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THE
BULLETIN
OF
The North Carolina
Dental Society

(Component of the American Dental Association)



CONTAINING THE
PROCEEDINGS
OF THE
SIXTY-THIRD ANNUAL MEETING
MAY 3, 4, 5, 1937
PINEHURST, NORTH CAROLINA

Vol. 21

AUGUST, 1937
RALEIGH, N. C.

No. 1

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THE NORTH CAROLINA DENTAL SOCIETY

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PROCEEDINGS

OF THE

NORTH CAROLINA DENTAL SOCIETY

SIXTY-THIRD ANNUAL SESSION

CAROLINA HOTEL, PINEHURST, NORTH CAROLINA
MONDAY, TUESDAY, AND WEDNESDAY, MAY 3, 4, 5, 1937

FIRST DAY.—MONDAY, MAY 3, 1937

The opening session of the Sixty-Third Annual Meeting of the North Carolina Dental Society was held in the ballroom of the Carolina Hotel, Pinehurst, on Monday, May 3, 1937, and was called to order by the President, Dr. D. L. Pridgen, at 9:50 o'clock a.m.

President Pridgen:

The Sixty-Third Annual Meeting of the North Carolina Dental Society will please come to order.

Let us stand while we have an invocation by the Reverend A. J. McKelway, pastor of the Community Church of Pinehurst.

Rev. A. J. McKelway, Pinehurst:

Our Heavenly Father, we thank Thee for Thy graciousness unto us and that we may with confidence call upon Thy name as we come here together. We pray Thy blessing upon all the deliberations of this body. We thank Thee for the guidance of Thy mind in bringing us to this day in our progress and in our search for truth. Father, as we gather here we pray Thy blessing upon the renewal of old friendships. Bless us in our fellowship together; bless us as we set our minds upon our work. We pray Thee to renew our consecration to high purposes and unselfish aims. Our Father, we pray Thy blessing upon our loved ones from whom we are separated. We thank Thee that, though we are apart from them, we are not separated from Thee, for Thou art everywhere and bindest us together in Thy love and Thy protection.

As we come here today, Father, there are many faces that we miss, many faces that we do not see; and we pray now Thy blessing upon the spirits of those who have been called into Thy eternity. Bless, we pray Thee, their families and their loved ones. Be with them as they adjust

themselves in their sorrow to new circumstances of life. We are grateful that, though they have passed, their work and their memory remain; and, as they did strive for Thee and for the love of man, we pray Thee that we may honor their memories in the work which Thou dost call us to do.

We ask Thy protecting care over us as we remain here through this meeting. We ask the guidance of Thy holy spirit of truth as we think upon the problems which are before us. Bless, we pray Thee, our leaders and those whom we shall call to lead. In all things and in all our business before Thee may we commit ourselves to Thy hands with thankfulness and with confidence. These our prayers we present to Thee in the name of Thy Son, our Lord Jesus Christ. Amen.

The President:

At this time we shall have an address of welcome by Mr. Richard S. Tufts, of Pinehurst.

Richard S. Tufts, Pinehurst:

Mr. Chairman, Ladies, and Gentlemen: Having been on the receiving end of a good many addresses of welcome, I have often wondered how such a feature of the program came to pass. I have worked out a theory along the following lines. The convention committee gets together with a committee from the host city, and, after making all the arrangements, some fellow from the host city says: "We are going to give you fellows a good time and are going to do everything the way you want it, but we have one favor to ask of you. We have an old fellow here in town who likes to talk a lot and who bores everybody to death. You must put him on your program for an address of welcome; he will talk to you for an hour, and then he will be quiet for a week." And that is the way, I think, that addresses of welcome came to be.

Getting down to business, it occurred to me that the standard address of welcome has two principal features. If I were to follow that procedure I should perhaps spend an hour or a half-hour first in pointing out to you the attractions of Pinehurst and telling you all about them and follow that up by presenting to you the keys of the city, along with a few thousand well chosen words. But I am going to cast that aside. In the first place, I believe that actions speak louder than words. We want you to see and enjoy all we have to offer here. If you do not enjoy it, there is nothing I could say to you now that will make you feel any differently towards the place. As for the keys of the city, in the first place, Pinehurst is not a city; as a matter of fact, it is not even a town, legally speaking; it is just a bunch of houses and hotels before the law. If we did have any keys to the place the first thing I should do would be to throw them away. I do not like to have the feeling that it is possible for anybody to be locked out of Pinehurst. We want it to be

open always; we want everybody to be welcome; we particularly want you to feel that you are welcome and that we are glad to have you here at your annual meeting. I want you to call upon me for anything we can do for you at any time and want you to call upon our organization here. If you do that, we shall be very glad; if you do not do it, you will make us all very unhappy.

Mr. Chairman, I hope you will have a most successful meeting. (Applause.)

The President:

Dr. W. Kermit Chapman, of Sylva, will respond to the address of welcome.

Dr. W. Kermit Chapman, Sylva:

Mr. President, Ladies, and Gentlemen of the North Carolina Dental Society, and Mr. Tufts: I shall have to borrow a thought in the beginning from Mr. Tufts' speech—that actions speak louder than words. I am sure our action speaks louder and more forcefully than any words I can say to Mr. Tufts. About a year ago today our organization met here in this hotel in what I believe was one of the finest meetings we have ever had. The service was splendid, and everything was ideal; in fact, we thought so much of it that we voted to come back this year.

Our great State, from the standpoint of playgrounds, we might say, is divided into three sections. Over in the west we have our mountain ranges, down in the extreme east the Atlantic, and here the marvelous sandhills. Here is, truly, the home of the longleaf pine.

We have three main purposes in our meetings from year to year. The first is to renew old friendships; the second, to make new friendships; third, and most important, is to advance the cause of organized dentistry.

I say again, Mr. Tufts, we are happy to be back in your community. You say it is not a town nor a city; I do not know about that, but I am sure I can say for the whole Society that it is a wonderful place; and it is located in the center of the State, where it is accessible to more of our members, I believe, than any other place we could possibly select; and I see no reason why we should not have this year as fine a meeting as last year's, if not a finer one. (Applause.)

President Pridgen:

At this time I ask the Vice-President, Dr. E. M. Medlin, to assume the chair.

Vice-President Medlin took the chair.

The Vice-President:

We are now to have the President's address.

Dr. Pridgen then read his President's Address.

PRESIDENT'S ADDRESS

By D. L. Pridgen, D.D.S., Fayetteville, N. C.

Mr. Chairman, Fellow Members of the Society, and Guests:

To be elected President of the North Carolina Dental Society is indeed a great honor. It is, however, more than that, for the office carries with it certain duties and responsibilities, upon which the proper functioning of the organization depends. I have not deserved the honor, and I am aware that my limited ability has prevented me from discharging the duties of the office as have my distinguished predecessors. Yet I am grateful for the confidence which you have reposed in me, for the permission which you have given me to serve the society, and for the opportunity to repay in at least a small measure the many benefits which I have derived from the organization.

It is perhaps a wise provision of our By-Laws that your President is required to give an address at the annual meeting. He is thus afforded an opportunity to render an account of his stewardship, to give observations of the year, and to make recommendations for your consideration.

At the outset, I wish to assure you that I shall not use valuable moments to enter into any lengthy dissertation on the activities of all the various committees of the society. You may either hear their reports when they are presented to the House of Delegates, or read them in the published Proceedings of this meeting. Suffice it to say that no President of this society has ever received more loyal support, nor has been blessed with committees which have labored more faithfully and diligently for a common cause. To the men who compose these committees, and to my fellow officers of the society, I give all the credit for the accomplishments of this administration.

After passing through the debacle and the attendant problems which descended upon us at the close of 1929, we have emerged from the gloom and despair into the light of a brighter day. To be sure, these years of economic upheaval have not been without merit. Most of us have not been kept busy with our professional practices. We have had time for recreation, time for reflection and study. We have had more opportunities to enter into the civic and social life of our communities, all of which must have broadened our vision, and made of us better citizens as well as better dentists.

As I have traveled over the State during the past five years and attended our district meetings, I have been pleasantly surprised at the splendid and increasing attendance at their meetings, the quality of their programs, and the enthusiasm of their members. Certainly the greatest boon to organized dentistry in this State during my practice has been the subdivision of our State Society into the five component district societies. The districts are direct feeders to the State Society, and because of their activities, the North Carolina Dental Society has enjoyed a steady growth in membership, and has been enabled to stage bigger and better programs. I might say that we had the distinction of being one of the very few state societies which showed an increase in membership during the years of the depression. Since our last annual meeting, seventeen members have been added to our rolls, and we can today boast of being the largest state society in the Fifth A. D. A. (Trustee) District, having a total membership of 544.

I desire to call to your attention that the society would be entitled to an additional delegate to the A. D. A., but for the fact that we have as yet been unable to have five hundred of our members with their current year's dues paid before the date of the A. D. A. meeting. In other words, to be entitled to four delegates at the Atlantic City meeting, five hundred of us must pay our 1937 dues in time for them to reach the Chicago office before that meeting.

I would remind you that our dues are due and payable on or before January 1st of the current year. Too many of us have gotten into the habit of delaying this until the district meetings in the fall. We are being penalized for this situation, and it should be remedied. I would urge that the officers of the district societies use every means at their disposal to bring this about.

Following the action taken by the House of Delegates at our 1936 meeting, your President appointed a committee for the purpose of providing an extension course for our members. How well this committee has succeeded in its efforts you have had some opportunity to judge. Immediately upon their assignment, they set to work and brought forth a plan for the operation of the course, unique, so far as I have knowledge, in the channels of post-graduate dental education. By this plan it was hoped that our members would derive the greatest possible good from the course, and that we should find and develop the talents of our own men. In my opinion the successful operation of the plan is far exceeding the expectations entertained for it. Groups have been organized and are in operation all over the State. In the group of which I am a member, the meetings have been well attended, the programs interesting, and there have been expressions of approval for the plan on all sides. I make special mention of the work of the Extension Course Committee, because I feel that this is one of the outstanding activities of the society this year. To the members of this committee, and especially to its hard-working and capable chairman, we owe and express our deepest feeling of appreciation for the conscientious and splendid manner in which they have discharged their duties, and for the results which they are obtaining.

We might well feel proud of the part which the dental profession of the State is playing with respect to public health. North Carolina, as you know, has long pioneered in this field. You are familiar with the set-up of the Division of Dentistry in our State Board of Health, and its plan of operation in the schools. The director of this division has received deserved recognition from the American Dental Association and from the societies of other states. He occupies an enviable position in the councils of the Federal Government. And he is frequently the recipient of inquiries relative to the work of his department. The eyes of the nation continue to focus on this phase of our activities. Indeed, at our State University there is now offered a course in Public Health Dentistry; and I am informed that it is the only existing institution which offers a course of this kind. In addition to all these, for which we have cause to congratulate ourselves, I desire to mention another important phase of this work, which is being carried on by the rank and file of the profession, and that is the pre-school physical examinations. For the past two years, many of our members throughout the State have been assisting in the examination of the children who have just arrived at school age. It has offered us a rare opportunity to point out defects and to counsel with the parents in regard to diet and other pertinent matters. Coming at this particular age of the child, a consultation of this character is highly valuable from the standpoint of the preservation of the teeth and health, and it is universally appreciated by the parents and the school authorities. I wish to commend this endeavor and urge that its scope be extended, until every child in the State before entering school has the benefit of such an examination.

Your President views with approval the efforts being made on the part of the American Dental Association, the American College of Dentists, and affiliated organizations, to eliminate private-profit dental journals and to gain control of dental journalism, and notes with satisfaction that some degree of success is being attained. The oldest trade journal and perhaps the one of the highest type, the *Dental Cosmos*, has been conveyed to the profession, and

has become merged with the Journal of the A. D. A. This is a great victory in behalf of professional journalism. Our chief objection to trade journals is based on the fact that the interests of the manufacturers and ours are not identical. "Granted that they are under the direction of men of the highest character and intelligence, they are devoted to the cause of dental manufacturing, and working to promote sales. Neither a trade journal nor a man can serve two masters." To eliminate this form of journalism, it would be necessary only for dentists to cease making contributions to them. In this connection, I would recall to you that by resolution the North Carolina Dental Society has disapproved of our members doing this, and I would urge strict adherence to this principle.

The spectre of Social Medicine still hovers in the distance, perhaps though not so ominously. A determined effort was made by certain organizations to have it included with the Social Security Act, and they complained bitterly at their failure. We may be assured that they have not surrendered, and that they will leave no stone unturned in their attempt to inflict this vicious system upon the American public. We may have some hope in the comparatively recent statement of President Roosevelt in which he says: "The overwhelming majority of the doctors of the nation want medicine kept out of politics; . . . on occasions in the past attempts have been made to put medicine into politics. Such attempts have always failed, and always will fail." He further declared that the medical profession could "rest assured" that the federal administration contemplated "no action detrimental" to their interests in carrying out the provisions of the Social Security Act. This statement is indeed comforting, but it nevertheless behooves organized dentistry to be fully prepared to meet any emergencies that may arise along this line.

It is inconceivable for one who has had the privilege of official position with the society as long as I have not to be able to offer some suggestions of benefit to the organization. I have given much thought to the recommendations which I shall make, and I have sought the counsel of wiser heads as to their advisability. They are presented for your consideration, with the view of making the organization function more smoothly, to safeguard its interests, and with a desire to be fair to all.

(1) I recommend that the secretary-treasurers of the district societies be required to make a report each and every month to the Secretary-Treasurer of the State Society, and accompany such report with a remittance covering the proportionate part of all dues collected from their members during the month; and that this report be required whether or not any dues have been collected. This procedure would speed up remittances, and do much to prevent misunderstandings and criticisms resulting from delay in remitting for dues. The member complains, and justly so, when he pays his dues, and after a reasonable length of time he does not begin to receive the A. D. A. Journal. The only trouble is that the complaint is not always directed to the right person.

(2) Several years ago a librarian was appointed for this society, and during the intervening time many books and magazines have been collected. There were no funds provided for this work, and out of necessity the Librarian was forced to keep these valuable possessions about in any vacant room that was available in the office building where she was located. There now appears to be some uncertainty as to their exact location as well as their state of preservation. In order to salvage this collection of books and place them in a safe location, as well as to provide ways and means for further accumulating, correlating, and indexing of worth while publications, I would recommend the appointment of a Library and Historical Commission, composed of five members, and that the sum of \$500.00 be made available for their

use. I would further recommend that this commission be authorized to compile and publish as full a history as possible of the North Carolina Dental Society, and sell them to members or anyone else desiring to purchase them.

(3) Over a period of years you have noticed from the Secretary-Treasurer's financial statement a gradual increase in the society's savings account. It has been the policy of our Secretary-Treasurer to make transfers to this fund from the checking account, and to leave in the latter just about enough to meet the annual expenses and appropriations authorized by the society. The amount of this fund, which is not immediately needed by the society, is likely to increase as time passes, placing a greater burden of responsibility on our Secretary-Treasurer. It appears that this fund could be invested safely and so as to procure a greater yield than the banks provide. I would therefore recommend that the Executive Committee be authorized to give due consideration to the matter and direct the investment of this fund as their judgment would dictate; and that they be further empowered to order additional transfers from the checking account for this purpose, as conditions would warrant. In my opinion, the bond of the Secretary-Treasurer should still cover this fund, and he should be required to account for it in his annual financial statement.

(4) In making my next recommendation, which pertains to the office of Secretary-Treasurer, I expect to hear objections. But with a knowledge born of experience and with a feeling for that overworked officer, I think, in all fairness, something should be done to lessen his burden. I do not believe that he should be paid for his work for the society, but he should at least be given enough to take care of the expenses incident to his office; and I can assure you that \$150.00 per annum would not do it in the years 1932-35, when your Secretary at that time had time enough to do most of the clerical work himself. I therefore recommend that the annual salary of the Secretary-Treasurer be increased one hundred dollars.

In conclusion, may I express my appreciation to all who have assisted me in the discharge of my duties. To mention all who have so willingly responded to my requests during the year would present a list of names too long for this report. However, I do wish to express my special gratitude to our Secretary, Dr. Alford, for his prompt and efficient attention to all requests made of him. I am deeply indebted to the members of the Executive Committee for their wise counsel, and to our able editor, Dr. Hale, for his invaluable aid. Also, I wish to extend my heartfelt thanks to the members who compose the Program and Arrangements Committees for the work which has been done in connection with preparing facilities and arranging the program for this meeting.

These years, in which I have tried to serve you, have been ones of pleasure and enjoyment. My association with the men who are working for the advancement of the profession has been a source of inspiration. I relinquish this office at the close of the meeting, with a heart full of gratitude for your many kindnesses to me, and with a pledge of continued loyalty to the society, and my willingness to serve it in the future in any humble capacity to which I may be called.

(Applause.)

Vice-President Medlin:

I shall appoint, as the Committee on the President's Address, Dr. H. O. Lineberger, Dr. Paul Jones, and Dr. C. C. Poindexter.

The President resumed the chair.

President Pridgen:

We will next have the report of the Necrology Committee, by Dr. R. M. Squires, chairman.

Dr. Squires read the report of the Committee on Necrology, as follows:

REPORT OF COMMITTEE ON NECROLOGY

Mr. President, Members, and Friends of the N. C. Dental Society:

Once again we come to this sacred hour. With humble hearts we consecrate it to those of our number who, having labored among us for a season, have heard the final call and answered. It is altogether fitting that we pause thus in our opening session for this brief period of hushed remembering. No man who is unmindful of the past and forgetful of departed comrades will be wholly true to present or worthy of future friends.

It behooves us, therefore, to ponder the message of death no less than the mystery of life. Each has its hidden meaning, and they who seek shall find. Greetings are more tender today because there must be farewells tomorrow. Souls are born anew in sorrow and in sympathy for those who suffer. We are better men for recalling the excellencies of those who have forever laid aside the mirror through which they saw but darkly, and who now behold realities face to face. Our own lives are enriched while we tarry this side the Great Divide, silently wondering what far stretches lie beyond.

In our memory books are written the records of these friends who have gone hence. We turn the pages and note again their genial smiles, their hearty handshakes, their cordial greetings, and their seasoned words. Their valuable achievements enrich our profession, stimulate and encourage us to nobler individual living.

Since we are a part of all that we have met, we rejoice that their ways paralleled ours for a space, and that their personalities contributed so graciously to our own. Although we are lonely for their accustomed presence, nevertheless in gratitude and trust we bow to their inevitable absence.

"That man who is from God sent forth,
Must yet again to God return;
Such ebb and flow must ever be,
Then wherefore should we mourn?"

Every loss has its compensation. It is the law of being, and in its Christian interpretation, death is but transition—a more mysterious birth—an episode of continuing life.

"For Faith is perfected in fears,
And souls renew their youth in years,
And Love looks into heaven through tears."

After bidding adieu to those who have gone, we turn with increased love and appreciation to greet the friends who are still around us. All together, guided by Him who is master of life and death, we address ourselves afresh to our chosen tasks.

And so we center our thoughts this morning, not so much upon the fact that our comrades are gone, but upon the fruitful years they lived and wrought among us. So long as their influence remains with us, so long as we remember what they were and what they did—so long shall their spirits abide in our midst, vital, radiant, and immortal!

Since our last meeting here in this beautiful hotel a year ago, eight of our number have passed into the beyond. They are:

Grover C. Bernard, H. C. Daniel, E. Stokes Hamilton, H. R. Hege, William Lynch, E. P. McCutcheon, E. E. Richardson, and Julius S. Wells.

Dr. Squires:

I recognize Dr. George S. Alexander, of Kannapolis, who will read a memorial on Dr. Bernard.

GROVER C. BERNARD, D.D.S.

In the early morning of January 2, 1937, Grover C. Bernard answered his last call. Born October 15, 1888, in Iredell County, N. C., the second son of James A. and Annie Nicholson Bernard. He grew up in that sturdy Scotch-Irish family to know and revere his Saviour; and to learn the grace of tenderness and sympathy. In the early part of his life he became a member of the Presbyterian church at Houstonville.

His professional preparation was acquired at the Atlanta Dental College, and upon the completion of this course, in 1919, Dr. Bernard came to practice his profession in the young town of Kannapolis, N. C.

Dr. Bernard was at the time of his death a member of the "Zi Si Phi" dental fraternity, of the Cabarrus County Board of Health, of the Masonic Order, a member of the American Dental Association, and an officer in his church. For these seventeen years he has served humanity, making a host of friends in the office, on the street, and in the home. Not a respecter of persons, a friend of all, he is greatly missed.

On the 25th of June, 1930, Dr. Bernard was united in marriage with Miss Ruth Brooks, of Brevard, N. C., who with his two brothers, Lee Bernard, of Hamptonville, and Hugh Bernard, of Bethania, await the call to reunion with loved ones gone before.

GEORGE S. ALEXANDER.

Dr. Squires:

I recognize Dr. B. C. Taylor, of Landis, to speak on Dr. H. C. Daniel.

DR. H. C. DANIEL

Dr. Henry Clay Daniel was born in Davidson County, June 16, 1870. His death occurred September 11, 1936, at his home in Salisbury, N. C., where he had practiced for 32 years.

Dr. Daniel was married to Miss Sallie Russell, of Troy, November 10, 1901, who with the following children survive him: Misses Mary and Grace Daniel and J. Russell Daniel. He also leaves one sister, Miss Minnie Daniel, of Phoenix, Arizona, and one brother, J. W. Daniel, of Greensboro. He was the son of the late Mr. and Mrs. James Daniel, of Davidson County. He was a graduate of the dental department of the University of Maryland with the class of 1894. When he graduated he located in Troy, N. C., moving to Salisbury in 1904. He was a charter member of the Rowan County and Piedmont Dental Societies and had served as President of the Rowan Dental Society. He also was a life member of the Second District, N. C. State, and American Dental Association.

Dr. Daniel was an active member of the Masonic lodge and was buried with Masonic rites. The members of Rowan County Dental Society were honorary pallbearers.

The flower designs were among the largest of any man who has passed away in Salisbury in the last quarter of a century, which proves how many friends he had made there.

In the passing of "Uncle Clay," as he was so affectionately called by the dentists of Rowan County, we have lost the best friend the young members of our society have ever had. He was always ready and willing to help anyone who needed it. One member, speaking of him, once said: "Uncle Clay" had rather give two of his patients to another one of the boys than to take one of ours. If ever there was a man who enjoyed living by the side of the road and being a friend to man, surely this man was "Uncle Clay."

Dr. Squires:

Now I wish to recognize Dr. Wallace D. Gibbs, of Charlotte.

DR. E. STOKES HAMILTON

Dr. E. Stokes Hamilton, son of Professor and Mrs. O. A. Hamilton, was born at Marshville, North Carolina, on December 8, 1893. He died at his home in Charlotte, November 23, 1936.

After graduating from the Atlanta Southern Dental College in 1917, Dr. Hamilton located at Raleigh, North Carolina, for the practice of his profession. Within a short time he was called to serve his country—entering the army in September, 1917, as First Lieutenant, Dental Corps, 30th Division, at that time organizing at Camp Sevier, South Carolina. For the next two years Dr. Hamilton served with credit his commissions—first as lieutenant and later as captain. He served at the front with the famous 30th Division during its entire time in France, which was nearly a year and a half.

Upon his return to America, Dr. Hamilton located for the practice of his profession in Charlotte, North Carolina, being associated with Dr. P. C. Hull and the late Dr. Brandt Bivens. Later Dr. Hamilton opened offices for himself in the Professional Building at Charlotte. Later he was associated again with Dr. P. C. Hull in a clinic which they formed—having in all seven dentists. Still later Dr. Hamilton opened offices for himself—where he was active in his practice at the time of his death.

Dr. Hamilton married Miss Elizabeth Kearns in 1923. To this union were born two children—Stokes and Florence, who with Mrs. Hamilton survive him.

Dr. Hamilton was an active member of the Presbyterian church at Charlotte, at one time teaching a class in the Sunday School Department.

The writer first made the acquaintance of Dr. Hamilton at Camp Sevier, South Carolina, serving in the same division with him both at Camp Sevier and in France. I was later associated for two years with him in the clinic he helped organize, and he remained my personal friend to the end. Dr. Hamilton was not the type who made friends easily. He was by nature reticent and retiring. His chief interests were his family and his profession—and I have seldom seen a man more devoted to each. His offices were, perhaps, the largest and best equipped in North Carolina, and he was devoted to and very proud of them. He enjoyed a large and lucrative practice, well deserved. He stood at all times for the best dentistry had to offer, and he let nothing hinder his preparation to better serve his patients.

With the passing of E. Stokes Hamilton dentistry has lost one of its most ardent friends: his family, a devoted husband and father; and the writer, a friend.

Respectfully submitted,

WALLACE GIBBS.

Dr. Squires:

May I now recognize Dr. John L. Ashby, of Mount Airy?

DR. H. R. HEGE

Dr. Harvey Richard Hege was born September 3, 1889, in Forsyth County, North Carolina, near the city of Winston-Salem. He was reared in the atmosphere of a fine Moravian family, who taught him the essentials of thrift, integrity, and a sincere desire to be of service. To visit in the home of Dr. Hege's parents was a lesson in hospitality and a privilege which I shall always treasure.

Dr. Hege received his preliminary education at Salem High School and graduated with honors from the University of Maryland School of Dentistry. As a practitioner of dentistry, Dr. Hege had very few superiors. He was blessed with talent and unusual ability, and for more than twenty years he served the people of Mount Airy and vicinity, giving the best he had to all those who came seeking his service.

Dr. Hege was buried in the Moravian Cemetery of Mount Airy, October 14, 1936. The property for this cemetery was donated by Dr. Hege to the Moravian Church some time before his death. Those of us who knew the real Dr. Hege will always remember him as a man who served his patients well, who had compassion for the poor, and who always demonstrated in the years of his practice the training of his boyhood. We mourn the passing of one who served so well.

Dr. Ashby:

That is all I have for the record, gentlemen, but I want to say a few words more about Dr. Hege. He was a very sensitive man. His feelings were easily hurt, especially by anything that related to his character or to his work; and there has always been a doubt in my mind as to whether this man was guilty of the heinous crime of which he was accused. He did a good work and relieved a lot of suffering. I should be proud to think that I had done the work that Dr. Hege did in relieving suffering humanity, and it pains me to hear all this talk about him. The Second District Dental Society felt as I do and sent flowers for this man's funeral.

Dr. Squires:

It gives me pleasure now to present Dr. J. S. Spurgeon, of Hillsboro.

Dr. J. S. Spurgeon:

This tribute is to Dr. William Lynch. Probably a good many of you younger men did not know him.

Dr. Spurgeon then read a memorial on Dr. Lynch.

DR. WILLIAM LYNCH

Dr. William Lynch was born in Alamance County, near Cross Roads Church, July 23, 1849. Died October 26, 1936.

He attended Bingham School, Mebane, N. C., during the Civil War.

Received his education in dentistry at Baltimore, 1879.

Became a member of the North Carolina State Dental Society at the meeting held in Morehead City, June 7, 1887. He paid dues for twenty-five consecutive years, and became a life member in 1912.

He located in Durham about 1886, and received a large, lucrative practice for several years. He then moved to Chapel Hill in order that his children might have better educational advantages.

Surviving are four girls and one boy.

He was favorably known and loved by the members of the dental profession who knew him.

Always cordial, ethical, and a good mixer, his practice in Chapel Hill was large and successful. He had many loyal and true friends.

His was a fine type of manhood, energy, and industry, and gave his best to his friends and patients for fifty-four years.

May we, in this respect, emulate his example, admire his success, and honor his memory.

J. S. SPURGEON.

Dr. Squires:

At this time I recognize Dr. T. W. Atwood, of Durham.

DR. E. P. McCUTCHEON

Dr. Ernest Parrish McCutcheon was born in Rougemont, North Carolina, June 25, 1906.

His preliminary education was obtained in the schools of Rougemont. He attended Duke University and was a member of the Pi Kappa Alpha fraternity.

An interest in science during the latter part of his high school course induced him to choose dentistry as his profession. He entered Atlanta Southern Dental College in 1924 and was graduated with the degree of Doctor of Dental Surgery in 1928.

Dr. McCutcheon was, from the beginning of his professional career, intensely interested in the organized efforts to promote dentistry, and took a most active part in the educational phases of dentistry as expressed through dental society activities. He was a member of the District, State, and National Societies and at the time of his death he was president of the Durham-Orange County Dental Society. He was a member of the Psi Omega fraternity. He was especially interested in dental surgery, and in 1932 he studied under Dr. George P. Winters at Washington University School of Dentistry, and in 1935 he took post-graduate work at Northwestern University.

He was engaged in private practice in Durham, North Carolina, and was on the teaching staff of the Medical School and the School of Nursing at Duke Hospital, and was in charge of the Dental Clinic of that institution.

Dr. McCutcheon's death came as a distinct shock to the dental profession of our State. He showed great promise and if he had lived he would have been one of the most outstanding men in our profession.

It is indeed difficult for one who has observed and appreciated the admirable characteristics of Dr. Ernest P. McCutcheon to portray in anything like adequate terms the influence that his life exerted upon the dental profession. His spirit of helpfulness, born of his love for his fellow man, was expressed in a quiet, unostentatious manner, as befitting the nobility of character that is the outstanding trait of the high type of gentleman that he was. At a time in the development of dentistry, when we are endeavoring to promote the educational aspects of our profession, the loss of such an outstanding influence in that particular direction is truly a blow. Dr. McCutcheon was in all a most lovable character and one who was ever spreading the beneficent influence of the highest type of professional gentleman.

Dr. McCutcheon's death occurred on December 29 in his thirtieth year. He is survived by his widow, one son, Ernest Parrish, Jr., and one daughter, Margaret Gail.

Dr. Squires:

I now recognize Dr. L. T. Smith, of Reidsville.

IN MEMORY OF DR. E. E. RICHARDSON

In the passing of Dr. Elmer E. Richardson, the North Carolina Dental Society has sustained a great loss. He was born in Halifax County, Virginia, on November 26, 1869, being 67 years of age, the son of James Richardson and Bettie Stanfield Richardson, of Leasburg, Caswell County. When an infant his parents moved to San Marcox, Texas, to live, where his father taught school for twenty years. Dr. Richardson returned to Greensboro, N. C., in 1889.

In 1900 he graduated from Baltimore College of Dental Surgery. After graduation he located in Leaksville, N. C., to practice his profession. In 1902 he was married to Miss Floy Richardson, of High Point, and they became the parents of four sons: Dr. J. B. Richardson, of High Point, N. C.; Dr. W. N. Richardson, of Lynchburg, Va.; Dr. A. L. Richardson, of Leaksville, N. C.; and R. E. Richardson, of Baltimore, who will graduate in dentistry in June of this year, this making four sons following their father's profession, a remarkable record.

Dr. Richardson was a life member of the North Carolina Dental Society and the American Dental Society; also, at one time elected as president of the North Carolina Dental Society. Three times the citizens of Leaksville elected him mayor of their town. He was beloved by all who knew him and always ready to help those in time of need. He was a public-spirited man, devoted to his family, a Christian gentleman of the highest type, and most modest of men.

The love and respect that existed in the hearts of all who knew him was manifested by the large crowd attending his funeral, who showed their affection for him. The passing of Dr. Richardson on November 26, 1936, took away a loving husband, father, and coworker of the North Carolina Dental Society.

Resolved: That we, the members of the North Carolina Dental Society, feel deeply his loss, and hereby express our appreciation of his worth and friendship.

Resolved: That a copy of this memorial be entered in the minutes and copies sent to members of his family, as well as a copy published in the proceedings of the North Carolina Dental Society.

L. T. SMITH.

Dr. Squires:

May I now recognize Dr. John N. Hester, of Reidsville?

DR. JULIUS S. WELLS

The dental profession lost one of its best practitioners when Dr. Julius S. Wells, of Reidsville, died on October 30, 1936. He had been in declining health since 1929, when he suffered injuries in a serious automobile wreck. Dr. Wells was born June 3, 1880, the son of David L. and Mary Anne Wells, in Orange County. He received his education at Oak Ridge Military Academy and Atlanta Dental College, Atlanta, Ga.

In his chosen profession Dr. Wells was eminently successful, but he was never too busy to serve his community in other ways. He was a prominent dentist in Durham and Reidsville. He was affiliated with every worth while activity in the community and was beloved by a large circle of friends. Dr.

Wells was long a staunch member of the Main Street Methodist Church. He was also a member of the Masons and the Junior Order of American Mechanics. At one time he was Master of the Masonic Lodge and member of the Shrine Lodge and belonged to the Pythian Lodge. He was a charter member of the local Rotary Club and for a number of years was a member of the city school board. He was a former member of the board of town commissioners and also of the county commissioners of Rockingham County. He was president of the Baraca Sunday school class when it was first organized.

Dr. Wells is survived by his wife, the former Miss Myrtle W. Warren; two daughters, Miss Frances Wells and Mrs. Claude S. Scurry; and one son, Julius S. Wells, Jr., all of Reidsville. He also leaves five sisters: Mrs. Geneva Satterfield, of Prospect Hill; Mrs. Nattie Stewart, Mrs. Pearl Stewart, and Mrs. Fannie Pitteral, all of Cedar Grove; and Miss Ruth Wells, of Sandford, Fla., and one brother, Lewis Wells, of Cedar Grove.

Dr. Wells began his practice of dentistry in Reidsville in 1910, when he succeeded the writer's father, who died in June of 1910. Since that time there was never a more ethical dentist in the North Carolina Dental Society than Dr. Wells. He was a life member of the North Carolina Dental Society by virtue of having paid dues for twenty-five consecutive years, and I can truthfully say that the society had no member who attended its meetings more regularly and who upheld the interests and standards of our society and profession more than Dr. Wells.

Alert, active, and conscientious, he was ever striving to render to his patients the best service that skill and science could possibly render.

We mourn his death. He will be missed by the society and by the profession. The writer wishes to pay his tribute to this most generous and worthy dentist. He has aided the writer more than any man in the profession of dentistry.

JOHN N. HESTER.

Dr. Squires:

Mr. President, this closes the report of the Necrology Committee.

The President:

I see that we have a number of distinguished guests in the hall this morning. I should like them to stand as their names are called and be recognized. Dr. Harry Bear, Richmond; Dr. Guy Harrison, Richmond; Dr. A. M. Wash, Richmond; Dr. M. D. Huff, Atlanta; Dr. R. R. Byrnes, Atlanta. (Applause.)

We have other visitors who are to appear on our program and who will be introduced later.

At this time we are to have the report of the Delegates to the American Dental Association, by Dr. Clyde A. Minges.

Dr. Minges read the following report, which was received with applause:

REPORT OF DELEGATES TO AMERICAN DENTAL ASSOCIATION

Mr. President, Gentlemen of the North Carolina Dental Society:

At the 1935 meeting of the House of Delegates of the North Carolina Dental Society, on motion of Dr. J. Martin Fleming, the delegates to the 1936 meeting of the American Dental Association were instructed to prepare a report of their activities and observations to this body.

In undertaking to comply with these instructions your delegates to the San Francisco meeting found themselves without precedent to follow in the preparation of the desired report, and felt compelled to deal not only with matters directly related to the meeting, but certain auxiliary matters which they feel are vital to future acquisition of changes beneficial to the State Society.

One frequently hears such questions as "What do I get from membership in the American Dental Association?"—or "What does the North Carolina Dental Society get for the \$2,000.00 it annually pays in dues to the American Dental Association?"

It would be trite to answer such questions by saying, "We get out of the proposition just what we put into it." It is my purpose, therefore, to undertake to answer the questions by pointing out some of the advantages offered by the American Dental Association, to its constituent members.

Let me first remind you that just as executive matters of the State Society are handled by the State House of Delegates, so are the executive affairs of the National Association handled by the National House of Delegates. Therefore, in so far as the North Carolina Dental Society is actually related to the American Dental Association in the formulation and management of the affairs of dentistry, it is through our representative to the National House of Delegates that we participate. It is therefore at once apparent that if we in North Carolina are to have any voice in the formulation and execution of things affecting the practice of our profession, which emanate from our national organization, we must elect representatives to the National House of Delegates who will attend, and may I point out, tersely, who know at the time of their acceptance of this high honor that they will attend, or have every reason to believe that they will attend.

In this connection, let me at this moment remind you that all of your delegates to the San Francisco meeting were in reality alternates. It seems pertinent at this time to give some consideration to the record of attendance of our delegates for the past several years.

Beginning with the year 1928, we find representing North Carolina as delegates: Drs. B. F. Hall, John H. Wheeler, and E. B. Howle.

Dr. Hall was a delegate for the year 1928 only. Of the four meetings of the House of Delegates for that year he attended none, a percentage of zero.

Dr. Wheeler was a member of the House of Delegates for 1928, 1929, and 1930. Of the four meetings held in 1928 he attended none; of the four meetings held in 1929 he attended two; of the six meetings held in 1930 he attended none. Thus, of the fourteen meetings of the House of Delegates held during his tenure, Dr. Wheeler attended two, a percentage of fourteen and two-sevenths.

Dr. Howle was a delegate for 1928, 1929, 1930, and 1931. Of four meetings held in 1928 he attended three; of four meetings in 1929 he attended one; of six meetings held in 1930, he attended six; of four meetings held during the year 1931 he attended none. Thus, of the eighteen meetings of the House of Delegates held during the four-year period ten were attended, a percentage of fifty-nine and five-ninths.

Dr. Self was a delegate for the year 1929 only. Of the four meetings of the House of Delegates held during the year of his tenure he attended four, a percentage of one hundred.

Dr. Paul Jones was a member of the House of Delegates for 1930, 1931, and 1932. Of the six meetings in 1930 he attended six; of the four meetings in 1931 he attended three; of the five meetings in 1932 he attended five. Thus, of the fifteen meetings of the House of Delegates, fourteen were attended by Dr. Jones, a percentage of ninety-three and one-third.

Dr. Dennis Keel was a member of the House of Delegates in 1931, 1932, and 1933. Of the four meetings held in 1931, he attended three; of the five meetings held in 1932 he attended five; of the five meetings held in 1933 none were attended. Thus, of the fourteen meetings of the House of Delegates during the three-year period, Dr. Keel attended eight, a percentage of fifty-seven and one-ninth.

