Transactions of the
Nebraska State Dental Society

At the Thirty-Fourth Annual Meeting
Held at Omaha, Nebraska
May 17, 18, 19, 1910

PUBLICATION COMMITTEE
M. E. VANCE, Lincoln
Librarian
J. H. WALLACE, Omaha
Secretary
E. H. BRUENING, Omaha
Supt. District Societies

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Condensed Minutes of the Thirty-Fourth Annual Meeting of the Nebraska State Dental Society

TUESDAY MORNING, MAY 17, 1910.

Meeting called to order at 10 o'clock by the President, Dr. J. M. Prime, of Oxford.

Invocation by the Rev. Nathaniel McGiffin, of Omaha, followed by the address of welcome by Dr. A. O. Hunt, of Omaha, and a response by Dr. M. E. Vance, of Lincoln.

Minutes of last meeting read and approved.

President Prime called Vice-President Barber to the chair and read his annual address.

Discussion of the address was participated in by Drs. Brown, Daly, Vance, Barber, Brock, Mullen, Hunt, Patton, Parker and Brtiening and closed by Dr. Prime.

The officers and committees made reports orally and each were requested to furnish the Librarian with written reports for publication.

An informal discussion relative to the Miller Memorial Fund resulted in the committee being instructed to secure subscriptions during the meeting and make report at the close of the meeting.

Adjournment at 11:40 a. m.

Tuesday Afternoon, May 17th, Clinics.

TUESDAY EVENING, MAY 17.

Meeting called to order by President Prime, who made the announcement of the program for following days.

A committee consisting of Drs. Wallace, McHenry and Nelson were appointed to select list of delegates to the National Dental Association.

Dr. P. T. Barber, Superintendent of Clinics, made a report and urged upon the members not to promise clinics unless they intended to give them.

Dr. E. A. Thomas, Chairman of the Educational Committee, gave an exhibition of the stereopticon slides and charts used by his committee in their work. He followed with his lecture, "Jack, the Dull Boy."

Dr. G. W. Williams, of Omaha, by his proxy, Mrs. Williams, read a paper, subject, "Dental Education in Our Public Schools."

Discussion participated in by Drs. T. J. Hatfield, Meservey, A. F. Douglas and Whitcomb and closed by Dr. Williams.

An informal smoker and readings by Mrs. Williams closed the session.

Adjournment at 10:05 p. m.
WEDNESDAY MORNING, MAY 18.

Meeting called to order by President Prime.

Dr. Austin F. James, of Chicago, read a paper, subject, “Can Pyorrhea Alveolaris be Cured? If so, What Constitutes a Cure?”

Discussion participated in by Drs. Warren, Hunt, Worthley, Woodbury, Wallace, Cole, Barber, Heckert, Vance, Corbett and Prime, and closed by Dr. James.

Dr. F. G. Worthley, of Kansas City, read a paper, subject, “Dental Erosion.”

Discussion participated in by Drs. H. T. King, Mullen, Roseman, Warren, Woodbury, Hipple, Clyde Davis and Daly, and closed by Dr. Worthley.

Adjournment at 11:45 a. m.

Wednesday Afternoon, May 18th, Clinics.

WEDNESDAY EVENING, MAY 18.

Meeting called to order after an informal piano recital by Dr. Rasmussen.

Dr. H. C. Brock read a report from the State Board of Dental Secretaries, and the Board was advised to try and secure necessary amendments to the present dental law during the legislative session of 1911.

Election of officers resulted as follows: President, Dr. P. T. Barber, Omaha; Vice-President, Dr. O. H. Cressler, North Platte; Secretary, Dr. J. H. Wallace, Omaha; Treasurer, Dr. H. J. Cole, Norfolk.

Lincoln was selected as the next place of meeting.

The committee appointed to make suggestions as to the necessary changes in the Constitution and By-Laws, made a report and same was adopted and by motion was ordered changed.

Dr. E. A. Thomas read a paper, subject, “Educating the Educators.”

Discussion was participated in by Drs. Prime, Hipple, Granby, C. K. Porter, L. L. Eells, Farrell, Bruening and H. A. Shannon, and closed by Dr. Thomas.

Drs. H. C. Miller, of Grand Island, and J. S. McCleery, of Beatrice, were made life members of the society, having been active members for twenty-five consecutive years.

Adjournment at 9:50 p. m.

Thursday Morning, May 19th, Clinics.

THURSDAY AFTERNOON, MAY 19.

Meeting called to order by President Prime.

Dr. J. H. Wallace reported that the committee appointed to select delegates to the National Dental Association were ready to report and same was ordered sent to the Librarian for publication.
Dr. Mullen reported a shortage of $20 to complete the Miller Memorial Fund of $100 and upon motion a warrant was ordered drawn upon the Treasurer for same.

Drs. Austin F. James, of Chicago; F. E. Roach, of Chicago; William P. Whelan, S. J., of Omaha, and George A. Blake, of Charles City, Iowa, the official reporter, were elected to honorary membership in the society.

The newly elected officers were duly installed.

The Secretary was instructed to prepare an "In Memoriam" for Dr. L. J. Schneider, of Omaha, and forward to the Librarian for publication in the proceedings.

Retiring President Prime thanked the officers and members of committees for their loyal support and bespeaks same for President Barber.

Adjournment without day.

J. M. Prime, President.

E. H. Bruening, Secretary.
Proceedings of the Thirty-Fourth Annual Meet-
ing of the Nebraska State Dental Society

OFFICERS.
President.................................................................J. M. Prime, Oxford, Neb.
Vice-President.......................................................P. T. Barber, Omaha, Neb.
Secretary.............................................................E. H. Bruening, Omaha, Neb.

President Prime:—The hour has now arrived for our opening exercises. Dr. Nathaniel McGiffin, Pastor of the Lowe Avenue Presbyterian Church, will invoke the Divine Blessing. (All rise.)

Rev. McGiffin:—Our Heavenly Father, we thank Thee for Thy goodness and mercy. We praise Thy name for Thy goodness to us, for all Thy mercies to us. We thank Thee for this Association of men and women who are banded together in scientific work and in helping and blessing humanity. We praise Thee for their great work and we thank Thee that Thou hast given them a great place in the upbuilding of the human system and in the saving of life. We thank Thee for the scientific research and for all of the scientific display and power which is exhibited at this meeting and by this Association. We thank Thee that Thou hast given these men and women who are in this scientific and professional pursuit great wisdom and knowledge and helpfulness. Bless them, we pray, as they come together in this State Association at this time. Wilt Thou bless them in all their deliberations, in their thought, in their speaking, in the exhibitions of their research, and we ask that what they may say and do in these coming days may enlarge their usefulness and knowledge in their profession and may also be a blessing to the people of this state. Bless the officers and members now, we pray Thee, and grant them the benediction of Thy spirit. We ask it in the name of Jesus Christ, our Lord. Amen.

President Prime:—Dr. A. O. Hunt, of Omaha, will deliver the address of welcome.

Mr. President, Ladies and Gentlemen:—Welcome to our city! You have heard that before. These functions of addresses of welcome, after dinner speeches and Fourth of July orations are more
or less perfunctory in their character. Any person who is inoculated with oratorical zeal is capable on occasions of this sort of starting with the Declaration of Independence and carrying through all the important events of the history of the country, and then bring it down to the return of Roosevelt. As I am not of that particular make-up you can consider all those things said. But it is a pleasure to welcome you to Omaha. It is also a satisfaction to feel that Omaha has something to welcome you with.

Omaha can be likened somewhat in the last few years to a sleepy, vigorous boy suddenly awakened into energetic manhood. Omaha is no longer the sleepy boy. It has taken its place among the prominent cities of this continent and it is doing a great work. All of you, whether you live in Omaha or out in the state, we believe feel the same as those of us who live here, interested in its success and prosperity, and it certainly has a healthy, vigorous prosperity at the present time. The motto of its citizens and its efforts all lead to two things: One is commercial energy and the other a generous hospitality. It is astonishing, as much so to those of us who live here as to any of you who live outside, the changes and improvements and advancements that have been made and are going on in the city of Omaha and have been for the last four or five years. In passing about in the down town district you will readily see the improvements and the increasing large buildings, general improvements of all kinds. It is not all in the building, but it is in all respects and the dirt accompanies it; there is dirt everywhere. Omaha reminds me somewhat of Chicago twenty-five years ago, not being as large perhaps, but undergoing the same changes, the same conditions are present and at that time there was a hue and cry all the time about the dirt and not being able to keep the city clean, and all that sort of thing. Well, when you are doing things you have got to make some dirt, but it is all right if you clean it up afterwards. You cannot do things without having the dirt. The dirt is here and it will be gotten rid of in due time.

But the generosity of the citizens of this particular city is something remarkable. Within the last four or five years, probably it is not exaggerating to say that more than three million dollars have been given outright for public purposes alone. Now I do not mean individual efforts or individual buildings. I am talking of such things as the Y. M. C. A. and the Y. W. C. A., the various churches
of the city, the Coliseum and all those things paid for by contributions from the energy and pockets of the people who live in Omaha. Now that means a great deal to a city of this size.

There is also at this time just a little speculation as to what the population of the city of Omaha is or may be. Nobody knows. Everybody is more or less optimistic about it, but it is probably safe to say that within the last four or five years it has added to its population from four to six thousand people, and I am speaking now of that section within the city limits of the city of Omaha. That does not include the suburban districts at all. Now what does that mean? It means just the same as though we would take from the state four or five of the large cities and place them all in here,—that is, buildings and everything that goes with it. That is just exactly what has occurred in this city. Not so long ago there used to be about the city what are known as "knockers." That is a term I think that is pretty generally understood; it is slang, but nevertheless it is expressive, and they used to make a good deal of noise. They had their hammers out and the noise they made sounded very much as if they were beating on bass drums with them. We have some now, but the difference in the noise is very much of this character,—that the noise of the "knockers" could be compared to the sound of a tack hammer on the foundations of this great savings bank building that is just going up. That is about the difference in the situation here not very long ago; it does not require the memory of the oldest inhabitant to remember it; it is a very few years.

Now everybody and every interest in Omaha gives a hearty welcome to all those who come here. Every reasonable, and perhaps some unreasonable, provision has been made for your pleasure and entertainment while here. The welcome from this university institution is no less cordial than from any other department of the city. They have provided a place for the meetings, a nice program has been arranged for your benefit and usefulness. I am not authorized as usual on occasions of this kind to give you the key of the city. I have not been authorized to say that, so in lieu of that perhaps it would be well to tell you a little as to the rules of the city that you had better observe while you are here. The bed time arranged for children is eight o'clock here. The curfew whistle blows at nine. The theaters are open until ten or eleven and the clubs until
midnight, and the streets are lighted all night long. Now if you should wander around anywhere and lose yourselves right out on this corner here of Eighteenth and Farnum is a beautiful arch. In that arch, in letters of living light, is "Welcome, Dentists!" so that will be your land-mark, and wherever you get you can see that, and when you reach that I hope you can find your way to any place that you may want to go.

This is the welcome I have to tell:
You are welcome! You are come well,
Take all the good that fortune sends;
Whatever is here that's ours is yours, my friends!

(Applause.)

President Prime:—Dr. M. E. Vance, of Lincoln, will give the response.

Mr. President, Ladies and Gentlemen:—I want to assure you that it is a pleasure to come to Omaha. I come from the largest and dryest city in the United States, if not in the world, and I assure you personally that it is a great pleasure to visit you at this time. (Laughter.)

The hospitality of Omaha is always unbounded, especially of the professional men and organizations. The welcome that Dr. Hunt has given us from the educational institutions, from the churches, from the theaters, from the welcome sign on the corner, is all appreciated, and I assure you that the dentists of this state and from the neighboring states will take advantage of it. Those of us who have brought along the children will see that they are in bed at eight o'clock. Those of us who have control of our appetites and our pedal extremities will see that we do not darken the doors of the saloons after eight o'clock. Those of us who are able to will see that we are out of the theaters at eleven o'clock, and by all means we will see that we are off of the streets at twelve o'clock, because we do not wish to have the reputation of,—losing our way.

The pleasure of coming to Omaha every other year is a great one to the dentists of the state. Our society has grown to such proportions that it seems that there are only two cities now that can accommodate us and the hospitality of the professional brethren of Omaha has always been unbounded, and when I assure you that personally it is a pleasure to come here because of my personal friendship among you men, you know that I voice the sentiments of all the members of this society. Again I say that we thank you for this generous welcome. (Applause.)
President Prime:—We will now listen to the reading of the minutes of the last annual meeting. (Done by the Secretary.)

President Prime:—If there are no objections they will stand approved. It is so ordered, Brother Secretary. The next will be the report of the Secretary, the Treasurer, the Superintendent of District Societies and the Librarian. (These were given orally and each requested to furnish the Librarian with a copy for publication in the minutes.)

After an informal discussion of the Miller Memorial Fund, President Prime called Vice-President Barber to the chair.

Vice-President Barber:—We will now listen to the annual address by Dr. J. M. Prime, our President.

PRESIDENT'S ADDRESS.

I first wish to thank this society for the honor of having chosen me for its President, and I wish to extend my thanks to the worthy executive committee, and all who have contributed their valuable efforts to make this meeting a success.

Your entertainment is not the object of this address. But rather let me offer some suggestions that I hope may prove of value to our splendid society, and be an uplift to the profession in general.

The importance of maintaining active, harmonious, local organizations can hardly be over-estimated. For it is here the individual is trained for more important work in the State Society. The local society brings neighbor practitioners face to face, and for a day, at least, the petty jealousies and narrow selfishnesses are forgotten and true fraternalism and professionalism have right of way.

It is here we find our neighbor is not such a bad fellow after all. It is here the spark of genius kindled, and who can tell but a Miller or a Black might be the result?

I earnestly urge each local society to take up the work as a study club. Study, growth and advancement is the solution to the local society problem.

I am glad to observe the growing spirit of reciprocity. Many states have already inserted the reciprocity clause in their laws and twenty-nine have expressed their opinions favoring it. This is certainly a step in advance, and in accordance with a broad, liberal and fraternal spirit. Every dental statute should place it within the power of the board to establish interchange of license with other states having similar standards. The desire of some practitioners
to move from one state to another without being compelled to submit to an examination is not the greatest benefit to be derived from the extension of reciprocal relations. If a state has a dental college, whose requirements are low, and whose curriculum and equipment are not up to the required standard—suppose the examining boards in the surrounding states agree not to accept for examination graduates of that school. This will result in one of two things—either that college is going to raise its standard or close its doors.

Reciprocity, therefore, has a larger and broader purpose in that it forces comparison of preliminary and professional training in various states, thereby bringing about a leveling-up of standards, and therein lies the greatest value to our profession. This is going on at the present time in the medical profession.

The method of appointing members of the examining board is something worthy of serious consideration. I question the advisability of leaving these appointments to the governor. I favor the method as provided in the New York law. Each local society elects a member on the board. So far as the writer can ascertain this is the ideal way to make these appointments, as the members of district dental societies are best qualified to pass on the fitness of any candidate for these positions. It further insures the various sections of the state are represented geographically.

The subject of publicity in state board matters is one for which there is no provision made in most dental laws. Many inquiring minds would favor more light on these matters. The proceedings should be open to the public and profession any time during business hours. Printed copies of the proceedings should be published annually and sent to each practitioner of the state. There are some good reasons for this publicity. The profession can judge as to scope, adequacy and character of the examinations and therefore can determine as to the fitness and competency of the board by both questions and the markings on the papers. It also indicates whether any partiality or favoritism has been shown by the board. Each practitioner should be assessed one dollar to raise a fund with which to publish board proceedings and prosecute any illegal practitioner. There should be a room provided at the state house where examinations may be held. A uniform fee from all applicants should be charged, and no discrimination in favor of a Nebraska student. College preliminary requirements should be raised.
On March 18th, at Cleveland, was the opening campaign on oral hygiene. I mention this as perhaps the most important event, to the profession, of the whole year. It is the bugle call to duty for every wide-awake dentist. I am glad today our own state is awake to the great importance of this, and our educational committee has begun in earnest. I urge the appointment of a committee on oral hygiene to coöperate with the educational committee in this work.

It is but fitting that I recall the sad incident of the death of our friend and fellow laborer, Dr. Leonard J. Schneider. The Nebraska State Dental Society, and all who knew him, mourn his untimely death. Dr. Schneider was an excellent operator. He was a musician and athlete. He did himself honor in both tennis and golf. He was a social favorite and moved midst a circle of admiring friends.

A world-wide movement is now going on to raise a fund with which to purchase a fitting memorial to the memory of Willoughby D. Miller, our great recognized leader in dental science. Up to the present time the grand total of money collected from all countries is a little over ten thousand dollars. Of this amount the United State has contributed about two thousand. We thus see the amount subscribed in Europe, as a memorial in honor of an American citizen—the foremost man in the dental profession—is greatly in excess of the amount, which, up to date, has been subscribed by his own countrymen. This is discreditable to our professionalism as well as to our Americanism. The American Committee has asked that Nebraska raise one hundred dollars as her portion, and I earnestly hope this will be subscribed during this meeting, and thus perform a small part of the duty we owe to this great man.

DISCUSSION.

Dr. C. E. Brown, Emerson:—Papers of this kind afford but very little discussion. They usually contain thoughts or suggestion with which we all heartily agree. In this paper Dr. Prime has touched upon a few points of vital interest to our profession, chief of which are his remarks with regard to local societies. He says the benefit of local societies can hardly be over-estimated, and he is right. I believe the benefits and the good results to the community of the local society cannot be over-estimated. It is there, as our President has suggested, that we meet face to face; there we meet our neighboring practitioner; we find that he is not so bad a fellow, and in a majority of cases that he is a good fellow, and in some cases he is a prince
of a fellow, as we say. And we also find, as we get acquainted with him, that he knows a good deal more about dentistry than we thought for, and we are liable to find out, if we get very well acquainted with him, that he knows some things about dentistry that we do not know. So in our intercourse we overcome that narrowness we may have had in looking upon him as a competitor. We feel more inclined to call upon him when in his town, and possibly the next time he comes to our town he will come up to see us, and we begin to look upon him more in a brotherly way, simply as brothers engaged in the same vocation.

Dr. Prime's remarks on reciprocity were very pertinent. It does seem that the standards among the different states should be more uniform. While, as he says, the permitting of practitioners to move to different states is not very beneficial, it is one of the important parts of the matter. If a man is qualified to practice in one state he should also be qualified to practice in any state. So if reciprocity will give us this reform—and I believe it will—by all means let us have reciprocity.

In regard to appointment of members of the State Board of Dental Examiners, I question whether leaving it to the local societies would better conditions. The popular fellow would be elected without regard to his qualifications in most instances. It would be well to take such appointments out of politics. I would risk the governor going into the applicant's qualifications rather than the local society.

We should, as a profession, erect a memorial to Dr. Miller, and I trust that America will not be in the background in this matter. I feel sure that the members of this society will not go away from this meeting without having the full Nebraska portion pledged, and possibly more.

