

# Nebraska Dental Journal

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## Nebraska State Dental Society Proceedings

Continuation of Afternoon Session, May 20, 1913

(Dr. Kelley's Paper continued from January)

Next the teeth are set up and tried in the mouth and the different relations tested; first the relation of the saddle with attachments to the ridge, and second the relation of the occlusion together with the saddles and attachments. To test the relation of the saddle to the ridge, placed a finger on the bridge above each attachment, holding them firmly to maintain their relation to each other, at the same time pressing the most distal points on either side of the bridge, and if there is no rock, this relation is correct. If not satisfactory, adjust the bridge until the correct relation is obtained. To test occlusion, have the patient bite firmly, and if the relation of the saddle to the ridge has not been disturbed, the occlusion is correct. If not correct, it may be due to one of two things, either the model was roughly placed on the articulator or the correct bite was not obtained. (Caution: Never open or close the bite in the articulator.)

When the denture has been tried in the mouth and the occlusion, bite, articulation and the relation of the saddles to the ridges are all in harmony, the bridge is next invested in the flask (using Spencer's plaster) and allowed four hours for setting. The wax is then removed and rubber is packed in its place. The case is next vulcanized and finished as a plate. The adjusting tubes are removed from the holding posts. The bridge and tubes are then cleaned and trimmed so that the copes and holding posts will go to place; then the copes are placed on the roots, and the bridge is tried in the mouth. If correct, cement the copes to the roots, and when the cement has set place the bridge in position. See the patient after forty-eight hours so as to trim the bridge if any part should be resting on muscles as with a lower plate.

If the patient wishes to have the bridge tightened at some future time, and the roots are firm, one or both of the adjusting tubes may be cemented on the holding posts or in the bridge. This adjustment may be carried to any degree of tightness, depending on the thickness of the adjusting tubes.

The eight following pictures show the frame work and the steps in the construction of four extensive cases of removable bridge work, in all four of which extensive fixed bridges had proved a failure.

No. 1—Was made with gold shell crowns, covering the attachments and dummies with gold saddle connected by vulcanite. In this case large attachments were used.

No. 2—Steel facings were soldered to the bridge tube with gum blocks for the molars—gold saddles connected with vulcanite.

No. 3—Is an all-porcelain bridge. The eight anterior teeth were

restored with a baked porcelain fixed bridge with an extension of No. 12-gauge iridio platinum bar, to form the holding posts for the posterior or removable bridge, with arch bar all porcelain.

No. 4—Shows the most extreme case, but the simplest and surest way of construction. The copes are made of 30-gauge platinum and a notch is ground in each of them lingual of the root post, which is seen to extend above the copes into this notch. A 16-gauge iridio platinum bar is fitted and soldered with platinum solder. The two distal ends give foundation for holding posts.

No. 5—Shows the bar in position when it has been soldered in the notches with pure gold or 25 per cent platinum solder. It is now tried in the mouth, and if it goes to place without drawing or moving the roots the projecting parts are cut off even with the top of extension bar and the teeth set up. The attachments are placed as described in a simple case, and then the attachments are soldered to the copes and extension bar, as shown in picture.

No. 6—This picture shows about the correct amount of divergence of the holding posts, one millimeter or slightly more. The arrow points to the free space between the connecting bar and the gum. This is important, there should always be space enough to pass a toothpick between the bar and the gum of all the copes. The under surface of the bar should be round.

These pictures show one method of construction of the all-porcelain removable bridge, where the posterior teeth are missing.

No. 1.—This picture below shows frame work for a gold removable bridge, the position of the arch bar, the relation and direction of the attachment.

I have tried to prove to you the importance of sanitation in bridge work, and to that end I have described and advised the removable bridges, but more important than making bridges so that they can be cleaned is to give the patient something that he can clean the mouth and teeth with.

No. 17—This picture (indicating picture) shows the Kuroris carrying the cotton rolls, showing how the cotton roll is brought into contact with the gums, teeth and cheek, at the same time massaging the gums and cleaning the teeth and cheek.

No. 18—This picture shows the loop handle of the Kuroris in act of scraping the tongue.

This picture shows the prophylactic polisher with concave wooden points, in the act of polishing the teeth.

This picture shows the two instruments I have made for this purpose. The Kuroris carries a cotton roll or wad in one end for massaging the gums and cleaning the mouth; the loop or handle is used to scrape the tongue—should be used twice a day. The other, the prophylactic polisher, carries two concave wooden points at such angles that all surfaces of the teeth may be reached and polished—this should be used at least once a week.

I hope that you are convinced that removable bridge work plays an important part in dentistry, but more important is to be convinced of the necessity for sanitation, because whether we construct fixed or removable bridges, neither can be successful unless the mouth is kept

clean. Montaigne says: "That to study philosophy is to learn to die." Let us admit that we must study sanitation to learn to live.

Dr. G. W. Hamilton, Council Bluffs, Iowa: I think the shorter I can make this discussion this evening the more my remarks will be appreciated. I cannot agree with Dr. Kelley in his removable bridge-work schemes. It seems to me absolutely impractical in every way, shape and manner. And as far as his hygiene corn-cure proposition is concerned, it is a patented scheme and has no business in this meeting.