Dr. Minges was a member of the House of Delegates in 1932, 1933, and 1934. Of the five meetings held in 1932 he attended five; of the five meetings held in 1933 he attended five; of the four meetings held in 1934 he attended four. Of the fourteen meetings held by the House of Delegates fourteen were attended, a percentage of one hundred.

Dr. Wilbert Jackson was a member of the House of Delegates in 1933, 1934, 1935, and 1936. Dr. Jackson attended four of the five meetings held during 1933; three of the four held in 1934; four of the four held in 1935; but did not attend any of the four meetings held in 1936. Thus, of the seventeen meetings, eleven were attended by Dr. Jackson, a percentage of sixty-four and twelve-sevenths.

Dr. J. Martin Fleming was a member of the House of Delegates for the years 1934, 1935, and 1936. Of the four meetings held in 1934 he attended none; of the four meetings held in 1935 he attended four; of the four meetings held in 1936 he attended none. Thus, of the twelve meetings of the House of Delegates for the three years, four were attended, a percentage of thirty-three and one-third.

Dr. Lineberger was a member of the House of Delegates for the years 1935 and 1936. Of the four meetings of 1935 he attended three; of the four meetings of 1936 he attended none. Thus, we see that of the eight meetings of the House of Delegates during his tenure, three were attended by Dr. Lineberger, a percentage of thirty-seven and one-half.

You will observe that North Carolina was represented by three delegates each year. This gave our delegates an opportunity to attend 120 meetings of the House of Delegates. We attended seventy, which gives us an average of fifty-eight and one-third per cent.

The record as quoted here is taken from the proceedings of the House of Delegates of the A. D. A., and is not presented as a criticism of any individual, nor for the purpose of dealing in personalities, but to squarely place before you the facts, and to emphasize again the responsibility of a delegate in accepting the nomination as a delegate.

Your delegates are mindful, however, of human inability to predict the future, and that reasonable conditions may develop to prevent an elected delegate from attending the convention, but there is no delegate so honored by our society, except in case of death of the individual himself, but that should show the small courtesy due both the society and the alternate of informing them of his inability to attend the convention just as soon as that fact is known to him. He should also see that his alternate is provided with a copy of the previous year's transactions and all other papers that have been sent to him as a delegate dealing with the coming meeting.

It is to be regretted that none of the officially elected delegates to the 1936 convention were present at San Francisco. This absence of all delegates created much confusion and disturbance in getting alternates seated. One alternate could not produce credentials that he had been properly elected, and was refused the privilege of the first one or two meetings.

As we all know, each regularly elected delegate is furnished with a copy of all transactions of the Board of Trustees for the entire year, which covers all their recommendations to the House of Delegates for final action. You can readily see the disadvantage at which an alternate is placed upon going

into the House of Delegates when he has had neither time nor opportunity to familiarize himself with any questions, or to make up his mind in a deliberate manner on any question upon which he is to vote.

We may now invite your attention to some of what seems to your delegates the more important advantages accruing to dentistry in North Carolina from the American Dental Association.

We pay a membership fee of \$4.00 per member per annum to the American Dental Association from the North Carolina Dental Society. For this, some of the advantages of the American Dental Association are:

1. The American Dental Association furnishes its members the American Dental Journal combined with the Dental Cosmos.

2. The American Dental Association maintains a council on Dental Therapeutics, which passes on the safety and efficacy of all drugs.

3. The American Dental Association maintains the Dental Educational Council of America. This agency formulates and enforces the requirements for dental education.

4. The American Dental Association maintains a Legislative Committee which watches all Federal legislation affecting dental practice.

5. The American Dental Association maintains a radio committee which censures radio broadcasting seeking to control broadcasts which are unfavorable.

6. The American Dental Association maintains a library completely covering all dental subjects.

7. The American Dental Association holds annual meetings with programs covering all phases of dental progress, both didactic and clinical, which every member may attend.

At the San Francisco meeting the House of Delegates discussed a great many questions of vital interest. The Committee on Dental Education brought in a rather voluminous report, which finished with the recommendation that the present Dental Educational Council of America, composed of men from the American Dental Association, National Association of Dental Examiners, and American Association of Dental Schools be disbanded and that a new committee be appointed from members of the American Dental Association alone.

Without arguing this resolution either pro or con, I am of the opinion that the final solution of this matter will have a profound influence upon dental education in America.

The Board of Trustees recommended that the offer of the S. S. White Company to give to the A. D. A. the Dental Cosmos, the oldest dental magazine in the world, along with its editor, Dr. Pierce Anthony, and continue its publication, be accepted. This offer of the White Company was made gratis. However, it carried with it the stipulation that the name of the combined magazine should be "The Dental Cosmos Journal of the American Dental Association." After a very heated discussion of this question, the recommendation of the Board of Trustees was not approved, since this would have caused the National Journal to lose its identity by having the name of the Dental Cosmos appear first:

A counter proposal was suggested that the American Dental Journal would accept with thanks the Dental Cosmos and all things appertaining thereto and continue its publication, provided the S. S. White Company would agree to allow the name of the Journal to be "The Journal of the American Dental Association and the Dental Cosmos." This offer was later accepted by the S. S. White Company. Your delegates voted to sustain the latter proposal.

During the entire time of our stay in San Francisco we were continually embarrassed to observe the kind of publicity being given by the newspapers,

and evidently with the sanction of the President of the American Dental Association and the President-elect and various other men of high position in organized dentistry.

As members of organized dentistry and of the National Association of Dental Examiners, and realizing the tremendous effort that has been made in our own State to curb advertising, and sensing the dangerous and deleterious effect upon our laws now existing, and upon future legislation, we were impelled to raise our voices in opposition to this. Prompted by this feeling, the following resolution was introduced:

"Whereas there has been a concerted effort upon the part of various state components of the American Dental Association during the past two years to enhance the prestige of the dental profession; and

"Whereas, as a result of this effort, thirty-two states have adopted some form of anti-advertising legislation wherein is prohibited the use of any 'reproduction of a tooth, teeth, bridgework, or any portion of the human head'; and

"Whereas the American Dental Association is the supreme body in dental matters; and

"Whereas court opinions are often based upon standards established by the American Dental Association; therefore be it

Resolved, that the American Dental Association go on record as opposing any publicity wherein its members are exhibited with a replica of the human body, or any parts thereof."

This resolution was referred to the Judicial Council for recommendation.

At the next meeting of the House of Delegates the Judicial Council made its report, but failed to mention in any way the resolution. Your delegate rose to a point of information, and asked if the Judicial Council had finished its report. The presiding officer advised that it had. I then called to his attention the fact that no mention had been made of the resolution, and asked that the Judicial Council be requested to report on it, either favorably or unfavorably.

At this stage Dr. Winter invited me up to the rostrum for a private conference. He advised me that following the resolution Wednesday afternoon the San Francisco papers had carried a very unfavorable article in regard to it, and told me that it was getting the American Dental Association in a very bad way with the press.

I asked him if the dental profession was living by the aid of the press or despite the press, and asked the privilege of discussing the resolution before the House of Delegates, and suggested to him that if he were afraid my discussion would in any way embarrass the profession with members of the press present that he ask the members of the press to retire from our meeting.

He then asked me if I would go into conference with some of the men from California, to which I agreed. One of these gentlemen, whose name and picture had appeared in the paper, told me that I was entirely right and that he did not agree with the form of publicity that had been presented in the papers, but that the press photographers refused to take pictures of "prominent men of the profession" unless they posed with a particular young lady, whom I afterwards learned was employed for this specific purpose, and that the press insisted further that something dental be included in the picture, such as a syringe two feet long; a bunch of dental equipment; a set of teeth three feet tall, or any of a great many other thing equally ridiculous.

I asked him if it would have hurt him or the profession to any great extent if he had refused to have his picture made in such a situation, to which he replied:

"It is not our desire to offend the press."

This seemed to me an expressed willingness on the part of this official to sacrifice both the dignity and welfare of the profession to attain personal aggrandizement. And may I add further that this spirit was manifested by almost every one interviewed?

I returned to the rostrum and stated that I was not as yet satisfied, and insisted on discussing the question. Dr. Winter then called Dr. C. Raymond Wells, chairman of the Judicial Council, and asked that I go in conference with him, to which I agreed.

Dr. Wells expressed himself as wanting to do the right thing, but seemed to think it unwise that I insist upon discussing the resolution further on the open floor. We learned from Dr. Wells that contrary to what was stated in the minutes, a copy of the resolution had not been given to the Judicial Council.

I went back a third time to Dr. Winter and asked him why this resolution had not been referred to the Judicial Council. He then, at great length, attempted to explain to me the position in which my resolution would place the American Dental Association, and that it was his intention to have a conference with me in regard to it. I reminded him of the fact that the resolution was then more than twenty-four hours old, and that if he had desired a conference with me, I could have been reached at any hour at my hotel, in which the convention was being held. I reminded him further that as the final meeting of the House of Delegates was scheduled to adjourn within the hour, and that it was the usual custom of the delegates to depart immediately after its final convention, and inquired when he intended holding this conference, to which he replied that he was going to write me about it.

Dr. Winter concluded by agreeing to take it up with the Board of Trustees for final handling. We stated to him that we would rather have the matter handled before the entire House of Delegates than in committee, but we would await the handling by the board, and told him in passing that if this proposition was not handled in a manner satisfactory to us, that we would leave no stone unturned in Atlantic City in laying before the House of Delegates the manner in which this resolution had been handled. I heard nothing further until I received the following letter from the Judicial Council:

BROOKLYN, N. Y., March 4, 1937.

DR. CLYDE MINGES,
Rocky Mount,
North Carolina.

DEAR DR. MINGES: I have been so busy with many matters, particularly those of the Judicial Council, several of which come in daily to my office for opinion, that somehow or other I have forgotten completely to send you the opinion of the Judicial Council in respect to the resolution which you introduced before the House of Delegates in San Francisco, California. This resolution was, as you know, referred to the Judicial Council.

I conducted a poll of the Council in respect to your resolution, and to answer specifically your last paragraph, "*Resolved*, that the American Dental Association go on record as opposing any publicity wherein its members are exhibited with a replica of the human body or any parts thereof." the Judicial Council has carefully inquired into just what constitutes news and what constitutes advertising.

The Council members do not feel that in any instance the publicity which you mentioned was advertising. The Council does feel, however, that this publicity was in poor taste and condemns the practice wherein members of the association are exhibited with a replica of the human body, or any parts thereof.

It is most difficult, as you know, to curb the press, and probably we shall never reach the ideal in our relation with the press. What appears to us as most unprofessional appears to the lay press as good copy. The best way to handle the entire situation would be for the press committee to prepare abstracts of papers given and approved photographs for release to the press. For members to be photographed around the halls of a convention and giving various opinions is poor publicity and reflects discredit upon our association. The Council will recommend to the Board of Trustees that controlled publicity be the policy of the American Dental Association in the future.

We appreciate your interest in behalf of the American Dental Association. With kindest regards,

Sincerely yours,

C. RAYMOND WELLS, *Chairman.*

And that, gentlemen, is the status of the matter as it now stands. Your delegation was afforded no opportunity to vote upon it in the House of Delegates.

Dr. Willard Camalier was elected President-elect.

Dr. Pinney was reelected Secretary.

Atlantic City was chosen for the next meeting place.

Your delegates voted affirmatively for all these.

This, gentlemen, concludes, somewhat sketchily perhaps, a report of what your committee believes to be the most important happenings relating to the duties attendant upon delegates to the 1936 meeting. Your delegates were instructed to report to you upon their activities and observations, and are without authority to make recommendations. We do feel, however, that we are not too presumptuous in undertaking to leave some pertinent thoughts with you, which we summarize as follows:

First: If we are to attain and maintain our proper status in the American Dental Association, we must elect as our delegates men who will attend the meetings.

Second: We should discontinue our rotating policy of electing delegates for three years only. The term should either be lengthened or the delegate should be sent back for more than one term. This gives him an opportunity to familiarize himself with the workings of the American Dental Association and to make sufficient contacts, so that when he arises to speak he will command attention and respect.

Third: We should encourage members to avail themselves of the opportunities offered by the American Dental Association.

Fourth: It appears to us that our constitutional and administrative by-laws will have to be changed, the wording of which will be such as will cause a man to appreciate the responsibility resting upon him when he accepts the nomination as delegate to the House of Delegates.

Fifth: If our efforts to point out to you various discrepancies are considered worth while, then proper steps can be taken to correct them.

It is embarrassing to think that we should have to resort to constitutional correction of these matters, but we feel that this is the only remedy, in view of the following quotations from our State Proceedings:

In 1927 the presiding officer had this to say:

"Gentlemen, we must elect delegates to the American Dental Association. This is an important duty. You should elect men who will go and take an interest in it and keep in touch with the American Dental Association."

In 1929 a member of your society, upon being nominated for delegate, asked that his nomination be recalled, saying: "It was too much hard work." To

this his nominator replied, "I refuse to withdraw it, Mr. President. He must sacrifice that much for the goal."

You have in this instance a man who expressed his inability and unwillingness to attend, but his nominator refused to withdraw his name. Of course, this man could still have resigned.

In 1930, the presiding officer said in part: "Don't elect some man who is not going to go. Think before you nominate a man and don't nominate him just because you like him. Is he able and willing to go? If so, then nominate him."

In 1936, the retiring President, upon being nominated for alternate, had this to say: "I feel that the North Carolina Dental Society should by all means have representation, and I have a very strong conviction, on the other hand, that no man who is nominated should accept the nomination when he knows he cannot go."

This man insisted that his nomination be withdrawn.

The above are only a few things that have been stated on this subject. Nevertheless and notwithstanding, we roll merrily along the same old road in the same old way, year after year.

It is absurd to expect a man to speak a language which he has never studied nor heard spoken.

It is absurd to expect a man to vote intelligently on a proposition about which he knows nothing.

It is absurd for us to expect North Carolina to achieve anything in a national way and have proper representation when our delegates are not present. This condition has existed as far back as we have been able to go into the records.

He who is silent is forgotten. He who abstains is taken at his word. He who stops is overwhelmed. He who ceases to grow greater becomes smaller. He who leaves off gives up. He who does not advance falls back.

The stationary condition is the beginning of the end.

Your committee's observation leads us to believe that our condition has been stationary for many years.

Gentlemen, the problem is yours. What will you do with it?

CLYDE MINGES, *Chairman,*

W. F. BELL,

J. A. SINCLAIR.

Dr. H. O. Lineberger, Raleigh:

Mr. President, I am not sure that this is the time or the place to make certain corrections in the report to which you have just listened. If it is, I should like to make them; if not, I wish to submit them later.

I wish to make this observation: Some statements were made that were very unjust. There were some statements made by my good friend Dr. Minges that did not tell the whole facts. I say that because I think he has made some very cutting statements about some of our delegates.

Dr. Minges:

Mr. President, may I have just a few minutes? My data were taken from the Proceedings of the American Dental Association, and if they are not correct I should like Dr. Lineberger to present his statement.

The President:

If there is no objection, we can take about five minutes.

Dr. Lineberger:

If no one objects, I should like to submit in writing a few statements, and I submit these points now. First of all, gentlemen, you elect your delegates. The By-Laws of the American Dental Association provide very clearly (and I am sure the practice has been followed by the North Carolina Dental Society since 1914) that if the regularly elected delegates are not present those of your society who are present may represent you in the House of Delegates of the American Dental Association. That gives you representation in the American Dental Association always, and as to why they had any trouble at San Francisco I cannot see.

Now, as to Dr. Minges' report on Dr. Howle and other delegates and their attendance at the meetings—my attendance, too—I have this to say. I think my friend Dr. Paul Jones here attended one meeting for me. I was represented. If Dr. Minges is going to be fair, I think he ought to say that we were represented, if we were. There was probably some very good reason why we could not be present. A duly elected alternate, or anyone representing the North Carolina Dental Society, who is seated as a delegate, and these do not have to be the same member at each meeting of the House of Delegates, is just as much a delegate as the duly elected delegate. It is not always possible, Mr. President, for a man to pay his expenses out to San Francisco. If we had three delegates there, I think it was very fine.

Dr. Minges:

Mr. Chairman, may I say just one word? If any person doubts the truthfulness of my statements, I should like him to compare them with the records of the American Dental Association, from which I obtained them. I read those reports very carefully.

The President:

I ask the Secretary now to read some communications he has.

Dr. Frank O. Alford, Secretary-Treasurer, read telegrams from Dr. Harry B. Pinney, Secretary of the American Dental Association; Dr. C. J. Caraballo, Trustee of the American Dental Association; and Dr. O. A. Kelly, Chairman of the Convention Committee of the St. Louis Dental Society, and also read a letter from Dr. Howard B. Higgins, Directing Secretary of the South Carolina State Dental Association.

CHICAGO, ILL., May 3, 1937.

DR. F. O. ALFORD, *Secretary,*

North Carolina Dental Society, in session, Pinehurst, N. C.

Accept greetings and best wishes for a successful meeting, and may we extend a cordial invitation to the members of your organization to attend the next annual meeting of the American Dental Association, to be held in Atlantic City, July 12 to 16, inclusive.

HARRY B. PINNEY.

TAMPA, FLA., May 2, 1937.

DR. D. L. PRIDGEN,
Care North Carolina Dental Society meeting.

Regret inability to be present. You have magnificent program. Tell all my friends hello and that I am with you in spirit if not in person. Wishing you a most successful meeting. Urge membership to attend American Dental Association, Atlantic City meeting.

Sincerely,

DR. C. J. CARABALLO, *Trustee.*

ST. LOUIS, Mo., May 1, 1937.

DR. D. L. PRIDGEN, *President,*
North Carolina State Dental Association.

Dentists of Missouri send best wishes for successful meeting. St. Louis is extending invitation to American Dental Association to hold 1938 Convention here. The committee hopes this announcement at your meeting will influence delegates and members to consider St. Louis as favorable location for their convention.

O. A. KELLY,

Chairman Convention Committee,
St. Louis Dental Society.

SPARTANBURG, S. C., April 30, 1937.

DR. F. O. ALFORD, *Secretary-Treasurer,*
418 Professional Building,
Charlotte, N. C.

DEAR DR. ALFORD: The South Carolina State Dental Association wishes to extend to the members of the North Carolina State Dental Association an invitation to attend our State meeting, which will be held at Columbia, S. C., June 14 and 15, at the Jefferson Hotel.

Looking forward with pleasure to having a large attendance from your State.

With kindest personal regards, I am

Fraternally yours,

HOWARD B. HIGGINS.

Dr. Alford:

We also have this invitation, which was sent in by someone: "Please extend to the members of the North Carolina Dental Society an invitation to attend the Virginia State Dental Association meeting at Virginia Beach, May 10, 11, and 12."

I also had a letter, which I do not seem able to find now, from Dr. R. H. Murphy, Secretary of the Georgia State Dental Association, extending an invitation to all present at this meeting to attend their convention at Savannah, May 17, 18, and 19.

President Pridgen:

The Chair requests Dr. W. F. Clayton to present the next speaker on the program.

Dr. W. F. Clayton, High Point:

Mr. Chairman and Members of the North Carolina Dental Society, it is my privilege to present to you at this time a man who needs no introduction to a dental audience anywhere, a man whose life is and has been full of activities for the benefit of and the upbuilding of the dental profession, and who has kindly accepted our invitation to be with us in our meeting at this time. It gives me great pleasure to present to you Dr. Victor H. Sears, of New York City. (Applause.)

IMPORTANT STEPS IN FULL DENTURE CONSTRUCTION

VICTOR H. SEARS, D.D.S., New York City

Mr. President, Members, and Friends:

It is a great pleasure to be here in the friendly society of North Carolina dentists. The surroundings are ideal, the weather is perfect, and up to the present everything has been lovely.

This morning we shall carry on a little bit of what we have just heard; that is, to an extent we are going into a field that always has been somewhat controversial. I see there is a difference of opinion regarding the House of Delegates, and I think there is going to be some difference of opinion on what we are going to hear this morning. Let's not take anything on authority, but only accept things we can understand and see.

I am going to try to show you why these steps should be taken. The subject assigned me was "Full Denture Construction—Important Steps." That is an easy subject, because, no matter what step it is, it is important; therefore, it will be easy to remain on the subject.

This morning, in order to concentrate on a small field and cover it more or less thoroughly, we will rule out certain considerations. There is no step in full denture that I can think of that in and of itself is difficult. There is nothing difficult about it except the fact that it has so many steps and each step is related to those that follow and precede it. There is nothing difficult about full denture construction except the general combination of the entire subject. This morning I should like to go through as nearly as possible in, we might say, a theoretical way of doing it, two of the main considerations with regard to the placement of teeth. Don't be frightened that we are going to discuss theory, because theory is not really so bad.

Your chairman did not do, in inviting me this time, what is often done by chairmen of program committees. It is not at all uncommon to get a letter reading like this: "The committee of such-and-such dental society would like you to present a paper on such-and-such subject." Then follows a sentence like this: "Our members are practicing dentists and are not interested in theory." Well, the study of theory is the study of *why*. Unless we understand the why of a thing we cannot do it successfully, and the understanding of theory makes possible the understanding of technic, and the understanding of technic causes us great gratification when a thing is done. So, theory is very, very important. What would you say of a physician who might say: "I am not interested in the theory of the circulation of the blood. I am not interested in the theory of kidney function. I am not interested in the theory of the secretions of the endocrine glands. Just tell me something to do if my patient has a pain in the neck."

I should like to discuss this morning and show some diagrams illustrating a new and simple method of placing artificial teeth. This is a new method only in the sense that at one time the automobile was new. When the automobile came to us it was not new, because of the fact that it was composed

of old things, put in new combinations—the wheel, for instance. Someone has said that the inventor of the wheel was the inventor of the automobile, and that is in part true. The inventor of the automobile, of course, did not really invent it; he just put together things that were already known. That is not altogether true, perhaps, because for years and years thousands and thousands of engineers have been working to perfect the automobile and make it better for our use.

There are two devices of mechanics known as the lever and the inclined plane. The operation of the lever and the inclined plane has been known for a long time. The Greeks built their whole system of mechanics on the lever. The inclined plane has been known for we do not know how long, but ever since man did anything by machinery. It has been said that the great pyramids of Egypt were built by the use of the inclined plane. The automobile that runs up on a ramp is making use of the inclined plane. The screw brace we use in the laboratory is an example. Almost all our inclined devices are applications of those two mechanical principles. Any time we do anything that increases the speed or power of a machine we must use either one or both of those two principles.

The principles of mechanics operate inside a human mouth just the same as they do outside. The only thing that is different is that we must have a background of the physiology—how much pressure the tissues will tolerate without causing atrophy. Fundamentally, however, it is the application of those two things that we must consider in making a mechanical set of teeth. They are principles that we can discuss more or less thoroughly, or at least to an extent sufficient so that there can be no possible misunderstanding.

While we shall go into theory a little bit, we are not going into anything beyond what can be found in an ordinary high school textbook on physics; and any dentist who does not know about physics does not know ordinary mechanics. The dentist must be an artist; he must be a chemist, and so on; but, above all, he must be an engineer—he must know the application of mechanics in the mouth, and must be an engineer in that narrow field.

It will be important for us to remember something about impression making—not that the impressions must be different in order to make applications of these principles, but because by the correct application of the principles it is possible for us to do things with our impressions that we could not do with full knowledge otherwise.

We have here, on the upper left-hand side of this drawing, several outlines of the basal seat. That is the portion pressed upon by the denture. The red portion, in the main, is the outline of the pressure area. Usually we put our denture all over the pressure seat, whereas a more scientific way is to put it only over those portions marked in red. With the correct application of leverage, it is possible for us to extend the pressure out on to the zygomatic arch. We know that is one of the most sensitive portions of the denture. If we extend our denture out a little too far, it presses upon the zygomatic arch. That is one of the most sensitive portions, yet, on the other hand, it is the most unchanging portion. It is not like the alveolar arch. If by the proper application of mechanical principles we can extend our leverage out upon this arch, which is ordinarily too sensitive, it will be a great advantage.

When we make an impression of the lower ridge and include the entire portion we are going to cover by the denture we put equal pressure all over it. That is a thing which is hardly scientific, because of the fact that our occlusion does not come that way. Through here (indicating), in red, is indicated how the occlusion should come. Here, again, if we make proper application of the principle of leverage, we can extend out on the buccal side and get out on this mandible, which is a nonchanging region.

From the standpoint of theory, that is the practical application—the understanding of the principle, we should not make the application of force equal all over the basal seat (the supporting area); we should put the major portion of the force here and there (indicating). As a matter of fact, this hard area in the region of the cuspid and incisors is just as much a fulcrum as the torus above. There is just as much danger of this hard area causing a leverage—causing a rocking—in the lower denture as this hard area above. Keep that in mind in discussing these dentures.

There is one other thing I should like to say that we can keep in mind during this discussion, and that is the fact that the mandible has no definite path in chewing, all the literature to the contrary notwithstanding, and in spite of the fact that the mandible can make a definite path. If we get a tracing with the condyle here and the condyle there, it is a very great help. If we get the central point there, then that is the centric path that the patient is going to chew in.

But we must realize the fact that the mandible can rotate, that the teeth can glide and miss each other and glide as they pass each other. If there were no deviation from that one path, then it would be true, but we know from common experience it is not true. Imagine, for a moment, that we are going to bite an ear of corn with artificial dentures (and it should be possible) or with natural teeth; it does not make any difference. The mandible goes straight forward; it does that because that is the position we have learned by experience; we do not think about it; we merely do it. In biting off anything in the front of the mouth the mandible goes straight forward. Suppose we want to bite a thread; we should not do it, but suppose we do want to. The natural thing is to bring the lower jaw forward and to the side, in what we term a lateral cuspid position. We do that because we have learned that that is the only position in which we can make the cuspids meet. Then, if we are going to do so-called light chewing—the chewing we do on our food, for the most part—after the biting has been done, the mandible does not go forward in a protruded line. For anything that requires heavy duty, like cracking nuts, if we let a patient do it, the mandible goes in that path. So we have the whole range in here. Therefore, we must provide not only for the recorded position, which is so much discussed, and the protruded one, but must provide for all the intermediate lateral protrusions of the mandible without causing tipping or shifting of the dentures on their seats.

Let's take up first the inclined plane. The first application of the inclined plane to dental construction has to do with the determining of the correct degree of jaw separation. There is only one separation of the jaws which is perfect in full denture construction—that is, from a mechanical standpoint. We may occasionally (now mind you, not often, but occasionally) want to open or close beyond this mechanically perfect separation, for esthetic or other reasons. But there is only one separation that is mechanically right; that is, that the chewing surfaces must be parallel.

An inclined plane causes a direction forward of force. Take a hillside, and put on that hillside a loaded wagon. The operation of the inclined plane comes into play. Because of the fact that the pull of gravity is vertical and the support is not horizontal, or at right angles, the result is that the load will slide downhill in the wagon. If the same load is put in a wagon on a level plane you get no movement of the load whatever, because the force of gravity is vertical and the surface is horizontal, and there is no shifting of load whatever. So the first rule is that the line of support must be at right angles to the line of pull.

Instead of wagons, let's imagine we have teeth, and that this, instead of being the hill, is the mandible. This is the maxilla. Then if we put a tooth

here, so that it lies there, and we have a tooth above, no matter how hard that patient bites there is no tendency to shift the dentures one way or the other. The only force, then, is a force which tends to press this denture down and this one up. If, however, instead of having our teeth there we put teeth back here, then when the patient bites the tendency is for that denture to go forward. So any time we put a tooth on an inclined plane we have a forward thrust of the denture. The point is to remember that we must have parallelism of opposing ridges in order to have stability.

What happens if we do not have opposing parallelisms is indicated here. These ridges are parallel, and no amount of closing force on that will cause any forward shifting of the dentures. But if we do what is more or less a fad again—the fad of bite opening—if the jaw separation is made too great we get a forward thrust every time the patient bites down. If the ridges do not happen to lie parallel and we put dentures in there, we get a forward thrust of the dentures in the patient's mouth, just as we get a forward thrust of a pair of pliers in trying to cut a wire.

So the first application we make of the principle of the inclined plane is that we must have parallelism of opposing ridges. It will be maintained, of course, that that is impossible, because the mandible is not a straight line. That goes back to a qualification I made in the very first place; that is, we must have parallelism of the ridges at those portions on which we are going to allow the patient to chew, if no others, and there is not anything else that counts. Therefore, our first point is parallelism of opposing ridges. If we do that we have ideal mechanical condition, for we have observed the rule of the inclined plane.

If we have parallelism of opposing ridges we still have not licked the problem of the inclined plane, because we may notice nonparallelism of the occluded surfaces. If we do that we have again defeated our object. Suppose we make dentures in which the occlusal plane is too low in the back part of the mouth. If we do that the upper plate will slip back and the lower plate will slip forward. That is an important point to remember, especially in view of the fact that nonanatomic teeth have been criticised on the basis of the so-called fact that they cause the mandible to drift forward in the patient's face. The so-called floating mandible is caused, some people say, by teeth without cusps. Now the forward drift of the mandible, when it occurs (if it occurs), is caused not by the fact that nonanatomic or cusplless teeth are present, but it is caused by the improper application of this principle of the inclined plane. It is caused by having the posterior part of the occlusal plane or other teeth too low in the posterior part, so every time the patient closes it tends to carry the mandible forward. It carries the denture forward, and the mandible follows, to a degree. So if we are going to use teeth without cusps we must be sure that our occlusal surfaces are also parallel with the ridge. Then we have the same condition as if we had a stack of cigar boxes. You could put any amount of weight on top of a stack of cigar boxes and they will not shift, so long as the tops and bottoms are parallel. The same thing is true here. No amount of closing force can possibly cause a shifting.

This is necessary to be considered because so much has been written about the compensating curve, its necessity to produce a balance, and so forth. We do not use a compensating curve in the new system for this reason; if we put a compensating curve like this, we have violated the principle of parallelism of opposing ridges, because there is a forward thrust, and we should do everything possible to prevent this shifting of the denture bases. The shifting is probably the greatest cause for the loss of tissue.

Let's see what happens when we do not have that parallelism of opposing ridges. Here we have the same thing in effect (that is, the same thing in principle) as we have in this drawing. Here we have the inclined plane, which we do not want, which causes a shifting of the dentures. When these teeth lock, as viewed from the buccal side, and the patient bites straight up, and there is no food in there, there is no shifting whatever. But the instant he moves his mandible the least bit forward, whether open or closed, or whether empty or with food in there, we get a shifting of these dentures. The upper denture comes forward; the lower dentures goes backward in the mouth. Thus, Newton's third law—all forces are equal and opposite. Every time we have a force operating on one side of a body we have an equal and opposite force in the other direction. In stability all forces are equal and opposite. Therefore, if we have a four-pound forward pressure on the upper denture, we have a four-pound pressure on the lower denture backward. It is the weaker member that gives way first, so therefore we have a shifting of the lower denture. The upper one will remain in place. That will explain why we have so many mouths in which the lower ridge has disappeared and the upper one is in good shape. We cannot explain that on a basis of vitamins or hormones, or even heredity. The reason why the lower denture causes more destruction than the upper one is that the lower one is looser and moves more and causes greater trauma. Therefore, when we see a mouth in which the upper alveolar ridge is in good shape but the lower one is flat, that is the likely inference.

Incidentally, it is interesting to discuss these problems with people who are not dentists—engineers, for instance. If you will discuss these problems with engineers you will find it is most illuminating. Discussing these problems with engineers is very different from discussing them with dentists. Why? Because of the fact that we have become what psychologists call "conditioned." We have studied so much about natural conditions that we have become conditioned. We have jumped to the conclusion that where we have an artificial condition we should put natural forms in there. But we should not. No one will say that an edentulous mouth is a natural condition. It is an artificial condition, so we should have artificial forms in there.

Whenever the edges come together and the teeth are in occlusion and the jaw moves forward, one of two things must happen. Either the teeth glide readily on each other and the dentures stay put, or the teeth lock and the dentures slide on the tissue. So we must either have a tendency of the teeth to glide on each other or a tendency of the denture to glide on the tissues, which is traumatic. We must eliminate the tendency of the denture to traumatize the tissues.

This is the first molar; this the second bicuspids. They are the important teeth; they are the ones on which we concentrate in children. They are the ones with which we want to do most of our chewing. Suppose we want to put an overbite in the anterior teeth, how can we do it and still not have a lock? It is a very simple matter. Put the anterior teeth here and the posterior teeth back here, and we have an overbite whenever we want to give it. Now, when the mandible wants to go forward it will go. Nature will not tolerate holding that mandible back if it wants to go forward, and the way to control it is by using this inclined plane.

When the mandible goes forward it takes the anterior and posterior teeth with it. There is a range here, say, of four millimeters. That means the mandible has to go forward four millimeters before the anterior teeth are in contact. So it is free to go forward and backward either because the patient finds it a little more comfortable to go forward or because there is erosion of the ridges or because the patient likes to do it in chewing, at times. Now, how are we going to get a balance? How get the anterior and posterior teeth

at the same time to balance? That is a very simple thing. When this lower anterior tooth comes up to the upper anterior tooth, the mandible has gone up four millimeters. So all we need to do is to go back four millimeters and put a balancing molar in there. What results is this: There is either contact in the center of the support, which causes stability, or when that goes off there is contact at both ends. So we have contact either at the center or at both ends. That gives us the maximum stability. If we want to get an overbite of the anterior teeth, which we seldom need, we can get it by that means.

It might be said that we do not ever see people's teeth in speaking, laughing, or anything of that kind with the teeth in contact. There is always a separation there. In fact, we cannot talk very well with the teeth in contact. So if we have no overbite he does not have to open his jaw quite so far in order to speak.

On the subject of the inclined plane there is one more observation. I have already said from the buccal view you have no cusp in there, because it will cause a shifting of the base on the tissues. That brings us to a discussion of the cusp height. How high should the cusp be? Would you use a 10-degree or a 20-degree or a 30, or what has been used and thrown into the discard—a 45-degree cusp? Now, the men who used the 45-degree cusp did it by means of the rotary grinder, which was the only thing that made the 45-degree cusp possible to use. Of course, we might use a higher cusp: we might go to 90 degrees, which would give the highest degree of trauma possible. This is worked out from engineering tables, both theoretically and practically. If this is a 45-degree angle of a disk resting on a surface, we will say, any force that is applied vertically works out equally horizontally. If we put a 3-pound pressure on that surface, there will be a 3-pound horizontal thrust. But if we press down on a 15-degree angle with three pounds, there will be only a 1-pound lateral thrust exerted. On a horizontal surface there is no lateral thrust.

If this patient bites up with a 3-pound pressure on this inclined plane of 45 degrees, he causes a shift of that lower denture to the side: there is a sidewise pressure of three pounds on the denture, which is a large pressure from a lateral direction. It is not natural, because nature has designed these arches for vertical pressure. If a 15-degree cusp gets a 1-pound pressure off a horizontal cusp, there is no lateral thrust. Therefore, it would seem that a horizontal cusp with a vertical thrust is the only one we can use to cut down the trauma from the dentures to the absolute minimum.

Let's take up now the consideration of leverage. Leverage is the other principle of the two main mechanical systems or devices by which we gain power or speed. Leverage is the thing we must control at all costs in our denture construction. Imagine a block of marble on which these three disks are placed. If we put pressure down on the center of that disk we get no movement. If we put pressure down on the edge we still get no movement. But imagine the surface, instead of being solid, to be a resilient rubber pad; then the downward pressure will merely squeeze the pad out when applied in the center. But apply the force off at the edge, and we get a tipping. It is exactly the same thing as happens when we put a plank on soft ground to support us or when we have a light raft out in the water; stand or sit on one end, and the other end tips up. We have exactly the same thing in the mouth. So we must put the pressure in the center of the base. Put the pressure in the center of the denture base by putting it in the center of the tooth that is in occlusal operation. This is the way to do it. We make these center teeth hit and the anterior ones miss; also make the posterior teeth miss. We make the teeth in the center come to occlusion and the other teeth stay out of occlusion. It is just as simple as that.

For the reason that this is an inclined plane, we cut it out, and also for the reason that the interposed tissue is thicker and softer back there, we cut it out by all means. Start the occlusion where the surfaces are parallel. So we put this parallelism only where we are going to put the teeth; we put them only on hard, solid foundation in order to prevent tipping; and that sort of design will do it.

We have the same principle, with a slightly different application, in the anterior part of the mouth. Here we have the familiar example of two saw-horses with a plank across. A weight can be applied to that plank in such a way that the pressure is divided between the two horses. When that is done the plank remains stable. That same principle can be applied to teeth. If we press on the buccal cusp of a tooth which lies outside the ridge crest, the tendency is for the other side to come up. If we put the pressure on the center, all of that pressure goes on the left side of the ridge, none on the right. But if we put the pressure at "C," then all the pressure goes here. That is ideal. If we can put all the pressure in chewing outside the buccal cusp, the harder the patient bites the better the denture will stick.

It should be a general observation that, regardless of the theory, if it does not work in clinical practice the theory is of no value to us.

In this illustration the blue portion shows the conventional tooth, which is wrong. The black portion shows the way the tooth should be made.

The result of the combination of both those principles, the inclined plane and the lever, will be something like this. We take it off the extremes in order to get stability and prevent tilting. We also centralize the occlusion—get the occlusion to as nearly the center of the mass of both upper and lower dentures as possible, because thereby we get the maximum of stability.

Now, this is supposed to be a lower cast, and this shows the direction and placement of the force. If we could put our force in the center just that way, centralize it both anteroposteriorly and buccolingually, we could get the maximum support. But we cannot do that; we cannot put teeth right in the center of the mouth, where the tongue is. But we get the teeth in as far as the tongue will allow. That is a practical way of centralizing the occlusion. That means greater comfort to the patient, longer life for the dentures, more satisfaction to the patient, fewer sore mouths.

One thing worth considering in this connection is that the application of these principles does not mean making a new set of dentures in accordance with these principles. We can take an old set of dentures, any old set the patient can use at all, and can see what the unfavorable leverage is doing to that mouth, and what we can do about it. All we need to do is to take the lower teeth off, or down out of occlusion; keep the upper teeth. If we do nothing but that and let the patient go home for a few days, when he comes back he will say that they are much better, that he can chew better on the side you fixed. Then fix the other side, and the patient will say both sides are better. Then take out the interlocking cusps, and the patient will say they do not slip any more. So, experiment. Don't take my word for it. Try these things out for yourselves. Treat this as a mechanical problem, and apply these principles.