Dr. F. T. Daly, Cambridge:—It is with pleasure that I have listened to our President's address this evening, and I heartily agree with him in every point he has raised. There is one thing that I am very thankful for and that is that it has not become a custom that I should be called upon to discuss these president's addresses. I am a little timid; this is my first attempt, but there are a few points that Dr. Prime brought out that are exceedingly interesting to me. One of them especially is the local dental societies. We have a very good local society in our part of the state. We derive much benefit from it. We get closer together and the points that are brought out are so impressed upon our minds that we remember them and take them home with us and we are benefited by every local society meeting that we attend.

What he has to say in regard to reciprocity I am heartily in favor of. I think that the standards in our dental colleges should be raised and put upon such a plane that it would not be required that all the members of the profession who graduate from the different dental schools are compelled to take an examination if they wish to locate or practice in another state from which they first began.

Provision should be made for a proper place to hold examinations. Not long ago I had the pleasure of meeting the Nebraska Board and the environ-
ments were not of the best. We were taken into a room in a hotel at Lincoln which was so dark we had to keep the lights burning all day. We finished our written work and were taken to the Dental college and tossed up three or four times and required to do a little practice work.

Referring to a memorial for our late Dr. Miller, I think that the Dental profession in America today are a little bit slow in responding. I believe that we ought at least to equal, if not surpass, our professional brethren abroad.

Dr. W. H. Mullen, Bloomfield:—While I heartily agree with many of the excellent remarks by our worthy President in regard to local societies and many other good points he has brought out, I do not agree with him in regard to the method of appointing our State Board of Dental Examiners. The board that appoints them is composed of three members, the Governor, the Attorney General and the State Superintendent of Public Instruction, they being three of our most able state officers. These three men must have the recommendation of fifty dentists: whosoever applies for this appointment must have the recommendations of fifty regular practitioners of the state. I think that makes a very good recommendation.

And again, in regard to having a publication of questions and answers; I think that that is not placing sufficient confidence in the board. It is not treating the board with proper consideration. I am willing, as one dentist of the State of Nebraska, to take the judgment of the board, or a majority of them, in granting a license to anyone to practice in this state. For instance, we have a county superintendent. Many of you people have taught school. I have for a number of years. The applicants go before him to write for a certificate. A list of questions under the present law is sent out by the State Superintendent of Public Instruction. The old law was that each county superintendent examined each of the applicants. The applicant sat down and wrote and the superintendent looked over the papers, made the grade and filled out the certificate. Now it does not look right that anybody would want to go and see the marking of that county superintendent, for the reason: He might know some of the special qualifications of those teachers and might give a higher grade to this one or that one, he knowing the individual strength of that teacher. It is just so with this Dental Board. Possibly the applicant coming before this board for examination they see more minutely the work of this applicant. There may be some work in prosthetics or some work on different lines and they may say that, while the applicant may not look just as good as some others, still in the judgment of the board they might see fit to grant that applicant a license, whereas if they sent it out in other parts of Nebraska and some one might look at it and say, “My, did the board grant that applicant a right to practice from such a list of questions and answers?” Why, sometimes some people cannot express themselves as well and might be able to practice dentistry just as well. All of us cannot express ourselves as well on paper and sometimes before an audience as our innate ability might warrant. Hence, I am absolutely opposed to any kindergarten proposition like this and I say, as one of the members of the Dental
Society of the State of Nebraska, that if we have confidence enough in any five men of this society to have them appointed on the State Board, then I am willing to take their judgment.

I thank you.

Dr. A. O. Hunt, Omaha:—Just a few words in regard to a little bit of the President's address—that part which concerned the Miller memorial. I have not a doubt but what every member of this society is very much interested in the fact that this Association should do something towards that memorial, but it is necessary to put it in some kind of shape so that the committee may act upon it sufficiently and intelligently.

Now the committee have talked this matter over—the President being one and Dr. Meservey and myself the other two members that were previously on this committee, and we have discussed ways and means quite a little in regard to it. The first thought was that we have six auxiliary societies or district societies that are auxiliary to this society. Our first thought was that these six societies should be asked to raise about $10 each—they only ask us to raise $100 in this state for this memorial—and that the balance of that should be paid by the State Society. Now there were a number of things in the discussion that cropped out that were not entirely decided as to what is the best means, only that there should be some means of raising this fund. Nebraska does not want to be behind-hand in this matter and the amount is not so large but what Nebraska can make it, but at the same time the committee must be put in a position where they can act and get results.

Now, some of the conditions that present themselves are: That some of these district societies are not well organized. I know our second district society never has any money in the treasury, but if it is necessary to get money for any purpose the Treasurer, by a little effort, gets it. But I can imagine in a new movement like this, and the loose organization of the district societies, they are not well enough organized for this purpose. At any rate they are not sufficiently well organized to depend upon each district society to raise a definite amount of money for this memorial. It has been suggested in the committee that a subscription be taken up for this purpose both here and also in the district societies, in that way securing whatever money is possible and should there be any lack of funds beyond that, that the State Society should furnish the difference. Well, in all probability in a scheme of that kind we think a committee would raise anywhere from $60 to $70 and the State Society would be called upon to pay the difference, from $30 to $40, whatever it might be, but before a year rolls around this fund should be sent to the memorial committee, where they naturally expect it. However, there is no great haste about this. What I mean by that is there is plenty of time if the committee is put in authority. There is plenty of time for one or two meetings yet of the district societies to find out what possible amount may be raised in those societies before calling upon the State Society. So I think a motion ought to be made authorizing the committee to go on, or giving them authority to go on with this matter along the line and according to the plan that I have suggested to you. The money
must be raised either by subscription or by a payment out of the treasury, one or the other, and I think if the committee was authorized to go on and complete that matter, calling upon the Treasurer for whatever difference there might exist after this effort was made, then the matter could be consummated before the meeting of another session.

The President, resuming chair and closing discussion:—Both of these men agreed with me. I did not want them to do that.

Dr. M. E. Vance:—Why don't the rest of us get a shot at you?

The President:—I am going to give you a chance now. Dr. Brown agrees with me on my best point. If I had any good point at all about it, it is certainly the point that the governor cannot appoint the dental examiners. He is not any better qualified to appoint a dental examiner for Nebraska than for New York. He does not know anything about a man's qualifications to examine dentists, any more than to select good ears of corn. There is only one class of people in Nebraska that ought to be able to judge the competency of a man on the board and that is the dental profession. The appointment of a member of the board ought to be strictly, absolutely within the hands of the profession and why should they go in a round about way and allow politics to get into it by putting it in the hands of the governor? He is supposed to follow the dictates of the profession in his appointments.

Dr. H. C. Brock, North Platte:—The members of the State Board are appointed by the Governor, the Attorney General and the Superintendent of Public Instruction and it must be upon a petition signed by fifty practicing dentists of the state before they can be considered by them.

The President:—I have no criticism of the State Board at all, but in preparing this I read the different state dental laws a great deal and I see that there is a tendency for the growth of the idea toward publicity in the different states and I believe it is a good one. While there are three state officials who have the power of appointing the members of this board, yet those three men are not dentists. If there were thirteen it would not make any difference as long as they are not dentists. They are in the same position as the governor; they simply act upon a recommendation. I think these appointments ought to be in the hands of the society, purely and strictly. But I have no criticism whatever of the State Board and they have not granted any licenses that I would want to revoke at all. But this is simply a step in the evolution of dental laws and so far as the publicity of the matter is concerned it is already in our laws that their records are open to the public and anybody can get it by sending to the Secretary and paying him twenty-five cents a hundred words; but they don't do that. I want to ask that they have a right to get those proceedings without going to that trouble and consequently avoid that difficulty.

Farther than that I have nothing more to say. I thank you very much.

President Prime:—This closes our program for this morning. The clinics will begin this afternoon at 1:30 sharp.

Adjournment at 11:50 a. m.
THIRTY-FOURTH ANNUAL MEETING, 1910

AFTERNOON SESSION, TUESDAY, MAY 17, 1910.

Clinics.

PROPHYLAXIS.
1. G. H. Ball, Lincoln. Treatment of Pyorrhea, using Dr. Head’s remedy, followed on Thursday by second treatment and Dr. Veo’s remedy.

CAST GOLD INLAY.
2. M. H. Dunham (table), Omaha. Veneer inlay proximo-occlusal of a molar.
4. C. E. Brown (table), Emerson. Method of smoothing wax model in approximal cavities and way to get good contact.
6. L. P. Davis (chair), Lincoln. Proximo-occlusal cavity in molar.
8. A. A. Crandell (chair), Omaha. Retaining inlay in the cavity.
9. G. W. Williams (table), Omaha. Cast abutments for porcelain crowns.
10. Z. D. Clark (table), Omaha. Investment material for inlays.
11. J. C. Soukup (table), Omaha. Using a simple suction device in casting.

AMALGAM FILLINGS.

ASHER’S ENAMEL.
17. A. P. Johnston (chair), Omaha. Simple approximal filling in front tooth.

DENTURES.

EVENING SESSION, TUESDAY, MAY 17, 1910.

President Prime:—Let us come to order. Dr. Nelson, will you ask those in the hall outside to come in? Is there any matter of business to come before the meeting at this time?

Dr. J. H. Wallace, Omaha:—Mr. President: I move you that a committee of three be appointed by the chair to select a list of delegates to the National Dental Convention to be held in Denver in July.

Seconded and carried.
President Prime:—I will appoint on that committee Drs. J. H. Wallace, W. A. McHenry and J. F. Nelson, and I will request that they make their report before the close of the meeting.

We will now have a report from the Superintendent of Clinics, Dr. Barber.

Dr. P. T. Barber, Superintendent of Clinics:—Mr. President, Ladies and Gentlemen: I do not have much of a report to make this evening, but I do wish to say this: if the men who are on the program for clinics and fail to give them knew what it means to the society and to our members, they would feel a little more responsibility in the matter. Several of our clinicians for this afternoon did not put in an appearance. Patients had been provided and the members kept asking for this and that clinic, which was not being given. If I have anything to do with the clinics another year I will try and see that some of those who have failed, not only this year but other years, do not have an opportunity to do it again. If a man has a good excuse for not giving his clinic or is unable to be present and so notifies the superintendent, he is excusable, but I did not have a single notice nor excuse from the absentees today. It may look nice to see one's name on the program for a clinic, but if you only put it there for show, it's a poor show. If any of you think it is an easy job to be Superintendent of Clinics just get into the harness. Maybe I have made a sufficient report for this time. I hope it bears fruit. (Applause.)

President Prime:—Dr. Barber has worked hard today and almost sweat blood, looking for some of the "sluffers." Some offer as an excuse that there were others to give the same clinic and they thought theirs was not needed. When you promise to give a clinic you are expected to give it and it is a great injustice to the society not to do so unless you have a good excuse and this excuse is given to the superintendent. We have lots of room for workers in our society, but no room for "sluffers."

Dr. E. A. Thomas, of Red Cloud, Chairman of the Educational Committee, has been asked to give an exhibition of the stereopticon slides and charts which he uses in his lectures before schools and county institutes. Dr. Thomas, and his committee, needs the hearty support and encouragement of everyone for the work he is doing. He has been criticised oftentimes, but he goes right on doing the work that he finds to do and which none of those who criticise are willing to do, even if they have the ability. Have you got the machine to working, Doctor?

Dr. E. A. Thomas, Red Cloud (exhibiting first slide):—I call this lecture "Jack, the Dull Boy." I find that while I am out talking in regard to health
in these evening lectures, that I make a better impression when the lights are
turned off, for the simple reason that I am not a very good advertisement as
to health anyway. (Laughter and applause.) (Dr. Thomas shows slides and
charts and explains them.)

President Prime:—Dr. Thomas has made the start in our state in this
educational work. He has been talking before county institutes for a number
of years and he will probably not live to see much of the results of his work,
but the members of the society in the years to come will hear of him.

We will now listen to a paper by another member of the Educational
Committee, Dr. G. W. Williams, of Omaha, on "Dental Education in Our
Public Schools."

Dr. G. W. Williams, Omaha:—Mr. President: My wife does not allow
me to talk at home, neither does she allow me to talk away from home when
she is present. She is present tonight and she will act as my substitute in
reading this paper.

Mrs. G. W. Williams:—He's a "sluffer." (Laughter and applause.)

DENTAL EDUCATION IN OUR PUBLIC SCHOOLS.

There should certainly be no question in any of our minds of
the necessity of spreading dental education in our public schools,
if one stops to study the various figures presented here.

In an address to the students of the Royal Dental Hospital of
London, Dr. Osler said: "You have just one gospel to preach, that
is the gospel of cleanliness of the mouth, the cleanliness of the teeth
and the cleanliness of the throat. These three things must be your
text throughout life." Oral hygiene—the hygiene of the mouth—
there is not any one thing more important to the public in the whole
region of hygiene than that, and it is this question that I now present
to you. Dr. Brown, of Chicago, says: "If the mouths of the chil­
dren in our public schools could be systematically examined by com­
petent persons and instruction given with regard to the intelligent
use of brushes and antiseptic solutions, the death rate of this country
would be materially lessened and the percentage of illness much
reduced, and a stronger and a more vigorous race result in conse­
quence of these prophylactic measures." Where do these men get
such ideas?

It was found on examination that nearly eighty per cent of
the children in Great Britain's industrial schools were suffering
from decayed teeth. Dr. George W. Cook reports, after investiga-
tion of 220 mouths, that 171 contained the bacillus tuberculosis, thereby showing conclusively that even that dreaded plague may enter the system by way of carious dental organs.

And, by the way, are not the avenues of infection of most specific diseases by way of the alimentary canal and especially so where unhygienic, putrefactive conditions of the mouth exist? In Germany, of 20,000 children between the ages of six and sixteen, ninety-five per cent had dental caries in alarming proportion. In Freiburg there is established a municipal school dental clinic, the faculty of which examines the teeth of all the children, whether school children or not. Each child is furnished with a card bearing the history of the condition of his teeth on the date of examination, and on the back of the card are printed instructions for the care of the teeth. The parents of children found to have defective teeth are notified and at the same time are requested to send their children to the dental clinic for treatment at the expense of the city. In Paris, both medical and sanitary inspection is obligatory in all schools and by virtue of municiplality, the pupils have their teeth examined every six months. In Stockholm, in obedience to the King’s command, there is a systematic examination of mouths of all school children since 1899. While I am far from being an advocate of monarchical powers, there is a good thing in this particular instance and it is almost deplorable that our president has not the same authority. The report of the Surgeon General of the United States Army shows that in the fiscal year 1905 to 1906, 18,000 young men were rejected for all causes, and 1,000 were refused enlistment on account of bad teeth alone.

Another distinguished specialist asserts (the late Dr. W. D. Miller states) that loss of appetite, nausea and general ill health, may be brought about by want of proper attention to the mouth, causing a chronic state of putrefaction, the products of which are absorbed by the mucous membrane with serious results to the general health. The examination of 987 children developed that ninety-nine per cent of all those suffering from the caries of the teeth, were affected with putrefactive condition and swelling of lower glands, of which no physician would be able to make a diagnosis.

Again, Dr. Brown, in his address before the American Medical Association, said in part: “The presence of bacteria in such a great variety and number in the mouth at all times must be looked upon
as a menace not only to the teeth in their relation to the dental caries, but through their action, as well, upon the mucous membrane, rendering it more susceptible to the germs of specific pores, and upon the digestive tract, for many complaints of the stomach and intestines have been found to be caused by mouth bacteria and their products. Even the lungs are subject to this influence from the mouth. Therefore its thorough disinfection becomes a matter of first importance.”

Dr. Burton Lee Thorpe says that the mouth is the breeding place of the bacillus influenza and that oral sepsis is the predisposing cause of influenza and those with hygienic mouths are practically immune from it.

From the above conclusions it will be readily seen that progressive minds are uniform in the belief that no person’s health can be better than his teeth. It has been well demonstrated that the education of a country must begin, first, in its schools; and, true to this we find men are awakening to the fact and are establishing educational institutions, and are lecturing, with a great sacrifice to themselves, in public schools and, so to speak, are opening the long shut eyes of the laity to the urgent need of a clean, healthy vestibule to the human system.

We read that a movement is on foot in Chicago to establish a $300,000 school the express mission of which will be the salvation of the human stomach. “A most excellent move,” said one of our professional men, “for no man can feel better than his stomach;” but the greatest factor in abusing this vastly important organ is the utter neglect of keeping the teeth in proper condition, and the success of this institution will depend largely upon the stress placed on oral hygiene and the preservation of the individual’s teeth.

Some time ago, at the Tuberculosis Convention at Washington, the celebrated Dr. Dunn, of Boston, stated that the terrible white plague increases from month to month and year to year, and that, in early life, tuberculosis does not affect the lungs as it does in the case of adults, but frequently remains hidden in the internal glands in children, until an acute form of tubercular meningitis or pneumonia causes death. “Children,” he declared, “have no power of resistance against acute outbreaks,” and he said also, that this disease entered the body through the lungs, through the intestines, or through the tonsils and larynx, and located itself in the glands.
As the mouth is the very entrance to all these passages, is it not important to teach oral hygiene, thereby guarding the gates of admission and lessen the tendency or susceptibility and reduce the predisposing cause to infection?

The problem of educating the school children to the necessity of oral hygiene and the care of the teeth is a hard one, but if there be less talk about keeping the school room more ventilated and more attention be paid to the cleanliness of the mouths, the air in these rooms would not become vitiated so speedily as to require constant opening and shutting of windows. True, God's air is pure and cheap, and we want lots of it, but I doubt whether it gets into the lungs as pure as it was intended it should when it has to pass such foul mouths.

"The relation of this subject to the health of school children, and to their mental efficiency, is just now attracting world-wide attention. America, the land of dentistry and dentists, has been rather tardy in giving it serious practical consideration. Institution of systematic dental inspection of school children and the creation of free dental clinics may, generally speaking, be said to be accomplished facts in Germany, Austria, Russia, France, Switzerland, Sweden and England.

"Statistics show that from ninety to ninety-eight per cent of the school children in all countries suffer from some form of preventable dental disease, and what concerns us more directly is that the greater proportion of backward children, those unable to keep up with the average work of the class, is found to be suffering from some form of dental disorder, arising mainly from neglect of the simplest and most obvious rules of mouth hygiene.

"Among upward of 15,000 patients annually treated at the dental clinic of the University of Pennsylvania, a large proportion comprises school children between the ages of six and fifteen years. Examination of their mouths rarely discovers one that is maintained in a fair state of cleanliness. Few own or use a tooth brush, and all require more or less professional attention."

We are not pioneers of this work. Russia started it in 1879. Eighty per cent of the inhabitants of St. Petersburg were found to have defective teeth. In 1896 the dentists of that country petitioned the Minister of the Interior to organize a Department of Dental Hygiene throughout the empire.
Germany, Great Britain, France, Belgium, Holland, Denmark, Italy, Japan and New South Wales have started to combat this evil. In this country Massachusetts has endorsed it through its Board of Education, and the work is carried on by the Dental Hygiene Council, by education through literature, exhibitions and popular talks.

