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ORIGINAL COMMUNICATIONS.

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The Progressive Dentist

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MINOR ORAL SURGERY

Paper read by DR. WM. J. LEDERER before The Harlem Dental Society.

Taken down by stenographer for The Progressive Dentist.

When the slides were shown, it was difficult to take down notes owing to the darkness in the room—Editor.

Mr. President, Ladies and Gentlemen:

It is indeed with great pleasure that I appear before you this evening. When your secretary invited me to read a paper, he was kind enough to select a subject which is dear to me as a surgeon, and which is dear to the heart of every surgeon. It is a subject which you fully realize I could not prepare a paper on in the few days that were given to me and do justice to the many books on dental and oral surgery, with which I am acquainted, namely, that of "Minor Oral Surgery."

I shall have to beg your indulgence for some omissions, which of necessity I will have to make because of the short time allotted me for my subject.

Successful dental surgery and minor oral surgery depend not only upon surgical knowledge and diagnostic ability, but, to a great extent, successful surgery depends upon precision of action. That means carefully planned and carefully executed work. To obtain this end we have to eliminate one factor, and that is, **Speed**.

A dental surgeon who desires to do the best for his patient must eliminate the speed factor. Therefore, the first requirements for successful minor oral surgery is **time**. I make this statement, gentlemen, and I shall refer to it later on, firmly believing that to do successful dental work requires length of **time**. Of course, it is needless to state that besides the element of time and definite knowledge, precision of action, and other requirements we must consider surgical diagnosis and properly selected assistance as important factors.

The first essential in performing an operation is to enter into it with the proper spirit. This refers to the patient also, and it is with this spirit that many operators enter into their work.

We have, for example, a tooth which has to be removed, or an abscess to be opened. For the tooth and abscess cases the surgeon gives no attention to his surroundings—and there is where he is at fault.

The first thing is to make a careful examination of the mouth. I have brought a few slides to be thrown on the screen which will make it easier for me to **demonstrate my points** and make my subject more interesting to **you**.

Slide 1. I simply throw this slide on the screen to show the use of retractors which are a great deal better than the ones which usually introduced into the mouth.

I said before, gentlemen, that the time factor is a particularly necessary one in successful surgery.

The next question to be considered is that of anaesthesia which for some time has been practiced on mankind, and particularly in our work in oral surgery as we have had and still have a good many operations to perform where the patients does not want ether or chloroform, and where nitrous oxide has proven a failure in the hands of an expert. In such cases anaesthesia has solved the problem.

The next two or three slides are those showing the right and wrong use of local anaesthesia.

The needle should be introduced as shown here in the neighborhood of these lines (as shown on the screen).

There are some cases where local anaesthesia cannot be applied, but you can absolutely use it in a large percentage of cases.

This is the correct way of introducing your needle. The end of this needle is thrust into the tissue in such a way that the cut end is parallel with the bone, otherwise you are apt to break the needle.

(Slide.) Proper way to introduce the needle.

(Slide.) Proper way of injecting local anaesthesia.

Several slides shown in explanation of above.

The needle is introduced as follows:

You grasp your needle as you would a forceps and rest the needle on the opposite cocaine. Thrust it through the soft tissues until you feel the bone. Then slowly bring your needle over to the side. Slowly feel your way along until you strike this section. You will then meet with no resistance. Simply thrust your needle in and inject the cocaine into the wound. You will then get a deposit of anaesthesia in the pressure.

(Slide.) This shows where the deposit of anaesthesia is made. Then after 15 or 20 minutes you will get complete paralyzation of that nerve.

Next slide. Introduction of the needle.

Next slide. Feel your bone.

Next slide. Slowly bring it around.

Now, gentlemen, we have to bear in mind a few points from our anatomy. We have two main canals, the infraorbital and the inferior dental. We get complete anaesthesia of the upper jaw by injecting into the infraorbital and into the Inferior Dental to get complete anaesthesia of the lower jaw.

Extraction of back teeth. I shall not go into detail on the operation of extraction. Extraction is divided into two classes: Normal extraction and extraction of impacted teeth.

Next slide. Uninterrupted teeth and roots that are broken. I shall take up the extraction of uninterrupted teeth.

Next slide. Here we have a case where the second bicuspid root was broken off a long while ago. The six-year molar came forward. We must bear in mind that this patient suffered with neuralgia. It was utterly impossible for it to force its way here. (As shown on the screen.)

I oppose working in the dark at any time. I have been criticized repeatedly for my method in removing teeth, but I always insist upon this method. (Several slides showing the method.)

I would severely criticize any attempt to simply jab that tooth out.

Next slide. Here we have our dear old friend—the lower third

molar. This is a case that shows my method of removing it. We make an incision opening up the flap—exposing over bone—after the bone is exposed, by means of a drill we make a series of holes, if necessary, and then with a small scissors cut into the wounded bone and then remove the tooth.

The mouth is then washed out with a little boric acid and you can close the wound up and get good results in healing. Whether it is lower or upper third molar, whether it is situated near, or whether it is a canine, in the short, it will explain this class of matters. It results in free exposure of the bone by means of burr and scissors, expose sufficiently to grasp. You then have a clean wound.

Next slide. You try to get away with it in a crude manner. In this way there is more trouble than the operator is looking for. The other procedure takes a little longer, but you have a clean result.

Cut flap; expose bone, drill your bone away, expose tooth and remove it.

Next slide. Here is a canine tooth. This canine tooth is situated in the middle of the palate, can be removed by several methods.

The general surgeon will simply take a burr or a scissors and cut a great big hole, sacrificing everything and letting it heal by granulation and establishing complication, which is very troublesome.

Local anaesthesia is very valuable in such cases.

There are various classes of cysts, but we have not the time to go into the physiology of the cysts.

Slides showing different kind of cysts.

From the surgical standpoint we must remember that the cyst membrane must be removed entirely.

Next slide. This is a case that I saw some time ago, and this lady was extremely anxious not to have this tooth removed. The roots were filled and the jaw bone was opened up; here the roots were amputated and the membrane was chiseled out.

Next slide. I simply throw this picture on the screen to show you to what extent these cysts may assist in diagnosis.

Next slide. This patient had a series of cysts which went up to the jaw. In order to have a successful operation we have to leave a clean wound.

Next slide. Here we have another class of conditions.

I shall not take up too much time to speak of the following one or two complications. The first is the facial, which is shown here. These cases are the results of some overlooked root; the second, a Radiograph, that I took some years ago brings back the importance of our work.

Next slide. This is a boy 13 years of age who developed glands of the neck. He was treated and treated and finally advised to go to a specialist. He was seen by a nose and throat man in New York who said to him, "I want a dentist to get hold of you." The gentleman he was referred to, and I insisted upon a radiograph. You can see the broken-down gland. The boy was well in two weeks, but he had glands of the neck two years.

Next slide. Cut away the thin bone, chisel out the membrane, which is very essential.

Slide. Here you can see wound slightly healing up.

Next slide. This is a specimen of a cyst in the upper jaw. The man wore a plate and developed this (pointing to the screen). While the patient was operated on I asked the photographer to see if she could fix this on a plate, and she succeeded. The essential point is that the membrane be removed. It takes a considerable length of time.

Next slide. This is a rather delicate operation, and is one that a good many men think extremely difficult form, but if you take your time and use local anaesthesia it is very simple. You make your flap as shown before by circle indicated, and by means of mouth washes wash out your wound, drop your flap, tie down with one stitch.

(To be continued in next issue.)

DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By Samuel Greif.

(Fifth Article.)

Kethuboth 59b.—According to Beth-Shammai: He put a finger between the teeth. According to Beth-Hillel: She put a finger between the teeth.

Note: These are idiomatic expressions similar to one now commonly used: To put a finger into the mouth, i. e., to hint at something.

Keth. 60a.—As we have learned, when one bites into anything and blood appears on the bite, he shall break the blood-portion off and eat the rest. But when there is bleeding between the teeth, one may suck the blood into the mouth without any harm.

Note: This clearly illustrates that eating of blood is strictly prohibited; not even one's own blood after it appears on a morsal of food. How many times has this passage of the Talmud been referred to in all ritual murder accusations, in the attempt to prove that eating of blood is permitted according to the Talmud?

