

# Nebraska Dental Journal

VOLUME I

OMAHA, JUNE, 1914

NUMBER 12

## THE HYPODERMIC AND SOME OF ITS USES IN DENTISTRY.\*

Dr. H. A. Shannon, Lincoln.

**D**ENTISTRY has been making rapid strides during the past few years and many new things brought out have proved of great importance to the dental profession. While progress was being made in new lines, such as porcelain dummies for bridge work, the casting machine with all of its advantages, the perfecting of plastic porcelain for filling which is giving wonderful results, the use of the hypodermic syringe has so improved that it is possible today for any man, who will follow instructions, to do painless dentistry in the literal sense. When I say painless I do not mean the changing of the degree of pain from the excruciating to one that can be endured, but taking it away entirely by producing total insensibility to the nerve entering the tooth as well as to the nerves in the tissue surrounding the tooth.

It was in February, 1898, in the Chicago College of Dental Surgery, that I first saw Dr. W. J. Younger infiltrate the alveolar process with a cocaine solution before implanting a tooth. This operation, from a standpoint of Analgesia, was a success.

I have in a number of cases since produced analgesia in single rooted teeth through the peridental membrane, but as cocaine had its accompanying dangers, as well as the difficulty in securing good and uniform results in all patients, regardless of age, I did not make general use of it until I began the use of Novocaine and adrenalin. The use of the burr to make an opening through the dense outer layer of process has made it possible to secure results in many cases which could not be otherwise handled.

As analgesia is one of the important issues before the dental profession, and realizing that we are not all able to produce equal results with the same method, I take pleasure in bringing before you one that has given the best results in my hands. I have used Nitrous Oxide, Somnoform and chloroform, and in each case have secured fair results, but the cream of all, in my hands, I shall describe.

Medicines used are in tablet form: Novocaine 1-3 grs. suprenalin 1-1500 gr. and normal salt solution. One of these tablets dissolved in 15 minimums of the solution will produce a 2 per cent solution of the novocaine and is sufficient in most cases to produce total anaesthesia of the nerve entering the tooth as well as the surrounding tissue. In some instances the second pellet will have to be used to produce total insensibility. On dropping the pellet in the solution see that it is thoroughly dissolved before filling syringe.

Instruments used are a good high pressure syringe "Imperial."

Reinforced hypodermic points 26 g.  $\frac{1}{8}$ -inch points. Tube of carbolated vasoline for lubricating piston to prevent packing drying out, a small graduate or mixing dish and a No.  $\frac{1}{2}$  round burr.

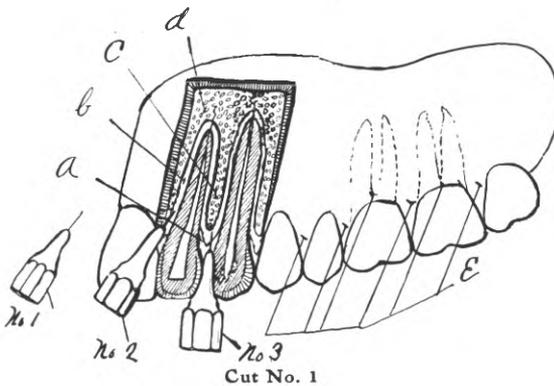
### Methods of Injecting are Three.

1st. By forcing anaesthetic to place through peridental membrane.

2nd. Through alveolar process in inter-dental septum.

3rd. By making injection near end of roots.

First method after filling syringe and removing air thoroughly



**Cut No. 1**—An illustration showing a sectional view of upper lateral and cuspid with the outer plate of compact bone removed, exposing the diploe, or cancellous tissues surrounding the roots of the teeth.

**a**—Free margin of interdental gum tissue.

**b**—Peridental membrane.

**c**—Interdental septum.

**d**—Cancellous tissue

**e**—Lines indicating where punctures may be made to obtund the bicuspid and molars. In the case of the molars at the bifurcation of the roots as well as in the interdental region.

**No. 1**—Hypodermic needle held at an angle of about  $15^\circ$  to the long axis

of the tooth to reach the septum midway labio-lingually.