Inasmuch as I have taken a little more of your time than I intended, I will stop right here. I will take up these things further in the clinic this afternoon.

I thank you for your kind attention.

(Applause.)

President Pridgen:

Gentlemen, this concludes our morning session. As Dr. Sears said, he will appear in the progressive clinic this afternoon.

We will convene in this room again at two o'clock, and we now stand adjourned until that time.

The morning session adjourned at 12:30 o'clock p.m.

MONDAY AFTERNOON, MAY 3, 1937

The society convened in the ballroom and was called to order at 2:25 o'clock p.m.

President Pridgen:

The meeting will now come to order.

The Chair will ask Dr. H. O. Lineberger to present the next speaker.

Dr. H. O. Lineberger, Raleigh:

Mr. Chairman and gentlemen, at our meeting in Chapel Hill a few years ago you will recall we had a very fine representative from the University of Michigan on our program in the person of Dr. Rickert. It is our pleasure and good fortune to have this year another representative from this outstanding university, and he will now address you. I present Dr. Paul H. Jeserich, of the University of Michigan. (Applause.)

Dr. Paul H. Jeserich, Ann Arbor, Michigan:

Mr. President and members of the North Carolina State Society, it surely is both a pleasure and a privilege to be invited here to make a presentation and to come with a subject that I hope is not too theoretical. I am going to try to make it as practical as possible. I guess an essayist giving a lecture always feels that anything he has worked out is practical and should be given attention, and I am no exception to the rule.

EDITOR'S NOTE: Dr. Jeserich made request to revise his manuscript. Every reasonable effort was made to get Dr. Jeserich to send the same, without success. September 10, 1937.

The President:

In behalf of the society, I wish to thank Dr. Jeserich for this splendid presentation.

I should like to call your attention to the meeting of the House of Delegates at five-thirty.

The progressive clinics by Dr. Hoffer and Dr. Sears will begin at four o'clock and will be held by Dr. Hoffer in this room and by Dr. Sears in the bridge room.

The general session is now adjourned.

Thereupon, the general session adjourned at four o'clock p.m.

MEETING OF THE HOUSE OF DELEGATES

MONDAY, MAY 3, 1937, 5:30 P.M.

The House of Delegates met in the card room of the Carolina Hotel, with the President presiding.

President Pridgen:

The House of Delegates will please come to order, and the Secretary will call the roll.

The roll was called by Secretary Alford, and the following were present:

Dr. D. L. Pridgen	Dr. J. P. Bingham
Dr. J. F. Reece	Dr. J. Homer Guion
Dr. E. M. Medlin	Dr. John R. Pharr
Dr. Frank O. Alford	Dr. R. E. Spoon
Dr. Wilbert Jackson	Dr. W. R. McKaughan
Dr. Paul E. Jones	Dr. Dan. T. Carr
Dr. C. M. Parks	Dr. C. I. Miller
Dr. J. Martin Fleming	Dr. L. J. Moore
Dr. W. E. Clark	Dr. J. W. Whitehead
Dr. John A. McClung	Dr. J. A. Jernigan
Dr. H. V. Murray	Dr. Z. L. Edwards
Dr. H. L. Keith	Dr. W. T. Ralph
Dr. H. C. Carr	Dr. Paul Fitzgerald
Dr. S. P. Gay	Dr. A. T. Jennette
Dr. O. C. Barker	Dr. C. E. Minges, Alternate
Dr. P. P. Yates	

The President:

I declare a quorum present and the House of Delegates now open for any business which may be properly brought before it.

Dr. A. T. Jennette:

May I appoint Dr. Minges to serve as a delegate from the Fifth District?

The President:

I confirm that appointment.

Dr. Neal Sheffield, Greensboro:

I should like to give the report for the Committee on Insurance.

The President:

Gentlemen, we will hear the report.

Dr. Sheffield read the report, as follows:

REPORT OF THE COMMITTEE ON INSURANCE

During the year your Committee on Insurance considered proposals from two insurance companies. The companies considered were the Hardware Mutual Fire Insurance Company of the Carolinas, with home offices at Charlotte, N. C., and operating in the states of North and South Carolina, and the Shelby Mutual Plate Glass and Casualty Company, of Shelby, Ohio.

The Hardware Mutual Fire Insurance Company of the Carolinas proposes to insure the properties of the members of the North Carolina Dental Society against loss from fire. Their policy has the same coverage as the standard policy of the stock companies and the rate is the same as the rate charged by the stock companies, but for more than twelve years each year 40 per cent of the initial premium has been earned and returned to the policyholder. This company was endorsed last year by the North Carolina Medical Society.

The Shelby Mutual Plate Glass and Casualty Company, of Shelby, Ohio, offers an automobile liability coverage known as the "Selected Operators' Merit Policy." This policy contains certain variations from the standard policy, issued to persons of preferred risk, wherein insureds are rated according to their business and according to the use of their automobiles. There is an additional saving to the insured that have no accidents.

Your committee has investigated the above companies to the best of their ability, and believe them to be reliable. Mr. Dan C. Boney, State Insurance Commissioner, states that both firms are duly licensed to do an insurance business in this State, and according to the latest financial statements with his department indicates them to be sound.

Respectfully submitted,

NEAL SHEFFIELD,
M. B. MASSEY.

Dr. Sheffield:

Now, your Insurance Committee are laymen, so far as insurance is concerned. We did not employ any attorney to look into this, but we have gone into it as thoroughly as we know how. It seems that when an insurance company is licensed by the department to do business in the State it is conforming to the requirements of the State laws. So we turn this report over to you and recommend that you go into it thoroughly. We also recommend that, even if this body approves this, when you go to buy insurance you look into it from an individual standpoint, even though it is endorsed by this body, and satisfy yourself that it is the kind of insurance you want. I might say that this is not a group policy, as our dental liability is. We have looked into it and recommend it as sound, and it is up to the members to use it or use any other insurance you want.

We have a representative here of the Hardware Mutual Fire Insurance Company, and Mr. Thompson, of the Shelby Mutual Plate Glass and Casualty Company, and they will be glad to answer any questions you wish to ask.

Dr. Jones:

I should like to ask the gentlemen if they guarantee the return of this 40 per cent premium.

Mr. Thompson:

That is against the insurance laws of this State.

Dr. Z. L. Edwards:

When I was chairman of the Executive Committee, several mutual companies requested that they be allowed to come before the committee, and also before the House of Delegates, with a view to getting this organization to endorse mutual insurance. I feel that if mutual insurance is 40 per cent cheaper than stock company insurance, why not let the company sell it on its own merit to the individual who is in the market for insurance? I don't think we ought to give our endorsement to either company.

Dr. Sheffield:

I should like to say that we took up this matter with the stock companies and none of the stock companies had anything to offer.

Dr. Jackson moved that the report of the Insurance Committee be accepted as information, which motion was carried without a dissenting vote.

President Pridgen:

Are there any further committee reports?

Dr. S. Robert Horton, Raleigh:

I have a short report of the Resolutions Committee.

Dr. Horton then read the following report:

RESOLUTIONS

Your Resolutions Committee wishes to submit the following resolutions for your consideration:

Whereas the dental profession is delivering a health service and not selling materials: and

Whereas the dispensing or use of such materials is strictly the dentist's problem; and

Whereas the public could be exploited by unscrupulous manufacturers selling a worthless product:

Therefore, in an effort to fulfill its obligation to protect the public in these matters, the Detroit District Dental Society takes the following stand:

Be It Resolved: That the advertising, direct to the public, of materials used exclusively in dentistry is detrimental to the practice of this profession as a "health service," and sets up a harmful precedent which could be exploited by unscrupulous manufacturers.

Further Be It Resolved: That copies of this resolution will be sent to the following: Officers of the American Dental Association, secretaries of all prominent dental societies of the United States and Canada, and to leading publishers of the country.

S. ROBERT HORTON,
 CLYDE E. MINGES,
 J. S. BETTS,
 H. L. KEEL,
 J. S. SPURGEON.

Dr. Horton:

The committee presents, without recommendation, the resolution with regard to the advertising of dental materials.

On motion, the said resolution was laid upon the table until the next regular meeting of the House of Delegates.

Dr. Horton:

Here is a letter from Dr. L. E. Van Kirk, chairman of the Post-Graduate Committee, concerning this material "Aldenol." I do not see that it is necessary to read it. There is also a letter from the Detroit District Dental Society about the same thing.

ODONTOLOGICAL SOCIETY OF WESTERN PENNSYLVANIA

PITTSBURGH, PA., February 13, 1937.

DEAR SIR :

In the January 9, 1937, issue of "Time," the E. K. Medical Gas Laboratories, Inc., inserted an advertisement of its denture base, "Aldenol."

We believe such a method of advertising strictly dental materials to the public is unwarranted, unnecessary, and an extremely dangerous innovation, as well as a breach of professional trade relations.

The Board of Directors of the Odontological Society of Western Pennsylvania unanimously adopted the enclosed resolutions presented by the Post-Graduate Committee of that body.

We present them to you, herewith, with the hope that you may support us in this matter immediately in whatever manner you think advisable.

Yours very truly,

L. E. VAN KIRK, *Chairman,*
Post-Graduate Committee.

The following resolutions were unanimously adopted by the Board of Directors of the Odontological Society of Western Pennsylvania at a regular meeting held Wednesday, January 20, 1937:

In view of the unprecedented breach of trade professional relations by the E. K. Medical Gas Laboratories, Inc., in advertising the denture base, "Aldenol," directly through the public in the January 9, 1937, issue of "Time," the Odontological Society of Western Pennsylvania, with its 1,015 members, approves the following action:

1. A letter be sent to the E. K. Medical Gas Laboratories, Inc., protesting the direct advertising to the public of dental products used exclusively by the profession.

2. We request the immediate cancellation of the Clinic in Aldenol scheduled for January 27, 1937, in the Roosevelt Hotel, Pittsburgh, Pa.

3. We request that the dental profession be assured that there will be no further direct advertising to the public.

4. This action be given the widest possible publicity among the dental profession.

(Signed) L. E. VAN KIRK, *Chairman,*
W. W. BOOTH,
A. S. LAWSON,
Post-Graduate Committee.

It was moved and seconded that the above motion be adopted.

The matter was brought to the attention of the Post-Graduate Committee by Dr. W. H. Wright just as the demonstration of "Aldenol" had been scheduled for Pittsburgh (without approval of the Post-Graduate Committee). The Post-Graduate Committee asks your coöperation in its attempts to protect the fine relations that exist between the society and the local dental commercial groups.

Plans for practically all commercially sponsored clinics or demonstrations are now submitted to the committee for approval. The result has been a better understanding of the problems common to both dentistry and the commercial groups that serve the profession.

L. E. VAN KIRK, *Chairman,*
Post-Graduate Committee.

The second resolution, asking for a new edition of "Accepted Dental Remedies," is endorsed by your committee, and I move its adoption.

Dr. Horton's motion was seconded, and was adopted without a dissenting vote.

DETROIT DISTRICT DENTAL SOCIETY

DETROIT, MICH., February 18, 1937.

DR. F. O. ALFORD, *Secretary,*
N. C. State Dental Society,
Charlotte, North Carolina.

DEAR DR. ALFORD: It has been called to the attention of the Detroit District Dental Society that the issue of "Time" magazine dated January 11, 1937, advertises a denture base material called "Aldenol."

The governing body of the above society deplores the advertising of dental materials direct to the public, and considers the incident of sufficient importance that it must not pass unchallenged.

We respectfully submit the enclosed resolution with the suggestion that you either endorse this and send to such of your components as you may see fit, or you might prefer to frame a further resolution along this same line. May we also request that you, and the components to which resolutions are sent, write to the leading publishers of the country (as per tentative list below), and also to the editor of "Time," Mr. Henry R. Luce, 135 E. 42d Street, New York City, protesting against this advertising of materials direct to the public.

Sincerely,

DETROIT DISTRICT DENTAL SOCIETY,
A. A. BARTLETT, *Secretary.*

Curtis Publishing Co., Independence Square.....	Philadelphia, Pa.
McCall Publishing Co., McCall St.....	Dayton, O.
Crowell Publishing Co., 202 W. High St.....	Springfield, O.
Atlantic Monthly Co., 8 Arlington Ave.....	Boston, Mass.
Fawcett Publications, Inc., 11th and Broadway.....	Louisville, Ky.
Hearst Magazines, Inc., 57th St. and 8th Ave.....	New York City
Country Life—Amer. Home Corp., 251-4th Ave.....	New York City
Butterick Publishing Co., 161-6th Ave.....	New York City
Pictorial Review Co., Inc., 222 W. 39th St.....	New York City
Conde Nast Publications, Inc., 43d St. and Lexington Ave.....	New York City
Funk & Wagnalls, 354-4th Ave.....	New York City
Street & Smith Publications, Inc., 79-7th Ave.....	New York City

Whereas "Accepted Dental Remedies," a publication of the American Dental Association, is the only official basic text on the subject of drugs, agents, and remedies recognized and used by the dental and medical professions, educational institutions, and other scientific organizations; and

Whereas there is a great existing need on the part of the professions, institutions, and other organizations for the publication of a new edition of "Accepted Dental Remedies"; and

Whereas all former editions are out of date and not suitable for use, (1) because of new data on remedies, agents, etc., which have been brought up-to-date since the publication of the second edition, and (2) that the description of many drugs in the last (1935) edition was based on the United States Pharmacopeia (tenth edition) and the National Formulary, which became obsolete in July, 1936, with the publication of the 11th edition; and

Whereas the description, names, and characteristics of many remedies described in the 1935 "Accepted Dental Remedies" now require change in accordance with the new legal standards; and

Whereas the first edition has found ready sale and has more than paid for itself, and returned a profit to the American Dental Association; and

Whereas the manuscript for a new, up-to-date edition is now ready for the press: Now, therefore,

Be It Resolved: That the Executive Council of the California State Dental Association, in regular session assembled on February 6, 1937, respectfully petition the Board of Trustees of the American Dental Association to take such steps as may be necessary for the early publication of a new edition of "Accepted Dental Remedies";

Be It Further Resolved: That a copy of this resolution be forwarded to the Board of Trustees of the American Dental Association.

Adopted

EXECUTIVE COUNCIL OF THE
CALIFORNIA STATE DENTAL ASSOCIATION.

Attest: F. T. WEST, *Secretary*.

Dr. J. N. Johnson, Greensboro:

I have a report to present as the dental member of the State Board of Health.

Dr. Johnson then read the following report, which, on motion and without discussion, was adopted:

REPORT OF DENTAL MEMBER, STATE BOARD OF HEALTH

In presenting this report, covering my period of seven years of service, as the dental member of the State Board of Health, in which radical changes were made in the policies of the Division of Oral Hygiene, it is with a sincere appreciation of the support my fellow members of the board have at all times accorded my efforts in the reorganization of the Dental Division.

With the reorganization of the State Board of Health in 1931, the Department of Oral Hygiene was elevated to the dignity of a division, on a parity with the respective divisions of the board, with a licensed dentist as its director.

It was in the dark days of the depression that the Reorganization Committee of the Legislature of 1933, overnight, abolished the State dentist. It was the organized dentists of the State supporting their Legislative Committee in their appeal to the chairman of the Appropriations Committee, Mr. Harriss Newman, of New Hanover County, that enabled the Division of Oral Hygiene to carry on.

Our State Health Officer, Dr. Carl V. Reynolds, has been a power of strength behind the oral hygiene movement. At a recent meeting of the State and Territorial Health Officers with the Surgeon General I want to call your attention to the splendid manner in which Dr. Reynolds, our State Health Officer, and Dr. Riggins, State Health Officer of Virginia, aided by Dr. McCormack, State Health Officer of Kentucky, passed the following resolution:

"Whereas Mouth Health is a vital factor in the incidence of disease, and is so recognized by the dental and medical professions, and inasmuch as the functions of public health are the prevention and reduction of disease and the promotion of health: Therefore,

"Be It Resolved: That a bureau or division of Oral Hygiene or Dental Health should be established in each and every State Board of Health, and, furthermore, such division or bureau be under the direction of a licensed dentist qualified by special training and experience for this position.

"Be It Further Resolved: That the Public Health Service be requested to allot funds for the adequate training of dentists for public health work."

Inasmuch as Drs. Reynolds, Riggins, and McCormack, State Health Officers of North Carolina, Virginia, and Kentucky, have gone to the bat with the United States Public Health Service for the recognition of dentists in the Public Health Service, I would appreciate very much the North Carolina Dental Society's thanks to these gentlemen for what they have done for the members of the dental profession.

North Carolina has the set-up sponsored by our State Health Officer, Dr. Carl V. Reynolds, at the Conference of State and Territorial Health Officers, but we are interested in the position the dental profession is going to take in its relation to public health dentistry in the United States, and in that connection I would like to call your attention to the following facts. There are only fifty-four dentists engaged in public health in the United States at the present time. Twenty-three of these, nearly one-half of the total number, are in North Carolina. There are thirty-eight hygienists. You will note that there has been a tremendous gain in hygienists. The gain in dentists is represented almost altogether in State Directors. Quite a number of educators have gone into this work. There is a possibility, and it seems very probable, that within the next year the hygienists and school teachers will far exceed the dentists so engaged.

There is a grave danger, as we see it, that the teaching of Mouth Health in the public schools will be entirely out of the hands of and from under the control of the dental profession before the dental profession realizes what it is all about. It would be a great pity, it seems to me, for the dental profession to spend its time squabbling and quibbling over minor points while other groups, taking advantage of this and laughing at us, make hay while their sun is shining and take over an activity that should rightfully be directed by the dental profession.

Is it possible that after eighteen years of endeavor by the pioneers some of our number would lend encouragement and aid to those on the outside who would delegate the teaching of Oral Hygiene to those who are untrained, inexperienced, and without medical background, simply because they can be secured for one-half or two-thirds the salary of a dentist? If encouragement for this kind of a program keeps up, it is evident that its direction will be in the hands of those not licensed to practice dentistry.

The Director of the Division of Oral Hygiene, Dr. E. A. Branch, has made a nation-wide reputation for his division and for himself. He has just returned from the great State of Texas, where he has been lecturing on Mouth Health over a period of four weeks. The State Health Officer of Texas

requested his loan from the State Health Officer of North Carolina to help organize the newly created dental division of the Texas State Health Department.

During the year 1936-37 the Month Health educational activity has reached approximately seven hundred thousand of the million children enrolled in the schools of the State. The educational activity consists of didactic teaching in the class rooms by the dental members of the staff, lectures to groups, and the presentation of the puppet show.

The first School of Public Health Dentistry for the training of dentists engaged in public health work was established at the University of North Carolina during the year 1936-37. The plan for this school was mentioned at the last meeting. However, we are now prepared to say that the success of this school surpassed the fondest expectations and has attracted the attention of public health workers not only in the United States but also in several foreign countries.

Directors of Divisions of Oral Hygiene of several states have visited North Carolina to study the plan of Mouth Health teaching.

The Division of Oral Hygiene is now one of the most important arms of North Carolina's Public Health Service. It is an educational program, conducted by twenty-three dentists qualified by special training for their positions. Its policy takes care of the indigent school children of the State and sends those able to pay directly to their dentist. It is closely integrated with the North Carolina Dental Society. The dental member of the State Board of Health and the Director of the Division of Oral Hygiene report, annually, its activity to this organization.

It has been the purpose of the dental member of the State Board of Health to create a Dental Health Unit of such potential strength and usefulness to the dental profession and to the taxpayers of the State that when, and if, socialized dentistry comes the dental profession will have met the issue with a service record that will stand up in the Legislature.

We want to especially thank Dr. J. A. Sinclair, regional member, and Dr. F. L. Hunt, State member of the Socio-Economics Committee of the American Dental Association for the splendid manner in which they have publicized and popularized the North Carolina plan of Mouth Health teaching.

Dr. E. M. Medlin then read the report of the Committee on General Arrangements, as follows, and this report was adopted :

ARRANGEMENTS COMMITTEE REPORT

Mr. President, fellow members of the North Carolina Dental Society, your general chairman of arrangements submits the following report :

After the meeting last year I had the hotel send me a letter confirming meeting dates, rates, orchestra, etc. Banquet price was set at \$2.00 for those not registered at the hotel. No charge for exhibition space and full cooperation to be given your committee in arranging for a satisfactory program of entertainment for visiting members. The raise of \$1.00 in rates back to their regular convention rates was not unexpected, but I didn't know definitely about it at the time invitation was extended society to come back to Pinehurst this year. However, the management discussed it with Dr. Jackson and he brought it before the House of Delegates on Wednesday morning.

At the invitation of the President, I attended a joint meeting of Program and Executive committees in Fayetteville last September 12. This meeting was to formulate plans for 1937 convention.

A meeting of Arrangements, Entertainment, and Golf committees was held at Jack's Grill, Southern Pines, N. C., Sunday, February 28. The Arrangements Committee was represented 100 per cent. The following present: Drs. Jackson, Olive, Pegram, Barber, and Wharton. The Entertainment Committee was represented by Drs. Daniels, McRae, and Hooper. Drs. Pridgen and Alford were also in attendance. This was a very profitable meeting. Tentative plans for local arrangements were discussed. These consisted of entertainment features for the banquet, expense, etc. Method of distributing banquet tickets. Loudspeaker equipment was approved for banquet and dance. Skeet shoot was planned.

Following this meeting, your committee settled down to serious business. I failed to get James Boyd or Struthers Burt for toastmaster. They both were in the middle of writing a novel. Robert E. Denny, of Pinhurst, was secured, and I believe you will like him. Rev. A. J. McKelway was invited to give the invocation, and Dick Tufts address of welcome. Charlie Picquet, President of the Carolinas Theatre Association for the last 14 years, was secured to lead in some general singing at the banquet, and also to lead a quartet from the Sandhill Sixteen.

Pamphlets carrying list of songs for the banquet, suggested by Charlie, were printed and will be placed around the banquet tables. Dr. Jackson secured a return engagement of Miss Florence Bissell, of Clinton. Miss Ruth Thompson, of Southern Pines, was engaged to tap dance. Definite date was made with Mr. Simonds for a loudspeaking equipment set-up.

Received permission from Judge Way to allow the ladies through Carolina Orchid Gardens free instead of the regular \$1.00 admission. Local theatre was contacted and they are allowing all ladies a free pass to The Carolina Theatre tonight. Ladies will also be allowed to go through The Anglow Tweed Factory Monday afternoon. Mrs. Medlin and I spent some time Friday afternoon with Mrs. Ramsey, bridge hostess here at the hotel, arranging for the bridge luncheon for the ladies tomorrow morning. A progressive bridge party was arranged and three prizes secured for the winners.

All day Easter Sunday and Monday was spent writing letters and telephoning to get ads for the Bulletin. The result was that something over five pages were secured, amounting to approximately \$160.00.

Assisted Dr. Hunt in arranging for the skeet shoot, obtaining free use of the Gun Club and grounds for the meet.

Quite a number of incidentals taken up with the management of the hotel were as follows:

Extension cords for projectors, five or six adding machines, main assembly room darkened, arrangements for dining rooms for past-presidents' and officers' breakfast tomorrow morning. Thirty tables for clinics, some 6-foot tables for exhibitors, blackboard and screen for pictures. Reservations, and seeing that the exhibitors were properly located.

You can see that there is quite a bit of work in arranging for a meeting, but it has been a pleasure and we only hope that our efforts have helped in a small way toward making this a successful meeting.

Respectfully submitted,

E. M. MEDLIN,
Chairman of Arrangements.

The following report of the Committee on Ethics was read by Dr. J. Martin Fleming, chairman, and was adopted:

REPORT OF ETHICS COMMITTEE

Your committee wishes to report that we have heard cases against three men at this meeting of the society. All cases of very similar nature—namely, “free newspaper publicity”—while your committee does not condone any such form of advertising, we feel that the ends of justice probably can be best met by sounding a warning that such publicity will not be so leniently dealt with in the future. Our aim has not been to drive men from the society by expulsion or suspension, or even by reprimand, but to temper justice with mercy, with the firm hope that this course this year will help to call attention to all that a strict adherence to the Code of Ethics is to the benefit of all. No one would wish to live in a community that did not have some standard of morals and any standard of ethics rigidly obeyed by our members helps the cause of dentistry in the remotest section of the State—so the idea is not to curtail one’s professional life, but to provide a more abundant life for all.

Looking to that end, we wish to call especial attention to some of the more frequent violations—enlarged type in the telephone directory, dentist to a hotel—with a card on the registration desk—that seems most tempting of all, but suppose everyone in a town the size of Raleigh, or even smaller, should put a card on the registry desk of a hotel. Can you imagine it! It would mean nothing to any one of us, but suppose just one man did it—would he not be taking advantage of his fellows? And is it fair to take advantage of a professional brother? Let each man answer it for himself, and, having answered it, let him then read the Code of Ethics, both State and American, as printed in the program issue of the Journal, so ably edited by Dr. Hale.

And so our report is not made with any idea of humiliating those men who have come before us and made satisfactory explanation of the cases, but is made rather with fair warning that these so-called trivial cases shall not be tolerated in the future.

Respectfully submitted,

J. MARTIN FLEMING,
WALTER E. CLARK,
H. L. KEITH,
J. A. McCLUNG,
HENRY V. MURRAY.

Dr. Paul Jones:

I have a letter written to Dr. Alford by Dr. F. L. Hunt, and also a note from Dr. Hunt’s secretary, inclosing the report of the Committee on Socio-Economics, which I should like to present now.

Dr. Jones then read the said report, as follows, which was received as information:

ASHEVILLE, N. C., May 1, 1937.

DR. FRANK O. ALFORD, *Secretary-Treasurer*,
N. C. Dental Society,
Charlotte, N. C.

MY DEAR FRANK: In compliance with your request, I hand you herewith the report of the General Chairman of the Socio-Economics Committee.

Very truly,

F. L. HUNT,
By M. MOORE.

DEAR DR. ALFORD: Dr. Hunt is still confined to his home from the operation he had the first of April, but is getting along nicely.

Yours very truly,

M. MOORE, *Sec.*

REPORT OF THE GENERAL CHAIRMAN OF THE N. C. SOCIO-ECONOMICS COMMITTEE

After request of Dr. Lon W. Morrey of the A. D. A. Economics Committee, your committee, through its chairman and subcommittees, requested the membership of the N. C. Dental Society to report to Dr. Morrey the incomes of the respective dentists of the year 1935.

This survey was made for statistical purposes only. It was not even necessary for the dentist to sign his name to the report.

Our subchairman reported that, in several cases, the request was not well received.

For a further study of the dental economics situation in North Carolina, your chairman, as N. C. Deputy, Committee on Economics, American Dental Association, addressed the following letter to dental supply houses operating in North Carolina:

GENTLEMEN: In our study of economics we are seeking certain information which we hope you can and will give us, as follows: Percentage of increase or decrease in your business for the years 1933, 1934, 1935, and 1936. Percentage of collections over the same period. Percentage of sales of new equipment over same period. And your opinion of prospects for 1937. If you wish, and you so indicate, your report will be used as general information and your name will not be used.

Thanking you in advance, I am

Very truly,

F. L. HUNT, *N. C. Deputy,*
Committee on Economics,
American Dental Association.

Our replies can be summarized as follows:

Using 1933 as a basis, the following percentages are given.

Sales, 1934, 120.7 per cent increase over 1933. Collections, 118.5 per cent increase over 1933. Equipment, 2,000 per cent increase over 1933.

Sales, 1935, 130.1 per cent increase over 1933. Collections, 227 per cent increase over 1933. Equipment, 3,400 per cent increase over 1933.

Sales, 1936, 300 per cent increase over 1933. Collections, 242 per cent increase over 1933. Equipment, 4,000 per cent increase over 1933.

Our subchairman has reported as of this date no further Socio-Economics activity in the State in the current year.

Respectfully submitted,

F. L. HUNT, *General Chairman,*
N. C. Socio-Economics Committee.

May 1, 1937.

Dr. Horton:

After listening to Dr. Johnson's wonderful report of the public health work in the State, and the work that has been done by Dr. Reynolds and others, some of us think that it would be a nice time for us, particularly right now, when Dr. Reynolds and Dr. Rosenau and others are in Winston-Salem at their meeting, to send them telegrams of appreciation and thanks. I move that we direct the Secretary to send such telegrams to Dr. Reynolds, Dr. Riggins, Dr. McCormack, and Dr. Rosenau.

This motion was seconded and was adopted without a dissenting vote.

Dr. J. Martin Fleming:

This is not in the form of a committee report, but I have a friend in my county, Dr. J. H. Ihrie, of Wendell, who has been in bad health and has gotten one year behind in his dues. I ask that he be allowed to retire to the inactive list as of January 1, 1936. I make that as a motion.

This motion received several seconds and was adopted.

Dr. Jennette:

I have a similar case in my district, Dr. J. A. Oldham, of Wilmington. He has been quite sick with inflammatory rheumatism and has not worked for three or four years. He is up now for suspension. Our district took care of him for one year. I understand that he will never be able to work again, although he is a young man. I move that he be put on the inactive list.

Dr. Branch:

I should like to say that Dr. Oldham was with me. He has arthritis of the spine and cannot stand or sit. I am sure he will never be able to work again. I second the motion.

Dr. Jennette:

The District Society kept up Dr. Oldham's dues to January 1, 1936. After a short discussion, the motion to place Dr. Oldham on the retired list was put to vote and carried.

Dr. J. H. Guion, Charlotte:

We have a man in our district, in Winston-Salem, who has paid up to the first of 1936 and who is now in a tuberculosis sanatorium, Dr. W. L. Jones, of North Wilkesboro (W. F. Jones, Wilkesboro). I move that he be placed on the inactive list as of January 1, 1936.

This motion was seconded and carried, without discussion.

Secretary Alford:

I have received a letter from Dr. A. S. Cromartie, in Fayetteville, concerning his brother in Raeford, Dr. H. R. Cromartie, who has been unable to practice during the last year. He had paid dues for seventeen years consecutively until last year. Dr. Cromartie asked if his brother could not be placed on the inactive list.

Dr. J. Martin Fleming:

I move that the said Dr. H. R. Cromartie, of Raeford, be put on the inactive list.

This motion was seconded and carried.

Dr. J. P. Jones read the following report of the Publicity Committee, which, on motion, was received:

REPORT OF PUBLICITY COMMITTEE

Your Publicity Committee wishes to submit the following:

The committee coöperated with the Extension Division covering some three articles, to date, dealing with post-graduate work sponsored by the society—covering to all papers in the State. Mailed 75 letters to men over the State relative to Pinehurst meeting.

This meeting has been covered by six articles and two layout mats, making a total of eight that have gone to the press prior to the meeting. During the meeting we have had two articles daily to all State papers and press association papers, making total of 630 articles.

We were again fortunate in securing the services of Mr. R. W. Maddry and the University News Bureau of Chapel Hill, N. C., and to him should go the credit for our publicity.

The committee wishes to extend hearty appreciation to Mr. R. W. Maddry, the University News Bureau, the Associated Press, and United Press, and all the papers of the State for the splendid coöperation we have received.

J. P. JONES, *Chairman.*

Dr. Ernest A. Branch, chairman, read the report of the Oral Hygiene Committee, which was received with applause. On motion, the report was adopted.

REPORT OF THE ORAL HYGIENE COMMITTEE

The Oral Hygiene Committee of the North Carolina Dental Society reports that the Mouth Health teaching program of the Division of Oral Hygiene of the North Carolina State Board of Health has, during the past year, reached more children and adults than ever before. Fifty counties have participated in the Mouth Health programs conducted in the schools by our staff of twenty-two trained dentists. As you know, the primary purpose of the activity is educational. Based on reports to date, by the close of the school year, the dentists will have taught 150,000 children in their class rooms. This is an average of about 750 children per school day who are learning that, to have healthy mouths, they must eat the proper foods, exercise their jaws, brush their teeth regularly, and visit their family dentists frequently.

In counties not making appropriations for the services of the school dentists these rules of Mouth Health were presented by our puppet show to at least 175,000 children. In this way practically every county in the State has been visited either by a school dentist or by the puppet show.

A new feature of the educational program has been inaugurated during this past year. This is a dental news service for grammar and high school papers. Mimeographed sheets, containing a story illustrating some phase of caring for the teeth, are sent to the schools publishing mimeographed papers in whatever quantities are desired. These sheets go out twice monthly. We quote from a newspaper article about this new venture: "One of the prime purposes is to dispel the childish idea that dentists are bogeymen. If this service can make the dentist acceptable to a child, it will do a fine piece of work. We want boys and girls to know that he is their friend."

Adults are reached in the Mouth Health educational program through lectures to P.-T. A. and civic club groups by the director of the division and also by the school dentists, through radio talks, and through "Tooth News," the publication of the division.

It should be gratifying to us all to know that we are contributing to the spread of the gospel of Mouth Health outside of our own State. Five State Directors have made visits of from two days to two weeks duration to study our work, and we will soon entertain two more.

We want to express our appreciation to the members of the North Carolina Dental Society again this year for their generous participation in the Summer Round-Ups. We believe that you have rendered an invaluable service to at least 25,000 children and their mothers.

We also wish to express our sincere appreciation for the wholehearted support and cooperation of organized dentistry in our work of teaching Mouth Health to the children of our State.

Respectfully submitted,

ERNEST A. BRANCH, *Chairman.*

Members of Oral Hygiene Committee:

ERNEST A. BRANCH, *Chairman,*

A. PITT BEAM,

PHIN E. HORTON,

J. C. SENTER,

L. J. MOORE,

PAUL FITZGERALD.

At the request of the President, Secretary Alford read the following communication from Dr. L. B. McBrayer, Secretary-Treasurer of the Medical Society of the State of North Carolina:

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA

OFFICE OF THE SECRETARY-TREASURER

SOUTHERN PINES, N. C., April 28, 1937.

D. L. PRIDGEN, D.D.S., *President,*
North Carolina Dental Society,
Fayetteville, North Carolina.

MY DEAR DR. PRIDGEN: I have a thing that I would like to mention to you; and, if you think it worth while at all, or of any benefit to your society, we shall be glad to have you join with us.

The Medical Society has appointed a committee to secure a four-year medical school for North Carolina. It is expected, of course, that this will be connected with the University, and it will be but very little more expense for you to have a school of dentistry to go along with us, too. A bill was passed through the last Legislature authorizing the Governor to appoint a committee to study the matter and report to the next session of the Legislature.

I am sure, if it meets with your approval, and the approval of your organization, we shall be glad to have them join with us in this matter.

Sincerely yours,

(Signed) L. B. McBRAYER,
Secretary-Treasurer.

Dr. J. A. McClung:

I move that the letter be tabled until the next regular meeting of the House of Delegates, so that we may think about it and discuss it among ourselves.

This motion, being duly seconded, was carried; and the said letter was laid upon the table until the next regular meeting of the House.

President Pridgen:

I wish to express my personal appreciation for the very prompt and efficient manner in which all the committees have reported here this afternoon.

The House of Delegates will meet in the adjoining room (the bridge room) tomorrow evening immediately after the election of officers.

Dr. Paul Fitzgerald:

Dr. C. R. Riddick, of Ayden, and Dr. M. T. McMillan, of Goldsboro, who have been very faithful in attendance upon our State meetings, are both ill at the present time and unable to be here. I move that the Secretary send them each a telegram expressing our regret.

At the request of the President, the Secretary read telegrams received from Dr. M. T. McMillan and Dr. Claude N. Hughes:

ATLANTA, GA.

DR. D. L. PRIDGEN, *President*,
North Carolina Dental Society.

Best wishes for successful meeting. Convey kindest personal regards to each member.

CLAUDE HUGHES.

GOLDSBORO, N. C., May 3, 1937.

DR. D. L. PRIDGEN, *President*,
North Carolina Dental Society.

Illness prevents my being with you. Wishing you successful meeting.

M. T. McMILLAN.

Dr. J. F. Reece:

As an amendment to Dr. Fitzgerald's motion, I should like to include the name of Dr. F. L. Hunt, of Asheville.

Dr. Fleming:

Also Dr. Hughes.

The motion, as amended to include the names of Dr. F. L. Hunt and Dr. Hughes, was adopted.

Dr. Jennette:

I should like to ask the House of Delegates to consider incorporating in the dues for each year one dollar to take care of the Relief Fund. I wish the members would consider it, with the possibility of having it brought up at some future meeting of the House of Delegates.

The President:

If there is no further business at this time, it is now in order to have a motion for adjournment.

On motion, the House of Delegates adjourned at 6:45 o'clock p.m.

MONDAY EVENING, MAY 3, 1937

The society met in the ballroom and was called to order at 8:15 p.m.

President Pridgen:

The society will please come to order. I ask Dr. W. F. Bell to present the speaker.

Dr. W. F. Bell:

Mr. Chairman and gentlemen of the North Carolina Dental Society, it is a pleasure and a privilege to be allowed to present the speaker tonight. It is a little out of the way, because I believe our speaker has already talked to you on two occasions this afternoon. He needs no introduction, because he is known to all who are engaged in dentistry. He has been with us on previous occasions and is an honorary member of this society. Many of you know him personally, and, those of you who do, know his unusual personality. He is rather unique in the versatility of his accomplishments in dentistry. I do not know of any other dentist who has these same accomplishments. He could lecture to you, as tonight, on baked porcelain or exodontia or periodontia or crown and bridge work. His crown and bridge work is known for its excellence. It is also known for its esthetic and artistic appearance.

I do not believe that I should take more of your time to recite our speaker's accomplishments, because I should only delay for you the pleasure of hearing the clinicians. It is a great privilege to introduce to you Dr. Carl W. Hoffer, of Nashville, Tennessee.

Dr. Carl W. Hoffer, Nashville, Tennessee:

Mr. President and gentlemen, it gives me great pleasure to appear before you for the third time today. I did not expect many of you to be here tonight, because the members looked so worn this afternoon before I got through that I thought they could not stand me again tonight.

Speaking of Dr. Bell's introducing me, I wrote your chairman and asked him to have Dr. Bell introduce me, because he is a friend of mine and I thought he could tell more lies about me than almost any other member of the North Carolina Society.

I am going to present a paper to you tonight.

