Nebraska Dental Journal

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Somnoform—Its Application to Dental Operations

*By C. W. BRUNER, D. D. S., Waterloo, Iowa

WERE the history of anaesthetics, as applied to dentistry during the past more than half century, to be written, in epitome, we might well say: Woeful neglect and lost opportunity! By right of original discovery and public clinical demonstration, general anaesthetics belong pre-eminently to the dental profession. In support of this statement I quote that eminent authority, Burton Lee Thorpe, in the Dental Brief of July and August, 1906, in his biographical sketch entitled: "Horace Wells, Dentist, Humanities' Greatest Benefactor. The Discoverer of Surgical Anaesthesia." "Twenty-five years after Priestly discovered nitrous oxide gas, Sir Humphrey Davy suggested that it might be used for relieving pain; but forty-four years again elapsed before Wells demonstrated this prophecy, December 11, 1844." "On that day modern anaesthesia was given to the world, and nitrous oxide gas has proved a blessing to suffering humanity, and the forerunner of all other anaesthetics."

Two years later, in 1846, Dr. Morton, another dentist, discovered the anaesthetic properties of sulphuric ether. Chloroform followed in 1847.

Dr. G. Rolland, Dean of Bordeaux Dental College, Bordeaux, France, after several years of experiment with various anaesthetic mixtures, in 1899 made public the results of his research and gave to the world the safest, most efficient and satisfactory dental anaesthetic of modern times, Somnoform.

Since its introduction by Dr. Rolland, somnoform has found favor with the dental world. But the prejudice of the profession against general anaesthetics, by reason of time honored custom and teaching as to method of administration, has stood as a barrier to the progress of dentistry, all too long.

To Dr. W. H. DeFord, of Iowa, has been reserved the very great privilege and high honor of perfecting and introducing an appliance by means of which continued anaesthesia may be employed in operative dentistry. Through his writings, teachings and clinical demonstrations, we have seen this old time prejudice against surgical procedure, in the early stages of anaesthesia, breaking down. He has coined for us a new term: "Surgical Analgesia," denoting the condition of the patient, when painless operations may be safely performed, in the early stages of anaesthesia.

"Horace Wells, father of anaesthesia, humanity's greatest benefactor;" William Harper De Ford, inventor of the nasal inhaler,

*Read before the Nebraska State Dental Society, at Omaha, May, 1913.

author of "Surgical Analgesia," champion of ethical painless dentistry.

It seems astonishing that the dental profession has not made more progress in the use of anaesthetics. But, it is not strange that anaesthetics should have been discovered and developed by dentists; for in the whole realm of human suffering, dental operations are the acme of prolonged dread and pain of mankind. Had I, ten years ago, been told by my best friend that today I would be using anaesthetics for both surgical anaesthesia and for "surgical analgesia" I should most certainly have thought that friend and myself "gone dippy." But, here I am today, not only using but strongly advocating the general use of both anaesthesia and analgesia in the practice of dentistry.

* * *

HAVING thus made my confession, it may be of interest to note some of the incidents leading to my conviction and conversion. Some eight years ago, having practiced in a small town where comparatively little of surgery was known, or anaesthetics used or thought of, I changed my location to the thriving young city of Waterloo. During these years following I have been associated, in office, with medical men and surgeons. I found them ready and willing to give anaesthetics for me. I lived faithful to the vow that no general anaesthetic should ever be given in my office. Not infrequently these questions were asked: "Why don't dentists use anaesthetics more?" "Why do you hurt your patients so much?" "Can't you use something in the preparation of those sensitive cavities?" and remarks of: "I just can't and won't stand the pain of that bur any longer!" "I would rather go to the hospital and have my appendix removed than to have these teeth filled," and, from my surgical friend, "I wouldn't like to be a dentist and have everybody hate me!"

These interrogations and exclamations, together with many and varied experience with hyper-sensation cavity preparations, for nervous and hysterical patients, made a deep and abiding impression upon me. Were I to continue in the practice of dentistry something must be done to make operations less painful and fatiguing to my patients and less taxing upon my nervous and physical energies. I was driven to anaesthetics.

Having tried out successively, high pressure anaesthesia, ethyl chloride, ether spray, hot air, cold air, interspersed with sharp burs, I at last turned to nitrous oxide with oxygen, and to somnoform. And now somnoform has become a daily adjunct in my dental operations. Were I to be deprived of it I should scarcely be able to continue in the practice of dentistry. As an office anaesthetic somnoform is pre-eminently par excellent. The induction being of short duration, the recovery speedy and without nausea or other unpleasant after effects, the patient is soon ready to leave the office feeling rested and relieved, whereas, ether or chloroform having been the anaesthetic agent employed, the patients—well—they are like the poor—always with you.

Somnoform, as it comes to us today, combines in a well balanced mixture the anaesthetic properties of ethyl chloride, methyl chloride and ethyl bromide, in the proportions of 83, 16 and 1, respectively.