**No. 2**—The needle well inserted into the peridental membrane.

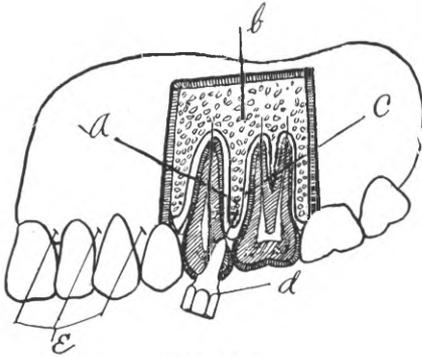
**No. 3**—The needle inserted into the interdental tissue and reaching the apex of the septum, which acts as a guide in directing the needle.

sterilize tissue, where puncture is to be made, holding the lip or cheek well away, use tincture of iodine or camphorated phenol on a pledget of cotton. The initial puncture should be made in the interdental flap No. 3 and a minum of the solution should then be deposited. The syringe should then be deflected so that the needle will stand at an angle of about  $15^\circ$ , No. 2, to the long axis of the tooth, and then inserted until it enters well into the peridental membrane, being careful to keep the anaesthetic ahead of the point of the needle. Then by gentle pressure force the contents of the syringe into the tissue. In young patients, up to 15 years of age, this generally gives good results. Gentle pressure should be used in order to not rupture the soft tissues, which would produce after inflammation. If the anaesthesia has not taken place after two or three minutes, the flap on the other side of the tooth may be injected as above described.

### Method No. 2.

In patients of advanced years it would be useless to try the peridental membrane injection so the anaesthetic is forced to the nerve through the alveolar process.

Sterilize tissue as previously stated and make initial insertion of needle into interdental flap, depositing one or two minums of solution



Cut No. 2

**Cut No. 2**—An illustration showing a sectional view of the upper left second bicuspid and first molar, with outer plate of compact bone removed from the alveolar process, exposing the roots of the teeth and the cancellous tissue surrounding them.

- a—Interdental septum.
- b—Cancellous tissue.
- c—Peridental membrane.
- d—Needle driven into the cancellous portion of the interdental septum in position for injection of the anesthetic.
- e—Lines indicating where the needle should be inserted to obtund the remaining teeth.

and then by gentle pressure pass the needle through the outer plate of the process and deposit the remaining contents of the syringe in the cancellous tissue by means of gentle pressure, taking at least two minutes for latter part. In case the outer plate of process is too dense to be penetrated by means of needle, the syringe is removed and the outer plate is punctured by means of the No.  $\frac{1}{2}$  round burr in the engine.

The burr being coated with carbolated vasoline is passed through the puncture made by the needle and held firmly against the process and the engine then started. It is easy to tell when the cancellous tissue has been reached by the sudden advancement of the burr. The burr is then laid to one side and the needle passed through the opening in the plate of the process and the contents deposited as above described.

In case the anaesthetic is deposited too rapidly there may be a decided increase in the heart's action and a feeling of faintness. The patient will resume his normal condition in a few minutes.

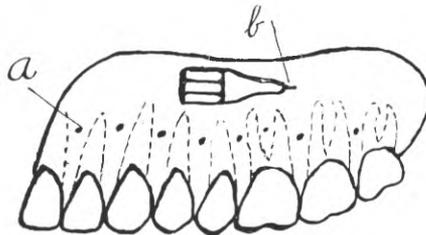
### Method No. 3.

#### Cut No. 3.

a—Points indicating where punctures should be made through the outer plate of compact bone of the alveolar process, with a burr, gaining access to the diploe or cancellous portion of the process.

(In obtunding molars the palatal surface may be punctured as indicated on the buccal surface, the former, as a rule, being the most accessible. The above method applies to the lower teeth with one exception, the space between the cuspid and first bicuspid being the location of the mental foramen. Punctures should also be avoided between the centrals, both in the upper and lower teeth, being the places of union, and are devoid of diploe or cancellous tissue.)

b—Blunt needle cut off to 1-16 of an inch from shank, to be used as described in literature under method No. 3.



Cut No. 3

The punctures as indicated in cut No. No. 3 should be made about  $\frac{1}{4}$ -inch from the ends of roots. After the puncture has been made the

instructions previously given for depositing anaesthetic should be followed.

The anaesthetic effect lasts from 30 minutes to two hours, and the field of operation varies with the patient from one tooth to as high as six and seven. I have used as high as 4 injections at one sitting with no bad effects.

After the operation, do not use astringent or counter-irritants, but simply massage the gums to restore the capillary circulation.

