Transactions of the North Carolina Dental Society Annual Meeting

Volume 24 (1898)

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TRANSACTIONS

OF THE

North Carolina State Dental Society,

AT THE

TWENTY-FOURTH ANNUAL SESSION

HELD AT

FAYETTEVILLE, N. C.

COMMENCING MAY 11TH, 1898.

PUBLISHING COMMITTEE:

I. N. CARR, S. P. HILLIARD, C. A. ROMINGER.

# PROCEEDINGS.

FAYETTEVILLE, N. C., May 11, 1898.

The Twenty-fourth Annual Meeting of the North Carolina State Dental Society was called to order at 11 o'clock a. m., in Pythian Hall, Fayetteville, N. C., by the President, Dr. H. V. Horton, of Winston, N. C., and the meeting was opened with prayer by the Rev. Isaac W. Hughes, rector of St. John's Episcopal Church.


The minutes of last meeting were read, approved and ordered recorded.

The Treasurer made the following report:

<table>
<thead>
<tr>
<th>Amount on hand at last report</th>
<th>$573.32</th>
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<tbody>
<tr>
<td>Received in dues and initiations</td>
<td>$47.50</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$620.82</strong></td>
</tr>
<tr>
<td>Amount paid out as per vouchers</td>
<td>$146.35</td>
</tr>
<tr>
<td>Leaving balance on hand</td>
<td>$474.47</td>
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Report was audited by the Finance Committee, reported correct and was adopted.
Owing to the absence of Dr. J. H. Durham, who was to respond to the Address of Welcome, this address was postponed until the afternoon session.

Applications for membership were received from Drs. J. M. Fleming, L. O. Brooks, D. T. Smithwick, J. W. Foreman and J. S. Betts. Applications referred to Executive Committee, to be reported on at next session.

On motion, the Report of Standing Committees was not taken up until the afternoon session.

There being no further business before the Society, it adjourned to reconvene at 2:30 p.m.

FIRST DAY—AFTERNOON SESSION.

Mayor W. S. Cook introduced Hon. Geo. M. Rose, who, in a very appropriate and humorous address, extended a most hearty welcome to the Society.

The Address of Welcome was responded to in a very happy and poetic manner, by Dr. J. H. Durham, of Wilmington.

Dr. Kurans being called to the chair, the President read his address, as follows:

THE PRESIDENT'S ADDRESS.

Members of the North Carolina State Dental Society:

In pursuance of a time-honored custom, inaugurated and christened at our constitutional altar in the City of Beaufort, August 11, 1875, we are again assembled for our annual meeting.

I congratulate you that so many learned members of our profession have met to vie with each other and interchange thoughts, each willing to here lay down his trophies for the advancement of our grand and chosen science, and by such acts ever evince an unselfish light and love, inculeated one toward another, which will live like the stars and give unalloyed happiness to mankind.

It is now but fitting that we take a retrospective glance at the year that has just closed, for truly we may say that, from a scientific standpoint, it has been fraught with such marked achievements, that we may properly
indulge upon this occasion a just pride, and I congratulate you, and say, that never in the history of our profession have we been able to chronicle greater progress. Still let us remember that a greater future lies before us and that each, by his untiring effort, may yet fashion a thought that may make a thrilling climax to some lofty theme, and from the furnace of your heart send the warm, glowing current of professional thought throbbing through the whole Dental world.

During the last twelve months the blessings of Heaven have hovered over our Society and left our ranks unbroken, although serious illness has befallen several of our members, causing their unavoidable absence at this meeting. Since we last assembled we have witnessed the hottest political battle ever fought in the memory of most of us present. Four currents of political thought, diverging and seeking opposite poles, causing much disaster and financial and commercial depression, cyclones, earthquakes, floods, war and rumors of war, and while other sections have groaned under the most dreadful scourge of the most fearful plagues, our Old North State, God bless her, has suffered less than many sister States, and the seeming ills that have befallen her are of but a temporary nature, and, Spartan-like, we may soon see her clothe herself once more in stately raiment. But, gentlemen, time will not admit of our lingering longer upon the past, especially when the subjects before us impel us forward, not backward. And now let us take a happy look at the progress our profession has made, but, in doing so, I shall endeavor not to infringe largely upon subjects assigned to the various special committees, the members of which, I hope, have come with papers carefully prepared and ready to read, so that it may be said that this, our twenty-fourth annual meeting, has been one of the most beneficial in our history.

I cannot linger sufficiently long in the short time allotted me, to do anything like justice in speaking of the multiplicity of inventions, particularly when we have reached out into the Microscopical, Histological, and even so far as to bring the power of Electricity submissive to the control of man and advantageous in operations in the mouth. I feel it more especially my duty to dwell upon subjects pertinent to the good of our Society; I therefore wish to present a few thoughts for your consideration.

All of us have noticed the very marked improvement in the Dental periodicals of our country, and we should sustain them with our subscriptions, for they are the most important factors of our education and universal opportunity, and have done more for us than any other department of the educational regime. We have noticed, with pleasure, that some of the most practical suggestions have emanated from members of our own Society, and we feel justly proud of them, and are constrained to ask the question, with such mighty masters of the pen at our command, may we not soon hope to see the official Dental organ of our State published within our borders? Our sister profession, that of Medicine, can boast of two well edited journals, as well as a Chair of Medicine at our University We certainly are none the less wise in literary attainments
pertaining to our chosen science. I do think this worthy of some thought, and ere another century is ushered in I hope to see plans formed and consummated.

In considering the general advancement in Dentistry, we must not forget to lay especial stress upon the association work of to-day. When, in our history, has there been such a magnanimous meeting as that of the various societies at Old Point Comfort, Va., last August? Here our mighty leaders, not content with the organizations of the day, deemed it best to establish a new growth known as "The National Association," standing as an offspring of the old organizations. This ideal association is worthy to lead forth into higher attainments and give new life and light to every branch in our science, and with such pulsations, rich in possibilities, and thrilled with enthusiasm, we may properly anticipate, ere long, to have at our command many long-felt needs, one of which, I trust, will be a complete history in detail of our profession in tangible form and up-to-date. Now this National Society has "wrought mightily to shape grave hopes into great events, and the work they began to-day needs friends, not flatterers;" works, not words. The success of this Supreme Council, so to speak, depends solely upon the interest shown by each State Dental Association, and that we may derive as much benefit as our sister States from her councils, I would respectfully suggest as worthy of your careful consideration, that this Society appoint a delegate to attend the meeting both of the National and the Southern branch of the National, with expenses defrayed, or as much thereof as deemed advisable, said delegates to report in detail all events of special interest to our next meeting.

I wish here, gentlemen, to sound a warning note in regard to some growing errors, and it may be that many before me will not concur with me in voicing such sentiments, and may consider that such thoughts are not professionally orthodox, but whether this fact be granted or denied, you are forced to admit that it is of the utmost interest to every Dentist present. I allude to fees. We can hear the continuous cry and then the echo, ranging from mountain gorges in the West, to the cypress trees on the East, of one Dentist underpricing another; this should be immediately stopped. I fully understand that if we follow the legitimate object of our Association as expressed in our Constitution, By-laws and Code of Ethics, we will agree that we have not met to consider how we can fill a tooth in the cheapest manner possible, using inferior materials and cheap appliances, thereby lessening our expenses; nor have we met to form a trust so as to derive pecuniary benefit; far from it. But, fellow-members, let me say, we must not allow our profession to be degraded by charlatans and quacks, who attempt to place us on a par with the wage-earner, who is dependent on good health and steady employment; let each member try and uphold the dignity of his title, "Doctor." Abhor the name of the "cheapest man in town," for it should carry with it a stigma; for every true man knows his just worth and puts his price accordingly. Let us, under no circumstances, render a service when the compensation
is so little that it would not admit of our rendering it the best. Advise shoppers who call on us asking almost the earth for a mere pittance, that to do his work according to the amount he wished to pay, would not only be worthless, but is often money literally thrown away, and very often inflicts injury upon a vital organism which cannot never be repaired, even by the most skilled. Understand me, I do not advise exorbitant charges, simply a fair remuneration, such as a specialist is entitled to; and surely with the restoration of confidence, and the good times promised sometime ago, this cannot be denied us. Do not attempt to do too much work for a small consideration, for by so doing no one can possibly take sufficient care of health, which is of the utmost importance both to self and to all dependent upon us; consequently look carefully to it, ere it is too late, and strive to always possess the serviceable attributes, and the fertile brain so necessary in the successful practice of our profession.

Permit me to dwell for a moment upon another reform subject which I deem worthy of thought, and I have finished, viz: The Violation of our State Dental Laws. Ours are as good as any in the Union, but what good will a law ever do, that purports to be designed to protect our people from empiricism, if not upheld by us, both as a society and as individuals. I have in my possession, thanks to our worthy Secretary, Dr. C. W. Banner, a complete list of all the Dentists, as well as all those purporting to be Dentists, in North Carolina, aggregating in number 266, and it is an alarming fact that out of this number 81 have not even attempted to comply with our State law. Shall this continue? I hear you answer, "No." Then how must we remedy it? Let us go forth from this meeting with the determination to protect our profession and the people at large; use our influence to see that all violators and impostors are prosecuted. Our prosecuting Attorneys for the State in each Judicial District have expressed a willingness to aid us if we will only give them the needed assistance. How can this be done? The simplest way, in my opinion, would be the organization of State District Societies in each Judicial District, and the first work for them to do would be to thoroughly scourge their respective sections of all the riff-raff, worthless, would-be tooth carpenters so degrading to our profession, and hurtful to humanity. For this must be done if we desire to be honored and respected as a learned profession, and it is the only way to have our ranks composed of men of education, culture and refinement.

Do some individual work, gentlemen, along this line. Go and hold out the right hand of fellowship to every worthy man, and try to induce him to join your State and District Societies, and strive to be in direct touch with every reputable Dentist.

I see before me some young men who are just now on the threshold, and at this meeting will seek admission to our Society. Let me bid you welcome, and at the same time entreat you to be diligent in your profession. You will find that there are no flowery paths to high achievement, no royal road to renown. Towering mountains of difficulty must be crossed by all who would leave behind them monuments of skill.
surpassing in beauty and value both diamond and ruby. Never be discouraged at failures. Everything that is great must meet with opposition, commensurately great. These mountains of difficulty will loom up in your pathway; the ascent will be steep and rugged, but if you will scorn to sit idly in the bower of pleasure, listening to the Syren's song, and make duty the watch word and press onward and upward, you will enjoy the delicious fruits of success. Take conscience as your best guide; feel that your sovereignty rests beneath your hat and that your own right arm and your own stout heart are your best dependence. Follow blindly no leader, but study and investigate for yourself, and thus realize the unspeakable satisfaction of knowing that you know what you know, and be able to do that which you attempt to do with success. Let all the members of this Society enthroned on the car of professional progress and pride, with the lines of science in our hands, keep vigilantly at work, and strive to steer aright, until the ideals of our fathers are realized; till the prayers of the old and the hopes of the young are fulfilled; till all science, all art, all truth, and all light are given those practicing our profession. Let us all be earnest in our allegiance to each other and loyal to our State. In these days of confusion and unrest, North Carolina needs the sincere love and protection of all her sons, no matter what their avocation, and if any of us present are called upon in the present conflict to defend our country and our country's cause, let us do so unhesitatingly, feeling that the duty we owe is first to our God and next to our country. In all times of trial, North Carolina has ever furnished her quota and will do so again. Dear old State in whose honor every virtue blooms.