Dr. A. O. Hunt, Omaha: Mr. Chairman, ladies and gentlemen, I have been called on a great many times in my life to discuss papers, lectures and talks extending over a goodly length of time. I am in favor of removable bridges; that was the subject before us, I supposed. When I was appointed to discuss this paper I did not suppose for a minute I had to discuss pyorrhea or the treatment of it. That would be another subject. But so far as any exhibitions of the appliances are concerned there is no radical difference between what I have to say tonight and what I have said for many years in the way of removable bridges, so-called. In other words, it is a plate with a different kind of an attachment other than a clasp. Now, my experience is, if you have any teeth that will retain an appliance the best removable bridge that I know of is a plate with a good clasp about the teeth. There are many good attachments, but the difficulty with this kind of attachment is, we talk about the flexibility of the appliance, but when we are dealing with soft tissue we are not dealing with hard tissue, and yet we are dealing with both—there will be an absorption of the soft tissues in the mouth just as long as the individual wears an appliance of any kind, doesn't make any difference how it is made, how attached, or held, the tissue will absorb; there is no question about it at all. There is a constant change in the mouth. Now, I am going off on another point. I learned something—taht a man can in three-quarters of an hour clean five or six teeth that have deposits of calculus on the roots. I have never been able to that in over thirty-five years' experience. Three-quarters of an hour is a small time to expend on one tooth, and then you don't get it lal. But it is a very simple matter to cut off a tooth. What right have you to cut teeth off? Who gave you that right? Our business is to save teeth, and not cut them off. Anybody can cut teeth off, but can anybody save teeth? I don't believe that because you cut teeth off you can save them easier, or that they are better for being cut off. I know too much about pathology, anatomy and physiology of the mouth to believe anything of that sort. I can't believe it, and it isn't so, it isn't true—I don't care who says so. I am like Dr. Hamilton; when I read on a picture put up before that the machine has been patented in the ninth month, the 27th day of 1910, and that the patent is still pending, it has no business in this society.

Dr. J. M. Prime, Oxford: Ladies and gentlemen, I don't know what there is in this air today to get everybody to scrapping. I don't know why I should be put on this program to discuss Dr. Kelly's paper unless some of you fellows have seen some of my removable bridges. It reflects some credit on me, anyway, that I have made

bridges which have gone out of the town in which I live, even though they were not right. I certainly agree with Dr. Kelley that a bridge so constructed as to prevent the accumulation of the debris which we find under, around and in fixed bridges—if that can be avoided it certainly is a boon to humanity, if it is not to dentistry. This paper is beyond me; it is new to me; I don't understand it, but shall I condemn it because I don't understand it? Shall I go into a discussion here with an astronomer who has discovered some new planet and tell him it is not there because I never saw it? Dr. Kelley knows more about removable bridges than I do, and I bow my head to him as my teacher. I would like to know, among other things, how he makes these bridges, and I would like to know, too, how in the world he puts them on.

Dr. C. E. Woodbury, Council Bluffs, Ia.: And four teeth on one of them, too.

Dr. Prime: I want to see how he does it. The discussion of a paper is usually along two lines—one is to enlarge on what has been said, the other to dispute what has been said. I can do neither. I thank you.

Dr. Woodbury: Mr. President, perhaps I am the only man in this room to have seen one of Dr. Kelley's appliances on a practical case. At least, I have seen one of them. It was a very fine appliance. The patient happened to be in the office while I was in Chicago. The appliance went on all right. I did not see how he got it on then, and I don't see how he got it on now. I was not privileged to make as good an examination of it as I would like to have made, but the patient was extremely well satisfied with what Dr. Kelley had done, and I know from the way it went on and came off that there was only one way to get it on and that was all, and after it was on there it was on to stay. I am satisfied that the appliance is a good appliance. I am satisfied it will do what Dr. Kelley said, from what I saw and heard there in Chicago. All of the prominent men in Chicago are very enthusiastic over it, and I am satisfied it is one of the best means we have of replacing dentures that are almost entirely lost. I just wanted to state that I have seen this case, and know that it is a practical case and it is a very good method.

Dr. F. S. Despecher, Omaha: Mr. President, ladies and gentlemen, in this paper I will say Dr. Kelley touches a subject in which we have all tried to accomplish something. He gives us a method which I am not able to speak of because I don't know it at all. There are some points which seem very hard to understand, but since Dr. Woodbury has seen one of these appliances that works well it must be so. There is a point which I will mention. It is the lack of allowing for shrinkage. In the Morgan attachment or any of the attachments that we have where the abutments of the attachment of the plate or any of these pieces of the mechanism are firm, the mechanism itself is allowed to settle. Now, in the attachment of Dr. Kelley's the roots are supposed to shrink with the plate, if I understand them. Dr. Kelley told us that he would explain how that was done and I would like very much for him to make his point clear to me in his conclusion. So far as the mechanical points of this construction are concerned, we might be able to master it; I would like to see the

work. As to the remarks on prophylaxis, I don't know that it will be well to discuss that. I don't know how cotton would clean where the toothbrush will not. I think it would be exceedingly hard to get the patient to use the wooden points or orange-wood sticks, and I think they will do as much harm in this manner as with the toothbrush. I am very much with Drs. Hamilton and Hunt about the advertising of any appliances before this society.