After the tooth has been anaesthetized, do not heat the tooth too much by too rapid and too long continued holding of the burr in the cavity. In case you do pulpitis will follow. After the removal of the pulp it is better to wait for a normal condition of the tissues to return before filling the canals.

After using, the point should be removed from the syringe and thoroughly washed and then placed in a bottle containing a saturated solution of boracic acid and 25 per cent formaldehyd. I have never had a point rust in this solution. Before using a point from this solution it is necessary to free it of all formaldehyd. The syringe should be thoroughly cleaned and sterilized after using and then kept in a sterile condition.

The novocaine solutions described may be injected about an abscessed tooth with perfect safety by first injecting into the normal tissue and forcing the anaesthetic into the inflamed tissue from the normal. Do not inject into the abscess pocket. Alveolar injection may be made in these cases just the same as for cavity preparation. By this method abscesses may be opened and the pockets curreted without pain to the patient.

The procedure described in No. 1 or No. 2 may be employed in cases of pyorrhea when the teeth or gums are sensitive.

I will add in closing that it is just as easy to anaesthetize a third molar or a tooth with any number of roots as it is a single rooted tooth.

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### PANAMA IN THE AIR

The Executive Committee for the Nebraska Panama-Pacific Dental Congress of Organization met at the Lindell Hotel, Lincoln, during the state meeting, perfecting organization as follows: Dr. E. H. Bruening, Omaha, Chairman; Dr. S. A. Allen, Loup City, Secretary and Treasurer; Doctors A. O. Hunt, O. H. Cressler, H. A. Shannon. Dr. Bruening will furnish information to those intending to visit this world-wide dental congress.

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You see, the definition of a "tightwad" depends on how you're playing the game of life. If you're playing it for the enjoyment of the present, with no provision for the future, you call the fellow who is playing for the future a "tightwad." As he looks at you he mentally calls you a "loosewad," because he feels that you are playing fast and loose with your future, and that he is playing to win, either for himself or his loved ones if he dies.—"Bill" in Dental Digest.

# Nebraska Dental Journal

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## == EDITORIAL ==



We are reminded of a student's first lesson in mechanical drawing, who with pencil and paper sat not knowing how to begin, on asking was told by his instructor to "draw a line." Still uncertain he looked to his teacher only to be told again "draw a line." So elementary are dentists in business ways that to learn to profit we must go back to first principles and find what we pay in order that we may practice. Dr. George Wood Clapp has said, "draw a line."

In the three lectures, "Costs and Receipts of Practice," "Making Practice Profitable" and "Getting Something out of Life," the business management of dental practice was taken up at our recent state meeting and an intelligent effort made to determine the cost necessary to furnish dental education and to discover those items which make up the cost of maintaining practice.

Since cost of production must be known before the profits are sought Dr. Clapp proceeded from 160 reports sent in by Nebraska dentists showing costs of the college education with \$500.00 added for each year's time spent at dental college, investment in reception, operating rooms and laboratory, including installation expenses, operating costs such as rent, heat, laundry, assistant, etc., supplies and precious metals costs, plus salary.

The keen interest shown at each lecture and the unusual attendance at all three sessions certainly demonstrated that Nebraska dentists

were seeking light on the neglected but vital subject, our professional companion, poor remuneration.

One of the difficult questions for the dental graduate is "What shall I charge?" and is generally solved by drifting along into the other fellow's prices, groping for profits amid a haze of bills and unknown costs. By knowing his investments and total cost for producing hours he can fix his fees on a business basis. The furtherance of these principles in colleges by senior instruction and in dental society work is needed to counteract dentists' poor reputation for business efficiency.

We feel free to compliment Dr. Clapp for his ability and fortunate qualities of clear expression. Many appreciate the fact that his endeavor to meet Nebraska conditions in these lectures kept him busy gathering data even up to the last lecture, and though we were hit hard at times, his assertions were based on facts and carried conviction through distinct reasoning.

Nebraska is glad that it has taken its first real lessons on the business side of dentistry and has found a reasonable incentive to turn over a new leaf and consider costs.

Good dental operations are more likely to result from sufficient fees and sufficient fees spells business intelligence.

Dr. Clapp's lectures will begin in the Journal just as soon as copy can be prepared from the stenographers notes.