In the State of New York the metropolis has a number of clinics for the indigent poor. Rochester has one. In many states, New Jersey, Indiana, Illinois, Missouri, Iowa, Minnesota, Georgia, Washington, and I don’t know how many more, dental examinations have been made in the public schools, and we may rest assured it will not stop there.

In studying the causes of mental inefficiency in backward school children, Professor Lightner Witmer, of the Department of Psychology of the University of Pennsylvania, has been focusing attention upon the mouth conditions of these children.

"Many of them are referred from Dr. Witmer’s department to the dental clinic. They are invariably ‘dental cripples,’ as someone has aptly termed them; they present infected mouths, decaying teeth, damaged grinding mechanism from loss of teeth or from irregularities, all of which are manifestly interferences with bodily health, and therefore of mental efficiency."

DISCUSSION.

Dr. T. J. Hatfield, York:—I feel highly complimented to be asked to join in the discussion of this most excellent paper presented by our worthy brother, Dr. Williams, upon such an important subject. The doctor has thrown a good picture upon the canvas of the deplorable conditions we confront when we begin to look at the many different phases of the subject suggestive of Dental Education in the Public Schools. The reports referred to by the essayist, only partly suggest to our minds the wonderful amount of suffering that is going on in the world. Only we, as dentists, can grasp what the Doctor has pictured, and see the many avenues through which these sufferings have come about, and we can only partly draw on our imagination to the extent that it may lead. Practicing dentistry is a noble calling when conducted for the purpose of relieving suffering humanity, and many noble men are now engaged in that pursuit for that purpose, but the reports that Dr. Williams refers to (and our experience also) leaves us awe-stricken at the magnitude of the task before us. Only a small per cent of our operations are upon subjects that we can call favorable ones. In the remainder, we are confronted with every phase of difficulties which we might enumerate by the hundreds. We are shown that in some of these investigations as high as ninety-six per cent of the cases were systematically defective. Many of us
see it, and realize its enormity and shudder at the conditions. Others glide along and do for their patients what the dental colleges teach them, and wish for more to come their way. Only a few physicians are beginning to realize the importance of the responsibility that stands confronting the dentist and his work. We cannot over-estimate the necessity of putting forth our utmost endeavors to bring about a different and better state of affairs.

In my few remarks, upon this subject, will you allow me to take up what is probably a new phase of this subject? One which I have thought a great deal about, and to my knowledge has not yet been approached. Ours is a noble work. We relieve suffering, and prevent a continuation of it, by placing those useful organs in a healthy condition, enabling them to perform the functions so necessary to "Life, liberty, and the pursuit of happiness." We are working with all our might and main to correct irregularities, to stop the ravages of decay in teeth, making beautiful display of our skill in dental jewelry (or by somewhat less objectionable methods). We also do a great work in replacing lost organs with beautiful crowns, bridges, and the ignominious denture so readily accepted (under protest). This is all well and good, and commendable, but, is this not all patch-work? With a large per cent of our cases, it is repairing a poor machine, correcting and repairing conditions that have been encroaching upon the individual for several generations. We can only do our best under the existing circumstances. These conditions are surely sufficient to impress us with the importance of dental education in our public schools. Oral prophylaxis cannot be over-estimated, and should be carefully and correctly taught to every child in the land. All of the suggestions that have been given in Dr. Williams' paper, are good, necessary, and should be speedily adopted and enforced. But, gentlemen, may I go a step farther and ask, is it not high time that some one rise up and proclaim the possibility of making a machine that will be more perfect? That when brought to us new, just out of the factory, it will not impress us so forcibly that it was not made right. Would it not be a laudable act for some of us to deflect, and use our energies in educating our people in the things that would turn this tide of physical deficiency which our scientific patchwork is unable to cope with, and produce a better machine, one that would not need repair before the factory glitter has disappeared?

I claim that every child that comes into the world, has a right to be born well. If it is not, it is made to suffer for a sin that it did not commit. What are we doing? This government is making large appropriations to establish experimental farms here and there for the purpose of improving various kinds of stock and of different methods of farming, but what has been done to encourage the development of, and to produce that condition, which is God's best gift to humanity. Our intelligent people, fathers and mothers, will spend money trying experiments on how to produce a perfect chicken, hog, cow, or horse, or even a dog; buy all the leading journals that bear on these different subjects and never stop to think why they must be annoyed at night by the little fellow three or four years old, crying with an aching tooth that nature intended to perform its functions pleasantly until replaced with a successor strong enough, with vitality and endur-
anpe sufficient to last a natural life-time. Is it not well, that while we are agitating the necessity of teaching oral prophylaxis, and dental hygiene, and the necessity of visiting the dentist regularly, to stop and think that these boys and girls of today will be men and women of tomorrow, and will be raising families; bringing children into the world for weal or for woe? Can we not see that the physical is being neglected in favor of the intellectual? Is this not a great mistake? Do we not know of a certainty that physical perfection is conducive to intellectual, moral and social perfection? Someone might ask, how is this to be brought about? Time does not allow me to enter into this delicate, deep, scientific subject, but let me simply touch upon it as a base. Do we not know that like begets like? Do we not know that human characteristic physiology is divided into four classes, designated by the four primitive types of temperaments? Namely; bilious, lymphatic, nervous and sanguine. In the bilious type, we find the erratic, the passionate, the most poorly balanced character. The lymphatic type is mentally the superior of the bilious, but physically its inferior, here we find the corpulent, happy-go-lucky person with lack of energy, with no great endurance. In the nervous type, we find the symmetrical body, the quick, active mind, very sensitive nature, when blended with the lymphatic is predisposed to melancholia. In the sanguine type, we find the strong, square, bony frame, the sinewy muscle, the magnanimous disposition, with endurance unlimited, and a mind broad enough to grasp the entire situation of any problem, fortified with a will uncompromising. Our lamented Abraham Lincoln was a pure specimen of the sanguinous type. Think one moment of the numerous combinations that can be produced from these four positive types. How easy it is to observe what type and combination of types fill the important places in the world, and yet how little the average intellectual, educated (so-called) person knows about it. What an opportunity for physical education and improvement. Children should be taught these things thoroughly. At a certain age there should be a competent teacher. A lady for girls, and a gentleman for boys, and from them they should be taught all of the essential things that pertain to their relationship to each other physically, morally and socially, and not leave them to be taught only a part of these things by some low, depraved associate.

Dr. E. A. Meservey, Kearney:—Dr. Williams' paper is a good one, and I arise to help give great applause, and "spur the victor on." But stop—just one moment, gentlemen. Dr. Williams has made a mistake, and it is this: He has read his paper before the wrong body of men. It's the laity that should hear that paper. We, as professional men, know these facts; we have read and re-read them. What we must do is to get those facts before the people.

I want Dr. Williams to go home and literally set Omaha on fire with the all-important facts that, and to quote from one of them: Dr. Osler says, "You have just one gospel to preach, and that is the gospel of cleanliness of the mouth." Now, my friends, that is a pretty forceful quotation, and the next move is to see that it is enforced.
Now in Omaha they have a very wide-a-wake Commercial Club. They do things. They say to their farmer friends over the state, "Raise two bushels of corn where you used to raise one," and Mr. Farmer goes and does likewise. Why not have the Commercial Club take up this question and see if they cannot have two clean mouths where they used to have one—or, is it more important to raise good corn than good, healthy children?

There's no question about the good that can be done with "dental education in the public schools," but it's up to us, gentlemen, to see that it is carried out. Not alone in the public schools should the gospel be preached, but everywhere. A campaign has been waged against the fly, mosquito and the filthy drinking cup; now is the time to start one on the unclean mouth.

Our ancestors were fond of mottoes, such as "God Bless Our Home," "What Is Home Without a Mother," etc. They were all good and appropriate, but suppose we substitute better ones, such as: "Is Your Mouth Clean," or "Brush Before Breakfast," and "A Clean Mouth Means a Healthy Child."

If you will give me one moment more, I will give you a case from my own practice that illustrates the necessity of a clean mouth. Patient, a man about fifty-five or sixty; teeth loose; gums badly inflamed; pus oozing from pockets formed by pyorrhea; extracted all of the teeth. Three weeks later his wife reported that he had gained ten pounds, slept better and had discarded all medicine.

Isn't that enough to make you want to cry out to the world, "Have you a clean mouth?"

Another point, do our medical brethren give enough attention to the oral cavity. You go to your physician with some stomach ailment, and his first question is "Let me see your tongue." Shouldn't he in nine cases out of ten say, "Let me see your teeth?"

Dr. A. F. Douglas, Hastings:—Dr. Williams' paper impresses me first of all as a statistical review of conditions relative to his subject and from that viewpoint it is valuable, as is every paper or article on this subject, in that it helps to keep before us this far-reaching subject and to impress us with the need for action.

In this paper he seems to have gathered together from a variety of sources reports and statistics which show the pressing need for dental education in the public schools by giving the results of examinations made to determine the existing conditions, and by quoting from many authorities to show the appalling results of unclean oral cavities in the way of systemic diseases that gain access to the body via the mouth, and also enumerates many countries and portions of our own country where dental education and inspection have been introduced successfully.

To my mind the one most significant fact brought out by the paper is that in the United States, where dentistry has reached its highest development; whose dental schools are acknowledged to lead the world; the country that has contributed most to modern dentistry in research, invention and
discovery, is the last to take up this great work of dental education and inspection in its public schools, and all will agree that it is time some concerted action be taken to place our country in the lead in this movement.

While, as I stated before, I think the paper a valuable one in that it brings out the state of existing conditions, still the eyes of the profession have in a great measure been opened, for the question of dental education has been the subject of much discussion in many of the journals during the past year or so and we should at this time be quite thoroughly aroused to a realization of the conditions, and it seems to me that the vital question at this time is what to do to remedy existing conditions, and how this can best be accomplished, and to my mind the paper, as good as it is, would have been more complete had the essayist offered his conclusions on the best and most practical plans for carrying out this work, as I believe that a paper or article that deals with affairs needing correction, is incomplete unless it goes further and proposes something of a remedial nature or offers the writers' views on ways and means of correcting the evil.

This subject has long been a most absorbing one with me, and in a paper that I read before this Society at the Omaha meeting in 1908 I stated that it was my belief that the Nebraska State Dental Society was responsible for the correction of conditions in this state, and I am still of the opinion that any movement for the altering of these conditions should be a state-wide one at least, for while it is of course helpful to the general cause for a municipality to introduce dental inspection and education into its schools, it is my opinion that this reform can be introduced more rapidly and efficiently by means of state movements by State Dental Societies.

Before the people could be induced to adopt such a radical reform, however, they must be educated to an appreciation of the need for it, and I believe that every ethical means for bringing this subject to the attention of the public should be used with a view to leading them to the point where they are ready to receive it.

I am glad to have had the opportunity of discussing this subject, and am of the belief that if more papers along these lines were read before this body, eliciting extensive discussions, the time would sooner arrive when a comprehensive, practical plan would be evolved for the carrying out of this great work.

Dr. F. F. Whitcomb, Omaha:—When I was asked to discuss Dr. Williams' paper I was asked to embody a brief report of the work we have been doing in Omaha in my remarks. Dr. E. A. Thomas, of Red Cloud, the chairman of our Educational Committee, has given you an idea of the good work he has been doing out in the state, while Dr. Williams and I have confined our work to Omaha.

Some two years ago I read a paper before the Tri-City Dental Society in Omaha upon this subject, and at that time I suggested what I considered the best course to pursue, that being, first: Secure the passage of a law by our State Legislature for compulsory examination of the mouths of all school children. Second: A course in Dental Hygiene in all Normal and
Public Schools in the state as a required subject. Now this is not an easy hill to climb, and it cannot be done without the constant efforts of every member of our State and Local Societies boosting the idea in every way they can. The foremost instructors of the state seem very glad to aid us in this work, as they see the necessity of dental education and information for the pupils and the great benefit they would derive therefrom. Prof. Davidson, Superintendent of the Omaha Schools, has taken hold of the work with us, in fact we found that he had already given it much thought before we called upon him. The principals and teachers are glad to give us every assistance and welcome the opportunity to spread the gospel of oral cleanliness. I am sure that this same feeling exists in our public schools everywhere.

I will not burden you with many statistics because you would not remember them, likely. We found an average of six decayed teeth per pupil examined. Think of it. I presume some of those children were the children of dentists, too, although we did not ask them for such information. The general health was fair. Sixty-three per cent had never visited a dentist. Thirty-seven per cent said they had tooth brushes. Thirty per cent had malocclusion of some form. Seventy-five per cent had had throat trouble. A little more than one tooth per pupil lost through caries, with almost two teeth per pupil in an abscessed condition. There were a large number of mouth-breathers, which of course upon a more thorough examination you would find had adenoids. In practically every case examined we found the need of more or less dental attention and instruction in the use of the tooth brush.

Now, gentlemen, it is up to you and to me to get busy and push the cause of dental education in our public schools. The children of the state need our cooperation and attention. Your Educational Committee has outlined some work for the coming year which we hope you will endorse, and if we are to succeed, we must have the help and support of each member of the Society. I thank you.

Dr. G. W. Williams, Omaha, closing:—In closing this discussion I will say that the point raised by Dr. Douglas in reference to state legislation for the compulsory examination of school children's mouths, to my mind, is the only practical solution of the problem, and I have long had this in mind. I said nothing of it in my paper, as my desire was to arouse the interest of the public as well as the profession, knowing that the remedy would manifest itself if that interest became strong enough. True it is that our dental literature is full of the topic, and he who runs may read, but I am much afraid that there are many in the profession who do not run, consequently do not read. Even though they do, many truths lose a large portion of their significance by being printed, for the presence and the voice give a real and in many cases an essential part of the thought. If the time is ripe, and let us hope that it is, I would recommend that this plan of state legislation be taken up by our Legislative Committee, and while we may not be able to accomplish very much during the coming legislature, yet the agitation will be helpful and will get the matter before the public.
I would also say that I am indebted to Dr. G. Zederbaum for the greater portion of the statistics in my paper. I thank you.

President Prime:—This closes the formal part of our program for this evening. We will now enjoy a smoker and Mrs. Williams will entertain us with some readings.

MORNING SESSION, WEDNESDAY, MAY 18, 1910.

President Prime:—Are there any announcements? If not, we will proceed at once to our papers.

Pyorrhea is receiving a great deal more attention nowadays than ever before and our first essayist has made a name for himself as a specialist in the treatment of this disease. It is a pleasure to introduce to you our guest, Dr. Austin F. James, of Chicago. The subject of his paper is, "Can Pyorrhea Alveolaris Be Cured? If So, What Constitutes a Cure?"

CAN PYORRHEA ALVEOLARIS BE CURED? IF SO, WHAT CONSTITUTES A CURE?

I am very glad indeed to be present here today, but it would give me much more pleasure to meet you in any other way than as your essayist.

I am wondering just why I am here and feel inclined to think that it is through flattery.

In the first place, your representative, Dr. Wallace, came to me the evening of the Black banquet in Chicago; J. P. Root, of Kansas City; Willis Coston, of Topeka; Burton Lee Thorpe, of St. Louis; Carl Lucas, of Indianapolis, and several of our local men, including yours truly, were seated at a table trying to sing "Here's to Black, Here's to Black; he's a durn fine man," etc. He asked me to come out to your meeting. At that particular time I would have promised anything.

The following day Dr. Wallace came to my office, where I was demonstrating some methods in pyorrhea work to several of our distinguished guests, and told me he had been sent to Chicago especially to get me to present a paper before your society. Well, you can see how the flattery worked; I am here.

And the more I thought about coming, the more I wondered just how it happened, until it dawned upon me that my friend, Dr. A. O. Hunt, of your city, must be responsible. He remembers how
I used to cure pyorrhea when he was in Chicago. He had the opportunity of seeing some of those cases, and helped me construct continuous gum cases for them after they were cured. But this subject of pyorrhea has grown immensely in importance during the last few months. Every recent Dental journal contains articles regarding it, and I have come to the conclusion that pyorrhea is about the only disease that can be cured. I have had whooping cough for the past eleven weeks; and I know the only cure for that would be to chop my head off. Experience also convinces me that a frontal sinus infection can be cured only by equally drastic methods.

Dr. Johnson says, with reference to this subject, "We might just as well ask can a mythical cow jump over a mythical moon?" Now, Dr. Johnson is wrong. We all know that pyorrhea can be cured absolutely—by extraction; just as those cases Dr. Hunt saw that I cured years ago, and they have lived happily ever since without a recurrence, either locally or systemically.

Now, with your indulgence, I will offer what the years of earnest endeavor and constant practice have taught me as my answer to the oft-repeated question:

Can pyorrhea alveolaris be cured? If so, what constitutes a cure?

In coming before you with this subject, it is not my idea to give something new, but rather to encourage those of you who have been doing conscientious work in the local treatment of pyorrhea and assure you that you are the dentists who are really doing something to control the ravages of the one disease that is causing the loss of more teeth than all other pathological mouth conditions put together. And while offering encouragement, I also wish to protest against this flood of so-called sure cure drugs which are offered to us by circular and by sample. Most of you, I am sure, will support me in the opinion that these drugs are of no use whatever and only serve to lend false hope to those who have not been so fortunate as to work out a thorough systematic plan of surgical and prophylactic treatment for the cure of this disease.

Pyorrhea is cured by local treatment, and by local treatment only. I need not make this positive statement to many of you, for you, as well as I, know it is true, but I make it to try and influence those who have been carried away by the teachings of
those theorists who have misled us for many years with the idea that pyorrhea is the result of systemic conditions, and that a cure cannot be obtained except in connection with constitutional treatment. Some of the most prominent men in our profession have advocated this theory and I might say all but proven it, except to find a specific cause or cure a single case of pyorrhea by constitutional treatment.

When we get down to the study of uncleanly mouth conditions we have the answer to the question, "What causes pyorrhea alveolaris?"

The heat and moisture of the mouth causing fermentation of food particles, and the formation of mucous plaques and of acids which attack tooth surfaces, causing superficial caries, and a chemical reaction on the salivary secretions resulting in ropy, thickened saliva which adds to the difficulty of cleansing the teeth, either by the friction of food during mastication, or by use of the brush. Until the time comes when we have a general infected condition in the mouth, with caries upon the teeth, an accumulation of salivary deposit, and irritation and inflammation of the gingival margins, and finally the formation of calcareous deposits under the gum margins, which bring about a congested condition in the soft tissues and the breaking down of the alveolar process and the formation of pockets along the side of the roots, and the destruction of septum in the interproximal spaces.

Following this stage we have the serumal deposit forming on the roots of the teeth, and it is this serumal deposit that has caused the belief that pyorrhea comes from constitutional conditions. But we never find this serumal deposit until we have had an acutely congested condition of the soft tissues and the breaking down or absorption of the alveolar process, and we do not have the pus formation until there has been absorption of process and a pocket that cannot be cleansed, which finally becomes infected from the general septic condition prevailing, and it is not pyorrhea until this stage has been reached.