Dr. Wildman, York: I do not believe in condemning any man's paper or his methods or his appliances for the simple reason that I believe that every man becomes efficient along some certain line. Now, from the mere fact that this man's appliances are strange to us, that is no reason why they are not good, and there are probably a great per cent of us who never could use the appliances, have not the ability to learn the method, and could not use if it we did learn it. We become proficient in different lines, each and every one of us, and this man's method is probably excellent and he can probably do it in first-class shape and to the satisfaction of all of his patients, the same as the man who has invented the artificial root. He has made a great success of it, but I venture to say that he is probably one man in ten thousand in the United States that could do that class of work. And another thing: The price must be along with it if it is going to be done. In the general practitioner's business he is unable to use these appliances because the fee is inadequate, and in spite of all the oratory used and all of the wonderful pictures that you may paint with words you cannot get the patients to use these in general practice. Now, that is not to condemn the appliance at all. Probably it is very practical and very good. I believe that we all ought to encourage anyone who does bring out these new ideas. In his pyorrhea treatment I think that he is right in condemning the scraping of roots in the removal of calculus. I don't think there is any need for such extreme instrumentation in the treatment of pyorrhea. It has been my experience that the less scaling and scraping that you do around the roots of the teeth and the less bleeding of the gum the more apt you will be to have perfect healing of these tissues.

Dr. N. C. Christensen, Omaha: Looking over models shown by Dr. Kelley by the use of pictures I will say that, exhibited in this way, his methods look good, but why should we go to work and put on complicated geared affairs like these? Then again, one trouble with the dental profession is that we do not cultivate the finer technic and familiarize ourselves with these points so that when a new thing is sprung we would not be at sea but could understand the proposition enough to discuss it with some judgment. If we used our brains and looked into these matters more it is my idea that a paper like this would do us more good.

#### Closing.

Dr. Kelley: It will take me five minutes to close. Once upon a time there was a young astronomer who went out, studied the heavens and noticed meteors falling. He wrote a paper on it. He knew he had found a meteor. He examined it, studied it, knew it was something different than the usual stone. He called it a meteor; knew it must have come from the heavens. He read his paper before a society

of scientific men, astronomers, and one of the oldest men of the crowd opened the discussion, and he said: "Gentlemen, there are no meteors in the air; consequently, none could fall." In regard to the other point, absorption, we provide for that the same as we do with any other removable bridge. I have only just touched on some points in this lecture. In regard to the patent part of this game, I don't know as there is any reason why we should not get a patent, but there is a great reason why we should use that special privilege. In my first paper on this subject, ten years ago, I think you can find it still, I stated plainly that I was willing to teach at my office or by mail, free of charge, anyone who was interested in the subject of removable bridgework. And I am still doing that. I have never asked anyone to pay anything because I have a patent on it. The University of Minnesota has been using it since I graduated from it. In regard to the practicability of these cases, I will say this much: Man must serve his time at every trade but one, censure; critics are ready-made.

### Bone Infection Before and After Healing

(As Represented in Figure 3.)

When you compare the cellular structure in bone in figure 1 and 2 in previous numbers of this Journal, with figure 3 in the present issue, you will note the bone changes with destruction of a root in A and B, figure 3, which are in each instance the same case, the only difference between A and B is that the crown has been removed in B. In both instances the bone changes are clearly noted and some of the

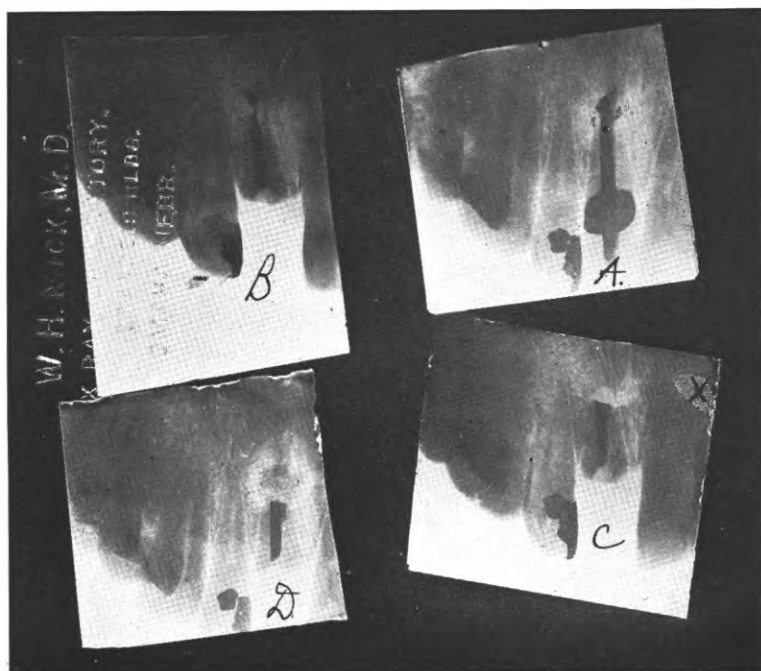


Fig. 3

metallic substances put in the root canal are found on the outside of the root and above it. The canal is shown to have metallic substance approximately three times its normal size, which shows us that metallic substance may spread in and about the root canal. Notwithstanding the root canal in this case was unquestionably enlarged before the filling was introduced. However, it is hardly possible the enlargement was as big as represented in A and B. If you will compare B and B with C you will notice in C all loose metal, a portion of the root and the diseased bone have been removed. Now comparing C with D, the dense shadow in the upper end of the root and about the bone where it has been removed have been filled with Bismuth paste. The mark x on C is a finger-print that was placed on the film by handling it before it became dry.

The writer regrets that in presenting to you figures 1, 2 and 3 some of the fine bone detail which has been so beautifully marked on the original film and plate is not printed as well as it might be or rather as well as it is shown in the original.