Somnoform may be successfully employed in the extraction of teeth, except complicated impactions of lower third molars, removal of live pulps, opening of dentigerous cysts, opening into and curretment of maxillary sinus, resection of root for cure of chronic alveolar abscess, lancing of abscess, excision of hypertrophied gum tissue, treatment of pyorrhea, preparation of sensitive cavities and all other operations about the mouth and teeth that give evidence of extreme pain.

In the January, 1913, number of Oral Hygiene, Dr. De Ford for the first time makes public use of the term "Surgical Analgesia," and defines this phenomenon as follows: "Surgical Analgesia implies a state or condition of the patient, in which, without loss of consciousness, certain surgical procedures may be accomplished without inducing pain; or the pain incident to the operation, as ordinarily performed, is held in abeyance to such an extent as to elicit no objection on the part of the patient." "Analgesia is the first degree or stage of anaesthesia and differs visibly, namely, in that in surgical anaesthesia the patient is in a condition of profound unconsciousness, while in surgical analgesia the patient knows what is being done, answers questions, follows directions and makes oral response to such questions as: 'Am I hurting you?' 'Do you mind what I am doing?' and the like."

In surgical analgesia the patient first feels a sense of prickling or numbness in the fingers and hands with a gradual spread of this sensation, followed by a glow of warmth throughout the body, the result of cardiac stimulation. At this point drowsiness is observed, the eyelids close wearily, and slight general relaxation is noticed. Were you to ask how he feels just now, the patient might express orally or by action, or both, a kind of "don't care feeling." In this stage we have a slight rise of blood pressure and a slightly increased respiration. The anaesthetic carried just a little further and we get light anaesthesia, with respiration deeper and quicker, heart's action accelerated and patient liable to become excited—a good index to patient's condition and a warning to admit less somnoform and more air into inhaler or cut off somnoform entirely for two or three inhalations, thus holding patient in the desired analgesic stage.

Somnoform may be used to good advantage in all painful conditions the dentist is called upon to treat. Its greatest boon to me, however, has been in the care of those nervous hypersensative patients who, ofttimes have become so by reason of previous operations of too long duration, under the rubber dam and the indiscriminate use of dull burs, or for that matter sharp burs, which has produced a physical shock, and the patient has grown to dread all thought of the dentist and the care of his dental organs. A few cases from practice in illustration:

Case I. A lady of about thirty-five years, wife of physician. Had spent two or three sleepless nights with pulpitis of an upper third molar. Having worn out anodynes and hypnotics, reports at office on telephone call, Sunday morning. Diagnosis is speedily made an extraction decided upon.

A few inhalations of somnoform from the De Ford inhaler, a quiet, peaceful sleep is induced and the offending member speedily removed. Sleep continues some two minutes when signs of awakening appear. My surgical friend—and in this case the anaesthetist speaks to her: "Good

morning, Mrs. ————————!" Whereupon she raised up with a start and questioned: "Aren't you going to extract it?" "I was waiting for you to operate!" One capsule, 3 c.c. was used. She was brought to the office in a taxicab suffering intensely. Relieved and happy she walked home, ten blocks.

Case II. A young man of twenty-nine years, three years previously had been, for six months, in a hospital, a nervous and physical wreck. On leaving the hospital attending physician had given him five years to regain his health. Unable yet to work, teeth had gotten into very, very bad condition during illness; had tried several times during past year to have them repaired. Being referred to me by friends, he came in saying that he understood I would be careful and not hurt him unnecessarily. First sitting was given to prophylaxis and getting acquainted. Two days later the rubber dam was applied over six anterior teeth, the teeth and cavities sterilized and dried. Believing his trouble, in a large degree, due to fear and dread I applied a final test of sensitiveness by bringing bur into contact with tooth cavity, without revolving it; whereupon he drew abruptly away, saying he could not stand it. A 3 c.c. capsule was broken into my inhaler, which, by the way, is a De Ford, the only inhaler suitable for this class of work, a few inhalations of air, then about three inhalations with valve at one-eighth somnoform and seven-eights air, and preparation of cavities was begun, without fear or pain on the part of patient. One proximo-incisal and two proximal cavities were prepared for filling. Two 3 c.c. capsules of somnoform were used and at no time during the operation did we raise the valve above one-fourth somnoform, with three-fourths air. The two proximal cavities were filled with de Trey's synthetic porcelain and coated with wax, the rubber dam removed, marginal preparation of the proximo-incisal cavity was completed and a wax model made for a gold inlay. Time consumed about one hour and a quarter. Patient stepped out of the chair, stretched himself, and on being asked how he felt responded: "I feel all right; I feel fine; could sit right down there and have it all done over." An interval of two days and he reported for a third sitting. At this time four proximal cavities were prepared and filled with synthetic porcelain. Two 3 c.c. capsules used. No pain from the operation or discomfort from the anaesthetic. Rather, on leaving the office patient felt, nerve calmed and physically rested, and determined to "stay in the game" and have all his teeth repaired.

