

DEC 1913

# THE PROGRESSIVE DENTIST

Vol. II. November, 1913. No. 14.

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# The Progressive Dentist

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## POST EXTRACTION PAINS

DR. MENDEL NEVIN.

In the October issue of the "Progressive Dentist" Dr. Levitt makes certain deductions from his observations in regard to the causes of pain following extraction of teeth. I am not in accord with some of those deductions. It appears that Dr. Levitt was hitting the nail everywhere but not on its head.

Now what causes post extraction pain? Sloughing. And what causes sloughing? Death of cells. By these first year reader method, we finally arrive to another question. What causes death of cells in extraction of teeth? And the answer follows:

1. Trauma.
2. Infection.
3. Cocain.
4. The absence of a normal salt solution in the aneathetic.

1. It is quite obvious that destruction of tissues with the forceps is not conducive to their long vitality and as a matter of fact tends toward the termination of their useful existence.

2. Laxity in antiseptic precautions during the operations is also one of the main causes of pain after the extraction for the same reason, namely, that infection causes death of cells, which means sloughing, falling off of the dead tissues at their line of demarcation, exposure of the alveolar process, necrosis and exeruciating pain.

3. We now arrive to the most potent and frequent cause of post extraction pain, and that is cocain. Trauma and infection are the causes of after pain when a general or no aneathic is employed, but with the employment of a local aneathetic containing cocain, this powerful alkaloid, in most cases is the direct cause of the death of tissues. Such authorities as Dr. Edward C. Kirk condemn the use cocain as a local aneathetic. It exerts some detrimental effect upon the infected tissues the nature of which is not quite understood in Pharmacology. It seems to paralyze the sensory nerve filaments producing a deep and prolonged schemia. The tissues, deprived in this manner of their blood supply, die before the circulation is restored to its normal state. And yet Dr. Levitt claims that the loss of too much blood from the socket produces pain. On the contrary the profuse bleeding of the socket is beneficial in that it prevents death of tissues by alveolar aneamia.

4. The local aneathetic employed should be of the same density as the cell contents in order to maintain the equilibrium between the injected fluid and the cells. This is an important point to bear in mind. The living cell is encircled by a semi-permeable membrane, so that if the injected aneathetic is of a lower or higher density

than the fluids of the living cells, there will be, by the process of osmosis, an interchange of the constituents of the different fluids, and death of cells will follow. The presence, therefore, of a normal salt solution in the local anaesthetic is imperative. The injection of water into the tissues will not produce perfect anaesthesia as claimed by Dr. Levitt, for anaemia does not cause the loss of sensitiveness, but paralyzation of the sensory nerve filaments. True, that of the established codema may create slight superficial anaesthesia, but unless a physiological salt solution, at body temperature is used, the pain on injection will be so severe as to little repay for the slight advantages gained.

To sum up. Cocain should be discarded as a local anaesthetic. A very good substitute for it is Norcain. Time and space will prevent me from going into a detailed enumeration of the merits of the drug. Besides, I have dwelt upon it in a previous number. Suffice it to say that it is less toxic, has no effect upon circulation or respiration, causes very little or no sloughing and combines advantageously with adrenalin chloride. There is now on the market a preparation known as Novol, which to my mind answers all the requirements for an ideal local anaesthetic for it contains: (a) Norveain 1.2%, (b) Adrenalin-chloride 1:60.000 (c) Chlorentine 0.5% and (d) a normal physiological salt solution. Not only do I use it for the extraction of teeth, but also for the extirpation of pulps, injecting as much as two syringe-fulls into the surrounding gum tissue without any accompanying pericemental irritation, as generally is the case when cocain is used.



### FIRST WOMAN WHO GOT UP HER NERVE TO GO TO A DENTIST.

Dental Forceps, Made 2000 B. C. for Beautiful Sen-Hopet and Found in Egyptian Ruins Are Being Displayed in the Field Museum.

What is thought to be the first forceps made by man for the extraction of human teeth have just been placed on exhibition in the Field museum.

They are said to have been made for Sen-Hopet, an Egyptian society matron of wealth and beauty, who lived 2000 B. C.

History more or less is silent on the tooth question. It makes no mention of the toothache. Until just lately we could only surmise that the first man and all his children had something to grind their food with. But now we know almost to a certainty that when man was created so were teeth.

We can go even further and aver with some degree of confidence that there dentists. The early Egyptians probably called them "dren-yelpt." At the riot of Babylon no one thought of "dentist" as a name for the man who pulled and doctored teeth. And so every nation had the dentist branded according to its own pet language.

Sen-Hopet was the name of an Egyptian woman of high degree. Perhaps she was a queen—most of them were—but it is the opinion of scholars that she was only a leader in her social set that called the king by his first name and entertained him of an evening.

The pincers now on exhibition at the Field museum are so well worn

that the inscription is only faint, but enough of it is left to satisfy the most exacting Egyptian scholar that they were the property of an Egyptian dentist or doctor or what-not, and that they pulled the tooth of Sen-Hopet.

### **Sen-Hopet First to See Dentist.**

Their relation to Sen-Hopet is only a surmise, but it is accepted as possible that they actually did relieve her of an obnoxious grinder. This surmise is arrived at through the inscription on the pincers, the place of their discovery, and the history of Sen-Hopet. The facts put together piecemeal bring the students of ancient history to this conclusion. The minutest histories, in their original form, of any nation from its birth, make mention of only this case, and then it is passed over as a mere incident in Sen-Hopet's life. Thus are we assisted to the belief that Sen-Hopet was the first to submit to a dentist's operations. At least we have no reason to believe otherwise.

In form the forceps resemble the pincers which are used to pull nails or crack nuts. Those at present in use have deviated but little from those used 2000 years B. C. The only difference is that there are more hooks and knobs on them with which to frighten the patient. They are of brass, about eight inches in length, and heavy enough to do the work of most any heartless dentist.

They were discovered in some ruins along with two bathtubs, pans, and pots peculiar to those times. In the house, too, were thousands upon thousands of coins, and the skeleton of a man.

### **No Office with Magazines Then.**

Was this the dentist? Were these coins the tribute paid him by Sen-Hopet and others who suffered at his hands? These are questions that will never be answered. We can only hope that as a just reward for misery introduced into the world this dentist, if indeed it was he, suffered sufficiently. The coins are in the Louvre, and the skeleton preserved as best it could for mummification purposes. His forceps are here, and Sen-Hopet has long since ceased to suffer with the aching tooth. The tablet that appeared on her grave is at the Field museum, however.