W. H. MICK, M. D., Omaha, Neb.

Mr. E. W. presented in April, 1913, for dental service. Upper left central incisor was badly discolored, due to a copper amalgam filling, placed in the lingual some eight years previous by one of the Omaha advertisers. It was decided to place a porcelain crown. After removal of crown of the tooth the root canal was found to be filled with copper amalgam. This was carefully reamed out and as a matter of safety a Formo-Cresol treatment inserted, although there was no sign of putrescence. The apical end was then sealed with gutta percha and crown cemented. After being absent from the city for about ten days patient returned, saying that the tooth had abscessed, which had been lanced and a large quantity of pus evacuated. Film A was then taken and showed a large area of necrosed bone and some root absorption, as well as a foreign body beyond the present root end. This foreign body later proved to be copper amalgam. Crown was removed (film B) and root treated and canal thoroughly filled with sterile gutta percha, after which the root was resected and the bone curetted. First twenty-four hours the space was packed with gauze and Euroform paste. Then space was filled with Bismuth paste (film D) and left to heal. Film C shows condition before the Bismuth was injected. Crown was reset and still remains firm and comfortable.

Case report made at the request of Dr. W. H. Mick.

H. A. NELSON, D. D. S.

## A Modern Demosthenes

(At the Dentist's.)

First Waiting Patient: "It is said that the great orator Demosthenes carried a pebble in his mouth to overcome his imperfect speech and by learning to talk in spite of the stone became an historical light."

Second Patient: "Thash nushing! If I learn to talk around these new plates the hishtorical light uff Demoshinees will zhine like a gandle on Brobway! Shh."

## Synthetic Porcelain

By Dr. Clyde Davis, Lincoln, Neb.

When your committee asked me to present a paper at this meeting I suggested that I present to you the paper which I gave at the National Association in Kansas City.

After considering the matter I concluded that I would give you a short statement of the facts relative to the use of porcelain, which clinical experience has proven, and then go into some of the details of cavity preparation for the use of this new material.

The material should be mixed much thicker than the directions which accompany the package. In fact it cannot be mixed too thick, so long as it will puddle by patting it with the spatula. It should be introduced into the cavity quickly and then malleted with a light blow in order to jolt the material and return it to a homogenous mass. Laboratory tests will prove to you that when it is so manipulated it will be much truer to the color of the shade guide, much more uniform in setting the time, of which is increased by three or five minutes.

So manipulated it will set so hard that it is difficult to cut it with a chisel or file it with sharp gold finishing files. The crushing stress necessary to fracture is materially increased. It is imperative that the material be covered with something, preferably coca butter, to keep it from the air when setting, as water evaporation materially injures it.

After it is set and the filling finished it must be protected for from 24 to 48 hours by the use of a sticky wax in order to prevent it absorbing organic matter which will cause it to subsequently discolor by a process of oxidization.

Altogether the filling is proving a grand success in some classes of cavities and in a majority of mouths.

Now as to its faults: The material is continuously and always slightly soluble in the acid fermentation of tooth decay or lactic acid. This you can prove by mixing two pellets, polishing each, coating with coca butter until setting process is complete, then thoroughly cleanse in warm water. Put one in a bottle with distilled water, the other in a lactic acid ferment in a starch media. This you can prepare by expectorating in a test tube and thoroughly masticate a small quantity of potato, placing this in a test-tube, together with a small per cent of soured milk.

Shake this thoroughly and with your piece of porcelain place in temperature about that of the body with some absorbent cotton in the end of the tube. Leave for a few days and then compare with the one which has been placed in the distilled water. You will find that the one subjected to the ferment has lost its polish.

**Cavity Preparation**—We are forced to abandon all idea of adhesion and the cavities must be prepared as to their internal shape, similar to that for amalgam. We are all agreed that this should be with flat walls, definite angles, and a thoroughly flattened seat.

As to the beveling of margins, it must be avoided when the beveling would result in an acute edge of filling material.

The best results are obtained so far as the filling material is concerned, when the cavo-surface angle is a right angle or even acute which results in a right or obtuse angle in the filling material.

The cavity outline should not follow a developmental groove. It should be made to include all fissures and sulcate grooves. It should avoid all eminences and particularly all points of primary calcification. Angles in outline should be eliminated, making the outline a combination of the greatest curves permissible. The enamel margins should be planed smooth with a sharp chisel to the full cleavage of the enamel, avoiding all beveling as the porcelain has less resistance to the crushing strain and less edge strength than full length enamel rods supported by either dentine or the synthetic porcelain.

You will note that this fact is a very weak point in the use of this filling and forces us to omit beveling of all enamel margins, one of our strongest aids to permanency when using the metal fillings.

With these facts in mind you will agree with me that we have a difficult problem to solve when any portion of the cavity outline traverses an occlusal surface or the incisal edge. This is so difficult that it is a question at this time if we can advise the use of this material in cavities involving the two surfaces named.

**Gaining Access**—Separation, both preliminary and immediate, should be used and is essential in cavities class two and three. (The nomenclature and cavity designation of Dr. G. V. Black is used for the sake of brevity). On account of subsequent inter-proximal wear more separation is required than when using a metal filling, as the teeth will gradually close the proximal space through flattening of contact due to loss of filling material on account of inter-proximal wear, aided by slight dissolution.

A failure to regard this point will result in a strangulated, diseased and dwarfed septa, inviting an accumulation of the enemy of tooth structure and an early loss of the filling through secondary caries.

**Outline Form**—All cavity margins should be extended until all indications of surface decay has been included. If necessary further extend the outline until full length enamel rods, supported by sound dentine, has been reached. The only exception to this rule when using synthetic porcelain, is in cavities with buccal or labial walls well removed from the stress of mastication.