Keth. 111b.—We learn: "His teeth shall be white from milk"
 לבן שנים מ'חלב Gen. xlix. 12). Do not read לבן שנים but לבן שנים or לבון שנים

Nedarim 66b.—She had a tothebeth-tooth and R. Ishmael made her a golden tooth.

Note: The tothebeth-tooth was fully explained at Sabbath 64b. It is evident here that the tothebeth tooth was an inexpensive tooth, and not a very good looking tooth. The golden tooth was a more becoming one, hence the change.

Nazir 52b.—We have learned: His teeth became black on account of his fastings.

Note: See Chag. 22b.

Suta 12b.—You find it also with reference to the teeth of the wicked, as it is written (Psalms iii, 8): "The teeth of the wicked dost thou

break," and Resh Lakish said: Do not read "break" (shibarta), but "distend" (shirbabta).

Note: For explanations, see Ber. 54b; also Meg. 15b.

Gittin 42b.—Come and hear: If he struck out one of his (the servant's) teeth and blinded one of his eyes, then he is free because of his tooth and he must pay him damages for his eye.

Note: The Gemara refers to the passage in the Bible: "And if he strike out his man-servant's tooth, or his maid-servant's tooth, he shall let him go free for the sake of his tooth (Ex. xxi, 27). The matter is further discussed at Kiddushin 24a, 42b, Baba Kama 26b, 34b, 73b.

Gittin 69a.—For tooth (ache), said Rabba b. R. Hona, take a single clove of garlic, rub it with oil and salt, and place it on the thumb-nail of the aching side. It should, however, be circumscribed with a rim of dough, and care should be taken that it touch not the skin, because there is danger for leprosy. To the palate (affections of), R. Yochanan said, take bertram, which is as good as **mamru**, and the roots of bertram are even better than **mamru**. To check (the spread of inflammation) take this in the mouth. To ripen (the abscess) take the bran remaining on the sieve, lentils together with the dust and hops; from this about the size of a nut is taken into the mouth. To open (the abscess) white cresses should be blown in by some one through a wheat-stalk. To heal, earth should be taken that was overshadowed by a privy, kneaded with honey, and eaten; this proves effective.

Note: It is rather difficult to understand the relationship between the **thumb-nail** of the aching side and the aching tooth. The Chinese similarly applied their remedies at some distant point. For toothache the Chinese use garlic and saltpetre which is pulverized and made into pills. It the pains be on the left side, one introduces one of the pills into the right ear, and vice versa. A certain powder is given to be snuffed up into the left nostril if the person suffering from toothache be a man; in the right if a woman. Still another powder is to be smelt with the right nostril or with the left, corresponding to the side on which the pain is located. Again, one roasts a bit of garlic, crushes it with the teeth, and afterward mixes it with chopped horseradish seeds, reducing the whole to a paste with human milk; one then forms it into pills; these are to be introduced into the nose on the side opposed to that where the pain is situated. (Darby, *La medecine chez les Chinois.*'')

Kiddushin 24a, b.—We have learned: He goes free because of his eye (which has been blinded by his master), or because of any other visible organ whose functions will not return. This is evident from the tooth and eye: Just as the (missing) tooth and eye are visible injuries, and they do not return, so also is every other visible injury, whereby (the organ) does not return. It seems, therefore, that the tooth and eye represent two teachings in one, (as if only one law were repeated twice), and wherever there are two teachings in one, then is there not something to infer from this?—Both are necessary. Had the merciful have written

"tooth" alone, then we might think that it includes even a milk-tooth (which is later replaced), therefore he also wrote "eye." And had the Merciful have written "eye" alone, then we might think that just as the eye which has been created with him, so also every other organ that has been created with him, however, not the tooth (which makes its appearance after birth). Therefore both are necessary.

The Rabbanan have learned: If he has struck his servant on the eye and has weakened it, on a tooth and has loosened it, if he can yet make use of them, the servant does not go free because of them, but if not, the servant does go free because of them. We have learned elsewhere: When the eye of the servant was weak and he has blinded it, when the tooth was loose and he struck it out, if he has previously made use of them, the servant goes free because of them, but if not, the servant does not go free because of them.

Note: Particular attention is paid in the Talmud to the teeth with their bearings to Jurisprudence. The basis of the Talmudical discussions, of course, is the Bible. "Eye for eye, tooth for tooth, hand for hand, foot for foot" (Ex. xxi, 24). As we have seen the Talmud explains the eye and tooth as representative examples of **groups** of organs. But the hand and foot are also mentioned, and the explanation of the Talmud that each is representative of a definite group of organs is not very well applicable in these cases. It seems more probable that the tooth and eye were mentioned simply as organs most likely to be injured.

I find a most interesting comment on these Biblical clauses in the works of Philo-Judeus (born 15 B. C. E.), who considers the striking out of a tooth as plotting against one's life:

"The law also commands that if any one strike out the tooth of a slave he shall bestow his freedom on the slave. Why is this? Because life is a thing of great value, and because nature has made the teeth the instruments of life, as being those by which the food is eaten. And of the teeth some are fitted for eating meat and all other eatable food, and on that account are called incisors, or cutting-teeth; others are called molar teeth from their still further grinding and smoothing what has been cut by the incisors; on which account the Creator and Father of the universe, who is not accustomed to make anything which is not appointed for some particular use, did not do with the teeth as He did with every other part of the body, and make them at once, at the first creation of the man, considering that as while an infant he was only intended to be fed upon milk they would be a superfluous burden in his way, and would be a severe injury to the breasts, filled as they are at that time with springs of milk, from which moist food is derived, as they would in that case be bitten by the child while sucking the milk. Therefore, having waited for a suitable season, (and that is when the child is weaned). He then causes the infant to put forth the teeth which He had prepared for it before, and the most perfect food now supplied to it requires the organs above-mentioned now that the child rejects the food of milk.

If, therefore, any one, yielding to an insolent disposition, strikes out the tooth of his servant, that organ which is the minister and provider of those most necessary things, food and life, he shall emancipate him whom he has injured, because by the evil which he inflicted on him, he has deprived him of the use and service of his tooth.

"Is then," some one will say, "a tooth of equal value with an eye?" "Each," I would reply, "is of equal value for the purposes for which they are given, the eye with reference to the objects of sight, the teeth with reference to those which are eatable." But if any one were to desire to institute a comparison, he would find that the eye is entitled to the highest respects among all the parts of the body, inasmuch as being occupied in the contemplation of the most glorious thing in the whole world, namely the heaven; and that the tooth is useful in being the masticator of food, which is the most useful thing as contributing to life. And he who strikes out a man's eye does not hinder him from living, but a most miserable death awaits the man who has all his teeth knocked out.

"And if any one meditates inflicting injury in these parts on his servants, let him know that he is causing them an artificial famine in the midst of plenty and abundance; for what advantage is it to a man that there should be an abundance of food, if the instruments by which he may be enabled to make use of it are taken from him and lost, through the agency of his cruel, and pitiless, and inhumane master? It is for this reason that in another passage the lawgiver forbids creditors to exact from their debtors a molar tooth or a grinder as a pledge (?), giving as a reason that the person who does so is taking a man's life in pledge; for he who deprives a man of the instruments of living is proceeding towards murder, entertaining the idea of plotting even against life." (Works of Philo-Judeus, translated by C. D. Yonge, vol. iii, p. 352).

The conclusion to which Philo-Judeus arrives here is quite peculiar inasmuch as he strives to justify the law and the great value attributed to a tooth in the Bible. But how little would he have said had he shown with what astonishing facility the loss of a tooth can be remedied—the replacement of an artificial one of almost equal value! With our present knowledge of the teeth the dental expert would have to consider a number of things before giving his final decision as to the degree of liability when a man's tooth was knocked out. He would have to consider the texture of the tooth, whether it was of soft or hard texture, whether it was a loose or firm tooth, and whether little or great force was used in its displacement. Again, whether it was an anterior or a posterior tooth, whether a deciduous or permanent tooth, and finally whether and how an artificial replacement is possible.

Kidd. 24b.—The Rabbanan have learned: When the master is a physician and the slave implores him to treat his eye and he blinds it, to drill his tooth and he breaks it out, then he has tricked his master and goes out free.

