THE PROGRESSIVE DENTIST

Vol. III FEBRUARY 1914 No. 2

CONTENTS.

ORIGINAL COMMUNICATIONS.

Awakening .... Dr. L. Levitt 5
Relative Merits of Filling Materials .. E. T. Darby, M. D., D. D. S. 7
Removal of Impacted and Uninterrupted Teeth—
Selling Gold Bricks to Dentists .... Dr. Maxwell Lanes 12
Discussion by Drs. Hasbrouck, Green, Lederer 13
The Social Democracy and Germany .... Karl Kautsky 20
Editorial Department .... Dr. L. Levitt
Orthodontia—A Failure (continued) ..... M. J. Emelin, D. D. S. 21
The Calf Path .... Sam Wolter Foss 27
Must Not Sell Cocaine to Dentists 30
Kings County Dental Society 31
Dental Society News 23

Published by the

PROGRESSIVE DENTIST PUBLISHING ASSOCIATION

347 E Tenth Street New York City.

Subscription: 50 cents per year. Single copies, 10 cents.

Brooklyn Dental Co.

DENTAL SUPPLIES OF EVERY DESCRIPTION

350 Fulton Street, Brooklyn, N. Y.

AGENTS FOR COLUMBIA CHAIRS, ENGINES, LATHES AND ALL OFFICE EQUIPMENT BY THE BEST MANUFACTURERS

SEE US ABOUT YOUR OUTFIT

Telephones 796 and 797 Main

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 loca[illegible]naesthetic, contains no cocaine, or any other d[illegible]rous narcotics

WILLIAM BRODY & COMPANY

Dental Manufacturers

67 WEST 125TH STREET

Telephone Harlem 1531 NEW YORK

The advertisers support this paper. Patronize the advertisers.

'Phone 7674 Morningside

I. STERN & CO.

Manufacturers of

DENTAL GOLD SPECIALTIES

Gold, Platinum and Silver Refiners
High-Grade Teeth and Dental Specialties

112 WEST 116th STREET

NEW YORK

Gold Shells
Gold Solders
Gold Plates
Gold Clasps
Gold Cylinders

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

KELLER'S MASTODON CEMENT
For Treatment

DO YOU KNOW?

¶ **"STIFKLASP"** is a special clasp which we make for Lingual Bars, Crown Pins, etc. It is stiffer than platinum-irridum wire. It will not corrode. It is higher fusing than pure gold. It is vastly superior to platinum. USE IT.

¶ **"GOLBAC"** (copyrighted) is a gold backing which is not excelled by pure gold. It is our product and cannot be equaled. TRY IT.

¶ **"FLECK'S CEMENTS"** are made under the personal direction of DR. HERMAN FLECK, B.S. P.H.D. Nat.D inventor of the famous "Petroid Cement" **FLECK'S PERFECTED CROWN, BRIDGE and INLAY CEMENT is the only cement made in a snow white shade.** We are Sole Agent for them and FLECK'S RED COPPER CEMENT.

GET THEM.

Notice to Students.

A FREE COPY OF

THE TWENTIETH CENTURY MOULD BOOK

[Third Edition]

is awaiting you at our dental depot and will be presented o you free if you will call and fill in a card request.

This book presents the best known method of selecting and ordering all forms of teeth. You will find it very useful when you enter practice.

Unexcelled Facilities for Service.

Our retail dental depot is one of the largest and most conveniently arranged in the country. Our extensive and well selected stocks enable us not only to supply your wants, but to show you many articles which you will be glad to know about and may need later.

Come in and see of how much service to you we can be·

THE DENTISTS' SUPPLY COMPANY

220 WEST 42nd STREET

NEW YORK, N. Y.

Take Broadway car at 2nd Ave., and get off at Broadway.

DENTAL FURNITURE EXHIBIT

SPRING OPENING

February 23rd to 28th, 1914.

The Latest Accomplishments of the Leading Manufacturers

in ARTISTIC and HIGH CLASS

DENTAL FURNITURE

DENTAL CHAIRS, CABINETS, ELECTRIC ENGINES, CUSPIDORS,

:: SWITCH BOARDS, LABORATORY CABINETS, ETC. ::

EVERYTHING THAT GOES TO EQUIP A MODERN DENTAL OFFICE

Practical advice on office arrangement, color, effects, etc.

to suit your particular case, by people who know how

THE KELLY DENTAL EQUIPMENT HOUSE

45 W. 34th STREET, NEW YORK CITY

EXHIBITION

AND

MID-WINTER CLINICS

LECTURE AND DEMONSTRATIONS

Thursday and Friday, Feb. 26th and 27th

from 1 P. M. to 11 P. M.

We believe that many dentists have been kept away from attending such affairs in the past, feeling that the sale of goods would be urged upon them.

There is hardly a trade or profession in which there are so many innovations and improvements as in the dental line, and we feel it to be our duty to keep you informed as far as is within our power, of the new inventions, appliances and methods which are constantly being adopted to improve and facilitate dental practice.

This is going to be a very instructive and helpful exhibit and of particular value in its influence in assisting you to improve your practice. It is not to be a sale but will be a meeting of professional men.

CONSOLIDATED DENTAL MANUFACTURING CO.

45 WEST 34th STREET NEW YORK CITY

The Progressive Dentist

VOL. III FEBRUARY 1914 NO. 2.

AWAKENING

DR. L. LEVITT

When on Morpheus' soft and sable wings
Night to my soul the long-sought slumber brings,
When under cover of nocturnal shades
Begin to rise the shapes of fairy maids,
When witches weird and goblins strange appear
Fierce, wonderful, majestic, queer!
When Nymphs and Nayads jovial throng
Lull my worn soul with enchanted song,
And bathe my weary, feverish brow
With humid locks that over me bow,
I lie enchanted on a flowery bed
With roof of starry azure high above my head
And dream a dream of everlasting life,
Where genuine friendship dwells without strife,
Where love eternal reigns—celestial love—
That soars, unknown to mortals, high above!
Thus I dream, when, suddenly, I hear
A harsh, uncouth voice that shrieks into my ear:
"Arise, you mortal slave, you offspring of despair!
Arise from slumber sweet, behold life's piercing stare!
Forget celestial bliss, eternal life,
There's another road for you, bestrewn with thorns and strife!
How can you slumber now and dream of life unreal,
When multitudes are crushed beneath an iron heel?
When myriads afflicted with disease, starvation, vice
And diverse crimes that human souls entice,
With pitiful cries and arms outstretched, implore
To raise them from the mire and bring them to the shore?
How can you tolerate a world of woe and pain,
Where misery, iniquity and crime supremely reign?
Where multitudes are starved 'midst amplitude untold!
Where sacred love is daily bought and sold!
Behold the child—so young!—who slaves from morn till night
To help its parents in life's cruel, desperate fight!
Behold his mother: pale, with thin and wasted breast,
To which a baby clings in search of food and rest!
Behold his dying father, who slaved and fought through life,
Defeated, miserable, wrecked, he leaves unequal strife!"
Thus spoke the voice .... each word, each sound,

Like piercing arrows, to my heart their way have found!
And with the swiftness of a ray of light
The gay ethereal throng has vanished from my sight.
I rose to my feet and seized my sword—the pen—
Oppression's bitterest foe that often won for men
Their liberties; a bitter challenge and a solemn vow
I voice before oppression now:
Henceforth my humble pen shall ever be the sword
Of the exploited, downtrodden horde!
A keen-edged spear that by my subtle art
Shall pierce the sycophants' malicious heart!
A mighty bow, which, drawn with unfaltering hand,
Shall fearless arrows of defiance land!
An inexhaustible volcanic fire,
Destroying evil in its fearful ire!
But to the multitudes, who are bent beneath the weight
Of struggle most severe and penury innate,
My pen shall ever speak of beauty and of love,
Of meadows, brooks beneath—of sun and stars above!
To them my humble pen shall be
A fountain of courage, hope and glee,
The Sentinel of liberties attained—
The Herald of the Freedom to be gained!

THE RELATIVE MERITS OF FILLING MATERIALS.

Lecture by Prof. Darby, at Kings County Dental Society, Jan. 8, 1914.

My duty to you to-day is to apologize for not appearing with a written essay. But as I have promised your committee either to write an essay or give you a talk, I have come this evening to fulfill my promise. My talk will be a simple and concise one. I do not think there is anyone present who will not be able to understand me, for you are, I hope, all interested in the same subject that I am, and from this basis I will be at home with you.

The first question will be, "Why have I selected this subject, 'Which is the best material with which to fill teeth?' for to-night's talk," and my answer is that this is the subject that is most interesting in the dental profession at the present time.

The Relative Merits of Filling Materials?

If you would have asked this question a few years ago, "Which is the best material with which to fill teeth?", I should and probably would have said that in large cavities where your patient is not able to pay for gold, I would use tin-foil. Remember that fifty years ago gold was $60 an ounce instead of $25 as it is to-day.

At that time, if a dentist got $1 for a gold filling he thought he was quite well paid, while now $2 and $3 are given for the same sized fillings.

There are few who remember dental prices of fifty years ago.

If there are any present to-night who practiced fifty years ago they will remember that only three materials were used to fill teeth—gold, tin-foil and amalgam. One of the best preparations, gutta percha, which had been used, was

discouraged owing to its disadvantages, and the dentist was limited to gold, tin-foil and amalgam. There had been two amalgams on the market and many dentists were making their own amalgams. But we will refer to the subject of amalgams later.

Gold is perhaps as much used now in the certain class of teeth or cavities as it was used at that time. But now, to be frank with you, let me say this in behalf of gold:—"Which is the better material, gold or amalgam?" My own opinion in regard to gold now is no less high than it was fifty years ago. Gold in cavities of medium size, I mean fissure cavities, and cavities of small size in proximal surfaces has not perhaps been successful due to faulty manipulation. There are very few dentists who use gold in the anterior part of the mouth now as compared with twenty or twenty-five years ago.