THE CONSERVATIVE GUM RESECTION IN THE TREATMENT OF ADVANCED PERIODONTAL POCKETS

CARL W. HOFFER, D.D.S., F.A.C.D., Nashville, Tenn.

Observation and study have proven to us that many conditions and environments change the normal mouth to a mouth so reeking with disease that it puzzles the best to know what procedure to pursue. Each individual case presents problems peculiar to itself; therefore, no course should be outlined until a very careful study and diagnosis is made.

1. The general health of the patient must be considered, since ill health is a contributing factor to such mouth disturbances. A physical examination is always in order to help determine what resistance the patient may offer to invasion of the disease. An A-1 diagnostician makes this examination, and he gives you a written report of his findings.

2. The habits of the patient must be recognized as a contributing factor to mouth conditions. This includes the individual care of his or her mouth.

3. Foods must always be considered as to type and way prepared. Teeth and investing tissues must be stimulated to maintain health. What we lack in coarse and fibrous foods we must make up in mechanical stimulation of these tissues.

4. The physiological occlusion of each individual case is a law within itself, and must be so studied.

5. Mechanical irritants must be recognized in that they may produce injury to the soft tissues.

6. Bacterial invasion and poisons of these Vincent's infection play a very important part.

7. It has been my experience where bifurcation is well involved in the upper second and third molars, we are running a great risk to our patients' health if we undertake to treat and leave these teeth in the mouth. And the same stands for the lower second and third molars. It makes no difference how well we do our operation on these teeth, they will reinfect and very soon the patient will be having absorption again. This I have found true in too many of my own patients and patients of many other dentists that have come under my observation.

In addition to the clinical findings, we must have a readable set of X-rays and study models properly orientated. These facts will give us a diagnosis. An outline of the course of treatment that will produce results may be determined.

Before we consider the successful treatment of advanced periodontal lesions, let us note the investing tissues of teeth in a normal state of health. In the normal mouth the labial and lingual gingival tissues have an even contour as traced vertically from the buccal fold without any swelling as this point is approached. The marginal gingiva terminates in a sharp wedge shape edge. The health of the bone and pericementum is indicated not only by the color of the soft tissues, but the firmness of the teeth in their sockets.

When pus pockets have developed in the investing tissues surrounding the teeth, they present a very different picture. Instead of an even contour of the labial and lingual, we will find a swollen appearance of the cemental gingiva and the thin wedge-like gingival margin takes on a rounded, thickened form with a congested purple appearance of the soft tissues involved, instead of a light pink so characteristic of normal gum tissue.

You will find, upon compression of the tissue overlying the pus pocket, there is usually an exudate, and in this exudate you nearly always find there has been a bacterial invasion. If the condition is of very long standing, you will, upon examination with a probe, find there will be no resistance, indicating that the cemental attachment has been broken, and there has been absorption of the bone tissue resulting in a pocket formation.

The extent of bone absorption can very well be determined by a careful study of a good mouth of radiograms noting by the different densities where pockets are present. The bone tissue will appear darker at the crest and gradually lighter root-wise, and in many cases you can definitely outline the pocket.

In the treatment of the periodontal pocket, we think it is a misnomer to use the word "cure," but instead let us say "arrest," for if we have a periodontal condition of long standing we will have considerable loss of bone tissue; and, naturally, when health is again established, you will have the soft tissue shrink to a normal thickness over the bone. It is not reasonable to expect the restoration of the bone and soft tissue back to the original position. However, we may feel that we have the condition arrested and successfully treated when the gingiva becomes firm and healthy, and assumes its normal pink color, the teeth becoming tighter in the sockets. The gingival crevice has filled in, and shrinkage has taken place to where we have a normal depth of the free gingival crevice and we find a cemental attachment with no exudate of pus around same. Upon a new radiographic check you will find a smooth dense bone margin around the tooth.

After we have consulted with the physician and obtained his coöperation and advice in the case, have studied radiograms and models carefully, we are now ready to take care of any abnormal irregularities, such as in many cases necessitate orthodontia procedure. Teeth with cusp interference and those causing too much stress, thereby interfering with physiological function, the correction of these, with the exception of orthodontia, should be made before we start our prophylactic treatment, as it enables us to note the changes that take place after we have relieved the traumatic stress, thus giving us a better insight as to what the final results will be.

In many cases where we have lost the vertical dimension, it is necessary for us to build up and restore this in order to establish normal function permitting the jaws to move in occlusion without traumatic stress. This has arrested more periodontal conditions in my practice and maintained permanent health in more patients' mouths than any other course I have endeavored to follow. Why? Because we correct the deformity rather than further it by continual grinding. It will give me great pleasure to show you numbers of these cases of years' standing.

It is the procedure in my practice to give the patient a very thorough prophylaxis and stimulating brush technique and interproximal cleansing after occlusal correction before any surgical treatment is begun. I find it preferable to wait a few days after prophylaxis to allow your preoperative procedure to reestablish as nearly as possible a healthy condition with the aid of the patient's assistance. At this time you may find that numerous pockets in which you would have used surgical treatment can be easily taken care of by the conservative method.

Let me at this time ask you not to become so enthusiastic in surgical treatment of periodontia if a conservative treatment would obtain the same result.

For deep pockets, I use conservative surgical treatment. A series of cycle and spiral spoon curettes constructed in right and left angles to afford easy access to each tooth surface, a set of files, a periosteal retractor, a few selected knives, a tissue fork, curved needles, scissors, needle holder and sutures, a good novocaine anesthesia outfit, with the exception of a few pet instruments we all have, compose the list required to execute the operation. We must have instruments and dressings sterile and hands well scrubbed and disinfected.

Anesthesia is obtained by infiltration in the upper jaw, and block in the lower. The incision is made mesio-distal between the teeth and the resection of the soft tissue from the bone approximately a millimeter beyond the diseased area, freeing the bony crest labial or buccal and lingually of the gingival tissue; and to prevent stretching or tearing of these tissues, resect one interproximal mesial and distal to interproximal involved rather than make a vertical cut, or so-called flap, as we often have a sluff in the healing of this cut, and an undue amount of recession, better known as one of Stillman and McCall's clefts.

In making this resection you will find that the healthy gingiva will separate from the granulosomatous tissue and it will remain in the pocket.

With a small gum retractor you can hold the resected gingiva away without injury, and you have visual as well as workable access to the pus pocket that is very inaccessible by the conservative method.

Then with a thin cycle curette, begin the removal of the granulosomatous tissue, and even up the rough edges of bone, and change the V-shaped pocket in the bone to a concave curve with rounded smooth margins, being sure you have removed the necrotic tissue the entire depth of the pocket crevice.

With a selection of instruments to suit the individual operator, begin the removal of calculus and curette necrotic pericementum from the cemental

surfaces of the teeth that have become involved, using extreme care to remove every vestige of disease, as you will not get a filling in by bone regeneration and recementation, or attachment up to the depth of the free gingiva if there has been a vestige of the disease left attached to the cementum.

To prevent this from happening, either sponge the root surface of the tooth dry or use a Duborel spray, that you may see if there is any necrotic tissue remaining. I prefer the spray, as the oxygen compound gas passed through the Duborel liquid with fifty pounds pressure, sprays out all loose debris, gives a clear view of the operation, and infiltrates the bony and soft tissues with the compound gas, which is very stimulating, and should there be any Vincent germs present it will be very helpful in destroying them.

Remove any disease found remaining by this examination, and then with a fine curved pair of scissors, very sharp, remove any disease fragments from the periosteal side of the gingival tissue that has been laid out of the way all this time. Then with a sharp bistoury prick the bony tissue around the area that was operated to get a fresh blood clot. With this completed, massage the gingival tissue back to the original position, and, where necessary, suture in the interproximal. Follow this with hot, moist cotton packs, and allow them to remain about five minutes. This helps to control hemorrhage, if any, and also aids in the blood clot seal, and to a degree controls post-operative pain, which you seldom have if the tissues have not had undue trauma. While field operated is still dry, seal with melted wax 40 per cent S. S. White sticky and 60 per cent plain beeswax and apply with camel hair brush.

Have the patient return the second day, remove wax sealer with a good spray, cleanse the field thoroughly, prescribe a good mouth wash after each meal and at bedtime. On the fifth day remove sutures and start gentle massage with toothbrush.

I prefer to take one-fourth of the mouth at a sitting, and do only one operation for the patient within a week. Operating on one side of the mouth above and below gives the patient a place to masticate with little inconvenience throughout the entire procedure.

Continue patients under observation until the gingival tissues have taken on a normal appearance. In the meantime, instruct them in the mechanical stimulation of the soft tissues and a thorough cleansing of all exposed tooth surfaces. Check frequently for any occlusal trauma, as in advanced cases we will have a shifting of occlusal stress until the teeth have again become firm in their sockets. This means we should see these cases every two weeks for three months at least, and at this time they should have a thorough prophylaxis and be put on the regular mailing list, which means that they will be notified to call for an appointment for prophylaxis and examination every ninety days. At this sitting a thorough survey is made of conditions present, and all corrections made that are necessary. If patients are not carrying out instructions, impress them with the fact, and show them where they are not stimulating and cleansing. This procedure is so necessary if we expect to maintain satisfactory results.

Before closing, I would like to say a word about oxygen compound gas in connection with the treatment of periodontal conditions. This may be used where bacterial invasion has taken place, either in its acute or chronic state. In seventeen years I have not had a case that did not respond to its use. Not that it is a "cure all," but after the teeth have been treated, trauma relieved, and thorough curettement has been taken care of, the gas with the spray will bring the tissues back to normal faster than any other treatment and with no astringent effect.

The President:

I have asked Dr. Hoffer if he will kindly allow Dr. Robinson to present his paper at this time, before Dr. Hoffer shows his picture, and he has agreed. Dr. Robinson has to catch the eleven o'clock train.

Dr. Olive will present the next speaker.

Dr. R. M. Olive. Fayetteville:

Mr. President, ladies, and gentlemen, our time is limited, and the introduction I have to make does not require very many remarks. I have the pleasure of introducing to you tonight a man who graduated in my class in 1914, and I feel certain in saying he has done more for dental education in the time he has been out of school than any other man in the United States. I take pleasure at this time in presenting to you Dr. J. Ben Robinson, Dean of the Dental School of the University of Maryland. (Applause.)

Dr. J. Ben Robinson. Baltimore, Maryland:

Mr. President and members of the North Carolina Dental Society, it is a very great pleasure to come to your State.

Dr. Robinson presented his paper: "Dental Education's Responsibility to the Profession."

EDITOR'S NOTE: Dr. Robinson asked for the privilege to correct his manuscript, which was granted. To date, September 10, 1937, after reasonable effort we have not been able to get this corrected manuscript.

President Pridgen:

We shall be pleased at this time to have Dr. Hoffer continue his presentation. (Applause.)

Dr. Hoffer then showed his moving picture.

DISCUSSION

Dr. John A. McClung:

In a deep-seated pocket, do you ever find it is necessary to resect any of the gum at the gingival margin?

Dr. Hoffer:

Yes, especially in pockets around the lingual roots of molars or buccal roots. You will have pockets also around the tuberosities. You will have a heavy flap of tissue there with no attachment save to the principal roots of the first, second, or third molars. It is impossible to re-establish the attachment, and where you cannot re-establish the attachment of the normal tissue over the bone it is necessary to resect that tissue—trim that tissue out until you can establish normal attachment. But in very few cases is it necessary. There is where the electro-coagulation machine works beautifully. I believe there is a place for that machine in that procedure in periodontia.

Dr. W. D. Gibbs:

Do I assume that in doing this modified flap you select your cases?

Dr. Hoffer:

Yes. Did you hear my paper?

Dr. Gibbs:

No, I have to apologize for that. Many pockets that you think, when that patient first presents himself, will have to have surgical procedure will in many cases respond to other measures.

Dr. Hoffer:

Yes.

Dr. Gibbs:

But there are many cases, particularly of spirochete involvement, in which that tissue will not respond to any amount of prophylaxis or stimulation?

Dr. Hoffer:

You have to recognize that, Doctor, if you are not going to have trouble with your surgical treatment. That is taken care of before the operative treatment.

Dr. Gibbs:

And all that tissue clears up so you can use your suture?

Dr. Hoffer:

Oh, yes, absolutely. In the cases in which I do this operation I do not have one interproximal in fifty break down between the teeth. When that does break down, you have to start the healing as you do a dry socket; you have to start the healing from the bottom.

Dr. Gibbs:

Why do you prefer the flap over the incision?

Dr. Hoffer:

You cover up all that cancellated bone that has been exposed. That tissue gradually shrinks, you understand, on the necks of those teeth and prevents that hypersensitiveness that you have.

Dr. Gibbs:

In your ultimate result you are going to have more tissue with your flap from your excision?

Dr. Hoffer:

You are likely to have more tissue with your flap. There is very little difference in the ultimate result. I am considering the comfort of the patient and the inconvenience. The ultimate result is practically the same.

Dr. Gibbs:

I find you get more tissues by the excision, ultimately.

Dr. Hoffer:

All we are looking for is the end result, and you get it either way, but in my practice I have gotten the same result with more comfort to the patient than where you make the excision.

Dr. Watson:

Doctor, if you had one deep pocket, would you make the excision?

Dr. Hoffer:

Make the excision and extend that excision to where I am going to operate, open up the pocket, trim up the pocket, and suture back.

Dr. W. T. Martin, Raleigh:

Do you find, in case these teeth are sensitive sometimes afterwards, that these patients will not care for them as they should, and if so, how do you care for them afterwards?

Dr. Hoffer:

Doctor, that is very seldom in this type of operation. In most cases where you have that hypersensitiveness it is because the patients will not take care of them. You can talk nicely to them, and some of them will take care of their mouths. If they do not, you can insult them and make them mad. As a result, they will tell you those sensitive areas are getting better.

Any more questions? I think the boys are ready to go home, and I think you have been very patient with us tonight. I certainly appreciate it. I have been over North Carolina so much in the last few years that I begin to think I am a member of your society myself. The first thing you know, I shall know the politics of the North Carolina Association. (Laughter.)

I appreciate your attention very much. (Applause.)

President Pridgen:

Gentlemen, there is one more paper on the program tonight, a very short one, so stay and hear it. It will be followed by a clinic tomorrow. Dr. Wilkins, will you come forward and give us your paper now?

Dr. T. A. Wilkins, Gastonia, read his paper, entitled "The Selection of Teeth for Artificial Dentures."

THE SELECTION OF TEETH FOR ARTIFICIAL DENTURES

T. A. WILKINS, D.D.S., Gastonia

In my paper this evening I am going to talk more about the principle underlying the harmony of face form and tooth form.

In the examination of thousands of faces and teeth of each face, we find that a certain face form carries with it a certain tooth form. That they conform to and with each other.

The contours and delicate lines of the face must be displayed in that tooth—as well as the masculine and feminine characteristics of that person—blended with a color so cleverly and artistically that the mechanical means or surgical methods are not readily apparent.

We also find that the size, color, and shape of the teeth are influenced by that person's temperament. Therefore, to select that particular tooth for that particular person, we must first classify them into face form and temperament.

The nature of an individual, which is determined by his disposition, personality, and the mental and physical idiosyncrasies or characteristics, classifies that person of a certain temperament.

In the construction, restoration, and replacement of the lost parts of dental anatomy that we dentists are called on to restore, the esthetics should command more attention and certainly require more science and study than the mechanical part.

Dentistry is a science of art—and the science of art is to conceal art—so if we are to practice art—we must study human nature—we must know something of the size, form, and shape of that tooth that the patient lost before we can restore that lost part.

Therefore, we must classify the nature and temperament of that patient, because these characteristics and temperaments and face form must be displayed in that tooth.

We must have some rule, something definite to go by. We must employ science, and if we have the scientific knowledge of the real nature and make-up of that individual, and know what form and shape of tooth nature demands for that type of an individual, then we have something definite to select.

Science can take the six anterior teeth, or any one of them, and tell the very nature of that individual—sex, age, weight, and habits. Then to employ science, with the living subjects before us, certainly we could tell size, color, and shape of tooth that nature gave that person.

In the selection of teeth for the different face type of forms, one should have a chart and mold guide. I find that the classification of face form and class which the Dentist Supply Company has given us with the new Trubyte Tooth is most perfect. Their findings in their extensive research work—in the examination of thousands of persons as to face form and tooth form—simplifies and makes it easy to get your selection of teeth in a scientific way with little trouble.

Generally, they have divided the faces into three typical forms—square, tapering, and ovoid. They give you the form and class, with a picture of the face, classify your face as to form—square, tapering, or ovoid—then the size of tooth is governed by the arch, and your form or shape of the tooth is governed by face form and temperament of that patient. The contours and delicate lines of the face must be displayed in that tooth—as well as the masculine and feminine characteristics of that person.

I think that they have given us a better tooth to meet these requirements than we have ever had before, and a clearly outlined procedure to the selection of teeth for every individual.

The evidence that the teeth of mankind have been square, tapering, and ovoid in all ages, reaching back to and including the anthropoid apes, is overwhelming that there can be no room for doubt that Dr. William's discovery marked an epoch in the study of tooth form.

Ancient human skulls show the three typical forms of teeth, as do skulls of all ages of mankind, both savage and civilized. Such evidence is conclusive. The three typical forms of human faces occur with equal fidelity, and we know that when nature combines like face forms and tooth forms in individuals, she seems to reach her highest point of achievement in her masterpiece—man. But whether there is a plan or not, art and science combine to show nature's secret and how to secure the same fine results when harmony of face form and tooth form are symmatrized.

When we seat our patient in the chair for replacement of lost teeth, we should first consider the face form and class of face. Select that tooth that nature gave that person, we will say, at the age of twenty-five, when that tooth was like the face, in its fullness as to form, contour, and delicate lines. Then, with your carborundum wheel, age that tooth to the advanced age of your patient, smooth off the sharp cusps, flatten the contours, and dull the sharp incisal edges to show the wear of these years. Then select your color to blend with temperament and complexion. Darken the tooth in color to the advanced age of your patient.

Carry out these principles and note the pleasing effect, natural looking teeth. You have restored what nature lost. You have given back the privilege to smile. No saggy muscles, no deep furrows. A restoration in keeping with nature. Perhaps, wrinkles and grey hairs, but teeth that give expression and show character and make one one's self.

I heard a radio talk a few weeks ago—a chief of police of one of our larger cities telling what science had done to help solve some of our murder cases. He gave a case where a young woman had been murdered in her room, two days before she was found. Seemingly no clues whatever. Close examination. They found a small strand of hair underneath one of her fingernails. They took it to the laboratory and went to work on it, and this is what they found: They were able to tell the nationality of the person. By the little strands that go to make up that hair they could tell that it was curly and black. By the size and shape of the papilla at the end of that hair they could tell that it belonged to a male person. By this papilla they could tell approximate age of person—thirty-four years old. By the effects of the fumes of gases and oil on that hair, he evidently worked at a gas station.

With this evidence the chief went to the garage where this young woman kept her car, asked the foreman if he had a man working there who was about thirty-four years of age and had black curly hair. He said, "Yes, there is a man back there filling that car with gas who fills that description." Chief told him to go back there and tell him that police headquarters had just phoned and asked if he were there, and that they were coming to arrest him for the murder of the girl.

When he told him, the man got awfully excited and started to change his clothes to make his getaway. They arrested him and on the way to the police station he confessed.

Now, if science can describe a person so well just from one small strand of hair, they can take one tooth and describe a person so well that you could pick them out on the street. Then certainly to do this, with the living subject before you, you could tell size, color, and form of tooth nature demands for that patient.

I have paid especial attention to face form and tooth form for twenty years. Hardly a patient sits in my chair but that I do not observe their face form and tooth form. It's very interesting in children, at the age when the

centrals have fully developed—this is at an age when the face form has not developed—I can see just to what fullness that face is going to develop. This should be of interest to the orthodontist.

Every person has a peculiar interest in their looks or appearance. This interest is aggravated more when they have had to give up their teeth, and for the dentist to take so little interest in this part of his duty, which means so much to that person the rest of their life.

It's a sin of ingratitude, and we all have used a set of teeth just because we had them in our office, regardless as to whether they suited that patient or not.

As I said in the beginning, there has been so much interest of late in the full denture construction, and so little said about the selection of teeth, that I thought and hoped, if I got this subject before the society, that someone far more able than I would give us something that would be of benefit to us all.

The President:

Dr. Wilkins' presentation will be continued, as I have stated, in the clinic tomorrow.

Before we adjourn, I wish to call attention to the Past-Presidents' Breakfast at eight o'clock tomorrow morning, and also to the breakfast conference of district officers. All district officers are urged to attend that meeting.

If there is nothing else to come up at this time, we stand adjourned until nine o'clock tomorrow morning.

The evening session then adjourned at eleven o'clock.

SECOND DAY—TUESDAY, MAY 4, 1937

The society met in the ballroom of the Hotel Carolina and was called to order by the President at 9:25 o'clock a.m.

President Pridgen:

The society will please come to order. The Chair will request Dr. Paul Jones to introduce the speaker of the morning.

Dr. Paul Jones:

Mr. President and fellow members of the North Carolina Dental Society, I never have been one who feels that long introductions are necessary. However, there are always some things which should be said about those who are appearing on our program. The man who I am to present to you is one of the few successful research workers in our southern institutions. He is head of the department of plastic filling materials and operative dentistry of the Medical College of Virginia and a member of the Virginia Academy of Science. It is my happy privilege to present to this group Dr. Webb B. Gurley, of Richmond, Virginia. (Applause.)

Dr. Webb B. Gurley, Richmond, Virginia:

Mr. President and members of the North Carolina Dental Society, I should like to take this opportunity to thank you for the privilege of

visiting you again and appearing on your program and discussing a subject in which I am particularly interested.

My subject this morning is "The Effect of Plastic Filling Materials on the Dental Pulp." That is a research problem on which Dr. Van Huysen and myself have been working for some ten months now. We have not completed it; in fact, about half the work has been done that we expect to do, but I do believe that at least some of our results are significant to a clinical group, and with that feeling I should like to discuss this subject further.

Dr. Gurley then read his prepared lecture, which was illustrated by lantern slides.

[EDITOR'S NOTE: Dr. Gurley has not completed his study, and asked that this preliminary report not be published. The result of these labors will be published as soon as the observations are completed.]

Question:

Doctor, do you wet the cavity with phenol and let it stay in?

Dr. Gurley:

Wet the cavity thoroughly with phenol, then wipe it all out with pledgets of cotton. There has been a feeling on the part of some that cauterizing the cavity with phenol before putting in a cement filling sets up a little protection against irritation from the filling.

The President:

On behalf of the society I wish to thank Dr. Gurley for his splendid presentation this morning.

At this juncture I ask Dr. J. A. Sinclair to present the next speaker on the program.

Dr. J. A. Sinclair:

Mr. President, ladies, and gentlemen, the South is justly proud of one of its states, and that is Florida—perhaps the best known state of the Union—where the sunshine and oranges and vitamins are. We are fortunate today in having a young member of the dental profession who is outstanding and who is known in every large city of the United States just as well as he is known in his own State of Florida. Dr. Sears will talk to you on "Hydro-Colloid Impression Technique for Inlays and Fixed Bridges." I am sure that on this particular subject he has done more work than any other man in the United States, and I am sure you are going to take a great deal home with you if you will pay particular attention to his technique and to what he has to tell you. I present Dr. Andy W. Sears.

Dr. Andy W. Sears, Jacksonville, Florida:

Dr. Sinclair, I did not know at first whom you were talking about; I thought it was someone else on this program.

Mr. President and gentlemen of the North Carolina Dental Society, you know I am not much of a lecturer; I am just a plain, hard-working dentist. This lecture will begin with a moving picture showing the inserting of two bridges and an inlay and hydro-colloid impression. Tomorrow morning, in the clinics, I shall have some slides which I will go through and if there are any questions at that time I shall be glad to answer them.

We conceived this idea some years ago, that if we could take a hydro-colloid impression for a removable bridge, why could not we do it for a fixed bridge? This thing just happened. As in playing golf, if I hit the ball it is an accident.

We started out with a little copper band fit; we would take a single impression. We found that hydro-colloid would pull out of the band; it would not stick. So then we made little holes in there. One thing we must have is proper elasticity of our colloids. Now, it is impossible sometimes to get a good impression of all these things in the mouth, just the same as it is if you have a sloping tooth in your removable bridge work. So it is not infallible by any means, but in most cases if you go at it in the right way it can be worked out very nicely.

Then we found out that we have to use a more bulky material than a copper band to make a single inlay. From that we went to using a bridge tray, and we finally developed a technique which is very satisfactory.

What I am attempting to show you is a reproduction of the mouth as true as your hydro-colloid will take. I think most of you will not doubt that a hydro-colloid is the most accurate material on which to make an impression. Free the mouth of all saliva, keep the tongue out of the way, and keep the cheek out of the way.

My technician, who has been with me fifteen years, is due credit, also, for this technique. By the way, I have a colored girl down there, a maid, who is due much credit also. So I am not due much of the credit. If a bridge comes back from the laboratory and the patient is there, I take the bridge and cement it in without any trial at all.

To make me more confident in this work, I have lectured and given clinics in different parts of the country, and I have letters from a number of fellows saying that this does work. I had a letter from Walter Newton, out in Texas, the other day, and he said there are a few things he does not understand, but the damn contacts are the best he has ever seen.

You may not get the whole thing from this picture, but I shall be glad to have you ask any questions in the clinic tomorrow, or if any of you are going away tonight and want me to show you something instead of going to the banquet I shall be glad to do that.

Dr. Sears then showed his moving picture.

HYDROCOLLOID IMPRESSION FOR INLAYS AND BRIDGES

ANDY W. SEARS, D.M.D., Jacksonville, Florida

This picture and clinic has been presented with one purpose in mind; *i.e.*, the securing of a more accurate impression of the prepared teeth for inlays and fixed bridge abutments only.

This method would be called an indirect technic having direct accuracy, but retaining indirect convenience of handling.

By following this procedure it is possible to make inlays and bridges which may, if constructed to *fit* the mounted cast, be placed in the mouth with the same marginal and positional fidelity; necessitating a minimum loss of time for adjustments. The accuracy of hydrocolloids used in partial denture construction is seemingly unquestionable; therefore, no reason has been brought forward why this is not also true in its use for inlay and fixed bridge technic. Three years of research and practical application have proven this to be true.

This technic is inexpensive and most of the necessary items of equipment are to be found in any dental office, as you have observed from the clinic.

The entire procedure is divided into four parts:

1. Carpule loading.
2. Impression.
3. Bite.
4. Laboratory procedure.

Which will be amplified in their proper order.

1. CARPULE LOADING

Carpule loading can be done by the assistant or technician in spare time, making up a sufficient supply at one time to furnish a great many impressions.

The formulated hydrocolloid injected into the carpule is sealed, and will remain in usable condition indefinitely.

A small part of the material in the carpule is usually sufficient, one carpule often supplying more than one inlay or bridge.

Carpules having crimped metal caps are preferable; other type caps will not usually stay in place because of loading pressure.

You will note that a number of carpules were filled with water at the same time as carpules were filled with hydrocolloid, and that they are necessary to clean the needle of the impression syringe to prevent hydrocolloid from drying inside of needle.

EQUIPMENT NECESSARY FOR LOADING CARPULES

1. Empty Novel carpules, preferably with metal caps.
2. One c.c. Leur syringe with 19 gauge needle.
3. Hydrocolloid mixing gun.

PROCEDURE

A. Cut $1\frac{1}{4}$ inches of hydrocolloid, and measure 25 cc. of water, then place hydrocolloid and water in mixing gun.

B. Place gun in boiling water for four minutes.

C. Pre-heat Leur syringe in hot water.

D. Pour liquid hydrocolloid in Leur syringe three-fourths full. Turn needle end of syringe up and expel air.

E. By using a 19 gauge needle, fill empty carpules by puncturing metal cap end and forcing hydrocolloid into carpule until about three-fourths full, as was shown in the picture and was demonstrated in the clinic.

F. Repeat loading carpules until Leur syringe is empty.

G. Refill syringe with hot water and fill an equal number of carpules as those of hydrocolloid. As has been mentioned before, these carpules of water are to be used for cleaning needle after the use of hydrocolloid carpules.

2. IMPRESSION

Survey areas adjacent to prepared teeth for use as stops. Place roll of softened compound in each end of the tray or in the area away from involved teeth for tray balance stops. Impress tray to these areas within two to four millimeters from bottom of the tray. These imprints are to serve as a definite seating place for the tray and to suspend the prepared teeth away from contact with the tray. If the compound should flow toward the prepared teeth, trim this excess. From the periphery of the tray, build compound to contact the tissue, making a complete seal. Care should be exercised to have this seal well beyond the gingival of the teeth, still allowing the involved teeth to be in full suspension.

If a study cast of the mouth has already been obtained, it is very easy to make these trays in the laboratory before starting on the preparation for inlays or bridge abutments.

It is very important that the gum tissue be packed away from the gingival margin of the cavity, and that all blood be eliminated. As is well known, if the gingival margin of the cavities are not free from the gum tissue, it would be impossible to secure this margin in any kind of an impression. If a cavity were filled with blood it would also prevent securing an accurate impression. When using hydrocolloid, blood in the impression prevents the die from setting accurately.

The method of packing away the gum tissue from the gingival margin may be of the operator's choosing, but a round toothpick or small cotton pellet dipped in trichloroacetic acid has been found very successful.

When the margin of the cavities are free from tissue and blood, block off cheek and tongue with cotton rolls and dry all saliva from cavities.

While this is being done, hydrocolloid is prepared as stipulated by the manufacturer and a carpule is dropped into boiling water for at least one minute as the weakened hydrocolloid in the carpule breaks down more readily.

The tray is then partially filled with full strength hydrocolloid and the carpule is loaded into the syringe. The formulated material from the carpule is ejected, filling the cavity of the tooth or teeth and space between the gum tissue and gingival margin of the cavity. Having already filled the tray, carry to place and chill at least four minutes.

NOTE.—A Mercitan needle, made by Caulk Company, is ideal for this carpule syringe.

Any number of cavities for inlays and bridge abutments may be taken in the one impression, involving only four to five minutes of time.

NOTE.—No great haste is necessary during this impression procedure.

3. BITE

The importance of a correct bite to secure the proper relationship of the bridge area with the opposing teeth cannot be overemphasized. A proper amount of care will not only save the operator's time in installing the inlay or bridge, but will increase the patient's confidence by the minimum amount of adjustments. All occlusal errors should be eliminated in the laboratory on the master cast. The necessity for absolute jaw relationship is therefore evident. It is well to remember that hydrocolloid is used in taking the impression, the *cast* from which retains all contours, undercuts, and fine detail. It is apparent, then, that a bite relationship material be used that has some elasticity and will not be distorted in placement.

Tru-elastic was found to have these requirements. The manipulation of Tru-elastic is similar to compound, except that more heat is required to make it properly plastic. At the time of securing a bite record, an accurate impression of the opposing teeth should be taken. To carry out the idea, hydrocolloid should be used, but a plaster impression of the occlusal surface will be found accurate. The impression of the opposing teeth is boxed and poured with low fusing metal, preferably one fusing under 160° F.

When full impressions are to be taken and the cast is to be mounted on an anatomical articulator, all bite records, in accordance with your accepted theory of balanced occlusion, should be taken and cast mounted as usual.

4. LABORATORY PROCEDURE

The impression and bite are then carried to the laboratory. It is best that the dies of the prepared teeth be poured immediately, but if time precludes this, to prevent evaporation of the water from the hydrocolloid, causing subsequent inaccuracy of the material, it is absolutely necessary that the impression be placed in an air-tight humidor containing water to retain humidity. (A satisfactory humidor can be made from a cheap fireless cooker, sealing all openings.) After having poured the dies, the impression should be replaced in the humidor for the reason before mentioned.

LABORATORY EQUIPMENT

- | | |
|------------------------------|------------------------------------|
| A. Low-fusing metal. | K. Vaseline. |
| B. Akratex. | L. Camel-hair brush. |
| C. Glass slab and spatula. | M. Vibrator. |
| D. Humidor. | N. Small rounded blunt instrument. |
| E. Neys tapered dowels. | O. Air syringe. |
| F. Plaster bowl and spatula. | P. Eye dropper. |
| G. Quick-setting stone. | Q. Carding wax. |
| H. Water. | R. Spatulator. |
| I. Crown and bridge cement. | S. Articulator. |
| J. Amalgam burr. | |

LABORATORY PROCEDURE

1. Place estimated amount of Akratex on glass slab.
2. Fill large eye dropper with water and expel several drops on slab.
3. Incorporate Akratex to water, adding water and mixing until mass is similar to synthetic porcelain mixture.
4. Place tray with impression on vibrator.
5. With blunt instrument pick up a small amount of Akratex.
6. Carry mix to impression of prepared teeth only; gently vibrate, adding a small amount of Akratex, until prepared teeth are filled level with gingival of impression.
7. Allow the remaining Akratex on slab to set to putty consistency.
8. Divide mixture on slab into equal parts as number of prepared teeth; roll into cones, lay over Akratex in impression, and with spatula lightly unite cone to poured mixture; shape to taper.
9. Place in humidor and allow to set for thirty minutes.
10. Remove from humidor, and dip whole impression in warm water for a moment.
11. Remove Akratex from impression with straight pull, no rocking.
12. Replace impression in humidor.
13. With a sharp knife trim Akratex die of excess material, leaving anatomy of tooth, tapering from gingival only. Leave not more than one-fourth of an inch from crown to end of taper.

14. Drill with amalgam burr one-eighth inch deep in tapered end of die.
15. Cement tapered dowels in hole, align with long axis of tooth.
16. Paint die thinly with Akratex die lubricant and allow to dry.
17. Drop dies into water for two minutes, remove, and coat with vaseline.
18. Remove impression from humidor, seat dies into impression of prepared teeth.
19. Mix quick-setting stone to creamy consistency and pour impression.
20. Allow stone to make initial set about 20 to 30 minutes.
21. Separate trim casts, tap dies at exposed end of dowels, trim casts to expose all cavity preparations on dies.
22. With dies removed, cut cast around dowel end one-fourth inch deep and one-eighth inch wide.
23. Place cast in relation to metal opposition with Tru-elastic bite.
24. With carding wax cover exposed dowel ends.
25. Mount on articulator with plaster.
26. Allow plaster to set.
27. Remove bite, trim, and dig out carding wax.

The only satisfactory die material that has been found to date which can be used with hydrocolloid is Akratex, an exceedingly fine mesh stone, with a minimum of setting dimensional change, and perfect in its faithfulness to detail. The setting time should be advanced from fifteen or twenty minutes more than the manufacturer allows, to not less than thirty minutes. The humidity in the humidor retards the setting time of this material.

The casts aside from the dies may be poured with any of the quick-setting stones. A slightly thinner mix than ordinarily used is best, thereby reducing setting expansion.

Absolute adherence to the following detailed procedure will assure a reproduction of the area to be restored to normal function.

CONCLUSION

No change in your usual method of tooth preparation is necessary and the manner with which you construct the inlay or bridge is left to your discretion. Any type of dummies habitually used and the manner of assembly of the bridge need not to be changed. While this procedure does not advocate a one-piece casting technic, a number of them have been successfully constructed. Whether the bridge is assembled and soldered, or cast in one piece, the fact remains that you have the cast on which to replace the bridge to finish and adjust, with all errors visible. Results are limited only by the skill of the person making the bridge.

EDITOR'S NOTE: See May, 1937, issue of "The Dental Digest" for illustrated paper of Dr. Sears.

Dr. Sears:

Gentlemen, I appreciate your staying through this, because I know you are tired. If there is any little point you did not understand that I can clear up for you tomorrow, I shall be very happy. (Applause.)

President Pridgen:

Dr. Pitt Beam will present the next speaker on the program.

Dr. Pitt Beam:

Mr. President and members of the North Carolina Dental Society, I feel that I have a definite honor in being able to present our next lecturer

and clinician. He is one of the most outstanding men in our country on amalgam. He is one of the few men whose name has been mentioned in our Year Book of Dentistry, which is a distinct honor. I think we are very fortunate indeed in having Dr. Cannon with us, and I am sure we shall all listen to his lecture and clinic with a great deal of interest. He has a clinic, gentlemen, that is our everyday problem. We all like to cast inlays and removable bridge work and so on, and it is very fine. But whenever we come down to our routine work with amalgam it is very, very hard to take the time to do our amalgam work as we really should. I am guilty, and I expect we all are. That is a thing to which we should pay attention, because we do that every day. I am reminded of a statement made by a classmate of mine just after hearing a lecture on operation for harelip and cleft palate. Jim said: "I certainly enjoyed hearing Dr. Brown. He is very fine, and I appreciate his showing us how to do the operation for harelip and cleft palate. It is very good for the man that is going to do it, but I should like to have some man show me how to put in a good amalgam filling." I have never forgotten that statement, for it is very true. I wish to present to you now Dr. Claude C. Cannon, of Fayette, Alabama, who is going to lecture on "Amalgam Manipulation." (Applause.)

AMALGAM MANIPULATION

CLAUDE C. CANNON, D.D.S., Fayette, Alabama

Mr. President and gentlemen of the North Carolina Dental Society. I am very happy to be with you on this occasion and give a lecture on amalgam. I appreciate all the things that Dr. Beam has said, but perhaps he has stretched his terms and description and his claims just as far as they can be stretched. I hope, however, you can get some benefit from what I am going to say this morning. It is not my intention at this time to outline amalgam technic, but to give you some of the qualities most desired in amalgam and technic, and what takes place in the amalgam under various ways of handling it, and to give these things in the hope that you can get some points that you can use to advantage in your practice. In a general way in my talk this morning I am going to follow the line of some publications of mine, and if by chance any of you have read these things, I want you to bear with me while I repeat. In the beginning I want to make it clear that I want to throw the barriers down. I want you to ask questions. Of course, I do not promise to answer them all, but often through the questions the most worth while part of a thing is brought out. If we have not time for the questions this morning, I hope each of you in the clinic will ask any question that occurs to you.

It is essential in every art that the worker know his material, that he know the way it behaves under handling, and that he know why it so behaves. If we know these things about amalgam, then it is a simple matter for us to arrive at a technic that will be the best in our hands. It may be that some of you may need to make no changes whatever in your present method of handling it, while others of you may need to make changes.