Case III. Patient, Dr. J. E. B., my office associate. A deep bucco-gingival cavity over mesio-buccal root of lower right first molar, recession of gum. Tooth extremely sensitive. Somnoform administered to analgesia, cavity prepared with inverted cone bur, cutting very deep, almost to the pulp. No pain, but a "bearable hurt." The cavity was dressed with phenol. We then, with another 3 c.c. capsule, administered to light anaesthesia and removed a live pulp through a bucco-gingival cavity of a lower left bicuspid. During this operation, under light anaesthesia, the patient was able to hear and make reply to such questions as "Am I hurting you?" "Do you feel pain," etc., etc., all of which elicited a negative response. However, on recovery the doctor stated that he did not remember of my questions, or his answers; did not even know when the pulp was removed. An aseptic dressing was sealed into this root canal and the cavity previously prepared in the molar was filled with amalgam. Dr. B. afterward reported to a mutual friend, and to me, that he would not have a like operation done again, without the somnoform, for fifty dollars per.

This is one of the very few cases I have had where slight nausea was experienced following the operation, due, no doubt, to the time—the early morning, soon after breakfast.

Case IV. Patient married lady, about thirty-three years. Anaemic, hysterical, neurasthenic; the ne plus ultra of nerve-racking, patience-trying and altogether difficult cases for any dentist to handle. If there are any more of them this side of the briny deep I sincerely hope it may not be my lot to take care of their dental organs. For two years and a half I have been trying to get this lady's teeth in repair. Sensitive cavities, nervous temperament, sensitive disposition—wears her feelings on the outside whenever she comes to the office. The pulps of her teeth are yet, for the most part,

"all nerve" in spite of repeated, continued and sundry efforts and methods of treatment. Pulps defy devitalization, seem to thrive on arsenical treatment. Pulp nodules, secondary deposits of dentine, constricted and closed root canals, are the rule. A lower third molar slightly impacted, extraction was decided upon. A 5 c.c. capsule was administered, light anaesthesia only, being possible, after much resistance. An attempt at extraction proved a failure. Two days later she came at five o'clock p. m. and was anaesthetized on the operating table of my office associate. He used a half pound can of ether, consuming a full half hour for profound anaesthesiation. The two lower third molars and one second were extracted. Six weeks later, following an attack of tonsilitis, she appeared for more dental work. Superior right central and lateral, also the left central were our points of attack. I suggested somnoform analgesia. She protested. I insisted. Finally she consented to take it. Rubber dam was adjusted, teeth and cavities sterilized. Administration was begun by my associate—her physician, Dr. B.—in whom she imposed great confidence. Six 3 c.c. capsules were used in the preparation of two proximal cavities and one proximo-incsal. She resisted and fought the anaesthetic from the time she entered the second stage of anaesthesia until removal of inhaler with the bur preparation of cavity all completed. Operating in the primary or analgesic stage being impossible, profound anaesthesia was also impossible, except for a very short time.

Her system being now saturated with the anaesthetic, preparation of cavities was completed, after the removal of the inhaler, with excavators and chisels, without resistance or pain on the part of the patient. Two proximal cavities filled with synthetic porcelain, coated with wax and rubber dam removed. Wax model was now made for a gold inlay in the third cavity. Time, about one hour. This sounds like a failure for somnoform, and so it seemed to me. But, believe me! I accomplished more in the repaid of her teeth in that one hour than I had in any ten hours of combined previous efforts. Moreover, when she next came, she insisted on taking somnoform. Her case is stil on my docket, and I am hoping.

Case V. At the recent convention of our Iowa State Dental Society at Davenport, Dr. J. A. Bliss, of Des Moines, and I were scheduled for somnoform analgesia clinics. Dr. H. S. Engle, a dentist of Lineville, Ia., desired to have several cavities in his anterior teeth prepared and filled. Not having previously arranged for the filling, Dr. Bliss and I decided to work together on the case, he operating and I giving the somnoform. The rubber dam was adjusted. The patient's teeth being crowded in the arch and overlapping considerably at points of decay, it was necessary to obtain immediate separation. Somnoform was given from a 3 c.c. capsule. The patient having previously taken the anaesthetic, and given it, as well, signaled to us to begin operations, and kept us posted throughout the operation, calling for more, or less, "dope" as needs required. With the inhaler valve at less than one-sixteenth after three or four inhalations the separator was applied between left lateral and central, and sufficient separation gained for the further operation without any pain. With sharp bur Dr. Bliss proceeded immediately with the preparation of two proximal cavities. The bur preparation was completed and the inhaler removed.