"May Heaven's blessings attend her;
While we live we will cherish, protect, and defend her!"

Winston, N. C., April 29, 1898.

H. V. HORTON.

Drs. Carr, Everitt and Durham were appointed a committee to consider the address and report.

The essayist Dr. S. P. Hilliard then delivered the essay as follows:

ANNAL ESSAY.

The friend of my boyhood, Edwin Fuller, author of "The Angel in the Cloud" says in his preface to that classic production, that hope for originality is as narrow as the bridge of Al Sirat. He no doubt had reference to classic literature and contemporary art.

The subject of Dental Surgery at this date offers a wide field, and while the paper I shall read is by no means such as I would have, it at least has the merit of originality.

At no time in the world's history has science had so many votaries, nor success in gleaning from its fields been so pronounced and attended with so much that tends to keep ever turning the wheels of progress. Standing on the shore of the ocean we look toward the horizon's verge
and see nothing save sky and water—an illimitable space—a seemingly desolate waste—and yet almost in sight and touch are teeming millions of so many kinds the mind cannot grasp them. So in the world of science; a few years only ago all was blank until genius commenced to work and analyze and bring forward hidden truths, first one fact and then another, solve one problem and receive for its claim the sneers of an incredulous public, then another and get its plaudits.

At as late a period as the forties, a North Carolina Congressman asked Jos. J Davis, of Franklin County, (then a youth afterward soldier, patriot, statesman, jurist,) with whom he had an appointment in his Committee Room in Washington to excuse him for a half hour as he had promised to listen to a fool who wanted him as Congressman to endeavor to get through the House an appropriation of $50,000.00 to string a wire on poles from Baltimore to that city, so that one fool could over it talk to another fool at the other end. The first named "fool" was Professor Morse of immortal fame.

We all know that the first message soon afterwards sent over the wire from Baltimore to Washington, was by many people in the latter city called a "fake."

In recent years the public has grown more charitable, more tolerant, more teachable. To have the people thoroughly understand and appreciate any great and valuable fact we must start from the beginning and educate by explaining each progressive step.

Thus of all things most needed by the dental profession is an educated clientele. To attain to this end we must have the public and private schools include in their curriculum such books on Dental Surgery and the care of the teeth as will give the "Young Idea" sufficient knowledge not only to care for the teeth but to appreciate the fact that an early visit to the intelligent dentist in the sine qua non.

After this information is clearly given, an all ready otherwise enlightened public, we will cease to hear the accusation that "holes" have been bored and "plugs" put in just for the money there is in it.

While, of course, there may be an isolated case of dishonesty—for there are assassins in all callings—the charge is resented, and with vehemence, that cavities are ever made unnecassarily.

There are thousands already present and if only the person knew it the average dentist would have a largely augmented practice.

Besides this the pupil should be taught the difference in thoroughly good service and its opposite. However much knowledge as to the care of the teeth is given, one is not thus warned as to falling into the hands of the iconoclast, the charlatan, the "Pot Hunter."

Only a short time since was noticed a lower molar with six small fissure fillings in its crown for which a charge of $ .75 each had been made. Thus $1.50 had been paid for a two dollar service, as one good crown filling would have been infinitely better in every way, embracing as it would all the fissures and leave no intervening strips of enamel.

The patient thought he was getting "Cheap Dentistry" and that the
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man who charges $2.00 for an amalgam filling is a robber. Let it be understood that this so-called dental service was rendered not in North Carolina but in a city north of our borders, wherein they have what is called the "Italio-Chicago Africano-Casibanca-Hellebelloo Dental Association. Walk right in and get pulled."

Frequently we hear the complaint from the aesthetic that the display of gold in the anterior teeth is too elaborate. That "mouth jewelry" is highly objectionable goes without the saying and should never be glaring when avoidable, yet even the dullest laymen knows that in treating all diseases we must first remove the cause.

Close proximity is one of the main causes of decay and "knuckling" or contouring removes and prevents the recurrence. So when we intelligently explain to our patients the difference in healthy contouring, and flush, or hidden, fillings, their appreciation and endorsement of our course is prompt and decided and lasting.

To read a paper on the "conservative treatment of the teeth" to the older members of the profession, or even to those who have practiced a few years would be tiresome to them. Therefore what has been said and may follow is more for the young members of the profession. The subject is one so fraught with interest to those commencing to practice and who have had but little experience—and from experience alone can a perfect knowledge of such treatment come—that a few words along that line will not be amiss.

All too often the young practitioner is dismayed at what seems already a wreck and honestly thinks the forceps followed by a plate the only remedy.

In many cases, and I speak from a long and close observation—what in a youth of eighteen or twenty years would appear to be hopelessly soft, decayed and fragile teeth can in time and by judicious treatment be made strong, dense, and lasting.

Thorough separation, good cement and heavy contouring or "knuckling" tell the whole process.

The cements have a tendency to petrify or mummyfy the surrounding structure prone to decay while under it the nerve recedes and dentin and enamel grow hard and very dense. If care is taken in making these fillings, and a hard glaze left on each one, wearing away is scarcely noticed within the first year. Usually after three years gold fillings and amalgam ones can be substituted and complete success attained.

Too often these cavities are not thoroughly well prepared because they are to receive temporary fillings. It is a great mistake not to finish each one as if to receive the finest and most elaborate gold or other permanent service.

Teeth, such as described above treated by the writer sixteen years ago and filled with gold and globe amalgam thirteen years ago are perfect to-day in every case noticed.

To begin at the beginning, to start right, is the first and most important point, taking ever into view the necessity of keeping right all along and down the line.
The late lamented Prof. Richard Bailey Winder, of Baltimore, the brightest light the world of dentistry has seen since the passing of Chapin A. Harris, a man with all the noble attributes of nature, blended with a fine academic, and collegiate, and dental education, with a hand as open as day for meeting every call from those who needed his aid, a friend to the dental student and to the profession a devotee, always urged upon his office pupils the great importance of ever having a starting point, a fixed purpose, and certain movable lines along and between which to advance, but with the idea always uppermost that while these lines must be elastic they should never prove brittle.

No doubt the "Old Man," as his pupils affectionately called him, had in mind the lines:

"Half the wrecks that strew life's ocean,
Had some star but been their guide,
Might have now been riding safely.
But they drifted with the tide."

S. P. HILLIARD, D. D. S.

Drs. Rominger, Battle and Patterson were appointed a committee to make report on the essay.

The Executive Committee reporting favorably on the applications of Drs. D. T. Smithwick, J. W. Foreman, J. S. Betts and J. M. Fleming, the vote was taken and each of them was unanimously elected to membership in the society. Owing to the fact that Dr. S. O. Brooks was not present at the meeting, the Society refused to consider his application, which was returned together with the fee accompanying the same.

The Committee on Dental Education was called—no paper—but subject was discussed by Drs. Liverman, E. L. Hunter, V. E. Turner and C. A. Rominger.

Dr. Rominger thought that every student should have a training in a Dental office, and that the Dentist who thus takes students should see to it that he takes no student whose English education is so deficient as to disqualify him for the profession.

Dr. Turner thinks there has been some advancement along the line of higher education, and that no man without a proper preliminary education is capable of advancement in the profession, as he cannot understand the
technical terms that he would so frequently see in the literature of the profession.

Subject passed.

Subject of Operative Dentistry was next called and Dr. J. H. Durham made a talk on the subject in which he referred to the very many failures in filling extensive approximal cavities in bicuspid teeth.

Dr. E. L. Hunter described his method of treating these cases. He always applies the rubber dam, gets the nerve in a healthy condition, if possible, or if he cannot do this, kills the nerve. He frequently caps the nerves in these cases and flows cement over the capping. He fills with whatever filling material is indicated and is generally successful in saving these teeth, except in cases where there is malnutrition from pregnancy, lactation, etc., etc. He frequently puts amalgam at the bottom of these cavities and then builds gold on it, putting the gold on immediately, even while the amalgam is yet soft. He thinks there is a chemical action between the gold and amalgam that acts beneficially in preserving the margins of the cavity.

Dr. Durham has also used this method of combining the two filling materials in the same cavity and with like results.

Dr. E. K. Wright asked if any of the members had had cases in which there was electrical action in approximal cavities where two dissimilar metals were used.

Dr. E. L. Hunter said he had frequently seen such cases and especially, between opposite teeth in the two jaws.

Subject continued until the night session.

Applications for membership were received from Dr. R. L. Carr, of Greenville, and W. Rose Davis, of Whiteville.

Adjourned until 8:30 p. m.
State Dental Society.

FIRST DAY—Night Session.

The subject of Operative Dentistry being re-opened for discussion, Dr. Patterson asked, "Why is it that in the same mouth amalgam fillings on one side will keep bright and polished, while on the other side they turn very black?"

Dr. Rominger said he had frequently noticed such a condition, and thought it might be due to the way in which the amalgam was mixed or to the kind of amalgam used. He also referred to copper amalgam, and said that in those teeth where it was kept bright and polished by attrition, etc., that it was quite good, but in all other cases it was extremely disappointing; in many cases dissolving out even more readily than cement.

Dr. Lorance, of Athens, Georgia, was introduced and expressed his pleasure at meeting with us. He is unanimously elected an honorary member of the Society.

Dr. B. Holly Smith, of Baltimore, was called upon for a talk, and responded in a very happy manner. He referred to copper amalgam, and said that its use was nearly always disappointing. He also spoke of the discoloration of some gold fillings, and said that he believed it was caused by some adulteration in the foil used.

Dr. Liverman thought that these discolorations were caused by the presence of sulphur, in some form, and referred to a patient of his whose watch also discolored in the same way.

Dr. Wright remembered a case in his practice where two fillings in the same mouth, put in at the same time, but of different makes of gold, the one discolored while the other did not.

Dr. J. F. Griffith thought that the fact that they could be polished off, would prove that they were very superficial and only a deposit probably caused by some peculiar condition of the fluid of the mouth.

Dr. Rominger asked, "If the members succeeded, always,
in opening to the end of the root canal of the anterior root of inferior molars, and what process did they use for doing so?"