Among the chief essentials for a restorative material are that it be strong and that it be permanent. These qualities can be produced to a remarkable degree with amalgam—to a much higher degree than I for many years thought

possible. I do not mean to say that I have some very startling things to offer you, but we can step up the quality of our fillings to a very marked degree; that is, if your fillings are as poor as mine were. Until something like a year and a half ago I could not be definitely certain of the manipulative processes that could be depended upon to produce these qualities. Some of my fillings would be poorer than others. Of course, the same thing is true today, but the difference is that eighteen months ago when I made a failure I did not know the cause of it, whereas today I can know the cause. If we know the cause of our failures we are able to correct these mistakes, and thereby improve the quality of our fillings. To make real progress, I think it is necessary for us to become masters of our technic. I was very much impressed with Dr. Sears and what he had to say this morning. I feel that Dr. Sears has an answer to one of our most perplexing problems; that is, how to give good dentistry and to give it as inexpensively as we can. By his technic he is enabled to turn his impress over to his technician. I think he has made a wonderful contribution to dentistry.

There are certain processes in the setting of the amalgam that are unavoidable. We find, however, that these changes are under the control to a great degree of the operator, and here is our hope for improving our amalgam technic. Permanence of form is of inestimable value in repairing a cavity. Obtaining a good form and selection of the alloy are only the first steps. As for selection of an alloy, that is the one question that has been on the minds of the dentists I have talked with more than any other one thing. They ask, What do you use, what alloy do you use in your practice, what do you consider best? These are questions that are very difficult to answer. If I could see your technic, and how you manipulate your amalgam, then I could perhaps answer these questions for you. The alloy you use, with your method of handling, might not do at all for the other man. Generally speaking, our alloy should be selected from those materials that have the approval of the American Dental Association. These materials range in silver content from 65 to 70 per cent. Never select an alloy without a high silver content. In some work done by Arthur Lloyd in 1919 he established that alloys high in silver content harden in a short time, thus allowing mastication without distortion. Never use a cheap material. By so doing you might save a few pennies on each case and perhaps save ten dollars in a year's time, but what have you saved by that? You may have lost the confidence of your patients. Use the best materials you can get. If your manufacturer furnishes alloys in cuts, fine cuts and shavings, my advice to you is to use the finest cut. Those particles when shaved from an ingot are subject to a certain degree of tension. That throws the alloy in a strain. This material must be heat-treated or aged to remove this strain. If we use a high granule, such as a shaving, we impart some internal strain, so that that alloy does not behave in the same way as that from the finer cut. So in my work I have found that amalgams made from the shavings and large cuts are not so dependable as amalgam made from the finer cut.

We might go on indefinitely, but time will not permit us to go further into this particular phase of my subject. Don't try to save on your alloy, because the saving is too expensive to the other fellow.

As for cavity preparation, all of us know this is a subject in itself. Operative skill is necessary in preparation for amalgam. Remove all overhangs. Chisel off the edges. I might add, remove all decay. Use a little test. After you think you have removed all the decay, take a three per cent iodine solution and paint the cavity. That will not stain healthy tooth structure but will stain decay. If you use that you will find it a great help not only in sterilizing the cavity but as a disclosing agent. I want to leave that thought with you.

The mixable amalgam, if we would produce the qualities that we desire, must be smooth and must be uniform and must be completed before the insertion of the filling begins. Mulling or working the filling as it is placed in the cavity weakens it. I was taught this procedure years ago, to keep the amalgam "alive," but it destroys the best qualities of your filling.

It is necessary that the filling be heavily and uniformly condensed. In the alloy or the amalgam, or constituting the amalgam, are portions unchanged; alloy granules that are suspended, we might say, in a matrix of the solid—solutions of tin and zinc in the mercury surrounded by chemical compounds of the substances that are produced by the action of the mercury on the silver and on the tin or zinc. These form crystals that interlock and secure anchorage to the unchanged alloy products. Around each of these particles is a live chemical reaction of the substances that are formed by the action of the mercury on the alloy. Accompanying these penetrating chemical reactions are objectionable volumetric changes that occur during the setting of the amalgam. Thus, we have the picture of the alloy and the reacting agent, the mercury. If we leave the mercury in the amalgam, we leave the reacting agent there to perpetuate the chemical changes in the amalgam. If we do this, we leave in all the qualities we want to leave out. It is necessary, if we would get permanence in form and permanence in quality, to bring about close association of the alloy particles. The secret is heavy, uniform condensation. As an aid to the elimination of mercury one thing is outstanding; that is, to build our fillings well above the occlusion and to bring the excess of mercury into this area and carve it away when the filling is complete. If we leave this excess on the surface of the filling, we have defeated the purpose of a good restoration. So, if I leave but one thought with you here that you can take home with you, take this one thing home—build your fillings well above the occlusion, bring your excess mercury into this area, and carve it away as soon as you can, before it diffuses back into the body of the filling.

A filling that is made using a moderate amount of mercury with a moderately heavy grinding pressure under operative conditions that can be carried out in the mouth produces a stronger and more dependable filling. The use of a highly plastic, sloppy amalgam is of questionable value. It is better to use a less amount of mercury. Our manipulations should be rapidly carried out, without unnecessary delay, since crystallization begins at an early time after the mix is made. In studying crystallization, I found that even a minute and a half after the amalgam is mixed crystallization becomes perceptible to the eye in every alloy I studied. If crystallization sets in, there will be retained a greater amount of the free mercury, which will in turn perpetuate the chemical reaction and produce the objectionable distortions in the filling. It is a simple picture. Amalgam should be made up of great portions of the unchangeable alloy substance in the matrix of the chemical compound.

In mixing, I advocate a little heavier grinding than the average manufacturer recommends. This is for the purpose of having them glide to place easily and so the amalgam will show a smooth and homogeneous structure. If we bring this about, we bring about stability. Let's stop a minute and think. The alloy, the cast ingot, will not undergo any changes whatever. It is only as we introduce the mercury that this changes character. So, if we would produce the qualities we want to produce, let's give strict attention to the things that alter and produce the changes in the amalgam mass.

The next quality we want to consider is the wear-resisting quality of amalgam. If we have created a filling that will be permanent in its form and will not pull away from the margin, we want to have high attrition value. The attrition quality of good amalgam restoration is about that of soft inlay golds. How often have you noticed in removing old amalgam fillings you would strike one that the bore would go right through and another one that

you remove with great difficulty? It goes without saying that the one hard to remove from the cavity is the one that has great attrition value. These things led me into a study of amalgam. I wanted to know why it was that I could occasionally produce a good filling and the rest would be poor; I wanted to know why I could not produce a good one every time. If we can produce a good filling, then by attention to technic we can produce all good ones. It is just as easy to produce a good one as a poor one if we would consider the laws that govern amalgam. The thing is not to overmix your amalgam, but mix it to the proper consistency. Then the next thought is heavy, uniform condensation. Condense it; finish it in the shortest period of time you possibly can, leaving a great deal of unchanged alloy substance present in the amalgam. For a long time it was hard for me to distinguish under the microscope what the different parts really were, what was the unchanged alloy and what was the compound. After determining these things it was much easier for me.

In the construction of a building which is made up, we will say, of bricks, these bricks are the units of construction. There should be only a small amount of intercementing substance between the bricks if we build a structure to stand the longest time and give the best service. So it is with our amalgam work. These particles in the amalgam serve the purpose that stones serve in the concrete. They give resistance to wear and give a stability that we want. We want to build a filling of close compactness if we get permanence and quality in it.

As for the hardness of amalgam, it was interesting to learn that in proportion to the degree of hardness of your finished filling immediately after condensing will be its degree of hardness throughout the life of its service. By this I mean to say, if you finish your filling with a soft surface, that filling will be proportionately soft as long as it stays in the tooth.

I had an interesting experience with a group of men with whom I met in Wisconsin. As we studied amalgam and began putting in test fillings, there were only one or two in that group who finished their fillings with a hard surface, and they only after seeing the others make the failures. The secret of the whole matter is to build your filling well above the occlusion and carve away. It is this hard area which we want to make the surface of the finished restoration.

The next thing we want to consider is flexure strength. Flexure strength is a combination of tensile and compression strength, both of which qualities are good in themselves. I find that the quality of amalgam could be judged by this simple test more perhaps than by any other test I applied. I simply made bars of amalgam under controlled conditions which were, after being made, treated in like manner—placed in an incubator where the setting process took place, and all conditions were controlled so we could get actual comparison of the behavior of the amalgam with the same amalgam under different conditions. So I found flexure strength was one of the properties most desired. Flexure strength is best produced when the restoration can be built to completion without having caused any microscopical checking or cracking of the filling. In other words, when we try to condense our amalgam too dry the amalgam cracks underneath. These cracked areas become filled with granules of free mercury and become invisible. We do not see them, but nevertheless they remain as weakened areas in the amalgam restoration and filled with that chemically reacting substance, mercury. Thus, these cracks become centers of perpetual and continued chemical reaction that is going to create not only weakness but distortion. Thus we see that if we condense our filling when too dry we create checks and cracks, which become filled with mercury. The filling may present a pretty appearance and we

think it is all right, but nevertheless there are chemical reactions. In other words, we produce that kind of filling which we call down in Alabama "grainy" fillings. I remember placing an amalgam restoration for a welfare worker in our community. This filling was, I thought, very promising; I had put a lot of effort on it, and I thought she ought to have a mighty good filling. About six months later she came back. That filling on which I had put so much effort had grown just as black as could be and had grown beyond the tooth. I cut it back to the margin, restored the polish, and dismissed her. About six months later she returned again. The filling was out beyond the margin of the tooth and black as could be. I restored it again and polished it up. About six months later she came back with the filling in the same condition. She knew I had been doing some special work in amalgam. I said to her: "This is what I call a growing filling. If you will let me remove it from the tooth I should like to take it to the laboratory and see what causes it to grow. I will replace it with a filling that will not grow so much." She gave her permission. When I took it to the laboratory I found areas of porosity that I could distinguish as cracks. The filling had been condensed too dry. There was free mercury in there that had withdrawn, causing cracks.

Friability is caused by two things, porosity of the amalgam and too heavy condensation. If setting occurs in an amalgam, the addition of mercury will cause workable plasticity, but it will do so at the expense of all the qualities we want in that filling. It remains as free mercury between the broken down crystals. It simply lubricates the whole mass. It is difficult to remove this free mercury from a filling if we do this thing that is so common—pick up a little mercury and add. Let's avoid this simple mistake.

In condensing there should be a sense of firm seating of the instrument. This sense of firm seating is evidence that a good condensation has been obtained. If you condense beyond this point you are likely to cause breaking or cracking. In condensing our fillings we should see that every thrust of the instrument goes down to a firm seat, and that we seat the instrument in an orderly manner all the way over the surface of the filling, so that there are no areas we have not covered. We want a uniform distribution of the mercury. If we do this throughout the condensation we shall do much toward producing a restoration that will be dependable.

Let me at this time review just a bit and leave a few thoughts with you. We wonder what causes the behavior of amalgam—why it shrinks, why it expands, why it turns black—why it does all these things and how we can prevent them.

Overamalgamation will create a shrinking amalgam and at the same time a weak amalgam. Underamalgamation will create a weak amalgam but it will expand excessively. The use of a high percentage of mercury in producing amalgamation brings about a greater solution of the alloy in the mercury, with consequent weakness and tendency to shrinkage. The use of a lower percentage of mercury—a reasonable amount to produce plasticity—produces a lesser solution of alloy in the mercury with consequent greater strength and shortened chemical and reactional changes. Mulling or working the filling as it is being placed in order to keep it "alive," which is a common practice, creates distortion and weakness and without doubt destroys the qualities that we want to produce in our filling. The addition of mercury, as I said a minute ago, to the amalgam when it becomes slightly set disrupts crystallization and creates untold weakness. When I did this and put it in a testing ring it would stand two hours in the chewing machine; this one material could be made to stand for two hours without showing appreciable wear, whereas, if I took material of the same preparation and worked it and

created a filling and let it set slightly and added mercury to it and reworked it, that same good quality filling broke out of that testing ring in eight minutes under this same test. So there is no comparison. When you disrupt crystallization you destroy the quality of your filling.

Prolonged periods of manipulation result in disruption of crystallization and retention of greater amounts of mercury. If the mercury be retained, we have growth and distortion. If you are strong enough, you can so condense that filling that you have worked over a long period of time as to expel the mercury. In this case you would have considerable weakness and it would be accompanied by too much shrinkage. If you use light condensing pressure in your filling you create weakness and a high degree of expansion. If you use heavy, uniform condensing pressure throughout the mass you produce strength and stability with a controlled degree of expansion, and in reality produce that type of restoration which is most desirable.

AMALGAM TECHNIC FOR HIGH SILVER ALLOYS

CLAUDE C. CANNON, D.D.S., Fayette, Alabama

Assuming that proper details have been given to cavity preparation whereby the peculiar characteristics of amalgam are best accommodated, and that an alloy of high quality has been selected. Proceed with speed and precision from the time the mix is begun until completion of the restoration. There should be no interruption or break in procedure. The cavity being sterilized, properly lined, matrix adjusted, instruments selected, and all else ready at the time the mix is removed from the mortar. Be definite in procedure, making each move count. Be thorough, remembering the material is very sensitive to variations in handling. Work with a well trained assistant where possible.

Use a matrix retainer of the type, Ivory No. 8, with thinnest stainless steel bands (.002 in. thick). Stainless steel is preferred because it is tougher and is more resistant. Bands are cut on an arc, so that the diameter of the circle they form will be smaller at the gingiva. This flared band aids materially in producing proper contacts. Never use a straight ribbon shaped band. Tooth-picks may be used as wedges. (Round picks are tough and most suitable.)

Use definite proportions, by weight, of alloy and mercury. Adjusting one's speed and technic so as to be able to use as low a percentage of mercury as will produce sufficient plasticity; having, of course, a slight excess, which is to be expressed as condensation proceeds. Do not at any time have a sloppy mass. The strength of the filling made from a highly plastic mix under condensing pressures that are used in the mouth is not as great as when made from a less plastic mix, where mode of amalgamation, etc., herein described is carried out. The working time or working plasticity is shorter with a less plastic mass; for this reason, advantage must be taken of all operating time. At first difficulty in increasing the operating speed may be encountered, but the quality of the filling produced from a less plastic mix justifies the effort that may be required to increase speed in operation. Always use the lowest percentage of mercury suggested by the manufacturer, should two ratios be given. Slightly further reduction from this, where proper speed in operation is carried out and where the alloy being used will permit, produces a still more resistant mass.

Mix with glass mortar and pestle, or mechanical amalgamator if proper type be selected. For hand mixing, where low percentage of mercury is used, a 2-inch glass mortar is recommended. A smaller mortar is not so good, except where a higher percentage of mercury is used. Grasp pestle firmly and grind at a rate of from 220 to 240 strokes per minute under a pressure of from 4 to 6 pounds. (To familiarize yourself with this pressure, place mortar on a

pair of scales and check strength that is required. A little practice will suffice.) A smooth mass is desired and can be produced with this pressure and speed in from $1\frac{1}{4}$ to $1\frac{1}{2}$ minutes. Some alloys require slightly heavier grinding. Care must always be used to see that the entire mass is being uniformly ground; that some of the mix is not pushed aside so that it does not receive the same amount of grinding. This fairly heavy grinding pressure brings about a finer state of subdivision of the alloy, with the result that amalgamation is produced more quickly, and these finely ground alloy particles of the amalgam will assume a close or compact relationship under the condensing thrusts. The mix should be homogeneous. Complete the process in the mortar, so that no hand mulling is required. Do not mull either before beginning condensation or during condensation, as is sometimes done in order to keep the mass "alive." It will be noted that where the mixing is carried beyond a certain point, the mass becomes more pasty. This is overmixed and ordinary condensing pressures will not eliminate the mercury.

Condensation begins immediately after completion of the mix and is to be done under heavy pressure. Special and adequate instruments for amalgam, as for other materials, are absolute essentials. Use an amalgam carrier (the largest Caulk type is a good one). The assistant fills this and has ready so that no time is lost in placing each portion in the tooth. The first portion is placed in the cavity just as it comes from the mortar, no mercury being expressed. This is adapted thoroughly to the cavity, condensing rapidly but heavily and uniformly, bringing excess mercury to surface. The next portion is added, which is condensed in like manner, forcing it in every direction. If too much mercury be brought to the surface, this should be removed, but a slight amount should be present as each successive portion is added. At the proper time, near completion of the filling, as experience will indicate, express all excess mercury by twisting in a chamois. As the occlusion is reached, condense heavily toward the margins, thus opening a "V" shape groove. Into this is placed a portion of the drier amalgam, which is heavily condensed to place, thus wedging the mass more firmly against the tooth walls. Build filling well above the occlusion. Your condensation will bring the excess mercury into this portion. Grossly carve this away as soon as condensation is complete, before matrix is removed. This early carving will remove mercury before it has time to diffuse back into filling. No more than 2 or, at most, $2\frac{1}{2}$ minutes should be used in condensing a filling, since prolonged disturbance of the mass interferes with the setting process and results in weakening. In compound cavities, condense the interproximal portion thoroughly, up to step, before much effort is made at condensing the occlusal portion. This precaution guards against the interproximal section giving down under the condensing thrusts, as the occlusal section or portion is joined. Should this give as the occlusal is joined, a fracture at the angle will be revealed later. Let these points guide in condensation: Sufficient plasticity, not excessive; perfect adaptation; heavy uniform condensing pressure; the removal of as much mercury as possible during condensation; and all these things within the shortest period of time, so that setting be disturbed as little as possible.

Remove matrix. Trim to smooth margins at this time. The removal of the matrix should always be done with care. It is generally best accomplished by slipping the entire band lingually, then tilt to a pronounced angle and remove one end at a time on a horizontal plane, keeping the band at the angle. Never draw it toward the occlusion, nor pull the ends, which have been crimped, through the interproximal space, as this is likely to break the edge or mar the contacts. With due consideration of these points mentioned, it might be said that the band should be removed in the direction of least

resistance. The stiffer mix used, together with the heavy condensation, facilitates the removal of the band with much less danger than where a highly plastic mass with light condensation has been used. Complete the carving of the occlusion at this stage. Do not accentuate the sulci or grooves. There is no advantage to deep grooves, besides they discolor markedly. Avoid heavy burnishing.

Polishing is done preferably five to ten days after filling. Where several fillings are to be inserted, it saves time to defer polishing until all the fillings are placed. First use a small mounted stone to bring about flush margins. In doing this it will be noted that at times a small amount of the tooth is cut away as well as the amalgam: no harm is done by this. Next, follow out the grooves with a polishing burr of suitable shape and size. Now polish with $\frac{3}{8}$ or $\frac{1}{2}$ in. regular grit sandpaper disks, followed by the finest grit, then by the finest crocus. It will be found that $\frac{3}{8}$ in. disks are more effective in polishing the sulci. Assistant dries the tooth either with swab of cotton or blast of air before using disks. Dry disks, aside from lasting longer, are much more effective in polishing. Dry crocus disks of finest grit give a good degree of luster, but by the use of dry prepared chalk or tin oxide 1 part and prepared chalk 2 parts on a felt wheel, a higher luster can be produced. Always avoid frictional heat in polishing, as this brings mercury to the surface, resulting in early discoloration. It also weakens the filling. The interproximal surface seldom requires extensive polishing where a perfectly smooth matrix band had been properly adapted. It is much easier and quicker to prevent overhangs and poor margins by properly adjusting matrix band than it is to try to carve these away when once they have been formed. For polishing the interproximal, a narrow linen finishing strip of finest grit is generally all that is needed. Prepared chalk on strip will give a better luster. Burnishing with a straight explorer or very small instrument is often effective. This can be safely done at this time, as the amalgam is thoroughly set.

Careful study of the above instructions, which at first may seem rather drawn out, will reveal the fact that the entire procedure is simple and concise. With this simple technic, where proper care has been given to cavity preparation, lining, etc., and where instruments have been carefully selected for each stage of the operation, an amalgam restoration of genuine worth and beauty can be produced.

This technic was in process of development over a period of years. The various steps were arrived at through careful consideration of the work done at the National Bureau of Standards and by individual workers throughout the country, together with considerable clinical observation and a rather drawn-out personal investigation of our high silver alloys with a comparative study of their behavior under different modes of manipulation (some of the recently improved or changed alloys being included in the study). Among other things, this investigation revealed that, where this technic is followed, the flexure or combination tensile and compression strengths, together with the attrition values, which are points of great concern to both the patient and the dentist, are markedly increased with every alloy studied, none excepted, excessive expansion being held at a minimum.

Dr. Cannon then showed slides illustrating his address.

Dr. Martin:

Doctor, would you mind telling us what you use over that exposed nerve?

Dr. Cannon:

That is a matter of preference. Use whatever you prefer. I use a mixture of zinc oxide and mugonol. You can buy a preparation already made.

Question:

How long after you have fitted those fillings in before you polish them?

Dr. Cannon:

It is better to wait for from five to seven days if you can, because by that time the reactions that are going to set in are all complete. You can polish in one day if you want to, but you get better results by waiting. Above all, in polishing your filling, do not create frictional heat.

Question:

Do you remove that excess mercury from the cavity as you pack it? As it rises to the top do you remove it before you add more amalgam?

Dr. Cannon:

We want some free mercury on the surface before we add each portion of the filling, as you come to the top. Then express all the mercury and drive it home—built it to completion. But if you can build your filling to the surface with sufficient plasticity always to prevent cracking you will get the best results with your filling, just so you are all the time removing the mercury from your substance. As you remove the mercury from down underneath as you come to the top that other is not disturbed any more and will remain constant in its behavior and become a very stable mass.

Question:

Do you recommend expressing as much mercury as possible?

Dr. Cannon:

I never use pliers to express it; that would make it too dry. You do not want it too dry.

Question:

Does the expressed mercury contain the same proportion of the constituents of the alloy?

Dr. Cannon:

It does not. It seems to me that the work done at the Bureau of Standards showed it contains about eight times as much tin as it did silver. It was something like seven times more tin than silver.

Question:

How does that affect the property of your amalgam?

Dr. Cannon:

If you were to use a very highly plastic amalgam it would be sufficient to disturb the behavior of your filling, but if you use a reasonably plastic amalgam there is not enough brought out to affect the behavior of the filling.

Question:

What causes fillings to blacken?

Dr. Cannon:

One thing is porosity. Working your fillings too dry. Insufficient amount of amalgamation, whereby porosity would be created, because you cannot condense a filling unless you get it so those particles glide over each other. Discoloration is caused by frictional heat in polishing. One of the best ways of polishing an amalgam filling is, after sufficient time for setting has elapsed, to take a stone and bring the filling and the margins to flush. Then take an ordinary burr. Then you can use sandpaper and can use crocus paper, if you keep it dry. Then the last thing to use is the burnisher. The Bible speaks of burnished gold. There has never been anything used that will bring the luster to amalgam that burnishing will, but burnishing should never be done until amalgam is thoroughly set.

Question:

Don't you think a brush and pumice stone are indicated for polishing?

Dr. Cannon:

I never use it. It is all right if you like it, but I never use a brush in the mouth, because of prophylaxis. I use a rubber cup. The brush is all right if you like it, but that is the objection to it.

Question:

What is crocus paper?

Dr. Cannon:

Crocus, if I remember, is a shell, very fine. It is a dark-colored, slate-colored disk, and you can get the fine and the coarse. If you get the finest crocus it produces a luster that is marvelous in its effect.

Question:

Do you use a hand burnisher?

Dr. Cannon:

Mechanical. I have a hand burnisher, also.

Question:

What proportion of alloy to mercury?

Dr. Cannon:

I use a small beam scale or proportioner scale. I will show it to you.

Question:

What do you think of the mechanical beams?

Dr. Cannon:

They are of questionable worth and accuracy, because the tracks through which that stuff flows sometimes become clogged and do not measure accurately. Then, again, all alloys should be measured by weight, since the volume is not the same.

Question:

If fillings become contaminated by fluids of the mouth, at what point should the saliva be released?

Dr. Cannon:

That brings me to a thing that I believe I am safe in saying down here in North Carolina, but that I would not have said in Nebraska last year. Over in Nebraska, if you do not use a rubber dam you had better keep your head in. I must say the rubber dam is wonderful, and I have great respect for it and use it occasionally. But as a general routine I try to simplify my technic and do away with it if I can. It shortens the procedure, and I can do more dentistry in an hour's time. That is, *I can*. There is no objection to saliva's getting to the amalgam immediately after the filling is in. If there is gold in the patient's mouth, there is a little flow from the gold to the amalgam. I have devised a way of controlling this flow. If the flow is too great, and there is a shock to the patient, cover the gold with a cavity lining.

You have asked a big question about saliva coming in contact with the filling. If you have in your mouth gold fillings there is going to be this flow of current from the gold to the amalgam. That is going to carry with it, perhaps, I believe, some disintegrated particles of saliva, and there is going to be discoloration of that filling sooner than if there were no gold in the mouth.

Some time ago I was running a series of tests to determine what causes discoloration. I had placed an amalgam filling for one of our instructor's wives, in contact with gold. I knew the filling to be a good one. When she returned, the filling had turned black. I decided I would

take it over to the laboratory and see what happened. I took a test tube of saliva. I took a bar of amalgam, such as I use for testing, and broke it in half. One piece I placed in a test tube with saliva and gold and the other in a test tube with plain saliva, without gold. That in the tube with the gold turned dark; the other did not. I did that under ordinary temperature and did it three times with the same results. Then I took it to the laboratory and did it again under controlled temperature and got the same results. About that time the midwinter clinic came on, and I was very busy. Later I went back to the laboratory and ran more tests and never got a single positive test after that.

Question:

Did you test the acidity of the saliva in each of those tests?

Dr. Cannon:

Well, the acidity of the saliva would have to do with the motion of the current. The more acid the saliva, the greater the current flow. The more acid, the greater the disturbance in the mouth.

Question:

Doctor, sometimes when you pick up a metal instrument you get a shock, but you pick up an ivory instrument and do not get that shock. What causes that?

Dr. Cannon:

That is due to the fact that there is material in that mouth having a different electrical potential; and the contact of that instrument, although it may not be in contact with the patient, is producing that electrical shock. There is something in contact with the operator and with the patient, maybe saliva, that causes the shock.

A Member:

Sometimes you get shock in the patient.

Dr. Cannon:

In that case it is better to paint that filling with a cavity lining for a few days, until that reaction wears off.

Question:

What about in case you put in a filling and three or four days later have shock pains shooting through it?

Dr. Cannon:

Sometimes that is due to thermal activity, thermal conductivity of the filling. Usually those things can be controlled by properly insulating

the filling in the cavity. If not, release the margins a little. Sometimes it can be relieved by painting the filling for a few days with an insulating material.

Question:

Doctor, you say you use a mortar and pestle, but you did not say how long you mull it.

Dr. Cannon:

We do not mull it at all. It is permissible to mull it slightly, but remember in mulling it you are breaking down crystallization, and if you do that it will develop weakness.

Question:

After you fill your cavity to the margin, you carve that off. Do you remove that immediately, Doctor?

Dr. Cannon:

You can remove the matrix band immediately without injuring the margin of your filling. It is a little safer to remove it immediately, else it gets back into the filling.

Question:

Doctor, do you believe the pulps of teeth are ever destroyed because of having amalgam fillings and gold fillings in the same mouth?

Dr. Cannon:

I do not believe so. There was an article published in one of the last issues of "The Dental Cosmos." Look that up and you will find a most interesting article in there. There is a barrier that is created that protects the flow of current, so that the shock is minimized, and it is self-forming. This writer goes on to say that discoloration of amalgam is not objectionable, but rather may prove a protection against pulp shock, due to the fact that the current does not flow so readily when the filling is protected by this film of discoloration.

Question:

What do you use for sterilizing the cavities?

Dr. Cannon:

Iodine, three per cent, is one of the most effective means for sterilizing the cavity that I know. If you want to, you can use one part of phenol and one part eugenol. Wipe away the iodine, if you use it.

Question:

What about pure phenol?

Dr. Cannon:

I think it is all right. But there are some objections to it, because it destroys the fibrillæ of the tooth.

Question:

What do you think of creosote instead of cavity lining?

Dr. Cannon:

Creosote is a good sterilizer, but it would not protect the nerve tissue.

A Member:

I find, in bridge preparation, if I dry two or three times with beechwood creosote it does not seem to get nearly as sensitive.

Dr. Cannon:

That is due to the fact that it does destroy to a certain extent the terminals of the nerves.

Question:

What do you think of thymol?

Dr. Cannon:

Thymol is tolerated by nerve tissues, as I understand it, without much destructive effect, and thymol is prepared in a most useful way in thymolsine. I have never had a nerve die when I used it.

Question:

What is the objection to using alcohol to sterilize?

Dr. Cannon:

Alcohol dehydrates the tooth, and it is supposed to be destructive. If you do use alcohol in sterilizing the tooth, it will take more time to produce sterilization, perhaps, with alcohol than with other things, and you will get a pretty high degree of dessication of the tooth structure. It is all right if you will refill those empty pores of the tooth with distilled water or with eugenol. I would not be surprised if the use of alcohol followed by eugenol would not be a wonderful procedure.

Question:

Is not three per cent iodine made up with alcohol?

Dr. Cannon:

Three per cent iodine is made up with alcohol, and I use it and use the eugenol and phenol following it.

Question:

Could you dilute the iodine with aconite?

Dr. Cannon:

I do not use aconite, but a good many dentists do and are foolish about it.

Question:

Do you dry the tooth with warm air or with cotton pellets?

Dr. Cannon:

Warm air. I want the tooth to get thoroughly dry and want it to drink up this eugenol. Then I cover it with a cavity filling.

Question:

What do you think of silver nitrate?

Dr. Cannon:

Silver nitrate is wonderful, but it must be used with judgment. It produces discoloration. A patient of mine might go to you, and if I have used silver nitrate under the filling and produced discoloration under the filling you must of necessity remove that filling to see if there is decay.

Question:

Do you follow the nitrate of silver with eugenol?

Dr. Cannon:

If you do, you get it just as black as it can be.

Dr. Martin:

In case of exposure, what do you think of using some of these preparations you spoke of a while ago, and then putting a very thin layer of cement over that and letting it harden before putting in the filling?

Dr. Cannon:

That has very little advantage over using the substance itself.

Dr. Martin:

Will it stay put? Don't you push it out of the way?

Dr. Cannon:

It will stay put if you use the preparations that are available. If you use the columns down to the firm tooth structure you get the support and you simplify the operation. That practice you spoke of is widely used and has its merits.

Dr. Cannon:

You don't know how I appreciate the interest you have shown. This afternoon and tomorrow I shall have a clinic, and I hope you will get something from it.

President Pridgen:

We thank you, Dr. Cannon.

This concludes the morning program.

The society then adjourned at 12:50 o'clock p.m.

BANQUET SESSION—TUESDAY EVENING, MAY 4, 1937

The annual banquet was held in the main dining room of the Carolina Hotel on Tuesday evening, May 4, at six-thirty o'clock p.m., with Mr. Robert E. Denny, of Pinchurst, acting as toastmaster.

Toastmaster Denny:

I recognize Dr. Amos Bumgardner, of Charlotte.

Dr. Bumgardner:

There are some events and some emotions that can never become quite commonplace. The reddening of autumn and the green tide of incoming spring are real miracles in the natural world. In the realm of spirit we have equally as important epochs in the march of unfolding progress, and today we climax another milestone in the affairs of scientific betterment. We shall never be unmindful of the service rendered by men who labor at these tasks and the challenge of unselfish devotion they throw out to each one of us. The conspicuous service rendered by the President of our North Carolina Dental Society in the year 1936-37 is such and his administration of that office has been such that the awarding of a badge is entirely unnecessary. It gives me great pleasure, however, Dr. Pridgen, to present to you, on behalf of the North Carolina Dental Society, this emblem of pure gold. As each grain is welded together to make this beautiful design, just so has our State Society been harmoniously working together under your able leadership. As you wear this token in the years ahead, may you have the satisfaction of knowing that you have the affection and good will of every member of the North Carolina Dental Society. (Applause.)

President Pridgen:

Mr. Toastmaster, Dr. Bumgardner, and friends, there are few things in life more precious than the esteem of one's associates. I accept this emblem as a token of your esteem, although realizing my unworthiness and mindful of the fact that but for your generosity I should not be

entitled to receive it. I shall wear it with pride and pleasure, remembering this wonderful group of men and women and how they have so loyally supported me during my administration. It will ever be to me an inspiration and will call forth my best efforts in any movement for the betterment of our profession. (Applause.)

Toastmaster Denny:

I now recognize Dr. C. A. Pless.

Dr. C. A. Pless:

I should like for Dr. I. R. Self to come to the Toastmaster's table.

Ikey, it is indeed an honor and a pleasure to present to you this evening a token of the esteem and appreciation of the North Carolina Dental Society—this little medal, the intrinsic value of which is very small, but what it represents is very great. I could have no greater pleasure than to have the honor to speak the words of every member of the North Carolina Dental Society and to hand to you as a token of their friendship and esteem this medal. (Applause.)

Dr. I. R. Self:

The intrinsic value of a thing is often not its real value. I do not know what to say. I wish to thank you all from the bottom of my heart. (Applause.)

Toastmaster Denny:

I ask Dr. Keel to come up. Dr. Keel is from Winston-Salem, and he does not smoke cigarettes. (Laughter.)

Dr. H. L. Keel:

Is John McClung in the room? Come over here, John, I want to talk to you a minute.

Dr. McClung, it is with a deep sense of emotion that I present to you this beautiful emblem. You were a hard worker for organized dentistry before you were president, but since that time I do not know of any man who has worked harder for the betterment of our profession. There is no one in our organization that deserves this little token more than you do. On behalf of your friends in Winston-Salem, I present to you this badge, representing in a small way our appreciation of the services that you so freely gave to the North Carolina Dental Society during your term as President.

Dr. McClung:

Mr. Toastmaster, ladies, and fellow members of the North Carolina Dental Society, I hardly know what to say. I do thank you from the bottom of my heart.

Toastmaster Denny:

I want Dr. Ralph Jarrett, please. Dr. Jarrett, I believe you want the air for a little bit.

Dr. Ralph Jarrett:

I should like to have Dr. C. F. Smithson, our past president for 1913-1914, to come up.

I have here tonight with me one of my best friends, and this is indeed a great honor. Man is endowed with many things. Some are endowed with mental capacity to rise above the rest of us and to run our governments. Others are endowed with various gifts. But the greatest endowment that a man can have is friendship. I have tonight a medal to present to my friend, who helped this institution of ours, the North Carolina Dental Society, pass through the years of 1913 and 1914.

Dr. John F. Smithson, known to all, I present to you a token of love and, most of all, of friendship, in appreciation of what you have done for us. (Applause.)

Dr. Smithson:

Mr. Toastmaster, this is quite a surprise to me. I appreciate the token and thank all you boys. Thank you, Ralph. (Applause.)

Toastmaster Denny:

Will Dr. Phin Horton stand up?

Ladies and gentlemen, this young man is now attending his forty-fifth session of this organization. I understand he has been a member of your society for forty-four years and has never missed a meeting. This is his forty-fifth. (Applause.)

I wonder if there is anyone here who has a better record. If so, step up, please. Dr. Horton, will you say a word to the boys and girls?

Dr. Horton:

I will say a word to the girls but not to the boys. Girls, I want to say that I am very glad to be here and very glad of the opportunity to appear before you as one of the members of this association. It always gives me very great pleasure to attend these meetings and I have gained a good deal of information from them. What I want to say is this: I want to come for another forty-five years. (Applause.)

Toastmaster Denny:

I recognize Dr. R. P. Shepard, chairman of the Golf Committee.

Dr. R. P. Shepard:

The 1937 Golf Committee made arrangements for the annual golf tournament Sunday afternoon, May 2, at the Pinehurst Country Club on the Number Three course. There were thirty-two dentists and six

guest players. The prizes were donated by the various commercial houses that serve us and the laboratories. There are nine of these prizes, and our thanks are extended to the several donors. The participants were loud in the praise of the course, and a large time was had by all.

I wish to announce at this time for the Golf Committee that Dr. F. C. Mendenhall, of Winston-Salem, had the low score of 78, and therefore receives the first prize.

Dr. S. E. Moser, of Gastonia, gets the prize for the second low gross score—82, which is plenty good on a strange course. Dr. Moser gets a prize of an electric coffee set (Westinghouse).

Dr. Moser, I am glad to present this to you.

The next prize goes to Dr. B. N. Walker, of Charlotte, for low net. He had a score of 70. This prize is a Shaeffer lifetime desk set.

The second prize for low net goes to Dr. R. F. Jarrett, of Charlotte, who also had 70. This is an electric clock.

The next prize, for the fewest putts required during the eighteen holes of golf, on a strange course, 31 putts, goes to Dr. F. W. Davis.

Dr. D. T. Waller gets the second prize for the lowest number of putts; he had 32.

The next prize, for the best selected six holes out of the first nine holes, goes to Dr. R. E. Spoon, of Winston-Salem.

The next prize, for the best selected six holes out of the second nine, goes to Dr. B. O. Montgomery.

The last prize goes to Dr. B. R. Morrison. He had the highest handicap in the tournament—had the highest score. We have one prize that will go to him. His score was 126.

I take this occasion to thank the supply house men and the laboratory men for these prizes that were donated.

Toastmaster Denny:

This concludes the program.

Thereupon the banquet session adjourned and the members convened in the music room for the evening session.

EVENING SESSION, TUESDAY, MAY 4, 1937

The society convened in the music room of the Carolina Hotel and was called to order by the President at 8:45 o'clock p.m.

President Pridgen:

The meeting will come to order.

I announce the appointment of the following Elections Committee: Dr. G. A. Lazenby, chairman; D. A. Pitt Beam, Dr. C. A. Graham,

Dr. Sandy Marks, Dr. I. H. Hoyle, Dr. C. M. Parks, Dr. W. C. Current.

The Secretary has a telegram to read at this time.

Secretary Alford read the following telegram from Dr. J. B. Little: "This the forty-ninth session since date membership 1888 convenes when I am sick. Greetings to friends I hold so dear."