In the treatment of pyorrhea my first step is to thoroughly wash out all pockets and surfaces in and about the necks of the teeth with warm carbolized water, strongly blended with peppermint water. Then begin instrumentation, following out the
definite plan of working only upon the number of teeth that can be finished at one sitting, and not leaving those teeth until I am sure all deposits have been removed and all roughened surfaces of enamel margins made perfectly smooth. Following instrumenta-
tion I dry the tissues about the teeth worked upon by packing well with cotton rolls and carrying phenol sulphonic acid into the pockets on a gold broach, the end of which has been looped or bent upon itself in order to carry the acid more readily. This acid can be used freely in the pockets so long as you keep saliva away from it and by wiping away any excess before having the patient rinse the mouth with water. This drug is used for the purpose of cauterizing the surfaces in order to prevent absorption of any infectious matter until the process of healing begins, when there is little danger from this source. From this time on I carry out what I call the proving up treatment, which is nothing more than prophylaxis, or the perfect polishing of all surfaces of the teeth with wood points shaped in a variety of ways to accommodate the different positions in the mouth, extending the polishing process up against the gums and under the free margins wherever possible, with the idea of getting the tooth surface so polished that the patient can rinse them cleaner than they have ever been able to brush them before. In this manner we get rid of all fermentation and further irritation from uncleanly conditions. In the meantime I have the patient follow out the plan of massaging the gums for three minutes twice a day, using ivory soap on the brush, not for cleansing purposes, but to take away the harshness of the brush.

I tell the patient that this is the one way of finding out whether I have been successful in removing all deposits. If so, the gums will soon harden under the massaging; if not, the gums will show a point of irritation wherever the deposit has been missed, and I can make a second effort at that particular point. Putting this plan before the patient usually stimulates him to greater effort, as he feels that it is proving up my work and is naturally anxious to make sure.

I have avoided saying anything about the kind of instruments used in removing deposits, because I have a hesitancy about advertising manufacturers in presenting a paper before your society; but I think the instruments are the most important thing to be
considered outside of thoroughness in the work, and this work cannot be done without the proper form of instrument, which should be a set of sufficient number, shape and angle to accommodate every size tooth and position in the mouth.

Such a set has been devised by C. M. Carr, and is composed of one hundred and fifty instruments, constructed on the principle of a plane; the instrument using the teeth as a fulcrum by resting on the tooth anterior to the blade of the instrument, rotating it upon the tooth with a slight backward, or reverse movement, usual to the pull instrument so commonly used, thus making it possible to actually plane the surface of the root with a slight delicate stroke which enables one to detect the smallest deposit and know when it has been removed, so acute becomes the sense of touch after mastering the technique of the instrument.

We now come to the second question of my subject as to what constitutes a cure of pyorrhea alveolaris.

The cure of pyorrhea does not mean the restoring either of lost bone or of the gum tissues, but rather the obliteration of all pockets by forcing the gum tissue to recede to a point where there is healthy bone to support it. Nor does it mean that all loose teeth can be made tight without the aid of a splint or a permanent retaining appliance.

There are times when we apparently get bony granulation and the seeming filling up of pockets by the formation of healthy tissue, but I have never found a definite way of bringing this about, though it seems to come in some cases following the surgical treatment. It has been my observation, however, that it usually happens where no teeth have been lost, and it has been possible to restore normal contact points and correct malocclusions. Though this is not to be depended on at any time.

The obliteration of pockets follows the successful surgical treatment and keeping the mouth rid of fermentation by prophylaxis, which means thorough and continuous polishing of all tooth surfaces until they can be kept clean by the use of the brush in the patient's hand.

The number of sittings required to obtain prophylaxis varies in each mouth. One has to keep up and at the repeated treatments until the result has been obtained. The patient will come back to
you after a period of one to three months without stains or mucous plaques on the teeth, the gums showing a hard, glistening surface, with no points of irritation, and no sensitiveness of the necks of the teeth.

The splinting of loose teeth in molars and bicuspids is accomplished by getting separation and building exaggerated contour inlays, attaching at contact points by solder, and cementing into place.

In the anterior teeth I use a lingual backing for each tooth, with small pins. Taking an impression with all in place, remove, solder and cement into place as a permanent retention.

In cases where there is so much absorption and recession that we have an elongated and unsightly condition, I cut off these teeth and make attached crowns to improve the appearance and serve as a permanent retainer.

As to medication, I wish to add, not as an afterthought but because I use it only where I find peculiar root formation, and merging bifurcations which prevent successful instrumentation, that Head’s Tartar Solvent is an invaluable aid, and that its action upon the teeth and soft tissues need not be feared, if Dr. Head’s directions are followed and force is not used when flooding the pockets with the drug.

DISCUSSION.

Dr. Horace Warren, Missouri Valley, Iowa:—When Dr. James said this was the most important subject in dentistry, or words to that effect, he certainly told the truth. I think it is over thirty years ago that I read in the Dental Cosmos an article by Dr. Riggs, and it was “Riggs’ Disease” then. Previous to that time it had been a great many different things and had received a great many different names. First, they began with diseased gums. Of course, if the gums are diseased they are diseased, and that was the simplest name they could give it, and it has gone all through the various appellations until it is now known as pyorrhea alveolaris; and what does that mean? Simply pus flowing from the alveolar socket, and so it is not a name that means anything particularly after all. We have not given it a correct name and the name pyorrhea alveolaris will stick, I suppose, if the disease does.

Now, my idea of pyorrhea alveolaris, after wading through page after page of articles by these constitutional men who believe that its origin is purely constitutional,—as Dr. James says they have done everything but cure it,—is that it is traumatic, pure and simple, just as much as a fracture of a
bone. Of course when a crown impinges on a gum and produces pyorrhea it is easy enough to know it is traumatic. When a filling does that we know it is traumatic, but it is traumatic anyway, because those deposits getting down in there begin the irritation and produce the irritation that is dubbed pyorrhea. I believe Dr. James said that pyorrhea was no pyorrhea until it produced that pocket. I cannot agree with him. It is pyorrhea right from the time that deposit begins. The period of gestation in the various diseases varies, but we are not aware oftentimes that a person has that disease until the end of the period of gestation, but he has that disease when he acquires it. When he has contracted a disease he has it, and that is the way with pyorrhea to me. It is pyorrhea when that precipitation takes place at the margin of the gum, and it is produced by remaining there. If we can get the person to keep that off, then he will never have pyorrhea. That is all there is to it. It begins with the deposit.

There is one feature to pyorrhea I have noticed for years that has not been explained. I have not seen pyorrhea in those teeth that we call soft teeth. Of course if I would go before the Black Club and say soft teeth and hard teeth they would hoot me out; I know that; but there is hard wood and soft wood; there is hard bone and soft bone, and I verily believe that there are hard teeth and soft teeth, and I know there are many men who believe the same thing. Now I have never seen pyorrhea in those mouths except where the teeth are hard. It is not in the chalky teeth; I have never seen it there. Now what relation is pyorrhea to those constitutions that produce hard bones and hard teeth? There is something there. There is a precipitation from the serum or the blood that produces hard bones and hard teeth that is precipitated around the margins and produces pyorrhea. Therefore, it is traumatic.

Now, then, if we can eradicate all of that precipitation, all of those urates,—I don't care whether it is urates or from the blood or the same thing that produces diabetes; it is immaterial,—pyorrhea can be cured in anybody, whether he has diabetes or not, if the deposits are all removed, and thoroughness in the removal of these deposits will cure pyorrhea in almost any stage; not every stage.

The caption of the article is, "What Constitutes a Cure?" A cure is when the pus is stopped and the teeth become firm. The gum will be receded terribly, no doubt, but no man can keep pyorrhea cured without the careful assistance of the patient, and the patient must take care of his teeth, as he should have done before, which if he had done he would never have had pyorrhea. When I begin a case of pyorrhea,—and I have cases on hand all the time now,—I require that patient to say that he will take care of his teeth as I tell him, and if he won't do it I say, "Go to the devil," and I won't begin the case at all.

Dr. Hunt:—Do they go?

Dr. Warren:—I am not sure whether they go or not, but they go to somebody else. I think we should remove those deposits absolutely. I think Dr. James said to go over several teeth at one sitting. I do not think it is possible
to go over more than one tooth at a sitting, if it is in bad shape, and do it thoroughly. I think at times it is necessary to put all the time on one tooth. The patient should not be required to sit for more time than that. You can cure pyorrhea. Anybody can cure it if you go at it right and get the patient's cooperation.

Now Dr. James did not go into details with reference to the cooperation of patients sufficiently to suit me. I am a crank on one particular feature of this,—the feature of personal attention to the teeth. That is the beginning. The first thing on rising, reach for the tooth brush, and brush the teeth before eating, because the act of eating and the excursions of food over the teeth push these particles under the free margin of the gum, and you will never get them out if you don't get them out before you eat. I am sure of that and I did not become sure until I had been doing it for forty years, or nearly that, and I have been advising it for thirty years. I don't think that I can be said to have jumped at that conclusion.

The next thing after eating a meal is to rinse the mouth and rinse it vigorously. The next thing is to pick the teeth. And now, Dr. James, in the female seminaries the toothpicks are tabooed. The matrons tell the girls that it is vulgar to pick their teeth. Now when the mothers tell me that, I tell them that "I don't want you to pick your teeth in the street; I don't ask your daughters to brush their teeth in the street; I don't ask them to wash their feet in the street. But I do ask them to pick their teeth after each meal. Do it carefully and in a few moments and get rid of it. Retire to the boudoir, if necessary." And have a different tooth brush than that used before breakfast, because that brush is wet. Use another one. Do that after each meal and particularly before retiring, and do not eat things between meals. Some of my patients I require to rinse their mouths two or three times between meals while being cured of pyorrhea, and if they do all that, pyorrhea can be cured and kept cured, and, as I say, they are cured when the teeth get firm.

I was very glad to hear this paper because it stimulates us to treat this disease. It can be cured, but you cannot cure it for a dollar and a half. You have got to take time to do it.

Dr. A. O. Hunt, Omaha:—It peculiarly impressed me to hear the paper by Dr. James, as he spoke of some of the early cures of pyorrhea, which all of us are familiar with. However, I must say this: I have listened to a great many papers on pyorrhea, but this is the first one that I have ever listened to that in my judgment treats the subject practically and reasonably. More than that, it is a plain statement of fact that pyorrhea can be cured. Later I will say what I mean when I say cured.

However, we must as a profession discriminate between the efforts and papers and talks of the two classes of men who are observing pyorrhea and treating it according to their different ideas. We have the systemic and the local treatment. Now there are equally good men and equally capable men on both sides of this question, and perhaps it has not been solved entirely yet. However, the certainty is that those who are the most, expert in the local treatment are the ones who get the best results and cure the largest number
of pyorrhea cases. I have always held in suspension my own judgment as to the actual and real cause of pyorrhea and also as to what is pyorrhea, per se. I am fully satisfied of this fact, however, that the conditions, the early stages of the conditions of pyorrhea, are not recognized by the profession at large. They do not know it when they see it. In other words, I cannot quite agree with Dr. James that it is not pyorrhea until the pockets are formed; perhaps that is not exactly what he meant, but that is the way I took it from the reading of the paper; because I think it would hardly mean that. We have conditions of pyorrhea before the pockets are formed. It is not an unusual thing and when you are operating upon cases for other purposes than pyorrhea I suggest this to each of you: take a fine instrument, something that will not wound the gums, and pass it under the free margin of the gum, even in mouths where there is every appearance and indication of good care of the teeth, no particular stains, that is bad ones, and you will be astonished to find in how many cases this instrument will come in contact with small, infinitesimal granulations lying underneath the margin of the gum. Now that is not an unusual occurrence.

Now if we take the side of the local treatment alone, the theory is that from these deposits, the increase of these deposits causing the irritation of the gum, they finally encroach upon the periodental membrane and the alveolar border and the gum tissue, and I believe the gum tissue is the last to be affected. But the encroachment of this deposit upon the margin of the periodental membrane and the alveolar border produces a wasting away or a term which was given it by some man down in the Eastern country, he denominated that "necrobosis," it is not exactly necrosis, but it is a wasting away of the tissues very much along the same lines without an exfoliation of the tissues. At any rate this encroachment goes on until pockets are formed and usually the initial point is in the inner spaces between the teeth. I have always considered that Dr. Talbot has given us the best name for this disease, calling it interstitial gingivitis. That to my mind is the best term we have ever had for it, but pyorrhea alveolaris seems to be the term accepted by the profession and, as Dr. Warren says, it probably will stick. However, it does not describe the disease or the condition of things very well. Now, then, if the local cause of this local irritation is a case of pyorrhea, why, then, local treatment is sufficient to cure it and local treatment thoroughly done has cured, and is sufficient to cure, a large majority of cases. I do not think it cures them entirely. Other conditions exist which in my judgment call for some other treatment, but those cases are rare indeed, very rare.

Now, then, on the other side of the question is the systemic treatment. I cannot comprehend how a dentist is going to get at this side of the subject with any degree of clear intelligence. In the first place our opportunities for examination of the patient are simply nil. We have no good means of giving a patient a thorough examination to find out what the systemic condition may be. Unless we know that, why to my mind it is utterly useless to undertake to treat a case without having some well defined idea about what the systemic condition may be. However, I am fully satisfied of this: that there are many cases, particularly with those people past the meridian of life, where it is
almost always safe to say that there is some abnormal systemic condition. It may be any one of a dozen different conditions. And I am fully satisfied also that this abnormal condition aggravates the condition of pyorrhea wherever it exists in the mouth. While I am not so sure that it is a cause of pyorrhea, I feel quite sure, however, that it aggravates the conditions that exist about the teeth and the gums.

Now, then, what is a cure? How many teeth or lesions of the teeth do we cure absolutely? How many abscesses do we cure? How many pulps are actually devitalized so that they are not a means of pathological changes? How many teeth do we fill and cure decay? How many things do we do that we are absolutely sure that we have put that tissue back into a normal condition again?

Now if we adhere strictly to the meaning of the word cure, that is exactly what it means,—cannot mean anything else,—but it is not so accepted either in the dental profession, neither is it in the medical profession. Then another thought comes: in all probability,—this is my own opinion only for what it is worth,—in my opinion a tissue anywhere in the body that has become abnormal is never returned again to a normal condition like what it was originally. There are thousands of instances to prove that and it is not necessary to go over any more than just mention the common occurrence of a broken limb, apparently healed and yet the individual, years after, in a threatening storm or any disturbance of the atmosphere or many other things, feels this particular part as tender and yet, in all probability, that is as nearly normal as any tissue ever becomes. But that is not the point. If we can place these tissues back into a comfortably useful position and keep them there a reasonable time,—and we must have the assistance of the patient; that goes without saying, that we will not accomplish anything without it,—but if we can get a mouth in the treatment of pyorrhea in that condition where the teeth are useful, whether we have to stay them with bridges or splints, no matter what we have to do, if we can get rid of that irritation or that condition of pyorrhea about the teeth and gums and get them reasonably firm so that they are useful and the patient comfortable, I think it is fair to say that that disease is cured. At any rate it is as well cured as almost any other disease is cured except a certain class of diseases that have limitations and cure themselves by the process of limitation.

I am glad this kind of a paper is being read because I see a good many things that to my mind are unfortunate for us as a profession and all papers of this character tend to relieve that condition. I have people who come to me and say that dentists tell them, "Well, there is no help for you; you must lose your teeth." In fact, some dentists who tell people that have sent them to me, saying, "Well, if you can get any good out of it go to Dr. Hunt and perhaps he can cure you. I cannot and I do not believe there is any help for you." Now don't ever say that again. In the first place it is not true. In the next place it is unprofessional, and in the last place, the most unfortunate one, it shows your ignorance. Now if you do not know anything about this disease, if you do not feel competent to handle it, if you cannot do anything with it, be fair to the patient; at least send him to somebody who thinks he
can do something with it. The patients will thank you for it; they will thank you for it always, and they will think a great deal more of you for doing that than they will when you tell them that nothing can be done for it. Now don’t say that that man, or this man is a theorist and talking theory and does not know anything about what he is talking about. He does. He knows just as well what he is talking about, even if you do not agree with him. I do not care which side of this subject he takes, whether the systemic or the local, he knows what he is talking about as well as you know what you are talking about when you say that you can fill a tooth and save it. There is no more theory or guesswork in the one case than in the other. In each case the individual has prepared himself for that particular thing and he knows something about it. It is unprofessional to say he does not and it is unfortunate, it is a harm to your patients to ever make that kind of a statement.

I presume there are some few here who are perfectly willing to discuss this condition and say that it cannot be cured, that nothing can be done for it. Well and good. Let us find it out among ourselves, but for goodness sake don’t let the patients suffer on that account.

**Dr. M. E. Vance, Lincoln:**—I would like to ask Dr. Hunt a question, if I may: How many of the operations which we perform are a success or are such that we return the tissues to a natural condition?

**Dr. Hunt:**—I have no answer for that now. You will have to think that out for yourselves.

**Dr. F. G. Worthley, Kansas City, Mo.:**—There are two points in this very excellent paper that I would like to speak of very briefly. One is the question of causation and the other a point in the treatment.

I will say, and possibly many of you know, that for a number of years I have been teaching in the local papers, in magazine articles, etc., that pyorrhea alveolaris is a local disease and I heartily believe that. I heartily believe that it is a filth disease and that the exciting causes of the conditions are local always.

But as the paper was read it gave the idea, or so it seemed to me, that there were no systemic complications at all, and I do not think that that is so. While the disease is purely local in my judgment, while the exciting cause is always local, that does not do away with the fact that there may be, and probably are, underlying constitutional predisposing causes that may be a factor to be considered. There is a great difference, as Dr. James will recognize, between a predisposing and an exciting cause. The exciting cause unquestionably is local, the predisposing cause being some tendency or influence which puts the part in a condition of lessened resistance and may have to be considered in the treatment of the condition.

There is no question but what some of the tissues about the teeth yield more readily to the exciting cause which produces pyorrhea than corresponding tissues about other teeth, and this is because their inherent resistance is lessened and lessened perhaps by systemic agencies. These are: conditions
of suboxidation, gouty diathesis or any of those various things about which we talk so much and know so little. I will not try to go into, but simply make the point that they are underlying predisposing constitutional causes which may be factors in, though they do not produce of themselves, the disease.

Teeth which are irregular in their placing in the arch, which have long cusps, pits and grooves in their surfaces, are predisposed to dental caries, but this irregularity and malformation never produced dental caries, but they predispose to it. They make it more easy for the exciting cause to become operative and that is the view that I take of the systemic complications in pyorrhea alveolaris—that they are purely predisposing, but not exciting.

Dr. James spoke of the favorable results he has had in some cases by the filling of the pocket with a new tissue, with what perhaps is the cicatricial tissue. That is the ideal thing to take place. If we can bring that result about that would be the ideal way, for that new tissue built in by nature will hold the teeth better than any mechanical appliance. If the mechanical irritants are all removed and the tissues are stimulated by the application of a mild escharotic, such as has been suggested, so that they will throw out a coagulable lymph in that pocket, and infection kept out of there, you will get new tissue and not otherwise.

And that leads up to, and is the reason I want to say something about, massage. Massage has its advantages as a test to determine whether or not any particles of the deposit are left, but it has a disadvantage in the earlier stages in that it presses out this lymph, forces it from the pocket and prevents the formation of cicatricious tissue which would otherwise have taken place. I agree with the Doctor that this is the most important condition with which we have to deal in the mouth today. Oral prophylaxis is the subject before us. It is the subject with which we have to deal.

