0.9% will also cause pain upon injection for the reasons explained before. But normal physiologic salt solution, especially at body temperature, will not cause any pain.

To my mind the absence of a normal physiologic salt solution in the anæsthetic is one of the main causes of pain during injection and of post-extraction sloughing, since death of cells means death of tissues. I have been emphasizing this point so strongly because the average practitioner never even thinks of it as a necessary adjunct to his anæsthetic. Nor do the manufacturers deem it necessary to incorporate sodium chloride as one of the ingredients in their preparations. For the sake of illustration, we will take one preparation which is probably the most popular and most frequently used—namely, Gilmore's anæsthetic. The label boasts of numerous ingredients, as follows: Benzo-boracic acid; Mentha; Arvensis; Gaultheria; Baptisia; Eucalyptus; Thyme; Glycerine; Atropin and Cocain.

One must give credit for the liberal and various menu, but one of the most important and simple ingredients, namely, salt, is omitted.

A good prescription for dental purposes, one that I have been using in my office for the last four years with success, is as follows:

Novocain, 10 gr.; Sodium chloride, 4 gr.; Aqua dist., 1 fl. $\bar{3}$. This contains a 2% solution of novocain and 0.9% of sodium chloride. To every syringe full I add one drop of adrenalin chloride 1:1000.

I shall not dwell on any other aspects of local anæsthesia, such as the sterilization of the needle, which we all know is necessary, but seldom do; or the importance of cleaning the syringe, which we all loathe. Nor will I tell you how vital it is to disinfect the mucous membrane before injection, for I know you will never do it. Nature was kind enough to us in that respect, when, realizing the kind of species dentists are, she made the oral secretions antiseptic. If not for that, what countless number of graves would be to the credit of our profession?

A Personal Experience with Counsel of the State Dental Society

By A D.D.S.

Some time in August, 1912, I, in the company of Dr. F. K., visited the law offices of Mr. Wm. A. Purrington, counsel of the State Dental Society, to complain of one practicing dentistry without a license. The evidence was obtained through my efforts without the knowledge of the agent of the dental society. Dr. F. K. submitted himself to be treated by the said illegal practitioner for some dental disturbance. In order to strengthen the case we (I and Dr. F. K.) prevailed upon a friend and colleague, Dr. L. R., to visit the dental office of the said illegal practitioner in order to have some work done. Dr. L. R. consented. He was treated by the said illegal practitioner and paid a fee.

On the visit to counsel for the State Dental Society Mr. Rothenberg was in charge, Mr. Purrington having been on his vacation. Dr. F. K. made out an affidavit to the effect that he was practised upon by the said illegal practitioner and that he paid a fee. Mr. Rothenberg explained to me that the evidence of a dentist is not very desirable for reasons given below. He wished that I should furnish him with names of actual patients. I promised to do so. The next day Dr. L. R. made out an affidavit to the same effect as Dr. F. K. had done. In addition to these two affidavits I furnished the names and addresses of four actual patients; also a business card of the said illegal practitioner, reading:

—— G ——

Russian Dentist.

—— St.

The following day a significant thing happened. An emissary from the illegal practitioner in the person of a talkative woman approached my wife, saying that it was a very improper thing for me to do, that I, as a Hebrew should have been the last one to turn informer; that to deprive somebody of the means of making a living is a crime, etc., etc.

In all sincerity I ask, by what earthly means has the illegal practitioner learned that I called upon Mr. Purrington? I waited for developments. On October 18, 1912, two months after the complaint was made, I wrote to Mr. Purrington, inquiring whether he ever intended to proceed with the case. Here is his reply:

William A. Purrington,
Counsellor at Law, Matter of G—
78-80 Wall Street.

October 21, 1912.

Dear Sir:

I received in this morning's mail from you letter referring to your visit to this office with Dr. F. K. some time in August last, to complain of one as practicing dentistry illegally at —— street.

I was absent from the city in August and did not return until the latter part of September. Since my return, my attention has not been called to the matter. Mr. Rothenberg tells me that Drs. K. and R. did, as you say, make affidavits for him to the effect that they had gone to G.'s office and were practiced upon, and that subsequently you sent in the names of persons also said to have been practiced upon.

Mr. Rothenberg, who was in charge, did not wish to make the complaint in the Magistrate's Court upon the affidavits of the two dentists alone for the reason that they, in fact, were doing detective work. There is, as you know, perhaps, a law forbidding anyone to carry on the business of a detective without a license. I do not know whether this law has been applied to the case of an individual getting evidence of the commission of a crime without legal authority so to do, but I do know that in a recent case of the medical society, such a witness was asked upon cross examination in a case where the defendant was acquitted, whether he had a license as a detective.

Mr. Rothenberg gave the case to the agent of the society, Mr. Damato, for investigation and says that Damato reported, as he, Mr. Rothenberg remembers, that he had been unable to find the persons whose names were given.

I am glad that you have called the matter to my attention and shall see that the agent attends to it. If the dentists who made the affidavits wish so to do, a warrant may be applied for on their complaint.

Truly yours,

W. A. PURRINGTON,

Counsel State Dental Society.

P. S.—It ought to be said in behalf of Mr. Damato, who has charge of investigation of complaints, that he underwent a capital operation at the end of July, from which it was by no means certain that he would recover. He was still in a critical condition when I left the city and was able to come to the office for the first time on August 26th. After such an operation as he had to undergo, one ought not, properly speaking, to return to work for a long time. Mr. Damato, however, has attended to his duties as well as circumstances would permit him, and I have sent for him to be here tomorrow in reference to this case.—W. A. P.