Secretary Alford:

I might add that Dr. Little was sent a telegram today.

The President:

The order of business tonight is the election of officers. Nominations are now in order for President-Elect.

Dr. Bobbitt:

Mr. President and gentlemen of the North Carolina Dental Society, I wish to place in nomination a man who is known to every man in the society, a man who has done as much work as anybody in the society I know of for the last seven years. He needs no introduction, because all of you know him. I nominate Dr. G. Fred Hale. (Applause.)

Dr. Chamblee:

I don't believe in epitaphs, so I should like to turn this meeting for a moment into what we term in the backwoods a truth meeting. I have waited a long time to say what I should like to say about Fred Hale. I have known Fred for seventeen years; I knew him when he was in the Medical College of Virginia, when he daddied boys in the freshman class and helped them out of their difficulties; I have known him in Raleigh, where I know he is a most excellent dentist. Fred has a heart of gold. He is a scholar, a civic leader, a gentleman in the finest sense of the word. Mr. President, it makes me very happy indeed to second Dr. Bobbitt's nomination for Dr. Fred Hale as President-Elect. (Applause.)

Dr. Medlin:

Even though I do not practice in Raleigh, I feel I know Dr. Hale as well as any man in the room. I was in school with him, and I have been in close contact with him since he started practice. In my opinion, he possesses all the qualifications that the President of the North Carolina Dental Society should have. Those requirements, in my opinion, are, first, that he must be a successful dentist; second, he must be a hard worker for the State Society, which Dr. Hale certainly has been; third, he must be a leader among the people of his own town outside of his profession. I take great pleasure in seconding the nomination of Dr. G. Fred Hale.

Dr. E. B. Howle:

Mr. President, it gives me great pleasure to second the nomination of Dr. G. Fred Hale for President-Elect.

Dr. Ralph Jarrett:

Mr. President, when a man earns the honor, and becomes the nominee for President-Elect of the North Carolina Dental Society, I think the honor should come to him without competition. I move that the nominations be closed, as they should be, and that the secretary cast the unanimous vote of this society for Dr. Hale.

This motion was seconded by several members and was carried without a dissenting voice, with loud applause.

Dr. G. A. Lazenby, Chairman Elections Committee:

Thank you, gentlemen; we don't have to work when you do like that.

President Pridgen:

The Secretary is instructed to cast the ballot of the society for Dr. Hale.

Secretary Alford:

It gives me great pleasure, Mr. President, to cast the unanimous ballot of the North Carolina Dental Society for Dr. G. Fred Hale for President-Elect.

(Calls of "Speech," "Speech.")

President Pridgen:

Dr. Hale, come forward. (Applause.)

Dr. G. Fred Hale:

Mr. President, I am terribly embarrassed at all the nice things my friends have had to say about me. I wish they were true, and I am deeply grateful to you; that goes without saying. No one is more familiar, probably, with the responsibility this office entails than I, and no one knows better than I the opportunity for service which it offers. I accept the honor with deep humility.

President Pridgen:

At this time nominations are in order for Vice-President. Dr. Everett Smith is recognized.

Dr. Everett Smith:

Mr. President, I wish to place in nomination for Vice-President a man who has been a member of this society and has been loyal and faithful—Dr. W. T. Smith, of Wilmington.

Dr. J. N. Johnson:

May I have the pleasure of seconding the nomination of Dr. W. T. Smith for Vice-President? It so happened that we took our examinations on the same day and began practice in the same town. Bill was able to stay there and make a living, and I had to leave to keep from starving to death because he was there. He has rendered a great service to the North Carolina Dental Society. He has always been consistent, but one of the greatest things about him is the two fine boys that he has brought into the organization. They are just like their daddy. It is irregular, but I want to make a motion, as a special tribute of affection and respect, that the Secretary cast our unanimous vote for my friend Bill Smith.

Dr. Clyde Minges:

I second Dr. Johnson's motion.

The President:

Dr. Johnson moves that the nominations be closed and Dr. W. T. Smith be elected our Vice-President by acclamation.

This motion was adopted.

Dr. Lazenby:

Again the chairman of the election machinery wishes to thank you for placing such a light burden upon our shoulders.

The Secretary cast the ballot of the society for Dr. Smith.

President Pridgen:

The Chair requests Dr. Smith to come forward.

Dr. W. T. Smith:

Gentlemen, I thank you.

The President:

Next in order is the election of a Secretary-Treasurer.

Dr. Chapman:

I wish to place in nomination for this office, which is undoubtedly a responsible position and one that carries the bulk of the work of the society, as we all know, a man who has carried on successfully and honorably for two years and who is willing to carry on for another year if this body so wishes—Dr. Frank Alford, of Charlotte; and I wish that the rules may be suspended and that Dr. Alford may be elected by acclamation. (Applause.)

Dr. Bert Fox:

I am a firm believer in rotation of honors. The honors that the society has to confer, I believe, should be rotated around. The office of Secretary-Treasurer, however, is not exactly an honor; it is more of an onerous duty; and when we have a man so capable as Frank Alford I believe we would be lucky in having him continue for another year, and I should like to second his nomination. (Applause.)

Dr. Jennette:

Mr. President, I have known Dr. Alford for some time, and I have worked with him and for him, I might say, and there is not anybody in here that can do any better than he can do. I move that the nominations be closed and that the President cast the unanimous vote of the society for Dr. Alford for Secretary.

Dr. Neal Sheffield seconded this motion, which was carried with applause.

The President:

It gives me a great deal of pleasure to cast the vote of the Society for Dr. Alford.

Dr. Lazenby:

Mr. President, I am more convinced every day of my life that a politician has good pay and no work.

(Cries of "Speech.")

Dr. Alford:

Gentlemen, I do consider it an honor to be elected to serve in this office, and while I do not feel that I am entirely capable, I am glad to do the best I can, and I thank you. (Applause.)

President Pridgen:

Next in order is the election of a member of the North Carolina Board of Dental Examiners to succeed Dr. Howle, whose term expires.

Dr. W. M. Matheson:

Mr. President and members of the North Carolina Dental Society, the one to succeed Dr. Howle has a most difficult job. I doubt if there is any responsibility greater in any office of the society than in being a member of the examining board. A member of this board must be able, from the academic standpoint and the scholastic standpoint, to give this examination. His work and character and life have to be such as to command the respect of the lawmakers of our State, as well as be a living example to those men taking the examination. We have, in my opinion, one man who can carry on this great work. It gives me great pleasure to nominate at this time Dr. Wilbert Jackson. (Applause.)

Dr. McRae:

It gives me pleasure to second the nomination of Dr. Jackson.

A Member:

I want to nominate Dr. Howle.

Dr. E. B. Howle:

Mr. President and gentlemen, nine years ago this organization saw fit to honor me by making me a member of the North Carolina Board of Dental Examiners. Since that time I have held that position and taken care of its duties to the best of my ability. Some of my friends have been to me in the last few days and expressed their regret that I would not be willing to allow my name to come up again at this time. I have explained to those gentlemen that it would be some sacrifice on my part to serve for another term. If I felt that I were absolutely needed on the Board of Dental Examiners, there is no sacrifice that I would not make in order to serve. But, gentlemen, I do not feel that such need exists, because there are many men in this organization who can fill the place with much more credit to you than I can. An outstanding man has been nominated—Dr. Wilbert Jackson. He is a man of integrity, a man of ability, a man of intelligence; and it gives me great pleasure to second the nomination of Dr. Jackson. (Applause.)

Dr. Clyde Minges:

Mr. President and gentlemen of the North Carolina Dental Society, were it not for the reasons that you have just heard enumerated by Dr. Eugene B. Howle I should not be standing before you tonight in the capacity in which I now appear. It has been not only my pleasure but my great privilege, a privilege that I shall esteem so long as I live, to have served on the board with so noble a man as Gene Howle. In contradiction to what Dr. Howle has just said, there is no man, I believe, within the borders of the State of North Carolina who can so capably fill the office of Secretary of the Board of Examiners as Dr. Howle has filled it and can fill it. He has expressed to me, however, and he has expressed to you his desire that his name should not be presented on this floor, and when a man has done as much for North Carolina as Dr. Howle has we cannot disregard his wishes in this matter. My capacity before you tonight, gentlemen, is this. Inasmuch as Dr. Howle does not wish that his name be presented here, I think that we should do the best we can under an unfavorable condition; and I do not believe, gentlemen, that we can do better than to select the man who has been nominated to succeed Gene Howle. Mr. President and gentlemen of the North Carolina Dental Society, there is not a man present who knew that I was going to say one word here tonight. I am not attempting to railroad things; I want every man to be given his chance; but, Mr. President, if I am in order I should like to move you that the rules be suspended, that

the nominations be closed, and that the Secretary be instructed to cast the unanimous vote of this body for Dr. Wilbert Jackson as a member of the board to succeed Dr. Howle. (Applause.)

Dr. Hooper:

I want to second Dr. Minges' motion and want to do something else, if he will permit me. I should like to second the motion that the nominations be closed and that the Secretary cast the vote of the entire society for Dr. Wilbert Jackson, and I should like to amend that by adding that the members here assembled of the North Carolina Dental Society rise in appreciation for the services which Gene Howle has rendered each and every one of us during the time he has served on our State Board.

The members rose and applauded, and the motion was put to vote and carried.

Dr. Lazenby:

The Elections Committee is standing up pretty well under its arduous duties, Mr. President.

The President:

The Secretary is requested to cast the ballot.

Secretary Alford:

It gives me great pleasure, Mr. President, to cast the unanimous ballot of the North Carolina Dental Society for Dr. Wilbert Jackson to succeed Dr. Eugene Howle as a member of the State Board of Dental Examiners.

Dr. Wilbert Jackson:

Mr. President and members of the North Carolina Dental Society, I should be the most ungrateful human being that could be imagined to live if I did not rise to my feet and tell this body that I am indeed grateful for the honor you have bestowed upon me tonight. It shall be my purpose and ambition to do all in my power to prove myself at least partially worthy of this great honor. I hope, fellows, that the trust you have bestowed upon me may never be betrayed. It shall be my purpose to serve the North Carolina Dental Society during these three years to the very best of my ability. Fellows, I wish I could express my appreciation to you, but I hope I can show my willingness to serve by being used. I know that it is a great task and a great burden, but if I can show my appreciation by being used by the men of this society and those who come after us I shall be very happy. (Applause.)

The President:

Nominations are now in order for a successor to Dr. C. C. Poindexter on the Board of Dental Examiners.

Dr. W. F. Clayton:

I wish to place in nomination before this body Dr. Charles C. Poindexter to succeed himself as a member of the Board of Dental Examiners. It is needless for me to take your time by telling you of the good qualities of Dr. Poindexter. He is already well known to you. I am sure you are interested in the work of the North Carolina State Board of Dental Examiners and, being interested, have kept up with the members of this board, and you know that Dr. Poindexter has done a great service, and his record is spotless. He is a man that you can depend upon always to discharge an obligation or duty to the North Carolina Dental Society efficiently and in a dignified manner. I therefore, Mr. President, take great pleasure in placing before this body the nomination of Dr. Charles C. Poindexter. (Applause.)

Dr. Neal Sheffield:

Mr. President, it gives me a whole lot of pleasure to second the nomination of Dr. Clayton for Dr. C. C. Poindexter to succeed himself. It is needless for me to say anything about Dr. Poindexter; he is a man whom we all know and whom we all love. It gives me great pleasure to second that nomination. (Applause.)

Dr. Paul Jones:

I move you, sir, that the nominations be closed and that the Secretary be instructed to cast the unanimous vote of this society for Dr. Poindexter to succeed himself.

This motion was seconded by Dr. H. A. Edwards and received several other seconds. It was then put to vote and carried, and the President requested the Secretary to cast the ballot.

Secretary Alford:

It gives me great pleasure to cast the ballot of the entire North Carolina State Dental Society for Dr. Poindexter to succeed himself as a member of the State Board of Dental Examiners.

Dr. Lazenby:

I wish to take this occasion, Mr. President, to congratulate the members of the North Carolina Dental Society upon their unanimous choice of officers. I have been a member for twenty years and have seen its ranks torn by strife and by political dissension. I have never seen such harmony as prevails tonight, and, seriously, I want to compliment the society upon not letting petty politics play a part in its proceedings.

The President:

The next order of business is the election of a delegate to the American Dental Association to succeed Dr. J. Martin Fleming, whose term has expired.

Dr. Dennis Keel:

Mr. President, I wish to place before this house the name of Dr. Clyde Minges in nomination as a delegate to the American Dental Association. This motion was seconded.

Dr. J. N. Johnson:

I have attended these meetings for twenty-eight years and I have never heard a more lucid report than that of Dr. Minges yesterday morning. In the first place, I have attended meetings of the American Dental Association and never found out where the House of Delegates was. He has attended now for three years and learned more than I was able to learn in twenty-eight years. Seriously, gentlemen, we have to have men of his type in order to get recognition. We have to send men to the National Dental Association that will go there and take the interest in this organization that our representative Clyde Minges took and come back with a lucid report of the whole thing that is interesting to every man who is a member of this organization. I want to put Dr. Minges in nomination to succeed Dr. Fleming. Further, I want to add a suggestion that whereas any man in this organization is elected to go to the House of Delegates of the American Dental Association if he finds out he cannot go, unless he reports it to the Executive Committee of this society he shall be disfranchised, so to speak, for three years, and that for three years his name shall not be mentioned for any honor. When a man travels across the continent to go and represent this society and brings back as clear and complete a report as Dr. Minges did, we should recognize him.

This motion was seconded.

Dr. J. A. Sinclair:

Mr. President, Dr. Johnson has in a few words told you the importance of the delegates of North Carolina to a National Association meeting. I assure you there is one qualification that is worth more than anything else in dealing with the National Dental Association, and that is contact. I assure you that there is no man in the South that enjoys national contact in greater degree than Clyde Minges. That means if Clyde Minges goes to the House of Delegates from this association, we shall get action, we shall get respect, and we shall get attention. It is my pleasure, Mr. President, to second the nomination of Dr. Clyde Minges.

Dr. Darden J. Eure:

I wish to move that the rules of the society be suspended and that the nominations be closed, that Dr. Clyde Minges be elected as our delegate to the American Dental Association, and that the Secretary cast the unanimous vote of this society.

Dr. Lazenby:

Mr. President, I wish to second that motion.

The President:

Mr. Secretary, do your duty.

Secretary Alford:

I seem to be doing all the voting tonight. It gives me great pleasure to cast the ballot of this society for Dr. Minges as delegate to the American Dental Association.

The President:

Nominations are in order for alternates to the American Dental Association.

Dr. Z. L. Edwards:

I should like to nominate Dr. J. A. Sinclair, of Asheville.

Dr. J. N. Johnson:

I second the nomination.

Dr. H. O. Lineberger:

I nominate Dr. J. N. Johnson, of Goldsboro.

Dr. J. N. Johnson:

You know I am traveling on one leg, and the other is already in the grave. You have young men here, intelligent and able fellows. I wish to nominate Dr. Paul Jones, and ask you to withdraw my nomination.

The President:

Will the gentleman withdraw Dr. Johnson's nomination?

Dr. Lineberger:

I did not know he was that poorly, but if he is I will withdraw it.

Dr. Bumgardner:

I should like to nominate our retiring president, Dr. Pridgen.

Dr. Z. L. Edwards:

I move that the rules be suspended, that the delegates nominated be elected by acclamation, and the Secretary-Treasurer be instructed to cast the unanimous vote of this society for the nominees.

The President:

The Secretary will put the motion.

The Secretary put the motion to vote, and it was carried without a dissenting voice.

Secretary Alford:

It gives me great pleasure to cast the ballot of the entire North Carolina Dental Society for Dr. J. A. Sinclair, Dr. Paul Jones, and Dr. D. L. Pridgen as alternates to the delegates to the American Dental Association.

President Pridgen:

Next in order is the selection of a place of meeting for the next convention of the North Carolina Dental Society.

Dr. Whittington:

It is my privilege and pleasure tonight to place before you gentlemen an invitation to go to Bermuda next year. I have not been there but have long anticipated going. I have a letter from Cook's Tours, of New York, which I shall read.

Dr. Whittington read the said letter.

Dr. Whittington:

A letter has been sent to every member with postage-paid return card. Eighteen replies have been received, and those eighteen said yes for themselves and their families. You doubtless know that we have had a petition up today, and many members have signed it. We hope you will decide to go.

Dr. Clyde Minges:

Mr. President and gentlemen, I hate to come before you again. Wherever the North Carolina Dental Society meets is immaterial to me. I will go anywhere. Personally, I should like to go to Bermuda. While I have not been a member of the North Carolina Dental Society for so long as Dr. Johnson says he has known Dr. Smith, which I believe he says is sixty-seven years, yet I have been a member for seventeen years. During that time I have seen the membership, by dint of hard work, grow from year to year until it has now reached the point where we have a membership, I believe, of 560. I should hate to see anything take place that

would cause a falling off in that membership. What we must consider here this evening is not what we should like to do, but what is best for the North Carolina Dental Society. As you know, our attendance here is rather fluctuating. It seems to me that the only equitable way to arrive at any definite conclusion, and which would allow everyone the right of voting on this proposition, is for the Secretary to mail a card to every member of this society whose dues are paid and let those individuals vote as to whether they would rather go to Bermuda or some place within the borders of our State. If they decide to go to Bermuda I shall be most happy, but I believe every member who has paid his dues to this organization should be allowed to vote. I believe we must consider, gentlemen, not only what we want but what is best for the society.

President Pridgen:

The Secretary has some communications to read.

Secretary Alford:

I have a letter here from the Chamber of Commerce inviting us to meet in Winston-Salem, and also a letter from the Mayor. I have a letter from Charlotte, asking us to hold our meeting there, also one from Chamber of Commerce and one from the Charlotte Hotel. Sedgefield Inn has written us inviting us to hold the meeting there. We also have an invitation to Asheville from the Asheville Chamber of Commerce.

Dr. Whittington said some cards had been returned by members who wish to go to Bermuda. My secretary sent me some cards, and she said of the cards returned sixteen signified a desire to go. Besides the members there were thirty-seven people outside the society who signed up to go.

Dr. S. Robert Horton:

Is there not an American ship on which the tour could be made?

Dr. A. H. Fleming:

I think Dr. Minges' idea is a very good one. I want to eliminate further discussion and save time. In view of the fact that there might be a great many men not here who would like to go to Bermuda, or to Charlotte, or to Asheville, I move that the Secretary mail out ballots to the individual members asking them to indicate where they want to meet and enclosing a return card for their reply.

Dr. Medlin:

If we do not go to Bermuda I should like to put in an invitation to come back to Pinehurst next year.

Dr. Howle:

It seems to me this is a most unusual procedure. I see no reason why we should not go on record right now as to whether we want to go on the sea voyage or meet in some place in North Carolina.

Dr. A. T. Jennette:

It seems to me that there is a rather embarrassing situation here. The Secretary has received letters of invitation from chambers of commerce and hotel people and mayors of cities, but only one invitation from a dentist has been received. It looks as though the dentists in those towns do not wish us to come. Of course, I realize it entails a great deal of work to have a meeting. But if we have difficulty in getting a place to meet, I should like to ask you to come to the original Washington down by the beautiful Pamlico.

Dr. Phin Horton:

The Secretary has read a letter from Winston-Salem. I wish to extend an invitation. We have ample hotel facilities. With all due respect to the gentleman from Greensboro who wants us to go to Bermuda, I am sure it would break up the attendance on our meeting. I believe the members would rather meet in some central point in North Carolina.

Dr. Whittington:

I move that we have a rising vote on the proposition to go to Bermuda. A general discussion followed. A vote was then taken on whether the society should take a convention cruise to Bermuda in 1938, seventy-two voting yes and ninety-seven voting no.

Secretary Alford:

Gentlemen, we have invited the North Carolina Dental Society to meet in Charlotte any time, and the gates of Charlotte are open to you whenever you want to meet there. I invite you to meet in Charlotte next year.

Dr. Minges:

I move to accept the invitation to come back to Pinehurst. I believe the Secretary's records will bear me out in saying that our attendance at Pinehurst is better than at any other place.

Dr. Moser:

I second the motion of Dr. Minges.

A vote was taken to decide on a place of meeting, resulting as follows: Pinehurst, 55; Washington, 2; Winston-Salem, 42; Charlotte, 34. On

motion of Dr. Jackson, a second vote was taken to decide between Pinehurst and Winston-Salem, resulting in a majority voting to accept the invitation to Winston-Salem.

The President:

I declare that Winston-Salem is selected as the place for our 1938 meeting.

The General Session then adjourned at 10:25 p.m.

HOUSE OF DELEGATES

TUESDAY EVENING, MAY 4, 1937

House of Delegates met in the bridge room and was called to order by the President at 10:30 p.m.

The roll was called by the Secretary, and the following members were present:

Dr. D. L. Pridgen	Dr. John R. Pharr
Dr. J. F. Reece	Dr. G. A. Lazenby
Dr. Frank O. Alford	Dr. J. H. Nicholson
Dr. Paul E. Jones	Dr. C. A. Graham
Dr. C. M. Parks	Dr. W. R. McKaughan
Dr. J. Martin Fleming	Dr. Dan T. Carr
Dr. W. E. Clark	Dr. Graham Page
Dr. John A. McClung	Dr. C. I. Miller
Dr. H. V. Murray	Dr. L. J. Moore
Dr. E. B. Howle	Dr. C. W. Sanders
Dr. H. C. Carr	Dr. W. L. McRae
Dr. S. P. Gay	Dr. J. A. Jernigan
Dr. O. C. Barker	Dr. Z. L. Edwards
Dr. T. A. Wilkins	Dr. W. T. Ralph
Dr. P. P. Yates	Dr. Paul Fitzgerald
Dr. J. P. Bingham	Dr. A. T. Jennette
Dr. J. Homer Guion	Dr. C. E. Minges

The President:

I declare a quorum present.

Secretary Alford read a letter from the Southern California State Dental Association, in regard to the formation of a National Woman's Auxiliary to the American Dental Association, and also a letter from Dr. Harry B. Pinney, Secretary to the American Dental Association, asking that the North Carolina Dental Society print on its official stationery and bulletins "Component of the American Dental Association."

AMERICAN DENTAL ASSOCIATION

CHICAGO, ILL., April 1, 1937.

To all State Society Secretaries:

DEAR DOCTOR: At the recent meeting of the Board of Trustees of the A. D. A., it was voted to request all State and Local Societies to have printed on their official stationery and bulletins—Component of the American Dental Association.

If it meets with your approval, may we suggest that you notify your local secretaries to this effect?

Sincerely yours,

HARRY B. PINNEY,
Secretary, American Dental Association.

SOUTHERN CALIFORNIA STATE DENTAL ASSOCIATION

LOS ANGELES, CALIF., April 29, 1937.

DR. FRANK O. ALFORD, *Secretary*,
North Carolina State Dental Association,
First National Bank Building,
Charlotte, North Carolina.

DEAR DR. ALFORD: The State Officers' Conference, meeting at San Francisco last year, passed a motion asking the Board of Trustees of the American Dental Association to take steps toward the formation of a National Woman's Auxiliary to the American Dental Association. Accordingly, the Board of Trustees appointed a committee to present to them, at Atlantic City in July, a plan for such an organization. No doubt the Board will refer the matter to the House of Delegates for authority to proceed with the organization.

We, in Southern California, believe that the potential strength of a Woman's Auxiliary, properly organized, will exert a tremendous influence over pending and future legislation affecting dentistry. We also believe that an Auxiliary can do a great deal of good in many ways, such as disseminating dental health educational material, assisting the local, state, and national dental societies at conventions, etc. Several state dental societies now have auxiliaries and others are being organized.

Our delegates to the American Dental Association meeting in July will be instructed to support this movement. The Council of the Southern California State Dental Association has instructed me to advise you of its action and to ask if your delegation cannot be similarly instructed.

I would appreciate hearing from you as to your position in the matter. If we can supply you with additional information, please command me.

Very truly yours,

C. S. DICKINSON, *President*.

On motion of Dr. J. Martin Fleming, the matter of the formation of a Woman's Auxiliary to the American Dental Association was left to the delegates to that Association.

On motion of Dr. Fleming, it was voted that the society use on its official stationery and bulletins the words: "Component of the American Dental Association."

Secretary Alford read a letter from Secretary Pinney, of the American Dental Association, in regard to a change in the basis for the number of delegates to the National Association.

President Pridgen:

Without objection, that matter will be referred to the delegates to the American Dental Association.

AMERICAN DENTAL ASSOCIATION

CHICAGO, ILL., April 30, 1937.

DR. FRANK O. ALFORD,
Charlotte, N. C.

DEAR DR. ALFORD: We have your letter of April 27th and note what you say in regard to your delegates and alternates for the coming A. D. A. meeting.

We shall be glad to present the matter of basing the number of delegates on the previous year's membership, to the Board of Trustees at its meeting in Atlantic City.

With kind regards, I am

Sincerely yours,

HARRY B. PINNEY,
Secretary, American Dental Association.

Dr. J. Martin Fleming:

In making reports of the committees yesterday afternoon, I forgot to make a report on our Relief Fund. As of May 1st we have in the Wachovia Bank in Raleigh \$2,304.75. We have had no application for aid during the year. That fund, as you know, is kept in that bank on the suggestion of the Executive Committee. It can be drawn out only by a check signed by at least two men.

Secretary Alford:

I got a letter from the American Dental Association yesterday, forwarded by my secretary, enclosing check for \$92.50.

Dr. Jennette:

I am much interested in this Relief Fund. I should like to suggest or put in the form of a motion that the Relief Committee study means as to how it can be collected, either with the dues to the society or in some other manner, so that we may be able to collect at least ninety per cent of it. I move that the report of the committee be adopted and that the Relief Committee consider the matter of securing more contributions to the Relief Fund and report next year.

This motion was seconded and carried.

Dr. G. Fred Hale presented his report as Editor-Publisher, as follows:

REPORT OF EDITOR-PUBLISHER, 1936-1937

Cash in Bank, August 1, 1936.....\$ 26.53

RECEIPTS FROM ADVERTISEMENTS

1936		
Oct. 2.	Woodward Prosthetic.....	25.00
16.	Merrimon Insurance Agency.....	8.00
16.	Harris Dental Company.....	8.00

	16.	Powers & Anderson.....	8.00
	16.	Corega Chemical Company.....	7.84
	29.	Thompson Dental Company.....	8.00
	29.	Bristol-Myers Company.....	21.25
Nov.	2.	Raleigh Dental Laboratory.....	25.00
	2.	Rothstein Dental Laboratory.....	25.00
	20.	Julius Aderer, Inc.....	6.66
Dec.	24.	Mid-South Insurance Agency.....	8.00
	24.	Woodward Prosthetic Company.....	25.00

1937

Feb.	11.	Fleming Dental Laboratory.....	15.00
	15.	Manley A. Sparks.....	5.00
	18.	Thompson Dental Company.....	8.00
	18.	Merrimon Insurance Agency.....	8.00
	18.	Powers & Anderson.....	8.00
	18.	Harris Dental Company.....	8.00
	23.	Corega Chemical Company.....	7.84
	23.	Pycopé	15.00
	23.	Beech-Nut Packing Company.....	25.00
Mar.	8.	Raleigh Dental Laboratory.....	25.00
	15.	Rothstein Dental Laboratory.....	15.00
	19.	Fleming Dental Laboratory.....	15.00
	19.	Julius Aderer, Inc.....	6.66
	22.	Woodward Prosthetic Company.....	25.00
	22.	Pycopé	15.00
Apr.	5.	The Dunes Club.....	15.00
	20.	North State Dental Laboratory.....	8.00
	20.	Vaught Dental Laboratory.....	15.00
	26.	Carolina Pharmacy.....	8.00
	26.	Madame Fahda Jabaly.....	8.00
	26.	Anglow Tweeds.....	8.00
	26.	The Lantana.....	8.00
	26.	Taylor Chemical Company.....	8.00
	26.	Thompson Dental Company.....	8.00
	26.	Merrimon Insurance Agency.....	8.00
	26.	Harris Dental Company.....	8.00
	26.	Carolina Hotel.....	25.00
	26.	Washington Dental Company.....	15.00
	26.	Corega Chemical Company.....	7.84
	29.	Coca-Cola Bottling.....	8.00
	29.	The Dentists' Supply Company.....	25.00
May	11.	Raleigh Dental Laboratory.....	25.00
	11.	Country Club Grill.....	4.00
	11.	Martin Motor Company.....	8.00
	13.	Beech-Nut Packing Company.....	15.00
	13.	Rothstein Dental Laboratory.....	25.00
	21.	Garrett Winery.....	15.00
	21.	Aderer, Inc.	6.66
	28.	Noble Dental Laboratory.....	4.00
June	22.	Highland Park Hotel.....	8.00
	22.	Town of Southern Pines.....	8.00
	22.	Powers & Anderson.....	8.00
	22.	Fleming Dental Laboratory.....	25.00

DISBURSEMENTS, 1936-1937

1936	
Oct. 29.	Postmaster, mailing Bulletins.....\$ 5.00
Nov. 5.	Bynum Printing Company, balance on Programs, and October issue..... 131.65
20.	Cash, Stamps, Telephone..... 5.50
Dec. 15.	Postmaster, Stamps..... 3.00
1937	
Jan. 14.	American Dental Editors..... 5.00
Feb. 17.	Postmaster, Stamps..... 3.00
Mar. 8.	Bynum Printing Company, January issue..... 167.86
Apr. 21.	Postmaster, Stamps, mailing Program issue..... 8.00
29.	Cash, Telephone, Telegrams, Notary, Postage Due... 5.25
29.	Bank Charges 6.36
May 13.	Bynum Printing Company, Program issue..... 276.89
June 24.	Postmaster, Stamps..... 3.00
July 6.	Bynum Printing Company, Official Programs..... 60.28
	<hr/> \$680.79
	Cash in Wachovia Bank, July 31, 1937..... \$ 57.49

UNCOLLECTED ACCOUNTS (WRITTEN OFF)

1934—Seashore Hotel.....\$ 15.00	
J. G. Whitner..... 8.00	
1935—Blowing Rock Hotel..... 15.00	
1936—Manley A. Sparks..... 5.00	
Ferrebee's Men Shop..... 8.00	
	<hr/> \$ 51.00

UNCOLLECTED ACCOUNTS, PROGRAM ISSUE, 1937

1937	
April—Club Chalfonte.....\$ 8.00	
Stutts Supply Company..... 8.00	
Mid-South Insurance Agency..... 8.00	
L. L. Biddle II..... 8.00	
Village Court Grill..... 8.00	
	<hr/> \$ 40.00

Dr. Hale:

I should like to say that during the seven years we have been carrying this Bulletin along we have always managed to pay out.

On motion, the report was accepted.

Dr. R. M. Olive, chairman, read the following report of the Clinic Board of Censors, which, on motion, was accepted.

REPORT OF CLINIC BOARD OF CENSORS

The Clinic Board of Censors, wishes to report that we have examined all the clinics and we are of the opinion that they have probably excelled all clinics heretofore presented.

It has been very difficult to select a few to appear at our national meeting, among so many meritorious. We have tried to take into consideration the originality and the practicability of each one presented. We therefore make the following recommendations:

W. F. Bell, Asheville, N. C.
 J. A. Sinclair, Asheville, N. C.
 H. K. Thompson, Wilmington, N. C.
 C. I. Miller, Albemarle, N. C.
 Carey T. Wells, Canton, N. C.

Respectfully submitted,

R. M. OLIVE, *Chairman*,
 L. G. COBLE,
 B. R. MORRISON,
 J. FRED CAMPBELL.

Dr. H. O. Lineberger, chairman, reported for the Committee on the President's Address, as follows:

REPORT OF COMMITTEE ON THE PRESIDENT'S ADDRESS

Your Committee on the President's Address has gone carefully over the address and wishes to commend President Pridgen upon his clear-cut analysis of the state of the dental profession in North Carolina. We wish further to urge the approval of the following recommendations in the President's address:

1. Requiring the secretary-treasurer of each district society to submit a monthly report to the Secretary-Treasurer of the North Carolina Dental Society.
2. That a Library and Historical Commission be appointed and that an appropriation of \$500 be made to help facilitate its work. We further suggest that Dr. J. Martin Fleming be named chairman of the commission.
3. That the funds of the Society be invested as recommended.
4. That the Secretary-Treasurer's salary be increased \$100.

Respectfully submitted,

(Signed) H. O. LINEBERGER, *Chairman*,
 PAUL JONES,
 C. C. POINDEXTER.

On motion of Dr. Johnson, the report was adopted as read.

Dr. Eugene B. Howle read the report of the Extension Course committee, which, on motion, was accepted.

REPORT OF THE EXTENSION COURSE COMMITTEE

Your Committee on Extension Course, noting that heretofore a comparatively small number of dentists have been interested in the post-graduate work, sought to evolve some plan which would create greater interest in this activity.

The set-up which appeared favorable was as follows, namely, a four lecture course, said lectures or clinics to be given by outstanding dentists of national prominence during the months of April, July, October, and January. These "Major Lecturers" were to furnish lists of questions of a fundamental nature, bearing upon the subject matter of their respective lectures, which would serve as a basis for local lectures to be given in smaller groups by local lecturers chosen from the membership of the North Carolina Dental Society.

The object of setting up the local units was of a twofold nature—one, to prepare those taking the course to better assimilate the major lectures through a review of fundamentals relating to the subject matter; and, two, to develop talent in our own organization. The plan included two monthly local lectures preceding each major lecture.

The plan was explained to Mr. R. M. Grumman, director of the Department of Extension Teaching of the University of North Carolina and approved by him. It was then outlined at each of the district meetings and a vote was taken to determine whether the new plan or the old one, as carried out formerly, was preferable. The vote was overwhelmingly in favor of the new plan.

It seemed desirable to establish groups or centres geographically, so that none attending the local lectures would be compelled to travel more than thirty miles. This proved to be infeasible. However, centres were established at the following points, the chairmen being selected by this committee in order to conserve time and establish immediate contact with the local units.

- Asheville Centre*—Dr. O. C. Barker, Chairman.
Lincolnton Centre—Dr. I. R. Self, Chairman.
Lenoir Centre—Dr. P. P. Yates, Chairman.
Charlotte Centre—Dr. J. H. Guion, Chairman.
Winston-Salem Centre—Dr. J. A. McClung, Chairman.
Salisbury Centre—Dr. C. D. Wheeler, Chairman.
Greensboro Centre—Dr. J. T. Lasley, Chairman.
Durham Centre—Dr. D. T. Carr, Chairman.
Albemarle Centre—Dr. C. I. Miller, Chairman.
Raleigh Centre—Dr. H. R. Chamblee, Chairman.
Fayetteville Centre—Dr. D. L. Pridgen, Chairman.
Wilmington Centre—Dr. H. L. Keith, Chairman.
Kinston Centre—Dr. Paul Fitzgerald, Chairman.
Tarboro Centre—Dr. Paul Jones, Chairman.
Edenton Centre—Dr. W. S. Griffin, Chairman.

The local lecturers, chosen by the membership of the various centres, are as follows:

- Asheville*—W. D. Lanier, J. A. Sinclair.
Lincolnton—S. E. Moser, H. S. Plaster, R. R. Howes, A. C. Current, E. N. Biggerstaff, A. P. Beam, T. E. Wilkins, and C. S. McCall.
Lenoir—R. D. Coffey, C. B. Yount, D. S. Cook, J. P. Reece, David Abernethy, Marshall Barringer, J. F. Campbell, and W. M. Matheson.
Charlotte—W. M. Robey, J. R. Bell, W. L. Kibler, F. O. Alford, Franklin Bungardner, B. W. Fox, W. D. Gibbs, T. P. Williamson, L. O. Herring, J. D. Kiser, Ralph Schmucker, C. C. Keiger, J. R. Pharr, C. F. Taylor, George Hull, and F. K. Haynes.
Winston-Salem—A. C. Chamberlain, Jr., M. R. Evans, H. K. Crofts, and R. T. Byerly.
Salisbury—J. W. Zimmerman, G. S. Alexander.
Greensboro—D. H. Erwin, J. T. Lasley.
Durham—T. W. Atwood, W. F. Mustian.
Albemarle—G. R. Salisbury, W. I. Ferrell, J. F. Williamson, L. J. Pegram, R. T. Garrett, O. L. Presnell, E. M. Medlin, L. M. Daniels.
Raleigh—L. M. Massey, K. L. Johnson, E. L. Smith, J. R. Edwards, R. M. Squires, W. W. Rankin, Ralph Clements, and J. W. Whitehead.
Fayetteville—R. M. Olive, A. S. Cromartie.
Wilmington—H. K. Thompson, C. A. Thomas, J. H. Smith, W. H. Young, J. W. Stanley, J. C. Smith, J. O. Broughton, and G. E. Pigford.

Kinston—O. L. Wilson, H. R. Mallard, A. T. Jennette, C. B. Johnson, J. D. Eure, S. D. Poole, J. N. Johnson, and Z. L. Edwards.

Tarboro—M. B. Massey, C. E. Minges, J. E. L. Thomas, J. M. Kilpatrick.

Edenton—C. G. Lancaster, W. H. Johnson, W. I. Hart, Wm. Parker, W. T. Ralph, H. E. Nixon, C. G. Powell, and W. S. Griffin.

It will be noted that some of the centres have not selected all local lecturers, preferring to choose others as time demands.

The work of these chairmen and of the lecturers who have so far appeared is outstanding. One hundred twenty members of the North Carolina Dental Society will lecture this year. More than have lectured at our annual meetings during the past twenty-five years.

Through a canvass of the members of the North Carolina Dental Society, it was found that the subjects preferred for study were Oral Surgery, Prosthetics, Inlay Technique, and Pyorrhea. It was decided to take up Oral Surgery first and Dr. Robert H. Ivy, of Philadelphia, was selected to present this subject.

He accepted the invitation with enthusiasm and immediately forwarded his questions, which were in turn handed over to the local lecturers. Local lectures, prepared upon these questions as a basis, were given in the various centres during February and March.

Dr. Ivy lectured in Kinston, Raleigh, Winston-Salem, Charlotte, Asheville, and Greensboro during the week beginning Monday, April 19. He was received with great enthusiasm and complimented most highly after his presentation.