Kidd. 25a.—Rabbin related in the name of R. Ada in the name of R. Yitzchak, that a maid of the house of Rabbi, who once came out of the dipbath, found a bone between her teeth, and Rabbi therefore made it necessary for her to dip herself once more.



THE COTTON BRIGADE.

Dr. Morris Schneer.

Have you ever come into a dental office and found the office packed with patients? Did you ever take the trouble to find out how it is that Dr. So-and-So is constantly busy, every patient having to wait hours before obtaining a next, and you are only too glad when you have something to do, and yet you are just as prosperous if not more than Dr. Busyman?

Did you ever come across (and I am sure you did for they are very familiar types) Dr. Coining Money and Dr. Braggs? And didn't you hear them tell you how many hundreds of dollars they are making a month, and when one nice morning (lets say on a Friday) you happen to come up to see this prosperous D.D.S. and you find his wife scrubbing the floor for all it is worth and our "Money making doctor" smoking a 2-cent cigar and cleaning the cuspidor.

Of course when you ask the D.D.S., "Well, how is it?" Where is all the money you have made?" And the answer is, "I have invested all my money in second mortgages."

To come back to the "packed office" or the "cotton brigade practice" (I don't think the later word is original with me).

You enter the office and here is what you hear from the various members of the cotton brigade: "I am coming to this office for the last year to have the cotton changed in a tooth."

Another: "He is a very careful dentist; he doesn't make a hurry-up job. I started treating my teeth with Dr. Braggs when I was pregnant with my 5-year-old son Benny."

And another: "The doctor put in a bridge in my mouth six months ago and he told me to get to it before he cements it. I come every other day and he tells me it isn't ready to be cemented."

The above will serve as examples of how much Dr. Coining Money coins money from his practice and why Mrs. C. M. scrubs the floor.

This type of dentists are under the illusion that they are really making money, but beneath the illusion they find lead. Behind every smile they give a member of the cotton brigade there is a searing smart. And they pass their life in confusion, failure, misdirected efforts and wasted energy. They exaggerate their incomes and pay out big bills for cotton. And it is real comical this cotton brigade if it were not tragic and the tragedy ends with the patient's having to go to another dentist to have those cotton-treated teeth removed—and the result—the patients find themselves sans teeth and sans money.

These cotton pushers think they are advertising their offices when they always have a number of patients in their waiting-rooms. The patient is under the impression (at the beginning) that since the dentist is always busy it is natural to suppose that he must be a skilled dentist.

I have heard some of these dentists deny that they are cotton pushers for the mere want of it, but because they are forced to use such methods. They claim that the average patient being a slow payer they are obliged to use this cotton-pushing tactics to draw the money out of them, and as soon as they have obtained the money they begin to do the actual work.

While it is in a great measure true that the average patient is slow in paying, it is this cotton-pushing method that is the cause of it. If you make a firm, definite, conservative request for payment, a request which is fair and carries conviction, you will invariably get your money. Explain to the patient the disadvantage of prolonged treatments and insist that the patients keep their appointments.

It has gotten to be so that if you do the right thing with the patient, for instance, devitalize a pulp by pressure anesthesia and remove it in one setting the patient becomes suspicious and thinks that you want to do him (or her) out of his money. It sometimes needs a good deal of talk to convince even an intelligent patient that what you are doing is the proper thing and that a prolonged treatment of cotton invites infection to the affected tooth as well as to the mouth; that a prolonged treatment of a certain tooth will ultimately result in pericementitis, putrescent, pulp, etc.

A SPOT ABANDONED BY CIVILIZATION.

By Dr. L. Levitt.

(This article was intended for publication in the last issue, but arrived too late—Editor.)

Judging by the title of this article, one may think that the writer of the latter is about to depict a God-forsaken piece of wilderness somewhere in central Africa or in the immediate vicinity of the North Pole, which, by virtue of natural obstructions, have withstood the incessant and indefatigable onslaughts of civilization. The contrary is the case. The following is an attempt to characterize one of the most civilized portions of the population of one of the most civilized cities, of one of the most civilized countries in the world! Striking, isn't it? Well!—to cut it short—I am going to speak of the Dentists of Greater New York, practicing one of the most vitally important professions, practicing it in a metropolis that is the second in the world in population and the first in riches and facilities for education—the most magnificent star in the constellation of human handiwork!

And yet the title of the article is most suitable; (shouts of protest on the right and laughter in the center; someone pipes out: "We are not Hotentots!") with a lugubrious tone in my voice, registering precisely my internal feelings and thoughts, painful as it is, I must say: "Nay, we are not Hotentots, but we cannot bestow great honor upon them by shaking their hands, and here is the reason: What would you say today if a body of men—men who received (or supposed to have received) a fair education, would deny that the Earth is spherical in shape or that it revolves around its axis, and travels around the Sun? Would you not regard them with scorn, acrimony or pity, or all three combined? Wouldn't you call them Hotentots (if the latter wouldn't protest against such slander)? What would you call a country where, at a trial of a Jew, charged with having slain a Christian child in order to obtain his blood, expert testimony was necessary to determine whether or not Jews use Christian blood for religious purposes and where this expert testi-

mony was given in the affirmative? What would you call that country? A veritable pandemonium (if it wouldn't enrage His Majesty the Satan) or the dominion of cannibals (providing the latter do not understand English)! What would you think of supposedly intelligent people, who in the twentieth century deny the usefulness, the absolute indispensability of organization? In this twentieth century, when gigantic corporations are formed in order to carry on large industries, which a single capitalist, no matter how rich, could not have even approached; when enormous labor organizations were forced into existence by the utter impossibility to cope with exploiters singly; when every social or political movement must necessarily be carried on in an organized manner if any success is to be achieved; when every profession is organized nationally and internationally, for in this manner only can their interests be best promoted. When business men and manufacturers organize boards of trade and associations; when navigators, aviators, railroad operators, scientists of all denominations, to say nothing of various sportsmen, are organized nationally and internationally, for only by this means can they develop to the highest possible degree, their skill, information and experience in their respective pursuits.

In this twentieth century, which can be truly called "the century of organization," when every school-child knows the value and power of organization, for even they organize clubs, wherein they can attain, with less difficulty the proficiency in various subjects. I say in this century and in this metropolis a number of educated men do not believe in organization, do not believe that "in unity there is strength."

Deny organization, which is equivalent to denial of the sphericity of the Earth or the axiom that a straight line is the shortest distance between two points! Organization, which can be observed in an ant-hill, in a bee-hive, in a herd of buffalo, in a flock of birds, a colony of polyps or corals, etc., etc.

Deny—nay, ridicule—organization, giving the most preposterous reasons and solid-brass-brain conservative excuses! Saint Peter—Lord-chancellor of Heaven! Am I living in the Twentieth Century or in the Stone age, among the cave-dwellers? Why, even the cave-dwellers had to organize in order to fight the Mammoth, the Cave-Bear or the Dinosaur. Dentists of Greater New York, must we furnish proofs of the benefit of organization? The teacher of mathematics in my school, explaining the axioms in geometry, used to tell us an anecdote about a boy who demanded a positive proof that a straight line is the shortest distance between two points.

"His teacher," he said, "took him out for a walk and, while passing a farmer's vegetable garden, they saw a cow in it, feasting on cabbage heads and trampling the noble plant under its feet. They quickly ran into the garden and gave the cow a chase and—oh, wonder!—instead of running along the path between the high beds of vegetable—a much easier and smoother thoroughfare—she ran right over the beds, where running is so difficult, but she made a short cut to the broken part of the fence, through which she had entered, gaining in time what she had lost in exertion. "The cow," said the teacher with a smile, "didn't study geometry and yet, even she, knows that a straight line is the shortest

distance between two points." The writer personally is ashamed that he is called upon to prove an axiom—to prove that organization is a blessing. Suffice it to say that the most successful enterprises are those that are best organized. Your protest against injustice will be heeded; your demand for more adequate legislation will be considered; your schemes of reform and improvement within the profession can be carried out; your prestige outside can be established; all that can be done, providing you are organized and can be done with ease that is in proportion to the strength and completeness of your organization.