I immediately replied, stating that it was impossible to believe that the agent of the society should not have found the persons whose names I furnished to his office. I also complained of the poor protection the dentists in New York receive from the society as regards the thousands of illegal practitioners.

On the following day I received another letter which is given in full:

In Re. G.—

October 23, 1912.

Dear Sir:

Your polite reply to my letter is received and I appreciate the temperate manner in which it is expressed.

Upon further inquiry, I learn that the woman agent of the society saw Mrs. S. and inquired concerning G.'s ability as a dentist. She reports that Mrs. S. said that G. was a mechanical dentist and did no work in the mouth.

Mr. Damato is able to be about his work now and was strictly charged yesterday to attend to this investigation immediately and before all others, except the cases that are awaiting trial.

It is true, as you say, that it is unfortunate that, in view of the many persons violating the dental law, the State Dental Society has only one or two persons to investigate complaints. It is not possible, however, to employ detectives without funds. The resources of the State Society are very small. It has no contributions from the public, as the societies for Prevention of Cruelty to Children and Animals and for the Suppression of Vice have. The Society for the Prevention of Cruelty to Children has, I think, an income of nearly \$100,000. The Dental Society has nothing except what comes from dues of its small membership, the surplus of examination fees turned over by the Department of Education and fines. It has been carried along hereto on various occasions largely by the contributions of one public spirited man, Dr. Carr. You appear to be from your letters, unlike many of those who complain, a sensible man capable of appreciating circumstances and how impossible it is to make bricks without straw, unless the method of making bricks has changed since the days of Pharaoh.

At the same time, when a specific complaint like yours is made, backed up with the names of witnesses, it should be investigated as promptly and thoroughly as possible. Mr. Damato has been instructed to act accordingly.

You will readily understand why the society desires to prosecute upon the testimony of actual patients, rather than upon that of detectives who have an interest in the prosecution, whose testimony is likely to be contradicted by that of the accused, and who are not the most likely persons to win belief. For instance, the dental law provides that every practitioner must display his name conspicuously on his house or in his office. You would naturally consider it very outrageous if, having posted your name in compliance of law, you should be arrested, taken in court upon the charge of a detective that your name was not posted and his testimony believed rather than yours. The agents of the Dental Society are, of course, instructed to tell the truth, not only in court, but in getting their testimony. They are also strictly commanded not to entice people into committing crime by persuading persons to practice dentistry who decline to do so in the ordinary course of business. You will see that it is only just to adopt such a policy. Where we can get an actual patient, who, while truthful, has no motive to prosecute and is in fact kindly inclined towards the person prosecuted, then we have a witness whom the courts will believe and the case then becomes one worthy of prosecution. I do not mean to say that the society never prosecutes upon the testimony of detectives when corroborated by circumstances. I am only pointing out to you how desirable it is to have witnesses without any motive against the accused. It has always seemed to me that the agents ought to be able to find actual patients for the reason that a man cannot conduct a dental office without having some patients daily. It is astonishing, however, to see how difficult it is to get patients who will tell the truth in court. It is very possible that the testimony of the dentists whose names you gave would be sufficient to win the case and if you desire it, the experiment can be tried. I am expressing no doubt as to their truthfulness. But as you see, their **testimony in court** would be

assailed by the defendant's attorney upon the ground that they have a motive, business rivalry or what you please, and that the motive was strong enough to induce them to do detective work in person. Then if G. denies their testimony, any doubt in the matter must be resolved in her favor. On the other hand, it is entirely possible that she might be honest enough to admit the truth of the story and enter a plea of guilty.

I have written to you at this length because, as already said, you seem to be one who is capable of appreciating the conditions and not, like many complainants, entirely blinded to the difficulty of supporting, by legal evidence, a fact of which one is morally sure. You shall be advised of what is done by the agent.

Very truly yours,
W. A. PURRINGTON,
Counsel of the Dental Society, State of New York.

Note at once that I was right in my contention that it was impossible that the agent could not find the persons mentioned. Note also that the letter was coached in the most complimentary terms. I confess, nobody has ever paid me such a glowing tribute as to my being "a sensible man, capable of appreciating circumstances, etc." Can anybody explain why Mr. Purrington was so nice?

Right here I wish to explain why I thought that the evidence of my colleagues would be desirable and sufficient to convict.

First—To cause some woman to be treated by the illegal practitioner would really mean practicing detective work without a license.

Second—On the witness stand my colleagues could not have been shaken by counsel for defense as it usually happens when witness is an ignorant person. No judge would disqualify their testimony on the ground that the witnesses have a motive. The sole question would have been whether this testimony is true.

Third—An actual patient will never testify against an illegal practitioner for sentimental reasons. The records of the State Medical Society prove that all or mostly all the convictions obtained by the Medical Society were through the Society's agents.

On October 24, a tall, handsome blonde accompanied by a gray-haired gentleman, entered my office. The gentleman introduced himself, presenting this card:

```

: .....:
: PAPER HANGING           MASONRY :
:   AND                   AND       :
:   PAINTING              PLASTERING :
:                           :
:   GAETANO D'AMATO      :
:   BUILDER AND CONTRACTOR :
:   1931-1933 Madison Ave. :
:   Tel. 1171 Harlem      :
:   PLUMBING              LOCKSMITH  :
:   AND                   AND       :
:   STEAM FITTING        ELECTRICIAN :
: .....:

```

These were the agents of the State Dental Society. I learned from them that they have seen all the persons alleged to be patients of the said illegal practitioner and that they could not make them tell the truth; that they tried (?) to become patients of G.'s without any success. Note the discrepancy of this statement and that given by Mr. Purrington in his first letter. Mr. Damato advised me to send somebody else to the illegal practitioner. I tried that but without success for the illegal practitioner was thoroughly warned and did not accept this person. Dr. F. K. and Dr. L. R. experienced no trouble in becoming would-be patients.