Dr. Hilliard said that it was impossible to open to the end of some of these roots. He removes as much of the nerve as possible, then pumps in Beechwood creosote, and fills with whatever material suggests itself.

Dr. B. Holly Smith thinks that all roots may be cleaned *thoroughly* and filled *absolutely*, and that anything short of this is bad practice.

Dr. I. N. Carr uses Peroxide of Sodium in treating all abscessed teeth. He reports very decided success in treating these cases with this agent. He uses a 50 per cent. solution, and with a *Minim* syringe continuing the use of it until the tooth is perfectly clean and sweet. Then he dries the tooth with hot air, vaporized Oil of Cassia and Iodiform, and fills it with whatever seems indicated.

Dr. C. A. Bland reported that he had been using Electrozone as an antiseptic and was very much pleased with its action.

Subject passed.

On motion, the regular order of business was suspended and Dr. J. F. Griffith was asked to read his address.

**ADDRESS OF DR. JAMES F. GRIFFITH.**

Twenty years ago I became a member of the North Carolina State Dental Society, and it has been my pleasure and good fortune to be present at seventeen annual meetings, having missed three by sickness in my family. For a period of five years, I never failed to submit a paper for consideration, either in the form of a report, representing a committee upon which I had been honored with an appointment, or as a voluntary contribution.

Fifteen years have passed since the date of my last talk to you on paper, it being the annual address required of me as President of this Society. At that meeting I was elected to membership in the North Carolina State Dental Examining Board, and also, at the same time, chosen Secretary of the Board, and, until my resignation one year ago, my duties were such that participation in Society work was denied me almost all together. The best part of my life, as life is reckoned, was
included in that period, and while I trust that I have been of some little
service to my profession in the capacity in which I served continuously
for nearly two decades, yet my ambition has always been to meet with
you annually, as a Society worker. Not that the duties I was called upon
to perform as a member of the Executive Board were abhorrent, nor were
they performed in a perfunctory manner; on the other hand, I have
always regarded my election to that position as a providential kindness,
inasmuch as the duties incident thereto involved just such action as was
calculated to aid one of my ambition and desires, in acquiring a degree of
professional knowledge not obtainable elsewhere, for me. The line of
work required of a member of the Examining Board affords a means of
development, an opportunity to learn men and means, so to speak, and
to keep abreast of the times, not found short of a regular annual course
in a Dental college. One is thereby enabled to rehearse the text-books,
pick up the latest teachings and theories of recognized authorities, and an
observant man may learn to judge the capabilities as well as the idiosyn-
crasies of members of faculties of the various Dental colleges. One is
furthermore kept posted in methods, which, when combined, go to make
up the wonderful progress of the Dental profession from year to year, to
say nothing of the marked improvement in the material of which Dentists
are being made.

The duties of an examiner are becoming more and more laborious, and
to one who really appreciates the position he occupies, and the responsi-
blities accompanying it, it is far from being a sinecure. My resignation
a year ago was the result of premeditation covering a period of three or
four years, and was not made on the spur of the moment, as was believed,
and so expressed, by some of my friends. I needed rest from the duties
devolving upon me, and the Society did a gracious act in accepting my
resignation. I feel that I am still a part and parcel of the great and
beneficent profession of Dental Surgery, more particularly in North Caro-
 lina, and I should prove treacherous to my very soul, if I should seek to
evade any part of the great work which lies before us as Dentists. I am
in the hands of my friends, as it were, and whenever this Society agrees
upon a course of action for me to pursue, in the interest of Dentistry in
North Carolina, I shall follow it, if within the province of my capabilities.
I have felt that it was due myself that I should make the foregoing
remarks in prefacing some others which I shall now offer for your
consideration.

In institutions and organizations similar to this, under the heading of
Order of Business, we find this question: "Has any brother anything to
offer for the good of the Order?" It is a direct and judicious invitation
to talk of little things which should be brought to light, that are lost
sight of in the whirl and bustle of subjects of probably greater import,
and for the reasons given, I have selected this as a heading for a short
discourse.
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"FOR THE GOOD OF THE ORDER."

Reading the published proceedings of this Society last year, the day after adjournment, I was astonished to observe that a motion or resolution had prevailed, about as follows: "The Secretary is hereby requested to notify all Dentists in the State, who are not registered and who are not qualified, by license or otherwise, to register; and that they must do so at once." When this motion or resolution was presented and adopted, there was not a man or woman, black or white, bond or free, who was entitled to register his or her name with any one in North Carolina, as a Dentist. Dental registration in North Carolina closed years ago, except as it concerns holders of certificates or licenses from the State Board of Dental Examiners, and the time for registering certificates which were issued in 1896 (or the year before) expired six months after they were issued, and those who were to receive licenses in 1897, had not yet received them; so the resolution amounted to nothing, and I took upon myself the responsibility of so informing the Secretary, with the request that he disregard instructions, etc. While Secretary of the Examining Board, it was my custom to inform those who were awarded license, that the same must be registered with their respective clerks of court, within six months from the date of issue. This is the only notification necessary, as no one but a holder of license issued by the State Examining Board is entitled to register, unless it is done by a special act of the State Legislature. The above is a sample of the small things, and is the result of a lack of information regarding our Dental laws.

Let me say a few words about the Dental laws of North Carolina. They are intended to regulate the practice of Dentistry, but are probably less understood by Dentists than any law on the statute book. We all know the legal rate of interest in this State; that the Constitution forbids the imposition of taxes beyond a certain per cent. on assessed values, and many others; but the fewest number of Dentists have informed themselves on the laws regulating the practice of their profession. "'Tis strange, but true."

Our Dental laws are less exacting or stringent than those of other States, with one exception. North Carolina is the only State in which a non-graduate of Dentistry can even apply for a license to practice; and, as you are aware, differs from the laws governing the practice of medicine in North Carolina. Efforts to secure additional legislation should claim our attention. Unfortunately, however, the affairs of our State appear to be wholly dominated by politicians, whose hands have been raised for evil, in that they do not hesitate to embarrass public institutions; and to enlist the better side, or sober thought of the average law maker of today, would be a difficult task. Any movement on our part just now would be viewed in the light of class legislation, and until the present aspect of our law-making body is changed, I am of the opinion that it were well that so far as Dentists are concerned, we "bide a wee," and "dinna fret."

It is indeed a reflection upon any commonwealth, in this age of advance-
ment and enlightenment, to refuse to protect its citizens against empiricism. I will add further, that the law, as it now stands, does nothing less than encourage incompetent persons to attempt to do what circumstances declare them incompetent to do. For instance, the curriculum of the Dental colleges provides a first, second, and third course of instruction, each separate from the other. The second course student is authorized by law in North Carolina to apply for license, when it is a fact that he has not even been instructed in a third, which is considered the most important of all the terms, in fitting the student to assume the responsibilities of a practice. Encouraged by the law, he spends his money, and often suffers humiliation as his reward. There exists a necessity for a change in Dental laws, making them to conform as nearly as possible to those of other States; and that every member of the profession should become thoroughly conversant with every letter and detail.

There is another thing that requires straightening out in the minds of the brethren; it is the confusion which exists as to the status of the North Carolina State Dental Society, and the North Carolina State Board of Dental Examiners. One writes that, owing to the stringency in money matters, having exhausted his means attending college, he would be unable to pay the fees required for examination, and for membership in the State Society—both at the ensuing annual meeting—and desires to know if the Examining Board will not, in the event he passes a satisfactory examination, allow him to join the Society the year following, permitting him to practice in the interval. This is another sample of the little things, but a common occurrence.

The Society and the Examining Board are separate and distinct institutions, and are connected only in so far as the law provides that the Society shall select and elect from its membership the members of the Examining Board. The Society exists for the purpose of "cultivating the art and science of Dentistry; to elevate and sustain the professional character of Dentists; to promote among its members mutual improvement, social intercourse, and good feeling; and to collectively represent the Dental profession in North Carolina." The Examining Board is a creature of the law, and the purposes subserved by it are strictly legal.

It is not obligatory upon any one to join the State Society, but it will be remembered that membership in it is a means of grace, if you will allow the expression, which should not be neglected, as it is a beginning, to young men especially, which assures of profitable return. But I would impress upon you the fact, that it is more honorable to steer clear of all Society affairs whatsoever, and, armed with a license from the Examining Board, go on your way rejoicing, than to become a member in order to use the prestige membership brings with it, for purposes of self-aggrandisement. The idea that a licentiate should become a member of the Society immediately after a certificate is awarded him by the Examining Board, is not a good one for either party. There should be a
probationary stage, limited to one year, and within that time, the holder of a certificate would have ample time to post himself as to the requirements of the by-laws and constitution, and especially the code of ethics, which, under the present regime, he cannot do. And then the Executive Committee will be the better able to judge the merits of the applicant, before recommending him for membership.

This leads me to say a few words in regard to the code of ethics adopted for the government of the Dental profession. Our State Code is the same in substance as all the others, patterned, I suppose, after the first ever written. All recognized professions are merely branches of the three great and original professions, namely, medicine, divinity, and law. There are certain rules and regulations belonging to each, adopted for their government, which have been in existence from time immemorial. These rules and regulations constitute what is called ethics, and in appearance are somewhat arbitrary, and there are times when they seem to be unjust, but in this, as in other ages, the conduct of members of these professions must be sternly regulated. We, as Dentists, lay claims to being a part of one of the original three, that of medicine, and the code of ethics, belonging thereto, has at all times been observed and regarded by its eminent men, and never disregarded by practitioners of renown. The natural instincts of a professional gentleman acquiesce in these rules and regulations; and we, as a class, as Dentists, cannot hope to attain to very great heights professionally, while doing violence to the body or trunk of the tree, of which we claim to be a branch. A code of ethics is a very elastic concern, and it is wonderful the amount of stretching it will endure, and still maintain its integrity. Gentlemen conducting practices in the same community, agreeing in other respects, will view differently the teachings of a code of ethics. Undue advertising is expressly forbidden by all codes, whether in law, divinity, or medicine, yet what is by one considered an infraction, is regarded by another as legitimate. For instance, I have recently been approached by a publisher, visiting my town in the interest of a register or directory for one of our hotels. I declined to allow my name to go in his contemplated publication, giving reasons for my refusal. Thereupon he produced a list of names of Dentists in other towns of the State, whose professional cards were to appear on the pages of hotel directories, and he vouchsafed the information, which was not news to me, and for which I did not offer to reward him, that the gentlemen, whose names he had, stood about as high in Dentistry as I could ever hope to attain to. I never dispute a truth; but I made the gentleman a proposition, that if he would go to two of our most prominent physicians in town, whose names I furnished him and secure a card from either one of them, to appear in his directory, I would have him place mine wherever he desired on the advertising page. I have not seen or heard from my friend, the publisher, since, which leads me to conclude that the Doctors' names will not appear in the directory. If we, as members of a now recognized specialty of the great healing art, expect to attain to eminence, we must emulate those who are eminent. The good of the Order requires nothing less of us.
State Dental Society.