The tooth pulling operation of the early Egyptian days will always remain a mystery. It is only assumed that relief was accomplished under the rays of the boiling sun. The dentist had no office, no waiting room filled with magazines that have never yet made a prospective customer laugh or filled him with good humor. There was no chair, no ominous buzzing sounds. Just step up to the doctor's tent and hum a little song of mistry. Immediately he steps forth with the pincers which we now have with us, and with a sturdy jerk the molar is extracted.

There are other evidences at the Field museum to prove that Sen-Hopet was a power in society, if not a queen. Her toilet set, consisting of one hand mirror, and lately recovered, reposes in the glass case. Her name appears on the mirror, making identification certain.

**Hand Mirror Also Found.**

Now only Egypt's first ladies ever indulged in the luxury of a hand mirror. True, they were not made of the heavy plate glass that is used in those in present use.

Before this mirror oxidized it was in a highly polished state, and brass, when polished, can reflect a face to all intents and purposes as well as glass. The body is round, or as round as it could be made with an Egyptian hammer, and the handle has the same graceful curves of those of today.—American Dental Journal.

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**THE ANCIENTS AND THEIR APPRECIATION OF THE  
DENTAL ORGANS.**

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Written Especially for Progressive Dentist.

By Dr. MAX GROMET, '08

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One of the causes of the diseases of man is civilization. The more we progress, the greater our technical art is developed, the more dangerous become the surroundings to our life. The more accommodations we have the more abnormal and delicate do we become. (Dr. Hillyer, examining the teeth of fifteen students at the Prosthetic Clinic, found that more than half of them belonged to some of the Angle classification of irregularities).

The weaker our system, the more susceptible are we to the different pathological conditions.

At the same time it may be stated that our medical knowledge would never have reached such a degree of development, we would never have been so skilled in surgery, nor would our success in the treatment of certain diseases be so great were there no "Civilization." In other words, civilization, in the sense that we accept the term, is progress and retrogression combined.

As civilization brings us in contact with an ever multiplying number of dangers—the more we progress the more we suffer, at the same time, naturally, getting more experience.

Thus, it is evident that those who lived hundreds and thousands of years before us, whose civilization was of a considerably lower standard, suffered proportionately much less, and then many diseases now so common were then practically unknown. Hence, we cannot expect to find in the relics of ancient literature many distinct traces of physiological, pathological or therapeutic science.

What, then, was the knowledge of the ancients of the human body? What place did they assign to a tooth as one of the organs of the human body?

If we realize that the mode of expression of the people whose civilization is still in its early dawn, is of a musical and lyric character—that the beginning of speech is a song, the primitive type of poetry—lyric—then, perhaps, we could account for the reason that the organs



of the body were considered from the esthetic point of view; the consciousness of the functions of certain organs, their normal appearance, harmony and beauty, the delight to the eye.

Thus would they admire a swift leg, a blue eye, a white tooth, a curly hair, and, in general, a subject richly gifted by nature.

They also knew of the importance of certain organs considered the affliction of any of them as a calamity. This we observe in their literature to a greater or lesser degree.

The ancient Egyptians undoubtedly knew many things about the teeth, although their literature reveals but little upon this subject—the fact being that their papyri are so difficult of access. All that is mentioned is that the teeth of a swine were ground to a powder, mixed with certain ingredients and used as a medicine.

The Hebrews, however, freed slaves of the Egyptians, understood much more of the importance of the dental organs. Moses, the first and greatest law-giver of the world, hammering out his commandments with chisels on tablets of granite, inscribed the following injunction,—

— (עין תחת עין, שן תחת שן, יד תחת יד, — שמות) Eye foreye, tooth for tooth, hand for hand. (Exodus xxi, 24).

Thus the tooth was placed on the same level as the hand and eye—the most delicate organs of the body. That is to say, the loss of an eye is a great misfortune and must be avenged; so with a tooth. (שן תחת שן) “Tooth for tooth. As he had caused a blemish in a man, so shall it be rendered unto him” (Exodus xxi, 27).

“And if he smite but his male servant's, or female servant's tooth, he shall let him go free for his tooth's sake.” (ואם שן עבדו או שן אמתו יפיל לחפשי ישלחנו תחת שנו, — שמות)

Have you ever paused to think that a slave, a person having no right to will, a man whose wife and children forever belonged to his master, could go free for the loss of one tooth!

Mind you, he gained freedom of thought, independence of will and all those things belonging to the free, in lieu of the loss of one tooth. Thus it is easily seen that Moses regarded the tooth as an important adjunct to health.

This appreciation descended to the later generations of Hebrews, and very interesting is King David's conception of the teeth. When he as a young shepherd wandered the deserts with his herds, he had an opportunity to study and learn nature and its different phenomena. He learned to distinguish the roar of the lion (שאנת ארע) the ferocity of the cuspids of the young lion (מתלעות כפירים) their defending and offending function. He knew there was danger in the teeth of a serpent (כמו נחש שניכר). He laid stress upon the fact that the teeth in conjunction with the tongue are the main factors in speech. Observe the metaphor: “They teethed (sharpened) their tongues to make intrigues” (שננו לשונם)

He also mentions the cutting functions of the incisors: “Their teeth are spears and knives.” (ומאכלות מתלעותיו—תלע)

We can see of what value the teeth were to him when he speaks of the mischievous man. He does not find any greater punishment for them

than to break their teeth. "You shall break the teeth of the evil-minded." (Psalm iv). — (שני רשעים שברת)

And when this unsurpassed lyrical poet, lamenting the wickedness of his fellow-beings, kneels down before his luring lyre, he sends out the deepest tones of despair, changing his song to a terrible melody, and with a shriek he cries unto heaven: "Oh! Lord, crush their teeth." (Psalm lviii, 6). (אלהים הרת שנימו)

What rage of the prosecutor! How severe the punishment!

But the tooth held a still higher rank in the judgment of Solomon, who put his heart and soul into the search for wisdom.

He considered every material profit as vanity, and valued the tooth from its esthetic point of view. Here we enter a field where mental satisfaction and beauty played the all important role.

According to Solomon; the beauty of a man or woman depends upon the completeness of the dental arches. We read in the Song of Solomon (Cantum cantorum) that "the love-sick youth is leaping upon the mountains and skipping upon the hills, seeking his sweetheart, while she sought him on the streets." And when at night the watchmen met her she asked of them: "Saw ye him whom my heart loveth?" Later the two find each other and the youth is impatient to praise her virtue. "Behold thou art fair, my love! thine eyes are as doves behind they veil. Thy hair is as a flock of goats that lie along the side of Mount Gilead. Thy teeth are like a flock of ewes that are newly shorn, which have come up from the washing, whereof every one hath twins and none is bereaved among them." (שניך כעדר הרחלים שעלו מן הרחצה שכלם מתאימות ושכלה אין בהם)

(Notice the dental formula and you will see that the teeth are all in pairs—twins as it were):  $I_{2-2}^{2-2}$ ,  $C_{1-1}^{1-1}$ ,  $B_{2-2}^{2-2}$ ,  $M_{3-3}^{3-3}$ .