And now that you know what organization is, join a Dental Society, and if you do, join the one that is more nearly related to you, one that works for your interests and fights your battles—join one of the constituent societies of the Allied Dental Council of Greater New York! "But," some will argue, "why join the new Dental organizations when we have the old district divisions of the State Dental Society?" And here where we come to the main issue.

My dear friends, in the first place you don't join the S. D. S. either, for out of 5000 dentists in Greater New York less than one thousand are members of the S. D. S. (I don't know how many are of good standing.)

Well and good, join the State Dental Societies, join any organization of Dentists you please, and thither we shall carry our arena of activity, our propaganda of reform, our struggle for uplifting the profession and maintenance of its rights.

But you don't join the S. D. S., and here is a striking paradox: While you look up to the members of the S. D. S. as your superiors in skill, in technique and in knowledge, which they are not; while you consider it an honor to belong to the S. D. S., you nevertheless do not strive to attain the honor, why? I'll tell you why: Because you are not wanted there and because you don't want to be there.

You are accepted there as a necessary evil, and you don't want to be there because you consider it an unnecessary evil. You are looked down upon as commercializers, degraders and polluters of the profession, which you are not and you know you are not.

If you are commercializers of the profession to a certain extent it is because you are placed in such conditions where you cannot help being so—conditions in which a so-called "ethical" dentist could not have done any better—couldn't have done as good.

But you are not degraders and polluters of the profession; nay, on the contrary, you do proportionally ten times as much for your patient for each dollar you receive than the "ethical" dentist does for his patient. It is true that there are some "lie" among you that are a disgrace to the flock, but you find them in every flock and surely the S. D. S. flock is not an exception to the rule.

It is an undebatable fact that the great majority of East Side Dentists do their work carefully and conscientiously in spite of the seeming impossibility of doing so. They are overworked and underpaid, and yet they maintain a comparatively clean office and do comparatively good work; at any rate, the best that can be done under the circumstances—something which, I sincerely believe, our aristocratic brother couldn't have done under similar circumstances.

The ability of the East Side Dentist is miraculous; his filling may not be perfectly contoured, his crown may not be beautifully shaped out, but I challenge any one to do half as good, being obliged to treat from thirty to fifty, and often even more, patients per day. The parts of work that are of vital importance are never done in a perfunctory manner, and if anything is sacrificed, it is the beauty, the nice finish that is the popular scape-goat of the East Side.

I have seen a rubber denture put into the patient's mouth, the finish of which was not carried beyond sandpapering or smoothing it somewhat with pumice stone, neither were the teeth well selected with regard to temperament, but it had a perfect fit and correct bite. On the other hand I have treated a patient, who wore a small bridge, which was more fit for a museum than for the patient's mouth. It consisted of two caps and two facings—the former were bent and distorted (the denture was four months old) and didn't cover more than two-thirds of the tooth—the latter were cracked in several places and the broken part of one facing was replaced by white gutta-percha. It has not been polished, for such an attempt would have been futile, as it was full of deep furrows, pits and crevices, the backing of one facing was immodestly uncovered to the merciless view of the beholder, while that of the other had enough solder on it to solder three facings of that size with ease. And this bridge was made by an "ethical" man, who does not receive, on the average, more than five patients a day, who charges a pretty high fee for his services and is a prominent member of our aristocratic institution. This shows that the position of the "ethical dentist" is unduly enhanced, while that of the "unethical" man is unduly underrated.

Some of you may know this, others do not, but you all feel it instinctively, and this instinctive feeling is the cause of your estrangement from the S. D. S., the cause of your holding aloof. This instinctive feeling is the father of the "Independent Dental Societies." You feel instinctively that you need the Dental Society for a different purpose than that for which the S. D. S. was created and is existing; you expect from the Dental Society not what they expect from it; your interests are entirely at variance. You need the Dental Society for maintaining the right, elevating the standard and improving the conditions of your profession. Their rights are not encroached upon, their standard is sufficiently high, nor are their conditions in need of amelioration. You need the Dental Society to fight your battles; they need it for reading their scientific papers to.

The S. D. S. has not done and will not do anything for you, for its principles, its very nature, precludes the possibility of it.

What has it done for you—for any dentist—in all the years of its existence? Can any one point out to me any important and useful achievement of the N. Y. S. D. S.? And while you are busy searching the records to find what the S. D. S. has done for the Dental profession as such, I will endeavor to show you what the S. D. S. has not done for your profession.

For years the East Side Dentist is struggling against illegal practice and not only has the S. D. S. not done anything for you, but it served as an impediment in administration of justice, nay, more than that; in many

cases it actually sided with the criminal and was often instrumental in "dismissing" of the case or the "honorable discharge" of an illegal practitioner, who was known in the neighborhood for years as one who practices dentistry and against whom all the evidence in the world were obtained.

There is an illegal practitioner on the East Side, whom his neighbors, the legal men, are trying to prosecute in vain for over two years and who somehow gets out of trouble every time, in spite of the fact that sufficient evidence to convict him is presented every time and every time the plaintiff received abuses and insinuations at the hands of the attorney for the S. D. S.

What is it, incompetence or indifference? It is both and something else in addition.

In a recent letter to a friend of mine Mr. Purrington—the attorney for the S. D. S.—besides the usual abuses and insinuations, expresses his opinion that he does not think much of all these accusations and persecutions of the illegal practitioners, and that he is not surprised that the cases against them are dismissed.

Are you surprised at all this? I am not. Mr. Purrington, as well as anybody else in a similar position, simply voices the sentiment of his employers. They, too, don't give much weight to all these so-called persecutions, for they are not affected by the illegal practice, but for you, whose patients don't travel in automobiles and don't pay you fancy fees for your services, this illegal practice is the most malignant, the most pernicious social growth, the greatest bane to the profession. I have spoken enough about this imposition in my previous articles. I have spoken enough about it to convince a Russian trooper. Suffice it to say here that had the S. D. S., with its privileged membership—the 400 of the Dental Profession—possessed as much foresight as they possess inactivity, barrenness and aristocratic feeling, they would have tried every possible means to quench the illegal practice, to nip it in the bud, for, pardon my prophecy, if this is not done, and done quickly, the Dental Profession will soon be a subject for the historian—a doleful yet sweet reminiscence, and if the ship goes down will the rigging remain afloat? Wouldn't the 400 suffer together with the 4000? The 400 may be immune from that disseminating disease of our profession, but is this immunity everlasting?

But if you insist on another example of the stagnant inactivity of the S. D. S. here is one: Has the S. D. S. uttered a whisper about the recently instituted, shameful cocaine law, when they ought to be the first to do so?

The insult was flung into their faces, as well as into ours, yet they remain as silent as a bushel of oysters and the battle of the whole profession is taken up by the vigorous champion for your interests—the A. D. C. G. N. Y.

Well, perhaps, this is not sufficiently convincing for you, we shall give you another one, which ought to be palpable for the most hardened tentacles. During the making up of the annual budget of this city in the Board of Estimates, all were represented but the Dentists. The S. D. S. was conspicuously absent on an occasion most vital to the profession, and a medical man (think of it) had the good grace to put in a plea for the

installation of eleven dental outfits in the largest schools, for dental treatment of the pupils. Contrast this with the activity of the infant, the Allied Dental Council of G. N. Y., who had long before that persuaded the city to install such outfits in several schools. Contrast the activity of the slumbering frog in a stagnant pool with the live-wire activity of the King County Dental Society (one of the constituent societies of the Allied Dental Council) who by their untiring efforts had installed a dental outfit in school No. 109 by actually raising the necessary amount of money from contributions and from their own pockets and had twenty dentists volunteer their services free while another school in Williamsburg will soon have a similar outfit by the efforts of the same society. Had I only the time and space I could have given you numerous instances of the total torpor of the S. D. S. and the live-wire animation of the A. D. C. G. N. Y. The cause of the latter's animation lies in the numerous vital issues that force themselves upon the minds of its constituents.