A committee composed of Doctors T. J. Hatfield, York; M. E. Vance, Lincoln, and M. H. Dunham, Omaha, was appointed to make several important changes in the Constitution and By-laws.

Financial reports show sufficient money to pay all bills.

Membership roll increased. Attendance better than ever.

Next meeting place, Omaha.

President's address, by Dr. J. H. Wallace, Omaha; papers by Dr. H. E. Latcham, Jefferson, Ia., "Pathology of the Pulp;" Dr. P. J. Hunter, Omaha, "Is the College Education Sufficient?" with their discussions will be published in full in the Journal.

#### NOTES OF THE MEETING.

During the best attended session of the state meeting an expression called for brought every member present to his feet, as favoring the continuance of the Nebraska State Dental Journal. That it provides a means for the betterment of dental organization has been proven and many individuals voluntarily declared for its future.

Dr. O. H. Cressler's good work, as business manager the past year, made him the recipient of numerous requests to continue in that capacity, he finally consenting to the great pleasure of the council and everyone concerned.

Election of officers resulted in Dr. W. A. McHenry of Nelson, for president; Dr. O. H. Cressler, North Platte, vice-president; Dr. H. E. King, Omaha, treasurer; Dr. H. J. Porter, Cambridge, secretary.

Dr. S. A. Allen will continue as editor of the Journal.

The office of superintendent of districts will probably be incorporated with that of the secretary, eliminating some expense and making it possible, for the secretary to perform all duties of these officers advantageously to both state and district societies.

Dr. P. T. Barber appeared on the grounds a day before the meeting with a long tape measure and a brand new pencil sharpened to a fine point. Dr. Barber measured off space for the exhibitors. In one case he was short ten inches of space but cheerfully informed the man who had paid for more than he could see that he could "run up the wall for the rest." Please note that Dr. Barber's initials are the same as Barnum's.

Dr. F. F. Whitcomb says the Journal is the best dental magazine published and Dr. Whitcomb's judgment runs about 99 the year 'round.

Any one running against Dr. King for the office of treasurer would have about as much chance as a snow ball in the muffler of Jimmie Prime's Ford.

Dr. H. J. Porter of Cambridge, (that pleasant young man you saw at the door), lost his smile but once when it was a pure dyed in the ink advertiser tried to pass him in an effort to go inside. 'Nix,' said Harley, 'second Tuesdays in the week for advertisers,' and when Dr. Porter arose to his 6-2 height Mr. Advertiser Nixed.

Lincoln dentists took great pains to provide comforts for visiting dentists. When we remember that long before these meetings Lincoln and Omaha dentists must spend much of their time preparing the thousand and one things it is to be wondered how we can ever repay them for their sacrifice.

By action of the executive council every member whose state dues are paid is in good standing with the National Dental Association. The only way to become a member of the National is through your district and state dental societies and at that it is now cheaper to belong to the National and local societies than before.

The Lindell hotel, headquarters for all conventions and banquets during the meeting extended every courtesy to its guests and its clean and newly furnished interiors were noted with pleasure and admiration. Mr. Johnson is **right with Nebraska dentists: remember the Lindell when in Lincoln.**

Dr. F. J. Cholette has bought a half interest in the practice of Dr. D. A. Finch of Grand Island.

Dr. A. O. Hunt and Dr. E. H. Bruening made announcements at sessions regarding the big dental congress to be held in San Francisco, California, during the Panama-Pacific International Exposition, 1915. Representatives from all over the world will read papers and give clinics bringing to this meeting dental science and methods from all countries of the globe: no wonder that an interest different than any heretofore felt is being shown. To many Americans this is the one chance of a lifetime, and Nebraska dentists intending to go will do well to take the matter up with Dr. E. H. Bruening at once. It

comes at the best season of the year, August to September, when nature is at her best. There are a lot of folks going and the number of reasons why you should go west at this time run up to about 100 as near as we can figure it. Oh, you Rockies and Golden Gate, the flowers and trees, the rivers and all that WEST means. Nebraskans—you of the flats and the hills; let's. Automobile or railroad Mox-Nix-Ous, just so you get the bug and go.

Dr. Clyde Davis leaves the first of June for Oregon and Washington, where he will read a paper on "Sylicates" before the state dental societies in these states. Dr. Davis tauntingly adds, "remember me this summer on all warm days as out in the woods in a cabin in a climate where I will wear an overcoat most every day until nearly noon, in other words, I am going to make friends with the trout."