And while King Solomon, disguised as a beggar, tramped about his kingdom, Homer contemporaneously wandered among the Greeks with his tuneful harp and sang his national epos.

He sang about the mountain wolf, who, after devouring a sheep, drank from a well and washed his sharp teeth of the blood and particles of flesh. He sang about the two ferocious ajaxes, that "resembles two lions, bearing a goat through the woods, having snatched it from the sharp-toothed dog and holding it high above the earth in their jaws." (Iliad xiii, 198).

When the Spartans were forced to defend Greece from the barbaric Persians, the former resisted the Asiatic force by the functions of their biting organs. And having lost all their ammunition at Thermopylae, they threw themselves upon their enemies with their canines until all of them sacrificed their lives for their country. This was also practiced by the Romans under the command of Caesar.

Time elapsed, and Science, growing out from its lyric kernal, found its exponents in Socrates and Aristotle.

Aristotle in his study on zoology named the front teeth (sharp), the back teeth (flat), with the canines between. He also names, according to their character, the teeth of different animals and fishes.

Lucretius (98-55 B. C.), the poet and most important exponent of epicurean philosophy, in "De Natura," makes a study of anatomy of the human body, naming the blood vessels, nerves and viscera.

Regarding the teeth, he proves to be a perfect Odontologist. He mentions that the temporary teeth fall out at certain periods and explains that the offending and defending functions of the dental organs are specialized to wild animals. (*Opridentibus pugnant*)—although in his early history man too, fought with his nails and teeth (*Arma antiqua hominum, Manus, ungues, densetque fuerunt*), *Lucr.* 1282.

He further considers the tooth as a vital organ depending upon the humors of the body. At last the tooth in his writing appears as a very sensitive organ; sensitive to temperature and pressure. Discussion the mortality of the soul, he wonders "how it could happen that the soul coming from without (according to his opponents) and being so connected with the nerve vessels and viscera that even the teeth are sensitive to cold water and pressure, the soul at the death of the body suddenly part from it after being so enchained (*Namque [anima] ita connexa'st per Venas, Viscera, Nervos Ossaque, uti dentes quoque sensu particepentur; Morbus ut indicat, et gelidae stringor aquae, Et lapis oppressus sub dente e frigibus aspe*)."—*Lusr.* III., 685.

Unconsciously, then, he observed the pulp in the first case, and the periodontal membrane in the second.

These two anatomical parts become more and more known as dental diseases become more and more widespread (*Saepe dolor dentes, oculos invadit ipsos*).—*Lucretius*.

And as Rome was at the summit of its glory, having conquered Carthage and mastered the whole world, the dental diseases advancing hand in hand with the greater civilization and its luxuries, this ancient people was finally compelled to look for remedies and inaugurate a system of treatment.

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## TUBERCULOSIS OF THE LARYNX.

By Albert Bardes, M. D.  
New York.

Instructor in Laryngology, New York Post Graduate Medical School.  
Clinical Aurist and Laryngologist, Flushing Hospital.

Thanks to the recent active crusade against tuberculosis, the laryngeal form of this disease is not nearly so fatal as it was a decade or so ago. At that time the mortality from this affection was over 50 per cent. Now it is 28 percent. This improvement has been brought about mainly through the early identification of the disease. In no complaint is prophylaxis of more significance than in this one. It is often possible to perceive in the larynx a pertubercular state, in which tubercular changes are apparent before they are detected in the lungs. This is

the time to act, to prevent the dissemination of the disease. Not long ago I saw a man with this condition. I advised him to go to a sanitarium for tuberculosis. He was refused admission on the ground that no evidences of pulmonary tuberculosis were present. I lost track of him for eight months, then he came to me with all the symptoms of pulmonary phthisis. Again he asked to be admitted to the sanitarium. This time he was rejected because the disease had gone beyond the incipient stage.

Laryngeal tuberculosis occurs oftener than is suspected. Competent clinicians can detect symptoms of it in the majority of tuberculous subjects. Autopsies show that the larynx is diseased in 72 per cent. of those who succumb to pulmonary phthisis. An interesting postmortem finding is that 70 per cent. of the bodies that are brought to the autopsy table in large cities show evidences of healed tubercular lesions in the lungs. From the fact that most of these people have recovered from the disease, it is apparent that tuberculosis is not as deadly as it has been thought to be. Up to the twentieth year, at least 90 per cent. of mankind are infected, but not necessarily diseased with tuberculosis. Unfortunately, laryngeal tuberculosis does not offer the same change of recovery that a tubercular lesion elsewhere does, but each year witnesses some progress in this direction.

The disease under consideration is mostly found in persons between the ages of 20 and 40. This is the period of life in which the expenditure of energy is greater and the conditions for tubercular invasion are most favorable. The disease is very rare among children. This can be explained on the ground that owing to the activity of their glandular system, the infection is diverted to the glands of the neck. Formerly children with swollen cervical glands were said to be scrofulous, which is but another term for the tubercular diathesis in the infant.

Tuberculosis attacks the larynx of the males oftener than females, in the ratio of three to two. This is partly because men, by nature of their vocation, are more frequently exposed to the inclemencies of the weather, which beget catarrhal complaints, the forerunners of throat troubles. Then again men are oftener compelled to use their voice under disadvantages. Men, however, have a better chance of recovering than do women, pregnancy and other sexual changes being responsible for the increased mortality among women. A female who suffers from laryngeal tuberculosis, or even one who is suspected of having the disease, should be warned against becoming pregnant, at the risk of her life. If gestation should occur, it must be intercepted, otherwise both mother and child are likely to perish. A fortunate provision of Nature is that tuberculosis women seldom conceive, and when they do, they generally miscarry. Not one authentic case has been observed in which a woman with tuberculosis of the larynx has survived longer than a year after the birth of her child. A pregnant woman, in order to sustain herself and her fast-developing fetus, requires much more nourishment than is customarily taken, perhaps an irritable stomach retards the assimilation of even the normal amount of food. In that case the reserve energy that is stored away in the form of fat is drawn upon and the health declines. Another danger is that the expanding abdomen will crowd the

lungs and impede respiration, thus placing a greater strain upon the larynx and other respiratory organs, which are already hard pressed.