With this material you can not rely on protecting weakened walls with the filling which is relied on when using amalgam, cohesive gold or the inlay. The outline should be extended into the embrasures so that all margins not protected by the gum septa are mechanically cleansed by the excursions of food in mastication. However, in small cavities, class three, we are occasionally violating this rule with this material and as yet are not prepared to declare harm resulting therefrom.

Do not polish the margins of the cavity with a strip or disk, a procedure permissible only in some positions in an outline when using the cemented inlay, made from the wax model.

**Resistance Form**—Extension of outline for resistance to stress reaches the maximum with this material, being even greater than that required for the fused porcelain inlay.

Weakened walls are allowed to remain only when removed from regions of liability to stress. Flat seats for fillings are imperative.

**Retention Form**—Is that part of cavity preparation which deals with the provisions for preventing the filling from being displaced by force or the tipping strain. While this is a matter of great importance when using a filling material with good resistance to the crushing force, it is not necessary to go to extreme limits with this, as the filling is comparatively easily crushed and retentive form should be carried only to a point where it is equal to or greater than the resistance on the part of the material to the crushing strain.

**Convenience Form**—Is as with any other plastic filling, of no great consideration. As a general rule it should be about that for amalgam.

**Removal of Remaining Carious Dentine**—This is very essential as with any other material for the very same reasons. There is an additional reason in the fact that the acid ferment of decay is absorbed by the material resulting in discoloration, as well as deterioration in texture, and is many times the cause of a crumbly filling. Whenever there is liable to be any of this ferment remaining in the dentinal walls, the cavity should receive a coat of varnish which should be thoroughly dried before packing the filling.

**Finish of Enamel Walls**—This should always be done with the rubber dam in place, or at least with sufficient means to prevent the margins from again becoming moist. No moisture should be permitted to come in contact with any portion of the cavity surface, after final instrumentation, and if by accident any portion should become wet that portion should be thoroughly dried and freshened by cutting away the surface and the filling immediately placed, bearing in mind that your varnish or materials for pulp protection are a part of your filling.

**The toilet of the cavity** is the same as when cohesive gold or amalgam is to be used.

**Exclusion of moisture** is imperative. In fact it is the only filling material we now have which it is impossible to work under moist conditions. All fillings should be placed upon dry surgically clean walls, but we hear of those who attempt dentistry by building fillings under moist conditions, even putting the material through a pond of saliva to the cavity just because the material does not explode when so manipulated.

**Protection of Vital Pulp**—This is about as essential as when using a metal filling as the material is a good conductor. Protection is more essential when considering the fact that for a time free acid is given off which may act as a pulp irritant.

**Conclusion**—Reflecting on the consideration we have given this "comet" which has so suddenly swung into the limelight, we are forced to say "how do you do," extend a hand of welcome, much with the same feeling as the veteran greets the raw recruit, believing that it is good for something if nothing more than guard duty, at the same time hoping that time and drill will develop a valuable adjunct to our already long line of valuable help in tooth salvage.

We are still teaching its use in the infirmary and believe it will maintain a place among our filling materials, but yet insist that it comes far short of the ideal and universal filling so long and ardently sought.

## Testimonial Banquet to Be Given Dr. Alfred O. Hunt

At some time during the life of most every earnest worker there comes a heart's desire to indicate in some manner the appreciation felt toward those who occupy the position of preceptorship.

This desire most naturally springs from those stronger in their sense of gratitude for that which has been placed in their hands by the sacrifice and labor of those going on before.

How much better it is to express these higher emotions to those from whom we have inherited so much while they live and to do so before the eyes of all seeing men.

In view of this the dental profession of Nebraska and surrounding country intend to unite in a testimonial banquet, February 23, 1914, at the Loyal hotel, Omaha, to express at a grand function its appreciation to Dr. Alfred O. Hunt, whose life work has made possible the founding of dental institutions, his unusual ability as a teacher, his influence, both local and national, in dental organizations, numerous and useful inventions, and high above it all his brotherly demeanor toward men, all of which has won for him the deepest and highest respect of a learned profession.

This to be done now while he lives, so that the occasion, instead of becoming a staid affair from the serious facts of a useful life, will teem with the mirth and joy of living.

A program arranged by a competent committee will include some of the best after dinner speakers in the west, and beside the elaborate board promised the occasion will possess an atmosphere expressive of the high regard and scholarly position occupied by our guest.

Every professional man who wishes to pay tribute to Dr. Hunt and dentistry should write the committee chairman, Dr. William L. Shearer, Omaha, and reserve plates at \$3.50 each. The general committee has asked the Journal to request an early communication from those who will come, as the expected number is large and much work must be done. Also, this will be, in all probability, the most sumptuous and largest attended banquet ever held by dentists in this state. Do not stay away, and when the affair is reported, regret it. GO.

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### Tri-City Notes

The society met at Hotel Loyal on January 20 for its usual monthly meeting. The program, which was in the hands of Dr. W. S. Shearer, was as follows: Dr. B. Dientsbier read a paper which was written by Dr. E. S. Barber on the "Business Side of Dentistry, Ethics, Etc." Dr. H. E. Newton cited several cases of office practice, presenting difficult phases, illustrating each case with models. Dr. C. F. Patten gave a table clinic, showing a method of making a very beautiful gold shell crown with cast cuspid. Dr. Shearer read an excellent paper on "Chronic Alveolor Abscess and Its Treatment."