At no time during the operation was pain experienced. The inhaler valve remaining between one-sixteenth and one-eighth, never more than one-eighth somnoform throughout the operation. The cavity preparation was then completed with sharp excavator and cavities were filled with synthetic porcelain. This was coated with wax and allowed to set some ten minutes with the separator in position. On removal of the separator by Dr. Bliss, the patient gave first evidence of pain. Dr. Bliss remarked that the removal of the separator was more painful than its application, to which the patient responded that he could not, and would not, have stood the application of the separator without the "dope." Somnoform was again administered and separator again applied between the right central and lateral and a like operation performed with like results. This time, however, the inhaler valve was opened to nearly one-fourth somnoform, admitting three-fourths air.

YOU will note in some of these citations, I have referred to operations having been completed after suspension of the anaesthetic. While somnoform is rapidly eliminated, when administered slowly and lightly as is ordinarily done for analgesic cases, we frequently have quite a period of time after the removal of the inhaler in which to complete the operations; and considerable work may be accomplished without pain, which if attempted at other times without the anaesthetic would prove very painful and nerve-racking.

In this discussion I have not gone into the matter of contra-indications to the use of somnoform, the technic of administration, the preparation of the patient, description of the appliance, etc., etc., all of which are worthy of consideration and careful study. I trust that some thoughts on these phases of the use of somnoform may be brought out in the discussions to follow.

For reliable information on anaesthetics, in general, and on somnoform as an analgesic, I am happy to refer you to "Lectures on General Anaesthetics in Dentistry," by De Ford, than whom, in my humble opinion, there is no better authority. Get a copy of these lectures. Get into the game of analgesia, with a De Ford appliance. Get next to your medical brother. He can help you and you can help him—to a higher respect for dentistry.

What for the future of our profession, when the excruciating pain, incident to dental operations, can be eliminated, when the fear and dread of the dentist and his work may be cast off! What of "Oral Hygiene," "Prophylaxis," "Preventive Dentistry," when not only ten per cent, but, rather shall I say, one hundred per cent of the people of our land may look upon and think of the dentist as the alleviator of, rather than a cause of human suffering! Then shall we, as a profession, assume our rightful place in the science of the healing art and stand, in the public mind, with our brother of the medical profession, as a benefactor to mankind.

Nerve-Blocking

*By DR. N. P. RASMUSSEN, Omaha, Neb.

Mr. Chairman and Gentlemen:

The last time I presented a paper before this society I had the disappointment to be told that everything had been covered, so there was nothing to discuss.

This time my paper is short, merely a stab at you, with plenty of room for discussion, and I invite you to jump all over me with both feet, so long as you stick to the subject and do not stray off into the woods. If you do not wish to discuss it, ask questions, all you want; I will not promise that I can answer them all, but I will try to the best of my ability.

Local Anaesthetic as an Analgesia—At this time of the great cry for analgesia, it may be of interest to consider local anaesthetic to be used for that purpose, especially since nitrous oxide and oxygen require an expensive and cumbersome apparatus, which, as yet, has

*Read before the Tri-City Dental Society, February 17, 1914.

failed to impress me as successful by the demonstrations that I have witnessed conducted by men, expert administrators of that agent.

For preparing a sensitive cavity, or exposing the pulp for devitalization, the gums may be injected the same as for extraction, and if the operation is a gingival gold filling, it may be necessary to make another injection before grinding and finishing the filling, since that is often as painful as preparing the cavity.

If there are two or more cavities on the same side and especially buccal cavities, then it is possible to produce analgesia from the third molar to the central incisor of the upper by using a long needle, inserting it lingually to the third molar, by holding the syringe in line with the centrals will bring the point back of the posterior palatine foramen, catching the nerve trunk of the superior dental nerve of that side. The same can be accomplished in the lower, by catching the nerve trunk of the inferior dental back of the splenial process before it enters the mandible.

Dr. Bruening: "I would like to know how to get at the nerve and what antiseptic precautions for the care of the needle and syringe."

Dr. Nelson: "I would like you to go into the anatomy to give us a better understanding; I believe it would do us all good."

Dr. Gietzen: "What do you do in case of idiosyncrasis to cocaine. Don't you ever have any trouble?"

Dr. Parker: "How do you take care of the after pains, and how do you explain an anaesthetic effect in the mouth from applying cocaine in the nose?"

Mr. Chairman:

The first question asked was how to get at the nerve and the antiseptic care and precautions, and to that I will say that I use just ordinary care and cleanliness.

In taking up the anatomy I will be explaining how to get at the nerve.

In our work we are dealing almost exclusively with nerves of sensation. Hence, it may be well to bear in mind that all the cranial and spinal sensory nerves arise from a ganglia containing bi-polar cells which give origin to two different kinds of fibers, one of which passes to the brain and cord, as an axis cylinder, and the other to the periphery as a sensory nerve. The superior maxillary nerve arises from the Gasserian ganglion passing through the foramen rotundum in the greater wing of the sphenoid, traversing the spheno-maxillary fossa, passing through the spheno-maxillary fissure before it enters the maxilla where it gives off the posterior dental nerves to the molars, middle dental to the bicuspids, the anterior dental to the cuspid and incisors passing through the infraorbital foramen supplying the lower eye-lid, side of the nose and lip. I speak of this so that if a patient complains of numbness in those parts you will know the reason and need pay no attention to it.