The opinion is quite prevalent that gold is unsightly in the anterior part of the mouth, and I think that a dentist of to-day, the man who practices dentistry according to the asthetic principles, rarely puts gold in the anterior part of the mouth or anywhere in the mouth where it will show. And I have no regard for gold in small cavities nor in teeth that are very badly damaged. In such teeth it would be inefficient to use gold fillings, while in large cavities in bicuspids and molars I should prefer gold inlays. It has been demonstrated that inlays of porcelain or fillings made of the cements, will not stand while great stress is brought upon them, therefore the porcelain inlay has not taken the place of the gold inlay in these cavities of bicuspids and molars.

Now what about porcelain inlays? Porcelain inlays have been a disappointment to many dentists. An inquiry made among many of the dentists' supply dealers has developed the fact that dentists were seldom called upon to make porcelain inlays; in fact one dealer, a dental manufacturer, told me that he hadn't sold one porcelain outfit in a year, showing that the demand among dentists for such porcelain inlay work has grown less and less each year. All of you who have shared the experience with porcelain will agree with me.

By porcelain I do not mean porcelain fillings, though I do not now make any more porcelain fillings than I made forty years ago, showing that in my experience the porcelain inlays and fillings have not been all that could be desired. It is a disappointment in most cases of approximate cavities of bicuspids and molars where great stress is required. It has been said that no porcelain inlay is better than the shape of the cavity or the cement which holds it in place. Porcelain inlays are growing more and more out of use as other materials are growing into use.

What about oxyphosphate of zinc cement? It was brought into use about fifty years ago and recommended as a permanent filling material. It was planned by those who manufactured and sold it that it should take the place of gold. It is a good non-conductor, but was a disappointment in color. It is easily adapted to the walls of the cavity, but dentists soon found that they could not expect the oxyphosphate cements to last more than two or three years and that they would not always preserve the tooth. Zinc was a disappointment to the dentist therefore it was favorable only for a period of

time, perhaps two years. It was impossible to set crowns with oxyphosphate cements; remember that gold crowns were not in existence until twenty or thirty years ago. It ws impossible to stay on a tooth without oxy-chloride of zinc. And when you consider that all bridge work was impossible without it you will also see why it occupies a conspicuous position to-day. The mistake the profession has made was that they relied upon oxide of zinc as a permanent filling. It has been recommended by some as a permanent filling when in reality we know by years of experience that none of the oxy-phosphates of zinc could be relied upon. But I will say this for the oxy-phosphate—it saves teeth as well as anything can save them when it does not wear out or disintegrate. We have a great many varieties of these cements bearing different names. In my own experience, with the dental dealers I will say in behalf of American manufacturers that they have in past years put out products that rank very favroably with those that come from Germany and other foreign countries.

Oxyphosphate of copper? I know of nothing in my own experience and practice that has given me more satisfaction than the oxyphosphate of copper. It has been bad in color, its black color in contrast with white teeth looks bad. In the back of the mouth, in broken teeth, in wisdom teeth or in very much broken down teeth the copper cement is very beneficial. In anterior teeth it can not be used on account of its color. I use a white copper cement and I have never found anything that has given me more satisfaction.

Recently some of the American manufacturers have been making two kinds of copper cement preparations, a red and a white. I have been using this in broken-down molars some element that is white or nearly white in color, and that has the ingredients in the right proportion to insure the permanence of the color,

What aout the other cements?

Following the oxyphosphate of copper many other cements came on the market. Several of these attained success, while others were a great disappointment. I will not mention any nomes ut I have not used them, while pain has never set in in teeth that were filled with the copper cements. But the discoloration made the teeth look worse than decayed.

They have a preparation now that takes theplace of porcelain in the anterior part of the mouth and that is the new preparation of De Trey's Synthetic Cement for the aesthetic enamel. It is perfectly new, having been in this country only about two and a half years. It has been in England and other foreign countries for a long period of years. It is used by dentists who use porcelain; but after two, three or five years we shall begin to see changes in the color. We should also be careful not to use it in places where we expect stress. I have used it a good deal in places where I have used porcelain. I am constantly taking out fillings in the anterior part of the mouth and put enamel in place of them. I am exceedingly pleased with it so far as I have gone, but I am not sure that it will last more than three or five years at the most. A woman said to me, "I wish that you would take every one of thes gold fillings out of my mouth and put enamel in their places. I replied that I will do so

in about three or five years from now; and this womans gold fillings were perfect. If I had known that this enamel would have saved her teeth as well as her gold fillings, I should have been glad to grant her request to take those fillings out. I would want her teeth to bep reserved. Dentists all over the country are acting with doubt. It is wise for us to go cautiously with this new material but at the same time, I think this aesthetic enamel promises to be a material that will be generally used.

I am now going to speak of amalgam. We have heard of it for a great many years. We have heard of it ever since the Crokows brought to this country a product with them which they called The Royal Mineral Succedanium. These two barbers came to this cuontry and they were in the habit of taking out the fillings of the best dentists of the day and putting in the Royal Mineral Succedanium. Their price was but one dollar and it is said that they filled everything — fissures, approximate spaces, and big cavities for one dollar. Such dentists as Palmer, Brown, John B. Rich, and such reputable men of their type, suffered the disgrace of having their fillings taken out and filled with the Royal Mineral Succedanium. It is told that they were advertising this everywhere. The Royal Mineral Succedanium, gentlemen, was nothing but coin silver or pure silver filled with mercury. In 1888 there was introduced a new amalgam which was generally mixed with mercury but it very soon was found that this mixture not only disintegrated but turned yellow and the fillings, in a few months, were so unsightly that it was denounced and the tin fillings or amalgam soon went into disuse. Then Dr. Thompson, who in early life was a watchmaker brought in a new filling material. I frequently saw fillings that he did more than fifty years ago of gold. Owing to the Crockows with their paste fillings, the dentists of the country were so incensed that any class of men should come here and claim superiority for their material over gold, that they would have nothing to do with men who would not promise to use gold. Many men were expelled from the association and many were denied admission because they would not sign a pledge that they would not use it. When Dr. Thompson of Philadelphia felt it was possible to introduce somehting better than the old Royal Mineral Succedanium and he experimented with silver four prats and tin five parts, melted and filled up with cut-in shavings and put into the tooth. This is the Thompson amalgam which you find in the market today, and it was then so used when I began practicing dentistry. The dentists made their own amalgam. We would get pure silver and tin and using five parts of tin and four of silver, expecting the fifth part of tin to burn out. This we amalgamted with mercury and put in the tube. It either expanded or contracted according to its age, —that is, the new cut contracted, the old cut expanded. After that, or within three or four years after, Dr. Lawrence of Lowell, Massachusetts introduced an alloy that he said was vastly superior to Thompson's because it contained copper. He used an American coin which had a percentage of copper and he claimed that by mixing a little copper with his alloy he could make a very much better filling.

Then others introduced gold in

combination with tin and silver and others still further advocated platinum. We bought platinum in that day very cheap. I experimented with that in the sixties with alloys to see how much of gold they would stand. I found that I could put gradually all gold in amalgam but it set so quickly that I could hardly get it into the cavity. The only thing against it was that it made the color so shiny, and if we used one to two per cent. of zinc we had brittle margins and had to discontinue the zinc. It was Dr. Hitchcock of Boston, Mr. John Adams and Mr. John Adam's son, and Mr. Fletcher and finally Dr. Flagg who had been experimenting with alloys that we had improvements in our filling amalgams. They proved that all amalgams shrank or expanded according to the proportion of silver or tin and also according to the age of the material. They also found that they had a tendency to globulate. They found that all alloys had a tendency to flow on the pressure. And thus experimentation went on with the hope of producing an alloy that would not contact or expand, or expand little, a quality that was not undesirable. The result of their experience and, I think, the result of most men who use alloys, is this, that they are very unequal and very uncertain. We sometimes get the best results of alloys composed of equal parts of silver and tin and sometimes with a larger percentage of silver and sometimes with a smaller percentage of tin. We also thought that some are improved by the presence of copper. After investigation, and after experimenting with these alloys, I have come to this conclusion: alloys which have a large percentage of silver and at least five per cent. of copper and a smaller portion of tin than was formerly used are the best alloys. I have found that where 70 parts of silver and 5 parts of copper and 20 parts of tin are used I got better edge strength, less shrinkage, compartively little expansion, and less discoloration. But I believe there is no amalgam filling that is satisfactory. I sometimes feel when I look into a mouth into which I put anything but gold that I regretted that I ever used amalgam in my practice. And I recall the words of Dr. McLean who said, "Thank God I never inserted amalgam fillings in any mouth and I hope I never shall." My own feelings notwithstanding, I use alloys, and consequently the disappointment when these fillings come back after one to three or five years, and I find more or less shrinkage around the margin, is a feeling of disgust and then I think I am very sorry I ever used amalgam.

The question may arise in your minds whether it is possible that amalgams are being improved. We have in Philadelphia a gentleman who has been experimenting with alloys and he is producing an amalgam which contains 15 % of copper and it is so perfectly balanced withtin that he considers it synthetically correct. It seems to give promise of being an alloy amalgam that is going to come nearer the filling or alloy than anything else. But it does discolor.

I was reading an article published in 1861 in which the subject was being discussed. The writers who took part in the discussion were Doctors McLean, Buchanan, Easton, Black, Giddings, and one or two Philadelphia dentists. Their idea of amalgam was that it was permissible to use it in some cases. But the cases where

it should be used were very rare and it should be watched with great care because it was liable to shrink so badly that it would not be safe for the teeth. The alloys of that day were either coin silver amalgam with mercury or they were fillings of Dr. Thompson's which was equal parts of tin and silver.

Some years ago two men associated with our mint in Philadelphia took up some of the suggestions of Dr. Flagg and produced what is known as Standard Alloy. It is claimed that it contains a large percentage of gold. This alloy sells at three or four times the price of minor alloys. It has been used by some dentists for a long period of time. It has been on the market I guess, fot twenry-five or forty years. Some claim that they would not use anything else. I was one of those who felt that the price was higher than the material might be. But I learned by experience that no matter what you pay for alloy it makes very little difference and sometimes a cheaper alloy looked better than the higher priced ones. When you expect great things of these high-priced alloys you find that they are not always satisfactory.