In the middle of November I wrote to Mr. Purrington, somewhat pointedly, saying that inasmuch as I could not obtain any additional evidence he should proceed with the case on the strength of the two affidavits. Hear what he answers:

November 15, 1912.

Dear Sir: Your letter of November 13 is received. You admit that you have tried to send persons to get evidence against G. but without success. You say that she will not practice upon the agent of the State Dental Society, nor upon any person who is not well recommended, and yet say that you "should have known better than to seek justice under the circumstances." Have you asked yourself what you mean by "seeking justice"? I have tried to make it clear to you how very easy it is to perpetrate grave injustice in prosecuting recklessly. In short, you have no proof at all, according to your admission, that the suspected person is practicing, although you believe that to be the case. I should not say you have no proof at all, for you have the affidavits to which you refer. If the persons making those affidavits will go to the Magistrate's Court and make the complaint, G. can be arrested and the question will then be one of veracity between her and the complainants.

It is not possible, fortunately, under our procedure to arrest persons upon suspicion only without proof that a crime has been committed.

Truly yours,

W. A. PURRINGTON.

Mark the change in tone. Think of it! A person is practicing dentistry without a license for over five years. Every dental practitioner in the vicinity, every dental supply house in the city is aware of the fact that this person has a lucrative practice; two affidavits were made to that effect by reputable dentists and yet "you have no proof at all." "It is not possible, fortunately, under our procedure to arrest persons upon suspicion only," etc.

Of course, nothing was done. The illegal practitioner had a good laugh at my expense and I swallowed it as bravely as I could. But I arose the wiser man. Therefore, I feel qualified to give some gentlemen a tip, or rather advice. Gentlemen of the illegal dental fraternity, why not form an association, if you have not one yet, such as, for instance, the recently discovered vice trust? Would it not be better for you to fight your battles collectively rather than singly with hush money or otherwise?

As to reliable counsel, Mr. Purrington would make an ideal one. His mind is more bent upon the defense of your interests. He appears to be able to defend rather than to antagonize your interests.

A Plea to Amend the Public Health Law, in Relation to the Licensing of Dentists

Dear Editor:

Hereby I enclose a copy of a bill to amend the dental laws. In the spring of 1912 this bill passed the Assembly Health Committee. It also received the worthy support of Dr. Lewis, a Syracuse dentist, who was a member of the said committee. This bill failed to pass the Senate. This year, I hope, we may be more successful as some of the undesirable senators, who strangled this bill, are back among the people at their proper vocations such as: farming, brick manufacturing, etc.

In explanation of the purpose of this bill I wish to say this: The dental laws of 1909, which are in effect now, contain what is known as the "six-year clause." This clause enables a dentist from another State to obtain a New York State dental license without taking any examination, written or otherwise. Moreover, a license may be obtained even by a member of a State which does not show our State the same courtesy. This clause simply requires that the dentist to receive the license be recommended by the State Dental Society as having legally practised for six years in some other State in the Union. In this manner all regulations of the Regents and of the State Board of Education are nullified and our system of guarding against graft and favoritism is evaded.

This bill aims to abolish and revoke the legal right of the State Dental Society to apply the "six-year clause" in cases where the dentist recommended for a license is a citizen of a State which does not reciprocate with our State.

Now not to be branded narrowminded, selfish and all that and to place myself in line with all progressive thinking people, I wish to propose the following: Let New York State take the initiative and elect a delegation composed of reputable, practical and progressive dentists. This delegation, recommended by the dentists at large and sanctioned by the governor with similar delegations from other States to be known as the Uniform Dental Law Commission. Such commission, if including and representing all States in the Union, could undoubtedly reach an agreement whereby National dental laws would be enacted and dental licenses if issued would be national in scope.

Such national license would relieve many territories overcrowded with dentists, and the territories having an insufficient number of them would be opened to those in need of a promising practice. Such conditions would be for obvious reasons a blessing to many communities and to a vast number of skillful but unsuccessful dentists.

At present the State Board works upon the principle of State sovereignty. Rallying under the banner of Lincoln, we ought to endeavor, as far as possible and practicable to obscure and even erase State lines. No true American before the civil war recognized any State line demarcations, why should we in this progressive age? Let every man with a preliminary education holding a diploma of a college recognized by the National Association of Dental Faculties and having successfully passed one State Board be permitted to seek his success wherever the folds of the Stars and Stripes are protecting him. This would be a splendid manifestation of brotherly

feelings and of unselfish motives. Should we bar a dentist, competent in his art and conscientious and well meaning in his soul from practising within our State simply because he is our neighbor? Let New York State tell her neighbors and members of the Union, "be kind to my flock and I will reciprocate." If New Jersey for an instance desires us to recognize her citizen-dentists, let her not discriminate between our, that is New York State citizen-dentists.

If the above mentioned commission could not obtain in a certain State the enactment of the uniform dental regulations into law we shall exclude such State from all benefits denied us.

Let us of New York State be envious, jealous and proud to the extent of doing away with that joker known as the "six-year clause." Why should we tolerate our influential friends bringing in an Alaskan dentist and handing him a license without any examination whatsoever when our dentists coming there would be treated to a stiff examination which would presuppose hard study, that would sometimes be impossible owing to age of candidate, etc.?