The stupor of the former is due to the total absence of issues of any kind. The S. D. S. has nothing to achieve; brimful with contentment and Arcadian bliss it rests snugly in the warm arms of Morpheus, with ethereal dreams hovering about it, and well they may. It is no use damming the water when there is no wheel to turn. They have no wheel that needs to be turned; it is you, who have a wheel to turn, then go right ahead and dam the water yourselves; don't wait for the S. D. S. to do your work. It will never be done in the first place, and if, by some biblical miracle, you succeed in persuading them to do anything for you, well, you may better engage an opera singer to scrub the floors of your office or the Secretary of State to sew buttons on your vest. I look at these things from the same standpoint as I look at the Government (pardon my Socialistic view): If you want your Government to serve your interests, be the government yourself, i. e., send your own men to the Legislature and to the public offices.

One may infer from the foregoing that I am opposed, tooth and nail, to the S. D. S., but this is not the case—far from it—let the S. D. S. awaken from the lethargy and discharge the duty, which lies upon it as a Dental Society, and my heart and soul will be with them. I repeat what I have said before: Join the S. D. S. and we shall carry the arena of our activity thither; we can feel just as cozy there as anywhere else, for in that event we would not find ourselves in an exclusive or select set, but on the contrary, we would find ourselves in very congenial society; join the S. D. S. and by your overwhelming numbers and preponderance of power mould the organization to suit your needs, arouse it from its slumber and set to work with assiduity.

But you don't go there and, what is most certain, you never will. And here stands before you a newly-born organization—the offspring of the awakening conscience of the profession, an infant, who in the first few months of its life has done more for you than the N. Y. S. D. S. has ever done in all the years of its existence; an organization with open arms, outstretched to you—arms of welcome and brotherly love—an organization, whose wide-open gate bears the inscription "Be thyself" and whose wide-open door bears the inscription, "Welcome."

The Progressive Dentist

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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.

EDITORIAL DEPARTMENT REAL DENTAL JOURNALS.

In last month's "Progressive Dentist" there appeared a few words on the topic of dental journals. We would have liked to have said more therefore add to our previous remarks the following:

Any journal that wishes to make a success must primarily have unselfish interests at heart. Financial return, if there be any, should be of secondary importance. Its interest must be the interest of the class it is supposed to represent; in this case, the Dental Profession. Its purpose, the betterment and uplifting of the profession; its work, the spreading broadcast of new and accepted knowledge of dentistry; the propagation of its ethical standard; the discussion of topics of dental interest; the advertising of pure materials and of proved value to the science of dentistry.

Its one and only reward should be the pleasure and satisfaction derived from the knowledge that it has in its measure accomplished something beneficial for mankind in general, or for the community or class in particular. That pleasure can only be experienced when its aims are accomplished, its work spirited and thoroughly done.

Editorially it must be entirely unbiased in opinion, depending for its policy not on the advertising program of any dental concern or its financial interest, nor yet on the private opinion of its editor, but only on the public opinion of the profession in general; it must be the organ of the profession and base its policy only on our objective conceptions of right and wrong.

This, the Progressive Dentist has done. In its policy, Socialistic as it is, the Progressive Dentist has shown that the dental profession needs

reforms, outside of, and within itself; it has advocated such reforms; fought for them, and succeeded in establishing some of them, and is continuing to fight to establish all of them. We will call your attention to: (1) **The Dental Parlor and Illegal Practice Question.** Numerous laws have been brought before the Legislature, but have proved defective. We have hope that one good law will be enacted and enforced, through our activity in pointing out the evil; in our recommendation of a reform measure and our agitation for its enactment.

(2) **The Socializing of Dentistry.** A great deal through our efforts, we have 11 dentists appointed to our public schools. This is **Socialism.**

(3) **The Need and Organization of Progressive Dental Societies.** As a direct result of the efforts of our former business manager, Dr. M. S. Calman and our editor, Dr. L. Rice, we have existing today that most excellent union, the Federation of the Eastern, the Harlem, and the Kings County Dental Societies, the "**Allied Dental Council of Greater New York.**" This council has already done good and lasting work. We have mentioned only a few and prominent results of our efforts. Numerous and varied were our other activities.

We deplore the fact that many of our contemporaries only as a matter of duty, brought the attention of the dental public to certain prevalent evils. The editors or publishers of these magazines are not affected by them, consequently they could not luggage in war, far against them. Again these journals being published by dental manufacturing concerns (there is reason to believe) they are interested more in advertising their goods and increasing their business than in being on the lookout for the welfare of the profession.

Such journalism we believe can not last long. It is bound to give way to that published by associations of professionals, be they physicians, dentists, lawyers, etc. We note that one of these periodicals, (published by a dental supply house) has already changed from a monthly to a quarterly, and the others are sure to follow suit. It pays them better to advertise their goods, through pamphlets, circulars, and catalogues directly to the profession than to pay very large salaries to men of reputable standing in the profession for their editorial and business services.

Not that we wish them ill; on the contrary, they are better than none; but we are optimistic and confident enough to feel that the profession is and will ever be capable of taking care of its own interests and welfare.

So much for our aim, work and policy, a word concerning our advertisements. None is accepted save those among drugs, whose efficiency has been tried and found satisfactory; none among materials save those whose pureness and durability and texture has received the recommendation of noted members of the profession; none among new methods, inventions save those whose efficiency and claims have been tested and found true.

The Progressive Dentist has a new program more full and more broad for the coming year. It points to its lofty aims and good work as points to induce you to continued patronage for the coming year.

The Staff wishes you a merry holiday and a happy and successful New Year.—J. G.

TUBERCULOSIS OF THE LARYNX.

By ALBERT BARDES, M. D.

(Continued from last issue.)

This in spite of the fact that no other disease of the larynx presents so many variations from what may be considered the typical form, as tuberculosis of the larynx. When the disease has reached this stage the membrane assumes an ashy pallor which is in keeping with the general anemic appearance of the individual, and signifies the destruction of the red blood corpuscles. The landmarks of the larynx are obscured by edematous swellings. The normal prominences of the arytenoids are effaced by pyriform infiltrations and the epiglottis is swollen and turban shaped. Looking beyond the upper boundary of the larynx we see the soggy interior. We notice that the cords do not meet in phonation and that an abundance of thick mucus is present. Careful examination will generally reveal an ulcer, more or less extensive, either upon one of the vocal cords or in the posterior commissure. The ulcer is usually much larger than it appears to be in the mirror. It is irregular in outline, of a dirty unhealthy color and covered with a yellow exudate. The presence of numerous pale frog spawn granulations attest that attempts at reconstruction have been made. These granulations are at times so abundant as to materially lessen the caliber of the larynx and make breathing difficult. Occasionally a larynx is seen in which the disease is confined to one side for a year or more before the entire organ becomes infiltrated. As long as the tubercular disease is confined to the interior of the larynx its progress is slow and comparatively little suffering is experienced, but as soon as the disease extends to the epiglottis or to other extralaryngeal parts, its course is rapid. In general terms the nearer a tuberculous lesion gets to the mouth the more rapidly fatal it becomes. The moment dysphagia is added to the patient's suffering the prognosis becomes bad.

Incipient tuberculosis of the larynx is more frequently encountered than we think, but if rightfully treated, the chances of recovery are good. The fact must be recognized that the laryngeal lesion is generally but a phase of a general constitutional dyscrasia which is best combated by fresh air, hygienic surroundings and good nourishment. Rich oxygenated blood is the most efficient destroyer of tubercle bacilli. From the knowledge that most throat disorders have their beginning in the nose, it is the part of wisdom to establish normal nasal respiration before doing anything else. The removal of diseased tonsils in these cases is also helpful if they appear to irritate the throat. Comparatively few physicians when they send tuberculous patients to the mountains, examine their nostrils to see if they can obtain the benefit of the air by natural breathing.

It is the practice of many physicians, when a patient complains of symptoms of commencing laryngeal tuberculosis, to prescribe a sedative cough mixture, instead of probing into the cause of the symptoms.

(To be continued.)

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES.

The Senior class of the New York College of Denistry will hold a dance at Carlton Hall, 106 W. 127th Street on Friday evening, December 19th. Come and spend a pleasant evening with us.

The Fifth Annual Convention of the Intercollegiate Socialtsi Society will be held at Miss Stokes' Studio, 90 Grove Street, on Monday, Tuesday and Wednesday, December 29th, 30th and 31st, 1913. The convention promises to be an inspiration to all attending, and no member of the N. Y. Dentists Chapter, who can possibly be present, should fail to pay it a visit.