There is another important matter pertinent to the heading under which this discourse is written, which should be dealt with according to its merits. We hear a great deal said about bossism, in this day and time, and notwithstanding the anathemas hurled against the term, it is a well-known fact that in all well-regulated organizations, secret societies, and even churches, the state-makers are in evidence.

That it is, in most cases, a necessity, is generally admitted. Instead of the usual haphazard manner of selecting officers to manage the affairs of the Society (wherein any member is ready to present the name of a friend and aspirant to whom, perhaps, he is under obligations for personal favors,—not because of qualifications to fill the position acceptably to the Society, or to the credit of the profession it represents),—I will risk being considered officious, and will submit a plan, which, if adopted, will redound to the interest of this Society.

Let the retiring President appoint a committee of five or seven, whose duty it shall be to select suitable persons for each of the offices, which are: President, three Vice-Presidents, Secretary and Treasurer, to serve the ensuing year, and report to the Society assembled. minority reports being always in order. My reasons for making these suggestions are as follows:

In former years, when Dentists were few, and the membership of this Society small, comparatively, the annual meetings were in a measure informal, and partook of the nature of a family reunion, the social feature predominating, and but little service was required of the officers. Note the change. Now it is not uncommon to have present on these occasions a hundred souls, and it requires, on the part of the presiding officer, especially, tact, a knowledge of parliamentary law, and a pretty good stock of executive ability on call to "keep in de middle ob de road" the number of wise-acres who are willing to air themselves for the good of the Order.

It was unusual to see a visitor from another Society or State in attendance upon our meetings, a few years ago, the custom of exchanging fraternal intercourse through delegates not having been inaugurated. At present we are honored with the presence of a goodly number of visitors at every meeting, and our guests consist of representative men, who are high up in the councils of the profession, in their respective States and places of abode. The best foot should be put foremost to entertain and impress our visitors favorably with the Dentists and Dentistry of North Carolina. A stream can flow no higher than its head. An efficient presiding officer, in many instances, would not measure up as a clinician, and vice versa. This is equally true of all the officers. Hence the importance of acting upon the suggestion, and thereby make no mistake in selecting officers. I am not a very strong advocate of civil service reform in governmental affairs, nor do I believe in life tenure in office; on the other hand, I believe in fostering laudable ambition, and in giving encouragement to young men especially, who are seeking promotion in every phase of life; but one must first become competent to perform the duties incumbent upon him, before he can hope or expect to attain to high places. I offer these thoughts for the good of the Order.
This is indeed an age of progress. Light is being shed upon heretofore mysterious things, daily; and nowhere more than in Dentistry; and in the language of the learned apostle, "It doth not yet appear what we shall be." But there must be minds to conceive, as well as hands to execute. In proportion to the amount of brains, engaged in an enterprise, will it advance or recede. The recent rapid growth and improvement in Dentistry is due to the fact that men of intellect and culture have entered its ranks, and when the profession can boast equal mental calibre with others, there will be no quarrel about status, no difficulty in obtaining recognition. How important then, that the representatives of the profession, to-day, be aggressive, ever on the alert, to improve whatever gives promise of advancing, as well as to correct the "little and the big" things, which have proven a hindrance to our progress.

I have been free to mention some of the drawbacks to Dentistry in North Carolina and to this Society, as, in my humble opinion, they exist, but I am not a pessimist, and what I have said is not in a bewailing spirit, but as suggestions for the good of the Order.

The following committee was appointed to make report on Dr. Griffith's paper: Drs. C. A. Rominger, J. H. Durham and E. L. Hunter.

Drs. R. L. Carr and W. Ross Davis were regularly elected to membership in this Society.

An application for membership was received from Dr. C. B. Hall and was referred to the Executive Committee.

The Executive Committee presented a programme in which they decide to devote the morning of second day to clinics.

Adjourned to re-convene at 2:30 p. m. Thursday.

SECOND DAY—Afternoon Session.

The roll of absentees was called and Drs. Cole and Davis answered.

Dr. C. B. Hall was unanimously elected to membership in the Society.

The applications of Drs. J. T. McCracken, of Durham, F. M. McCracken, of Cedar Grove, W. T. Herndon, of
State Dental Society.

Laurinburg, and Chas. A. Thompson, of Wilson, were received and were reported to the Executive Committee.

The Committee appointed on the President's Address made their report, and recommended that the address be published in full, in pamphlet form and 'each member of the Society be furnished a copy.

The committee appointed on the paper of Dr. Griffith, made the following report:

"We recommend the suggestion relative to a Nominating Committee be adopted, that a committee of seven be privately appointed by the President at the session previous to election of officers, to nominate the officers of the Society."

This recommendation was discussed at some length but failed of adoption.

The Publication Committee submit the following resolution:

"Resolved, That the Publication Committee be instructed to examine all the papers read at each meeting of the Society and edit them for publication, together with the proceedings of the Society. Same to be done at the expense of the Society, and a copy sent to each member and to each Dental Journal."

Adopted.

The Committee appointed on the Essay make a verbal report through their chairman and express their pleasure at having heard the essay, and recommend that it be given to some of the Dental Journals for publication.

Report adopted.

On motion, it is resolved that all members in arrears for a sum equal to two years' dues, be notified that if same is not paid within three months, that their names will be stricken from the roll.

Resolution adopted and treasurer instructed to send said notices, and that if they are not paid within the time prescribed, that he shall strike out their names from his roll, and send a list of those so stricken out to the Secretary, so that he may revise his roll also.
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On motion, all members who have been thus suspended for non-payment of dues may be reinstated by a vote of the Society, upon the payment of a sum equal to two years' dues. Carried.

It is resolved that a committee of three be appointed by the President to consider the advisability of revising the Constitution and By-Laws of the Society. The report to be made at our next annual meeting. Committee so appointed, Drs. E. P. Kurans, J. F. Griffith and Isaac N. Carr.

Subject of Prosthetic Dentistry was called, and Dr. G. B. Patterson read the following paper:

PROSTHETIC DENTISTRY.

I have been appointed to write upon one of the most important subjects in our profession, that of Prosthetic Dentistry.

I hope to be able, in a few brief words, to bring forth a discussion that will prove beneficial to us all.

I will deal first with the subject of taking impressions. To take the impression for a full superior or inferior case, I would first select a tray, full large, using modeling compound. Pour plaster, using warm water and a little salt in order that it may set very quickly. When I have thus obtained my model, I select another tray to fit this model as nearly as possible. Now with a pair of pliers, I bend this tray to within about one-eight of an inch of the model, all around the outlines of where I want my plate to go. I am careful not to have the rim of the tray high enough at any point to strain the muscles out of their normal position.

Now with this tray and modeling compound, I press the tray well and firmly into place, having the patient to open the mouth very wide, at the same time press the lips up or down as the case may be. Never allow the tray to be moved the least bit from its position until the compound is thoroughly hard.

Remove the impression, place in cold water for a moment, then return to the mouth and if it does not adhere perfectly, trim away at any point where the muscles seem to be strained.

Into this impression place a small quantity of plaster, mixed to the consistency of cream, return to the mouth and press firmly into place, having the patient's mouth wide open and lips pressed well down or up as the case may be. Press the tray firmly into place and hold it there until the plaster sets thoroughly. This, if properly done, will give a perfect impression and will be hard to remove from the mouth. Since every mouth has its own peculiar shape, our aim must be to take the impression of each mouth as it is, and not as we would like to have it.
In the selection of material to be used in taking impressions, we
should always be governed by the case in hand. If the mouth is firm, I
would use modeling compound, if soft, use compound first, then plaster in
this same impression; or plaster alone, mixed soft, if the mouth is very
soft. In partial cases I almost invariably use compound. In dove-tail
spaces, I dry off each tooth and build them up to a perpendicular line with
cement, then take the impression. Now, remove the cement and place
into the impression and from that a good model may be obtained.

To make the model, I always cut the air-chamber in the impression in
size and shape to suit the case. Now put just enough water in the bowl
to make up the amount of plaster needed; sift in plaster until all the
water is taken up, stir thoroughly, dip the impression in water and pour
at once, slightly jarring it while pouring in the plaster, and the result
will be a hard, smooth model.

That troublesome bite—some say, have the patient to raise the chin as
high as possible and then close the mouth and the bite will be correct,
while others say that the same results may be obtained by having the
patient press the chin well down upon the breast and then closing the
mouth.

As to the articulation, I am governed by the requirements in each case;
but as a general rule, I try in all full double cases to make a slight down-
ward curve, the lowest point being at the second bicuspids—say about one
line. The line of force should be made toward the center of the ridge
and slightly backward.

Those miserable dark joints—what will prevent them? I have tried
cement, pink rubber, plaster and silex, white court plaster, in V shaped
joints, and all fail, when I especially desire success.

To vulcanize, I always blow out the first steam that collects so my
vulcanizer will register correct. It is always safe to follow the directions
given by the manufacturer of the rubber one is using, and never vulcan-
ize too rapidly. The best results are obtained by using the lowest degree
of heat at the longest time given—say, 300 F.°, at one hour and a half,
instead of 3-20 F.° at one hour, taking one hour at 3-20 F.°, as a basis.
I lower the degree of heat and lengthen the time according to the thick-
ness of the case in hand.

Respectfully,

Geo. B. Patterson.

Discussed at some length by Dr. Jewett, who said that
he takes nearly all his impressions in Plaster of Paris, and
considers that the more difficult an impression is to take,
the greater is the necessity for using plaster. He is very
much opposed to deep air chambers. If the tissues of the
mouth are soft and flabby, he invariably uses Plaster of
Paris for taking impressions.

In impressions for crown and bridge work he generally
uses modelling composition. He says that when the plaster impression breaks, that if it be immediately replaced before it gets dry, that it will become firmly united. He says that he never leaves a V shape space in grinding up his blocks, but makes beveled edges, and consequently is not bothered with dark joints. He uses Silex reduced 50 per cent. to coat his models, also the investments, etc. He also exhibited some models illustrating his method of making rubber plates, and explained his process, which was full of good suggestions.

A vote of thanks was extended him for his trouble in bringing the models, and for his valuable suggestions for doing this work.

No further discussion, the subject of Prosthetic Dentistry was passed.

Adjourned to re-convene at 8:30 p. m.

SECOND DAY—Night Session.

Drs. J. T. McCracken, F. M. McCracken, Charles A. Thompson and W. T. Herndon were unanimously elected to membership in the Society.