It is my claim that if this bill were passed the dentists of those States whom it would shut out, would be willing to come to an agreement with the commission. For in order to save their citizens the trouble involved in passing a stiff examination in all subjects, written and practical, which is the dose given our New York State dentists, those States barring us would change their attitude. Such course is selfish, but the only source of cure and therefore a just treatment.

Who caused this bill to be strangled in the Senate Health Committee of 1912? What selfish motives are trying to maintain this "joke" of the present law?

This bill was approved by a dentist assemblyman, member of the Health Committee in 1912. Where is the dentist who would not have done likewise? What dentist will not give it full support when it comes up this year? This bill is only fair and progressive.

CLARENCE MAYER, D.D.S.,
New York City.

STATE OF NEW YORK.

No. 621.

Int. 600.

IN ASSEMBLY,

February 9, 1912.

Introduced by Mr. CRANE—read once and referred to the Committee on Public Health.

AN ACT

To Amend the Public Health Law, in Relation to the Licensing of Dentists.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section one hundred and ninety-eight of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended to read as follows:

§ 198. Licenses. On certification by the board of dental examiners that a candidate has successfully passed its examinations and is competent to practice dentistry, the regents shall issue to him their license so to practice pursuant to the rules established by them. On the recommendation of the board, the regents may also, without the examination hereinbefore provided for, issue their license to any applicant therefor who shall furnish proof satisfactory to them that he has been duly graduated from a registered dental school and has been thereafter lawfully and reputably engaged in such practice for six years next preceding his application; or who holds a license to practice dentistry in any other state of the United States granted by a state board of dental examiners, indorsed by the dental society of the state of New York, provided, that in either [case] of such cases his preliminary and professional education shall have been not less than that required in this state; or who files with the board a certified copy of a license to practice dentistry in any other state of the United States granted to him by a state board of dental examiners accompanied with proof that the standard of requirements of the board of such other state at the time of the granting of such license was not lower than that then required in this state, provided that the state granting such license shall issue on similar proof its license to persons licensed by the regents of this state. Every license so issued shall state on its face the grounds on which it is granted and the applicant may be required to furnish his proofs on affidavit.

§ 2. This act shall take effect immediately.

Explanation—Matter in *italics* is new; matter in brackets [] is old law to be omitted.

Good Fortune Attends Dr. C. Everett Field

The Holotheol Chemical Company, New York, have secured Dr. C. Everett Field as President and he is pushing the new line of antiseptic products with the aid of a strong organization. Almost everybody in Medical and Dental circles in the east is acquainted with Dr. Field for many years head of the advertising end of the Kress & Owen Company. Nobody ever met a more optimistic character or one who took the bitter with a smile better than he--to know him at all was to know him well.

For several years experimental work has been in progress on formulae and as a result the Holotheol Chemical Company are placing a series of specialties before the profession.

Dr. Field although a member of many civic and educational societies maintains a modest private practice and still "holds his job down" with remarkable energy. Dr. Field is a member of the American Medical Association, New York State Medical Society, Queens and Nassau County Medical Societies, etc., etc. Congratulations of the heartiest sort give great encouragement to him in this new department of effort.

NOTE

Due to lack of space Dr. Maurice M. Rafkin's fourth article of a series on Practical Prosthetics he is contributing to our magazine will be published in our next issue.

...The Progressive Dentist...

PUBLISHED MONTHLY BY THE
NEW YORK DENTISTS' CHAPTER

Intercollegiate Socialist Society

Dr. LEWIS RICE, Editor

423 East 6th Street

Dr. M. S. Calman, Business Manager

15 East 106th Street, N. Y.

Telephone Harlem 952

Subscription price 50 cents a year

EDITORIAL DEPARTMENT

Among our original communications of this issue the one of Dr. Clarence Mayer cannot go uncommented. He takes a very advanced stand on matters pertaining to what the scope of a dental license ought to be. Yet he is in favor of the Crane bill, which will also be found printed at the foot of his communication.

In this matter Dr. Mayer is not unlike the majority. He wants to progress, to advance, but only on the strength of the club. He wants a national dental license and at the same time the "six-year clause" in our dental laws is too much for him.

We are glad to hear a voice against the backwardness of our dental laws but we would such voice to speak for anything that will carry us forward. It is indeed a disgrace that so many States lack even a "six-year clause" in their dental codes. To work in the interest of progress by drawing another State a step backward would be a pitiful blunder. If there is any liberality in the dental code of our State let us cherish it and be jealous of it. Such liberality should be made use of by us as the first nucleus which our energies should develop into a perfect body of an up-to-date, twentieth century code of national dental laws.

The idea of our State taking the initiative in the establishment of a "Uniform Dental Law Commission" is a good one. For a movement in that direction we pledge our unreserved support. The fact that our laws are somewhat more liberal than those of most of the States would lend emphasis to our taking such a course. It certainly befits our State to start a movement of that nature. Many are the reasons. Some are given by our correspondent.

The evils of favoritism and graft, of which Dr. Mayer complains, would not be wiped out by abolishing the "six-year clause." For there are other sources of graft made possible by our present dental laws and far be it for any dentist to advocate their revocation. The laws prohibiting the practice of dentistry without a license, according to some, give rise to a fruitful harvest of graft. It is a by-gone conclusion to many that the persons charged with the vigilance of the observance of that part of the dental code are weakened in their official duties and debased in their manliness by graft.