The next meeting will be held on February 17 and will be in charge of Dr. C. H. Gietzen, chairman, with the following committee, Drs. H. A. Nelson, N. P. Rasmussen and Ray Lawson.

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## == EDITORIAL ==



In selecting Dr. George Wood Clapp of New York for our next state meeting the executive committee has changed the routine and made a strike at the great needs of dentists today. Dental supply houses and the National Relief Fund testify that many good dentists need business training.

Sessions this year will be more interesting. Here is one thing that makes members leave the room: "Dr. So-and-So has given us a wonderful paper. I don't know that I differ with anything he has said and will only add that when he says 2 times 2 are 4 he agrees with me perfectly and it makes me feel better that he has substantiated my opinion."

When we get by uninteresting and constant repetition of primary dentistry and can have papers either discussed or let alone and our time treated as valuable we may find that sessions will be well attended.

We are informed that the committee on membership is making arrangements for its campaign. Those on this important committee are Dr. R. W. Reed, Omaha; Dr. A. D. Davis, Oxford, and Dr. L. P. Ronne, Lincoln. It is President Wallace's wish that none but strictly ethical men be requested to join and thus prevent the ethical committee much work.

### Our Society

Outside the yearly working staff I presume very few give the annual affair much serious thought, but they should begin now. Men in the dental profession are very busy men, or should be—yes, I will say must be, if they are successful.

Work hard during these days of harvest, but tuck away some good intentions, fortified resolutions and a little reserve energy for a trip to Lincoln in May.

It is a little early to say exactly what the program will be, but the Journal will direct you until program time, and if space will permit I hope the editor will allow me a line or two in some future issue on state and national meetings. Your Executive Committee has been at work ever since last meeting. "Large bodies move slowly," and I feel we may expect great things of them. Dr. O. H. Cressler of North Platte will handle the paper side of the program, Dr. G. B. Baird of Fremont the clinics, and Dr. F. F. Whitcomb of Omaha will politely relieve the supply men of part of their expense money. Dr. George Wood Clapp of "Brother Bill" fame is to be a decided feature. He is to give three lectures on important sides of dental life.

This man should prove of interest to all as he has done much for our profession. Granting everybody does not agree with him on all subjects, he is surely a wide-awake man and should be heard by all ethical men in the state.

If you have enjoyed his writings in the past, come and hear him now. If you disagree with him, all the more reason you should come and verify your first impression. Impressions are sometimes wrong—come and give the man his dues.

Come—he will do your mind, your heart and your practice good. Yes, he may convert you to a thing or two. A man with his experience, fund of information and ability cannot help but impart much working knowledge to every one of us. J. H. WALLACE, President.

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### Delta Sigma Delta

The Nebraska auxiliary of the Delta Sigma Delta fraternity had a meeting at the Loyal on January 16.

Before the banquet the following were initiated into the mysteries of the supreme chapter: Dr. F. F. Whitcomb, from the profession, and Brothers Jas. A. O'Neil and Chas. J. Wonder from Omega chapter.

Toasts were responded to by the following brothers: Whitcomb, "Fraternalism;" Wallace, "Inner-Soul Talk;" Wonder, "How I Sold My Soul and How I Bought It Back Again;" Shearer, "What I Think of Delta Sigma Delta;" O'Neil, "My Experience in Getting In;" Barber, "Brotherly Charity;" Nelson, "Scattering Thoughts;" and Dienstbeir, "The Growth of Delta Sigma Delta in Nebraska."

The toasts were much enjoyed and a ripping good time had by all present.

Brother Whitcomb received a telegram of congratulations from several of our brothers in Kansas City, whom he met during the national meeting last July.

## OUR NEWS BUDGET



Journal advertisers are in good company.

Xi-Psi-Phi fraternity will hold a banquet in Lincoln February 21.

Dr. W. E. Regan of Hebron, Neb., is climbing to fame as an expert golf player.

Dr. P. T. Barber of Omaha says he will never quit working for the Journal.

Dr. C. S. Babcock of Hildreth brought two patients to Lincoln recently for skiographs of the mouth.

Dr. W. F. Roseman of Fremont attended the firemen's convention at Columbus during the week of January 19.

Several Omaha dentists are anticipating a trip to Chicago to attend the fiftieth annual meeting of the Illinois State society in March.

Dr. G. M. Byrne of Lincoln has moved his office to more commodious quarters, where he can better take care of his growing practice.

Dr. Cressler of Peabody, Kas., brother of Dr. O. H. Cressler, formerly located in Nebraska, returned to his old state for a visit not long since.

Dr. W. E. Hewitt of David City was a Lincoln visitor during the farmers' convention. Dr. Hewitt is considering stocking his ranch with sheep.

Dr. P. J. Bentz, Lincoln, has moved his office into the First National Bank building and says cleanliness is better than having one's office so near the sky.

Dr. Charles E. Woodbury is conducting a special class every Thursday afternoon to teach the Creighton Seniors cavity preparation and manipulation of gold foil.

Mr. G. F. Jones, well known to Billings-Marshall trade, after being away two years, announces his return. Mr. Jones has a reputation on both sides of the selling counter for fair dealing and courtesy.

Dr. W. L. Shearer of Omaha is the father of a new girl. The Journal insists that this is the best news in all the world and extends its choicest congratulations. Those wishing favors from Dr. Shearer, now is the time to ask.