The trunk of the superior-maxillary nerve can be reached in the spheno-maxillary fossa by using a long needle and inserting it disto-lingually to the third molar, holding your syringe about in line with the centrals, bringing the point outwards and backwards enough so as to pass the posterior border of the horizontal plate of the palatal

bone. One important thing to bear in mind is, that Mekel's ganglion is located in the spheno-maxillary fossa about one-fourth of an inch below the superior-maxillary nerve, and if you enter that with your needle you will set up a nerve storm which will not soon be forgotten. However, it is not hard to pass as it is small, only about the size of a pea, and inclosed in a fatty capsule which can move a little and offers some resistance.

To find the inferior dental is somewhat more difficult, but if you picture in your mind the angelo corono condylar junctional area on the ramus, and placing your finger there, on the same point on the inside of the jaw is located the splenial process and inferior dental foramen where the inferior dental nerve enters the mandibular canal.

The questions about after pains: I never have patients complain of after pains. I never have had serious results or even alarming symptoms.

The reason of producing slight anaesthesia in the mouth from applying cocaine in the nose is because you anaesthetize the naso-palatine nerve, which is a branch of the palatine nerve.

What local anaesthetic do you recommend? Take your own choice.

Which do you think is the best?

My own formula, which I will explain to you in taking up the question of idiosyncrasis. I use a 2½ per cent solution of cocaine. I generally have it put up two ounces at a time.

Dr. Dunham: "What is your vehicle?"

A solution to be properly compounded should consist of the agent, an adjuvant, a corrective, and a vehicle, so I incorporate antipyrin, menthol, alcohol, glycerin, and ether, all of which are adjuvants to cocaine, being more of less local anaesthetics. And correctives by all of them being decided heart stimulants and ether being a direct antagonist to cocaine, and distilled water to the amount of solution I want. I also put in one-fifth of a drop of red aniline, because I like a pretty color.

Dr. Shearer: "How do you get one-fifth of a drop?"

By adding one drop of aniline to four drops of water, and taking one drop from the mixture.

By what I have told you and by having five local anaesthetics incorporated in my solution I overcome the idiosyncrasis by not relying on cocaine entirely for the anaesthetic.

"What is your formula?"

I have at different times given you the formula, but I wish to warm you against where you take it to have it filled, and I have found only one man in this town who can put it up right. Either the druggist is too smart to take directions, or does not know enough to follow them after he gets them.

Dr. Wonder: "I have used your formula for some time, but always find a precipitate after it has been standing for a time."

That is because it is not compounded right. If you take your prescription to Emil Cermak, Thirteenth and Williams streets, you will get it put up right.

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EDITORIAL

When Dr. George Wood Clapp, editor of the Dental Digest, faces the Nebraska State Dental Society at Lincoln in May, to lecture on the business side of dentistry, he will proceed with special reference to Nebraska dentists. This is essential.

Having decided to be with us, Dr. Clapp began a careful study of conditions surrounding Nebraska's dentists from actual reports of themselves and investigation by his plan worked out after years of experience in this "dental business."

Dr. Clapp probably will know more about our needs than any other one man. He will, excepting our names, know us individually and collectively and what is more, we will know one another better, because, as a body, we will be seeking in common, light on a great dark spot in the dental profession—compensation.

Dr. Clapp is going to prove something in Nebraska—going to localize "Brother Bill."

The lamentable lack of business acumen or system is so universal in the profession that many good dentists are not prepared for the evening of life, hence the need of the National Relief Fund.

Dr. Arthur Black, who has become an expert systematist in everything dental, is a committeeman on the national association to place this great organization on a scientific business basis. It will cost money, but order is worth it.

If the work Dr. Clapp and Dr. Black are doing, far apart, yet so alike, is worthy of such men's steel, let us now learn to make a beginning which will enable us to do more for the dependent ones at home.

A large attendance is not the most important feature of dental conventions, but in our opinion the dentists of this state and adjacent territory will so far realize the benefits to be gained, that Dr. George Wood Clapp of New York will bring about the largest dental meeting ever held in the state of Nebraska.

Dues

The DUES of the members of the state society are now DUE. If you have not received a letter from your district secretary calling your attention to this fact, you will certainly receive such a letter in the near future, and it it is to be hoped that you will give the matter your PROMPT attention. Of course, you may put this off until the meeting of the society, but you owe it to yourself and the members of the society to pay these dues NOW.