The subject of Dental Pathology and Therapeutics was called, and Dr. Patterson opened the subject for discussion by asking "If it was prudent to extract teeth for women during pregnancy."

Dr. Harper said that in his opinion we may extract teeth during any stage of pregnancy, provided we first get perfect control of the patient and relieve any excitement or anxiety on their part.

Dr. E. L. Hunter said that only one period was dangerous (if proper care be used), and that was the period of a previous miscarriage.

Dr. V. E. Turner considers that it is less dangerous to extract a tooth than it would be to undertake long, tedious operations in the attempt to save it for a few weeks.
Dr. Jewett says it is necessary for us to use considerable caution along this line, as some women may try to produce abortion in this way. He considers the seventh and ninth months the more dangerous periods.

Subject passed.

Next subject, Dental Physiology, Histology, Microscopy and Chemistry, discussed by Dr. Jewett and others.

Dr. Spurgeon asked if there was any condition of the secretions of the mouth that caused a hypersensitiveness of the teeth and gums? He related a case in his own practice, and asked for information as to cause.

Dr. Jewett recommends Phillip's Milk of Magnesia as one of the best antacids for use in the mouth. He does not consider an acid condition of the fluids of the mouth as necessarily abnormal, and did not consider this condition deleterious, except that around the edges of fillings it seems to set up a kind of electric action that results in the breaking down of the walls.

The next subject called was Dental Appliances, Improvements and Cataphoresis.

Dr. C. T. Hawes read the following paper on Cataphoresis:

CATAPHORESIS.

In the spring of the year, I was requested by a member of the North Carolina Dental Association to prepare a short paper on the merits of Cataphoresis. It would be far more fitting, and very much more in accordance with my natural disposition, to sit at the feet of the older members of the Association and learn of them.

I confess, however, that the imposition of such tasks upon the younger members will likely be of good service to them, since it will necessarily encourage them to be more observing, and to keep a more accurate record of the different cases presented to them for treatment. I believe it is generally conceived that the inventor was very unfortunate in the selection of a name for the instrument, for with no other clue than its name the ripest scholar could not even conjecture its use. As an amendment to the name, some one has proposed "Electrical Osmosis." This, too, is objectionable in that it leaves out of view the obtunding agent. Dr. J. J. Herndon, an operator of our State suggests, "Obtunders Electrical Cataphoresis Transferrer or Transfuser," as a name more sig-
significant of the design and compass of the instrument. It is clear that we
know nothing of electricity, save in its visible or sensitive effects.

However, it is impossible for us to state with certainty the hidden
process by which the efficacy of the obtunding agent is in a few minutes
electrically transferred through solid bony structure to the adjacent nerve.
Fortunately, however, a knowledge of this process is not necessary for
the practical operator—a question of facts, not theory. Hence in the
preparation of this little paper, I feel that no scope is granted me for
theorizing, but limited to facts or positive experiments on the teeth of my
own patients, and will, therefore, proceed to furnish a few of those which
have occurred to me in practice.

In the first place, I will mention the kind of instrument used in these
cases. I used the Mesco's 18 dry cell battery.

**SENSITIVE DENTINE.**

*Case First.*—A lady applied to me for an operation that necessarily
required obtunding the sensitiveness of the dentine. Previous to this
she had gone to another dentist to have the tooth filled, and it was so
sensitive that he was unable to properly prepare the cavity for gold, but
with a hand excavator removed some of the decay and filled with cement.
She came to me about a year later and complained of her tooth being
so sensitive that she could not bear to have it filled unless by some means
I could lessen the pain. It was a superior central incisor with a large
mesial cavity. I first procured perfect insulation by the use of rub-
ber dam held in position with ligatures

I removed the cement filling, and just as soon as I came in contact with
the tooth structure, it caused very acute pain; but I thoroughly removed
all the filling, and then with a pellet of cotton saturated with a three per
cent. solution of cocaine placed in the cavity, I gradually turned on the
current to 35 for nine minutes, after which removed it and prepared the
cavity, cutting considerable amount of dentine away, and filled the tooth
without any pain whatever. After the operation was finished, the lady
told me that the patient only could realize the benefit of the Cataphoresis.

*Case Second.*—Mrs. B——, a lady of a nervous temperament, came to
me for the removal of a second inferior molar; it was decayed both on the
grinding and buccal surfaces, but was not broken down so badly as to
require its removal. I advised her to have it filled. She hesitated for
some time, saying it would hurt too badly, but finally consented when I
told her that I thought I could fill it with but little or no pain. Adjust-
ing the dam and removing as much of the decay with an excavator as the
patient would allow, I placed the cotton, saturated with a three per cent.
solution of cocaine, in the caronal cavity, and applied the current in the
usual manner. The patient made no complaint until it reached 65. After
thirteen minutes, I removed the current and tried to prepare the cavity,
but after removing part of the decay, it began to get sensitive again. I
reapplied the current seven minutes, raising it to 80, then prepared both
cavities without any plan. I capped the nerve with gutta-percha, filled it
with cement, and dismissed the patient.
Next day she said that she had a slight neuralgia in the side of her face, but it did not last long. I watched the case a couple of months,—no ill results occurred.

**REMOVAL OF NERVE.**

**Case Third.**—A lady called on me for the removal of a nerve in the superior right lateral incisor. Applying the current in the usual manner and raising it to 40, I let it remain seven minutes, after which the nerve was removed without the slightest discomfort to the patient.

**Case Fourth.**—A lady applied to me for the removal of the nerve of a left superior first molar. She said it had ached at times for a week or so. In this case I applied arse-acid, and she came back next day, but it did not affect it in the least. On the following day I made a second application of arsenious acid with same results. On the third day applied oil of cloves, and asked her to call in a couple of days. She came. I applied Cataphoresis in the usual manner fourteen minutes, raising it as high as patient would allow which was about 35, and tried to remove the nerve, but was unable to do so. Reapplying the current, I raised it to about 40 for fifteen minutes, but with no better results. Having employed the Cataphoresis in seven cases of nerve extraction, this one is the only failure I have to record, and I am inclined to attribute it to the presence of arsenic (a metal) in the cavity. This is the only case in which I have used Cataphoresis after the application of arsenic. I would like to hear the opinion of the older members in regard to the cause of this failure.

In conclusion, I will say that my experiments with Cataphoresis have in general been very satisfactory. C. T. Hawes.

Discussed by Drs. Smith, Holland and others.

Dr. Smith said that he could not practice Dentistry now without cataphoresis. He thinks that a high voltage is not necessary in the use of cataphoresis. He uses a saturated solution of cocaine, and with a low voltage. He says he has always been able to get successful results from its use. He also uses it for removing the nerves from teeth, and thinks it will soon supercede arsenic for this purpose.

Dr. Holland's results and observations with the use of cataphoresis were nearly altogether negative. He has been very greatly disappointed in its use.

Dr. Harper spoke of the need of a Gates-Gliddin drill with a shorter skunk to use on the right-angle attachment. He thinks we should have them in three different lengths. Subject passed.
A communication was read from Dr. Wm. E. Walker in regard to sending delegates to the National Association, and to the Southern Branch of this Association.

On motion, it was decided to send a delegate from this Society to the meeting of the National Association at Omaha, Neb.

On motion, the election of a delegate to the National Association was postponed until the time for the election of officers for the ensuing year.

Adjourned until 8 a. m. to-morrow.

THIRD DAY—MORNING SESSION.

A communication from the American Academy of Dental Science, condemning certain advertising in some of our Dental journals, was read and adopted.

The Publication Committee reported that the papers and proceedings of last year’s meeting had been published in the *Dental Headlight*. Report accepted and committee discharged.

Dr. Hilliard presented an account of $3.25 for having an obituary of one of our members published. Account allowed.

Dental Prophylaxis was the next subject called, and Dr. I. N. Carr read the following paper:

**DENTAL PROPHYLAXIS, OR PREVENTIVE TREATMENT.**

To prevent any disease, whether caries or stomatitis, disintegration, or inflammation of any part of the body, we must first find the cause before any intelligent treatment can be successfully inaugurated. Dental Prophylaxis and its importance to the human family, cannot be overestimated. When we consider the long list of ailments which necessarily follow in the train of carious teeth and inflamed or diseased soft tissues of the mouth, the necessity for proper scientific treatment becomes at once recognized. Any altered condition of the system which renders the saliva acid, should be regarded as an exciting cause of caries, and therefore
demands special attention with a view to the neutralizing of the acidity. Special care should be exercised in the direction of keeping the mouth clean during sickness, and when the patient is too ill to attend to it himself, the nurse should be required to do so, and when from any cause the brush cannot be used, the frequent rinsing of the mouth with some good antiseptic wash is always necessary. The generally accepted theory of the principal existing cause of decay of the teeth, is a chemical change produced by minute organisms in the fermentable matter lodged upon and between the teeth. Miller has shown that caries is a chemico-parasitical process consisting of two distinctly marked stages: first, decalcification, or softening of the tissues; and secondly, dissolution of the softened residue. The substances from which are derived the acids which affect the decalcification are starchy and saccharine. These, when retained in the fissures and interstices or on the surfaces of the teeth, undergo fermentation. While the acids formed from sugar are not considered so injurious as those formed from starch and other substances of the same class, yet they exert a hurtful influence over the teeth. We are told by Miller that starch is much more detrimental to them than sugar, for the reason that sugar is readily soluble and is soon carried away, or is so diluted with the saliva as to be rendered almost harmless, whereas starchy matter adheres to the teeth for a greater length of time and consequently its action is more constant. He also tells us that fermentable albuminous substances when mixed with the saliva show but small traces of acid, and this soon disappears.

The second stage of caries mentioned by the same investigator, is the dissolution by bacteria of the softened dentin. This can be readily observed under the microscope, and a similar process may be easily induced experimentally. Now we know that the dentin contains some albuminous substance, and this forms an excellent medium for the growth of bacteria, and hence it is that the softened tooth tissue is dissolved. It is very similar to the action which takes place in the stomach when the white of egg comes in contact with the gastric juice. The bacteria ferment dissolves the softened tooth tissue just as the gastric juice dissolves the albumen of the egg.

In some mouths the destruction of the teeth advances very slowly, while in others it is very rapid. This difference is due, of course, to the intensity of the fermentation going on in the interstices, fissures, and other parts of the tooth where the food is allowed to remain. Of course the power of resistance possessed by some teeth is greater than that of others, and therefore decay is proportional to this power.