Nearly all observers are agreed that laryngeal tuberculosis is always transmitted from the lungs, the channel of infection being the lymph ducts. This view is strengthened by the knowledge that the initial laryngeal lesion nearly always occurs upon the same side as that of the pulmonary deposit. Cases are occasionally cited in which the larynx alone is diseased, the lungs showing no physical signs of tuberculosis. It was formerly thought that in these cases the infection came from without, but this has been disproved. It is explained in two ways. Either the laryngeal lesion is the recrudescence of an old tubercular focus that was deposited at some previous time, when the lungs were diseased and were the source of infection, or, that the lesion in the lungs is deeply seated and not apparent to physical examination. Absence of bacilli in the sputum and even absence of sputum are not conclusive proofs of the non-existence of pulmonary tuberculosis, since both sputum and bacilli are not found until the disease is well under way, and after the lung tissue has broken down and the liquefied mass has been coughed up.

Tubercle bacilli are well nigh indestructible. Virulent germs have been found encapsulated in bronchial lymph nodes twenty years after the lungs recovered from the infection. There is reason to believe that this same phenomenon can occur in the larynx, the recurrence being due to some general dyscrasia, associated with a laryngeal disorder.

It is hardly possible for tubercular germs to reach the larynx through surface infection, from the sputum or through respiration, when we take into consideration the nature and the habits of the infecting organism. Tubercle bacilli are turgid, slow growing germs, that require for their propagation a certain degree of warmth, a comparative absence of air and a quiet resting place. These requirements are not to be found in the larynx, the mucous membrane of which is so exquisitely sensitive that a foreign body of any kind excites a flow of mucus and a fit of coughing that causes them to be expelled. If primary infection of the larynx were possible, the lesion would probably occur in the pyriform fossa, just above the larynx. These fossae are the catch basins of the throat. They receive the secretions that drain from the nose and throat and divert them into the esophagus. Having a rich lymphatic supply, they are ideal places for surface infection. As a matter of fact they are rarely the seat of tuberculous deposits. Another point against surface infection is that a tubercular deposit in the larynx starts in the deeper parts of the larynx and gradually makes its way to the surface.

The pathology of tuberculosis of the larynx is precisely like that of a similar lesion in any other part of the body. The unit of all tubercular foris is the giant cell or miliary substructure of the larynx. It is accompanied by certain destructive changes which are peculiar to this disease. As the destruction proceeds, the infiltrated areas become larger, and finally it softens and breaks down, the debris seeking an exit at the point of least resistance.

Occasionally we see a larynx in which the tubercular changes can be followed from the first stage to the last. The first change that is noticeable is a hyperemic patch or swelling of the mucous membrane,

either upon the vocal cords or in the postlaryngeal walls. After a time tiny yellow spots can be discerned beneath the swollen area. These are the miliary tubercles which presently reach the surface and become tiny disseminated ulcers. These rapidly coalesce into one large shallow ulcer that looks like a slice of raw bacon with irregular worm eaten edges. Autoinfection of the rest of the larynx gradually takes place, and ultimately the entire larynx becomes infiltrated and diseased. The rapidity with which a tubercular deposit reaches the ulcerative stage depends upon the site of the lesion and upon the activity of the disease process. A lesion upon one of the vocal cords soon terminates in an ulcer. This is on account of the scarcity of epithelium, and because of the undue amount of attrition to which this part of the vocal cord is subjected. On the other hand an infiltrated area in the postlaryngeal wall may last for years before it breaks down. This is because of the limited motion and the thickness of the mucosa at this point. A lesion at this site is apt to cause early discomfort in swallowing, owing to the proximity of the esophagus. Generally, when the disease in the larynx has reached the stage of ulceration, that in the lungs has advanced to cavitation.

The exudate from a tuberculous ulcer is at first thin and watery and is laden with tubercle bacilli. Soon, however, pus cocci invade the field, and by their more rapid propagation soon displace the bacilli. The exudate then becomes of a thick ropy consistency and contains bacilli in the discharge of other than a fresh ulcer, excepting near its base. The yellow exudate that frequently covers an ulcer of one of the cords is apt to mislead the inexperienced even to the belief that the cord is normal in color.

In looking at a chronic tubercular ulcer of the larynx we are struck with the profuseness of the pale and edematous granulations. It is the reparative process which follows all tubercular changes. By means of it Nature attempts to stem the tide of infection and to seal the breach made by the disease. Tubercular granulations, however, are so unlike healthy ones, and so devoid of nutrition, that they usually defeat their very purpose, and retard rather than assist repair. In certain instances the granulations can be stimulated to healthy action, and then healing takes place, a layer of connective tissue replacing the granulations. Sometimes a larynx is seen in which destruction is going on in one place and repair in another. In this way repair equals waste and the disease drags on for an indefinite period before it assumes a serious aspect. Occasionally the scar tissue that replaces an ulcer contracts to such an extent as to make breathing difficult.

Individuals who use the voice as a source of livelihood and those who suffer from intercurrent attacks of simple laryngitis, whenever the weather is unfavorable or when they have a cold in the head, are the ones who are predisposed to laryngeal tuberculosis. A chain will break at its weakest link. In the same way a supersensitive larynx offers the least resistance to tuberculosis. Unquestionably a nasal disorder is the underlying factor in many of these cases, as it is the predisposing cause of nearly all throat complaints.

The earliest symptoms of laryngeal tuberculosis relate to the voice. As a rule the disease has such an insidious onset that its presence is

not noticed until the tubercular infiltration renders the opposition of the cords mechanically impossible. The first complaint is a slight hoarseness and a sense of discomfort in the larynx. These symptoms are soon supplemented by a dry hacking cough. Frequently the symptoms are precisely like those of a simple laryngitis, and it is not until their stubbornness arouses suspicion, that closer investigation reveals the true condition. It is then that other symptoms of tuberculosis are often brought to light, such as a rapid pulse, accelerated respiration, subnormal morning temperature or slight afternoon fever, or declining weight. A persisting hoarseness that is attended with a dry cough which is often violent and paroxysmal in character should always be investigated. The symptoms of laryngeal tuberculosis are worse at night, owing to the decline of the physical powers. Patients with laryngeal tuberculosis exhibit far more languor and debility than those with lung disease alone. They have a peculiar worried and haggard look and they talk with an effort. Their most troublesome complaints are the excessive dryness and irritability of the throat and the dry cough. These symptoms are particularly annoying to women. The excessive dryness of the throat is akin to the dryness of the skin and hair from which nearly all tuberculous subjects suffer. It is due partly to defective secretion and partly to the abstraction of moisture by the febrile process.