I heard of an incident the other day of an old gentleman who was somewhat bibulous in his character and disposition. He had a nephew, a gracious scamp. This old gentleman was very much taken to statistics and no matter what subject you would broach he had statistics on that subject. They got onto the subject of the census one day and he said to the nephew, "Young man, do you realize what a great country this is? Nearly 100,000,000 of people in it. Why," he said, "young man, every time I breathe, every time I draw a breath, a man dies." "Well," the nephew replied, "uncle, you had better chew cloves." So I want to say to you that the breaths from some of these pyorrhea alveolaris patients are enough to reduce the population to a point where we will be ashamed of it if nothing is done for them.

Dr. C. E. Woodbury, Council Bluffs, Iowa:—I was just a little bit too late to hear the paper and it looks like it was a little bit out of place to attempt to discuss a paper which I have not heard. There is, however, a great deal to be said on the general subject of pyorrhea and I just want to say one thing: That is that I believe Dr. Worthley is exactly right in the position he has taken that there are local causes and exciting causes as he calls them and, second, there are predisposing causes. Now any predisposing cause, or any-
thing that gets the matter with our system which causes a faulty elimination of the lime salts of the blood, or anything else, is a predisposing factor of pyorrhea. Of that I am absolutely satisfied. If our bowels become constipated, if our kidneys get out of order and the elimination of uric acid is not quite as free as it should be, any one of a number of things have a bearing on this question. I think there are a number of predisposing causes that assist in the making of this local condition what it is.

I want to say another thing on the care of the patient of his teeth. I had a case about two years ago that very strongly impressed this upon me, a patient with pyorrhea, with pus discharging from five or six pockets. He came in and I had about half an hour that day and I went over his teeth and removed some of the rough deposits and gave him instructions about the brushing of his teeth. I told him to go home and load his tooth brush with salt and brush those teeth for five minutes in the morning and five minutes in the evening, starting to brush high up on the gums of the upper teeth and bringing it down over the upper teeth and then starting on the gums of the lower teeth and bringing it up; doing that five minutes morning and evening by the clock. I said, "It will seem a long time and you won't do it five minutes unless you do it by the clock." I have not treated him since. He has been in my office three or four times; he has not a trace of pus around his teeth; his gums are as healthy as mine; the deposits are still there, I am confident of that, but those pockets have all closed up. It simply shows what the assistance of the patient will do. This may be the one exception that proves the rule, I don't know, but in this man's case this thing has happened. At any rate the secretions of pus have entirely stopped and the pockets are apparently closed up in place so that the gums are in apparently healthy condition. I think if that man would stop his careful treatment of the teeth and gums—and he is one of these careful men who I believe has done exactly as I told him—he would have a quick recurrence of his disease. I believe that this disease will recur. I believe that you cannot cure it so but what if the same conditions are present the disease will recur again. The same thing that brought it about in the first place will bring it about again. There is no doubt but what it can be cured and the cure made permanent if the teeth have proper care after they have been treated. I think the dentist must have the cooperation of the patient or very little can be done with it.

Dr. J. H. Wallace, Omaha:—One thing that appealed to me in watching the doctor operate was his manner of manipulation and I hoped that he would say more about instrumentation and manipulation in his paper, but he tells me this morning that he is willing to give a clinic. Before he had told me that he did not wish to operate at all, simply give his paper, but I am glad that he is going to do this. Dr. James has devised or invented a set of instruments that are certainly excellent and I am sure you will all be glad in seeing him operate and also examine his instruments. We have not planned for a patient, but if there is any dentist in this house afflicted with this disease we would be glad to have him report. I am sure you will get careful handling at Dr. James' hands.
Dr. H. J. Cole, Norfolk:—I do not think I feel competent to discuss this paper. I certainly agree with what has been said in the paper and in the discussions. The handling of the matter, especially as outlined by Dr. James and Dr. Warren, appealed to me very much indeed, and it is the treatment that, if we do anything at all, will accomplish results and it is the treatment that does the work. I have been a little more afflicted with the disease in my own mouth. I suppose I should be sorry to confess it, but it is a fact nevertheless, and it is a bad thing to have, I can testify to that, but it is only slight and it doesn't worry me very much. By careful prophylactic treatment I am able to keep it down and can masticate food very comfortably. So that I think, Mr. Chairman, I have not any more to say on that question.

President Prime:—I have not been here all the time, but I would like to ask these gentlemen why we observe in families a predisposition or a tendency toward the disease in members of the same family, or is the disease infectious? Is it transmitted from one person to another in the family? All of us have observed that it is likely to afflict a whole family and their children's children.

Dr. P. T. Barber, Omaha:—To prove that statement, right now I have a patient whose mother and grandmother have pyorrhea and the grandmother was a patient of Dr. Riggs' assistant. Anyway she still has most of her teeth, a lady about eighty years old. Evidently got some good treatment in her youth. That matter will probably be answered by Dr. James later on.

Dr. T. B. Hackett, Wayne:—I would like to ask Dr. James what he would do in a case where he had cured most of the teeth and had one or two perhaps that he could not cure but had just helped them some? Would he advise the patient to have those extracted? Would he think they would be a source of infection for the balance of the teeth that he had cured?

Dr. M. E. Vance, Lincoln:—I believe, as Dr. James has said, that pyorrhea can be cured. If not cured, it can be relieved. I do not say to a patient that I can cure pyorrhea, but I do say I can relieve it, and I have treated a number of cases that are apparently cured, but I warn the patients that it takes constant care to keep them cured. You will find that the average patient spends about half a minute, once or twice a day, in the care of his or her teeth, the most important part of their toilet.

The medicines we used do not cure pyorrhea. They may help, but the thorough removal of all calcareous deposits is the first and most essential thing. While there is life there is hope for a tooth. A tooth badly affected with pyorrhea may be relieved, if not cured, by proper treatment.

But, I hear you say, "I cannot afford to spend my time in treating this disease, my patients will not pay me for it." I used to think that also until I experimented some with it, and I find people are willing to pay most any price to save their natural teeth. Another will say, "Out in my part of the state I could not get anything for treating pyorrhea, for my patients will not have their teeth saved if a filling costs more than extracting. They figure that
they can have a full set of teeth for the price of a crown or a few fillings." My answer to that: You are not a big enough man to fill the bill. You cannot educate your patients until you educate yourself.

I have devoted considerable time during the past two years to the study and treatment of this disease in an experimental way, prompted largely by the amazing number of people who have come under my observation, afflicted with diseased gums in one form or another. I think I can truthfully say that of the patients who have come to me, nine out of ten have diseased gums and if not already developed pyorrhea, would be if not properly treated. Now that sounds like an extravagant statement, but I mean it. Pressure on the gums at the gingival margins of the average patient will show an exudate. This may not be pus, but if not removed and the gums treated it will develop into pyorrhea. So often when you show this to a patient and tell them what it is they tell you that other dentists have never told them about it or else have told them that it was incurable and that they must eventually lose their teeth. We should be broad-minded enough to send such patients to a man who does treat this disease. Your patients will think a great deal more of you for doing so.

Those of us just beginning the treatment of pyorrhea must not be discouraged if we do not get the same results as those of years of experience. The treatment of this disease is not new, but, like all specialties, it is said by a great majority of the profession to be an incurable disease and a dentist who does treat it, or even claims to do so, is called a "grafter" by a great many of his most intimate professional brethren. If he says to you that he fills or crowns teeth successfully you do not doubt him, but if he says that he treats and cures pyorrhea you look at him and, patting your head, say, "Poor lad, he's batty," or else call him a grafter on the spot. That's not the way to encourage men to undertake this special and very important branch of our work.

How many of the fillings in the mouths of your patients are beyond criticism, whether made by yourself or others? Very few, indeed, yet you go on doing that kind of work day after day, and few of us improve upon our methods. How much better it would be if we could save teeth without fillings, and lots of such work could be done if we spend a little time educating the patient as to the proper care of his teeth. Proper prophylactic treatment will save teeth from fillings, but the dental profession must educate the people. A great majority are willing to take advice and instruction if you are willing to give it.

Great strides are being made in the scientific treatment of tuberculosis. Pyorrhea to the dental profession is as much to be dreaded as tuberculosis is by the medical profession. All men do not agree as to the proper treatment of tuberculosis, neither do all men agree as to the proper treatment of pyorrhea, but men are studying and experimenting and when more of us devote time and energy to this social work more definite results will be obtained. To those of you who have been treating pyorrhea let me say, do not be discouraged, but keep up the good work. I am a "grafter" along with you.
I have not reached the point yet that I say to a patient, "I can cure pyorrhea," but I do say, "I can relieve it," and I am doing so with very gratifying results to both patients and myself. Surely if we can return these loose teeth to a comfortable and useful condition we have done all that we ever do, when we fill or crown a tooth, make a bridge or plate. Dental work never restores lost teeth, or portions of teeth, to as good conditions as they were originally.

The first impression made upon your patient is usually lasting. You cannot be too careful as to the cleanliness of your hands, your instruments, your office, your chair linen, your person and lastly, your mouth. Let the patient see you clean your instruments, then they don't have to wonder if they are clean. All these things are as essential in the treatment of pyorrhea as in filling work.

If you do not feel that you are capable of treating this disease it is your duty to send the patient to some one who thinks they are, but by all means do not say that the disease is incurable. The late Dr. Harlan used to say to us boys in his classes, "If you think you can make more money by filling teeth than treating them, go ahead and do it." I thank you and I appreciate very much this paper by Dr. James and the discussion so far brought out.

Dr. Barber:—There is one little point brought out by Dr. Woodbury that I think we ought to bear in mind, that is that the patients should be instructed to use something on their tooth brush. We tell them to brush their teeth without specifying anything on the brush and they will be inclined to slight it more than they would if you have them use something on the brush. Give them something to tie too, something to pin their faith to besides the actual brushing.

Dr. A. H. Corbett, Atkinson:—Until a couple of years ago, when Dr. Warren presented the results of his work in our convention, I was quite skeptical in regard to the benefits to be derived from treating pyorrhea. After seeing the treatment he had given to his case I took on new courage and since then I have not been quite satisfied with my own work. I have, as he says and others have said, endeavored to clean the teeth, get rid of the accumulations, but I want to speak of a case or two that I have had that gave me a little extra trouble that might occur to others. There was one special case that I recall where the teeth were quite affected, I think it was eight teeth in that case, and pus was oozing from the gums and after thoroughly cleansing and treating them for a little while the gums seemed to come back nicely and showed a very healthy condition, excepting at one point; one cuspid still continued to discharge. I worked with that quite a while and I could not see why it was doing so when the others yielded so readily. Finally I determined that possibly the pulp had died in that tooth. I opened it and found the pulp gone. Then I began treating it from the inside as well as the outside, and I am glad to say that at the present time the pus has ceased to show.

Then another thing: Where I find a tooth quite loose, or a number of them, I have had quite a little success in using a little gold wire band to keep them from moving so easily. I think it assists in building up the tissue around those teeth and filling it in.
But I have come across a few cases that I could not understand. For instance, where I did not find any pus, could not find any discharge, and yet the tooth was quite loose and extended up quite a distance underneath the gum. I could go up with a probe close to the apex of the root and yet I could find nothing there. By having the party brush the teeth I have received no benefits from that. I would like to know something about what such conditions require.

Dr. James, closing discussion:—I want to speak of one point that Dr. Warren made, that is that the patients themselves should keep this deposit off. I think that will apply to several other remarks when I say that the dentists themselves are really at fault in a good many of those cases. The patients consult you and you instruct them to massage the gums, or brush the gums, when the gingival margins of the enamel is roughened. Now a massage of the gums at that time would cause them to split. In fact we often see where the gums are split and I could show you in every such case where the gingival margins are etched or roughened with superficial caries. You instruct the patient to massage the gums under those conditions and you will have an irritation and recession and even sometimes the formation of deposits and destruction of the process.

In regard to what Dr. Worthley, of Kansas City, had to say, I agree with him absolutely that systematic conditions can become connected with, or have their connection with, pyorrhea, but he says it does not cause pyorrhea, but where there is an existence of uric acid or a general unhealthy systemic condition or acids in the blood or an over-loaded system it would take less of a local irritation to produce inflammation and congestion than it would if the blood were free from those acids or free from those conditions. That is the only connection it has, or rather that is the connection. In these uric acid cases or in these over-loaded systems it takes a very little irritation to produce this acute condition.

I think in the case that Dr. Woodbury spoke of we see a great many cases of pyorrhea where they have cured themselves. That is where there has been an irritation, where there is a partial absorption and quite an amount of deposit there, but the minute we begin the treatment the patient begins to pay more attention to the mouth and the gums will recede past the deposit or draw down past the real irritation and that is the reason he got the beneficial results, I think. We often see a tooth that looks as though it had no support and that is absolutely solid. Take the case spoken of by Dr. Prime, where all the family have the disease or where it seems to be an hereditary condition. I think that is largely due to the type of tooth. There are some teeth where the shape of the tooth prevents the massaging of the gums or the frictions of mastication where there is a greater chance for an accumulation around the gingival border and fermentation in that type of teeth will be greater and that is my observation that that causes it rather than any hereditary condition.

I would be very glad to answer any questions. There were a number of questions asked. I would be very glad to give my answer to any question that you have asked or want to ask now. If I cannot answer it I will say so.
President Prime:—Dr. James, I would like to ask about one particular case that I had in mind when I asked the question a while ago about the family. I did not particularly mean that it was hereditary, but if it was infectious. Anyhow it seems to run in this family. They are all infected with pyorrhea. It is only a question of age when they lose their teeth, although they are all born with good teeth.

Now one of these young men, badly infected with pyorrhea, began going with a young girl about eighteen or nineteen years of age. This girl is from a family that is absolutely immune to pyorrhea. This girl became infected with pyorrhea. The young man has lost almost all of his teeth. The young girl is in absolutely the same condition. She is the only member of the family who has pyorrhea and I am a member of the family myself, and there is no pyorrhea in the family except that girl. This girl became infatuated and infected at the same time and consequently has lost her teeth.

Dr. James:—Of course that would be a very hard question to answer, because there are a great many things besides pyorrhea happen, you know. We have these questions come up. I have not seen a case where I believed that it was carried from one mouth to another. In fact I do not believe that there is any specific pyorrhea germ. But I think that those things are due to a habit of uncleanness and lack of care of the mouth more than heredity. I could not answer the question any farther than that.

President Prime:—The next essayist is not a stranger to our society. He has been here before and always comes with a message. He is from Missouri and comes not to be shown, but to show. Ladies and gentlemen, Dr. F. G. Worthley, of Kansas City, Mo., who will give us a paper on "Dental Erosion." (Applause.)

DENTAL EROSION.

The terms erosion, chemical abrasion, alkaline caries and various other names have been at various times used to designate a form of tooth loss which presents characteristics that differentiate it from all other forms of tooth destruction. Perhaps the term "chemical erosion" would best express the condition, although this would not be accepted by the school of observers who hold that the condition under discussion is due chiefly or entirely to mechanical causes. Until the publication of Dr. W. D. Miller's researches and observations the chemical theory of erosion was generally accepted. Dr. Miller's experiments and deductions have cast a considerable cloud of doubt over the chemical theory.

There is no name deserving of a higher place in the temple of dental fame than Willoughby D. Miller. No man, living or dead, has done more for scientific dentistry than this justly celebrated
teacher. Of necessity, any opinion or deduction of his must receive
the most profound consideration. That mechanical wear of some
description is a factor in the loss of tooth structure by erosion is
undoubted. That is the primary causative agent is not borne out
by recent careful research or by clinical observation.

In the light of present knowledge it must be admitted that the
enamel of the teeth, once formed, can only be destroyed by mechan­i­cal means or by acid solvent. Mechanical forces, such as the
buffeting of food masses, currents of saliva, the movements of the
lips and tongue and above all the use of the tooth brush carrying
abrasive powders may and does account for a certain amount of
wear. It does not account, however, for the peculiar locations and
peculiar outline of abraded areas which are frequently observed.
If the erosions appeared only on the teeth of individuals given to
the vigorous use of the tooth brush and abrasive powders, and the
worn areas were always of such form as would naturally follow
such brushing, the theory would be tenable. It is a fact, however,
that such spots are sometimes noted on the teeth of people who do
not brush the teeth at all. The other mechanical factors men­tioned,
are inadequate to account for the condition. Head, in an
article in the September issue of the Dental Cosmos for 1907, calls
attention to the fact that a 1 to 20,000 solution of acid sodium
phosphate in water, acting in the incubator at body temperature,
produced superficial decalcification of the enamel in fourteen hours
and when polished off it again decalcified in eight hours. In an
article in the Items of Interest in 1902, Kirk points out that in
conditions of suboxidation (resulting in hyper-acid conditions such
as gout and rheumatism) the blood is unduly charged with carbonic
acid as a result of the faulty metabolism. In the epithelium of the
kidneys the action of the carbonic acid upon the sodium phosphate
of the blood produces acid sodium phosphate which is eliminated
by the urine, and sodium bi-carbonate, which is returned to the
blood and maintains its alkalinity. If the amount of carbonic acid
be only normal, this action will result in only a normal amount of
acid sodium phosphate in the urine and perspiration, but if in
excess and not eliminated by the lungs, kidneys and skin, the buccal
glands may also take up the action and excrete the acid in a similar
manner. Acid calcium phosphate is also found in the saliva at
times, and is probably formed in the same way, the calcium phos­
phate being substituted for the sodium phosphate as the basic salt.
Any conditions of faulty metabolism, of lack of complete oxidation of waste material in the body may result in the production of acids which, becoming lodged in the muciferous glands, may be excreted with the saliva.

As the action of weak acid solutions upon the structure of the teeth must be necessarily slow, it follows that the time when such acids would be most likely to be operative would be when the parts are at rest. This is borne out by clinical observation. During the hours of sleep, when the parts are at rest, the vitiated secretions are held in contact with the teeth and exert their decalcifying power upon them. During the day the action of the lips, the tongue, the salivary currents and particularly the use of the tooth brush removes the softened portion. While the amount of tooth substance lost during a single night would of course be infinitesimal, the process going on unchecked can, in a few months, produce extreme lesions.

The condition is somewhat more common in women than men. It usually appears during middle life and old age and is very rare before the twenty-fifth year. It is frequently (in fact generally) associated with what is commonly called the gouty or arthritic diathesis. The eroded areas are often, though not always, hypersensitive. On section the affected tooth shows tubular calcification, formations of secondary dentine and frequently sclerotic changes in the pulp. It is not infrequently associated with pyorrhea.