On Tuesday at 2:30 P. M., a Question Box Session will be conducted at the Rand School of Social Science, 140 E. 19th Street. Writers of prominence in the Socialist movement, such as Wm. English Walling, Jessie W. Hughan and Robert W. Bruere, will answer the delegates' questions on various phases of Socialism. As at former conventions, questions will undoubtedly be submitted by the delegates from the foremost colleges of this country. This session will be thought stimulating, and we would urge N. Y. C. D. students to attend, at least as many as can possibly spare the time to do so.

The elected president of the class of 1914, Benjamin Kleinberg, M. D., has resigned, and according to the law of succession, the vice-president, Mr. Emanuel Weitman, has taken his place. "Doc" Weitman, as many of us prefer to call him, has been one of the most popular candidates on the class ticket. He polled the largest vote on the day of the class election. It is a pleasant surprise to his many friends that he should become **de facto** leader of the class. In passing, be it mentioned that "Doc" Weitman is one of the most hard-working members of Dr. Schweitzer's Dental Manikin Head Clinic. ~~From what is~~ organizing and placing this clinic on a working basis. We wish him a pleasant and successful reign as the ruler (?) of the class of 1914.

A. SPECTATOR, '14.

JUNIOR NOTES.

The Junior class of the N. Y. C. D. is the largest and most active class of its predecessors in the history of the college.

The officers of the class are: President, J. Grossman; Vice-President, Samuel D. Hartstein, Treasurer, N. Ettinger; Secretary, Samuel S. Hoch; Marshall, Mervin Meyrowitz; Class Crier, Bergida, Sargent-at-Arms, I. Landan.

On December 12th the class held a "smoker" at Pabst's, which was a success in every sense of the word.

FRESHMEN NOTES.

The Freshman class is probably the largest dental class of any time, the number of students being 305. The following are the officers of the class: President, A. Grossman; Vice-President, M. Gray; Treasurer, S. Sohn; Secretary, B. Handler; Marshall, H. Marshal; Class Crier, L. Stollman; Sargent-at-Arms, N. Basset.

On February 6th the class will have a dance at Carlton Hall, 108 W. 127th Street. In general, the class of 1916 makes a good impression and is very promising.

C. D. O. S. N. Y. NOTES.

The dedication of the new building of the College of Dental and Oral Surgery of New York was held on Wednesday evening, December 3rd, in the Amphitheatre. The program for the evening was as follows:

THE PROGRAM.

OVERTURE, "Maritana" - - - - -	Wallace
AISHA - - - - -	Lindsey
MARCH	
INVOCATION	
Rev. HENRY EVERTSON COBB, D. D., Chaplain	
SONGE D'AUTOMNE - - - - -	Joyce
Presentation of the Keys of the Building by the Chairman of the Building Committee to the President of the Board of Trustees and by him to the Dean of the Faculty.	
UN PEU D'AMOUR - - - - -	Anesco
ADDRESS	
Hon. ARDOLPH L. KLINE, Mayor of the City of New York	
PARADE OF THE TIN SOLDIER - - - - -	Jessel
ADDRESS	
Hon. GEORGE McANENY, President of the Borough of Manhattan	
SELECTION, "The Firefly" - - - - -	Friml
ADDRESS	
Hon. JOHN HUSTON FINLEY, Commissioner of Education New York State Department of Education	
LA FERIA - - - - -	Lacome
HISTORY OF THE COLLEGE	
WILLIAM A. PURRINGTON, Esq.	
SELECTION, "College Songs" - - - - -	Suppé
ADDRESS	
B. HOLLY SMITH, M. D., D.D.S., of the Faculty of the Baltimore College of Dental Surgery	
HUNGARIAN RAG - - - - -	Lanzberg
ADDRESS	
JOHN WINTERS BRANNAN, M. D. President of the Board of Directors of Bellevue and Allied Hospitals	
BARCAROLLE, "Tales of Hoffman" - - - - -	Offenbach

(Program Continued.)

DEDICATION

DEAN WILLIAM CARR, A. M., M. D., D.D.S.

BENEDICTION

Rev. HENRY EVERTSON COBB, D. D., Chaplain

AMERICAN PATROL

S. ELIN, Musical Director

Meacham

The audience consisted of the Alumni, friends of the faculty interested in the college and students.

THE ACTION OF CANNABIS INDICA ON THE SYSTEM.

By BENJAMIN QUEEN, Ph. G. 1915, Junior Student C. D. O. S. N. Y.

Among the many drugs we come across in the study of *Materia Medica* there is one specimen that has such remarkable effect on the system, that I think it would be interesting to give a description to the readers of this magazine. This drug is *Cannabis Indica* or more commonly known as Hashish and is generally cultivated in Asia, Northern India, Europe and the United States. *Cannabis* is often prescribed by physicians with very good results, as an antispasmodic, as an anodyne, and for persons who are in the habit of taking such drugs as morphine, chloral and cocaine. It takes the place of these drugs and helps to cure the patient of the habit. One taking a dose of Hashish will find to his astonishment that he will suddenly begin to laugh without any call whatever, other hallucinations will follow. The writer experienced similar hallucinations while a student of pharmacy, having received the drug from his professor to be taken home for examination. Everything in the vicinity of the person taking the drug will appear very comical, should he look at a clock in the room it will appear to wink at him, the table will dance, you wish to board a train it will appear to you as if you are being lifted up and placed upon it. Time will go slowly a minute will seem an hour to you, yet you will be so happy and restful that you will want to continue in that state forever. You will also imagine you are very rich, and continually dancing or that you are flying through space like a bird. Down in Africa if you enter a Moorish cafe and ask for the drug the employe will give you two very small black sticks. These he breaks up into fragrance which he mixes with some Turkish tobacco and packs the mixture into a pipe which rests upon the floor. He then adjusts to the pipe a narrow tube which connects with a copper ball, half full of water, and from which runs another tube being the stem of the pipe. He then lights the pipe and hands it to you. You drink a cup of coffee and leave the cafe. After a while you wish to pay a visit to some friends, and you will seem to recognize people you have never seen before. Your speech will be in the form of orations. Should you care to take a short nap you will not be able to fall asleep, but instead, your mind will become very active, you will start to reason with yourself like a philosopher and everything else will appear to you as previously described. Your reasoning will always conclude satisfactory to yourself, leaving you in a very happy state. No bad thoughts will enter into your mind, but you will have gentle emotions; should you be in debt, the debt will be cancelled, and if your aim in life is to gain some end, you will always gain it at

once. I might add some more to this description, but what I have written is quite sufficient to give the reader an idea of the action of Cannabis of Hashis in small doses it is not dangerous and is worth while trying as an experiment. In large does, however, it is poisonous.

ACHING TEETH AND MENTAL RESERVE.

By ELBERT HUBBARD.

(The literary people are with the dental profession. They appreciate our services, as here indicated.—Editor).

Decayed politics are bad; decayed literature is worse; and to love a person with decay in his mouth would be like loving a mummy with tainted morals.

Aside from the aesthetics of bad teeth, there is the esoterics, and worse than that is the hyperesthesia, which leads to language non-ethical, offensive, irrelevant and uncalled for.

A very slight irritation in the teeth throws the soul on the horn of the saddle. To be sane and serene you have to be sound and salient.

We do business on a mighty small spiritual bank balance. To carry no reserve is like firing a boiler in which the guages show no water. In fact, it means very great danger of an explosion—and the grave necessity of being sent to the hospital and having the stub end of your self-respect removed.

An aching tooth or a tooth of which you are conscious draws mightily on your mental reserve. Morphine, or a dap of cotton soaked in choloroform, will help you forget it, but these things are drafts on the bank or futurity and the loan must be met with insurrious interest.

Seldom does a man with a toothache make good. To have cavities in your teeth and not know it is worse than to have the toothache, since pain is nature's beneficent warning. So to have decayed teeth and never have a toothache, would mean lack of sensibility, which is lack of life. Such a one hasn't enough nerves to make him irritable, much less to give him artistic grouch.