### TRI-CITY DENTAL SOCIETY OUTING

Omaha, Nebr., May 30, 1914.

To the Members of the Tri-City Dental Society:

As President of your society I am in receipt of a letter from Dr. W. A. Cox of South Omaha inviting the members to hold their annual outing at Seymour Lake Country Club. The doctor agrees not only to act as host but to furnish transportation to and from the club in automobiles.

After consulting several of our members I have decided to accept the invitation, and the date will be Wednesday, June 17th. The society will assemble at our office in the Brown Block and all start from there **promptly at 1:00 P. M.**

There will be games for ALL; golf, tennis, croquet and marbles, and **every one** will need a bathing suit.

Just roll your clubs, raquet, favorite mallet and ball or Mooney in your "get-wet clothes," and go for the afternoon for a good time.

You will receive the usual return post-card one week in advance of the meeting. Please return the same **promptly**, either **yes** or **no**, so that the necessary arrangements will not have to be made at the last minute.

Let's all go and make this the "banner meeting" of the most successful year in the history of the society.

Fraternally yours,

Countersigned: DR. W. A. COX. M. H. DUNHAM, Pres.

### XI PSI PHI

The Xi Psi Phi Fraternity held two rousing, enthusiastic noon meetings during the state meeting. On May 19th and 20th they took lunch together in the Rose room at the Lindell Hotel. Officers for the ensuing year were elected as follows: M. H. Dunham, of Omaha, President; E. X. Crowley, of Lincoln, Vice-President, and J. F. Cole, of Aurora, Secretary and Treasurer.

### DELTA SIGMA DELTA

On Wednesday evening, May 20th, the Nebraska Auxiliary, Delta Sigma Delta, held their annual meeting for the election of officers and the initiation of new members. The meeting was very well attended, considering the lateness of the hour.

Doctors H. C. Gietzen and J. C. Soukup of Omaha and Dr. C. S. Parker of Norfolk, together with Dr. Walter Sorenson of Omega Chapter, were initiated into the brotherhood. Dr. F. B. Smith of Fairbury, who was a member of Alpha Chapter when at school, and also was one of the organizers of the Supreme Chapter, reaffiliated.

The election of officers resulted as follows: Dr. B. Dienstbeir, Grand Master; Dr. C. F. Patten, Worthy Master; Dr. G. B. Baird, Scribe; Dr. P. T. Barber, Treasurer; Dr. H. C. Brock, Tyler; Dr. H. A. Nelson, Senior Page; Dr. F. F. Whitcomb, Junior Page, and Dr. A. D. Davis, Historian.

Brother Latchem of the Iowa Auxiliary was present and talked to the brothers in his usual interesting manner, followed by several other speakers.

On Thursday the members of the Auxiliary were the guests of Beta Beta Chapter of the Lincoln Dental College at a well appointed banquet at the Lindell Hotel. Brother Latchem of Jefferson, Ia., and Brother Kirby of Lawrence, Kan., were the special guests of honor. Dr. M. E. Vance acted as toastmaster and called on a number of the members for short informal talks. After a rousing and enthusiastic good time the living chain was formed and the company dispersed.

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### NOTICE TO CLINICIANS

Write a full description of your clinic at the Lincoln meeting and send it to the editor at once. Write plainly and as briefly as possible. These reports will be published in the Journal and your name will appear with your article.

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We reprint the following from the Dentists' Record:

WANTED—Clever lady graduate associate in high-class practice, city of 200,000 population. Must be small and not over twenty-five. \$30.00 weekly to start. Partnership later to one who is just right. Address K. C., care Patterson-O'Brien Co.

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FOR SALE—Cash; good practice, \$3,000 to \$4,000. Best location in Omaha; good equipment. Obligated to leave on account of health. Address T., care of Billings Dental Supply Co., Omaha.

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Billings Dental Supply Company are strong for the Journal. Mention the Journal when you order.

**TODAY'S VITAL EXCERPTS**

As in anatomy and physiology all study and interpretation has been reduced to a consideration of the cell as the unit of activity, the unit of irritability, the unit of growth and the unit in short of all manifestation of life; so today, we are considering the cell for deeper explanation of anesthetic phenomena manifested by the action of various anesthetic agents. So that as all physiology is now cell physiology and all anatomy now histology, so all anesthesia is primarily cell anesthesia. The cell is the elementary unit of all tissues. It is the primary unit of the organic world both anatomically and physiologically. Every manifestation of life whether normal or abnormal may be referred to the cell.—C. F. B. Stowell, D. D. S., in *The Dental Review*.