Hoarseness occurring in a person suffering from pulmonary tuberculosis is certainly suggestive of laryngeal involvement. It, however, can come from another source, such as a collection of dry sputum, or by a crust of mucus in the larynx, or it may be due to impairment of one of the recurrent nerves, either from pleuritic adhesions or from the pressure of enlarged bronchial glands.

Inspection of the larynx in the early stage of laryngeal tuberculosis reveals at the first glance but little of a diagnostic nature. There may be nothing discernible excepting a patch of hyperemic mucus membrane, or perhaps a faint swelling. Closer inspection shows that the movement of the vocal cord on the side of the lesion is not as free as it should be, and that the movement of the arytenoid is restricted. Sometimes a tubercular nodule can be seen upon the free edge of the vocal cord. It resembles a singer's node. There is something about a tubercular lesion in the larynx which to the experienced eye makes it distinctive of this disease. It is the infiltration that surrounds the lesion. In many instances doubt about the nature of a suspected lesion is dispelled by the observance of general symptoms of tubercular toxemia, such as failing weight, night sweats and so on. When the disease in the larynx has become well established, it can scarcely be mistaken for any other disease.

(Continued in next issue).

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

## AN APPEAL TO THE ALLIED DENTAL COUNCIL OF GREATER NEW YORK.

Gentlemen :

You are at present engaged in a very interesting discussion, dealing with a very interesting question, i. e.: Whether or not you shall publish a magazine of your own, to help carry on the work for which you were organized.

You are probably aware of the fact that the Progressive Dentist is in the field for the past three years and during that time it has espoused the cause for which you and all the members of the dental profession stand. Directly or indirectly it has in the past and does now publish all announcements and minutes of and papers read before the dental societies.

The Progressive Dentist is a radical magazine and represents the needs and interests of the profession from its own point of view and not from the manufacturer's or dealer's point of view.

During its three years it has always truly represented you. Why not **continue** to **represent** you? Why **change**? Why seek to divide the forces of the Allied Dental Council? For this is what is going to happen if a new paper is put out, it will necessarily have to compete with another magazine very similar and almost identical to it in its policy, management, etc. The subscribers and the advertisers support will be divided among the two and as result probably both will fail or they will barely exist. Why not unite, fuse, co-operate, call it what you will, but let their be unity—In Union there is Strength—Let us all put the shoulder to the wheel and accomplish something worth while. It is claimed as arguments against endorsing the Progressive Dentist that it bears the stamp of the Inter-Collegiate Socialist society; that the policy is socialistic, etc. Well, it is a well known fact that the editorials in Oral Hygiene are sociologically inclined, and that its editor Dr. Hunt is, I believe, a Socialist, still that does not interfere in anyway with the reputation and standing of Oral Hygiene as a dental periodical. I claim that it is not the stamp of the cover page or the editor but its contents that count, and I claim that what is contained in the Progressive Dentist is not objectionable. It is pleasing to the profession and the profession has shown its approval. It may contain Socialism, but that Socialism deals with dentistry. It is dentistry from a Socialist point of view—broad minded men have found it O. K. It will contribute and cause contributions to be sent in and will work for its success

Gentlemen, I appeal to you—do not divide your forces, keep a good magazine in the field and give it your endorsement—recognize it officially. Give it your moral and your active support and let us try to arrange matters for the good and welfare of all of us.

Respectfully yours,

JACOB GERBER, D. D. S.

**Business Mgr., Progressive Dentist.**

P. S. Members of the dental profession are kindly asked to express their individual opinions on this subject. Address all communications to the Progressive Dentist, 347 E. Tenth Street, New York City.



# The Progressive Dentist

Published Monthly by  
**THE NEW YORK DENTISTS' CHAPTER**  
Intercollegiate Socialist Society

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347 E. Tenth St., New York.  
Telephone, Orchard 909

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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.

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## EDITORIAL DEPARTMENT

Dr. Wm. J. Robinson, editor of the Critic and Guide and author of many radical books on Genito-Urinary Diseases has put on the title page of every one of his books —“No book has a right to exist which has not for its purpose the betterment of mankind by affording either useful information or healthful recreation.”

The same applies to magazines. No dental journal has a moral right to exist if it does not attempt to elevate the dental profession or better the condition of its individual members.

Having that for a purpose the editor, publisher, and proprietor must be first, absolutely honest and fearless and stand up for what is right regardless of consequences. Second, he must join hand in hand with editors and publishers of other magazines for just reforms and better legislation.

The above holds true in the case of the American Dental Journal—published by Dr. B. J. Cigrand, Batavia, Ill. We earnestly desire that some of our other contemporaries join us in such fights as the protest against the recent enactment of the Cocaine Law, “Illegal Dental Parlors,” etc.

Therefore let us all join hands in the fight for the uplift of our profession.—J. G.

# The Progressive Dentist

PUBLISHED BY

NEW YORK DENTISTS' CHAPTER OF THE INTERCOLLEGIATE SOCIALIST SOCIETY

PUBLICATION OFFICE

347 East Tenth Street

TELEPHONE ORCHARD 909

## AN OPEN LETTER TO THE PROFESSION

Dear Doctor:

**O**UR magazine "The Progressive Dentist" is a Socialist publication dedicated to the uplift of our profession. You will agree with us that the dental profession is surely in need of uplift.

We want you to become a constant contributor to our magazine. You will be given carte blanche. We have no axe to grind; nor are we a narrow set of dogmatists. No dental supply company controls our publication. We preach the truth according to our lights. We want the truth from you. At all costs.

No matter what your private opinions may be, you can do no more meritorious work than helping us in our endeavor. You can help us by your moral support and by contributing articles of interest in the dental world; by making The Progressive Dentist the medium of discussion of all topics relating to dentistry.

May we count upon your support?

If you contemplate writing an article or series of articles in the near future, we will be pleased to give you space if only you signify your intention of doing so.

Hoping to hear from you, I beg to remain,

Very cordially,

MAXIMILLIAN COHEN, D. D. S., Editor.

## STUDENTS' DEPARTMENT

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### C. D. O. N. Y. NOTES

A number of new and able demonstrators were appointed for the Junior and Freshman classes. Dr. Goldwater and Dr. Dyer Junior Operative Department; Dr. Scoop, Junior Prosthetic Department; Dr. Chambers, Examination Department; and Dr. Zapp, Freshman Class.

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The first free clinic for school children has been established at the college, by Dr. Carr. Sixty children are treated every Saturday afternoon from 1 to 4 o'clock.