The late Dr. Bentley made the best alloy fillings that I remember ever having seen. It was his practice when using alloys to dissolve them, using mercury, and as much gold as it would take up. He used the formula made by Welch. It was a tin and silver alloy with possibly a little copper with it. Mixing his mercury with his alloy he would put in as much gold as it would take up. Then he would mix his filling with that. It was very evident in his mind that gold would add value to the amalgam. Dr. Flagg says that gold does not add the slightest degree to the value of amalgam, but I say this in behalf of Dr. Bentley's work, that I have never seen amalgam fillings that have ever looked better than those he made. Although they are more or less discolored the margins are good. But after all has been said and done, amalgam is not a very satisfactory fill-filling material. It is said that 75% of fillings in this country are made of amalgam, and there are over 200 separate amalgams advertised. That is, either under personal or proprietory names, there are 200 of these listed on the market. Now, 75% of the fillings that were made in this country and possibly that would be the same in European countries, pitted with some materials better than amalgams does not fill 75% of the fillings used. What that material is going to be no one can tell, but I look forward to the time in the not very far distant day when we shall have some plastic material that will take the place of alloys, and of inlays something that will take the place of gold and porcelain inlays. It probably will not be along the line of synthetic enamel. It probably will not be along the line of silicate. But I think the time is not far distant when something will be brought forth that will come to our rescue and save us from our awful burden which we felt when we attempted to use amalgam.

I have not told you which, in my judgment, is the best. I only outlined to you what is my experience and my conviction with regard to some of the materials, in constant use at the present time.

(Discussion continued in next issue)

SELLING GOLD BRICKS TO DENTISTS

By Dr. Maxwell Lanes

The article which you are about to read is not a scientific one, but I think you will fidn it interesting as relating to the Dental Profession.

The Dentist who has been a few years in practice knows and has experienced the fact that instruments, materials, and dental equipments are a burden with which he commenced when he entered practice and becomes a problem to him, no matter how long he continues in practice. The problem must be solved some day.

Speaking of exorbitant prices of instruments, did you ever hear any professional man say with reference to instruments that the price was reasonable or cheap? No, of course not. Did you ever pick up a bur or a broach and show it to some of your intelligent patients and then spring the price of it? Why, you don't need an anaesthetic for that patient. The shock would be enough. I always thought to myself if you took a steel broach or bur and had it weighed that you could buy gold cheaper.

I won't say much about cements, but the way they pack them in microscopic bottles, one would thnik that each atom of powder was packed in separately and a charge of $1.50 for 150 atoms made. *They are losing money.* I hope to see the day when *Caso* will be packed the same way. That is why I buy it by the barrel ($2.25 a barrel), so that when it happens, I will become rich.

I am getting somewhat foolish, you may say, well, I'll drop this nonsense and become serious; and I will say this, which you may not believe until convinced, that the dentists in New York can save $100,090 or more a year on one article alone mostly used in denistry; and that is the precious metal called *gold*.

Follow the table closely.

Present gold prices at Dental Depots.

24 K plate $1.13 dwt.	$21.80 oz.
22 K plate $.05 dwt.	$20.00 oz.
18 K solder for 18 K plate	$.85 dwt.
16 K solder for 16 K plate	$.75 dwt.
At the U. S. Assay Office or Any Assayer in Maiden Lane	
24 K plate $1.04 dwt.	$20.80 oz.
22 K plate $1.09 dwt	$19.00
18 K solder for 20 K plate	$.80 dwt.
16 K solder for 18 K plate	$.70 dwt.

Now let us say that each dentist uses an average of two ozs. of gold a month, which is a very low figure—there is a saving of one dollar (.1.00) per oz.

5,00 dentists in New York
2 saved each month

$10,000 a month
12 months

$120,000 a yera.

The above figures prove that the dentist is taken advantage of by the dental depots, and handed a gold brick every time he buys gold; and still the depot claims it loses money on gold.

I would like to know why it is that the depot charges one dollar thirteen cents ($1.13) a dwt. for pure gold 24 K, and the U. S. Assay office or any assayer, one

dollar four cents ($1.04) a dwt? Is it because they are not making enough on the other instruments and materials, or what? This is equivalent to giving them one dollar thirteen cents ($1.13) for one dollar four cents ($1.04). They are giving us short cahnge in other words. Can you imagine what all these figures mean taking all the states into consideration?

I do not belong to any Dental Society but I would offer a suggestion to them.

Why not get up a formula for a solder of the different grades and have an assayer make it up for the society and each dentist receive his solder that way? You know it will be the standard. You will save about ten cents a dwt. and will do away with the leeches who are attached to the dental profession. By them I mean the different companies who advertise that their solder is always the bestfi, etc., and all their agents always claiming there is no money in gold, and that they are doing the dentists a favor by handling it.

I hope that I havenot written this article in vain—that it will be well taken by the profession.

DISCUSSION OF

THE SURGICAL TECHNIQUE EMPLOYED IN THE REMOVAL OF IMPACTED AND UNERUPTED TEETH THE USE OF ANALGESIA AND LOCAL ANESTHESIA FOR THEIR LIBERATION AND A PLEA FOR STANDARDIZATION OF METHODS.

Paper by Fred'k K. Ream, M. D.,D. D. S., Aeolian Hall, New York City. Read before Eastern Dental Society, Dec. 4, 1913.

DR. HASBROUCK:—

"There is not much to say. I don't know that I can add anything to his remarks. It would be hard indeed to establish a standard for methods. What we are after is results. Some men can get results one way, some one else another. If we follow recognized rules of surgical procedure I don't think it makes a bit of difference what our methods are. If the regular rules are followed surgically the results should be good. I have operated cases under local anesthesia, I have tried to operate under analgesia, but it drops off into aneshtesia before I am through and the results have been remarkably good, except that it has been my observation that where the patient is operated on under anesthesia there is less likelihood of surgical shock. I think the patient's condition must be taken into account where local anesthesia is used and I believe there are certain patients on whom it cannot be used at all. Your patient will collapse in the chair not because you hurt him but because they think they are going to be hurt, and it amounts to the same thing.

I agree with Dr. Ream that for many cases the specialist's office is the place to operate, but there is a class of cases which can be oper-

ated to advantage in the hospital only.

A case where the operation is so extensive that you must have your patient under absolute control for a certain period of time after the operation I mean. I think under these conditions we are not justified in operating unless the patient is willing to go to a hospital. I think it works out both to the patient's and surgeon's advantage if this rule is followed. The case in point I had in my own practice a short time ago. A young woman presnted with a buried tooth in the ascending ramus of the jaw. I begged her to go to a hospital but she could not afford it, and would I not strain a point and operate in my office. I did, the patient is doing fairly well, but we are on the third week of treatment and I believe if the case had been operated in the hospital it would have been out in ten days.

In so far as cutting away the tissue is concerned in these operations, I don't hesitate to cut. I don't believe there is very much danger in weakening the bone, providng we know where we are cutting. I would not hesitate in having stripped soft tissues away to cut half way through the jaw to facilitate operations. But after all that is a question of personal opinion. I think the wound would heal as quickly and as well. The principal point I try to emphasize in operations is that of diagnosis. Make your diagnosis first. Don't go ahead in the dark. Know what you are doing and if you are inclined to lean either way, lean toward the conservative end.

I had a case to diagnose a short time ago. A patient came to me with one of those teeth for operation. I looked at it and saw a typical impaction, almost horizontal, apparently imbedded against the second molar. I explained the case to the patient and named a fee for the operation. It was $10, $15, or $20, and the patient declined.

About a week afterward I had a nice letter from the patient who had gone to Dr. Friedlander, who took it out very easily. I could not diagnose it that way at all.

So far as treatment goes, I am in the habit, after my first dressing is in place, of not disturbing that dressing for some days providing no unfavorable symptoms develop. If there is no undue pain, no rise of temperature, let the dressing alone for three or four days. I have allowed a dressing to remain in for a week. The less you meddle with these wounds doing well, the better they will do.

I think we can have TOO MUCH TREATMENT.

Question:—"What is your dressing?"

Answer:—"I vary it according to some cases. For some plain surgical gauze, for some surgical guaze mixed with bismuth, for some iodoform gauze. That covers it in the majority of cases. I find some people stand one thing better than another.

I think Dr. Ream's point about irrigation well taken, although I don't irrigate at all during my operation. I use idodine before and after and I irrigate to cleanse my wound.

I am not prepared to criticise as I said before the methods of anyone, providing he can show results. It makes no difference if you use a stone, or elevator or forceps or a sledgehammer, if you get good results, you get the credit for it just the same.

Now in one or two of the radiogrpahs which Dr. Ream showed, I

noticed what was apparently an area of infiltration in the second molar at the point of contact to the third molar. These belong to a class of cases which I hesitate to operate. I am very much inclined where this infiltration is apparent to advise the patient to have the second molar removed because if this is not done you are going to have severe neuralgia trouble from that second molar and you are going to lose that second molar in a very short time, so I advise its removal.

Frequently some appliance can be made that will force that third molar upward. Even if you let it alone nature is kind and I have seen third molars in two or three years, where they have come upward and forward and made fairly serviceable grinders.

The point of time required in operating is an important point. I don't advocate any hurry-up operations, but I do claim the less time consumed in your operations, the better result you are going to have. Where you are cutting and hacking around a certain corner of the mouth, you are going to bruise tissue, and where you bruise and irritate tissue you interfere with circulation and there will be slowness in healing. There is a plea for general anesthesia. If you can, go right ahead. It is easy enough to keep the mouth cleansed with swabs, and I will venture to say that an operation under local anesthesia which will take three-quarters of an hour can be done in twenty minutes under general anesthesia.

I think so far as the main points are concerned, Dr. Ream and I are in accord. Only on small points do we differ in individual procedure. We both get results. I thank you, Mr. President.