Is oratory a matter of toothsome-ness? Most certainly, yes. The greatest orator that New York has ever produced was thrown from his artistic hobby horse once and forever when his store teeth, at a political meeting, in an impassioned moment, shot over the footlights and fell with a sickening thud into the orchestra. I once saw a man singing the part of Tannhaeuser do a similar stunt. Get this down as an axiom: To speak well, or sing well, you must have good teeth. The teeth are organs of speech—auxiliary organs, at least. When your voice whistles through your teeth and the tones come wheezy and with a sort of sad surprise, there are soon bubbles in your think tank, and you travel home on your rim.—American Dental Journal.

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.

HARLEM DENTAL SOCIETY NOTES.

An active business meeting of the Harlem Dental Society took place on Wednesday evening, November 26, 1913, at 9 o'clock, instead of Thursday, November 27th, owing to the occurrence of our National holiday on that date.

The meeting was promptly opened by the President, Dr. John L. Kaufman, at 9:45 P. M. Secretary Dr. Engelberg read the minutes of the previous meeting, which were adopted as corrected.

Before proceeding to nominations of candidates for offices, the Chairman called for a vote on the two newly proposed members, Dr. Louis Friedman, 101 West 141st Street, and Dr. Carl Needles, 707 St. Nicholas Avenue, New York City. The proposed were duly elected as members.

Nominations for officers was next in order. The Secretary was asked to read the article in the Society constitution dealing with eligibility for office. For the office of President the following doctors were nominated: Dr. Ortman, by Dr. Calman; Dr. Green, declined; Dr. Rosalsky, Dr. Schneiderman. Motion was duly made, seconded and carried to close nominations.

For Vice-President: Dr. Lipshitz, declined; Dr. Green. Nomination duly closed.

For Recording Secretary: Nominations were preceded by a speech on the part of a member who drew attention to the necessity for high degree of efficiency in that office and proceeded to nominate Dr. Calman, who, however, declined. Other nominees: Dr. Rosalsky, who also declined, and then Dr. Engelberg nominated by Dr. Calman.

For Financial Secretary, the following: Dr. Lipshitz, Dr. Rosalsky, declined, Dr. Wallach declined, Dr. Heller.

For Treasurer: Dr. Heller, Dr. Lang.

For Membership on the Executive Committee: Dr. Rosalsky made a motion that a committee be appointed to select the best men for the office from the various volunteers. Dr. Calman called the motion out of order. The Chairman sustained him on his point. Drs. Rosalsky,

Ortman, Lifshitz, Mayer, Kaufman, Freidland, Strauss, Sheinman, Gluck, Calman, Aronstein declined, Rafkin, Berlin, Getzhoff. Election was deferred to the next regular meeting.

The Program consisted of the presentation of a few interesting cases and specimens, followed by the main feature of the evening, a lecture illustrated by lantern slides upon the subject of "Minor Oral Surgery," by Wm. J. Lederer, D.D.S. It was well rendered, interesting and entertaining. Discussion upon the paper was opened by Drs. M. Friedland and Maurice Green. It was throughout vivacious and sustained. (Elsewhere in this issue will be found the lecture and extracts from the discussion.)

The meeting was closed after an active and instructive session at 12 P. M. It was held at the Society's new quarters, The Fraternity Building, 67-69 West 125th Street near Lenox Avenue, City.

Members are urged to bear in mind the need for increase in the membership roll. The Membership Committee will appreciate activity in this line, and feel that an effort on the part of each member to add at least one new name within the next two months would be of great service to the Society.

EASTERN DENTAL SOCIETY NOTES.

An absorbingly interesting meeting of the Eastern Dental Society of the City of New York took place Thursday evening, December 4, 1913, at 9 P. M. sharp at the Cafe Boulevard, 156 Second Avenue, City.

Owing to the short time available, the meeting proceeded to engage itself in the main feature of the evening, an illustrated lecture on "The Surgical Extraction of Teeth, employing Analgesia as a substitute for general Anaesthesia in the liberation of difficult impactions." F. K. Ream, M. D., D.D.S., was the distinguished lecturer, and his paper proved most instructive and enjoyable. He was assisted by Dr. Boyd S. Gardner. Following the delivery, the paper was ably discussed by James F. Hasbrouk, M. D., Maurice Green, D.D.S., and William T. Lederer, D.D.S.

(In a later issue of the Progressive Dentist there will be published the abovementioned lecture and extracts from the discussion which followed.)

Dr. Schweitzer's class in Anatomical Articulation has held its first session on Tuesday, December 2, 1913, at 9 P. M., in the New York College of Dentistry.

POSTGRADUATE NOTICE.

All arrangements have been made for practical work and demonstration in crown and bridge work. For particulars apply to Secretary of the Eastern Dental Society. A. Le Witter, D.D.S., 330 E. 4th Street, New York City.

The following have applied for membership to the Eastern Dental Society, and have been approved of by the Committee: Dr. Zachary Blum, 359 Grand Street; Dr. Oscar Erdreich, 48 East Third Street; Dr. J. Herschkowitz, 394 East Eight Street; Dr. David Mainwald, 127 Ludlow Street; Dr. Herman Mainwald, 132 Eldridge Street; Dr. William Reisner, 39 Ludlow Street.

The meeting was duly adjourned at 12 P. M.

KINGS COUNTY DENTAL SOCIETY NEWS.

A regular meeting of the Kings County Dental Society was held on Thursday evening, December 11, 1913, at 8:30 p. m., at our quarters, Masonic Temple, Lafayette and Clermont Avenues.

Dr. M. H. Cryer, Professor of Oral Surgery, at the University of Pennsylvania was the speaker of the evening. Subject: "Obscure Cases Met With by the General Practitioner—Their Diagnosis and Treatment." Illustrated with lantern slides.

The discussion was to opened by Dr. Faneuil D. Weisse, Professor of Anatomy, Oral Surgery and Pathology, at New York College of Dentistry, but was unable to appear so M. I. Schamberg, M. D., D.D.S., did justice to the paper.

NATIONAL DENTAL ASSOCIATION ADVANCES DATE OF 1914 MEETING ONE WEEK.

At the urgent request of the Local Committee of Arrangements at Rochester, the Trustees of the National Dental Association have advanced the date of the next meeting one week; therefore, the Eighteenth Annual Session will be held in Rochester, N. Y., July 7, 8, 9, 10, instead of July 14, 15, 16, 17, as originally selected. The officers, the local committee and all other committees are going to put forth every effort to make this meeting, which is the first under the reorganization, the best in the history of the association, and we feel confident that our increased membership and interest in our association will prove a decided advantage in many ways.

HOMER C. BROWN, President,
Columbus, Ohio.

OTTO U. KING, Gen. Sec'y,
Huntington, Ind.

BACK COPIES OF THE PROCEEDINGS OF THE NATIONAL DENTAL ASSOCIATION.

There are a few copies of the '07, '08, '09, '10 and '11, "Transactions of the National Dental Association" in the possession of Dr. Arthur Melendy. These copies, while they last, may be secured by libraries and other educational institutions and members of the N. D. A. by sending thirty cents per copy (to cover postage) to Dr. Arthur R. Melendy, Holston Bank Bldg., Knoxville, Tenn.

OTTO U. KING,, General Secretary,
Huntington, Ind.

INSTITUTE OF DENTAL PEDAGOGICS.

The next annual meeting of the Institute of Dental Pedagogics will be held in Buffalo, N. Y., January 27, 28, 29, 1914. The Executive Committee is planning to present an exceptionally interesting program, which no dental teacher can afford to miss.

J. F. BIDDLE, Secretary,
Pittsburgh, Pa.

NEW JERSEY BOARD OF EXAMINERS.

The New Jersey State Board of Dental Examiners held their regular annual meeting and examination in the Assembly Chamber of the State House at Trenton, N. J., December 1, 2 and 3, 1913.

After January 1, 1914, all applicants for a license to practice dentistry in New Jersey "shall present to said Board a certificate from the Superintendent of Public Instruction showing that before entering a dental college, he or she has obtained an academic education consisting of a four year's course of study in an approved high school (public or private), or the equivalent thereof." A bridge, consisting of three or more teeth, exclusive of abutments, and one Richmond Crown will be accepted as a practical test in prosthetic dentistry, in place of a full set of teeth soldered upon a gold or coin silver plate hitherto required.