Dr. Carr is running this clinic at his own expense. This is one way he hopes to show his appreciation and express his gratitude to those who so willingly contributed toward the erection of the new building.

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Dr. Carr treated an interesting case of caries in the Oral Surgery Clinic on Saturday, October 7. The patient was brought by Dr. Sueskind, a recent graduate.

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The first volume of the "Acorn" a monthly publication issued by the students of the college has been issued this month. It is devoted to the interests of the faculty, Alumni and student body.

Samuel Grief '14, literary editor; Joseph N. Sablow, B. S. '14, news editor; Nat Bauman '14, general manager.

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#### Senior Elections

At a meeting held Tuesday, October 28, the following were elected to office:

Nat Bauman, President.  
 Edith D. Schvecile, Vice-President.  
 Joseph N. Sablow, Treasurer.  
 Rose Jeivelle Lifshitz, Secretary.  
 Benjamin L. Withers, Sergeant-at-arms.

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#### Junior Elections.

At a meeting held Thursday October 23, the following were elected to office:

Henry Weiss, President.  
 Bessie Neveloff, Vice-President.  
 Austin Hughes, Treasurer.  
 Mr. Mandelbaum, Secretary.  
 Mr. Englander, Editor.  
 Mr. Prince, Sergeant-at-arms.

**B. NEVELOFF,**  
 1421 Madison Ave.,  
 New York City.

## N. Y. C. D. Notes.

The N. Y. C. D. might well be classed as the foremost dental institution in this country in regard to the number of students that have entered and left its portals. This is especially true when one considers the number of students that have left its Alma Mater within the last two years.

The session of 1913-1914 has the largest total registration of any of the preceding sessions. It is said to reach the high-water mark of 700. The number of registered freshmen alone amounts to about 320. An unusual large body of freshmen, larger than it has ever been the lot of any American dental institution to take care of.

When our dean, Prof. Faneuil D. Weisse, was asked by some members of the Senior class to explain the cause of this years' increase in registration, he answered that it has been his experience, for the past forty years, that whenever there is a falling off in business speculations, whenever there is little money in circulation and business is at a low ebb, then there is an increase in the number of young men taking up professional courses. That in such years of commercial leanness they come in ever increasing numbers not only into the dental profession but also into the medical, legal and other professions.

In other words, the avenues of the world of business are closed to many of our promising youths and they are forced to seek other channels in which to achieve "success." The young clerk or high school graduate who takes up the profession of dentistry, has been arguing fervently that there was plenty of room "on top," that one could reach it if he would only strive to climb. But it seems that the strings isn't worth one's while. Even our sycophant youth is realizing that few have reached the old "top," capitalism's promised land as it were, and are saying to those gazing longingly towards it: "Beware, we are the masters. Go ye and seek other fields."

Our esteemed Dean has used what is known as the law of economic determination to explain the situation that he and the N. Y. C. D. faculty is confronted with. His remarks indicate that he is getting acquainted with the economic interpretation of things. Whether he is an actual believer in the materialistic conception of history we do not know. But as a reporter of things that happen in our little student's world, we deemed our duty to record it as a significant sign of the times.



The Manikin Head clinics are under full blast. Part of the Senior students have done operative work on the manikin heads during the summer session, others are just making acquaintance with "my head."

The clinic held two days in the week from 1 to 4 P. M., with Dr. Arthur J. Krbecek and Dr. Milton B. Shafer as demonstrators. Dr. Schweitzer, the director and deviser of the manikin head clinic, appears on the floor regularly and is on the lookout for absentees. Woe unto those who will be absent twice. They will be left without any heads. Look out for the "chief," boys.

Notice is hereby given to all students who are members of the New York Dentists Chapter, I. S. S., that meetings are held regularly on the first Friday of the month. All prospective members will be informed by postal as to the meeting place if they will send in their names and addresses to the secretary of the chapter or to the Progressive Dentist office.

All members of the chapter who have not remitted the yearly dues, 25cents, to the General Society are requested to do so. Remember, you are not entitled to receive the bi-monthly and all other literature published by the I. S. S. unless you pay in your dues.

## IS THE DENTIST A SOCIAL FACTOR?

DR. MORRIS SCHNEER.

It is such a rare and unusual thing to see a dentist graduate into public office or rise to a higher position in life than I am forced to ask myself the question, I gave this article the title.

Why it is that the dentist as a rule, takes so little interest in public questions? If this statement were submitted to him, he would probably object to the ceremony, but it is none the less true. It seems to me that the average dentist is satisfied to lead a life of limited, or rather restricted usefulness. He thinks that his business in life is only that of "treating teeth." All other matters he leaves to others.

Close investigation proves conclusively that the dentists as a whole (with probable exceptions of one or two) do not "run" for any public office nor do they shine in other fields of endeavor.

I believe that there is no one that has such great opportunity to study human nature as the dentist has and yet it is astonishing how many dentists comprising a portion of intelligent citizens are indifferent to the various problems of life.

I have spoken to many fellow practitioners on the subject and a good many are of the opinion that the dentist should not meddle with politics or other social problems "for" said they, "since your opinion may vary with a goodly portion of your clientele you may lose business."

Every intelligent man should resent such talk as the above quotation. Firstly, I do not believe that the above assertion is true. And secondly, even if it were true no man should sell his soul for the "dollar."

The dentist even lacks in interest in his own affairs as the recent enactment of the discriminating "Cocaine Law" shows. Would such a law have been enacted if the dentists were awake? If the druggist would observe the strict interpretation of the law he is not allowed to sell the dentist not only cocaine, but also carbolic acid. Some time ago a fellow practitioner went into a drug store to purchase some carbolic acid and the druggist refused to make the sale without a physician's prescription. We wrote to the Board of Pharmacy inquiring whether a dental surgeon has a right to prescribe or obtain carbolic acid for his own use and the reply was an emphatic "no."

While the foregoing are random citations of the inactivities of the dentists to his own as well as to other problems, the real reason for the writing of this communication is to enlist the services of the dentist to the solutions of the various problems in life.

## DENTAL HINTS.

Part teeth play in disease—among other things the irritation caused by diseased teeth produces ulceration of the tongue and lips, and the prolonged irritation of the ulcer often results in cancer in the mouth and its adjacent cavities, and besides this the large amount of germ laden saliva with its load of putrefying food from cavities in the mouth is swallowed and produces irritation as well as inflammation of the stomach lining which is often an invitation for the development of a cancerous process.—C. E. Montgomery, M. D., in Oral Hygiene

Instruments and Appliances and their Care.—Among the instruments and appliances that are very difficult to sterilize by the ordinary methods usually employed in dental offices are nerve broaches, rubber dam, modelling compound, and impression wax. An imperfectly sterilized nerve broach will infect a pulp canal which a moment before was sterile, as in removing healthy pulps under local or general anesthesia. A piece of rubber dam that had been used upon a patient with unsuspected syphilis may infect an innocent person and bring down upon him or her the unmerited reproach of being impure and vicious thus blasting the reputation and ruining the character of an entirely innocent victim, and all because of a penny-wise economy.