DR. GREEN:—

"I listened with pleasure to this very practical paper. I am sorry to follow Dr. Hasbrouck, who said everything I was going to say first. There is nothing further to say in the matter. I agree with him results are what we are after.

For over fifteen years I have been removing impacted third molars and in all that time I can remember only a few cases where I had to resort to the carbondum stone and drill, but in any case in which the tooth is situated in a line so horizontal and I can put my forcep on the tooth, I don't resort to the drill. The moment I can grasp that tooth with proper anesthesia and any kind of a forcep and I can get a firm grasp on the tooth, it is going to come out.

I believe in the drill, chisel and carbondum stone when the tooth is so imbedded that your forcep will not take it out. As I said before if my foreceps will get hold of it (I always feel if I have gotten hold of the tooth), and if I can move it, I can get it out.

The less surgical procedure you use the sooner the patient will get well. Don't misunderstand me that you don't have to use the drill, chisel or bur. If you can get your forcep on the wisdom and you can close your beaks it will move.

Another thing in which I agree with Dr. Hasbrouck. In many cases it is advisable to remove the second molar. I disagree with the doctor about hospital cases. I have been practicing some years, and I always find out that when anything new aseptic appliances are put on the market the dentists are the first to buy them. They say dental depots supply the dentists with much more aseptic appliances than do the manufacturers the medical profession. I was aston-

ished the other day on going into a dental office where modest fees are gotten at the fine equipment of that office. There are hundreds like it all over the United States. When we come to the question of septicemia from surgical operations, dentists are on the lowest percentage of any as far as that is concerned. As far as the anesthetic is concerned it is absolutely immaterial. I use anesthesia or analgesia. It requires several engineers to work it. Some patients get surgical shock. General anesthesia will never go out of use. Local anesthesia will not take its place entirely.

As far as irrigation is concerned, it is good. When I do an operation where blood is lost I have tampoons ready to use. Surgical packings are good, but have no place in a tooth socket. The cotton or gause used becomes wet with saliva and swells up. For pain I usually take a spatula, put a little of the powder Orthroform on the spatula and put it in the socket after the socket has been thoroughly cleansed. First swab out the socket with iodine. Let the orthroform fall right into the socket and leave it there for a day or two. I don't believe in packing sockets. You want the wound to close. Gause has no place in the mouth. Imagine all those bugs in your mouth getting into that gauze.

Dr. Ream made one mistake. I don't think he meant it. He does the main work under local anesthesia and then gives general anesthesia for extracting the tooth. Swelling can best be removed with hot fomentations. For swellings I like ice. If I find the patient's face is inflamed and I have a swelling and I am doubtful, I will not apply heat. Heat will bring pus to the surface. When I am in doubt and I have a swelling, I apply ice because reduction of temperature causes contraction of tissues. When I want pus to come out I want it in the mouth and not outside.

As far as standardizing our methods are concerned, it is over five years ago I advocated the same thing on the lines of anesthesia. You cannot standardize a profession. It is absolutely impossible. Standardizing is impossible when one man is so much more skillful than another. Standardizing a profession would mean to get all brains of the same size and all skill the same way . That is absolutely impossible. Standardizing manual labor might go, but standardizing brains and skill cannot be done. I thank you.

DR. LEDERER:—

Mr. President, members of the Eastern Dental Society:—

"I am rather in a tight place. I should like to begin my discussion as Dr. Green, but because what Dr. Hasbrouck left unsaid Dr. Gren said. However, there are one or two points I would like to dwell on.

Dr. Ream has read a paper that proved very interesting. He has shown very beautiful slides and after listening to his paper carefully one would be impressed with the idea that the removal of impacted third molars is on the while a very simple matter. The technic of the Doctor is excellent in his hands, and I agree with Dr. Hasbrouck and Dr. Gren that it is not the method but the results which we obtain.

Dr. Ream obtains excellent results from the carborundum stone but I have never used it to remove any third molars. The quotation of such a case as the Doctor was

called on to anesthetize for an oral surgeon during the removal of a third molar is apt to mislead. I myself had a most trying experience to remove four unerupted third molars which took two and one half hours. And still, I would not quote that case as an example of condemnation of hospital work.

The slides shown are beautiful, but it seemed to me that we saw one class of impacted molars, or rather the majority of these cases were of one fixed type. Where the carbonundum disk aided by the elevator and forceps will do excellent service, gentlemen, there are cases, and I regret that I have not the slides to show them, where I have had occasion to remove a third molar that was situated in the same ramus high up. How on earth are you going to get there with a carbobundum disk and an elevator? There is no question that the average impacted third molar can be moved fairly easily, but there is a distinct class of cases that absolutely must have hospital treatment.

Dr. Ream showed a slide with an exostosis of the sixth year root. The method I follow in these cases is to directly make a flap operation and never injure my anterior or posterior root. The mutilation of the soft tissue if you operate antiseptically means nothing, absolutely nothing. I don't believe that the question of the fee should enter into the question whether or not a case should be taken to the hospital. If I saw that the patient needed hospital treatment and he has not the money to pay me or the hospital I would do the operation gratis and see that the case goes to the hospital anyhow. You cannot do in an office what you can do in a hospital. Anesthesia. It is my hobby. I do today, I think 85% of my work under local anesthesia. By local, I mean conductive anesthesia. By it, you can absolutely anesthestise if you know how, the jaw from the ramus to the median line in the mandible, for the reason that the lingual nerve is also anesthetized. We don't operate on both sides at the same time.

I must differ with the Doctor about hot fomentations. When we have a swelling we use cold applications. Ify ou use heat externally use dry heat, which can be applied by Japanese hand warmers which give you a dry heat or a bag of salt. Dry heat, not wet.

You cannot standardize work. Dr. Hasbrouck states that an operation under local anesthesia which will take an hour can be done under general anesthesia in twenty minutes, and the physical effect can be controlled a good deal. This may be open to criticism. I make a routine practice before a local anesthetic is given, to give bromides and valerin internally. It is wonderful how these little tablets of Bromural take the edge off. The patient had a second lower bicuspid tooth extracted a year ago. The gentleman who attempted to extract it had the misfortune to break off the apex which was in situ. The patient saw four gentlemen who attempted to remove it. The actual removal took about two minutes.

I enjoyed the paper very much, and I thank you for the opportunity to have spoken.

Dr. Ream, closing discussion.

I thank Dr. Hasbrouck for his kindly reception of my paper. Regarding using local anesthesia or analgesia, much depends upon the ability of the operator to secure the confidence of the patient, and place

them in a state of tranquility, before operating.

It is possible for me to have the patient under better control in my dental chair under local anesthesia or analgesia than in any hospital under a general anesthetic.

I admire Dr. Hasbrouck for being careful in making a thorough diagnosis. Many operators are at fault in operating blindly and in an indefinite manner.

Dr. Hasbrouck interests us in the case of the impaction in which Dr. Friedland operated, asking how the Doctor operated. Dr. Friedland confesses removing the twelve year molar only where the tooth is badly decayed. I greatly oppose such a method.

I disagree with Dr. Hasbrouck in letting dressings remain for several days or a week. Dressings in the mouth of my patients become very septic after 24 hours. I would rather let the wounds remain open than let the packings remain longer than this period.

Dr. Hasbrouck advises extraction in such cases. Let me say the second molar would have to be in a *very bad condition,* before I would accept his advice.

The Doctor's point in coaxing up the impacted third molars in certain cases, is well taken, especially in the mouths of younger patients.

Dr. Green says "If I can put my forceps on the impacted tooth I do not resort to the drill" Let me ask the doctor what he does in the cases where he cannot "put his forceps" on the tooth and still he says "only a few times have I used the drill."

My object in using stone and drill is to exert extreme care and avoid unnecessary force. I want to thoroughly release the teeth before removing them. Please consider the cases I have thrown on the screen this evening, and Dr. Green's teaching? I use heat where there is congestion. Heat will cause resolution of a congested area, and cold a stasis, and ultimately more breaking down of tissue than if heat is used in the beginning; besides, heat will relieve the patient much more.

Dr. Lederer says he "never uses the stone and disc" and yet he says, "I obtain excellent results." I would like to ask the doctor what he would do in the case of Dr. Ros, my patient who will address you, the third day after I removed his impacted tooth in my office. He is present and I will throw on the screen slides before and after operating, showing the small amount of tissue I have sacrificed. He has not been detained from going about daily and has run no temperature or infection.

Dr. Lederer speaks of consuming two and a half hours removing four unerupted third molars. If he means at one operation I would have davised removing one of these teeth at a time, instead of submitting the patient to such a long ordeal. I never advise the removal of four third molars at one sitting, prefering to remove the upper and lower one one side and allowing at elapse. Thus the patient is not inconvenienced.

The Doctor's method of opening up the soft and hard tissues bucally is good, and may serve us in certain cases. Also, the use of bromides or sedatives preceeding anesthesia. I always preceed my hospital anesthesia with morphine and atropine, half an hour before giving a prolonged anesthetic, but have not practiced the method so much in dentistry. It may be well to do more of it.

Dr. Ream presented many interesting cases of impactions, demonstrating his surgical technique, a few of which follow:

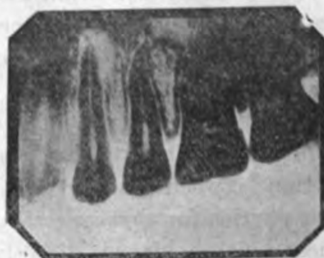
Method of removing anterior abscessed root of lower molar, preserving posterior root for crowning

Before

After

Before operating for chronic dento-alveolar abscess.

Before



After

Impacted lower third molar, causing pronounced exopthalmus of left eye, with the usual history of pain. Eye improved 50 % in two months after operating and pain ceased.

Case of my patient Dr. Ros, whose impaction I removed three days ago.

Before

After

THE SOCIAL DEMOCRACY AND GERMANY

By Karl Kautsy in the February-March Number of The Intercollegiate Socialist

---

It is a rather difficult task in a brief space to comply with the Intercollegiate Socialist Society's request to give a detailed account of the accomplishments of the Socialist movement in Germany.