The banquet to be given Dr. A. O. Hunt February 23 will be attended by many of Dr. Hunt's former students; also friends from allied professions. The automobile show, which will be in full swing on this date, will no doubt be enjoyed by all visitors.

The pictures made at the baby show which took place at the last state fair have been exhibited by Mrs. M. E. Vance of Lincoln many times, and will be given at the state medical meeting. It will be remembered that Mrs. Vance is one of the state's most ardent workers in the organization, and it might be that she could be prevailed upon to show these pictures at our coming state dental meeting at Lincoln.

Wm. A. McHenry, our vice president, is the now city clerk of his home town, Nelson, Neb. He is also a member of the executive committee of the Building and Loan association there. The same stuff he puts into his state dental society is getting him elsewhere.

Dr. M. E. Vance of Lincoln has just returned from a ten-day trip to Chicago and Indianapolis. Dr. Vance met Dr. Kelly, whose paper is concluded in this month's Journal; also Dr. James and Dr. Bacon, all known to the members of the Nebraska State Dental society.

Twin boys were born to Dr. and Mrs. Charles T. Wonder of Omaha, one dying after lingering with its proud parents only a week. Dr. N. P. Rasmussen is rejoicing over the arrival of a daughter to Mr. and Mrs. Clarence Pratt of Hugo, Colo. Mrs. Pratt is the daughter of Dr. and Mrs. N. P. Rasmussen and is at present visiting in Omaha with her parents.

Dr. A. H. Hipple of Creighton Dental College, Omaha, left January 23 to attend the annual meeting of the Institute of Dental Pedagogics, which was held in New York, January 27 and 28. These are important dental meetings because the deans or some of the teachers of most of the dental colleges of the United States and Canada attend these meetings to discuss teaching methods.

Dr. J. E. Woolm of Gordon reports attending an enthusiastic meeting of the Black Hills District Dental society January 9-10 at Hot Spring, S. D. Dr. Woolm read a very good paper, entitled "The Fifth Nerve," at the same time showing models of the upper and lower jaws with points marked as best locations for injections for anesthesia. Would this not be a good clinic at our state meeting? Such model exhibitions would no doubt enlighten many regarding the anatomy to be considered in taking up this newer method of anaesthesia.

Dr. Clyde Davis returned January 21 from St. Joseph, Mo., where he gave a paper on "Synthetic Porcelain." Dr. Davis attended the National Association of Dental Faculties at Buffalo, for which he is the treasurer, which meeting was followed by the Institute of Dental Pedagogics, when he responded to the president's address. Friday evening, January 30, he read a paper before the Alumni association of Buffalo, and the following night gave a lecture before the Fourth District Dental society at Toronto, Canada; subject, "The Ideal Filling."

Mr. Forest L. Houck, a member of the Junior class of Creighton Dental college, died at Grand Island on January 19. Mr. Houck was president of his class and deservedly popular among the students and his many other friends. He attended the dental classes regularly the first semester, no one suspecting the serious nature of the disease which was undermining his constitution. He went to his home in Grand Island for the holidays, during which time he underwent an operation for a stomach trouble. Post operative hemorrhages took place, which caused his death. A number of the dental students went to Grand Island for the funeral.

## Nebraska State Dental Society Begins Preparations for a Big Annual Meeting

The Nebraska State Dental society is to be honored this year by having as its guest Dr. George Wood Clapp of New York City, editor of the Dental Digest. This is the first time in our history as a society that we have gone so far from home and secured the services of a man of national reputation.

Dr. Clapp agreed to come to our meeting and give us three lectures on the business side of dentistry on condition that members help him by filling out a card which would give an idea of the financial condition of the men whom he is likely to face. His object, he says, in lecturing in Nebraska, "Is to be of some service to the practitioners in Nebraska and any practitioners of adjoining states who may happen to be with you."

Under date of January 21 Dr. Clapp writes that he has so far received twenty-seven charts of estimated office costs from Nebraska. He desires the name of the town, if the name of the dentist is not given, to be placed on the card as he must have an idea of the population of a town in which certain conditions obtain.

As previously stated, he is desirous of making his lectures as valuable as possible to every member of the society, and it is only by our co-operation in this matter that he can do his best. Those who have reported to Dr. Cressler, North Platte, Neb., that they have sent in cards are:

Dr. G. B. Baird, Fremont.	Dr. G. E. Hartman, Randolph.
Dr. H. J. Porter, Cambridge.	Dr. B. H. Eckert, Wayne.
Dr. R. E. Dooley, Fremont.	Dr. M. E. Eby, Hartington.
Dr. H. D. Muir, Fremont.	Dr. (No name), Dexter.
Dr. A. E. Littlefield, Fremont.	Dr. A. T. Tornholm, Wausa.
Dr. Jas. Stockfeldt, Fremont.	Dr. R. A. Mittelstadt, Norfolk.
Dr. A. D. Davis, Oxford.	Dr. O. H. Cressler, North Platte.
Dr. Wm. A. McHenry, Nelson.	Dr. H. S. Murphy, Fremont.
Dr. F. W. Miller, Fremont.	Dr. H. C. Brock, North Platte.
Dr. J. K. Sewell, Fremont.	Dr. W. F. Roseman, Fremont.
Dr. Harry Mitchell, North Platte.	Dr. G. J. Green, Wayne.
Dr. P. T. Barber, Omaha.	Dr. J. M. Prime, Oxford.
Dr. G. W. Henton, Wakefield.	