The treatment of erosion falls naturally under two heads: prophylactic and restorative. The prophylactic may be subdivided into systemic and local. The problem of eradicating the cause of the disorder lies in a correction of the morbid glandular secretion. It is obvious that if the irritation and altered secretion of these glands is due to such systemic conditions as suboxidation, particularly of a gouty character, a cure of the local condition involves the eradication of the underlying constitutional cause. Talbot (Dental Cosmos, 1907) recommends the administration of sodium bi-carbonate, ten to thirty grains, or sodium chloride, forty-five grains, after meals. Also the use of broken doses of calomel to cleanse the bowels and stimulate the liver. The writer has noted some satisfactory results from the free use of a natural lithia water and also from the use of lithium carbonate, five to ten grains twice
daily. An anti-gout diet is desirable and water should be drank freely, preferably a natural carbonated water. The local prophylactic measures look to a neutralization of the acid secretions as found in the mouth. In addition to the use of an alkaline dentifrice it is necessary to protect the teeth from acid secretions which collect in the mouth during sleep. Kirk recommends the free use of milk of magnesia, rinsing the mouth with it just before retiring. Perhaps a still better procedure is to rub a mass of magnesium hydrate of calcium carbonate over the teeth at night, leaving it there to neutralize the acids and be removed by the tooth brush in the morning. These measures are to be kept up until the glandular secretions show no acid reaction to the litmus test.

The restorative measures involve the restoration of badly eroded areas by some kind of filling. It is here, if anywhere that the porcelain inlay would seem to have a place. The situation of the erosions is usually such as to make gold restorations unsightly. Cements have not proven very satisfactory. The cavity form can alway be so prepared as to make the burnishing of the matrix a simple matter. The thin line of cement holding the inlay is much more resistant to the solvent action of the saliva than is a body of cement, as in a filling. If the restorations are made before the glandular secretions are restored to normal condition the prophylactic treatment should be kept up as otherwise the erosion will go on around the filled area.

DISCUSSION.

Dr. H. T. King, Fremont:—At the present time there has been a great deal of study of this subject, and I think we will all agree that very little is known about it. There is not much to be said on such a subject or occasion for one to talk very much or very fluently and keep it up very long. Those who can are more often from Iowa or Missouri.

I have been accused in times past of finding a little fault with what any other man did and possibly I can find a little fault with this paper and so stimulate Dr. Worthley to come back at us. I think we must admit that there is a chemical destruction of tooth substance aside from that we find in dental caries. While some men are still insisting that erosion is and can be produced by the tooth brush and mechanical means, I think we agree almost universally that there is a chemical action and from the chemical action that we must have an acid to destroy the enamel and dentine. I am willing to accept Dr. Worthley's theory that the acid in a case of this kind is acid sodium phosphate, but I am not quite ready to believe that the secretory ducts found in the buccal membrane, and as I understand it, differing very little, if any, from the
glands found in the mucous membrane throughout the alimentary canal, take
upon themselves the office of ducts in order to assist the kidneys, lungs and
skin in throwing off abnormal products. In that I think I can differ with the
paper and possibly he can give us more light on the subject. If that is true, if
that is the acid eliminated, it would not account for the localized condition of
this disease that we are talking of. You all remember and have seen that this
chemical erosion will start in a certain confined area, usually upon the labial
surface of the upper incisor, one of them, and then pass to the other one and
so on. I do not think it would account for the localized condition, and I would
rather accept the old theory that we have entertained so long that it is only a
condition where some of the glands are themselves diseased that the acid is
eliminated and thrown out. Then when the mouth is at rest, the lips are in
contact with the teeth for hours at a time, and then we have the formation of
grooves and pits that are so remarkable when you observe them, the dentine
and enamel perfectly polished and very little sensitiveness as you know, and
the shape is so peculiar that when you first feel it you cannot imagine how that
could arise, as though you would take a three-cornered file and file directly
into the tooth, leaving distinct margins, not spreading. And what seems
strange to me, they are not spreading under the enamel, undermining it after
the enamel is destroyed on the acid reaching the dentine. It would seem to
me that we would have the same conditions we have in caries, that when it
reaches the soft structure it would undermine the enamel. We do not find
that in the cavities formed by erosion. There is nothing else that I care to say,
nothing else that I know. In fact, I don't know this; I am just saying it.

Dr. W. H. Mullen, Bloomfield:—I am a good deal like Dr. King in
regard to my saying something that I don't know anything about. There is
an old adage about "Where ignorance is bliss, it is folly to be wise." This is
about the condition I am placed in.

Until I was notified that I was to discuss this subject I must admit that
I had given the subject of erosion mighty little reading or thought. I have
been laboring along other lines in relation to pyorrhea and other things of
possibly more interest. My text-books and journals helped me but very little
in preparing a discussion. I found just two journals that touched upon the
subject of erosion; the January and February issues of the Dental Cosmos
of 1907, written by that very able man, Dr. Miller, since deceased. He gave
about twenty-three pages in each number. I read these over very carefully,
and it seemed to me that if there is any man who has taken this subject up with
thoroughness and with confidence in what he knew as to what he was talking
about, it was Dr. Miller. He took the view that it is brought about mechan­
ically by the tooth brush and the mastication of food and also from a chemical
standpoint. After reading those articles over thoroughly and carefully, I have
always been preaching this idea of brushing your teeth and I believe I have
read one article by some Iowa man where he said "Brush Before Breakfast,"
but after reading that article I almost felt like saying "D. D. D." Don't do
anything like that because, according to Dr. Miller, a great deal of erosion is
brought about mechanically by the use of tooth powders. He also took up
the subject from a bacteriological and histological standpoint, showing slides
of different tooth powders on the market, and to look at those tooth powders under a microscope it is little wonder, the way some people brush their teeth, that they have any teeth to brush, the way the teeth are worn away. He goes on and gives experiments of putting a tooth in plaster of paris and gives the number of hours and minutes that he brushes and shows that in a few hours by using an ordinary brush he can wear a tooth through to the pulp chamber.

I felt after reading those two articles carefully that I didn't know, and would not know hardly what deduction to draw from it, but he was about equally divided in opinion I believe, as near as I could ascertain, between the chemical and mechanical. Of course he mentioned some of the systemic diseases, such as syphilis and some other diseases, as contributory causes.

But, as I say, it is a deep subject. I did not think there was much to it until I got into it. I read the articles over once and it took me nearly a week to do so and follow the different cuts and figures he had, and I came to the conclusion that if there is any man that apparently knew what he was talking about it was Dr. Miller. And as far as the cause of it is concerned I would say I think it is brought about both chemically and mechanically.

Dr. W. S. Roseman, Fremont:—A few years ago Dr. Warren gave a lecture before this Society on "B. B. B." I took occasion at that time to take exception to one thing he said, or rather I wanted to add a little to it. I said "B. B." and then I wanted to add "G. B." to it. His was Brush Before Breakfast and I say Brush Before Going to Bed, and I am glad that I have had such an ally in what I said then as the paper read here by Dr. Worthley.

Dr. Horace Warren, Missouri Valley, Ia:—I want to say, that it is an excellent paper. We all know that, of course, but I want to speak of something in my own mouth, to be personal. I have erosion in my mouth produced by a tooth brush. Any one of my brethren may look at it at any time he wishes to. It was produced by using not too stiff a brush, not a brush too often, but by beginning in the same place. I did not know it for twenty years. I had been doing it for twenty years before I noticed it, and then noticed it in a patient. If I had not I don't think I would have noticed it in my mouth, because no dentist would call my attention to it. That is the way we are. We will see those things going on and we don't see anything but the inlay we are going to put in or the filling we are going to make or something to get some money out of instead of calling the patients' attention to conditions in the mouth and getting them to correct it; we simply see something there is a dollar in. I began to question that patient and I found she had been doing the same thing I had, and I quit it and the erosion stopped. It is entirely mechanical. The celebrated Dr. "D. D. S." once looked at my mouth and he says, "You have chemical erosion." "Oh, no, Dr. Smith, that is not chemical erosion. I know what produced that exactly." He looked wise and shut his eyes, as he does when he talks, you know. "You may think that, but you are mistaken. It is chemical erosion." He looked at one of my central incisors and he says, "That is decayed." "Is that so?" "Yes." Well, I am from Missouri, and I says, "All right, Dr. Smith, we will find out." I went into the other room and Dr. Woodbury put a separator on and found that they were
not decayed. I have but one cavity in my mouth. My teeth are perfect with that exception, and my erosion was produced by that tooth brush, and I could prevent it if I had my life to live over again; but that is not chemical erosion. But I know what produces it a good many times, and if a patient begins always in the same spot with the brush, if you will ask him to begin in different places around he will not have that erosion produced by the tooth brush. I think limewater is an excellent thing to stop the tendency to-acidity or neutralize the acidity. I think a New Orleans man promulgated that idea first, advocating using it before retiring. And if you can get your patients with ropish saliva to rinse their mouths it will prevent that, too.

I think Dr. Worthley and all of us are to be congratulated by having this paper so ably discussed by that dignitary, the Sage of Fremont, the watchdog of the treasury, in a discussion that was so pregnant with ambiguity as it was devoid of perspicuity.

Dr. C. E. Woodbury, Council Bluffs, Iowa:—This is a subject on which I am entirely ignorant. I want to say, however, that in my pocket I have a tooth of a wild animal that has a very marked case of erosion which was evidently not produced by a tooth brush.

Dr. A. H. Hipple, Omaha:—A few years ago I thought I knew something about erosion and I kept that idea in my head until I read the chapter on that subject in Dr. Black's monumental work and found that he had changed his mind on the subject. At one time he thought he knew something about erosion and in his work he declares that he does not, and I suggest to anyone who has not done so that he read the chapter in Dr. Black's work on Operative Dentistry on dental erosion. He discusses every suggestion that has ever been made as to the cause of dental erosion, some eight or ten, as I remember that chapter. He takes up Dr. Miller's suggestions that it is mechanical and discusses them fully, as he does the others, and he proves conclusively to his satisfaction and to mine, and I think to anyone who will read it, that every explanation that has ever been given in regard to the cause of dental erosion is impossible. While Dr. Miller's explanation undoubtedly accounts for a large number of these cases, it does not account for those horseshoe grooves that we occasionally find and which for some reason or other seem to be more prevalent in Germany and on the Continent than in this country. I have never seen one, but he shows pictures of the horseshoe groove on the labial surface of the incisors which manifestly could not have been produced by any possible use of the tooth brush. He also shows pictures of erosion of the proximal surface of teeth that manifestly could not have been produced by a tooth brush or mechanical abrasion of any sort.

Then he discusses the secretions of the glands and he proves that this could not account for all the cases. And after going through the whole matter carefully he winds up by saying in substance that he has absolutely no solution to offer of the problem or any method of accounting for dental erosion. Now Dr. Black did not make that statement carelessly, because in previous years he had made suggestions as to the probable cause of erosion, but when he came to write a chapter upon it in a book that was to be his
monument, being a careful scientific man, he was careful to work out his subject in detail and was reluctantly forced to the conclusion that he did not know anything about it. Under those circumstances I would not feel like saying that I do. I do not!

In regard to the treatment of it I leave it alone heroically, and in doing that I follow Dr. Black, not in a statement made in his book, but in a statement made in a series of lectures which he delivered to his class at the Northwestern Dental College a few years ago. He gave them this advice: "Leave it alone heroically!" Now it requires a little heroism sometimes to keep your fingers off of a case that you might be able to treat. When the patient wants something done and you feel that you can do something, and the patient is willing to pay for it and you are willing to take the money, it requires a little heroism to say to the patient, "Leave it alone!" But in the majority of cases I believe that is the best thing to do. These cases are not unsightly and the surfaces are smooth and polished. Contrary to the experience of Dr. Black and many others I have never seen a case where the surface is sensitive. I do not for a moment dispute the statement of the gentleman that they are sensitive, but I could name about three or four gentlemen of this city, prominent gentlemen, who have very marked cases, and one case where the erosion has penetrated beyond the original pulp cavity, and they all tell me that they have never found the slightest sensitiveness in it. Those happen to be peculiar cases that I have run across. I have never seen probably more than eight or ten cases and only three or four of those that were very marked. I have seen quite a number where there is slight erosion, such for instance as that caused by the tooth brush and use of abrasive powder and things of that kind, but I am now speaking of extreme cases where you have those very deep grooves with the polished surfaces that are so hard to account for. Of those cases I have only seen eight or ten, and I only know of three or four very marked cases in my practice, but in not one of those has there been any sensitiveness. There has been no call for operative procedures to relieve the condition except as to the appearance. In one of those cases a filling was put in by the late Dr. Wertz, of this city, who, as we all know, was an expert gold operator. When the case came to me—it was a cuspid tooth—that gold filling was standing up in the center of the groove like a monument. The erosion had extended all around it in a manner that would be impossible in my judgment to produce with a tooth brush, even in a manner that would be very, very difficult for me to produce with all the appliances that I have and with the use of the dental engine. It was perfectly smooth all around the filling and the filling was standing up. At that time the process evidently had become checked and the gentleman insisted that I do something and I put in a gold filling. I did not stop the erosion. I don't think it has progressed much farther in his case. He had half a dozen other cases similarly affected. Not one of them, so far as I have been able to determine in the last ten years, has made any progress. In my experience and in the cases I have had, these extreme cases, I do not know of any of them that have ever penetrated the pulp chamber and caused any trouble, although I have had two cases where the pulp chamber has been penetrated and filled with secondary dentine and the secondary dentine shows up very plainly.
I can sum up all I have to say on the subject by saying I do not believe anybody knows very much about it, and I believe the treatment in the vast majority of cases is to leave it alone.

Dr. Clyde Davis, Lincoln:—I heard something that I did not agree with. I have read that same book Dr. Hippie speaks of and I got quite a little of the same idea. However, the main point is, and I think it is correct, as it will eventually work out, I believe Dr. Black believes that the whole thing is due to imperfect cemental substance, from the fact that it affects enamel and does not burrow under enamel, from the fact when you come to fill the tooth the dento-enamel union is proved to be perfect—and they are a hard class of cases to fill.

I believe that eventually it will result in the proof that it is imperfect cemental substance in both enamel and dentine. Otherwise, if the mouth is affected with acid sufficiently strong to affect teeth in this peculiar way, why does it affect them only in certain places? If the saliva is sufficiently strong, why does it not affect the parts most continually flooded with saliva? If it is abrasion from food, why does it affect any other surface than that abraded by food? If it is caused by the tooth brush, by a mechanical condition, I do not believe it is possible for a person to strike only one tooth but not its neighbor. If I found one tooth worn half way through and the bristles traveling across the teeth I would expect to find the teeth on either side affected as much perhaps as the other one. In that case I believe that this isolated tooth has an imperfect cemental substance. When it affects one denture and not the other I think that denture is affected probably from histological reasons, that the denture is affected from the fact of the imperfect cemental substance. When it affects certain portions of teeth certain distances from the gum I believe it has a histological history, which if we knew it would prove that that location had an imperfect cemental substance.

I read an article a while ago by an eminent man setting forth those ideas and he also set me to thinking about this part of it: It may be the cemental substance of itself, the same as if we should build a wall where the bricks were good and the mortar poor, or it may be in the attachment of the cemental substance to either side of the tubuli or the material which it holds. I learned a good deal from Dr. Black's work and I believe that Dr. Black's work tends in that direction and I believe that he will eventually come out a little farther on that.

Dr. F. T. Daly, Cambridge:—I think that I am located in an unfortunate part of the country from Dr. Hippie. I think most of the dentists should leave those things heroically alone unless the patient comes to you in trouble. In the last ten years I must say that I have had quite a few people, most of them past the years of twenty or twenty-five—one gentleman, I think fifty-four was his age—come to me. This gentleman's teeth were so sensitive that they hurt while riding in the wind; he could not eat pickles; he could not drink lemonade; anything hot or cold affected his entire mouth, above more than below, and the cusps of his teeth were washed out, eroded out, and the dentine was so depressed that you could place the half of a pea in the end
of the teeth. About four years ago we heard Dr. LeCron, of St. Louis, demonstrating inlay work, and I with others thought it was fine work. He was the only man doing that class of work, and it struck me that that was an ideal case to be shod up, as he called it, and I advised this man to go to St. Louis—he was amply able and could pay the expense—and have all of the upper teeth and the molars below shod up. The molars on the labial side and first molar on the buccal side were washed entirely from the gingival to the mesial side, washed off on a slope; the next one not so bad. This man never used a tooth brush, although his teeth were clean and the gums healthy and sound. He did not seem to take to that. He had been to Omaha and one or two dentists whom he consulted advised him to have all those teeth crowned. I told him that I could do it, but I did not think that that was the sightly way or the best way. But he refused to go to St. Louis and I went to work and crowned the upper teeth, twelve or thirteen upper teeth; I crowned all of them, and I must say it was a pretty goldy looking outfit, but his toothache was gone; he could eat pickles or ride in the wind and do most anything else, so far as that is concerned. I did not want to crown the lower teeth, so I built them up with alloy filling with cement underneath. This is one of the most pronounced cases that I have had, but I have had a good many younger people who came to me and I would not have touched those teeth, but they were in trouble; they hurt them. I extended that washed out place over until it reached sound enamel and restored it generally with a good quality of alloy. I do not know that there is anything permanent about it, but I do know that they were out of their troubles so far as sweets and sours hurting their teeth. This has been the sum of my experience with that class of cases.

Dr. Worthley, closing discussion:—It will take but a few moments to close this discussion. Dr. King stated, and ably proved, that a man can better discuss something that he knows nothing about and I heartily agree with that, because he is not hampered by any sordid condition of fact and he can give free rein to fancy.

Dr. King said that he could not account for the acid sodium phosphate in the mouth; he did not believe that these glands would take up this secretory function, or excretory function rather; that they would not abrogate the function of the sweat glands and kidneys. But it is found in the mouth and it is isolated from the saliva. The formation of an acid presupposes one of two things—either a gland or a fermentation—and a clinical observation shows the fermentable theory is untenable. There is no fermentation going on in the mouth that could account for this acid. It is not an acid of fermentation, anyway. It reduces us to the theory of the gland secretion and there is only one gland in the mouth to excrete it, and it is safe where you have eliminated all theories but one, the one that remains, however improbable, must be true.

Dr. King also said that the phosphate would not account for the acid condition because it would be excreted by all of the glands and would not have the localized areas of erosion. As a matter of fact this acid sodium phosphate interferes with the proper functional activity and the gland becomes a vitiated gland and why some glands will be more vitiated than others, why some should be diseased, I am not in a position to say. I cannot tell why disease attacks
one point and not another of the body, but such is the fact, as we know every day by clinical observation. And it is from the very fact that these glands do become degenerated that they secrete the acid, that the acid is secreted from these particular glands simply because they are degenerated, because their function is interfered with.

Dr. Mullen, I believe it was, said that he had gotten scared since he read Dr. Miller’s article about brushing the teeth. I wrote this paper to remove that fear, for I saw a mechanical appliance made by which a tooth brush was operated mechanically upon the surface of a tooth at about the ordinary pressure and kept up for twenty-four hours and it produced a condition very similar to these areas of erosion. I figured how long each man when he brushes his teeth every day would brush one particular point upon any particular tooth and I found that it would take him 311 years to produce that much erosion with the ordinary tooth brush, brushing his teeth the length of time that the average man does at any particular point on the teeth on any particular day. The theory of mechanical abrasion, of rubbing this tooth structure away mechanically, is not tenable and as I find most of the gentlemen agree with me.