Dr. Jack LaDue, of Chicago, has been selected to present the subject of Prosthetics. Dr. LaDue will lecture at eight points in North Carolina rather than five, thus making attendance more convenient.

The Extension Course appears to be an assured success.

More than four hundred members of the North Carolina Dental Society have enrolled in the various centres. A fee of ten (\$10.00) dollars is being collected. It is more than likely that a part of this will be pro rated back after total expenses shall have been determined and defrayed.

The program has been so attractive that Dr. E. A. Branch has signed up the entire personnel of his State workers—so attractive that for the first time in the history of the world the president of an organization has accepted the chairmanship of a subdivision of one of his own committees. Hats off to President Roy Pridgen; hats off to all the group chairmen who have done such a magnificent piece of work; hats off to the local lecturers who are giving unstintingly of their time to bring success to the largest educational undertaking ever sponsored by the North Carolina Dental Society.

The Extension Course is a success! That success is due, not to the efforts of your committee, not even to the splendid work of Mr. Grumman and his associate, Mr. Howard, but to the zeal, enthusiasm, and coöperation of one of the finest organizations on earth.

Respectfully submitted,

E. B. HOWLE, *Chairman*,
W. F. BELL,
R. F. JARRETT,
J. H. WHEELER,
PAUL FITZGERALD.

The President:

I want to congratulate Dr. Howle upon this splendid report and upon the splendid piece of work he has done for the society.

Dr. Howle:

I have here a copy of the report of the State Board of Dental Examiners, as made to the Governor of North Carolina by the Secretary of the Board.

It was moved that the report be accepted and published in the Bulletin, which motion was carried.

REPORT OF THE TRANSACTIONS OF THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

January 1, 1937.

To His Excellency, J. C. B. EHRLINGHAUS,
Governor of North Carolina,
Raleigh, North Carolina.

SIR: In accordance with the provisions of the Dental Law, I beg leave to hand you, herewith, a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year A.D. 1936.

Three meetings were held during the year.

On Monday, May 11, 1936, a special meeting was held in Pinehurst, at which time only routine matters were disposed of.

On June 22, 23, 24, and 25 the annual meeting was held in Raleigh for the purpose of examining applicants for license to practice dentistry in this State. Thirty-one applicants were allowed to take the examinations, which were held in the Capitol Building, the practical work being given at the Carolina Hotel.

At a business meeting routine matters were disposed of.

Dr. Clyde E. Minges, of Rocky Mount, was elected President and Dr. E. B. Howle, of Raleigh, Secretary-Treasurer.

On Wednesday, July 1, 1936, a special meeting was held in Durham at the Washington Duke Hotel for the purpose of tabulating grades. This tabulation revealed that the following, having received an average of eighty or more, had passed a successful examination and were thereupon issued license:

Abernethy, G. S.....	Hickory, N. C.	82%
Caudle, J. N.....	Reidsville, N. C.	82%
Davenport, W. M.....	Ingalls, N. C.	80%
Drum, B. C.....	Newton, N. C.	85%
Evans, M. R.....	Clemmons, N. C.	82%
Inman, B. W.....	Mount Airy, N. C.	83%
Johnston, C. D., Jr.....	Elon College, N. C.	80%
Lindsay, W. K.....	Fayetteville, N. C.	81%
Meroney, W. F. (colored).....	Atlantic City, N. J.	80%
Minges, C. R.....	Rocky Mount, N. C.	87%
Oliver, Otis.....	Richmond, Va.	84%
Owens, O. W.....	Nashville, Tenn.	83%
Owings, J. R.....	Gray Court, S. C.	82%
Parker, W. H.....	Lenoir, N. C.	83%
Phillips, A. A.....	Raleigh, N. C.	80%
Sams, R. B.....	Mars Hill, N. C.	81%
Schechter, A. F.....	New York, N. Y.	83%
Sloop, W. M.....	Crossnore, N. C.	85%
Stallings, D. I.....	Castalia, N. C.	80%
Turner, L. R.....	Sandersville, Ga.	83%
Woodall, DeW. C.....	Benson, N. C.	86%

The following failed :

Allen, T. A.....	Hendersonville, N. C.
Anderson, J. G.....	Asheville, N. C.
Breeland, B. H.....	Holly Hill, S. C.
Freeland, J. B.....	Wilmington, N. C.
Griffin, M. A.....	Wendell, N. C.
Kaminester, Herbert.....	Brooklyn, N. Y.
Keith, O. R., Jr.....	Hendersonville, N. C.
Tobias, Herbert.....	Petersburg, Va.
Truett, F. A., Jr.....	Albemarle, N. C.

At the annual meeting of the North Carolina Dental Society, which was held in Pinehurst, May 11-13, Dr. W. F. Bell, of Asheville, was elected to succeed himself, Dr. John L. Ashby, of Mount Airy, was elected to succeed Dr. Ralph F. Jarrett, of Charlotte.

Various persons prosecuted by the Board for violation of the Dental Law were as follows :

Mr. A. Brooks, of Asheville, in August, 1935, was charged with practicing dentistry without a license. Mr. Brooks claims that he was practicing dentistry prior to 1879. In view of the fact that he is a very old man, and further, in view of the difficulty of securing a conviction and sentence under the circumstances, it was deemed expedient not to prosecute the case further. During April, 1936, therefore, the hearing was indefinitely postponed.

Mr. L. E. Davis, of Asheville, in September, 1935, was charged with practicing dentistry without a license. After several postponements, he was tried in magistrate's court on May 15, 1936, found guilty, and sentenced to two years in jail. The sentence being suspended for two years, provided he remained law abiding during that period of time.

Dr. T. A. Allen, of Waynesville, N. C., who secured license to practice dentistry in North Carolina in 1897, moved out of the State in 1899. Practiced in Colorado from 1899-1910 and in Tennessee from 1910-1936. Applied for renewal of his dental license in 1936, was required to take the examinations in June, 1936, but failed to pass. Renewal license was revoked.

Dr. Allen thereupon brought action to force the Board to renew his license. The case was heard in the Superior Court of the Rowan County and the action of the Board was sustained.

The case was appealed to the Supreme Court of North Carolina, where the finding of the Superior Court was affirmed.

Several instances of violation of the law were reported, but warrants were not drawn due to lack of sufficient evidence. Various minor infractions were satisfactorily settled without resort to the courts.

Attached hereto is the financial statement as compiled from the records of the Secretary by R. C. Carter & Company, Certified Public Accountants.

Respectfully submitted,

E. B. HOWLE,
Secretary-Treasurer.

Personnel of Board :

- C. E. MINGES, *President,*
- E. B. HOWLE, *Secretary-Treasurer,*
- W. F. BELL,
- C. C. POINDEXTER,
- H. C. CARR,
- J. L. ASHBY.

DR. E. B. HOWLE, *Secretary-Treasurer*,
North Carolina State Board of Dental Examiners,
Raleigh, North Carolina.

DEAR SIR: We have made an audit of the cash receipts and disbursements of the North Carolina State Board of Dental Examiners, Raleigh, North Carolina, from January 1, 1936, to December 31, 1936, and submit herewith a report.

We traced all recorded cash receipts into deposit in bank, and found all cash disbursements supported by invoices and properly signed and canceled bank checks.

The books were accurately and neatly kept.

Respectfully submitted,

R. C. CARTER & Co.,
Certified Public Accountants.

February 1, 1937.

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS,
RALEIGH, NORTH CAROLINA

CASH RECEIPTS AND DISBURSEMENTS, JANUARY 1, 1936, TO DECEMBER 31, 1936
Balance January 1, 1936:

Commercial National Bank (closed).....	\$ 201.40	
Wachovia Bank & Trust Company.....	515.88	
		\$ 717.28

Receipts:

Licenses	847 @ \$ 2.00.....	\$1,694.00	
Examination Fees....	31 @ 20.00.....	620.00	
Appropriation Blowing Rock Meeting.....		500.00	
Penalties	5 @ 5.00.....	25.00	
Penalties	1 @ 20.00.....	20.00	
Reinstatements	2 @ 10.00.....	20.00	
List of Dentists.....	2 @ 5.00.....	10.00	
Overpayments	1.....	1.00	
Cash Over January.....		1.00	
			2,891.00
Total Receipts.....			\$3,608.28

Disbursements:

Board's Mileage and Expenses:

Minges, Dr. C. E.....	\$ 15.00
Bell, Dr. W. F.....	19.74
Poindexter, Dr. C. C.....	15.65
Jarrett, Dr. R. F.....	43.80
Carolina Hotel.....	110.81
King Cotton Hotel.....	11.44
	\$ 216.44
Salaries, Secretary and Assistant.....	200.00
Stationery, Printing, etc.....	74.12
Postage	83.22
Telephone, Telegraph, and Incidentals.....	52.88

Examination Expenses:

Storage and Transfer of Furniture.....	\$ 28.40
Porter Service.....	10.00
Extension Cord and Sockets.....	7.94

Installing Gas.....	5.60	
Helper During Examinations.....	5.00	
Examination Supplies.....	3.83	
Laundering	2.20	
		62.97
Examination Fees Refunded.....		30.00
National Association Dental Examiners Dues.....		25.00
Audit		25.00
Bank Service Charges.....		10.81
Fire Insurance.....		10.00
Advertising Examinations and Clinics.....		7.71
Commissions—Drs. Bell and Ashby.....		5.00
Overpayments Refunded.....		4.00
Bad Checks Unredeemed.....		4.00
Legal Services and Expenses:		
State vs. Owen et al.....	\$ 334.24	
U. S. vs. Allen.....	331.40	
State vs. Norris	250.00	
State vs. Dozier	200.00	
State vs. Edgeworth	200.00	
State vs. McGill	25.00	
		1,340.64
		<u>\$2,151.79</u>
Total Disbursements.....		
Balances:		
Commercial National Bank (closed).....	\$ 292.94	
Less: Dividends	128.16	
		\$ 164.78
Wachovia Bank & Trust Company.....	997.71	
Cash and checks on hand.....	294.00	
		<u>\$1,456.49</u>
Cash on Hand, December 31, 1936.....		

Dr. Howle:

Mr. President, it is moved that a committee of three, to be known as the Commercial Relations Committee, be appointed, one member to serve for a period of three years, one to serve for a period of two years, and one to serve for a period of one year, and that each year after the appointment of this committee one member be appointed to serve for a term of three years, or until his successor is appointed.

The duties of this committee shall be (1) to foster friendly relations with manufacturers, supply houses, laboratories, and other commercial concerns, and to serve as contact between them and the dental profession in this State; (2) to gather information from all available sources concerning new remedies, treatments, instruments, appliances, equipment, methods, etc., regarding which commercial concerns desire permission to clinic or lecture; and (3) to disseminate information so gathered in a bulletin to be issued quarterly for this purpose or, where circumstances warrant it, recommend to the North Carolina Board that a permit be issued for commercial clinics or lectures, provided that the committee shall be unanimous in decision.

It is further moved that the Executive Committee set aside funds sufficient to permit this committee to function properly, as it may be needed.

Dr. Paul Jones seconded Dr. Howle's motion, which, after some discussion, was adopted without a dissenting vote.

Dr. Wilbert Jackson moved that the section of the Constitution and By-Laws providing that the salary of the Secretary-Treasurer shall be \$150 per annum be changed to read \$250. The chair ruled that action cannot be taken until the next meeting of the House of Delegates.

Dr. J. F. Reece, chairman, reported for the Membership Committee, as follows, the report being adopted:

REPORT OF THE MEMBERSHIP COMMITTEE

The report of the Membership Committee is as follows:

	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>Total</i>
Members in Good Standing.....	107	138	112	86	104	547
Members Subject to Suspension.....	3	1	1	1	0	6
Members Reinstated.....	3	2	2	0	0	7
New Members.....	5	3	2	3	3	16

We recommend that every means possible be exhausted to collect the dues of those who are subject to suspension. In our judgment this is far easier of accomplishment than getting them reinstated after they have been suspended.

Respectfully submitted,

J. F. REECE, *Chairman*,
 WALTER E. CLARK,
 J. H. GUION,
 W. R. MCKAUGHAN,
 C. W. SANDERS,
 A. T. JENNETTE.

Dr. Wilbert Jackson:

In connection with the extension course for the North Carolina Dental Society, in the person of our friend Dr. Fleming we have a very valuable member in extending this course to the colored dentists of the State. He has arranged, with the coöperation of the clinicians and dentists who have already lectured, to take it to the colored dentists. I think it would be most fitting that Dr. Fleming be given the privilege of the floor for a few minutes to tell us about this matter.

The President:

The suggestion is well made, and Dr. Fleming is given the privileges of the floor.

Dr. J. Martin Fleming:

Mr. Chairman, I was asked to serve on a committee under the auspices of the "Division of Coöperation in Education and Race Relations," fostered by Dr. N. C. Newbold of the State Department of Education, who has charge of Negro Education in this State.

The committee was composed of both physicians and dentists, and I was appointed with Dr. E. A. Branch to represent the dentists of the State. Both white and colored physicians and dentists were on this committee and the initial meeting was held at Duke University early in 1936. It was then determined that we should hold clinics for both the physicians and dentists of the colored race.

The medical clinic was held last fall in Durham. Ours is now being put on. The two centers for the State are Durham and Winston-Salem. In April we held our first course in Durham and the subject of Oral Surgery was presented by lectures and slides by Drs. L. M. Massey, of Zebulon, and K. L. Johnson, of Raleigh. It would have touched your heart to have seen with what enthusiasm the lectures were received. The same subject was presented in Winston-Salem by local men of that center.

Dr. J. A. McClung, of Winston-Salem, will give two clinics on Crown and Bridge work in May, and, later in the fall, courses will be similarly presented in both centers on "Pyorrhea" and "Prosthesis." It is merely an effort on our part to further the plan of our own clinic course to help the Negroes in their work. It is proving of wonderful aid in many ways.

President Pridgen:

This piece of work is highly commendable, and we congratulate you, Dr. Fleming.

Secretary Alford:

I wish to report for the Program-Clinic Committee, of which I am chairman. We had one meeting at Fayetteville on February 26, at which time the program was outlined. Later we had another meeting, and we submit the program as our report.

On motion, this report was accepted.

Secretary-Treasurer Alford:

I also wish to submit my report of the receipts and disbursements of the society for the period from June 30, 1936, to May 31, 1937, as follows:

AUDITOR'S REPORT FOR THE PERIOD JULY 1, 1936 TO MAY 31, 1937

CHARLOTTE, N. C., June 25, 1937.

To the Officers of the North Carolina Dental Society:

GENTLEMEN: We have examined the books of account and record of F. O. Alford, D.D.S., Charlotte, North Carolina, for the period beginning July 1, 1936, and ending May 31, 1937, and submit herewith a statement of receipts and disbursements for the period, together with a reconciliation of the checking account with American Trust Company, Charlotte, North Carolina.

Your particular attention is directed to our comments and the exhibits as shown by the index and on the following pages.

We hereby certify that we have examined the books of account and record of F. O. Alford, D.D.S., Charlotte, North Carolina, Secretary and Treasurer of the North Carolina Dental Society for the period beginning July 1, 1936, and ending May 31, 1937, and that in our opinion, based upon the records examined and information obtained by us and comments thereon, the accompanying statement of receipts and disbursements for the period is correct.

Yours very truly,

DAHLBERG AND COMPANY,
By B. I. DAHLBERG.

COMMENTS

General—In verifying the statement of receipts and disbursements, we traced all recorded receipts into the bank account. Disbursements were audited in detail and were properly supported by canceled checks and approved vouchers.

Reports of District Secretaries were not submitted for our inspection, however, since the society does not close the books of either the State Secretary-Treasurer or the District Secretaries on a fiscal year basis, these reports would not have been of material value for purposes of verification. We suggest that a definite date for closing operations for the year be established.

The records of the Secretary-Treasurer were found to have been neatly and accurately kept.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE PERIOD JULY 1, 1936, to MAY 31, 1937, INCLUSIVE

RECEIPTS

<i>District Receipts—Membership Dues:</i>	<i>Annual</i>	<i>Life Members</i>	<i>Total</i>
First District.....	\$ 964.00	\$ 32.00	\$ 996.00
Second District.....	1,464.00	28.00	1,492.00
Third District.....	1,058.00	44.00	1,102.00
Fourth District.....	692.00	48.00	740.00
Fifth District.....	874.00	48.00	922.00
	<hr/>	<hr/>	<hr/>
Total District Receipts.....	\$5,052.00	\$ 200.00	\$5,252.00
<i>Miscellaneous Receipts:</i>			
Sale of Exhibit Space—Pinehurst.....	\$ 579.00		
Refund—American Dental Association.....	14.00		
Interest on Savings Account.....	50.82		
		<hr/>	643.82
Total Receipts.....			\$5,895.82
Balance—July 1, 1936.....			3,760.81
			<hr/>
Total Receipts and Balance.....			\$9,656.63

DISBURSEMENTS

American Dental Association:

Proportionate part of dues from members:			
Annual Dues.....	\$1,992.00		
Life Members.....	200.00		
		<hr/>	\$2,192.00

Expenses:

Salary—Editor-Publisher	\$ 150.00
Salary—Secretary-Treasurer	150.00
Salaries—District Secretaries.....	125.00
Dr. J. Martin Fleming—Relief Fund.....	200.00
Worth Reporting Company—1936 Meeting.....	150.00
Printing 1936 Proceedings.....	497.80
Entertainment Committee—1936 Meeting.....	13.60
C. J. Simons—Sound Amplifier, 1936 Meeting.....	10.00
C. J. Simons—Sound Amplifier, 1937 Meeting.....	15.00
Auditing	20.00
Flowers	5.15
Premium on Bonds.....	37.50
Telephone and Telegraph.....	48.61
Express	1.47
Postage	45.36
Stationery, Printing, and Supplies.....	82.91
President's Emblem—Dr. D. L. Pridgen.....	15.00
Secretarial Work—1937 Meeting.....	15.00
Secretarial Expense—1937 Meeting.....	24.33
Publicity Expense—Pinehurst.....	69.12
Honorarium and Expenses of Clinicians—Pinehurst..	936.71
Entertainment—Pinehurst	91.40
Convention Expense—Pinehurst.....	20.25
	<hr/>
	2,724.21

Total Disbursements..... \$4,916.21

Balance—May 31, 1937:

American Trust Company, Charlotte, N. C.....	\$1,495.41
Morris Plan Bank, Charlotte, N. C.....	3,245.01
	<hr/>
	4,740.42

Total Disbursements and Balance..... \$9,656.63

RECONCILIATION OF BANK BALANCE, MAY 31, 1937

American Trust Company, Charlotte, N. C.:

Checking Account:

Balance per Bank Statement.....	\$1,612.67
Less: Outstanding Checks:	
No. 235—May 24, 1937.....	\$ 112.00
No. 236—May 31, 1937.....	5.26
	<hr/>
	117.26

Balance per Books..... \$1,495.41

Morris Plan Bank, Charlotte, N. C.:

Savings Account..... 3,245.01

Total Cash Balance..... \$4,740.42

On motion, the Secretary-Treasurer's report of receipts and disbursements was accepted.

Dr. Paul Fitzgerald:

Something like two weeks ago I received a copy of a bill from Senator J. W. Bailey which had been introduced by Senator Capper, calling for a plan of Federal insurance for illness, with provision for medical, surgical, and dental care. I move that the Legislative Committee be requested to study this bill and be instructed to take the necessary action relative to it, inasmuch as it applies to dentistry.

This motion was seconded by Dr. Jennette and was adopted, and the said bill was referred to the Legislative Committee.

The Secretary read a letter from Dr. L. B. McBrayer, Secretary of the Medical Society of the State of North Carolina, with reference to the establishment of a four-year medical school and a school of dentistry in North Carolina, which letter had been brought before the House of Delegates at its meeting on Monday afternoon. On motion of Dr. Minges, as amended by Dr. Paul Jones, the said letter was received as information, to be referred to a committee on the reestablishment of a dental college in North Carolina, such committee to be appointed by the incoming President.

Dr. Minges offered the following motion, which was adopted: Resolved, that in the event the membership of the North Carolina Dental Society should increase to 500 by July 1, thereby entitling it to another delegate to the American Dental Association, the Secretary-Treasurer shall automatically become such delegate.

Secretary Alford brought to the attention of the house the resolution presented to the House of Delegates on Monday by the Resolutions Committee without recommendation by the committee, with regard to the advertising of dental materials to the general public. On motion, the resolution was tabled indefinitely.

No further business appearing, on motion the House of Delegates adjourned at 11:50 o'clock p.m.

THIRD DAY—WEDNESDAY, MAY 5, 1937

The society met in the ballroom of the Carolina Hotel and was called to order by the President at 9:40 o'clock a.m.

President Pridgen:

The society will please come to order. We regret that there are so few present this morning, but I think it was more or less expected, in view of the late hours which so many of us kept last evening.

The first number on our program this morning will be a paper on the "Cause, Diagnosis, and Treatment of Vincent's Infection," by Dr. I. C. Clark, of Mebane. Dr. Clark.

Dr. I. C. Clark:

Mr. President and fellow members of the North Carolina Dental Society, I will attempt to cover in this paper this morning a few of what I consider the most important points in the cause, diagnosis, and treatment of Vincent's Infection.

Dr. Clark then read his paper.

VINCENT'S INFECTION

Although Vincent's Infection has no doubt existed for a long time, the condition was not brought forcefully to the attention of the dental and medical professions and the public at large until the time of the World War. During the World War the soldiers in the trenches were frequently affected with this condition, and its spread was rapid, due to the general unhygienic conditions of life in the trenches, insufficient sterilization of eating utensils, and lowered body resistance. It then became known as *trench mouth*, a term still familiar to the laity. In fact, it is doubtful if the man on the street understands the term Vincent's Infection.

Of course, the term *trench mouth* is a misnomer, as the trenches have nothing whatever to do with the disease, except in an indirect way. It might just as easily occur in any other similar unhealthful environment, and often does. There are numerous other terms by which this highly infectious disease is known, such as Vincent's Gingivitis or Stomatitis, Ulceromembranous Stomatitis, and others.

The older term, *Vincent's Angina*, is not adequate, in view of the fact that only in a very limited number of cases is there an angina present. By angina is meant a severe inflammation of the throat, which may cause spasms or difficulty in swallowing. Even in cases of Vincent's Infection, where the throat as well as the oral cavity is involved, angina is not usually present. The best and most logical term is *Vincent's Infection*.

The mouth is not a sterile cavity, and at all times numerous bacteria may be found there. The number of bacteria may vary according to the general hygienic condition of the mouth. In mouths not kept clean by constant and intelligent use of the toothbrush, the number is greatly increased. Though it would be impossible to say exactly just what organisms are always found in a normal mouth, a mouth smear will usually show various forms of staphylococci, diplococci (particularly the pneumococci), a few streptococci, various bacilli (occurring both in chains and singly), micrococci, mucous threads, exfoliated epithelial cells, and other organisms. While it is true that a few of the so-called Vincent's spirochetes and a few fusiform bacilli may be found even in normal mouths in certain isolated locations, it is not true that they are generally present and can be regarded as normal inhabitants of the mouth. When these two organisms are present in considerable numbers, it is safe to say that *Vincent's Infection* is present.

While some bacteriologists doubt that the spirochetes of Vincent and the fusiform bacilli are the causative factors of the disease, it is nevertheless true that they are present in all conditions of the oral cavity presenting the clinical symptoms of this condition and that they are not found in check-up smears made after efficient and thorough treatment of the disease. We therefore conclude that the disease is caused by the presence of these two organisms in symbiotic relationship, *i.e.*, the fusiform bacillus and the spirochete of Vincent.

The fusiform bacillus is a rod-shaped organism with pointed ends, and, as the term implies, is spindle-shaped. It is usually from one to four microns

in thickness and from three to ten microns in length. It may be straight or slightly curved. It is a nonmotile organism, and stains either irregularly or solidly with carbolfuchsin. When it stains irregularly, the uneven distribution of the stain throughout its protoplasm gives it a beaded or barred appearance. It is anaerobic; that is to say, it lives best in a diminished supply of oxygen or without oxygen.

The spirochete of the disease is a very long and delicate spiral organism, measuring from twelve to twenty-five microns in length. The curves or spirals are usually about three, four, or five in number and present a wavy thread-like appearance. Unlike the fusiform bacillus, it stains solidly, but faintly. In a typical smear from the lesion of the disease it shows up as a faintly staining thread in the background of the more intensely staining fusiform bacilli. In some smears the fusiform bacilli predominate; in others, the spirochetes predominate, and in some they appear about evenly distributed.

The presence of a considerable number of one or both is of diagnostic significance. Some bacteriologists claim that they are both stages in the evolution of the same organism; but this has not been proved, and it is safer to say that they are two separate organisms occurring in symbiosis.

CLINICAL ASPECTS OF THE DISEASE

The most usual site of the disease is the mucous membrane of the oral cavity. The lesions of the disease may be on the membrane of the cheek, the gums, the interdental spaces, in the peridental membrane, on the tongue, or, in fact, in any part of the oral cavity. The disease is often present in the throat, particularly when ragged and diseased tonsils are present. It may attack a mucous membrane anywhere in the body, but the most common site by far is the mucosa of the mouth. The disease may manifest itself in definite and clear-cut lesions or pseudomembranes, or not noticeable pseudomembranes or lesions may be present.

When the specific lesion is present (and they are not always present in the disease), it is a whitish or grayish pseudomembrane with definite borders. It has a punched-out or crater-like appearance, resembling very closely the secondary lesions of syphilis. The grayish or whitish membrane is the result of the necrosis of the epithelial cells, the death of the cells being due to the toxin of the organism. This membrane, therefore, consists of dead epithelial cells, coagulated mucous secretions, and protoplasm, and large numbers of the organisms of the disease. The activity of the organisms is not confined to the epithelial mucous membrane, but may extend down into the underlying connective tissues. When these vascular submucous tissues are reached the blood vessels become denuded or ruptured, hemorrhage occurs, and pain attends. Around the margin of the ulcer and beyond the mucous membrane the tissue is usually very red and swollen. Accompanying the disturbance in the mouth, there is usually more or less swelling or tenderness in the lymph glands of the neck. In severe cases the submaxillary gland may also become swollen and the salivary flow may be increased.

HISTORY, SYMPTOMS, AND DIAGNOSTIC POINTS

The patient will give history of sudden onset:

- Sensitive, painful ulcerous condition covered with creamy exudate.
- Sweetish sour odor of breath.
- Hemorrhage easily produced.
- Neurosis.
- Loss of appetite.
- Profuse flow of saliva.
- Metallic taste.
- Slight temperature.

The characteristic sweetish sour odor of the disease is attributable to the decomposition or necrosis of the tissues. The disease may resemble diphtheria very closely and may easily be confused with diphtheria or syphilis. An ordinary microscopic examination, however, will usually clear up this point.

In cases where no definite and clear-cut lesions are present, the entire mucous membrane of the mouth may appear extremely red and may bleed upon the slightest provocation. Very commonly, the gingivæ are markedly swollen, giving the appearance of a hypertrophy. In other cases, the redness of the mucous membrane may not be so pronounced, and instead, the mucous membrane may present a diffuse milky or glassy appearance.

Vincent's Infection may be confined to the surrounding tissues of only one tooth, as in the case of a third molar over which there is a flap of gum tissue. Such isolated pockets of infection constitute a potent danger and should be eradicated with the usual treatment of *Vincent's Infection*.

Among contributing factors favoring the production of the disease in the oral cavity are malnutrition, lack of hygienic care of the gums and teeth, accumulations of tartar, malocclusion, faulty bridges, inlays, and amalgam fillings, excessive smoking or drinking, caries, and partially erupted, twisted, or malposed teeth. Diseased tonsils will not only increase the frequency of the disease in the throat, but will predispose the tissues of the mouth. *Vincent's Infection* often occurs after an illness, when the resistance of the body is low and the patient has not been able to care for his mouth in a proper manner. It is particularly prevalent in weak and anemic individuals.

Although the disease is usually confined to the mouth and throat, it has been demonstrated often in tissues remote from the oral cavity; such as bronchi, lungs, pleura, nose, and brain. In 1905 Head reported a case of atitis media and mastoiditis in which smears from the discharge revealed innumerable spirochetes and fusiform bacilli.

TREATMENT OF VINCENT'S INFECTION

The treatments for the disease are exceedingly varied and numerous. Practically all of them, however, involve the use of some oxidizing agent, as the organisms of *Vincent's Infection* are anaerobic and do not thrive in the presence of free oxygen. For this reason hydrogen peroxide and sodium perborate are extensively used during the treatment. Chromic acid and hydrogen peroxide have been used with a great deal of success, as well as chromic acid and sodium perborate. In the first named treatment a thin swab of cotton saturated with a solution of 7 per cent chromic acid is applied to the lesions. The patient is then instructed to obtain a bottle of commercial H_2O_2 and use it full strength as a mouthwash seven or eight times a day. The commercial peroxide is a 2 per cent solution and in cases where the tissue will not tolerate a solution of that strength, it is diluted with equal parts of water. The patient is advised of the necessity of holding the solution in the mouth for 3 or 4 minutes. The average patient is inclined to keep a mouthwash in his mouth only for a moment and spit it out. It is obvious that very little good could be thus accomplished, as the solution so used could be of a very little effect in so short a time.

The hydrogen peroxide mouthwash is used as an adjunct home treatment, and treatments with chromic acid are continued at the chair once a day until a decided improvement is noticed. After the lesions and signs of the disease have subsided, the chromic acid treatments are discontinued; but the patient is instructed to continue the use of the hydrogen peroxide indefinitely, usually for at least one or two months. At the end of the treatment check-up mouth smears are made to determine what progress has been made.

In the combination treatment of chromic acid and sodium perborate, the chromic acid is applied as in the first named treatment. The patient uses as the mouthwash one teaspoonful of sodium perborate dissolved in a glass of water. This is repeated several times a day. The sodium perborate paste may be applied locally at the chair in place of the chromic acid. Some patients get better results with a hydrogen peroxide mouthwash, whereas others get better results with sodium perborate. Quite a number of patients are unable to use the sodium perborate without irritating the mucous membranes of the mouth, and in such instances it is advisable to change the treatment.

Another treatment which has proven effective in some cases calls for the use of neosalvarsan applied locally in the powdered form. This has been objected to by dentists on the grounds that the arsenic in the preparation is injurious to the pulps of the teeth, but there is a question whether, in the proper use of this easily soluble drug, enough absorption could take place through the tissues to cause any injury to the pulp. Frequent applications of Neo and Glyc are also used with much success.

In severe cases which do not yield readily to local treatment alone, it is advisable to give the patient intravenous injections of salvarsan in conjunction with the local treatment; usually only one or more injections are necessary. Particularly is this intravenous injection of salvarsan indicated when the infection has extended down into badly diseased and ragged tonsils and pyorrhea pockets. It seems almost impossible to completely eradicate Vincent's Infection in the oral cavity when tonsils are infected except by the aid of salvarsan injections.

Among other medicaments in more or less common use in treatments of the disease are copper sulphate, potassium permanganate, methylene-blue, and a variety of proprietary preparations, such as "Vince."

Another treatment which is claimed to be very effective when carried out in detail is as follows:

1. Rinse the mouth with a solution of 0.5 gram of potassium permanganate in 1000 cc. of water. Thorough repeated rinsings are indicated throughout the following treatment.
2. Swab all lesions and pockets with a wisp of cotton saturated with iodine tincture diluted with an equal part of 50 per cent alcohol.
3. Remove all soft and hard deposits with suitable instruments. Follow the surgical treatment of each pocket or crevice with thorough and repeated irrigation with aqueous 3 per cent hydrogen peroxide carried into the pockets with an abscess syringe. The hydrogen peroxide must effervesce actively during use. It will cleanse the parts mechanically, oxidize the bacterial products, stop the hemorrhage, and act as a pain obtundent. Care is necessary in the use of hydrogen peroxide where deep sinuses with small openings have resulted from chronic pyorrhoeal conditions.
4. Repeat treatment No. 2. Rinse the mouth thoroughly as directed in No. 1.
5. Napkin one-quarter of the mouth. Dry all crevices. By means of a cotton covered broach, apply sufficient concentrated silver nitrate solution to whiten the walls of all crevices and interdental sinuses.

Colony formation will hardly ever occur in a pocket so treated. Extend a similar treatment to the other quarters of the mouth. Repeated applications may cause obstinate discoloration of the dentine or cementum. Following the treatment with silver nitrate, conspicuous areas may be painted with iodine solution, which will cause the formation of soluble salts. Superficial stains, visible after recovery, may be removed by painting with iodine and subsequently rubbing the stained areas with cotton holding concentrated aqueous solution of sodium thiosulphate.

AFTER TREATMENT

Water containing one-half teaspoon of sodium borate to the glass should be used for hourly rinsings. See the patient daily for a few days following the treatment. If all of the pockets and lesions have been reached, one treatment will clear most cases. Wherever inflamed areas appear, the treatment outlined should be repeated.

One of the more modern treatments calls for the use of mercesin tincture. Mercesin tincture, a germicide, fungicide, an antiseptic, contains 1 part of mercarbolid and 1 part of pentacresol in 1000 parts of a solution containing 50 per cent alcohol and 10 per cent acetone.

Mercesin is indicated as an active germicide in dental surgery as well as its use in treatment of Vincent's Infection. The following case report is illustrative of the technique employed and the results obtained.

"Case. Male. Age, 25. Chronic Vincent's history: Patient has had bleeding, swollen gums for past four years from an earlier case of Vincent's that dates back to that time. Appearance of gums was dark red, and on examination of interproximal pockets, suppuration was present between all teeth, especially in the cuspid region.

"Treatment: Thorough scaling and removal of all tartar and food debris. Complete localization of gum tissue and subsequent packing of pockets with cotton packs saturated in full strength tincture Mercesin for five minutes. Occasional saturation of these packs with same strength solution for ten minutes. Sodium perborate blown into pockets upon removal of pack and patient discharged with instructions for home care.

"Second visit: Same procedure used. After first visit, swelling receded, color beginning to return to normal pink and general health of patient improved.

"Third visit: Color normal. No soreness or swelling except in a few places where gums had receded due to much bone destruction or interproximal areas. Patient states it is first time in 4 years that he has had no soreness on brushing.

"There was no active Vincent's present upon third visit and the patient was discharged with instructions for home care. The patient was well able to tolerate the full strength solution in treatment with no bad effects."

There are other treatments which have been employed with equally as much success as the ones I have outlined in this paper, but whatever treatment is chosen, it is important that the patient keep the mouth as clean as possible at all times.

DENTIFRICE FOR VINCENT'S INFECTION

Sodium Perborate, Drams.....	9
Ca CO ₃ PPT, Drams.....	3
Pulverized Castile Soap, Gr.....	45
Saccharin, Gr.	2
Oil of Wintergreen, Gtt.....	15
Oil of Peppermint, Gtt.	1½

As soon as the condition will permit, the teeth should be thoroughly scaled, and cleaned of all deposits.

It is important that the diet be corrected at the beginning of the treatment.

The following are three groups of foods which are outstanding in proper diet:

1. Leafy vegetables.
2. Dairy products.
3. Citrous fruits.

The patient should not take many sweets or starches and should drink from 7 to 10 glasses of water daily. A saline laxative is prescribed in sever cases.

For the benefit of those dentists who may not be making mouth smears as a routine procedure in their office practice, I shall outline briefly the steps required in the laboratory technique for making, staining, and examining smears from Vincent's Infection.

1. A plain microscopic slide.
2. With a thin wisp of cotton around a sharp instrument or with a platinum loop, rub some of the material on the slide.
3. Dry in air.
4. Overlay with carbolfuchsin for about three minutes.
5. Wash off in gentle stream of water and dry in air.
6. Place a drop of cedar oil in the stained slide and examine with the ailimmersion lens of the microscope.
7. Look for the spirochete of Vincent's and the fusiform bacillus. If one or both are present in considerable numbers, a positive diagnosis is made.

The President:

Dr. Clark, I wish to thank you for this splendid paper.

It has been the policy of the Society for the last several years to save for the last morning of the meeting some of the best part of our program. We have adhered to this policy this year; and, in addition to the splendid paper to which you have just listened, we shall have clinics this morning by Dr. Andy Sears and by Dr. Claude Cannon. The meeting will now adjourn for these clinics, but I wish to announce that immediately upon the conclusion of the clinics there will be a meeting of the House of Delegates in this room.

Thereupon the general session adjourned.

HOUSE OF DELEGATES

WEDNESDAY, MAY 5, 1937, 12:15 P.M.

The House of Delegates met in the card room and was called to order by the President at 12:15 o'clock p.m.

The following members were present:

Dr. D. L. Pridgen	Dr. J. Homer Guion
Dr. J. F. Reece	Dr. John R. Pharr
Dr. E. M. Medlin	Dr. G. A. Lazenby
Dr. Frank O. Alford	Dr. C. A. Graham
Dr. Wilbert Jackson	Dr. W. R. McKaughan
Dr. C. M. Parks	Dr. Dan T. Carr
Dr. John A. McClung	Dr. J. H. Hughes
Dr. H. V. Murray	Dr. C. I. Miller
Dr. H. C. Carr	Dr. C. W. Sanders

Dr. S. P. Gay	Dr. W. L. McRae
Dr. O. C. Barker	Dr. J. A. Jernigan
Dr. P. P. Yates	Dr. A. T. Jennette
Dr. J. Martin Fleming	Dr. C. E. Minges, Alternate
Dr. W. E. Clark	Fourth District

Dr. J. Martin Fleming:

I move that the House of Delegates send a telegram to Dr. R. L. Simpson, in Richmond, expressing our regret at his inability to be with us and wishing him a speedy recovery.

This motion was adopted.

The President:

There is a matter which comes over from our meeting last night, concerning the changing of our By-Laws in regard to the salary of the Secretary-Treasurer, in order to carry out the recommendation submitted by the Committee on the President's Address. It is my understanding that the change can be made at this time provided ninety per cent of the delegates consent.

Dr. Fleming moved that the By-Laws be amended to provide that the salary of the Secretary-Treasurer be increased by \$100, which motion was adopted without a dissenting vote.

The report of the Executive Committee was read by Dr. Wilbert Jackson and, on motion, was accepted.