The concessions actually secured by the action of our party in the Reichstag, in the diets and in the municipal councils are comparatively small, as we are everywhere only a minority. Most of our accomplishments were due indirectly to the growing importance of the workingmen's vote and to the keen competition between our party and the other parties for that vote. But all concessions, achieved directly or indirectly as a result of pressure by us, are unimportant, compared with the achievements of capitalism during the same period. This cannot be otherwise so long as we are a minority in the state.

We obtain, however, a different view if we do not look at our political achievements alone; if we consider how much intellectual, moral and even physical force the working class of Germany has developed through its class struggle fought under the leadership of our party.

In the first half of the last century, the greater part of the workingmen of Germany were a set of desperate beggars, helpless and hopeless, timid and ignorant, despised or pitied by the upper classes.

To-day they are morally and intellectually its most prominent class, and even physically they are becoming superior to the peasantry whose physical force is fast declining, inasmuch as it sells its produce instead of eating it itself.

The high goal of Socialism and the solidarity of the working class which only Socialism can bring about, gives to the workingmen hope and confidence and growing strength. Although our political accomplishments are small, and although they would be practically useless without the aid of the Socialist party, they become steps for a higher development through the Socialist party. Our party not only is responsible directly or indirectly for those accomplishments but teaches the workingmen to make the most of them.

So the workingmen of Germany and their party are getting stronger from day to day, and we hope soon to be able to compel the ruling classes to grant bigger concessions. In the meantime we are preparing the great future by making the most of all practical means to make the workingmen wiser, more self-confident, better nourished and less exploited. Revolution and reform are for us not incompatible. We are paving the way for the revolution by reforms.

The Progressive Dentist

Published Monthly by
PROGRESSIVE DENTIST PUBLISHING ASSOCIATION

DR. L. LEVITT, 66 Graham Av., B'klyn, N. Y. .... Editor
Telephone, Stagg 4485—J
DR. JACOB GERBER, 346 E. 10th St., N. Y. City .... Business Mgr.
Telephone, Orchard 909

Subscription Price - - - - - - - 50 Cents a Year

This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We will provide space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

OUR AIM AND POLICY

With this issue we enter upon a period where our position, our Aim and Policy must be clearly defined. Not that these were heretofore vague and ambiguous; not that our aim and policy have undergone any changes during the life of The Progressive Dentist; but because our chief aim—that of disseminating radicalism among the professionals—on the one hand, and our next aim—the purely professional part of our journal—on the other hand, have been questioned by some of our professional men.

To the average, normal mind not congested and obscured by clouds of antagonism, the above few words would have served as ample indication of our aim as well as our policy, hardly requiring any further elucidation. And such, we are sure, are the minds of our readers, but for the benefit of the minds not thus conditioned and with the hope of relieving the congestion, we will state the following:

We believe that we are, first of all, Men, and then Dentists, hence The Progressive Dentist speaks to dentists not only as such, but also and primarily as members of society—as individuals living under a social order, or rather disorder, which we strive to overthrow.

We believe that dentists more than any other professionals feel the iniquity of the present order of society with which they so frequently come in contact in their daily activities. The opinion that a dental magazine is not a place for advocating Socialism, or radical or reform ideas, is rot and is the product of the spasmodic functions of a morbid brain—wherever human beings are found, is the place for advocating an idea.

The tree of Socialism has reached the stage of maturity, where its roots, deeply penetrating and permeating the fertile social soil, have, in their infinite ramifications, reached and entwined every fibre of social life, infusing into it the spirit of progress and reform; no social institution is exempt from its influence, no human achievement, no avenue of thought in science and art, has escaped its magic touch. The idea of Socialism has stirred and evolved the best and noblest that was hidden in the remote recesses of human nature. Are we to marvel, then, that its magic touch had so prodigious an effect upon the professional man, who is placed in that peculiar position where he is forced to see, feel and observe the social factors at work? It is, therefore, natural that the seed of radicalism should find a fertile soil in the heart of the professional.

But like any other seed it requires dissemination and subsequent care and attention; let the principle of division of labor be applied in this case—to be the organ of the radically thinking element in the dental profession is the mission of the Progressive Dentist

The policy of the Progressive Dentist Publishing Association is that of the Progressive Dentist itself, viz: Perfect Democracy—every subscriber is simultaneously a member of the Progressive Dentist Publishing Association, and has a voice and vote in the affairs of publication. Our meetings and our transactions are open to the scrutiny and criticism of all those who are taking an interest in the Journal.

As such we solicit the moderate support that it needs to carry on its useful activity. Our magazine was never in better condition than it is now; never in the history of this periodical (as this number bears witness) were we in possession of more and better literary material than we are now. Nor are we worse off financially.

Our needs are very moderate and the slightest effort on your part will suffice to satisfy them.

We, in our turn, shall do all in our power to give you a useful and interesting periodical—one that will keep in touch with all that is going on in the dental profession and in society in general—one that will be worth every cent of the small subscription fee.

SEND IN YOUR 50 CENTS AND RECEIVE A COPY EACH AND EVERY MONTH OF THIS MAGAZINE

ORTHODONTIA—A FAILURE.

By M. J. Emelin, D. D. S., New York.

(Continued from last issue)

the appliance the patient commenced to recover."

Both Dr. Ottolengui and Dr. Kemple admit that "**orthodontia is still in the very primitive stage.**" Dr. Kemple also says: "There exists to-day very little, if any, really positive knowledge as to the true etiology of some of the worst forms of mal-occlusion. Nearly all that has been written about this branch of the subject is based upon such **meagre theoretical reasoning** that it becomes **practically valueless** when measured by the standard of true scientific investigation."

It would seem rather absurd to have metals dissolved in the oral fluids, but it is indeed a fact that an electric current exists in the mouth in the presence of acid saliva, body-heat ard many alloys of the orthodontic fixtures. And it is granted that, notwithstanding all possible care, tooth-moving, when such is resorted to, is **an exciting cause of enamel disintegration.**

The fallacy of orthodontia is of more significance when we consider the tender age of the children practiced upon, the antagonism to nature's tooth development at this period, the irritability of the victim under the stress of the formidable **orthodontic muzzle,** the painful ordeal the child undergoes, its trying efforts to help the orthodontist in his **unstable results,** and the added strain of school days. Then, there is always the anaemic child with the **impaired digestion due to the**

It is quate evident, that apart from the metal-poisoning, there still exists a complete and unfortunate confusion among the orthodontists about the choice of metals. For example, one specialist expresses himself thus: "German silver is an evil, but is not the noble metal appliance advocated a greater evil? Another specialist believes that, "German silver disintegrates and discharges into saliva poisonous doses of salt." Still anothre writes, "In one of my worst cases where there was disintegration, noble metal appliances were used." Dr. Ottolengui says: "**We do not know** just what damage we do to the system through the use of metals. However, it is sufficient reason for discontinuing the use of any metals which can throw down such poisonous salts." Surely, orthodontia could not be practiced without the use of metals! One doctor asserts that "none of us know" about the poisonous assimilation of metals by the majority of patients; that the disintegration of metals is extensive, and cites an instance where the bands "were disintegrated to such an extent that they simply dropped to pieces. You could not handle them without parts crumbling off." The same woeful results appear when silk or grass-like ligatures are used. Another orthodontist has this to say: "While the orthodontic work went along very nicely . . . the boy had been affected with something bordering upon epilepsy, and on the removal of

changes in the saliva from the metals in the mouth, and the pathological condition of the peridental membrane—often present—owing to the **cruelty of the too rapid moving** of the teeth. All these form elements sufficiently strong to impair the child's well-being and the child's teeth.

The gradual and uninterrupted nerve irritations truly produce grave results during the long time the archer is at war with the child. Yet these are only "discomforts" and annoyances" when the orthodontist hypocritically braces his patient in order to endure the pain, and says: "Well, this is good, this is just what we want, this is an indication that the **teeth are moving.**" Indeed, could anything be more cold-blooded than this attempt at mitigating pain?

Orthodontia deals with human teeth, as the cattle-fancier deals with the ears and tails of most of our domestic animals, to **satisfy foolish vanity, for** unsound, cruel, cosmetic reasons—**and for the price!**

Orthodontia is a modern cruelty, even in the fads and fancies more compassion is manifested for the animal than for the child. A pet pig, with rings around his feet and tail, and ribbons about his neck, and decorated pet dogs, with gold and diamonds in their teeth, have better care than a multitude of deserving children.

The frail little creatures are assailed against their fortitude. They no longer feel the inclination for amusement and exercise which comes with health. With the suffering child I would say, "Gnaw asunder this rope which hurts me, and which I cannot reach."

The overindulgence of affectionate mothers is blind. Nothing but thoughtless vanity prevents them from seeing the suffering of their loved ones, the grievous results of which, if known, would break their hearts. The orthodontist cooly and deliberately invades the child's domain with vexation, jars upon its feelings, forces tears to its eyes, and only the poor child feels "where the shoe pinches"! Though it is with the consent of the mother, the wrong and inhuman intrusion upon the child's health calls for our serious consideration.

Orthodontia, to my mind, is on a par with the plastic, money-making speculations of a few medical men. In fact, it is another form of quackery, a **brutal commercialism,** an evil alternative, a twin brother to the paraffin trade, which was long ago recognized as such by the best men of the medical fraternity.

The broad nose, flat or narrow nose, the furrowed forehead, blown to perverted shapes with paraffin, by the quick or invisible method for the simple exrtaction of from fifty to eight hundred dollars, with free advice as to how the **defects** ruin a face, should have our consideration when we treat the subject of orthodontia.

Of course, our aim is not to satisfy the vain beauty seekers; we should find no satisfaction in these closely paralleled innovations; both are wasteful enterprises and must perish before the higher and worthier sentiments of our healing arts.