Another established fact is that decay of the teeth is due to external causes. The process of destruction is from without inwards, and the enamel being largely composed of inorganic substances, is slow to succumb to destructive influences, but when once penetrated by ever so minute an opening, the dentin is quickly attacked and readily yields itself a prey, owing to its being composed largely of organic matter. Now, then, conceding the established fact, that the chief external cause of caries
is the presence of minute organisms known as bacteria, it becomes at once our highest duty, and should be our greatest desire, to devise some means, to apply some remedy for freeing the oral cavity, as far as possible, of these destructive organisms, realizing that in a scientifically clean mouth there can be no caries. The all important question is, how are we to do it. It is impossible to confine the diet of our patients to albuminous, fermentable substances alone, such as flesh, eggs, and so on, which give rise to alkaline and not to acid products. In fact, it appears to me to be out of the question to regulate the diet of our patients, except in the case of infants and children whom we can control, and right here, it seems to me, should be the direction of our greatest efforts, for while poor or faulty structure is mostly dependent upon constitutional conditions of the parent and child during the earliest part of the formation period of the teeth, and is therefore very largely beyond our control, yet it is important to remem-
er that while this period begins very early in life, it is more or less active during a period of considerable duration. We are taught that the process of calcification begins some five months before birth, and is not completed until about the twentieth year. We can, therefore, readily see how the quality of the teeth can be improved during this period by supplying the blood with the constructive materials necessary, and this can only be done by the use of suitable food. It is, therefore, obvious to any thinking mind, that a suitably prepared diet, faithfully followed, will result in giving our children better teeth. It is not the purpose of this paper to discuss what that diet shall be, as it does not properly come under the head of Prophylaxis, but rather to direct our thoughts to a consideration of mouth washes, tooth powders, and so on. In dealing with this sub-
ject, we must recognize the necessity for the application of preventive measures as soon as the temporary teeth begin to make their appearance.

Proper instructions should be given the mother, and she in turn directs the nurse as to the importance of keeping the teeth of the child clean, and furnish her with the proper things for this purpose. We may regard the mouth as a kind of laboratory abode or forcing ground for the cultivation of the minute organisms which belong to the vegetable, and not the animal kingdom; for, as has been well said by another, "The mouth is a moist cavity or chamber kept at a comparatively high temperature, to which there is ready access from the outside air wherein are spores innum-
erable, and when particles of food are left between the teeth and in cavities of decay, no better field could be found for their growth and multiplication. We can, therefore, easily understand why the mouth is a veritable incubation chamber, and if we are ever to prevent caries of the teeth, some means must be devised to keep it scientifically clean. Decomposing food particles always generate an acid, usually acetic, and it has been demonstrated beyond any doubt that the exposure of a tooth to the action of acetic or citric acid for forty-eight hours, will decalcify it to a very great extent. Bacteria secrete an acid, hence it follows the more bacteria, the more acid. The salivary glands of people suffering from the gout, rheumatism, gravel, and so on, owing to the excess of lactic or uric
acids in the blood, furnish a quantity of acid saliva, and acidity of the oral fluids is one of the most potent factors in the production of Dental caries. Whatever the causes may be which bring about this acid condition, the treatment should be in the direction of employing some non-caustic alkali to neutralize the secretions, and something powerful enough to destroy the microbes, and yet mild enough not to irritate the soft tissues, or be in any way injurious to them. Experiments have been carried on by Miller and others with different antiseptic preparations in the form of mouth washes, in order to ascertain positively how long a time is required to destroy the bacteria found in the mouth, recognizing at the time of the experiments that the wash used only remains in contact with the teeth from a minute down to only a few seconds. In everything he tried, so far as I have been able to learn, he found that "nearly all the materials which possess antiseptic action are either contra-indicated altogether in the mouth, or that they could be used only in very dilute solutions, either because they are injurious to the general health or locally to the mucus membrane, or the teeth themselves." Then, again, many otherwise useful antiseptics are excluded because of their bad taste and smell. For this reason the preparation of a mouth wash which possesses antiseptic action of any importance, has been accompanied by the greatest difficulties. We know that a solution of bichloride of mercury, say one to two thousand, will sterilize a mouth almost perfectly if the tooth brush has been previously used, but on account of its poisonous properties and its disagreeable taste, it is not suitable for general application. Listerine, which consists of eucalyptus and wintergreen oils, and borobenzoic acid, etc., has been found very useful, but is not, after all, entirely satisfactory. Miller found, after tests made in the mouth itself, and not merely upon cultures out of the mouth, that there was a great difference in the time required for destroying the bacteria in the saliva of different persons, and finally came to the conclusion, after repeated experiments with different substances, that saccharine and benzoic acid were the only ones left from which to construct anything like efficient antiseptic mouth washes for daily use. By reference to his writings you will find the formula he uses to be as follows:

Rx.—Saccharine . . . . . . . "gm. 2.5.
Acid Benzoic . . . . . . . " 3
Tinct. Rhatani . . . . . . . " 15
Alcohol Absol . . . . . . . " 100
Ol. ment pip . . . . . . . " .5
Ol. Cinnamon . . . . . . . " .5

He uses this by mixing with nine parts water, and has patient hold it in the mouth for one minute at a time. This I have tried, also many others, but for the past twelve months or more have prescribed but one mouth wash, and believe it to be far superior to anything we have so far discovered for sterilizing the oral cavity and thereby arresting decay. I refer to Phillips' Milk of Magnesia. You are all familiar with it, I hope.
"It is a hydrate and has the characteristic affinity for acids common to the hydrates, and is, therefore, peculiarly active in neutralizing them. It will neutralize twice its own volume of lemon juice. It is odorless, practically tasteless, milk like in appearance, homogeneous in character, and contains twenty-four grains of Hydroxide of Magnesium to the fluid ounce of distilled water. In short, it is simply a chemical combination of pure water and magnesia; in other words, a hydrate. The remarkable feature about it, wherein it differs from all other alkaline preparations heretofore in use, is the persistency with which it maintains an alkaline saliva. It will do this for hours if used just before retiring." Another very important quality which it has to recommend itself, and a most important one too, is its destructiveness to micro-organisms. This property alone should recommend it to us all. It is prompt in its suppression of fermentative changes, and is absolutely harmless; in fact, a teaspoonful of it, if swallowed, will promptly neutralize acidity of the stomach. To my mind it is one of the most valuable preparations that we have ever had presented to us, and I heartily recommend it to you all. Prof. Frank J. Thornbury, lecturer and demonstrator of Bacteriology in the Medical and Dental Departments of the University of Buffalo, N. Y., found that "in tube and plate cultures of the pus-forming staphylococcus, lactic acid bacillus, and cultures of bacteria from decayed dentine, no new growths will occur under an area covered by Phillips' Milk of Magnesia for from 12 to 24 hours, as tried, and that even after this magnesia is pured off from the cultures, the slight alkaline film which remains is sufficient to restrain indefinitely further bacteriological growth." Conversely, he found that "in those zones to which Milk of Magnesia was not applied, characteristic colonies of the organisms under observation, promptly developed."

Now in conclusion let me say, that the mechanical cleansing of the teeth, by means of a properly made tooth brush, should always precede the use of the mouth wash. To accomplish this a brush made with the bristles arranged in bunches and moderately stiff, should be used in preference to the fine soft brushes arranged continuously in a row. Then with a good dentifrice containing an Alkali and the use of silk floss, their thorough mechanical cleansing can be accomplished. The dentifrice my patients use I compound myself. It is very simple and is made as follows: To four pounds of French prepared chalk, add two ounces each pul. Eng. C. Soap and two ounces pul. Orris Root. This is run through a fine sieve and worked into a dough by the addition of pure water, and then placed in porcelain boxes and allowed to dry, when a hard cake results. It is used by wetting the brush and rubbing over the cake. There is much more that might be said upon the subject of Dental Prophylaxis, but as this paper is already too long, I will desist.

Isaac N. Carr,
Durham, N. C.

Paper discussed by Drs. Jones and Hilliard.
Next subject, Orthodontia. Very interesting papers were read by Drs. Turner, Kurans and Wright:

ORTHODONTIA.

Mr. President, and Gentlemen of the North Carolina Dental Association:

I trust you will bear with me for a short while as I endeavor to impart to you my knowledge, practically and theoretically, of the subject of Orthodontia, which has been assigned to me for this meeting.

Orthodontia is decidedly one of the most interesting branches of our profession, to me, and, consequently, I feel very much honored that such a deep scientific subject should be tendered to one of your younger members. We will divide the subject into two branches—constitutional and local.

In the preparation of what I have to say concerning the historical aspects of this disorder I have quoted freely from the general literature of the subject.

It will be time uselessly spent to recapitulate to you gentlemen, the formation of a superior and inferior maxilla, and the alveolar process. Constitutional irregularities of the jaws and teeth are those deviations of the normal jaw that are developed with the osseous system, and are not the result of accident. All constitutional irregularities are confined strictly to the jaws, though they may result in irregularities of the teeth. They have their origin in inherited tendencies direct or remote, resulting in arrested or excessive development, partial or entire, of the upper and lower maxillae. Inherited idiosyncrasies do not necessarily imply morbid conditions, though most cases of irregularities come under this head. Owing to this distinction they naturally group themselves under two heads—(a) anamolies of jaws in healthy individuals transmitted from generation to generation—(b) anomalies of jaws that are the result of functional derangement.

These classifications cannot be kept absolutely distinct. The first class embraces what we term family and race idiosyncrasies which may have been the product of idiosyncrasies of functions. The monstrously developed angle of the lower jaw seen in some persons, the inferior jaw and highly developed superior maxilla and alveolar process of some Irish and Scotch families are examples of this class. It is a recorded fact that the early races possessed large jaws and regular teeth, and this fact has been verified by the examinations of ancient skulls by Messrs. Cartwright, Colman and others who have examined the skulls of over 3,000 modern uncivilized people between the years of 1864 and 1870. Their conclusions were that irregularities of the teeth rarely, if ever, occurred among ancient races. "The laws of inheritance," says Dr. Kingsley, confirmed by common observation, show how constant is the mingling in the offspring of the traits of character and the peculiar features of two diverse races brought together in marriage. This mixture, without blending or harmonizing, is productive of deformity in character and physique.
Thus, so far as the jaws and teeth are concerned, they may exist in each parent in perfect sympathy—in one parent the jaws and teeth are large: in the other parent both jaws and teeth are small, but each in its way is a normal development. If now the small jaws of the one parent, and the large teeth of the other appear in the offspring deformity is sure to follow. Benedict declares that abnormality of structure predisposes to disease and among abnormality of structure he mentions particularly pathological length and breadth of the face, pathological relation of sutures, as symmetry and intercallaria. Anthropologists agree that racial differences and peculiarities are shown more clearly by the skull as a whole than by any other portion of the skeleton. It is to be easily supposed then that in a mixture of two races with important cranial differences an attempt by nature to mix the types, without the ability to blend them harmoniously, must result in irregularity or abnormality.

**LOCAL CAUSES.**

Local causes resulting in irregularities is found in malposition or malocclusion of individual undeveloped teeth as the result of an accident. Such as premature or tardy extraction of temporary teeth, or malposition and malocclusion growing out of constitutional causes.