None of those making the charge, however, would advocate the recall of the laws which make such graft possible.

No, Dr. Mayer, according to us you err. Don't advocate progress through retrogressive measures. We will be with you where you want progress through progress.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY

Meets the Fourth Thursday of each Month at
THE SAVIGNY

229 Lenox Ave. Bet. 121st and 122nd Sts.

Dr. W. S. ENGELBERG, Sec'y
2400 Seventh Ave., New York

EASTERN DENTAL SOCIETY

Meets the First Thursday of each Month at
CAFE BOULEVARD

156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y
330 E. 4th Street, New York

KINGS COUNTY DENTAL SOCIETY

Meets the Second Thursday of each Month at
THE WILLOUGHBY MANSION

667 Willoughby Ave., Brooklyn

Dr. A. FRIEDENBERG, Sec'y
Bushwick 452 Ave., Brooklyn

A regular meeting of the Harlem Dental Society was held January 23, 1913. Dr. George Wood Clapp, editor of the *Dental Digest*, read a paper on "The essential facts pertaining to the construction of anatomical dentures."

The lecture was illustrated with lantern slides. The paper was discussed by Drs. A. W. Rosalsky and S. Berlin.

Election of new members then took place and the following men were elected unanimously.

Dr. Chas. I. Stein, Dr. I. Singer Brahms, Dr. Maximilian Cohen, Dr. B. H. Kutyn, and Dr. Morris Schoenfeld.

Dr. H. W. Rosalsky reported for the Program Committee. The report was accepted.

Resolutions calling for consolidation of the three societies, Harlem, Eastern and Kings County, were passed upon favorably.

Drs. A. A. Jacobs, H. W. Rosalsky, M. Schneiderman, A. Heller and P. Gottlieb were appointed to represent our society in the Federation.

Communication from Counsellor E. B. Cohen read before the society.

A motion calling for advisability of having the society incorporated was referred to the Executive Committee for action.

The next regular meeting of the society will take place on Thursday, Feb. 27, 1913.

Dr. M. L. Rhein will read a paper on "Root Canal Preparation." Dr. A. R. Starr, Professor of Operative Dentistry at the New York College of Dentistry, will open the discussion.

The Ball of the Harlem Dental Society was indeed a great success both socially and financially, in fact it was a sort of a class reunion of classes of 1905-6 7-8-9-10-11, for through out the evening groups of men would congregate in one

section and give their respective class cries which were received with great applause by those present, and to top it all the famous "Eagle" cry was given with all the vim and enthusiasm that was given it in the college years ago. The ball committee deserves great credit for the success of the affair, for it was through their efforts that the affair turned out to be such a great success.

The regular meeting of the Eastern Dental Society was held at Cafe Boulevard on Thursday Evening, Feb. 6th, 1913. Dr. L. W. Stryker read a paper on "Prosthodontic Dentistry as it is and as it should be." Dr. McDonald delivered an expose on the "Steeles Interchangable Teeth." The Chairman then called on Dr. Kaufman to open the discussion in which a number of members participated.

The Secretary then announced a conference of the delegates to the federation for Friday February 14th, 1913.

Drs. C. Kopelson, J. M. James and H. Goldberg were admitted and Dr. Dr. Schumer was proposed to membership.

A regular meeting of the Kings County Dental Society was held on January 9, 1913, at the Willoughby Mansion. Minutes read and adopted.

Executive Committee reported conference with Principal of Public School No. 109; 16 members were secured to treat the teeth of children free of charge. Dr. Schlockow promised to secure funds for a clinic.

The resolution to the effect that the three organizations known respectively as the Kings County, Harlem and Eastern Dental Societies, form an alliance was acted upon favorably and the following five delegates were elected to represent the Society: Dr. M. William, Dr. S. H. Filler, Dr. L. Levitt, Dr. B. Shapiro and Dr. L. M. Robins.

Dr. Lief introduced Dr. J. F. Hasbrouck, who read a paper on "The extraction of teeth with especial reference to impacted and irregular conditions." The paper was discussed by Drs. Green, Lederer, Friedlander and Palmer. Discussion was then closed and the meeting adjourned.

A business meeting of the Society was held on Wednesday evening, January 22, at 8.30 p. m.

A committee was appointed and instructed to arrange a meeting and invite Dr. Ottolengui, who has some very important matters to speak to us about, to address us.

It was also decided that the society hold an ANNUAL BANQUET at the Willoughby Mansion on Friday, April 4, 1913.

The programs that have been arranged by the Executive Committee for future meetings, have been approved.

The next regular meeting of the Kings County Dental Society will be held at the Willoughby Mansion on Thursday evening, Feb. 13th, 1913 at 8.30 sharp Dr. F. S. Van Voert of Brooklyn will deliver a lecture on "The Cast Inlay by the Indirect method.

The discussion will be opened by Dr. Chas. F. Ash of New York and Dr. M. Straussberg of Newark, N. J.

FEDERATION NOTES

The first conference of the delegates that were elected for the purpose of forming a federation of the Harlem, Eastern and Kings County Dental Societies will be held at the office of Dr. J. F. Lief, 12 Graham Ave., Brooklyn, on Friday Feb. 14th, 1913, at 2.30 P. M. All delegates are urgently requested to be present at this first and very important meeting.

LETTERS TO THE EDITOR

Dear Editor:

Kindly erase my name from your mailing list and oblige a disgusted subscriber.

Dr. E. J. Woodworth,
Brooklyn, N. Y.

[We wonder if our disapproval of dental parlor methods has anything to do with the sentiment of our correspondent Ed.]