The same may be said of modelling compound and impression wax. Let me ask you, gentlemen, do any of you care to be the cause of such a wrong, such a stupendous calamity just described? No! thrice no, you say. Then, for the sake of the health, for the sake of the good name, for the sake of the life of an innocent and confiding patient, from this time on and henceforth do not try for a few cents to economize on your office expenses at the risk of the health, reputation or life of your patient. Throw these things into the fire and destroy them forever.

Do you sterilize your hand pieces? Most of you do not. Wiping with a dry towel or a napkin is usually all they get. Occasionally they are wiped with an antiseptic solution and this is considered sufficient. This is not sterilization. These instruments should always be thoroughly sterilized to prevent the carrying of infection. The sleeve of the straight hand piece may be boiled, the balance can be sterilized by placing it in gasoline. The right-angle hand piece, on account of its mechanism cannot be boiled, but it may be rendered completely sterile by immersing in gasoline.

How do you sterilize your mouth mirrors? Not by boiling of course, as that would ruin them almost immediately. These instruments can be thoroughly sterilized by washing and scrubbing them in warm water and soap, immersing them in full strength liquid carbolic acid or lysol, rinsing and immersing in 95 per cent. alcohol until needed again.—John L. Marshal—Items of Interest October.

Some Uses of H<sub>2</sub>O<sub>2</sub>.—To cleanse blood stained root canals and cavities, apply H<sub>2</sub>O<sub>2</sub> on cotton. Equally effective in removing blood stains from coat sleeves, etc., try it; it works like magic.—M. J. Ruzicha.  
—Dental Review

**A Good Flux.**—Fill a bottle with as much water as you think you need flux. Pour this water into a glass and place latter in a pan of water; fill the water in the glass with as much borax and boracic acid, equal parts, as the molecules of the water will hold; let water come to a boil and cool; pour same into original bottle and you will have a clear flux.—Wm. V. Sher.—Dental Review.

**A Simple Festoon Carrier for Vulcanite Plate Work.**—A very handy little tool for festooning the wax around the necks of the teeth is made in a moment by just putting a pen nib in the holder the reverse way. A broken steel pen, also presents two miniature cutting edges, which a touch or two of a corborundum wheel will convert into an instrument very useful in removing little bits of rubber from places which one cannot get at by any other instrument.—Edwards Dental Quarterly, per Cosmos.

**Allaying Pain After Extraction.**—To allay pain following the extraction of a tooth, the wound is rinsed with a warm solution of hydrogen dioxide, followed by insufflation of orthoform powder. If no spray is available, the wound can be coated by means of a cotton tempon dipped into this powder.—Oestriechische Zeitscift fuer Stomatologie, per Cosmos.

## MY MOTHER-IN-LAW'S TEETH.

By Don Mark Lemon.

"Why don't you go to the dentist and have the tooth attended to?" John Fisher held his hand to his mouth and groaned.

"That's just like a man!" exclaimed John Fisher's mother-in-law. "Rather have the toothache than go to the dentist."

Still John Fisher said nothing. When one has a bad case of toothache even talk isn't cheap.

"Pooh! Don't make such a long face about it. Besides, a toothache is all in the mind."

John Fisher glared.

"All in the mind," reaffirmed the lady, calmly and exasperatingly.

John Fisher arose to his feet. "Madam," he demanded, "do you mean to stand there and tell me that this raging toothache is all in my mind?"

"I do."

"And that if I only imagined it didn't hurt, it wouldn't hurt?"

"Exactly."

This was adding contempt to insult, and John Fisher said as much.

"Now, now, keep your temper, John!" cautioned the lady. "You know very well that if you hadn't any mind at all, you couldn't be conscious of having the toothache. So if you will but withdraw your mind from the pain, it will be the same thing. You will be unconscious of it."

John Fisher sat down in disgust.

"I'll tell you what I will do," continued the resource-ful mother-in-law. "If you will go with me to the dentist and have that tooth at-

tended to, I will have two of mine pulled and the nerves killed in four others. I should have had them attended to before this."

John Fisher looked surprised, then ashamed. Had his mother-in-law the toothache?

"And I won't take gas either. I'll depend wholly on the power of mind over matter."

John Fisher reached for his hat. "Very well," he said; "It's a bargain." He smiled grimly. Two hours or so on the torturous dental chair would make his mother-in-law change her opinion about pain being all in the mind.

The lady also smiled, but her smile was all sweetness and guileless.

The dentist lowered the dental chair to accommodate his patient's height, and after spreading a nice fresh towel over John Fisher's shoulder, filled his mouth with a sheet of rubber to keep him quiet, and began his several acts of torture.

With a screw-wedge device he pried John Fisher's decayed and aching eyetooth from against its neighbor, screwing the wedge tighter and tighter; then with a sharp, crooked pick he busied himself for a while cutting and gouging into the aching tooth. This done, he sorted over his drills, calmly proceeded to sharpen the cruelest-looking one that he could find, placed the same in the dental engine, put his foot to the power and began to bore for the nerve.

It was agony, and John Fisher's body grew cold and hot by turns, and he began to squirm in his chair and groan aloud.

"It isn't very pleasant, I know," remarked the dentist.

With a shiver, John Fisher looked crosswise into the attentive eyes of his mother-in-law.

"Now, John," said the lady, "remember that pain is all in the mind, and if you will only imagine it doesn't hurt—why, it won't."

"O-o-oh!"

"What did I say! All in the mind!"

"O-o-oh!"

"Remember! all in——"

"Oh!"

John Fisher had endured all that flesh and blood could bear. He brought up his hand and with one jerk tore the wedge from between his teeth and the rubber from his mouth.

"Mr. Fisher!" expostulated the dentist.

"Why, John!" exclaimed the mother-in-law. "Didn't you hear me saying that pain is all in the mind?"

John Fisher turned upon the lady. "Madam, while I am letting this tooth cool, just have those two teeth of your yanked out."

"Why certainly." Mrs. Meadowbrook seated herself in the dental chair.