I will not attempt to describe each form of the irregularity to which teeth are subjected, but desire to call your attention to a very interesting case, produced entirely by thumbsucking. I base my assertion after making a very close examination of the mouths of both parents and the other members of the family which I found to be above the average in normality.

The patient was a young man seventeen years of age, who had been addicted to the habit of thumb sucking from infancy until he was quite a youth. His anterior superior incisars protruded to such an extent that it was with difficulty that the lips could be brought together—the mouth, being closed in normal condition the superior incisars rested on the inferior lip to such an extent that an indentation was very perceptable. My first step was to take impressions of both jaws, using S. S. White's upper and lower impression cups, numbers seventeen and eighteen with modeling compound. After making my models and giving same the proper consideration, I decided to extract the first right and left superior Bicuspid to allow sufficient space for the six anterior teeth. I used Angle's Regulating Appliances, set number two.

I committed the sins of omission and commission in this case. After placing my anchor bands on twelfth year molars and using elastic bands to draw them inward, and an ordinary silk skull cap in connection with the traction bar to draw the four anterior teeth upward, I found I used too much pressure on the molars and the consequence was I had drawn the respective molars in the mouth to such an extent as to interfere with the occlusion of the corresponding teeth below. I then removed all pressure from the molars and proceeded to force same back into their normal position. After having accomplished this I took another impression of the superior jaw and made a rubber plate and split same in the
shape of a V making a spring out of a piano wire in the shape of the letter W and vulcanized over again, and this plate I used in a dual purpose to widen the arch and hold the posterior teeth in their proper place, which I found very satisfactory indeed. I would then tighten my rubber bands connected to my skull cap and traction bar, also the rubber bands that was attached to my anchor bands on molars as desired. I had no further trouble with the case as far as the position of the teeth was concerned. Having reached this stage it was necessary to retain the teeth in the corrected position. To do this I proceeded to make a new plate and used Angle's wire arch in conjunction with it. This was successful in holding the teeth in the position desired. This was the most difficult part of the entire operation.

The entire duration of the case extended for a period of three months. I should like to say in this connection that in my opinion that these cases should be treated beyond this period. The reason for this is that the rapid changes of the teeth renders it exceedingly painful, and will endanger the life of the teeth as well as having a debilitating effect upon the patient. I would recommend that the appliances be worn for at least twelve months, which will insure the permanancy of the work, and that all such appliances be removable so that cleanliness could be observed.

ORTHODONTIA. E. P. Keerans.

It is a matter of regret that so few, comparatively speaking, of our best thinkers, have become interested in correcting the mal-position of the teeth.

It is to some extent accounted for in the fact that it is so difficult to determine in the start, how long the case will require treatment, and what compensation shall be demanded.

Parents are often surprised at the fee for such services, and are horrified at the idea of having sound teeth extracted in order to give sufficient space to accomplish the object in view; and the length of time required to complete the treatment.

It is often the case that many patrons of some of our most competent Dental Surgeons have allowed their children to grow up with their front teeth crowded out of position, or so disfiguringly protruded, that it becomes a source of mortification and unending regret. Notably, I have seen a number who were so dissatisfied at the unnatural effect of these mal placed teeth, that the individuals seriously contemplated having them all removed, and replaced by some artificial substitutes.

All of us have doubtless seen a young woman, with almost perfect features—a fine complexion, bright dazzling eyes, rosy lips, and with almost every other mark of beauty; but her smile, which ought to brighten and enhance her lovely expression, discloses a rugged outline of front teeth, with prominent cuspids, more like an animal than a human being.

Many of those so disfigured, recognizing the great blot upon their faces, make the ineffectual effort to hide this deformity by contorting their mouths; and try to smile with their lips closed, which, if possible, is worse than the exposure.
And there are those who have an abnormal growth in the length, as well as size and mal-position of the teeth; which, if in conjunction with a prominent alveolar ridge, makes it difficult for the person to cover them, and habitually, these upper incisors are exposed to the wind and weather, resulting often in a change of color, which augments the horrible spectacle.

In many of these cases, the contour of the face, even when the mouth is closed, is disagreeably affected.

And then, there is the protruding lower jaw, which sometimes swings the lower incisors clear over the upper; and in the movements incident to conversation, or in singing, the lower teeth become the notably conspicuous teeth in the mouth, while in the operation of mastication, the movements of the lower maxillary takes such a wide range, that it reminds one of a camel chewing his hay.

It is quite astonishing to observe a "jimber-jawed" man taking a meal. The movements are so different from others, in this: that his labor seems much greater, and he seems unable to manage it unless he has his mouth quite full. As he makes his long strokes, large pieces of the food seem to fly off, striking and protruding his cheeks, and giving one the impression that he is more than usually in earnest, and that he was greatly behind in the matter of nourishment.

In addition to aesthetic considerations, which I claim, are of paramount importance, especially in females, teeth which start evenly in the proper circles are more easily cleansed with brush and dentifrice and are more easily treated successfully, for caries.

No one will deny, that all such deformities as I have described, are preventable, if undertaken at the proper age, ordinarily between ten and fourteen years; but this varies according to the form of the irregularities, and the development of the individual. Many cases, from twenty to thirty years, also have been successfully treated, but these corrections are more easily and quickly made at an earlier age.

The particular system, which should be adopted, would depend greatly upon the peculiarities of each case—but preference should be given to that system which assures the most positive force to be applied in moving a tooth. Take, for instance, the protruding upper incisors. In my judgment, the very best system is Angel's. I have never failed with this, and it is efficient in reducing other irregularities. All of you are doubtless familiar with the appliances of this system. When the opposite of protrusion of the upper incisors, or rather, when the lower incisors close over the upper, you have what is commonly called, "jimber-jaw."

These cases should be treated at an earlier age, say, eight or nine years, depending upon the development of the child. For the reason that the protrusion, when once established, is liable to increase. The great latitude in the movements of the lower maxillary on account of its peculiar articulation, is increased when the upper incisors do not limit the occlusion. The tendons and muscles holding the condoloid process in the glenoid cavity, will elongate under the constant strain, and produce a thickening of the
intra articular cartilages. The development of the muscles of the face will be so influenced, that the expression of the lips and mouth will be unpleasantly affected, and the occlusion of the posterior teeth will be established upon a plane greatly at variance with the design of Nature, making mastication more labored and faulty.

In the treatment of these cases, I almost invariably use the inclined plane, upon which the child must press, in order to chew, or to close the teeth. This is very easily made of vulcanite, having it to fit accurately over the six or eight anterior lower teeth, and inserting a piece of aluminum or gold plate on the surface of the rubber in such a manner as to occupy the inclined plane, and receive the cutting edges of the upper incisors, when occlusion is attempted.

The appliance should be cemented in place, and in some cases, might be ligated, and worn until the over-bite is established; and sometimes it may be necessary to require it to be worn at night for a few weeks longer especially if the patient is a mouth-breather. Of course it is not necessary to cement it in place for this night service. The patient having become accustomed to wearing it, can easily keep it in place during the night, if it fit properly.

When the cuspid teeth are sufficiently prominent to make it necessary to remove a bi-cuspid, in order to gain sufficient space, every one will understand that when this is done at the proper time, no further treatment is usually necessary; but in such cases, if it should be found that the bi-cuspid are free from decay, and that the first molars are go weakened by decay that there can be no reasonable hope of preserving them beyond a few years, then it might be wise to extract the molar and moves the bi-cuspid back by inserting rubber wedges between them, and then apply a bandage, such as is shown on the cast exhibited. If you will examine this closely, you will discover that the rubber loop acts in two directions.

First, It opens, or keeps open, the space between the lateral and bi-cuspid.

Second, It draws the cuspid down and inward.

I have used this in many such cases, and found it thoroughly effective. When the irregularity is reduced, a small platinum wire passed over the plate just as the rubber loop, will serve as a retaining plate. This device may also be used in cases in which but little additional room may be required, and not sufficient to extract any teeth.

When one of the incisors stands across the ridge, and must be rotated to be brought into line, the first object to be attained is to gain sufficient space to accommodate the width of the tooth to be turned, by moving the adjoining teeth. Then, a simple band of gold, platinum or platinoid, made to fit this accurately about half way its length, with a little hook on either side, then cemented on the tooth; also make a band for a second bi-cuspid, or first molar, with a hook on the buccal surface; these are all cemented in place with the rubber bands around these hooks, with those on the tooth to be rotated.
This device has, in my hands, been quite effective in all cases requiring rotation. Dr. Farrar suggests one hook on the band, but I have found that two, making it possible to pull in both directions, are greatly to be preferred.

The plaster cast will illustrate the treatment suggested.

I have found that Platinoid in the thin sheets sold by the dealers, answers most admirably for such bands as I have described; being thin, but substantial, and easily adjusted. I have also found it convenient to have a small battery with a little gold solution with which these bands can be plated in a few moments. When the central incisors present the condition known as the "V" Shape, which means that the distal surface, are turned in, and the central approximal surfaces are turned outwards, I have used a device which is illustrated in this cast and which has usually been successful. This bandage, constructed of a thin metallic band, which rests on the labial surfaces of the central incisors, to which is soldered a thin piece of plate, which passes between the teeth, projecting about a line beyond the lingual surfaces. This end is pierced, to receive the hook ends of two small wires or arms, which are to be laid across the lingual surfaces of the teeth, to be moved, and are to be long enough to reach about the centre of the adjoining laterals; but should not touch them, until the tooth or teeth are in proper position. With a rubber band, passed over the end of these little wires or arms, and between the lateral and the centrals, and over labial surface of the centrals you have a device which will rotate both teeth into line. The only difference between this and the other devices made for such cases, is the hinge joint made by the arms; allowing the bandage to adjust itself to the teeth as they are being moved into position, and will complete the reduction of the irregularity without chaning the bandage. If one of the teeth should turn more rapidly, so as to get into place in advance of the other, as is often the case when one tooth has been devitalized, by bending or adjusting the arm on that side so that it may bear equally on the lateral, this tooth may be held in position until the other is brought into its place, and without further change in the bandage.

V. E. Turner.

ORTHODONTIA.

Gentlemen of the North Carolina State Dental Society:

What is more beautiful than a perfectly regular set of pearly white teeth?

I have often thought over the imaginations of the multitudes that throng around the wonderful Tower of Pisa; if they pictured another tower equally as grand standing by its side, perfectly erect, and compared the two, which the most beautiful, natural?

Among the multitude of causes that effect the loss of the natural teeth, not among the least is their irregular development. The mind of the profession, as the proceedings of the Societies show, is very much exercised on this subject, and of the ways and means to bring to bear the proper force, or laws of physics to most effectually accomplish the desired end.
State Dental Society.