Orthodontia, like the paraffin injection, is a fad of criminal birth and is not without risk. The few instances, which have given rise to court actions, in practices of a specialty that is comparatively short-lived, are withal indicative of the failure of orthodontia. To

dentistry it is like the flame to the moth. This aspect, deplorable as it is, is noteworthy when we consider the limited number of orthodontic patients. It is a tyranny, that could not exist without the rebate to their agents (friendly dentists), without begging the profession to supply them with victims, and without offering to **restore beauty** in the **guise of a specialty of dentistry.** The falsehood is—that the orthodontists intentionally creep into the good graces of the vain beauty seeker, gild the pill which she is to swallow for the sake of prospective beauty and **fail to make good their promise!** Besides their results are **not stable.**

It appears that one class tortures to correct wrinkles, the other invents "wrinkles" to torture; both take **good money for good looks** that last but a while; both change only one of the many symptoms of a trouble that is deep-rooted; both neglect the real causes which continue to exist as before; both take into account the cosmetic side of the victim, and both pretend art! John Ruskin would have branded both types as the lowest, because both deceive the moral and falsify the material truth!

"Pictures which imitate so as to deceive are never true."

"It is the source of, and the apology for the host of technicalities and absurdities which in all ages have been the curse of art and the crown of the connoisseur." . . . "Few buildings are beautiful unless every line and column of their mass have reference to their foundation." . . . "Every departure from nature is a fall beneath her, so that there can be no such thing as an ornamental falsehood."

As "the white paper is not the least like air, ncr the black shadow like wood," so cheeks or noses filled with paraffin are neither truthful nor beautiful, nor do teeth pushed in or out constitute a permanent correction. Neither of the two processes bring about a result that harmonizes with the remaining features left unaltered. There is a lack of symmetry which is perceived at a glance, while "In the commonest human face, there lies more than Raphael will take away with him."

It is like the striking deception of the unskilled, who for the first time apply rouge to their sickly faces and overlook their mouths, their ears yellow as wax, and their foreheads pale as death! We can hear some of our friends saying: "those cold horrible details!" However, another effort of imagination will easily enable us to see this.

Dr. Kingsley said, "Orthodontia is the most wonderful branch of technical scientific art." Yet to my mind, the man behind it is ever a craftsman, **never an artist!** He roughly **modifies one feature and leaves the rest untouched!** The result is but a **fashioned orthodontic beauty,** a specimen of capricious ugliness!

"Your friends avoid you, brutishly transform'd
They hardly know you;—or if one remain
To wish you well, he wishes you in heaven!"

On the other hand—nature is not always beautiful, but she is delightfully expressive and harmonious. She has produced more than one effect, more than one symptom, a perfect structural harmony in lines and expression: a harmony of body, mind and soul. To correct **one symptom or one effect** nature would **efface the rest:** she would then create anoth-

er great edifice, a new gift, a new harmonious truth!

Fortunately, orthodontia sails under its own name, and is so little known to the general public, that it is not as harmful as it would be were it more widely known. Time and clinical records will protest stronger than I can. Truth will assert itself in due time, and if the orthodontists are fairly representative of the coming humane dentists, who are to take charge of our public health, may the heavenly powers mercifully regard the interests of our profession and the nation's children!

ADDENDUM

A word on prophylaxis: We hear so much about prophylaxis of the mouth, even prophylactic orthodontia! Do I hear it aright? Prophylaxis, in no connection, could present a better or more rational sentiment. However, my views differ radically from those of the profession. **The prophylaxis of human teeth, as I have fully appreciated, is in keeping them perpetually in profuse, healthy, uncontaminated saliva, to the perfect exclusion of air in one's mouth, with the teeth firmly locked in occlusion and lips tightly shut.** Excess of saliva should be swallowed only under such conditions, and we should be mindful of saliva in the mouth while talking, reading and laughing.

The mouths that are particularly immune to dental caries are evidenced in the few healthy normal breathers whose teeth are ceaselessly immersed in ever-flowing saliva and shut in air-tight between the relaxed muscles of the lips, tongue and cheeks!

It is my strong conviction that the etiology of tooth decay is in the deficiency of the saliva or in its abnormality, and that all possible interference with the mysterious functions of the saliva are injurious to our organs of mastication.

Most prophylactic measures, procedures or appliances, and habits which cause the saliva to dry or to diminish its secretions or alter its chemical composition while in the mouth, are decidedly detrimental to the welfare of the enamel upon our teeth, and should be viewed as adding fuel to the fire.

I was pleased to note Dr. Grieves's significant view of prophylaxis. He says: "While prophylaxis is necessary, it alone will not prevent decalcification, and **may induce it.** That apparently the more thoroughly the clean-up the greater the enamel decalcification. It indicates a **loss of something; that some protective process had been interfered with." Dr.** Grieves struck the right key, and I heartily agree with him, for, as he says: "In this lies the very 'crux' of the whole, great, yet unsettled question of dental caries."

Anything kept in the mouth any length of time (candies, metals, etc.) affects the saliva and is like "a wolf at the door." From this standpoint the excessive damaging consumption of candies and perfumed lozenges, or ice cream and soda drinks should be viewed as a calamity.

Hardly a civilized person escapes dental caries and nasal disorders with more or less consequent mouth-breathing. And when we consider that the nasal cavity borders the oral cavity, and that through the continuity of tissues these meet near the glands at the soft palate, a pathological disorder of one must of necessity affect the other.

A foul odor about the mouth is

a sufficient symptom of anaemia, invariably associated with a "dead t" elsewhere. It is a most offensive disease in itself, and is a link in the chain of other ills about the head. Hence, an examination of a mouth by the dentist is never complete without noting the conditions about the ear, eye, throat and nose, upon the health of sinuses draining into the throat and mouth, and with inflamed, overworked glands are doomed to premature decay.

Furthermore, the problem of **ideal oral prophylaxis** can hardly be solved until we know more about the saliva, how to free it from impurities without interfering with its rightful functions, how to keep it in a healthful state, how to correct its disorders, how to free ourselves from nasal ills or any infection about the head, how to free ourselves from mouth-breathing as an habitual acquirement, and until the care of all sinues about the head shall be united in one field of oral surgery.

M. J. E.

"THE CALF PATH."

By Sam Walter Foss.

One day through the primeval wood
A calf walked home as good calves should

But made a trail all bent askew,
A crooked trail, as all calves do.

Since then two hundred years have fled,
And, I infer, the calf is dead.

But still he left behind his trail,
And thereby hangs my moral tale.

The trail was taken up next day
By a lone dog that passed that way.

And then a wise bell-wether sheep
Pursued the trail o'er vale and steep.

And drew the flock behind him, too,
As good bell-wethers always do.

And from that day o'er hill and glade,
Through those old woods a path was made

And many men wound in and out,
And dodged and turned and bent about,

And uttered words of righteous wrath,
Because 'twas such a crooked path.

But still they followed—do not laugh—
The first migrations of that calf,
And through this winding wood-way stalked
Because he wobbled when he walked.

This forest path became a lane,
That bent and turned and turned again.

This crooked lane became a road,
Where many a poor horse, with his load,

Toiled on beneath the burning sun,
And traveled some three miles in one.

And thus a century and a half
They trod the footsteps of that calf.
The years passed on in swiftness fleet,
The road became a village street,

And this, before men were aware,
A city's crowded thoroughfare,

And soon the central street was this
Of a renowned metropolis.

And men two centuries and a half
Trod in the footsteps of that calf.

Each day a hundred thousand rout
Followed the zigzag calf about;

And o'er his crooked journey went
The traffic of a continent.

A hundred thousand men were led
By one calf near three centuries dead.

They followed still his crooked way,
And lost one hundred years a day.

For thus such reverence is lent
To well-established precedent.

A moral lesson this might teach,
Were I ordained and called to preach.

For men are prone to go it blind
Along the calf-paths of the mind.

And work away from sun to sun
To do what other men have done.

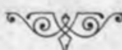
They follow in the beaten track,
And out and in, and forth and back.

And still their devious course pursue,
To keep the path that others do.

But how the wise old wood-gods laugh,
Who first saw the primeval calf.

Ah! many things this tale might teach—
But I am not ordained to preach.

—Oral Hygiene.



LACK OF EXERCISE RUINS THE TEETH.

"The jaws were designed for use," said Dr. Horace L. Howe of Boston in a discussion at the recent meeting of the National Dental Association. "Recently a strong, handsome, splendidly developed Swedish gentleman came to my office for treatment. Every tooth was perfect. The jaws were large and well developed Only four or five small fillings were present. I remarked that he must nave used his teeth when young. In reply he told me that his people in Sweden considered bread unfit for food if less than three weeks old.

"There is no doubt that the use of the jaws in vigorous mastications is the source of stimulation toward their development and the source of the preservation of the teeth after they erupt. The jaws will not develop without the blood supply, which is, in turn, dependent on the stimulation of exercise.

"One of the most pitiful objects I ever beheld was a boy of perhaps fifteen whose lower jaw was of the size of that of a child of six. What caused this condition? I know it was due to lack of use. Of this I am positive, because the boy had ankylosis of the jaw from childhood. His jaw lacked the stimulation of use.

"Just a word regarding the importance of the nose. The stream of air passing in and out of the nose under positive and negative pressure is an immense developing force. When we inhale vigorously through the nose the whole internal head is ventilated, the accessory sinuses are cleared, the air is dragged from the frontal sinuses, the internal ears are ventilated through the Eustachian tubes. To demonstrate this fact one has only to breath vigorously through the nose, especially in cold weather. Again, when the air is exhaled through the nose a positive pressure is exerted, which sends the air forcibly through all these passages. Thus it goes back and forth, ventilating and clearing and developing the whole head.

"Imagine the loss when the nose is not used. The stream of air when carried to the lungs through the mouth, besides losing the filtering and warming effect of the nose, does not become the developing and ventilating force I have described. Imagine what this loss means to a developing child.

MUST NOT SELL COCAINE TO DENTISTS.

The question having arisen whether under the Walker cocaine bill the pharmacist might legally fill prescriptions from veterinarians and dentists, it was submitted to Thomas Carmody, attorney general for the State of New York, who has issued an opinion to the effect that under this law the retail druggist is debarred from selling to dentists or veterinarians. The full text of the opinion follows:

Penal Law. § 1746. Sale of Cocaine. Purchase by Veterinarian.