John Fisher stood closely by. Now was his turn to advise, and he fairly smiled with vindictive pleasure. But not long, for when the dentist had succeeded in breaking off one and crushing another of his patient's teeth in futile attempt at extraction, that lady looked up with a beautiful smile and remarked. "After all, pain is wholly in the mind. Don't you think so, doctor?"



"I am satisfied of that," said the dentist.

John Fisher's jaw fell mutely

The dentist now dug out the splinters of the two teeth he had broken off, and proceeded to bore great cavities into four other teeth in the mouth of Mrs. Meadowbrook, that lady not uttering a single complaint the while, nor once so much as wincing, but throughout the operation bearing herself as easily as if at a play.

"I cannot give you any more time this morning," stated the dentist.

Mrs. Meadowbrook arose, and smiled on her son-in-law. "Now, John, remember, that physical pain is all in the mind, and if you will believe that your tooth doesn't hurt you—why (as I said before, it won't."

Again John Fisher seated himself in the dental chair and again the surgeon began boring with a fine-pointed drill.

"Getting pretty near the nerve," remarked the latter, by way of information.

John Fisher made no reply, but like the parrot that couldn't talk, he thought a great deal. Bracing himself in the chair, he sought to conceal his squirmings from his argus-eyed mother-in-law, for after the wonderful example of the power of mind over matter set by that lady he was determined that his conduct should be above reproach of a Spartan.

"All in the mind!" he thought. "Great jumping frogs! what kind of a mind has she?"

Even the hour in the dental chair has its ending—"This, too, shall pass away"—and at last John Fisher's tooth could have nothing more done for it for the time being, and he arose, quit the dentist's office, and walked home with his mother-in-law.

Occasionally he would glance sideways at her out of admiring eyes. "What a mind that woman must have!" he thought.

He took her into a store and bought her an expensive hat and sunshade. "Nothing's too good for a woman like that!" was his secret reflection.

An hour later he got into a dispute with a friend, who maintained that the mind has no power whatever over physical pain.

"What!" cried John Fisher. "The mind has no power over pain! You don't know what you're talking about. You should have seen my mother-in-law at the dentist's this afternoon. Great Scott, you should have seen her! She had two teeth pulled and the nerves killed in four others, and she didn't take any gas, but just believed it didn't hurt, and—why, it didn't

"Are you speaking of Mrs. Meadowbrook!" inquired the friend.

"Yes, my mother-in-law."

The friend smiled. "But I say, hasn't Mrs. Meadowbrook false teeth?"

"False teeth!"

"Why, yes aren't all of her teeth false?"

John Fisher suddenly slapped his friend on the back and laughed loudly. "Ha! ha! I was just seeing if you would bite!"



## 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.

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**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.

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**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.

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A meeting of the Eastern Dental Society took place on Thursday, November 6, 1913. The meeting was called to order by Dr. Hindes, president of the organization. The minutes of previous meeting were read by Dr. Lewitter, secretary. A motion was made by Dr. Lederer to elect the following men as members of the society, after they have been received and approved by the Admission committee:

- Dr. S. Alexander, 463 East 149th Street.
- Dr. George Evans, 55 West 39th Street.
- Dr. Morris Fuchs, 327 East 10th Street
- Dr. Morris J. Goldin, 60 Second Avenue.
- Dr. Louis Herbst, 323 East 4th Street.
- Dr. Frank Kern, 233 East 10th Street
- Dr. Maurice Oser, 222 East Broadway.
- Dr. Charles Schmer, 25 Avenue A.
- Dr. Jacob B. Schneer, 308 East 15th Street.
- Dr. Max Stein, 220 East Broadway.
- Dr. Abraham Wolfson, 401 West 59th Street.

Under New Business, a motion was made by Dr. Lederer that the Society follow the example of the Harlem and the Kings County Dental Society in requesting Governor Glyn to retain Mr. Porter in the office of State Health Commissioner. Motion was passed. Acting on a suggestion made by a member the president called on Prof John Bethume Stein, the speaker of the evening.

Professor Stein did justice to the subject: "Notes on the Teeth and Dentists of some French Monarchs," by giving a very interesting and accurate history of dentistry in the time of the early French kings.

Besides giving correct dates, Dr. Stein favored us with some inside information of the dealings of these kings with their dentists. The lecture was followed by some lantern slides that Dr. Stein collected during his visit abroad.

On the whole, the paper, and the treat to the eye were two things which no dentist should have missed.

Under Reports of Committees—Drs. Ratner and Rice reported for the Allied Dental Council. The following is a summary of their discussion:

1. The recent Cocaine Law, restricting dentists from obtaining cocaine except on a physicians prescription.

2. Illegal dental parlors—Dr. Ratner reported that District Attorney Whitman has an assistant in each Magistrate Court and any dentist can make complaints directly to this assistant instead of reporting to the State Dental Society as before.

3. The Allied Dental Council is considering publishing a paper of its own.

Dr. Hindes reported that on Monday, November 10, the Second District Dental Society will have a meeting at which Dr. Ottolbugrie will be the guest and chief speaker. He will read new laws in regards to the illegal practice of dentistry which he intends bringing before the legislators.

Before adjournment a very important question came up, i. e., whether or not it is advisable that Allied Dental Council publish a paper of its own or endorse the Progressive Dentist. The substance of the discussion will be found on another page of this magazine. The meeting adjourned at about 12:30 P. M.

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A regular meeting of the Kings County Dental Society was held on Thursday evening, Nov. 13th, at 8:30 P. M. sharp at their quarters, The Brooklyn Masonic Temple, Lafayette and Clermont avenues.

Dr. James P. Ruyl read a paper on (1) Taking Impressions on Modeling Compound, (2) The Gysi Method of Obtaining the Measurements of the Human Jaw, (3) Anatomical Articulation.

Dr. Ruyl has given years of study to these subjects, and consequently this paper proved an epoch maker. It aimed to revolutionize all of the present accepted methods of impression taking. Dr. Ruyl demonstrated his method for the benefit of those present.

The paper was discussed by Prof Ellison Hillyer of New York College of Dentistry and Mr. Samuel Supplee.

The paper in full will be published in next month's issue of the Progressive Dentist.

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**NOTICE TO GRADUATES:—**With this issue your free subscription to the Progressive Dentist expires. If you desire to have the magazine come to you regularly, beginning with the November, 1913 issue, we will ask you to subscribe to it. Subscription price is 50 cents a year. Send cash, check, money order or stamps, etc., to Dr. J. Gerber, business manager, 347 E. 10th St., N. Y. City. Do it to-day.

# IMPORTANT

*Look at the outside cover of the N. Y. City Telephone Directory issue October 16th, 1913, then write me or phone 200 Bryant for special terms.*

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