In noting the discussion in the various Dental Societies, and the articles written by those who have given special attention to this subject, the work would seem, from the discussion of their appliances and fixtures, one of easy and ready accomplishment. Yet, when we come to the practical application of these principles as enumerated and so graphically described, by these gentlemen, to the case we may have in hand, it is, we regret to say, quite a different matter, and we are led to believe that surely there must be some error in the cases reported, or these cases could never have been analogous to those that fall to our lot.

We secure and study the models and observe the relative conditions of the natural mouth and determine on what we deem the proper mode of procedure, being encouraged, perhaps, by some cases very similar and which are lucidly described and made easy of accomplishment by the skillful workmanship of the writer—on paper. In our mind we see the work already accomplished, and proceed exultingly to carry out the plan of action, but when the application is made, we begin to discover there are still difficulties which are apparently insurmountable, and after weeks, months and even years of patient labor, we must admit he is indeed a brave man, and skillful, who would voluntarily enter this great field or take it up as a specialty. Fortunately there are cases that yield so readily and the results are so satisfactory, that we feel encouraged and competent to accomplish a harder task. The patient is determined, the parents lend proper co-operation, and appreciate the fact that pecuniary remuneration to whatever extent proper, is but a slight consideration when taken into comparison with the benefits derived.

One of the chief causes of failure is the want of proper explanation as to the extent of the undertaking, and in insisting and demanding a recognition of these facts by both patient and parent. If it were possible to gain the proper appreciation, the work would not be so hard for either patient or operator, but in order to insure success, make your demands fully adequate and convince them of the importance and gravity of the undertaking. While there are many helps and suggestions from those who have made a success, the case in hand must be made on our own, and the problem and the conclusions must be fully determined and agreed upon, in our own mind, by and for ourselves.

There are various and sundry appliances in use and for sale. All might well be classed under six mechanical forces, viz. the lever, the wedge, the screw, the inclined plane, the wheel and the axle. Dr. Coffee, of England, was the first to add to this number, and, I believe, was the first in the use of piano wire for regulating teeth. Among some of the popular appliances now in use are: "The Patrick" and "The Yoke" Regulators, "Norton-Talbot Springs" and "The Jackson Method"—Dr. Jackson’s method is simple and inexpensive, being made of German silver wire. But regulating teeth is very much like playing pool—you must put your force in the exact direction, or the cue-ball is certain to go in the pocket; then you have lost time and money, whether you lose the game or not. The patient is watching your skill.
The more simple the appliance that will, with the least inconvenience to the patient, accomplish the work, the better, but be sure it will do the work you expect of it. While it is well to consider the comfort of the patient and the quickest means to accomplish our object, yet the end to be accomplished in the most direct manner, without the sacrifice of the structure upon which we work, is the thing to be attained, even at the discomfort of your patient. *Let your plans be well fixed and delay not in their speedy execution.*

 Immutable fixtures do not require so much co-operation on the part of the patient. Movable fixtures are desirable and advisable where scrupulous cleanliness is to be obtained, but it requires a complete understanding and proper appreciation on the part of the patient to afford anything like gratifying success.

 The question arises as to the best system. Whether the spring and rubber band, making constant pressure, or the jack-screw and wedge, with their periods of rest, afford more advantages. But, as stated before, any plan adopted contemplates the working of the fixtures as intended, and any or either of them may be in certain cases adopted. There may be times to adopt and hold rigidly to systems, or "our own system," but if you would *succeed*, let "our system" be the application of universal law of physics not incompatible with the maintenance of normal functions.

 It has been claimed that the forceps is the best regulator, based on the assumption that nature, in building the individual, has confused the types of parents and mistaken her structures, furnishing large teeth for small jaws, as, for instance, when the father has large teeth and the mother small maxilla. But in thus cruelly extracting these teeth, do we not destroy the integrity of the arch and fail to accomplish what we desire? When there are teeth that are defective their extraction may be indicated, and with some support or appliance the collapse of the arch may be prevented and the tendency of the teeth to move forward can be brought into proper control, and thus effect results more satisfactory than when such defective tooth were permitted to remain. The age of the patient alters the case at times.

 Then, what is the best time to begin the correction of irregularities of the teeth? In my opinion, "An ounce of prevention is worth a pound of cure," and to prevent this trouble, one should begin very soon after the eruption of the temporary teeth. The premature extraction of these teeth entail very complicated irregularities that the most skillful work will sometimes fail to correct. I insist, in every instance, upon leaving them in position until the permanent tooth presents itself, or is in a condition to be presented. I can more fully illustrate this point, by showing you a temporary tooth, which I consider a proper specimen. Then you will always have the arch properly expanded, and no irregularities. I do not believe we, as Dentists, try to *enforce* this fact upon our patients as we should, and, consequently, fall short of our *duty*, thereby bringing other complications besides irregularities. We have the child fearing all dental operations, simply because we hurt them so ruthlessly in extracting these
temporary teeth; whereas, if we had cared for the teeth up to the proper
time, they would not have been hurt, and would have borne the next
operation a great deal more patiently, and the regularity would have
been perfect.

E. K. WRIGHT,
Wilson, N. C.

Drs. Turner and Kurane both, showed some models of
difficult and interesting cases that they had regulated.

Dr. Wright discussed several cases from his practice
together with the manner of treating same.

On motion of Dr. Everitt, all these papers just read, and
all others not yet read, be read by titles only and be left over
for discussion at our next annual meeting.

On motion the Society next proceeded to the election of
delegates, officers and place and time for next meeting.

Dr. J. F. Griffith was unanimously elected to represent
this Society at the National Dental Association, which
meets at Omaha, Neb., August 30, 1898.

The election of officers for the ensuing year resulted as
follows:

For President, Dr. C. W. Banner, of Mount Airy.
For 1st Vice-President, Dr. E. P. Kurans, of Charlotte.
For 2d Vice-President, Dr. J. J. Battle, of Rocky Mount.
For Secretary, Dr. J. L. Spurgeon, of Hillsboro.
For Treasurer, Dr. D. L. James, of Greenville.
Essayist, Dr. J. F. Griffith, of Salisbury.

The terms of Drs. Bland and Matthews, as members of
Examining Board having expired by limitation, they
were re-elected to succeed themselves.

Raleigh is selected as the place for next meeting, and
Wednesday, after the first Monday in May, as the time.

The Supervisor of Clinics submitted the following
report:
REPORT OF CLINICS.


Operation of Dr. I. N. Carr, of Durham, N. C.—Treatment of Pulpless Teeth with Sodium Peroxide and Pyrozone and Immediate Root Filling successfully.


Operation of Dr. John J. Battle, Rocky Mount, N. C.—Two Contour Gold Fillings.

Operation of Dr. G. B. Patterson, of Fayetteville, N. C.—One Contour Gold Filling.

Operation of Dr. S. P. Hilliard, of Rocky Mount, N. C.—One Contour Gold Filling.

Operation of Dr. J. E. Wyche, of Greensboro, N. C.—Building upon Screw-anchored stumps with Amalgam instead of using a Shell Crown.

Operation of Dr. C. A. Rominger, of Reidsville, N. C.—Two Contour Gold Fillings.

Operation of Dr. B. Holly Smith, of Baltimore, Md.—Demonstration—De Trey's Gold.

These operations were all handsomely done, evincing, most markedly, advance in the science of Dentistry as well as manual skill. A due appreciation of this could hardly be entertained by one who had not for twenty years observed these Clinics.

The people as well as the Dentists are to be congratulated on an advance so conducive to the health, welfare and happiness of all.

E. L. HUNTER, D. D. S.,
Chief of Clinics.

Dr. Turner spoke of the importance of some amendments and changes in our State laws in regard to the practice of Dentistry and of the necessity of enforcing the present laws. Subject discussed by Drs. Liverman, Everitt, Patterson, E. L. Hunter and others.

On motion of Dr. Patterson, it was resolved that the Society offer a reward of $10.00 in addition to the $25.00 offered by the State for the conviction of, or for evidence leading to the conviction of any person found practicing dentistry illegally in the State.
On motion a vote of thanks was tendered the local dentists of Fayetteville for their many courtesies during the meeting, to the railroads for reduced rates, to the hotel for courtesies and to the S. L. White Co., Johnson and Lund and the Consolidated Dental Co. for their splendid exhibits of Dental materials, appliances, etc.

The officers were installed for the ensuing year, and the President made the following appointments:

Executive Committee—Dr. H. V. Horton, Chairman; Dr. D. E. Everitt, Dr. J. M. Ayer.

Publishing Committee—Dr. I. N. Carr, Chairman; Dr. S. P. Hilliard, Dr. C. A. Rominger.

Supervisor of Clinics—Dr. V. E. Turner.

On motion the Society adjourned to meet in Raleigh, on Wednesday, after the first Monday in May, 1899.

C. W. BANNER,
Secretary.
LIST OF MEMBERS.

Alexander, C. L.
Ayer, J. M.
Bland, M. A.
Bland, C. A.
Betts, J. S.
Boyette, Frank
Boyette, C. S.
Baldwin, A. M.
Balentine, J. A.
Benton, J. H.
Banner, C. W.
Battle, J. J.
Carr, I. N.
Carr, R. L.
Conrad, W. J.
Culbreth, N. M.
Carroll, N. C.
Davis, W. Ross
Davis, I. H.
Durham, J. H.
Drcher, A. H.
Everett, D. E.
Edwards, W. H.
Fox, L. S.
Fleming, J. M.
Frazier, A. E.
Frazier, F. C.
Foreman, J. W.
Griffith, J. F.
Goodwin, J. C.
Goldberg, E. H.
Hall, C. B.
Hawes, C. T.
Herndon, W. T.
Hunter, E. L.
Hunter, T. M.
Harris, F. S.
Hilliard, S. P.
Herring, H. C.
Hurdle, J. S.
Harper, H. D.
Horton, H. V.
Horton, P. E.
Henderson, L. B.
James, D. L.
Jeter, I. P.
Jones, R. H.
Kurans, E. P.
Klutz, S. B.
Little, J. B.
Livingston, C. D.
Liverman, A. C.
Lynch, William
Matthews, J. E.
McCacken, J. T.
McCacken, F. W.
Morrow, R. M.
Moore, J. K.
Osborne, J. C.
Osborne, J. R.
Pitts, H. C.
Parker, J. M.
Patterson, G. B.
Pringle, H. J.
Ramsey, J. F.
Ramsey, R. L.
Ramsey, W. B.
Ritey, J. M.
Ross, T. T.
Rominger, C. A.
Snell, H.
Smathers, B. F.
Smithwick, D. T.
Spurgeon, J. S.
Thompson, C. A.
Turner, V. E.
Tucker, E. J.
Watkins, C. J.
White, J. H.
White, L.
Wright, E. K.
Wyche, J. E.