Veterinarians may not purchase cocaine of a druggist, except in the original package, nor may prescriptions signed by them be filled.

Inquiry.

A veterinarian presents to a druggist a prescription calling for cocaine "to be used by veterinarian." May the druggist under the amendment made this year to Section 1746 of the Penal Law fill this prescription?

Opinion.

An eleborate scheme for the control of the sale and possession of cocaine and its products is provided by the statute. Sales may be made, only to certain classes of persons, in the original packages, and in limited amounts. The classes to whom such sales may be made are pharmacists, druggists, including both manufacturers and dealers, physicians, veterinarians and dentists. Every sale must be recorded, with full details as to amount, date, and name of purchaser, and all cocaine purchased must be kept, with two exceptions, in a place specified in the record of sale. The two exceptions as to keeping the drug in a specified place are of sales under physicians' prescriptions and of certain limited quantities which may be carried by a physician, veterinary or dentist for use in his profession.

No provision is made for the filling of prescriptions of dentists or veterinarians, and such use of the drug as these two classes may make in their profession is therefore limited to that of direct personal administration. An attempt by a dentist or veterinarian to use the drug by means of a prescription to be filled by a druggist is penalized by making it a misdemeanor for anyone not of the classes specifically authorized to have any of it in his possession, without the certificate of the person making the sale, stating the name and address of the physician upon whose prescription the sale is made.

I am, therefore, of the opinion that a druggist is not authorized to fill a prescription calling for cocaine, signed by a dentist or veterinarian, and that the right of dentists and veterinarians to use the drug is limited to its purchase in original packages of direct administration to the patient.

(Signed) THOMAS CARMODY, Attorney-General.

Albany, July 2, 1913.

P. S.—The above bill relating to dentists was amended and the amendment was handed to Assemblyman Solomon Sufrin, Progressive, of the 8th A. D., who brought it before the Legislature, argued for it, and finally succeeded in getting it in the hands of the Codes Committee. He appeared before that committee and they set a date for the hearing on March 4, 1914. A delegation of dentists will appear in behalf of the bill.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY—Meets the fourth Thursday of each month at Fraternity Building, 67 West 125th St.

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 St., New York.

KINGS COUNTY DENTAL SOCIETY—Meets the second Thursday of each month at Masonic Temple, Claremont Ave. near Lafayette Ave.

Dr. S. H. FILLER, Sec'y, 220 Stockton St., Brooklyn, N. Y.

It is quite evident, that apart

A regular meeting of the Eastern Dental Society took place at our meeting room, Cafe Boteme (formerly Cafe Boulevard) Second Avenue and Tenth Street on Thursday evening, February 5, at 9 p. m.

The paper of the evening, which was of unusual interest to the profession, was read by Dr. Theodor Blum. The subject was "Conductive Anesthesia." The paper was discussed by Otto Kiliani, M. D. and Dr. Wm. J. Lederer.

P. S. This paper will be printed in another issue.—Editor.

The following candidates proposed, were voted upon:

Dr. Joseph Mann, 317 Second Avenue; proposed by Dr. Ratner.

Dr. Henry Spenadel, 317 East 10th Street; proposed by Dr. Fuchs;

Dr. E. R. Bauman, 445 East 12th Street;

Dr. Maximilian Cohen, 239 East 5th Street;

Dr. Barnet D. Kantrowitz, 245 East Broadway;

Dr. J. Whynman, 15 Third Street, Elizabeth, N. J.; proposed by Dr. LeWitter.

A. LeWitter, Sec'y,
330 East 4th Street.

Harlem Dental Society

A regular meeting of the Harlem Dental Society took place Thursday evening, Jan. 29, 1914, at the Fraternity B'd'g, 67 W. 125th Street.

Under Reports, Dr. M. S. Calman reported as to the activities of the Allied Dental Council. The Council was to take up the Cocaine Law fight and call a mass meeting to that effect.

It was also working towards organizing a Bronx Dental Society for the benefit of the Bronx Dentists.

The Treasurer reported that owing to the discrepancies arising from time to time in regards to dues that a motion should be made that the members pay their dues on the respective months they were elected to membership.

A motion was made by Dr. Ortman, seconded and carried that dues be credited for the fiscal year beginning with January; those becoming members before September should pay for the full year; those between August or September (?) till the end of the year should be excused for the three months provided they pay in advance for the following year. The meeting adjourned at 12 P. M.

Kings County Dental Society

A regular meeting of the Kings County Dental Society was held on Thursday evening, February 12th, at 8.30 p. m., at our quarters, Masonic Temple, Lafayette and Clermont Avenues.

The speaker of the evening was Dr. Thaddeus P. Hyatt, and his subject "Oral Phophylaxis: How to Practice It; How to Demonstrate It; How to Teach It."

The healing art has entered a new era, the crowning era of them all, that of *prevention* rather than dental profession, should be found in the vanguard proclaiming from the housetops the vital importance of prevention.

Dr. Hyatt has devoted a good many years to the study of this subject, and as a Lecturer for the Board of Education, he was admirably fitted to handle his subject.

The discussion was opened by Dr. A. H. Merritt, and Dr. A. H. Stevenson.

The following candidate was voted upon at this meeting for admission to membership:

Leon Harris, M. D., D. D. S., 236 Carroll Street.

Just before the calling of the speaker to the stand one of the members got up and made the following motion: **"I make a motion that neither the Progressive Dentist nor any publication except the "Dental Outlook" should be allowed to publish the minutes or announcements of the Kings County Dental Society nor shall they be allowed to publish the papers that are read before the society be they obtained by stenography or otherwise." The chairman (The Progressive Dentist gives him credit for his fair-mindedness) called the motion out of order on the ground that it was ungentlemanly and undemocratic. After some argumentation he was forced to put it before the house. A few minutes intervened before anybody was heard to second the motion. Doctor Joffe finally did it. A very heated discussion followed in which Drs. Joffe, Williams, Robbins, Harris, etc., spoke in favor of the motion, and Drs. Levitt, Nevin and another young man (his name is not known to us) spoke against the motion and in favor of the Progressive Dentist. This young man whose name we do not know, professed not to be a Socialist, not even to be a sympathizer of the Progressive Dentist, but took the stand that the Society is undemocratic if it allows such a motion to pass; that the Society should allow not only the Progressive Dentist to publish its papers but fifteen magazines, if such a number could be found to spread the dental knowledge among the profession, for that is the very purpose of the existence of the dental societies. It is needless to say what lies and slanders were thrown at the Progressive Dentist by the opposition; suffice it to state that several votes were taken, each one worse than the previous one for the perpetrators of the motion. The final vote being 8 for, 16 against. So disgusted were the members with the attitude of the originators of the scheme that (as is shown by the vote) a great many of them left the room and the majority did not care to vote. After the lecture and discussion, which, by the way, was excellent due to ability of the speakers to handle the subject, and as many members had already left, another attempt was made to bring the motion up before the house and see if by chance it could not be railroaded through. Thanks to the fairness, honesty and steadfastness of Dr. Schapiro, the chairman, such an attempt proved futile. They had to be content merely with a discussion of the subject. The meeting adjourned at about 12 P. M.**

THE PRIME REQUISITE FOR

LOCAL ANESTHESIA

IS SAFETY IN THERAPEUTIC DOSES.

This is offered to the Dental Surgeons in

NOVOCAIN-SUPRARENIN

Ask for Samples of Hypodermic Tablets E for Injection Anesthesia, or for Novocain-Suprarenin Pluglets for Pressure Anesthesia.

FARBWERKE - HOECHST COMPANY

Pharmaceutical Department

H. A. METZ, Pres.

30 BEACH STREET, NEW YORK CITY.

THE NOVOCAIN-ADRENALIN NON TOXIC ANTISEPTIC LOCAL ANEASTHETIC

A pure, safe and efficacious solution, of the same density as the cell contents, containing Novocain, Adrenalin, Chloretone and Sodium Chloride. 2 oz 50c 6 oz $1.25

(Reg. U. S. P. Off.)

THE IDEAL ROOT CANAL FILLING

Posseses the following properties: (1) Mummifying; (2) Permanently antiseptic; (3) Renders inert the by-products of decomposition; (4) Gradually hardens; (5) Is easily removed.

Your Dealer or

NOVOCOL CHEMICAL MFG. CO., 363 WYONA ST. BROOKLYN, N.Y.

Samples sent on request

Do you know

S. BOGORAD

Geet aquainted, it will pay you!

He pays spot cash and the highest price for Filing, Scrap and Sweeping, and anything in the gold line you cannot use.

A Postal or Phone call will bring him to you.

522 Vermont Street Brooklyn, N. Y.

Telephone, E. N. Y. 1844

Tel., Lenox 8145

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

M. BRAUDE

GOLD, SOLDER,
DENTAL SUPPLIES
& SPECIALTIES

1422 Madison Ave., New York

All Dentral Goods at very reasonable Prices

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

---

Tel. 5348 Orchard

BENJAMIN MARIN

Dental Laboratory

High Grade Work at Moderate Prices

26 ST. MARKS PLACE

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

Telephone Harlem 2629

H. KAPLAN

Dental Laboratory

Casting a Specialty

2 WEST 113th STREET
NEW YORK

'Phone Harlem 3879

L. BERGER

46 W 116th St. New York

I Make a Specialty of

SIGNS

FOR DENTISTS

In answering advertisements please mention the Progressive Dentist.

THE

Our new Mo
making such
demanded in
featured on

breaking of
current.

The swiv
arm being ra
tion with th
the way, wh
interference

THE

31 West Lake St
CHICAGO

THE REASON WHY

Our new Model "C" COLUMBIA ELECTRIC ENGINE is making such an impression with those dentists who know what is demanded in the electric engine, is because the various new ideas featured on this engine are radically different from anything to be found on other makes. One of these unique ideas is here presented in

THE SWIVELLED MOTOR

Which can be detached from the yoke without disturbing any wires. This eliminates breaking of wires and furnishes a broad contact for supplying current.