The dentist who makes a poorly fitting crown is, in reality, placing a crown of death upon his patient. Thus the advertising quack, with his \$3.00 or \$5.00 gold crown, is really a stealthy assassin who, under the guise of saving money for his patient, administers to him a death potion which is as sure as it is slow and unsuspected.—E. H. Baker, B. A., M. D., Chicago, in *The Dental Review*.

The work of Ames in bringing to the dental profession pure science—that decalcified dentin which occurs may in part be allowed to remain and protect the sensitive pulp, that it may be sterilized and become a hard solid substance capable of so remaining until the end of life, is a lesson in science and art of practical value to the laity and the profession generally.—Dr. Truman W. Brophy in discussion of paper by Dr. W. V. B. Ames, "Possible Sterilizing Properties of Filling Materials," *Dental Review*.

**Health Statistics Given**

A very satisfactory condition of the public health in 1913 is indicated by the general death rate of 13.8 per 1,000 of estimated population in the registration states and cities, statistics for which the Census Bureau has announced. The rate for the same territory in 1912 was 13.6, and in 1911 was 13.9 per 1,000.

Of the eighteen registration states, Maryland, with 16.3 per 1,000, showed the highest rate; Minnesota, with 10.7, the lowest. Other states' rates were:

California 13.4, Colorado 11.9, Connecticut 14.4, Indiana 12.6, Kentucky 13.4, Massachusetts 14.7, Michigan 13.1, Missouri 12.4, Montana 13.0, New Hampshire 14.1, New Jersey, 14.7, New York 15.2, Ohio 13.1, Utah 11.6, Vermont 12.6, Wisconsin 10.9.

Of the forty-five registration cities, Portland, Ore., with 11.0 per 1,000, showed the lowest rate; Memphis, with 22.9, the highest.

An appeal to Providence through labor will stand the better chance.

# OUR NEWS BUDGET

Send News Items to DR. H. A. NELSON, 579 Brandeis Bldg., Om 1 1



Journal advertisers are in good company.

Thank you, Lincoln, we all had a good time.

The state meeting this year was as successful as any we have ever had. The attendance was large and some twenty-odd applications for membership were received.

Dr. H. J. Porter, our State Secretary, says that he collected more money this year than has ever been received before at any meeting of the society.

Doctors J. E. McCann, Walter Sorensen and George Carroll, recent graduates of Creighton Dental, have opened their respective offices in the City National Bank Building, Omaha.

Dr. W. E. Harper of Chicago recently paid Omaha a visit in order to try out the golf links in company with Mr. George Brandeis, manager of the Brandeis Stores.

The Journal of the New York Dental College recently reported Dr. A. R. Cuyler dead. The doctor not only insists that he is alive, but that he is selecting teeth for the dentists of Nebraska and surrounding territory at Billings' tooth counter every day of the week and sometimes on Sunday. Long may you live, Cuyler!

Dr. F. R. Lord, President of the State Board of Examiners of New Mexico, recently instructed a pyorrhea class of Omaha dentists for two days.

P. B. Billings recently purchased several suits of light underwear during our last hot spell, and was the envy of his office force. As yet we have not learned whether or not he keeps cool by wearing them all at once. But then business must have been good at Lincoln to warrant such extravagance.

T. C. Van Buren, who is well known to the dentists of the state, has gone to Richmond, Va., where he will engage in the dental supply business. Success to you, Van!

Dr. C. M. Carrington of Orlington has sold his office and practice to Dr. F. E. Taylor of the class of '14, Creighton Dental College.

The Omaha Commercial Club is rejoicing because the State Society selected Omaha for their next meeting. They assure us that everything that can be done for your amusement and comfort will be done, also that the new Fontenelle at Eighteenth and Douglas streets, a half block from the college, will be completed and at your disposal.

Dr. T. B. Mowry, class of '14, Creighton, has located at Florence, Nebr.

Dr. McGrane of this year's class at Creighton has opened an office in Sioux City, Ia.

Dr. J. G. Kelley has taken rooms in the Bee Building, Omaha.