The books of the district secretaries have been audited by the state secretary and the statement that you will receive is in accordance with the state records. We believe that this method will reduce the number of errors to the minimum and dispense with a great deal of correspondence. In two districts we were unable to hear from the secretaries, but will probably be able to make some arrangements in those districts by the time this goes to press. However, should your secretary be peacefully slumbering send your DUES direct to the state secretary and you will be receipted for the same.

While the state society does not demand that its members become members of the national association, the great majority are taking this step. If you are one who believes the reorganization plan to be a good one, **add one dollar to your dues** and become a member. Nothing is to be gained by delay and the amount is so small that you can hardly afford to wait until some future time. A certificate of membership will be mailed to you by the national secretary after your dues have been received from the state secretary. The card entitling you to register at the national meeting will be mailed you from this office and is now on hand. Add the dollar to your local and state dues.

Do it all now.
March, 1914.

H. J. PORTER,
State Secretary.

Xi Psi Phi

Psi Chapter of the Xi Psi Phi fraternity gave their third annual banquet to the members of Xi Psi Phi at the Lindell hotel on the evening of February 21, eighty members being seated around the banquet table. The day was practically given over to the fraternity and the banquet was simply the climax of the enthusiastic gathering. In the afternoon Dr. W. H. Sherraden of Omaha and Dr. L. P. Ronne of Lincoln were conducted across the burning sands and initiated into the mysteries of Xi Psi Phi, it being the custom of this fraternity to permit the initiation of a very few prominent members of the profession each year.

At the banquet, directly in front of the toastmaster, was placed the silver loving cup that was given last year to Psi Chapter by the Supreme Chapter for excellency in work and organization, and when we take into consideration the great number of chapters, with their seven thousand members and alumni, we realize that this is indeed a great honor for Psi Chapter. The peace on earth, good will to men'' spirit certainly prevailed, for speaker after speaker called attention to the fact that we were an ''even handed clan'' and that fickleness and snobbery had no place in any organization or fraternity; but, ''if his name should be written among those who are laboring for the growth and the betterment of the profession, write it there.''

With Dr. Clyde Davis as toastmaster, the following responded to toasts:

Welcome.....A. L. Rousey
The Xi Psi Phi Brand.....W. A. McHenry
Life in the Frat.....J. J. McMullen
Class of '15.....E. H. Barnum
Xi Psi Phi in Nebraska.....H. J. Porter
Nothing.....J. F. Cole
Queries.....E. R. Truell
Social Side of the Profession.....A. O. Hunt
Class of '16.....C. D. Totman
Annual Banquet.....M. H. Dunham

After the toasts were given L. A. Clopine gave several instrumental solos which were thoroughly enjoyed by all present. At a late hour the function was over and the members disbanded, although a good many went out with the ''boys'' to the Frat House.

Creighton Dental Alumni

A special meeting of the Creighton Dental Alumni was called at the Loyal hotel, Omaha, February 23, 1914, to formulate plans for a big meeting to be held some time during the spring.

Drs. E. H. Bruening and W. L. Shearer gave short talks. Drs. Wonder, Walzem and Anderson were appointed a general committee to make arrangements for a successful meeting.

Frank Wallace Goodspeed, D. D. S.

Dr. Frank Wallace Goodspeed died at his home in Onaga, Kans., on February 7, 1914, at the age of 49 years. The burial took place from Brewer's chapel in South Omaha, where he formerly lived.

Dr. Goodspeed was well known to the older residents of South Omaha. He came here twenty-three years ago and was employed in a responsible position with Swift & Co. When he commenced the study of dentistry he left Swift and took up insurance work.

Dr. Goodspeed was a member of the class of 1904 at the Omaha Dental College, where he was very popular with his fellow students. After graduation he went to Onaga, Kans., where he enjoyed a very successful practice and a wide circle of friends. He is survived by his wife, to whom the Journal extends its sincere sympathy.

The Hunt Testimonial Banquet

The first testimonial banquet to be given a member of the dental profession in the middle west and one of the few which have been given in the United States, drew nearly 200 dentists and physicians to the Loyal hotel on the evening of February 23, 1914, to do honor to Dr. A. O. Hunt of Omaha.

Among those assembled to pay tribute to Dr. Hunt were college professors and teachers of dentistry and medicine, physicians and surgeons, and a host of dentists, many of whom were former students who received their instruction under this dean of dentistry, the nestor of his profession not only in Nebraska and Iowa, but in the United States.

Dr. Hunt has practiced dentistry for over fifty years, achieving not only honor as an operator, but conducting extensive researches and teaching in a way peculiar to himself.

Dr. Hunt was born in Utica, N. Y., February 27, 1845, the son of a practicing physician in that city. At the age of thirteen he commenced the study of medicine and dentistry in his father's office and also in the office of Dr. H. R. White, who became his preceptor and with whom he was later associated in practice. He also studied with Drs. Allport, Westcott, Blakesly, Foster and others who came to Utica twice a year for the study of dentistry.