Applications must be filed at least ten days prior to date set for examination. For farther particulars, apply to

ALPHONSO IRWIN, D.D.S., Secretary,
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DENTAL HINTS

Collecting Spilled Mercury.

Mercury that has been spilled on the instrument table or the floor can be collected conveniently by drawing a circle around it with a very wet sponge, as the pellets do not easily run over the wet circle.

An Aseptic Sterilizer for Burs, Broaches, Hypodermic Needles, Points, Etc.

First secure large glass cover such as used in railway eating houses to cover food, use large piece of plate glass on top of cabinet, small bowl of formaldehyde with small amount of borax (to prevent rust). A rack may be made of wire to place instruments, small wide-mouthed bottles (open) used for broaches, reamers, etc. In this we have an economical, tight, clean, serviceable sterilizer and it can be operated at small expense.—C. E. Berkshire, D.D.S., Fairview, Okla.

[In using formaldehyde in this form for sterilization of instruments, care should be exercised not to get the solution onto the hands, as an ugly form of poisoning has been known to result from frequent immersion in same. For the benefit of anyone receiving this warning too late or heeding it not, Dr. R. P. McGee has discovered that painting the hands with tincture of iodine will cure the peculiar lingering soreness resulting from this poisoning.]—"Dental Digest."

Disposing of Vulcanizer Steam.

It is often urged that the vulcanizer should be allowed to cool down gradually, and this advice is good, but it is difficult to follow in the great majority of cases owing to want of time. An easy method of disposing of the steam is to affix one end of a small length of flexible tubing to the blow-off tap and to put the other end in a pail of water. The result is no smell, no noise, no steam or moisture blown into the workshop, the vulcanizer is cooled down in a few minutes, and plaster of Paris and other stock are saved from the ill effects of dampness.—A. Ernest, "Ash's Monthly."

An Excellent Separating Fluid for Plate Casts.

To a six-ounce bottle add two teaspoonsful of dry shellac, one teaspoonful of borax, warm water until bottle is nearly full, then place bottle in warm water bath and gradually allow to boil, occasionally shaking bottle lightly. I have used same for the last twelve years with most excellent results.—Max Kerbel, D.D.S., Brooklyn, N. Y.—Dental Digest.

Bridge Repair, Quick, Without Removal.

A patient reported who had broken the central incisor from his bridge. His business engagements were such as to make it quite impossible to remove the bridge for repairs. I decided to use a Steel tooth and backing. With a carborundrum wheel I removed the pins of the broken tooth and enough of the gold to make room for the Steel backing. It was the work of but a few minutes to make a groove in the backing of the adjoining teeth and slide the Steel backing into the same. After shaping the new tooth, I proceeded to cement the tooth and backing into place. The whole operation took about fifteen to twenty minutes, and has proved satisfactory and permanent.—Dr. Wm. Lowenthal, South Orange, N. J., "Dental Digest" November, 1912.

To Prevent Irritation from Mouth Mirror.

When operating upon second or third molars, to prevent irritation from mouth mirror when corners of mouth are irritated or chapped, wind absorbent cotton around handle or mirror near glass, and moisten with antiseptic solution; or detach mirror from handle and slip on a piece of thick rubber tubing.—William I. Prime, D.D. S., Burlington, Vt.,—"Dental Digest."

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INTERCOLLEGIATE SOCIETY NEWS.

Dear Comrade Editor:—Kindly publish the following in your paper.

The greatest gathering of collegians interested in Socialism ever held in this country, will take place in New York City, Monday, Tuesday and Wednesday, December 29th, 30th and 31st, 1913, at the Fifth Annual Convention of the Intercollegiate Socialist Society. It is expected that delegates will be present from a large proportion of the more than sixty Chapters for the study of Socialism found in the principal colleges of the country as well as alumni from various graduate organizations. The meetings will be addressed by many Socialists of international reputation.

The principal event of the Convention will be the annual dinner to be held Tuesday night, December 30th, at Murray Hill Lyceum, 160 E. 34th Street. "Suffrage and Socialism" will be discussed from various standpoints. Morris Hillquit will give a glimpse of the battle waged by the European Socialists for manhood suffrage. Mrs. Harriott Stanton Blatch will tell of woman suffrage in this country; George Lansbury (probably), formerly a member of the British Parliament, will describe the struggle for woman suffrage abroad and Dr. W. E. B. Du Bois will explain the situation of the colored people in the South. Max Eastman will preside. A few short talks will also be given by undergraduate speakers, including Freda Kirchwey of Barnard and John Temple Graves, Jr., of Princeton.

The Convention proper will be opened Monday afternoon at 2:30, at Miss Stokes' Studio, 90 Grove Street, by Miss Mary R. Sanford, Chairman of the Convention Committee. J. G. Phelps Stokes, President of the Society, will preside, and Harry W. Laidler, Organizing Secretary, will read the report of progress. A reception to the visiting delegates will be held at the Finch School, 61 E. 77th Street, Monday night, and various members of the Executive Committee, including Mrs. Florence Kelley, Ellis O. Jones, Paul Kennaday, Dr. I. M. Rubinow, Upton Sinclair, Miss Helen Phelps Stokes and Boueck White will give five-minute talks. The business session for undergraduates will be concluded on Tuesday morning at Miss Stokes' Studio. At the Rand School of Social Science, 140 E. 19th Street, an interesting Question Box session on Socialism will be conducted on Tuesday afternoon. Jessie Wallace Hughan, author of "American Socialism of the Present Day," William English Walling, author of "Socialism As It Is," and Robert W. Bruere, writer, will answer the delegates' questions on Socialism and allied problems. The dinner will take place at 6:30 Tuesday evening.

The final session, Wednesday morning, at Miss Stokes' Studio, will be devoted to Alumni Chapter problems. The Society has increased steadily during the past year and anticipations are high for a most inspiring event.

Cordially yours,

W. LAIDLER,

Organizing Secretary.

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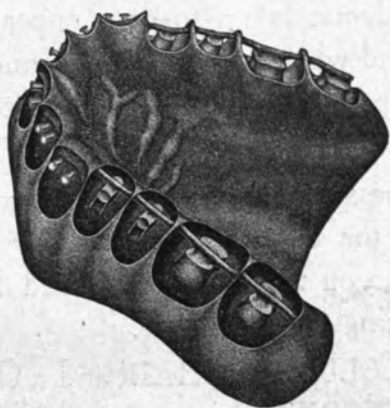
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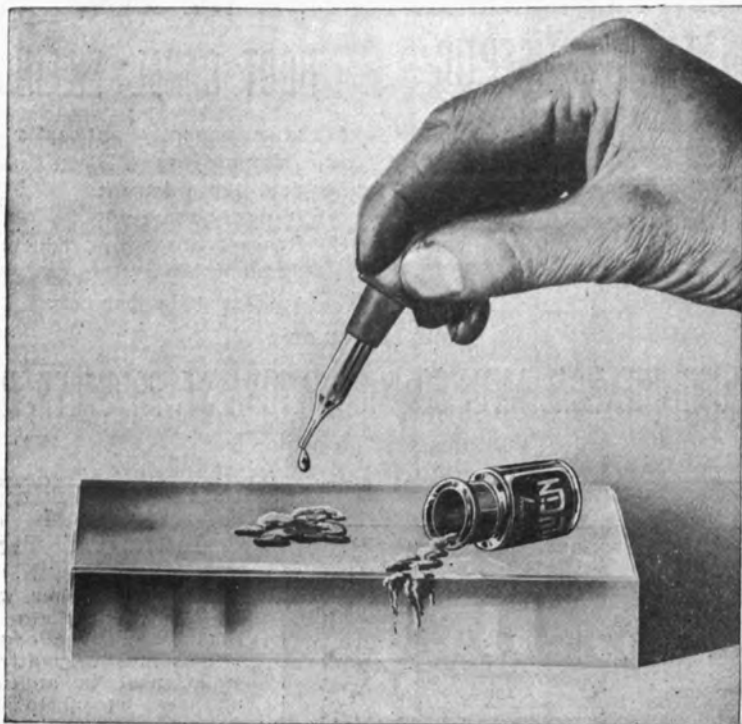
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