Dear Editor:

Inclosed find my check for a dollar as price of subscription for the time it will pay for.

I have hopes that the magazine will stick to the practical boys in the profession and not "kowitz" to the ethical magpies whom Pa's money has enabled to become established among the genteel set.

Yours for progress,
C. L. Furman, D. D. S.
Brooklyn, N. Y.

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES

Editor Students' Dept.:

Allow me to thank you for your article on the Junior Promenade' also allow me to make a correction. The march was not led by Chas. Wolf and Jack Posner, as you have it, but by Chas. Levin and Jack Posner. Also allow me to say that the success of the Junior Prom. was due to the efforts of the entire dance committee composed of Chas. Wolf, Leo Winter, Irving Crosney, J. A. Schiller, Benj. F. Levy, Bernard Waldman and William Harris.

B. Niflot,
Pres. Jr. Class of 1914

Editor Students' Dept.:

Allow me to criticize the competitive system that exists at the N. Y. College of Dentistry.

If you are a graduate of the above mentioned institution, you can easily verify my statement. There exist certain fraternities whose members have a pull with the demonstrators and the latter distribute the work to their fellow frat men. Consequently one who does not belong to a fraternity has a hard job to make up the requirements. This condition of affairs exists throughout the three collegiate years, especially in the 2nd year where a medal is presented to the one who makes the most fillings. No doubt the medal man will be a frat man. On account of this, most of the students who are not frat men have quiet a time in competing with their fellow students who are frat men.

Respectfully yours,
A Student of the N. Y. C. D.

In Defence

Editor Students' Dept :

The student who wrote the above letter is partly right. No competition should exist in an institution of this kind. The requirements in college are alike for each student. No doubt that our dean, Dr. Weisse, has full sympathy with the student of this pathetic letter. But this story is too exaggerated. I know many students who belong to no fraternities, and have already completed their requirements in the infirmary. And many still have plenty of work on the floor without being frat men.

Especially now since the Rostrum is called and when a student is on the floor below he is sent for. So I cannot see where the writer of the letter drives at. If he really knows that favoritism exists, let him appeal to the Superintendent of the infirmary, Dr. Tripp, and no doubt he will help him. But I think the student should be every day on the infirmary floor, and he will be treated justly. The present demonstrator is a straight man and belongs to no fraternity, as far as I know, and he will give out work according to the Rostrum.

Yours for just criticism,

Wm. Winter, N. Y. C. D, 1914.

Everywhere the Light is Welcome Now

By CARL D. THOMPSON.

Everywhere Socialist literature.

Pamphlets, platforms, big posters, newspaper articles on Socialism everywhere.

And everywhere folks are talking Socialism. And they are not sneering about it as they used to five years and ten years ago. They talk seriously and respectfully.

Among the business and traveling element the conversation generally begins with:

"I'm not a Socialist, but *I want to tell you—etc., etc.*"

Then follows a very interesting and refreshing indictment of the present system and usually of the old parties. This is generally followed by:

"There are some things about Socialism that aren't just right—maybe a little radical and extreme, *but I want to tell you—etc., etc.*"

Then follows a statement of just about what the Socialists stand for.

And this is going on everywhere.

Doctors, teachers, lawyers and farmers—as well as wage workers, are talking.

And they talk about Socialism.

It is coming to be the real object of their faith and their fight.

And they are beginning to work for it. They arrange meetings. They distribute literature. They conduct debates; on the street corners, at the shops, behind the plows, in the schools, everywhere.

They argue. And no one can argue them down. So their faith grows stronger.

The fires of a new enthusiasm are burning brightly. They are talking earnestly, emphatically. Their talk is the kind that brings a clenched fist down in an open palm—a palm that is not soft nor lily white either.

"Something has got to be done" they say.

And something is being done.

They are thinking.

And talking and writing—and distributing literature—on Socialism.

In a little cabin far out in the country in northern Wisconsin the other day I met a man—a little old man—he made me think of the pictures I had seen of Tolstoi. His heavy white hair and beard, his jeans jacket and overalls, his humble home and little farm in the woods made him the picture of the American peasant.

But his mind was a dynamo. His personality a tower of strength.

On his littered table were some of the best magazines and books of the world. And he now and then arose in his virile assaults upon the inhuman systems of the governments of to-day and of yesterday—for he was a student of history, too—and paced his cabin floor.

A full-blooded Plymouth Rock rooster and his brood strolled into the open door, not knowing that his usually friendly master was discussing great problems of state—and was promptly assaulted as the nearest object that could be made to illustrate the rapid exit of the capitalist wrongs.

For thirty years this mental dynamo has made light in these northern woods. A light that no one would see. But now they are welcoming the light.

And in every section there are such. Other lights gleam out. And the people are looking for light.

Everywhere we have placed them they are shining now. And the people are profiting by them.

Every piece of Socialist literature; every book and pamphlet; every speaker and writer is a light that is welcome now.

And so they go forth to our people, in the factories, on the farms—*everywhere*, saying with Mazzini:

"I hold up a light that has been kind to me. Go diffuse it freely. And the blessings of God and your country be upon you."

ASK your dealer for our **BROACHES**
They will give you good service

We are the sole agents in Greater New
York, for **MILLER'S CROWN AND**
BRIDGE CEMENT

Try our **NOPAINE**, a local anaesthetic,
contains no cocain, or any other
dangerous narcotics

William Brody & Co.

Dental Manufacturers

67 W. 125TH STREET

Telephone Harlem 1531

NEW YORK

Telephone 515 Orchard

Manhattan Dental Supply Co.