Let every one to whom cards have been sent fill out their report at once. Put on the name of the town and send direct to Dr. Clapp. Notify Dr. Cressler and he will give you credit in the Journal. If any to whom cards have not been sent will help boost our next meeting, by filling out the said cards, the same will be gladly sent to them by Dr. Cressler. Let everyone help and the next meeting of the Nebraska State Dental society will be a most profitable one for its members.

Dr. and Mrs. R. J. Thompson of Craig are rejoicing over the arrival of a ten pound boy at their home Saturday, January 24. There will always be room for such news as this in the Journal. Our best hope and wishes for all the Thompsons. Membership committee should take notice and send application blanks to these prospects.

### Nebraska State Dental Society

The officers of the State Dental society extend greetings for 1914. It is our desire to get to working on our program as early as possible. We have made arrangements with Dr. George Wood Clapp of New York, editor of the Dental Digest, for three lectures. These, together with other papers and social business matters of the society, will take up half of the time. The other half will be devoted to clinics, namely, Tuesday from 9 a. m. to 12 noon; Wednesday from 1 p. m. to 5 p. m., and Thursday from 1 p. m. to 5 p. m.

The officers, believing that nothing succeeds without a good system, are endeavoring to establish a system in all branches of the society's work, especially in conducting the annual meeting.

To one unfamiliar with society work it is hard to realize the difficulties met with by the officers in arranging and conducting an interesting meeting. We now have an advantage over previous years by way of the Nebraska Dental Journal, which reaches every member each month. This means to the dentist in a measure what the telephone means to the rural districts; it keeps us in touch with each other and creates, by its regular visits, an interest especially among dentists in smaller places. This is one great evidence that the coming meeting will be a grand success. Listen! G. B. BAIRD.

Syphilis and Silence are mutual friends.

## THE LINDELL HOTEL

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Nebraska State Dental Society, Lincoln, May 19-20-21, 1914

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# Why a "Balanced" Alloy?

Because balancing is the only means so far approved as assuring the reliability of the alloy, which involves the stability of the filling.

Reliability in an alloy means that when it is mixed with the proper proportion of mercury, the resulting amalgam shall not shrink from the walls, nor expand unduly when placed in the cavity. To produce this result balancing is resorted to, eliminating contraction absolutely.

Theoretically there should be no expansion, but contraction is so much worse that what is called a "balanced" alloy is given a very slight degree of expansion. This expansion should not exceed  $\frac{3}{10,000}$  of an inch (or 3 points) in the standardized filling used in testing, which is larger than any filling placed in a tooth. This expansion helps the amalgam to fit the walls closer, makes the filling moisture-tight.

**True Dentalloy** is a "balanced," high silver-tin alloy; has no contraction, but has that almost infinitesimal initial expansion which is good for the filling, and thereafter remains unchanged. It is reliable because it makes a stable filling, and its price is low.

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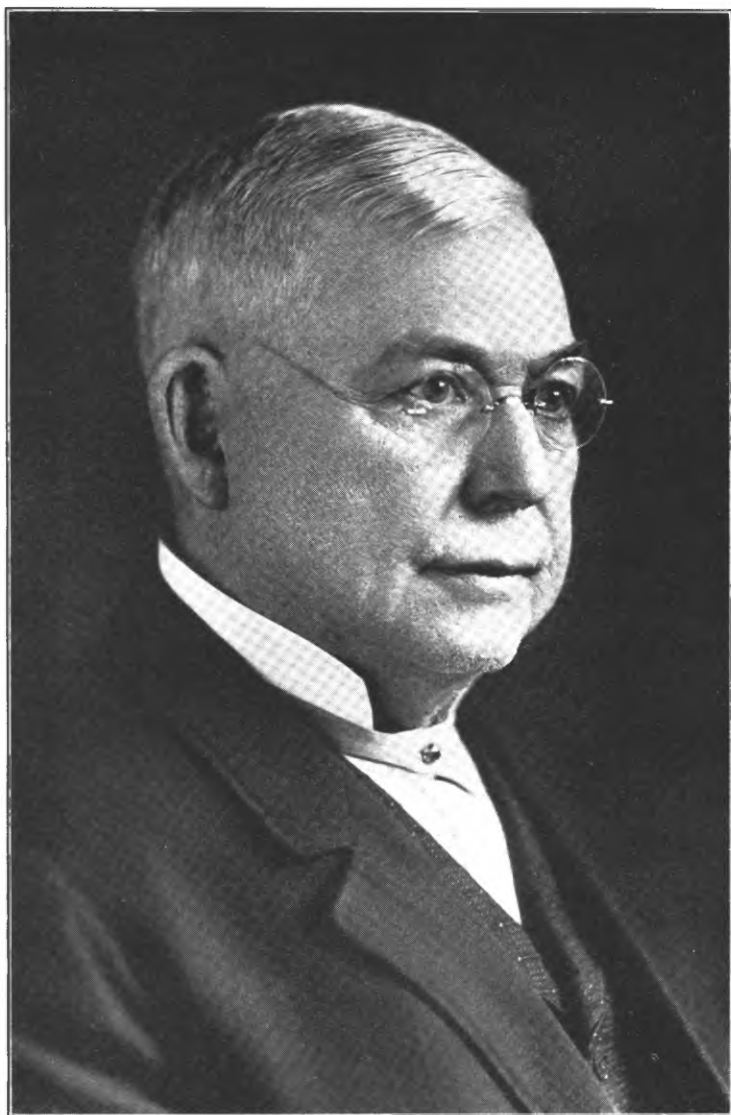
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*A. O. Hunt D.D.S.*