In 1860 he devised five pairs of forceps for extracting teeth. The Hunt pattern forceps replaced the old time turnkey and are on the market today.

During 1896-97 Dr. Hunt has been an active member of many where he was associated with Dr. Westcott for one year in the study of continuous gum work.

In 1863, while conducting a successful practice in McGregor, Ia., with his brother, Dr. C. H. Hunt, he was present at the meeting for the organization of the Iowa State Dental Society. Following the meeting of the Iowa legislature in 1880-81 he engaged in the work of establishing the dental department of the University of Iowa. In 1882 he moved to Iowa City and there took up the work of the new dental college of which he became secretary and manager. In 1886 he was made dean of this department, holding this position until 1896. During this time Dr. Hunt was Professor of Prosthetic Dentistry and Metallurgy and was the first man to teach crown and bridge work in an organized dental college. This was in 1882-3.

During 1896-97 Dr. Hunt has been an active member of many dental societies and he has not spared himself in promoting all organizations tending to further the studies of dentists after their graduation. He has belonged to twenty such organizations and has been prominent in every one of them.

For more than an hour preceding the banquet, Dr. Hunt shook hands with his friends at a reception in the parlors of the Loyal hotel. The reception itself was a meeting place for many men who had not seen each other for years.

Following the dinner, which was served in the new grill room, Dr. William L. Shearer, chairman of the banquet committee, presented Dr. Horace Warren of Missouri Valley, Ia., as toastmaster.

Dr. W. H. Sherraden of Omaha told "Personal Reminiscenses,"

Dr. E. A. Thomas of Hastings pronounced "Judgment;" Dr. C. H. Gietzen spoke on the "Beauties of a Life in Dentistry;" the Rev. Thomas J. Mackay responded to the toast, "Manhood;" Dr. Percy J. Hunter of Omaha supplied the toast, "Today;" Dr. Edward Bumgardner of Lawrence, Kans., spoke on "Our Dean;" Dr. E. H. Bruening read a number of letters and telegrams of congratulation; Dr. John E. Summers spoke on the "Allied Professions;" Dr. T. J. Hatfield of York discussed "Co-laborers;" Dr. A. Hugh Hipple, dean of Creighton Dental College, paid a high tribute to Dr. Hunt, whom he said had exerted an inestimable amount of influence to uplift and advance the profession in the middle west through his teachings; Dr. M. E. Vance of Lincoln discussed "A Vocation;" Dr. Hollister of Ashland, Dr. A. R. Cuyler of Omaha, Dr. B. W. Christie of Omaha, Dr. B. B. Davis of Omaha and Dr. G. V. Baird of Fremont were called on for impromptu speeches

Dr. F. F. Whitcomb, in a speech expressing the love of the old Omaha Dental College men for Dr. Hunt, then presented the guest of honor with a diamond ring, engraved with his name and the initials standing for Omaha Dental College. Dr. Charles E. Woodbury then spoke for the Iowa alumni, and in closing presented Dr. Hunt with a costly oriental rug.

Then Dr. Hunt, called by many the greatest man in the dental profession in the United States, with difficulty controlled his emotion as he spoke.

"Boys," he said, "a man could not be human and receive a testimonial of this character without being moved with emotion in every fiber of his being. There is no spoken language which can convey to you my love for all of you, but the good Lord has given us an expression for such an occasion as this and that is the feeling of brotherly love and good fellowship, which I know you, too, must feel. I am most surprised at the number of men who are here tonight. The gifts are of great intrinsic value, yet that does not compare with the value which attaches to them because of the spirit and feeling connected with them. I don't know how to thank you all, but I do, and that from the bottom of my heart."

OUR NEWS BUDGET

Miss E. Mayo, assistant for Dr. C. C. Farrell, is taking a special course in anatomical articulation at the Colorado College of Dental Surgery, Denver.

Back copies of the Journal are wanted at the office of the editor, Loup City, and those not intending to keep their journals will receive our appreciation if they will mail them to us.

Get your card from Dr. Cressler and send to Dr. Clapp at once. Then inform Dr. Cressler you did it.

Dr. C. E. Leach of Fairbury thinks it would be profitable for each dentist to take all the poor bridges, crowns, fillings, etc., to the state meeting and make one grand exhibition. This is in line with Dr. E. K. Wedelsteadt of St. Paul, Minn., who says "study your failure." As Dr. Leach writes, it is more instructive to examine mistakes than to spend so much time viewing successes.

Journal advertisers are in good company.

On February 12, 1914, Dr. H. Channing Parker and Miss Bertha A. Haveman were united in marriage. It gives us pleasure to extend congratulations and wish them a long and happy life.

Dr. Scott Covalt, a member of the Tri-City, is a successful breeder of fancy and pure bred chickens. Single Comb Rhode Island Reds he calls them, but with longer necks they would seem more like ostriches in their teens.