DENTAL SUPPLIES, GOLD & TEETH

We carry the best line in Dental Specialties

415 GRAND ST.

NEW YORK

Telephone Orchard 5292

S. H. KATZ

Dental Supplies

238 CLINTON ST. N. Y.

STUDENTS OUTFITS A SPECIALTY

Nickel Plating, Repairs of Engines

Forceps equal to new 25c.

All work done on Friday

Send us a postal and we will call

2 ENLARGEMENTS FREE

Louis Eisner

95 Ave. A (cor. 6th Street)

Photo Studio for all kinds of art
Photographic products at moderate
prices. **2 Enlargements as a prem-**
ium to a doz. order free. 1 from
ordered product, 1 from a picture
of any of your relatives, friends or
persons prominent in the Socialist
movement 2 enlargements Free.

INSURANCE TRAPS!

Send for a reprint of "Insurance Traps." It will open your eyes to a few facts regarding proper insurance protection for dentists.

MICHAEL GOLD & COMPANY

TEL. 1477 JOHN 91 WILLIAM ST. NEW YORK

HENRY M. FRIEDMAN

Manager Dentist's Insurance Dept.

The best in life insurance at the **LOWEST NET COST.** Comparisons at your age upon request.

Join the New York Dentists' Chapter of the Intercollegiate Socialist Society. Purpose: "To promote an intelligent interest in Socialism among college men and women." For information write to; Dr. M. S. Calman, Sec'y 15 East 106th Street, N. Y. City

WANTED—We want students from both Colleges of Dentistry who can spare a little time to do remunerative work for our circulation department. Liberal commission offered. For information write or call **Progressive Dentist, 15 East 106th Street, City**

The advertisers support this paper. Patronize the advertisers.

To buy of us means a saving to you

Call and Convince Yourself

J. WOLINSKY

Dental Supplies

411 Grand St. New York

Tel. 857 Orchard

**Second Hand Dental Machinery and
Furniture Bought, Sold and Exchanged**

Tel. 5348 Orchard

Benjamin Marin

Dental Laboratory

High Grade Work at Moderate Prices

26 ST. MARKS PLACE

(8th St.) Bet. 2nd & 3rd Aves. New York

Established 1890

J. DAVIDSON BAKERY AND LUNCH ROOM

OPPOSITE THE COLLEGE

Corner 23rd Street

New York

To buy of us means a saving to you

Call and convince yourself

ENTERPRISE DENTAL SUPPLY CO., Inc.

GOLD, SOLDER, HIGH GRADE TEETH AND DENTAL SPECIALTIES

75 St. Marks Place (8th St.)

Near First Avenue

NEW YORK

10 PER CENT DISCOUNT TO STUDENTS

A little saving here and there
goes a long way in the end

M. BRAUDE

GOLD, SOLDER,
DENTAL SUPPLIES & SPECIALTIES

51 E. 108th St. New York

All Dental goods at very reasonable Prices

Our motto is: Once we sell you
goods you'll always deal with us

Tel. East N. Y. 3215

PROGRESSIVE Dental Supply Co.

Dental Supplies, Gold & Teeth

We Manufacture and carry the
best line in Dental Specialties

1711 Pitkin Ave. Bklyn, N. Y.

The advertisers support this paper. Patronize the advertisers.



GEM Instrument Table with rail

Size 14x16 inches, with $\frac{1}{4}$ in. Polished Plate Glass Shelves. Polished edges.

This is a very attractive table, neat in appearance and large enough to suit the demands of any doctor.

Price \$4.25 each, freight prepaid to any part of New York State.

Larger sizes made to order at correspondingly low prices.

We manufacture everything in Dental Furniture of Steel and Glass in any Color desired.

If you are interested in our line have our representative call as we can save you from 20 to 50 per cent by buying direct from us. We can make cabinets, tables, etc. to meet the demands of any Dentist, as to style, quality and size of space it is to occupy. We have supplied many of the high class Fifth Avenue Dentists, whom we shall be pleased to name upon receipt of your request.

G. POLL & CO.
1912-24 Harman St.
Brooklyn, N. Y.

EVERY COAT WE TURN OUT A WINNER''



Weissfeld Brand'' Dental Coats
Rubber Aprons, Laboratory
Gowns, Slip Covers, Head Rests
Towels, White Patients' Caps.

Dentists' Office Coats for professional work made of white or fifty other shades of washable material fast colors and thoroughly shrunk before made up. All coats made. We pay express or Postage to any any part of the world.

Write for samples, styles and prices free upon request

WEISSFELD Bros. Mfrs. of Clothing and Uniforms

"The kind they all admire"

115-117 Nassau Street

New York City

Tel. 5252 Harlem

An up-to-date Laboratory for an
up-to-date Dentist

M. Rosenthal

DENTAL LABORATORY

First Class work at Moderate Prices

2 E. 111th St.

New York

Phone 6543 Harlem

E. TISHIP MECHANICAL DENTIST

First Class Work Guaranteed

Prompt Service

Prices Reasonable

1657 Lexington Avenue

Bet. 104th & 105th Sts.

NEW YORK

Phone Harlem 3879

L. BERGER
46 W. 116th St. New York
I Make a Specialty of

SINGS
FOR DENTISTS

Advertise in the Progressive
Dentist

In answering advertisements please mention the Progressive Dentist.