Dr. Hippie reminds me very much of a gentleman that I knew down in Arkansas who went with his family to a circus for the first time in his life. They went into the animal tent first and there he saw a dromedary, one of those double-humped propositions. He walked around it and looked at it from one side and the other, saying not a word. His wife finally says, “Come on, let’s look at the other animals,” but she could not get him away. Finally the boy says, “Come on, Dad; the horses are beginning to go round in the other tent.” No use. Finally they said, “Well, if you don’t come, we’ll go off and leave you.” So he started away a step or two and then he stopped and looked back. “Oh, hell!” he says, “there ain’t no such animal!”

President Prime:—This closes our program for the morning. The clinics will be held this afternoon beginning at 1:30 sharp. There will be a meeting of the Executive Council at 12 o’clock at the Rome Hotel. I will ask the members of the Council to meet promptly. The annual election of officers will take place this evening.

Adjournment at 11:45 a. m.

AFTERNOON SESSION, WEDNESDAY, MAY 18, 1910.

Clinics.

GOLD FILLINGS.

THIRTY-FOURTH ANNUAL MEETING, 1910

32. C. E. Cross, Franklin. Cement lined cavity for gold in front tooth.
33. A. W. Nason, Omaha. Step cavity in central incisor.

CROWN BRIDGE.

34. M. O. Fraser, Lincoln. Plate and dowel crown. Front tooth. Demonstrating method of adaptation and easy manner of fitting same.
37. F. T. Daly, Cambridge. Combination gold and platinum crown.
40. L. P. Davis (table), Lincoln. Method for repairing gold crown, using mercury and moss-fiber gold.
42. L. R. Fritz (table), Wymore. Bridge on inclined abutments.
43. J. P. Slater (table), Omaha. Richmond crown, using Steele facing.
45. W. A. Cox, South Omaha. Cast metal base on Logan, etc.
46. J. E. Crothers, South Omaha. Natural tooth as dummy in bridge.
47. H. A. Nelson, Omaha. Method for making a gold crown.
48. W. L. Shearer, Omaha. Original idea in backing a Steele facing for a Richmond.
49. B. F. Philbrook, Denison, Ia. Ball and socket attachment for the retention of removable bridges and dentures.

EVENING SESSION, WEDNESDAY, MAY 18, 1910.

After an informal piano recital by Dr. Rasmussen, of Omaha, session called to order by the President.

President Prime:—We will first listen to a report from the Board of Dental Secretaries, which will be given by Dr. H. C. Brock, Secretary of the Board.

(Dr. Brock gives oral report which is followed by a discussion and, upon motion, the Board is advised to try and secure the needed changes in the dental law at the coming session of the State Legislature.)
President Prime:—We will now proceed to the election of officers for the coming year.

The election followed and the following were elected:
Dr. P. T. Barber, Omaha, President.
Dr. O. H. Cressler, North Platte, Vice-President.
Dr. J. H. Wallace, Omaha, Secretary.
Dr. H. J. Cole, Norfolk, Treasurer.

President Prime:—Next will be the selection of the next place of meeting. I would like to have you come out to Oxford.

Dr. Vance:—We wish to extend to you an invitation to come down to Lincoln next year. We are dry now, but that's no sign that we will be then.

Dr. W. H. Mullen, Bloomfield:—Mr. President: Before I would be willing to vote to go to Lincoln I want Dr. Shannon and Dr. Vance to promise that the State Capitol will not be moved.

Dr. Shannon and Dr. Vance (in unison):—We solemnly swear that the State Capitol will stay in Lincoln. (Laughter.)

Dr. C. S. Parker, Norfolk:—Mr. President: I move you that we accept the invitation of Lincoln and meet there next year.

Motion seconded and carried.

President Prime:—There has been some difficulty in the local district societies in the past year that seems to have arisen from what we consider a little imperfection in our constitution and by-laws. We have taken the matter up and the Council has decided that it would be best to make a slight change in our constitution and by-laws and thereby meet the wishes of the members of the local societies and create, we hope, a more harmonious condition. Dr. Bruening has something that he will read and explain further.

Dr. Bruening:—Your committee appointed to look over the constitution and by-laws suggest the changes necessary to bring about a condition that would be acceptable to all or to the greatest number of the members of this society and those not members but who wish to become members of the district societies and may want to join the state society. The whole thing in a nut-shell hinges on a very small point, yet it seems to make a very considerable difference to the state societies. So, in order to bring this about in the most expedient manner, we can tonight by a two-thirds vote amend the constitution. The change that is necessary in Section 2, Article III, of the constitution of district societies, which reads as follows: "At the adoption of this Constitution and By-Laws, members of the State Society within the jurisdiction of this Society shall be considered members of this Society." It says that they "shall be" considered members and it seems from that that they must pay dues to the state society. There is one instance that I can cite to you at Wray, Colo. A dentist there wishes to belong to the Southwestern Nebraska District Society. He is a member of the Colorado State Dental
Society and does not care to travel here and belong to this society. There is no reason why he should not belong to that society and by changing the word “shall” in that section to the word “may” we overcome the difficulty.

Dr. Parker—I move that this change as advocated and read by Dr. Bruening be made.

Seconded and carried.

President Prime—I now come to the paper of the evening, which will be given by Dr. E. A. Thomas, of Red Cloud, whose subject will be “Educating the Educators.”

EDUCATING THE EDUCATORS.

Our societies and dental journals are devoting much time and space to the subject of oral hygiene. We have spent much time on the education of the dentist, ways and means of coping with the situation at hand, and the dentist today who is not posted on this subject is deserving of being isolated from the profession. As chairman of the Educational Committee of the Nebraska State Dental Society, I have received numerous letters in the last year or so with the query: “What can I do? How do you do it, and what do you use? I want to work, but I do not know what to do.” Now, it will be my aim this evening to try and answer these queries, as I see them, after some experience in this work. When a patient presents himself for the service of the dentist the first thing he does is to see what kind of service is required in this particular mouth. He then decides how to do it, and prepares to do it to the best advantage. It is true he must wait for his patient to come first to get his opportunity, but let us see how he gets the patient to come. He puts out his shingle, goes to public entertainments, becomes a member of lodges, entertains, and makes opportunities to get acquainted and impress those with whom he comes in contact with his ability, but his sole aim has been to get patients. It should be more. Dr. Evans says: “We must plan for a fulfillment of public relations of dentists.” You cannot assume a function of society without assuming its responsibilities. To speak more concretely, society will not allow you to do its dental work, allow you privileges in connection therewith, without demanding that you see that all dental work is done. You cannot enjoy the honors without assuming the responsibilities. When we enter our offices we assume responsibilities in regard to cavities, their filling,
crowning, etc., and forget to properly instruct our patients as to their care, cause, and effect, on the sound teeth, oral cavity, and physical welfare of the patient. Opportunities lie on all sides of you, before you, and behind you. You can, if you will, impress what you have to say, with a twinge of pain that will make a lasting impression. I do not mean an unnecessary pain, but only taking advantage of the necessary, and say: "Now, if you had taken care of that tooth as you should, it would not have decayed." Opportunities every hour of the day to drop a word of reproof with lasting effects. Opportunities in society are numerous. Why, I have made dental hygiene speeches at parties, at church functions, lodges, public sales, anywhere, and everywhere I chanced to be. If they find you are a dentist they will at once think of their teeth, and will tell you how mean you are, or how such and such a dentist hurts, etc. Now, there is your opportunity; grasp it, take it in hand, talk to him about the needs and care of the teeth, their effects on health and beauty. It is new to them, and you find you are surrounded by an interested party, anxious to hear the truth, which can be driven home, and you soon discover you are the chief entertainer of the evening. People like to talk of their aches and pains, and are always telling you about them. Grasp the opportunity, it is yours. It has become a custom in many Nebraska public schools to invite a representative of every business and profession to give a talk to the students at chapel hour. Here is your opportunity. You cannot? Yes, you can. And if the opportunity does not come, make one. Just talk to them as you would if you were in your own office. You are drumming up business? No, sir, no more than the merchant or the lawyer. If you are, and you do your duty, you will in a few words show them that you are making them money, and doing them a favor by showing them how to take care of their teeth. You are talking yourself out of business? Oh! such bosh for anyone to even hint or think. Eight years ago (if I may allude to myself) I began to practice in my town, and at the same time to educate the public. The town, up to that time, had been able to support but two dentists. Among my first patients was the County Superintendent. I gave her a curtain lecture on the care of her teeth. That was just before time for teachers' institute. She asked me if I would give them a talk at the institute. Oh! my, what could I say to that august body? Her answer was, "Just what you said to me, and
just the way you said it.” I reluctantly agreed to do so. She asked how much time I would take, and I answered fifteen minutes. She told me to take all the time I wanted. I found them so eager and anxious for instruction that I forgot time and where I was, and when I finished I had talked for one hour and fifteen minutes. I made some charts, drew something to look like a cross section of a molar with a cavity in it, another of the deciduous teeth, and one of the permanent. I then made a chart in this form:

**Alimentary Canal.**

Mouth. Small Intestine.

Pharynx. Large Intestine.

Oesophagus. 

Stomach. 

**Accessory Organs.**

Teeth. 

Parotid. 

Salivary Glands. Liver. 

Sub-Maxillary. Pancreas. 

Sub-Lingual. Spleen. 

I found this sufficient. I traced the food as it entered the canal through the mouth, then I asked them if the teeth did not properly care for the food when it entered the canal, if there was another organ that would. Well, I have been preaching, teaching, and talking prophylaxis ever since. We now have five dentists, all enjoying good practices, with as much work as they care to do, and not all the work done in the community that should be done, and the town is not five hundred larger in population than it was when it supported but two. Have I talked myself out of business? Now, judgment must be used in regard to what to say, and how to say it. The talk to teachers should not be the same as to students, and the talk to high school students should not be the same as to the primary grades. If I am talking to teachers I try to show them what I think they should know about the care
of the teeth, time of eruption, use of the brush, and something of bacteria and decay, necessity of proper occlusion, effects of teeth on facial beauty, adenoids, enlarged tonsils, and impress them with the fact that while the eye and ear are the chief avenues for the reception of knowledge, they are not so likely to invite disease, or to weaken the physical vigor as are the defects of the teeth. The teacher that does not know these things, and see that her pupils do, is not worthy the name. I insist that when they find a dull pupil at any time, it is their divine duty not to rest until every measure has been exhausted to restore that child to normal health. That she alone is responsible to God for or against that child becoming a good citizen. I insist that it is her duty to inquire whether or not the pupils have brushed their teeth, and insist on them doing so. In talking to students I use a similar talk, but insist that they are responsible for or against their own good interests in failing to care for their teeth. Try to show them that if they are dull, and are not able to think, that there is something wrong, and that if that wrong were corrected they would be just as bright as anyone in the school. I show them that they may have defective vision, hearing, or four or five old decayed teeth, with pus oozing out and mingling with the food, going into the stomach, causing disorders, etc. Tell them how nice the condition of the mouth, and a cavity in a tooth is for the development and propagation of bacteria. I tell them about the working of the threshing machine, how the teeth on a cylinder revolve, passing between teeth on a concave, and threshing out the grain. Take out three or four teeth here and there and will it do the same work? I ask them3 these teeth do not thresh out the grain if there is any other part of the machine that will? And if the other parts of the machine can do their work properly, if these teeth do not? Then I tell them of the human machine, and show that the food is not properly taken care of if the teeth do not do their part. I tell them of the development of the teeth in the jaw, from the baby teeth up to the last of the permanent teeth. Show them by drawing on blackboard, how to distinguish the six-year molar, etc. I generally mix in two or three funny stories, or some amusing thing that has happened in the office, and talk in common, every day language, plain and simple as possible, a heart to heart talk. In talking of bacteria, use the word bacteria first, then explain its meaning, and for fear they do not remember it, tell them you will
refer to it again as "bugs" and this amuses them, and they will remember it better. In speaking of adenoids, after having used the term and explained once, tell them that you will call these little growths little frogs, and make an occasion to refer to them as such. I generally tell them that we may have the little bug diphtheria, tuberculosis, or typhoid fever, and many other kinds of bugs in the room, and in the mouths of healthy people, but they do not cause the disease for the reason the body is healthy. But we might take a cold, over study, or in some way weaken the system, and this might give them a foot-hold, and we would contract the disease they produce. So, if we would prevent it at all times we must keep the mouth clean. I generally, for amusement, tell the boys that knowing that these bugs are in some mouths, they had better be careful whom they kiss, and where they kiss. In making these talks, do not have a set talk or essay, in talking to school children, or you will lose the effect. Just talk as if you were in their own home. Outline your talk, if you wish, say first: Teeth and uses. Second: Development. Third: Decay. Fourth: Why clean them, etc. Do not talk too long. Thirty minutes of a good live talk is better than one hour. We are spending much time and money in the cities on the dental clinic, which is a God-sent movement, but we must not forget to do what we can to lessen the need of the free clinic. Use preventive measures. I believe our surest and best method of procedure is talks in public schools. It has been my experience that these students remember what is said by a stranger that comes into the school better than if told by parent or teacher, that they see and hear every day, and they will go home, in many instances, and enthuse the whole family. I know of a case where a child of twelve was the cause of mother going to the dentist, and now the whole family visit the dentist regularly every six months. Religious societies aim to get the child, and through the child reach the home. The Catholics say, "Give me the child until it is seven years old, and it will always be a Catholic." How many children have to be told to wash their hands and face after they are ten years old? We must reach the children, for it is hard work to teach an old dog new tricks. I am reminded of an old farmer who had a good old dog, but he would run away, and finally got so bad that when he was wanted could never be found. The farmer decided to get a pup, and train him right, so he said, "Now, boys, in the morning train
the pup to go for the cows." But in the morning he was not to be found, and after looking around they saw the old dog running away, and the pup jumping along after him trying to keep in his steps. And then the old farmer said: "Boys, we must kill that old dog if we expect to make a good dog of that pup." I believe that the medical and dental societies should join hands and have a little pamphlet printed in plain, simple language with instructions to mothers as to how they should care for their babes and child for its welfare and hers in hygienic matters, both oral and general. These pamphlets should be placed in the hands of every mother, either by attending physician, or the proper health officer, as soon as the child’s birth is reported. Train a child in the way it should go, and it will not depart from it. Religious societies are looking after the spiritual welfare of the child, the public schools are looking after its mental welfare, but, up to the present time, little has been done for the physical welfare of the human race, the house, the home, of the soul and mind. And whose duty is it, if not that of the dentist and physician?

President Prime:—Tomorrow is the last day of our meeting. The clinics will be held in the morning and our final session in the afternoon. Some of the clinics which were not given will be given tomorrow.

Dr. Bruening, have you anything further to announce?

Dr. Bruening:—Mr. President: We have two members who have been with us over twenty-five years, Dr. H. C. Miller, of Grand Island, and Dr. J. S. McCleery, of Beatrice. I move you that they be made life members of the society.

Seconded and carried.

Adjournment upon motion at 9:50 p. m.

MORNING SESSION, THURSDAY, MAY 19.

Clinics.

PORCELAIN.

51. L. G. Van Slyke, South Omaha. Presents patient with porcelain inlays.

52. F. F. Whitcomb, Omaha. Presents patient with inlays ready to set.

PROPHYLAXIS.

57. G. H. Ball, Lincoln. Continuation of Tuesday's treatment, giving methods for future treatments.

ORTHODONTIA.

59. Blaine Truesdell, Omaha. Models and photographs of cases completed and in the course of treatment.

60. N. C. Christensen, Omaha. Retention of space where teeth have been lost.

ANESTHESIA AND SURGERY.

62. J. J. Foster, Omaha. Somnoform demonstration.

63. P. J. Hunter, Omaha. Sulphuric acid in constricted root canals.

APPLIANCES.

66. W. C. Dean (table), Omaha. Way to sharpen your own burs.

MISCELLANEOUS.


68. G. M. Boehler (table), Alma. The restoration of fractured or badly decayed roots for porcelain crown.

69. L. L. Eells (table), Auburn.

AFTERNOON SESSION, THURSDAY, MAY 19, 1910.

President Prime:—The meeting for this year is drawing to a close. Some of our members have already gone. There are some matters of business to dispose of.

Dr. J. H. Wallace:—Mr. President: Your committee appointed to select a list of delegates to the National Dental Association Convention are ready to report. (Reads list of delegates.)

President Prime:—The Secretary will notify these delegates of their appointment and he will turn over to the Librarian a copy of the list for publication in the proceedings.

Dr. W. H. Mullen, Bloomfield:—Mr. President: I would like to report that your committee appointed to look after the Miller Memorial Fund lack $20 of the $100 which they started out to raise. I move you that an order be drawn upon the Treasurer for that amount. Seconded and carried.

Dr. Bruening:—Mr. President: I move you that Drs. Austin F. James, of Chicago; F. Ewing Roach, of Chicago; William P. Whelan, S. J., the President of Creighton College, and our good friend George A. Blake, of Charles City, Ia., the official reporter of our society, be elected to honorary membership in our society.

Seconded and carried.
PRESIDENT PRIME:—We are now ready for the installation of the new officers. Dr. Bruening, I will appoint you as a committee of one to present the new officers before us for installation. (Done, and the officers made the following responses):

PRESIDENT BARBER:—(Applause). Ladies and Gentlemen: I shall not attempt to make a speech, but I want to thank you for the honor of electing me President of this society. I feel the responsibility, but, by calling on the various friends that I have to help me out, I feel that possibly you can stand me for one year. I thank you. (Applause.)

VICE-PRESIDENT CRESSLER:—Ladies and Gentlemen: I assure you that I appreciate the honor and will do everything in my power to promote the interests of the society. Thank you. (Applause.)

SECRETARY WALLACE:—Ladies and Gentlemen: I appreciate the honor you have bestowed upon me, also the work. It has been intimated that Omaha wants the whole cheese. I, for one, do not think that is the intention. I have been a fellow citizen of Dr. Bruening and I know some of the troubles he has had. I have tried to get into the traces and into the collar everywhere you have put me and I hope at this time next year you will not have found me wanting. I thank you. (Applause.)

DR. BRUENING:—Mr. President: I am unable to find Dr. Cole, our Treasurer, and I fear he has skipped with the strong box.

PRESIDENT PRIME:—Last December we lost by death one of our bright and energetic members, Dr. L. J. Schneider, of Omaha. I will instruct the Secretary to prepare an "In Memoriam" and forward same to the Librarian for publication in the proceedings.

Dr. Barber, have you any announcements to make before we adjourn?

PRESIDENT BARBER:—There will be an Executive Council meeting immediately after the close of this meeting. I will not keep you long.

DR. PRIME:—I wish to thank all of the officers and members of committees for their loyal support and bespeak the same help for our new President. This has been a great meeting and its success is not due to any one man, but to the united effort of all. If there is nothing more, we are ready to adjourn.

Upon motion of Dr. Shannon adjournment was had without day.

E. H. BRUENING, Secretary.
Thirty-Fourth Annual Meeting of the Nebraska State Dental Society

Minutes of the Executive Council

TUESDAY NOON, MAY 17, 1910, ROME HOTEL.