Dr. H. C. Miller of Grand Island has just returned from Omaha, where he has been getting his diet arranged again, and we are informed he is looking fine, working every day and keeps Dr. Douglas, who is with him, busy.

Other than buying, did you ever do that which some advertisement asked you to do? Try it next time you deal with our advertisers by saying you noticed their ad in the Journal. You then become a candidate for something good to happen to you.

Dr. J. H. Porter of Cambridge, our state secretary, has both sleeves rolled up—no, they are cut off—and there is a beam of strong intent in his eye. It's all about DUES. "Dues," as he says, "are now due. Give me my dues." "Early Dues" is the song he sings. Due it now.

Dr. C. H. Hartwig of Juniata, secretary and treasurer of Northwestern district, claims he is going to offer inducements so strong this year that every man will have his dues paid in advance and ready for his button when the door opens at Lincoln next May. For some reason Northwestern is always up front.

No sooner had the announcement been made that Dr. George Wood Clapp would lecture to members of the Nebraska State Dental Society next May on the business side of dentistry than several of the most successful dentists in the state began taking an active interest. Surely this argues with telling proof.

Write Dr. H. J. Porter of Cambridge to learn about your dues. He can inform you who and how much to pay. Now is the time.

By visiting either of the hotels advertising in the Journal dentists will be pleased to find the ice already broken and treatment will be forthcoming which will prove why most dentists go there. The Loyal of Omaha stands today one of the most popular hotels in the west and the Lindell of Lincoln having been renewed in every way meets all requirements of comfort. As the Lindell is headquarters for all meetings of the state society next May, it is much better to write for your rooms in advance. To be "shown up" to your rooms is better than waiting till someone vacates.

Dr. George Wood Clapp of New York, editor of the Dental Digest, who has consented to give several lectures on the business side of dentistry before the Nebraska State Dental Society in May, while making a study of local conditions, has placed a printed card in the hands of every dentist in the state, to be filled out and sent to him in New York. When properly filled out these cards will show general cost of maintenance and income of the individual's office. No name need be signed, but name of the town is desired. Any dentist who has no card can obtain same from Dr. O. H. Cressler of North Platte.

Every one sending a properly filled in card to Dr. Clapp should notify Dr. Cressler at the same time so that he can keep his record.

Here follows names of those reporting sending in their cards:

Dr. G. B. Baird, Fremont.
Dr. H. J. Porter, Cambridge.
Dr. R. E. Dooley, Fremont.
Dr. H. D. Muir, Fremont.
Dr. A. E. Littlefield, Fremont.
Dr. Jas. Stockfeldt, Fremont.
Dr. A. D. Davis, Oxford.
Dr. Wm. A. McHenry, Nelson.
Dr. F. W. Miller, Fremont.
Dr. J. K. Sewell, Fremont.
Dr. Harry Mitchell, North Platte.
Dr. P. T. Barber, Omaha.
Dr. G. W. Henton, Wakefield.
Dr. G. E. Hartman, Randolph.
Dr. B. H. Eckert, Wayne.
Dr. M. E. Eby, Hartington.
Dr. (No Name), Dexter.
Dr. A. T. Tornholm, Wausa.
Dr. R. A. Mittlestadt, Norfolk.
Dr. O. H. Cressler, North Platte.
Dr. H. S. Murphy, Fremont.
Dr. H. C. Brock, North Platte.
Dr. W. F. Roseman, Fremont.
Dr. G. J. Green, Wayne.
Dr. J. M. Prime, Oxford.
Dr. H. A. Adams, Omaha.
Dr. L. Limsky, Omaha.
Dr. E. A. Mason, Omaha.
Dr. Ray Lawson, Omaha.
Dr. T. E. Dailey, Omaha.
Dr. G. W. Williams, Omaha.
Dr. R. W. Reed, Omaha.
Dr. P. J. Hunter, Omaha.
Dr. F. S. Mellinger, Omaha.
Dr. W. W. Ward, Omaha.
Dr. J. J. Foster, Omaha.
Dr. A. H. Hipple, Omaha.
Dr. A. O. Hunt, Omaha.
Dr. E. H. Bruening, Omaha.
Dr. N. C. Christensen, Omaha.
Dr. H. C. Parker, Omaha.
Dr. B. Dienstbier, Omaha.
Dr. Mares, ————.
Dr. S. R. Patton, Omaha.
Dr. Wm. L. Shearer, Omaha.
Dr. J. C. Soukup, Omaha.
Dr. Adam Cox, Omaha.
Dr. M. L. Dunham, Omaha.
Dr. H. E. Newton, Omaha.
Dr. J. H. Wallace, Omaha.
Dr. F. F. Whitcomb, Omaha.
Dr. Henton, Wakefield.
Dr. Cardwell, Minden.
Dr. S. A. Allen, Loup City.