FOR STUDENTS ONLY

"Practical Talks" by "Practical People"

On Saturday Afternoon, at 2 P. M. for Spring of 1913
IN OUR SHOW ROOMS AT 45 W. 34th STREET

JANUARY 18th,

Nitrous-Oxid and Oxygen and its uses.
By Boyd S. Gardner, D. D. S. of Chicago, Ill.

FEBRUARY 1st,

Electric Engines and Lathes as seen by a mechanic.
By Fred Schwemmer, Jr., Phila. Pa.

FEBRUARY 15th,

Cabinets and their merits.
By Frank A. Hauser, New York City

MARCH 1st,

Switch-boards and their uses as seen by a practical dentist.
By L. K. Walz, D. D. S., Phila., Pa.

MARCH 15th,

Fountain Cuspidors, Etc.
By George Kempner, New York City

MARCH 29th,

Vulcanizers and Vulcanizing up-to-date.
By James Hardy, New York City

APRIL 12th,

Compressed air and its use in Dentistry.
By Fred Schwemmer, Jr., Phila., Pa.

APRIL 26th,

Chairs and their practical operation by an operator.
By Dr. Chas. F. Wassemer, Phila., Pa.

MAY 10th,

Office arrangement up to the minute, and practical.
By Chas. A. C. Kelly, New York City

Should any change in this list of "Practical Talks" be found necessary, such as changing subjects from one date to another you will be advised.

Kelly Dental Supply Co.

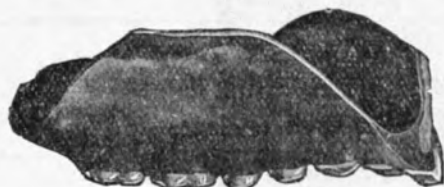
"The Dental Equipment House"


45 W. 34th Street

New York City

We Want **OUR** Clients to
Know About **ENAMEL** Surfaces as
They Appear on **RUBBER** Plates Made by
Us. **PLATES** That

ARE THE LIGHTEST,
HARDEST, STRONGEST,
TOUGHEST AND THINNEST,
EVER MADE



There is but one practical way to acquire this knowledge
which is of course to test them by actual use. They cost
but fifty cents more than the old style 

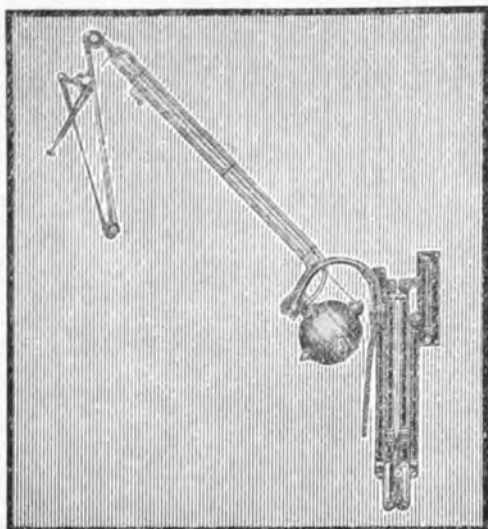
CLUMSYWEIGHT

SAM'L G. SUPPLEE & CO.

1 UNION SQUARE

NEW YORK

COLUMBIA



A New Electric Engine COLUMBIA MODEL "C"

TO the dentist who wants an electric engine of the folding bracket type, this new *Columbia Model "C"* will appeal with an irresistible fascination.

For it combines a more highly perfected bracket than any other on the market, with the motor supported in a swivel and balanced by the main belted arm and short arm, so that the motor itself is always away from the patient, while the arm and hand-piece is most convenient for the operator.

Because of its greater range, smoother action and almost universal adaptability, it is believed this new type will supersede all other makes of this kind on the market.

Investigate it and you will be convinced of this beyond a doubt, when you have seen the details of its construction.

Send for our catalog to give you further particulars.

THE RITTER DENTAL MANUFACTURING CO., Rochester, N. Y.

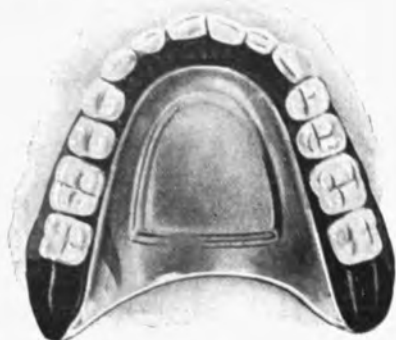
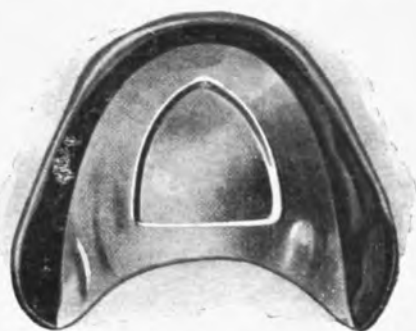
31 W. Lake St., CHICAGO

200 5th Ave., NEW YORK CITY

1421 Chestnut St., PHILADELPHIA

D. SHERMAN & CO.

DENTAL LABORATORY



30-32 East 14th Street

Telephone Stuyvesant 3381

To be successful in your business you
must give your patients work of first quality

We Can Do It at very moderate prices

—A trial will convince you—

Our New Idea Gold Palate Plate has
proven to be a money-maker to many of our
customers.

D. Sherman

M. Movshovitch

Eckley Dental Supply Co.

DOWN TOWN DEPOT

50 UNION SQUARE

Germania Life Building

Cor. 17th St. and 4th Ave.

We Make a Specialty
of Office Outfits and
Equipment

Harlem Depot



Brooklyn Depot

29 W. 125th ST.

346 FULTON ST.