Meeting called to order at 12 o'clock by President Prime. Present: Drs. Prime, Barber, Bruening, Farrell, Parker and McHenry.

The Membership Committee reported the following applications for membership and they were ordered posted until the next session of the Council:

James A. Woolm, Gordon; J. A. Knox, Belgrade; B. G. Hancock, DeWitt; M. H. Torossian (Alexander), Omaha; H. R. Belville, Alliance; Orin Stanford, Decatur; R. W. Reed, Omaha.

President Prime announced that the Executive Council would meet each day at noon in the private dining room at the Rome Hotel and urged every member to be present promptly as there was much business to be attended to.

Adjourned upon motion at 9:55 a. m.

J. M. Prime, President. E. H. Bruening, Secretary.

WEDNESDAY NOON, MAY 18, 1910, ROME HOTEL.

Meeting called to order at 12 o'clock by President Prime. Present: Drs. Prime, Barber, Bruening, Cole, Wallace, Shannon, Farrell, McHenry and Parker.

Moved by Dr. Farrell that the applications for membership posted since the last meeting be elected to membership.

Seconded and carried.

Secretary Bruening read the following applications for membership handed him by the Membership Committee, and they were ordered posted until the next session of the Council:

C. E. Mears, Kearney; D. E. Maxwell, Cedar Rapids; W. J. Nolan, O'Neill; C. N. Ralph, Hooper; Lewis G. Horton, West Point; W. B. Elster, Plattsmouth; C. C. Duffy, Crete; S. E. Crouter, Merna; M. E. Pettibone, Butte; A. R. Settell, Bloomfield; Edwin Charles Emigh, Shelton; Roy Ludden, Polk; W. R. Hall, Battle Creek; Jessie R. Thompson, Craig.
Moved by Secretary Bruening that the application of Dr. J. W. Teegarden, of O'Neill, carried over from last year, be turned over to the Ethics Committee for action and report.

Seconded and carried.

Moved by Dr. Farrell that the proposition of publishing the proceedings in The Western Dental Journal be turned over to the Publication Committee with power to act.

Seconded and carried.

Moved by Dr. Shannon that a committee of three be appointed by the chair to act with reference to the committee of 100 in relation to the National Board of Health Bill.

Seconded and carried, and Chairman appointed Drs. Shannon, Cole and Barber.

Adjournment upon motion at 1:15.

J. M. Prime, President. E. H. Bruening, Secretary.

THURSDAY NOON, MAY 19, 1910, ROME HOTEL.


Treasurer Cole presented his annual statement to the Council and same was approved and ordered published in the proceedings.

Moved by Wallace, in regard to the matter of the National Dental Association constitution, "We recommend that the National Dental Association adopt toward the state societies the same plan that the state societies have adopted toward the district societies in their states, leaving it optional to the individual members as to their membership in the National Dental Association."

Seconded and carried.

Secretary Bruening read the following application for membership handed him by the Membership Committee, and they were ordered posted until the next session of the Council:

J. C. Tighe, Albion; Carl Waterman, Adams; L. E. Roe, Council Bluffs, Ia.; J. E. Fickling, Plainview; Thomas P. Regan, Lyons; A. G. Adams, Wayne; W. B. Burgess, Albion; T. J. Todd, Wahoo; F. Griess, Sutton; Dana L. Dimond, South Omaha.

Move and seconded that the following bills be allowed and orders drawn for same upon the treasurer:

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<tr>
<td>H. J. Cole</td>
<td>$5.30</td>
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<tr>
<td>W. A. McHenry</td>
<td>21.00</td>
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<td>Southwestern District Society</td>
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<td>E. A. Meservey</td>
<td>3.80</td>
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<td>J. W. Jackson</td>
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<td>Creighton Dental College</td>
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R. R. Kimball. ........................................ 5.00
C. C. Farrell. ......................................... 12.30
Adolph Bogart ......................................... 6.00
O. Densbier ............................................ 5.00
E. H. Bruening ......................................... 44.85
P. T. Barber ........................................... 12.61
H. A. Shannon ........................................... 13.25
C. S. Parker ............................................ 7.45
E. A. Thomas ........................................... 7.50
Johnson Bros ........................................... 80.75
J. H. Wallace ........................................... 65.43
J. B. Carroll ............................................ 11.50
J. M. Prime ............................................. 36.20
M. E. Vance ............................................. 21.64
George A. Blake ....................................... 46.50

Motion carried.

Moved and seconded that the following Auditing Committee be elected for the ensuing year: Drs. J. V. Jarett, C. H. Wake and P. J. Morton.
Carried.

Moved and seconded that Dr. M. E. Vance be elected as Librarian for the ensuing year.
Carried.

Moved and seconded that Dr. E. H. Bruening be elected as Superintendent of District Societies for the ensuing year.
Carried.

Moved and seconded that the Superintendent of District Societies be allowed the sum of $200 for the coming year and each year thereafter until changed, as expenses.
Carried.

Moved and seconded that twenty-one of the twenty-four persons, whose applications for membership have been presented to the Council, and not yet elected to membership, be elected and accepted as members of this society, those not elected being Drs. D. E. Maxwell, T. J. Todd and Dana L. Dimond, and the Secretary is hereby instructed to return any fees advanced by said three persons and notify them of this action.
Carried.

Moved that the bonds of the Secretary and the Treasurer be fixed at the sum of $500 each, such bonds to be secured at the expense of the society.
Seconded and carried.

Upon motion, all bills properly O. K.'d for this meeting were ordered paid by the Treasurer upon warrant signed by the President and Secretary.

Adjourned upon motion at 1:20 p. m.

J. M. Prime, President. E. H. Bruening, Secretary.
THURSDAY AFTERNOON, MAY 19, 1910, CREIGHTON COLLEGE.

Meeting called to order by President Barber, who read his list of committee appointments, which were approved and ordered published in the proceedings.

The Ethics Committee asked for further time to report upon the application of Dr. J. R. Davis, held over from last year. Upon motion, same was granted.

Adjournment upon motion without day.

P. T. Barber, President. J. H. Wallace, Secretary.

"IN MEMORIAM."

LEONARD J. SCHNEIDER, D.D.S.

Died December 25, 1910, at Omaha, Neb., aged 29 years.
OFFICERS AND COMMITTEES FOR 1911.

President..........................................................P. T. Barber, Omaha
Vice-President............................................O. H. Cressler, North Platte
Secretary..........................................................J. H. Wallace, Omaha
Treasurer..........................................................H. J. Cole, Norfolk

Superintendent of District Societies—E. H. Bruening, Omaha.

Librarian—M. E. Vance, Lincoln.

Executive Committee—W. A. McHenry, Nelson; C. S. Parker, Norfolk; H. E. King, Omaha.

COMMITTEES.

Membership—F. T. Daly, Cambridge; G. R. Amiot, Bertrand; W. R. Hall, Battle Creek.

Ethics—J. H. Bond, Fairbury; P. J. Hunter, Omaha; L. G. Van Slyke, South Omaha.

Publication—M. E. Vance, Lincoln; J. H. Wallace, Omaha; E. H. Bruening, Omaha.

Legislative—C. S. Parker, Norfolk; C. F. Ladd, Lincoln; H. C. Miller, Grand Island; C. H. Gietzen, Omaha; G. M. Mullen, Creighton; H. C. Brock, North Platte; H. E. Snyder, Elgin.

Art and Inventions—E. A. Meservey, Kearney.


Educational—E. A. Thomas, Red Cloud; F. F. Whitcomb, Omaha; W. D. Gandy, Superior.

Superintendent of Clinics—H. A. Shannon, Lincoln.

Assistants—J. F. Fowler, Kearney; L. E. Chamberlain, Gothenburg; J. S. Pierce, Lincoln.

Reception—L. P. Davis, Lincoln; J. S. Pierce, Lincoln; Charles Yungblut, Lincoln; L. P. Roone, Lincoln; J. M. Prime, Oxford.
ACTIVE MEMBERS JUNE 1, 1910.

Achenbach, W. H. .......... Kearney
Adams, A. G. .............. Wayne
Akin, M. M. ............ Fairmont
Adams, H. A. .............. Omaha
Allen, S. A. .............. Loup City
Amiot, Geo. B. ............ Bertrand
Anderson, R. N. .......... Cedar Bluffs
Anderson, J. F. .......... Axtell
Antrim, E. G. ............. Lincoln
Atkinson, I. J. H. .......... Omaha
Atkins, S. D. .............. Seward
Atterbury, J. G. ............ Tecumseh

Babcock, C. S. ............. Hildreth
Baird, G. B. .............. Fremont
Baker, O. P. ............... Exeter
Baker, R. R. .............. Elm Creek
Ball, G. H. ................. Lincoln
Barber, P. T. .............. Omaha
Barns, F. M. .............. Omaha
Barrett, J. C. ............. New Castle
Bass, T. W. ............... Broken Bow
Bates, W. C. .............. Springfield
Batty, A. J. ............... Wilcox
Batty, E. R. ............... Alma
Beebe, F. C. ............... Sidney
Beeson, O. L. .............. Beatrice
Beldon, R. P. .............. Seward
Bell, A. M. ................. Osceola
Bell, J. Rex ............... Shelby
Bellamy, E. L. ............. Arapahoe
Belville, Harry R. .......... Alliance
Bentz, P. J. ............... Lincoln
Berry, G. M. .............. O'Neill
Bisgard, J. J. ............. St. Paul
Blair, F. M. ............... Fairbury
Bloomingdale, J. E. .......... Nebraska City
Boehler, G. M. ............. Alma
Boies, C. L. ............... Guide Rock
Bond, Jno. H. .............. Fairbury
Branson, C. B. ............. Beatrice
Bradshaw, T. L. ............ Superior
Brillhart, G. L. ........... Schuyler
Bruening, E. H. ............. Omaha
Brownfield, G. R. .......... Lincoln
Brown, C. E. .............. Lincoln
Brown, C. E. .............. Emerson
Brock, H. C. .............. North Platte
Buckley, C. R. ............ Beatrice
Burdick, G. M. .......... North Loup
Burgess, W. B. ............ Albion
Burton, F. H. .............. Pawnee City
Butler, S. R. .............. Exeter
Byars, H. E. ............... Valley
Byrnes, C. S. ............. York
Byrne, G. M. .............. Lincoln

Calkins, A. E. ............. York
Calkins, C. A. ............. York
Campbell, C. V. .......... Columbus
Cardwell, J. H. ............ Minden
Cass, R. H. ................. Benson
Chamberlain, L. A. ........ Gothenburg
Chollette, F. J. ............ Schuyler
Christensen, N. C. .......... Omaha

Clark, W. R. .............. Lincoln
Clark, Z. D. .............. Omaha
Cobb, A. J. ................. Lincoln
Colby, C. C. ............... Creighton
Cole, H. J. ................. Norfolk
Colfer, J. A. .............. McCook
Condon, W. M. ............. Humphrey
Connor, F. N. .............. Omaha
Coppersmith, Leo. .......... Leigh
Corbett, A. H. ............ Atkinson
Corrington, C. M. .......... Arlington
Cottrell, J. M. ............ Hebron
Cox, W. A. ................. South Omaha
Crandell, A. A. .......... Omaha
Cressler, E. P. ........... Peabody, Kan.
Cressler, O. H. .......... North Platte
Crook, W. F. .............. North Platte
Cross, C. E. ............... Franklin
Cross, C. V. ............... Franklin
Crossley, W. B. .......... Lincoln
Crothers, J. E. ............ South Omaha
Crouter, S. E. .............. Merna
Cummins, F. L. ............ Plattsburg
Cunningham, S. J. .......... Red Cloud
Cutshaw, E. J. .......... Phillipsburg, Kan.
Dailey, H. ............................. Valentine
Dalby, S. R. ........................... Lincoln
Daly, F. T. ............................. Cambridge
Daly, J. F. ............................. Wisner
Davidson, A. C. ...................... Holdrege
Davidson, W. E. ...................... Holdrege
Davis, Clyde .......................... Lincoln
Davis, J. R. ........................... Lincoln
Davis, L. P. ........................... Lincoln
Dean, W. C. ........................... Omaha
DeLong, C. H. ........................ Omaha
De May, R. O. ........................ Danbury
Denzler, John .......................... Kearney
Dewell, B. C. ........................... Davenport
Dixon, Mabel ........................... Hastings
Dorwart, D. C. ........................ Friend
Dorwart, J. W. ........................ Seattle, Wash.
Douglas, A. F. ........................ Hastings
Douglas, L. V. ........................ Wymore
Dulaigh, D. W. ........................ Sutton
Dunham, M. H. ........................ Omaha
Duffy, C. C. ........................... Crete
Dwyer, W. F. ........................... O'Neill
Eby, M. E. ............................. Hartington
Eells, H. E. ............................ Wayne
Eells, L. L. ............................. South Auburn
Ellis, Claude ........................... Diller
Elster, W. B. ........................... Omaha
Emigh, E. C. ........................... Shelton
Estell, A. C. ............................ Tekamah
Fall, C. C. ............................. Stratton
Farrell, C. C. ........................... Cozad
Farnsworth, T. L. ........................ Broken Bow
Feese, E. L. ............................ Wymore
Fellers, E. W. ........................ Chester
Fields, Elizabeth ........................ Lincoln
Fickling, J. E. ........................ Plainview
Finch, D. A. ............................ Grand Island
Flynn, W. P. ............................ Ulysses
Foster, J. J. ........................... Omaha
Fowler, J. H. ........................... Kearney
Fraser, M. O. ........................... Lincoln
Fritz, L. R. ............................. Wymore
Gainsforth, S. P. ........................ Holdrege
Gallagher, G. L. ........................ Montana
Galway, Jas. ........................... Hastings
Ganson, H. S. ........................... Nebraska City
Gard, G. R. ............................. Ord
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Gatewood, R. H. ........................ McCook
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Hancock, Burl G. ........................ De Witt
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Hansen, S. A. ........................... Davey
Harajian, N. S. ........................ Peru
Harris, H. G. ........................... Auburn
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Heckert, T. B. ........................... Wayne
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Henry, H. L. ........................... Ashland
Hensel, F. B. ............................ Deshler
Henton, G. W. ........................... Wakefield
Hewitt, W. E. ........................... David City
Hill, D. T. ............................... Syracuse
Hill, H. J. ............................... Lincoln
Hinman, F. C. ........................... Crete
Hipple, A. H. ........................... Omaha
Hogan, E. N. ........................... Bancroft
Hollister, E. H. ........................ Ashland
Hopper, A. B. ........................... Fairfield
Hopper, W. H. ........................... Minden
Horton, L. G. ........................... West Point
Hosterman, T. C. ........................ Lincoln
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Vaughn, W. B.........Fullerton
Victor, H. C.............Lincoln

Wait, J. Enos..............Superior
Wake, C. H..............Liberty
Walden, C. E............Lynch
Walker, R. J..............Lincoln
Wallace, J. E............Oakland
Wallace, J. H.............Omaha
Warren, Horace .Missouri Valley, la.
Ward, W. W..............Omaha
Warner, F. W..............Gresham

Waterman, Carl..............Adams
Webster, L. A..............Lincoln
Wells, F. N..............West Point
Wertz, G. D..............Harvard
West, H. S..............Council Bluffs, la.
Whinnery, Josephine K....Omaha
Whitaker, M. C...........Lexington
Whitcomb, F. F...........Omaha
Wilcox, W. A..............Omaha
Wildman, H. R............York
Wilke, F. J..............Ravenna
Williams, F. V...........Central City
Williams, G. W...........Omaha
Wilson, J. J..............Omaha
Wintersteen, R. W........Holdrege
Wood, R. E..............Fairbury
Woods, G. R..............Edgar
Woolm, J. E..............Gordon

LIFE MEMBERS.
Cole, H. J..............Norfolk
Johnston, A. P...........Omaha
King, H. T..............Fremont
Nason, A. W..............Omaha

Roseman, W. S..............Fremont
Mc Cleery, J. S...........Beatrice
Miller, H. C..............Grand Island

HONORARY MEMBERS.
Billings, A. S..............Omaha
Black, Arthur D...........Chicago
Blake, George A...........Charles City, la.
*Blake, J...............Brownville, Neb.
Brady, W. J..............Kansas City, Mo.
*Chaduck, J. W...........Nebraska City
*Charles, J. S..............Omaha
*Clark, F. C..............Council Bluffs, la.
*Douglas, G. E...........Hastings
Finn, William........Cedar Rapids, la.
*Funck, I. W..............Beatrice
*Harlan, A. W.............New York
Haskell, L. P..............Chicago
Heustis, O. M...........Minneapolis, Minn.
*Hillis, S..............Red Oak, la.
Holland, H. C...........Chicago
James, Austin F...........Chicago
Johnson, C. N.............Chicago

*Deceased.

*King, S. H..............Lincoln
Mathews, L. M...........Kansas City, Mo.
*McMillen, D. J........Kansas City, Mo.
Morrison, N. H...........Newark, N. J.
Ottofy, Louis...........Chicago
Patterson, J. D...........Kansas City
*Paul, C. H..............Omaha
Peck, Arthur E........Minneapolis, Minn.
Roach, F. E..............Chicago
*Sanborn, J. F...........Tabor, la.
Schnell, H. C...........Kansas City, Mo.
*Sherwin, F. D...........Lincoln
Shriver, F. M...........Glenwood, la.
*Shriver, H. W...........Omaha
Shriver, S. K...........Cambridge, O
*Skeede, T. F...........Seward
Smith, P. T.................Chicago
*Thomas, C................Nebraska City
Thompson, A. H......Topeka, Kan.
*Thurston, M. D......Spokane, Wash.
*Vance, D. A..........Kearney
Van Slyke, L. G.......So. Omaha
Whelan S. J..............Omaha
Whelan, S. J., Wm. P.....Omaha
*Willey, J. J..............Wahoo
*Williams, E. S. Council Bluffs, Ia.
*Wilson, I. P.........Burlington, Ia.
Woodbury, C. E. Council Bluffs, Ia.
Woodbury, E. I...Council Bluffs, Ia.
Worthley, F. G....Kansas City, Mo.

DELEGATES TO NATIONAL DENTAL ASSOCIATION,
1910.

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<td>J. S. McCreary, Beatrice</td>
<td>S. H. King, Lincoln</td>
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<td>J. H. Hill, Alma</td>
<td>H. A. Shannon, Omaha</td>
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<td>A. Gaiser, Falls City</td>
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<td>A. H. Hipple, Omaha</td>
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<td>Lincoln</td>
<td>A. G. Warfield, Lincoln</td>
<td>D. A. Pinch, Gd. Island</td>
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<td>N. H. Morrison, Red Cl.</td>
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<td>N. H. Morrison, Red Cl.</td>
<td>D. A. Pinch, Gd. Island</td>
<td>J. W. Faucett, Beatrice</td>
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</table>

**LIST OF OFFICERS OF THE NEBRASKA STATE DENTAL SOCIETY**

Since Organization—Organized at Council Bluffs, August 25, 1868, as Missouri Valley Dental Society—Name Changed to Nebraska State Dental Society, August, 1876.