Doctors Leo Coppersmith, A. D. Davis of Oxford and E. A. Meservey of Kearney were seen in Omaha after the state meeting.

Dr. and Mrs. T. A. Trumble are rejoicing over the recent arrival of an eight and one-half pound boy at their home. Congratulations!

Dr. G. J. Vaseck has recently purchased the practice of Dr. W. W. Dodge at Rising City, Nebr.

Dr. Runyan, class of '14, Creighton, has located at Meadow Grove, Nebr.

Dr. Paul Beck has opened an office at Osmond, Nebr.

Four of the class of '14, Creighton Dental, are going to practice in Iowa. Dr. McGrane is located at Sioux City, Dr. John Gorgerty at Deering, Dr. Herbert Coy at Farragut and Dr. Koubesheck at Eagle Grove.

Dr. E. A. Doyle has entered practice at Greeley, Nebr.

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"Medical State Board Statistics for 1913," Journal of the American Medical Association:

"There were 99 medical colleges in the United States granting degrees in 1913, which had graduates examined, as compared with 110 in 1912, and 153 in 1905. Educational statistics show that the medical colleges of the United States graduated 3,981 students last year and that 87 per cent of all graduates in 1913 took examinations for license during that year."

The importance of publication of complete statistics of all state medical boards is shown in the many pages of tables and findings arranged for the purpose of comparison. The character of both medical colleges and state boards is brought to light, weak institutions and elastic boards can no longer hold themselves up to the world for what they are not. We read: The influence on medical colleges resulting from the publication of these statistics has been tremendous. Whereas previously these institutions may have been unaware of the weaknesses in their methods of teaching, these statistics have shown them how frequently their graduates fail at the state license examinations. There has been a marked improvement in their equipment, better teachers have been secured and better methods have been adopted, that a number of colleges have reduced the failure percentages of their graduates. (May 23, 1914.)

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#### **Disinfection of the Mouth with Ultraviolet Rays**

Friedberger and Shioji (*Deutsche Medizinische Wochenschrift*, Berlin) report research which confirms the strong bactericidal action of the ultraviolet rays. With them it is possible to sterilize vaccine so that no chemical disinfectant is required. When applied inside the

mouth of a rabbit previously infected with various germs, the germs were rapidly killed. It is possible, they suggest, that this method might prove a means to eradicate diphtheria bacilli from the throats of chronic carriers, also to sterilize the throat, teeth or vagina.—Western Medical Review.

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### NOTHING PERMANENT BUT CHANGE.

Owing to the high cost of living for the last few years, all lines of business have found it necessary to readjust their methods, not only in disposing of their products, but in the method of their creation. We call it progression, but in analyzing the situation, we find it a race of competition, the old easy-slip-shod methods of a few years ago are inadequate to meet the problems of business as they exist today in any line, for instance in the manufacturing world; a high powered machine is made to do a certain work; a high speeded, high powered machine is developed to manufacture this other machine to do so, automatic and labor saving devices are used to cut down the cost of manufacture and the distribution of products. The best phrase I can think of to cover the situation, would be the scientific utilization of the energies of brain and brawn.

The dental profession is not exempt from this condition. We are entering the arena with all the force and power of our being. Look back ten years, then think where we are today and what a future we have before us, the change in conditions that will naturally come about; we are not prophets nor can we see the conditions as they will exist ten years from now, but this we do know, that the profession will advance from what it is today. Each state society will contribute to that growth through the efforts of some of its members. Think what the result would be if every member would help.

The Nebraska Society this year is taking an advance step the officers think will benefit every member, no matter how long he has been in practice, be it one year or fifty; and if you will COME to the meeting and do all you can to make it a success, we assure you that you will go home a happier, better and more competent man than ever before to meet conditions all other business men are having to meet.

If you have anything of special interest, write to the Executive Committee about it and we will be more than pleased to put your name on the program for a clinic.

G. B. BAIRD.

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### NATIONAL MEETING

“Rochester loves company”—July 7, 8, 9 and 10.

The new section created by the national, known as the State Society Officers' Section, is to be a regular clearing house for society ideas, and Nebraska hopes to give a good account of herself.

The clinic this year is expected to surpass anything of the past. They are to be progressive and of a graded nature.

Every Tom, Dick and Harry is not going to show. The men to be listed are ones who have shown their ability and fitness previously. I might say been good actors at home.

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