The swivelled motor feature of our engine also admits of the arm being raised to an upright position, which, taken in connection with the folding bracket, places the engine entirely out of the way, when not in use, and thereby eliminates the problem of interference with other apparatus.

Send for our Catalog

THE RITTER DENTAL MFG. COMPANY

ROCHESTER, N. Y.

31 West Lake Street
CHICAGO

200 Fifth Avenue
NEW YORK

1421 Chestnut Street
PHILADELPHIA

C26

An Announcement
THAT WILL REVOLUTIONIZE THE PRACTICE OF DENTISTRY

Following actual tests in the mouth by fifty of the most prominent dentists in the United States during the past year, in addition to exhaustive laboratory experiments by some of the most noted chemists in the country, we herewith announce the formal introduction of

SMITH'S COPPER CEMENT

This possesses the same superior sedative and therapeutic values as our Black Copper Cement, and is made in the following eight shades, all of which positively

WILL NOT DISCOLOR IN THE MOUTH

Light	Pearl Gray	Yellow	Golden Brown
Light Gray	Light Yellow	Light Brown	Reddish Brown

SMITH'S COPPER CEMENT

is more impervious to moisture and secretions of the mouth; is smoother mixing, more adhesive and tenacious, and will withstand greater crushing strength than any form of dental cement that has ever been made.

It may be used with equally good results for filling deciduous teeth, for permanent fillings even in deep seated cavities, where the ordinary zinc cement would not be indicated under any circumstances; also for setting crowns, bridges and inlays.

A liberal sample of this remarkable material is being mailed to every dentist in the United States and Canada whose name is on our list.

Each portion contains about one-third more material than the better quality of zinc cements already on the market.

PRICES

One Color, Single Portion Pkg.	$2.00	Four Color, Single Portion	$ 6.00
One Color, Double Portion	4.00	Six Color, Double Portion	20.00

YOUR DEALER HAS IT OR WILL HAVE IT

Lee S. Smith & Son Co., Pittsburgh, Pa.

Telephone, Orchard 515

MANHATTAN DENTAL SUPPLY CO.

Dental Supplies Gold & Teeth

WE CARRY THE BEST LINE
IN DENTAL SPECIALTIES

WE CARRY THE FAMOUS DENTHOL LOCAL ANAESTHETIC

415 Grand Street

We specialize in all forms of

INSURANCE

FOR DENTISTS

Best protection at lowest cost

HENRY M. FRIEDMAN
Mgr. Dentists' Insurance Dep't

Michael Gold & Co.

91 WILLIAM ST. New York

Tel. 1477 John

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

TO WIDE-AWAKE DENTISTS

Let me show you how to build up your reputation and increase your income. If you have any difficulty with any case just call me up and I will gladly help you out. I have special methods for:—

Lower Lingual Bar Plates
Skeleton Upper Plates
Porcelain Faced Crowns
Oval Bridges
All Kinds of Castings

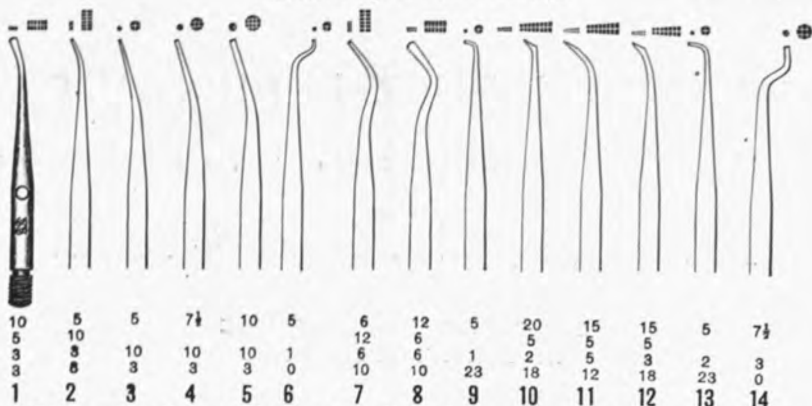
A trial will convince you

H. GOTTLIEB
288 East Broadway
New York

Telephone, Orchard 1200

NORTHWESTERN UNIVERSITY PLUGGER POINTS

Patterns by Dr. G. V. Black



When a practioner who has studied the problems of operating upon the natural teeth as Dr. Black has studied them presents a set of plugger points as meeting every need of automatic mallet filling, you may be sure they will not be found wanting.

That is the story of the set of fourteen Northwestern University Automatic Pluger Points. The instruments are carefully made according to the patterns in size, length and angle of point, the working faces finely and accurately serrated. Their adaptability to the varying phases of operating is readily seen from a brief study of the forms.

Short shanks for automatic mallet only.

Nos. 1, 2, 7, 8, 10, 11, 12	each	$0.45
" 3, 4, 5, 6, 9, 13, 14	"	.35

S. S. WHITE PULP-CANAL CLEANERS

With the knowledge of the correct form for a "nerve-broach," came the need for perfecting that form to give it the highest possible efficiency, as realized in the S. S. White Pulp-Canal Cleaners.

Round in form, tapering from shoulder to point, with barbs grading in size with the taper, accurately placed in a spiral, and carried almost to the extreme point,—they are a marvel of accuracy and efficiency. Spring tempered, little liable to break in proper use.

Four sizes: Extra Fine, Fine, Medium, Large.

In packages of six, separate sizes or assorted.

Package of six	$0.50
Dozen packages of six	5.50

The S. S. White Dental Mfg. Co.

Philadelphia, New York, Boston, Chicago, Brooklyn, Atlanta, Rochester, New Orleans, Cincinnati, Toronto, Montreal, San Francisco, Oakland, Sacremento and Berlin, Germany.

Much abused **COMPOUND** is finally

being used for **IMPRESSION** work where plaster

has failed utterly. **TAKING** perfect impressions cannot

be done **WITH** open mouth

and tense muscles. **MOUTH** must be in

a normally **CLOSED** position and

muscle strain carefully considered, if perfect results are to be attained.

The above statement sounds good, but is it good?

To get the answer attend some of the free clinics and regular classes conducted by Sam'l G. Supplee in the educational department of

SAM'L G. SUPPLEE & CO.

1 Union Square, New York

Write for schedule of Dates, Rates and general information.

Perfect Mechanical Work

DELIVERED IN TIME

Is the keynote of successful practice building. A disappointed patient will show you the importance of discriminating among labaratories. Your selection of

"The New" Dental Laboratory

"THE LABORATORY THAT PROVES"

will end your experimenting. ***Your*** impressions receive undivided ***personal care.*** The work—consisting of materials of proven quality—is done with conscience and it is on par only with the finest prosthetic work, generally priced too high for the average practitioner.

Our charges will be satisfactory. Our service too, is prompt and you'll be glad to know us.

Don't continue experimenting but try.

30 E. 14TH ST.
NEW YORK

"The New" Dental Laboratory
"THE LABORATORY THAT PROVES"

1239 Stuyvesant is our telephone number

GEM
Instrument Table with rail

Size 14x16 inches, with ¼ 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. 1918-24 Harman Street Brooklyn, N. Y.

To buy of us is a saving to you.
Call and convince yourself

J. Wolinsky

Dental Supplies

411 Grand Street. New York

10 per cent discount to students.

We guarantee the exact fineness of our solders.

Telephone, Orchard 857

Tel., Orchard 7840—7841

PINSKI - MASSEL PRESS
INC.

DAVID PINSKI, Pres.
JACOB MASSEL, Gen. Mgr.

UNION PRINTERS AND LINOTYPERS

In All Languages
FROM A VISITING CARD
TO A NEWSPAPER

125-131 CANAL STREET
NEW YORK

This Journal is printed by us.

NAT'L DENTAL SUPPLY CO.

S. KATZ, Prop.

303 East 34th St. New York

SPECIAL

Slip Covers — — — 3 sets for $4.00
Office Coats — — — — @ .90 each
Laboratory Coats — — @ 1.25 each

Hand Pieces Repaired

Telephone 4293 Orchard

S. L. Sabinson

Dental Laboratory

Good work at reasonable prices.

110 Rivington St.
New York

Advertise in the Progressive Dentist.
The most closely read Magazine.

DOURMASHKIN

Manufacturer of

SLIP COVERS FOR ANY DENTAL CHAIR MADE
Covers are guaranteed to be of perfect fit,
not to rip and to be of pure Linen.
I ALSO MAKE COVERS FOR HOUSE FURNITURE
Send a postal and I will call with samples.
PRICES CHEAPER THAN ANYWHERE.
58 East 103rd Street, N. Y.

RIGHT GOODS RIGHT PRICES RIGHT SERVICE

STANDARD DENTAL SUPPLY CO.
200 East 23rd Street
Phone Gramercy 1449

Near Third Ave. NEW YORK

"Lack of Knowledge

Concerning the Fineness of the Solder Used Has Caused Many Unfortunate Results in Repair Work"

Letter from a Dental Society

Just what we've been claiming for years. It's very uncomfortable to have a piece "melt down" while you are repairing it. But if the dentist who made it bought a "special solder," or one which had been "skimped" on gold to increase the seller's profit, the piece may melt down for lack of gold.

Such accidents can be avoided by using Ney's Gold Solders which have never been lowered in quality.

The fineness of each of Ney's Gold Solders is as follows:

For 22 K Plate	**19.433 Karat**	**.809 Fine**
" 20 K "	**17.544 "**	**.731 "**
" 18 K "	**15.624 "**	**.651 "**
" 16 K "	**13.680 "**	**.570 "**
" 14 K "	**11.784 "**	**.491 "**

Fineness of other karats given on request.

You may depend on these solders when used by other dentists. And should any of your work ever need repair, the other dentist will have no reason to censure you if you have used Ney's Gold Solders.

THE J. M. NEY COMPANY

Established 1812

Main Office and Factory:
HARTFORD, CONN., U. S. A.

Retail Salesroom:
Boston, Colonial Building,
100 Boylston Street.

AND DEALERS IN ALL PRINCIPAL CITIES