REPORT OF EXECUTIVE COMMITTEE, NORTH CAROLINA DENTAL SOCIETY

Your Executive Committee met May 13, 1936, in the dining room of the Carolina Hotel at Pinehurst, North Carolina. The date for the 1937 meeting was set for May 3-4-5, 1937. Pinehurst was approved as the place for the meeting. Dr. G. Fred Hale was elected to succeed himself as Editor-Publisher for the Bulletin. Plans for the 1937 meeting were discussed. The Secretary was authorized to pay all bills in connection with the 1936 meeting.

The next meeting was held jointly with the Program Committee at Fayetteville, N. C., September 12, 1936. The Secretary reported the finances of the society to date. Plans for the 1937 meeting were discussed. Dr. Parks moved that a maximum of \$100 honorarium be allowed clinicians. This was seconded by Dr. Pridgen and carried. A tentative budget of \$825 for honorarium and expenses of clinicians for the 1937 meeting was adopted. The bond of the Secretary-Treasurer was ordered increased from \$3,000 to \$5,000.

The third meeting was held at Raleigh, N. C., February 23, 1937. The purpose of the meeting was to discuss rendering dental care to indigent mothers and to agree on some fixed fee for services rendered these patients; the pay to come from welfare agencies, from such funds as are available for medical aid.

The following resolution was adopted: "The dental profession of North Carolina has for a long time been called upon to render service to the indigent, *gratis*. In fact, this has gone on so long that the society expects it. This service has been rendered graciously. However, it is a well known fact

that it has reached such proportions that it is burdensome. The individual dentist is still willing to contribute his professional skill, but it is too much to expect him to contribute his material and overhead. We, the Executive Committee, representing the membership of the North Carolina Dental Society, recommend that the membership of this organization coöperate with the Division of Public Welfare of the State and of the counties in helping to alleviate the suffering of the indigent. With this in view, we have had a conference with Mrs. W. T. Bost, State Director of Public Welfare, and we hope that each of you will coöperate fully as further outlined.

"We recommend that the membership of this organization extract such teeth for the indigent as in the dentists' opinion need to be extracted and lance abscesses of the gums which need to be lanced for the sum of \$1.00 each, which is to help defray the necessary expense connected therewith, when such indigent individual presents an authorization for such work from the director of welfare of the county in which he or she resides. It is agreed that the State Director of Public Welfare will suggest to the county director of public welfare that the above stated sum be paid to the dentists rendering service as outlined above from funds now available, or which may become available, for the payment for medical service.

"Be it further understood that this agreement is not binding on any dentist who does not care to participate in this program."

Dr. Paul Jones moved that the recommendation be adopted, seconded by Dr. Parks, and carried.

To Dr. E. B. Howle, Secretary of the Board of Dental Examiners, and the Board, we offer our praises and special commendation for so faithfully enforcing our dental laws.

The Executive Committee wishes to unanimously endorse the fair and impartial way in which the Ethics Committee have protected those principles which make our profession the great profession it is, rather than a commercial trade organization.

We have received a most splendid financial report from all the districts. We desire to commend the secretaries of these districts, whose untiring efforts have made these reports possible.

We desire to express to the various officers and committees of the North Carolina Dental Society our deepest appreciation for the coöperation we have received from them, collectively and individually. Whatever success may have come to our society this year has been due to the wonderful spirit of coöperation which permeates our society. We would make special mention of the services rendered by our genial and most capable president, Dr. D. L. Pridgen. To our Editor-Publisher of the Bulletin, Dr. G. Fred Hale, who has given us the best State Bulletin ever, we are indeed grateful. To Dr. Frank O. Alford, our Secretary, who knows how to give only his best and give it freely, we owe a lasting debt of gratitude. To Dr. E. M. Medlin, Chairman General Arrangements Committee, and his associates, whose labors have made this meeting one of the most pleasant, we are indeed grateful. To Dr. J. P. Jones, his associates, and Mr. R. W. Madry of the University News Bureau, we offer our thanks for the splendid service they have rendered.

We would also thank the management of the Carolina Hotel for their splendid coöperation, and all other individuals who have in any way contributed in making this a successful meeting.

WILBERT JACKSON, *Chairman*,
PAUL JONES,
C. M. PARKS,
Committee.

The Executive Committee desires to recommend for honorary membership:

Dr. Webb Gurley.....	Richmond, Va.
Dr. J. Ben Robinson.....	Baltimore, Md.
Dr. Paul D. Jeserich.....	Ann Arbor, Mich.
Dr. Victor H. Sears.....	New York City
Dr. Carl Hoffer.....	Nashville, Tenn.
Dr. Andy W. Sears.....	Jacksonville, Fla.
Dr. Claude C. Cannon.....	Fayette, Ala.

In accordance with the recommendation of the Executive Committee, honorary members were elected as named in its report.

Dr. C. I. Miller, Albemarle:

I wish to bring up the matter of persons practicing dentistry without a license. I am referring to a man named Burleson, in Albemarle, who was prosecuted for one offense and was fined \$50. He elected to go to jail instead of paying the fine and was in jail twenty days. When he came out he began practicing again. We had the assistance of Dr. Howle, Secretary of the State Board, and of the attorney for the Board. What can be done about this?

Dr. Minges:

In the first place, I believe Dr. Miller will have to get some evidence upon which the Board can act. In the second place, if we are to change the laws, that will have to come through this body. I move that Dr. Miller, and perhaps two other men from Albemarle, be requested to file a complaint, which will be referred to the Legislative Committee for their information and upon which they may make a recommendation to the Board.

This motion was adopted.

The Secretary was recognized and read a list of members liable to suspension. On his request, an extension of thirty days was granted, in order that the Secretary may make a further effort to collect the dues, with the coöperation of the district secretaries.

LIST OF SUSPENDED MEMBERS

FIRST DISTRICT

Dr. F. B. Hicks.....	Hickory
Dr. L. J. Hooper.....	Asheville
Dr. H. L. Robertson.....	Cliffside

SECOND DISTRICT

Dr. C. A. Reeves.....	Sparta
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THIRD DISTRICT

Dr. G. E. Kirkman.....	Greensboro
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FOURTH DISTRICT

Dr. Dexter Blanchard.....	Farmville
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The Secretary then read the following list of new members :

FIRST DISTRICT

NEW MEMBERS

Dr. W. M. Sloop.....	Crossnore
Dr. W. H. Parker.....	Morganton
Dr. Borden C. Drum.....	Conover
Dr. William Davenport.....	Spruce Pine
Dr. Shuford Abernethy.....	Hickory

REINSTATED

Dr. I. K. Grimes.....	Asheville
Dr. Carl Hardin.....	Canton
Dr. H. M. May.....	Asheville

SECOND DISTRICT

NEW MEMBERS

Dr. H. C. Jent.....	Winston-Salem
Dr. Marvin Evans.....	Winston-Salem

REINSTATED

Dr. O. B. Kirby.....	Charlotte
Dr. W. L. Ezell, Jr.....	Concord

THIRD DISTRICT

NEW MEMBERS

Dr. Chas. D. Johnson.....	Elon College
Dr. James N. Caudle.....	Reidsville

REINSTATED

Dr. P. Y. Adams.....	High Point
Dr. C. N. Stone.....	Greensboro

FOURTH DISTRICT

NEW MEMBERS

Dr. Kemp Lindsay.....	Fayetteville
Dr. DeWitt C. Woodall.....	Benson
Dr. D. I. Stallings.....	Wake Forest
Dr. A. A. Phillips.....	Warrenton

FIFTH DISTRICT

NEW MEMBERS

Dr. Coyte R. Minges.....	Rocky Mount
Dr. L. R. Turner.....	Jacksonville

Secretary Alford then read the report of the Exhibit Committee, which, on motion of Dr. Graham, seconded by Dr. Sanders, was accepted.

EXHIBIT SPACE—PINEHURST, 1937

	Space No.	No. Feet	Amount	Paid
Powers & Anderson.....	25	6	\$30.00	\$30.00
Thompson Dental Company.....	14	6	30.00	30.00
Harris Dental Company.....	16	6	30.00	30.00
Woodward Prosthetic Company.....	15	6	36.00	36.00
Rothstein Dental Laboratories.....	19-20	12	39.00	39.00
Raleigh Dental Laboratory.....	13	6	30.00	30.00
Pycopé, Inc.	35	6	30.00	30.00
Greensboro Dental Laboratory.....	26	6	30.00	30.00
Washington Dental Laboratory.....	10	6	30.00	30.00
Bristol-Myers Company	34	8	33.00	33.00
Fleming Dental Laboratory.....	33	6	30.00	30.00
Baker & Company, Inc.....	11	6	(Paid last year)	
Novocol Chemical Company—				
Dental Items of Interest.....	17	6	30.00	30.00
Vitamin Products Company.....	28	6	30.00	30.00
Universal Dental Company.....	8-9	12	39.00	39.00
R. D. Webb Dental Manufacturing Co.....	7	6	30.00	30.00
Eberhart-Conway Company	29	6	30.00	30.00
Lepel High Frequency Laboratory.....	23	8	33.00	33.00
Buran Dental Laboratory.....	31	6	39.00	39.00
Amount of space sold and collected.....				\$ 579.00

The following report of the Legislative Committee was read by Dr. H. O. Lineberger, Chairman :

There has been no occasion for a meeting of the Legislative Committee during the past year, and therefore we have no report to make.

Respectfully submitted,

(Signed) H. O. LINEBERGER, *Chairman*,
 J. N. JOHNSON,
 E. B. HOWLE,
 A. S. BUMGARDNER,
 R. M. OLIVE.

On motion of Dr. Jennette, seconded by Dr. Medlin, the report was accepted.

Dr. H. O. Lineberger:

Mr. President, just a short time ago the President appointed a committee to bring to the attention of this body two matters. One was to urge subscriptions to or donations to an endowment for the Journal of Dental Research. The other matter was with regard to a dinner. A committee composed of Dr. Billy Bell, of Asheville, Dr. McClung, Dr. Z. L. Edwards, and myself was appointed. As you know, an effort is being made to raise \$50,000 for an endowment for the Journal of Dental Research. As for the other matter, a dinner is to be given, called the Gies Dinner, at the American Dental Association in Atlantic City in

recognition of the work Dr. Gies has done. An effort was made to find out when you registered whether you expect to go to Atlantic City. The committee now wishes to request permission to send out a letter to all members of the society, in furtherance of these two objects.

President Pridgen:

Without objection, the chairman of the committee is instructed to proceed along the lines indicated by him. (No objection was expressed.)

The Secretary announced that the registration at this meeting reached 513, there having registered 40 exhibitors, or persons connected with exhibits, 73 ladies, 387 members, and 14 out-of-the-State visitors.

No further business appearing, the House of Delegates adjourned at one o'clock p.m.

GENERAL SESSION—WEDNESDAY, MAY 5, 1937

The society convened in general session in the card room, immediately following the meeting of the House of Delegates, and was called to order by the President at 1:05 p.m.

President Pridgen:

I ask Dr. Lazenby and Dr. Holland to escort the new President to the front.

I believe at the time of my installation last year I gave expression to some hope or desire to be able to deliver to my successor at this meeting a much greater North Carolina Dental Society. By reason of several factors, I am sure that I am able to do this. Foremost among those factors has been the loyalty and unselfish coöperation of the finest bunch of fellows in any organization, and as I present to this society, as your new President, one of the finest gentlemen whom it has been my privilege to know, I can but look forward to continued growth in numerical strength and in the influence that the society wields over the profession of the State. It is my pleasure and privilege, Dr. Reece, to declare you installed as President.

Dr. J. F. Reece:

Dr. Pridgen, and members of the North Carolina Dental Society, I am moved as I have never been moved before in my life. Dr. Pridgen and his fine organization have set for me a goal which I realize will be hard to reach. I stand before you conscious of the honor and responsibility that you have given me. With this honor and responsibility I realize my limitations, and I could not assume them were it not for the fact that I know you will give to me and to the organization this year the same loyal and hearty support that you have given Dr. Pridgen and his organization. This is the greatest honor that has ever come to me,

the greatest that I ever expect to come to me. Believing in you as I do, I pledge you to give you everything that I have and to do my best to continue the fine work of this organization.

I thank you. (Applause.)

President Reece:

I believe the next order of business is the installation of the other officers. I now ask Dr. Lineberger and Dr. McClung to escort the President-Elect to the chair. (Applause.)

Dr. McClung:

Mr. President, it gives us pleasure to present to you the President-Elect.

President Reece:

Dr. Hale, it is a great pleasure to welcome you as my colaborer this year. Gentlemen, I present to you our newly elected President-Elect for the ensuing year. Dr. Hale. (Applause.)

Dr. G. Fred Hale:

I will do the best I can.

President Reece:

I ask Dr. McKaughan and Dr. Sanders to escort to the front our new Vice-President, Dr. Smith. (Dr. Smith was not present.) It gives me great pleasure to declare Dr. W. T. Smith installed as Vice-President for the ensuing year.

Dr. Alford, I am happy and honored to have you, as Secretary-Treasurer, as my continued assistant. I do not know how I could get along without you.

Dr. Frank O. Alford:

With the bunch of wheelhorses I have to work with, I know I am going to get along all right, fellows. (Applause.)

President Reece:

I ask Dr. Graham and Dr. Barker to escort Dr. Wilbert Jackson to the front.

Dr. Jackson, it gives me great honor and pleasure to install you and to present you as our new member of the Board of Dental Examiners for a term of three years. (Applause.)

President Reece:

With your permission, gentlemen, I will now read the committees for the ensuing year.

The President then read the list of committees appointed by him.

COMMITTEES, 1937-1938

EXECUTIVE COMMITTEE

WILBERT JACKSON, *Chairman*

D. L. PRIDGEN

J. F. REECE (*ex officio*)

C. M. PARKS

FRANK O. ALFORD (*ex officio*)

PROGRAM-CLINIC COMMITTEE

FRANK O. ALFORD, *Chairman*

J. A. SINCLAIR

RALPH F. JARRETT

PAUL JONES

H. O. LINEBERGER

C. C. POINDEXTER

ETHICS COMMITTEE

L. M. EDWARDS, *Chairman*

W. T. SMITH

R. M. SQUIRES

W. F. BELL

R. E. SPOON

LEGISLATIVE COMMITTEE

H. O. LINEBERGER, *Chairman*

J. N. JOHNSON

R. M. OLIVE

A. S. BUMGARDNER

E. B. HOWLE

ORAL HYGIENE COMMITTEE

E. A. BRANCH, *Chairman*

J. C. WATKINS

W. D. GIBBS

A. D. ABERNETHY

O. C. BARKER

E. M. MEDLIN

MEMBERSHIP COMMITTEE

G. FRED HALE, *Chairman*

WALTER E. CLARK

W. R. MCKAUGHAN

J. H. GUION

C. W. SANDERS

A. T. JENNETTE

EXHIBIT COMMITTEE

FRANK O. ALFORD, *Chairman*

P. P. YATES

DAVID ABERNETHY

C. A. GRAHAM

J. R. BELL

CLINIC BOARD OF CENSORS

A. C. CURRANT, *Chairman*

VICTOR E. BELL

L. G. COBLE

J. H. NICHOLSON

C. B. YOUNT

D. S. COOK

EXTENSION COURSE COMMITTEE

E. B. HOWLE, *Chairman*

W. F. BELL

J. H. WHEELER

RALPH F. JARRETT

PAUL FITZGERALD

LIBRARY AND HISTORICAL COMMISSION

J. MARTIN FLEMING, *Chairman*
 J. S. BETTS
 W. T. MARTIN
 D. L. PRIDGEN
 EVERETT L. SMITH

RESOLUTIONS COMMITTEE

H. R. CHAMBLEE, *Chairman*
 CLYDE A. MINGES
 G. A. LAZENBY
 SANDY MARKS
 J. S. SPURGEON

STATE INSTITUTIONS COMMITTEE

T. L. YOUNG, *Chairman*
 D. J. EURE
 O. J. BENDER
 R. B. HARRELL
 A. S. CROMARTIE

MILITARY COMMITTEE

W. K. CHAPMAN, *Committee*
 W. R. HINTON
 O. L. PRESNELL
 C. G. FUQUAY
 A. M. SCHULTZ

INSURANCE COMMITTEE

NEAL SHEFFIELD, *Chairman*
 J. H. WHEELER
 H. C. CARR
 S. L. BOBBITT
 G. L. HOOPER

NECROLOGY COMMITTEE

Z. L. EDWARDS, *Chairman*
 J. M. HOLLAND
 J. H. JUDD
 J. H. SMITH
 C. S. MCCALL

COMMITTEE ON ENTERTAINMENT OF VISITORS

W. F. CLAYTON, *Chairman*
 I. R. SELF
 G. E. WAYNICK
 JOHN L. ASHBY
 H. K. THOMPSON
 GEORGE C. HULL
 N. P. MADDUX

PUBLICITY COMMITTEE

J. P. JONES, *Chairman*
 S. E. MOSER
 J. O. BROUGHTON
 W. D. HOLCOMB
 J. R. EDWARDS
 W. C. CURRANT

GENERAL ARRANGEMENTS COMMITTEE

J. A. McCLUNG, *Chairman*
 HARRY KEEL
 C. M. PARKS
 L. R. THOMPSON
 C. A. BARKLEY
 GILBERT YOKLEY

GOLF COMMITTEE

GUY M. MASTEN, *Chairman*

R. E. SPOON

L. A. TAYLOR,

F. C. MENDENHALL

Chairman Skeet Shoot

ENTERTAINMENT COMMITTEE

PHIN HORTON, *Chairman*

MRS. I. M. WAYNICK

W. C. LOGAN

A. P. HARTMAN

D. W. HOLCOMB

J. C. WATKINS

COMMITTEE ON RELATIONS OF PHYSICIANS AND DENTISTS

W. M. ROBESY, *Chairman*

• PHIN E. HORTON

D. O. MONTGOMERY

T. E. SIKES

C. I. MILLER

SUPERINTENDENTS OF CLINICS COMMITTEES

W. M. MATHESON, *Chairman*

S. P. GAY

S. H. STEELMAN

J. D. KISER

O. L. JOYNER

SOCIO-ECONOMICS COMMITTEE

F. L. HUNT, *Chairman*

A. S. BUMGARDNER

H. O. LINEBERGER

PAUL E. JONES

JOHN A. MCCLUNG

O. L. PRESNELL

R. R. HOWES

ECONOMICS COMMITTEE

S. ROBT. HORTON, *Chairman*

E. G. CLICK

HARRY L. KEEL

C. I. MILLER

S. E. MOSER

COMMERCIAL RELATIONS COMMITTEE

E. B. HOWLE, *Chairman*

R. F. JARRETT

Z. L. EDWARDS

DENTAL COLLEGE COMMITTEE

H. O. LINEBERGER, *Chairman*

PITT BEAM

NEAL SHEFFIELD

W. C. TAYLOR

A. T. JENNETTE

J. N. JOHNSON

FRANK O. ALFORD

PUBLICATIONS COMMITTEE

H. O. LINEBERGER

R. M. OLIVE

G. FRED HALE

Secretary Alford:

Mr. President, we have not installed our newly elected Delegate to the American Dental Association.

Dr. Clyde E. Minges:

Mr. President, I do not believe that is necessary. I will stand up.

The President:

Dr. Minges, we are proud to have you as our Delegate.

If there is no further business, the sixty-third annual session is adjourned, and we will meet in Winston-Salem in 1938.

Whereupon the sixty-third annual meeting of the North Carolina Dental Society, at 1:15 o'clock p.m., Wednesday, May 5, 1937, adjourned *sine die*.

ROSTER OF MEMBERS

FIRST DISTRICT

*A. D. Abernethy, Jr.	220 Menzies Bldg., Hickory
*A. D. Abernethy, Sr.	Granite Falls
Shuford Abernethy	Hickory
*W. R. Aiken	811 Flatiron Bldg., Asheville
L. P. Baker	Kings Mountain
*O. C. Barker	209 Lyal Bldg., Asheville
M. R. Barringer	Newton
*A. P. Beam	P. O. Box 84, Shelby
*W. F. Bell	704 Flatiron Bldg., Asheville
C. C. Bennett	Asheville
*E. N. Biggerstaff	Spindale
B. B. Bishop	Tryon
A. W. Bottoms	Canton
A. V. Boyles	Dallas
*J. F. Campbell	Menzies Bldg., Hickory
W. W. Carpenter	Hendersonville
H. H. Carson	Hendersonville
*W. K. Chapman	Sylva
*J. M. Cheek	Burnsville
*W. E. Clarke	704 Flatiron Bldg., Asheville
A. P. Cline	Canton
R. D. Coffey	Morganton
*E. W. Connell	Mount Holly
D. S. Cook	Lenoir
D. H. Crawford	Marion
*E. M. Cunningham	Asheville
*A. C. Currant	P. O. Box 1296, Gastonia
William Davenport	Spruce Pine
*F. W. Davis	503 Flatiron Bldg., Asheville
*J. E. Derby	Tryon
B. A. Dickson	Marion
H. C. Dixon	Shelby
*Borden Drum	P. O. Box 120, Conover

A. C. Edwards.....	Lawndale
Geo. J. Evans.....	Asheville
*P. R. Falls.....	215 S. York St., Gastonia
*John R. Fritz.....	10th Avenue, Hickory
*H. O. Froneberger.....	212 Carr Bldg., Gastonia
*S. P. Gay.....	P. O. Box 749, Waynesville
E. R. Gilbert.....	Highlands
L. J. Grimes.....	Asheville
B. F. Hall.....	Asheville
S. J. Hamilton.....	Burnsville
Carl Hardin.....	Canton
*C. H. Harrell.....	P. O. Box 8, Lincolnton
Paul Hedrick.....	Lenoir
O. H. Hester.....	Hickory
M. H. Hewitt.....	Forest City
F. B. Hicks.....	Hickory
C. Highsmith.....	Gastonia
L. J. Hooper.....	Asheville
J. S. Howell.....	Morganton
R. R. Howes.....	Forest City
F. L. Hunt.....	Asheville
J. H. Hutchins.....	Marshall
*A. A. Lackey.....	Fallston
*W. D. Lanier.....	Oteen
O. P. Lewis.....	Kings Mountain
J. B. Little.....	Hickory
R. A. Little.....	Asheville
E. B. Mackie.....	Granite Falls
N. P. Maddux.....	Asheville
L. H. Mann.....	Asheville
*J. A. Marshburn.....	P. O. Box 842, Black Mountain
*W. M. Matheson.....	Boone
*H. M. May.....	510 Flatiron Bldg., Asheville
N. M. Medford.....	Waynesville
W. J. Miller.....	Lenoir
O. L. Moore.....	Lenoir
O. S. Moore.....	Mount Holly
*Jessie Zachary Morelands.....	P. O. Box 316, Highlands
*S. E. Moser.....	Gastonia
*C. B. Mott.....	Morganton
Matt McBrayer.....	Rutherfordton
*Chas. S. McCall.....	P. O. Box 102, Forest City
*D. E. McConnell.....	Gastonia
C. H. McCracken.....	Asheville
*W. J. McDaniel.....	N. Main St., Rutherfordton
*Daisy McGuire.....	Main St., Sylva
*W. P. McGuire.....	Main St., Sylva
G. C. Nichols.....	Sylva
J. R. Osborne.....	Shelby
J. M. Parker.....	Asheville
W. H. Parker.....	Morganton
Geo. K. Patterson.....	Asheville
C. M. Peeler.....	Shelby
Hugh S. Plaster.....	Shelby
*Cecil A. Pless.....	801 Flatiron Bldg., Asheville
Ralph Ray.....	Gastonia
W. C. Raymer.....	Newton

*John F. Reece.....	Lenoir
J. P. Reece.....	Valdese
H. L. Robertson.....	Cliffside
*I. R. Self.....	P. O. Box 127, Lincolnton
*Jas. A. Sinclair.....	202 Lyal Bldg., Asheville
W. M. Sloop.....	Crossnore
*S. H. Steelman.....	P. O. Box 308, Lincolnton
C. W. Stevens.....	Conover
Paul W. Troutman.....	Hickory
B. C. Thomasson.....	Bryson City
W. J. Turbyfill.....	Asheville
L. VanProyen.....	Asheville
*R. C. Weaver.....	401 Lyal Bldg., Asheville
Evan S. Wehnt.....	Cherryville
*C. T. Wells.....	Canton
*J. L. West.....	Franklin
*C. M. Whisnant.....	Burnsville
W. K. Whitson.....	Asheville
*T. A. Wilkins.....	P. O. Box 996, Gastonia
P. W. Winchester.....	Morganton
L. W. Woody.....	Spruce Pine
*P. P. Yates.....	P. O. Box 527, Lenoir
J. A. Young.....	Newton
*C. B. Yount.....	202 Menzies Bldg., Hickory

SECOND DISTRICT

L. B. Albright.....	Charlotte
*Geo. S. Alexander.....	P. O. Box 116, Kannapolis
*F. O. Alford.....	First National Bank Bldg., Charlotte
T. I. Allen.....	Charlotte
Fred J. Anderson.....	Winston-Salem
R. P. Anderson.....	Mocksville
*John L. Ashby.....	Main and Oak Sts., Mount Airy
T. W. Atwood.....	Durham
J. E. Banner.....	Mount Airy
*Carl A. Barkley.....	738 Nissen Bldg., Winston-Salem
Grove C. Barnard.....	Kannapolis
*J. R. Bell.....	913 Independence Bldg., Charlotte
*A. Mack Berryhill.....	Independence Bldg., Charlotte
*J. P. Bingham.....	P. O. Box 259, Lexington
A. R. Black.....	Charlotte
*V. A. Black.....	824 E. Trade St., Charlotte
*C. A. Blackburn.....	104 West 4th St., Winston-Salem
Daniel B. Boger.....	Charlotte
*I. A. Booe.....	P. O. Box 34, King
H. L. Brooks.....	Monroe
*A. S. Bumgardner.....	Professional Bldg., Charlotte
*L. F. Bumgardner.....	415 Professional Bldg., Charlotte
*R. T. Byerly.....	135½ N. Liberty, Winston-Salem
J. D. Carlton.....	Salisbury
G. K. Carter.....	Taylorsville
*R. P. Casey.....	B Street, North Wilkesboro
*A. H. Cash.....	Reynolds Tobacco Co., Winston-Salem
A. C. Chamberlain, Jr.....	Mount Airy
E. C. Choate.....	Mocksville
*E. G. Click.....	Main St., Elkin

W. J. Conrad.....	Winston-Salem
L. C. Couch.....	Elkin
*Vernon H. Cox.....	Reynolds Bldg., Winston-Salem
*R. W. Crews.....	P. O. Box 5, Thomasville
*H. K. Crotts.....	1512 Reynolds Bldg., Winston-Salem
*W. C. Current.....	Statesville
H. C. Daniel.....	Salisbury
V. L. DeHart.....	Walnut Cove
S. C. Duncan.....	Monroe
*R. H. Ellington.....	P. O. Box 242, Salisbury
*M. R. Evans.....	208 Nissen Bldg., Winston-Salem
*W. L. Ezzell, Jr.....	Cabarrus Bank Bldg., Concord
P. L. Feezor.....	Lexington
Ralph C. Flowers.....	Winston-Salem
*C. L. Folger.....	Dobson
*J. M. Folger.....	Box 51, Dobson
*Burke W. Fox.....	Medical Arts Bldg., Charlotte
*R. A. Frye.....	P. O. Box 117, Pilot Mountain
*W. D. Gibbs.....	610 Professional Bldg., Charlotte
*J. H. Guion.....	801 Professional Bldg., Charlotte
E. S. Hamilton.....	Charlotte
*R. B. Harrell.....	Main St., Elkin
*A. P. Hartman.....	631 Nissen Bldg., Winston-Salem
*J. F. Hartness.....	P. O. Box 496, Davidson
Frank K. Haynes.....	Charlotte
Gary Heeseman.....	Charlotte
H. R. Hege.....	Mount Airy
H. C. Henderson.....	Charlotte
*L. O. Herring.....	1508 First National Bank Bldg., Charlotte
*O. R. Hodgins.....	P. O. Box 366, Thomasville
*D. W. Holcomb.....	605 Reynolds Bldg., Winston-Salem
*J. M. Holland.....	Broad St., Statesville
*R. H. Holliday.....	P. O. Box 371, Thomasville
*P. E. Horton.....	Wachovia Bank Bldg., Winston-Salem
H. H. Houck.....	Pineville
W. C. Houston.....	Concord
*Geo. C. Hull.....	1209 First National Bank, Charlotte
*P. C. Hull.....	Independence Bldg., Charlotte
*R. Nat Hunt.....	10 E. Center St., Lexington
*Wm. A. Ingram.....	P. O. Box 336, Monroe
*Ralph F. Jarrett.....	913 Independence Bldg., Charlotte
F. G. Johnson.....	Lexington
W. F. Jones.....	Wilkesboro
*O. L. Joyner.....	P. O. Box 176, Kernersville
*H. L. Keel.....	704 Nissen Bldg., Winston-Salem
J. L. Keerans.....	Charlotte
*Cyrus Clifton Keiger.....	713 Independence Bldg., Charlotte
J. H. Kelley.....	Charlotte
V. B. Kendrick.....	Charlotte
*Z. V. Kendrick.....	1010 First National Bank Bldg., Charlotte
*W. L. Kibler.....	1313 First National Bank Bldg., Charlotte
*O. B. Kirby.....	202 N. Tryon St., Charlotte
*F. W. Kirk.....	P. O. Box 525, Salisbury
*J. D. Kiser.....	1107 First National Bank Bldg., Charlotte
*A. R. Kistler.....	P. O. Box 314, Monroe
*G. L. Krueger.....	Charlotte
*G. A. Lazenby.....	P. O. Box 307, Statesville

*Sam Levy.....	109½ S. Church St., Charlotte
*W. C. Logan.....	Nissen Bldg., Winston-Salem
J. G. Marler.....	Yadkinville
E. L. Martin.....	Statesville
*Guy M. Masten.....	Nissen Bldg., Winston-Salem
*Robert Masten.....	133 E. Sprague, Winston-Salem
W. M. Matheson.....	Boone
*R. P. Melvin.....	Reynolds Bldg., Winston-Salem
*F. C. Mendenhall.....	214 Nissen Bldg., Winston-Salem
D. B. Mizell.....	Charlotte
*D. O. Montgomery.....	P. O. Box 317, Statesville
E. D. Moore.....	Charlotte
E. B. Morgan.....	Concord
*Duke Morse.....	P. O. Box 2646, Winston-Salem
Rosebud Morse.....	East Bend
*J. A. McClung.....	Reynolds Bldg., Winston-Salem
J. M. Neel.....	Salisbury
*J. H. Nicholson.....	P. O. Box 456, Statesville
Eva Carter Nissen.....	Winston-Salem
*C. M. Parks.....	P. O. Box 918, Winston-Salem
J. H. Parks.....	Kannapolis
R. M. Patterson.....	Concord
H. R. Pearman.....	Cooleemee
*F. N. Pegg.....	P. O. Box 204, Kernersville
J. C. Pennington.....	Thomasville
R. E. Petree.....	Charlotte
*J. R. Pharr.....	619 Professional Bldg., Charlotte
A. J. Pringle.....	Lawsonville
R. L. Ramsay.....	Salisbury
*J. P. Reece.....	Concord
C. A. Reeves.....	Sparta
E. H. Reich.....	Winston-Salem
*R. L. Reynolds.....	Lexington
*W. M. Robey.....	Professional Bldg., Charlotte
*G. L. Ross.....	613 Independence Bldg., Charlotte
*Heywood Ross.....	504 First National Bank Bldg., Charlotte
W. A. Secrest.....	Winston-Salem
R. P. Shepard.....	Mount Airy
*Ralph Schmucker.....	801 First National Bank Bldg., Charlotte
*C. F. Smithson.....	First National Bank Bldg., Charlotte
W. A. Sowers.....	Lexington
*R. E. Spoon.....	Nissen Bldg., Winston-Salem
*H. E. Story.....	Medical Arts Bldg., Charlotte
*S. H. Strawn.....	P. O. Box 37, Marshville
*B. C. Taylor.....	P. O. Box H, Landis
*C. F. Taylor.....	1627½ Eliz. Ave., Charlotte
*L. A. Taylor.....	O'Hanlon Bldg., Winston-Salem
L. E. Taylor.....	Charlotte
W. A. Taylor.....	North Wilkesboro
*W. C. Taylor.....	119 N. Church St., Salisbury
*C. L. Thomas.....	P. O. Box 663, Mount Airy
*Lee Roy Thompson.....	409 S. Hawthorne, Winston-Salem
*L. P. Trivette.....	P. O. Box F, Mooresville
*M. L. Troutman.....	P. O. Box 751, Kannapolis
R. D. Tuttle.....	Winston-Salem
*C. H. Wadsworth.....	Cabarrus Bank Bldg., Concord
*B. N. Walker.....	418 Professional Bldg., Charlotte

*L. E. Wall.....	103½ S. Tryon St., Charlotte
*D. T. Waller.....	First National Bank Bldg., Charlotte
*J. C. Watkins.....	Reynolds Bldg., Winston-Salem
*G. E. Waynick.....	731 Nissen Bldg., Winston-Salem
*I. M. Waynick.....	731 Nissen Bldg., Winston-Salem
B. H. Webster.....	Charlotte
*C. D. Wheeler.....	500 Wallace Bldg., Salisbury
T. P. Williamson.....	Charlotte
*G. W. Yokeley.....	O'Haulon Bldg., Winston-Salem
*K. M. Yokeley.....	O'Haulon Bldg., Winston-Salem
J. W. Zachary.....	China Grove
*J. W. Zimmerman.....	Wallace Bldg., Salisbury

THIRD DISTRICT

*C. A. Adams.....	P. O. Box 749, Durham
P. Y. Adams.....	High Point
*T. W. Atwood.....	509 Geer Bldg., Durham
*J. S. Betts.....	W. Market St., Greensboro
*W. W. Bowling.....	Durham
J. D. Bradsher.....	Roxboro
*R. W. Brannock.....	P. O. Box 485, Burlington
T. P. Bullard.....	Roxboro
*L. H. Butler.....	406 Jefferson Bldg., Greensboro
*F. S. Caddell.....	P. O. Box 487, Graham
*Daniel T. Carr.....	422 Geer Bldg., Durham
*Henry C. Carr.....	P. O. Box 766, Durham
*James N. Caudle.....	Reidsville
*J. C. Clark.....	P. O. Box 551, Mebane
R. R. Clark.....	Chapel Hill
*W. F. Clayton.....	223 Lindsay St., High Point
*L. G. Coble.....	330 Jefferson Bldg., Greensboro
*J. Cecil Crank.....	113½ Odell Place, Greensboro
*A. W. Craver.....	330 Jefferson Bldg., Greensboro
*L. M. Daniels.....	P. O. Box 727, Southern Pines
*C. D. Dawkins.....	107 Ledbetter St., Rockingham
*L. M. Edwards.....	National Bank Bldg., Durham
*J. H. Ellerbe.....	Franklin St., Rockingham
*D. H. Erwin.....	Clinic Hospital, Greensboro
*R. M. Farrell.....	Pittsboro
*W. I. Farrell.....	P. O. Box 277, Troy
*L. M. Foushee.....	P. O. Box 763, Burlington
*H. K. Foster.....	Security Bank Bldg., Greensboro
A. E. Frazier.....	High Point
*J. S. Frost.....	Burlington
*J. M. Gardner.....	P. O. Box D, Gibson
*Reidy T. Garrett.....	P. O. Box 356, Rockingham
*F. E. Gilliam.....	P. O. Box 343, Burlington
*C. A. Graham.....	P. O. Box 12, Ramseur
*J. J. Hamlin.....	164 S. Main St., High Point
*J. N. Hester.....	310 Main St., Reidsville
*W. R. Hinton.....	208 Jefferson Bldg., Greensboro
*R. H. Holden.....	701 Depositors National Bank Bldg., Durham
N. T. Holland.....	Durham
J. E. Holt.....	Greensboro
*I. H. Hughes.....	Main St., Roxboro
J. H. Hurdle.....	Mebane

A. H. Johnson.....	Greensboro
Chas. D. Johnson.....	Elon College
*J. P. Jones.....	P. O. Box 142, Chapel Hill
H. A. Karesh.....	Greensboro
*G. E. Kirkman.....	Greensboro
*C. D. Kistler.....	P. O. Box 108, Randleman
*J. T. Lasley.....	303 Jefferson Bldg., Greensboro
C. T. Lipscombe.....	Greensboro
*D. K. Lockhart.....	805 Watts St., Durham
B. R. Long.....	Greensboro
*H. S. Long.....	P. O. Box 246, Graham
*R. E. Long.....	P. O. Box 326, Roxboro
*J. R. Meador.....	Reidsville
*E. M. Medlin.....	P. O. Box 176, Aberdeen
*C. I. Miller.....	P. O. Box 748, Albemarle
*J. B. Milliken.....	P. O. Box 35, Siler City
J. W. Mitchell.....	Greensboro
*J. S. Moore.....	Reidsville
*W. H. Moore.....	Hillsboro
*H. V. Murray.....	615 Lexington Ave., Burlington
*W. S. Mustian.....	Geer Bldg., Durham
C. W. McAnally.....	Madison
*S. H. McCall.....	P. O. Box 157, Troy
E. P. McCutcheon.....	Durham
*A. A. McDuffie.....	P. O. Box 173, Candor
*Gates McKaughan.....	Kernersville
*W. R. McKaughan.....	1003 Johnson St., High Point
*J. B. Newman.....	Burlington
*R. T. Nichols.....	P. O. Box 687, Rockingham
*Carl P. Norris.....	P. O. Box 337, Durham
*L. G. Page.....	P. O. Box 157, Yanceyville
*H. M. Patterson.....	Burlington
*L. J. Pegram.....	Pinehurst
*D. R. Pitts.....	109½ N. Main St., High Point
*C. C. Poindexter.....	Jefferson Bldg., Greensboro
*E. F. Pope.....	P. O. Box 146, Albemarle
*W. A. Pressly.....	Jefferson Bldg., Greensboro
*O. L. Presnell.....	First National Bank Bldg., Asheboro
A. P. Reade.....	Durham
A. L. Richardson.....	Spray
E. E. Richardson.....	Leaksville
*J. B. Richardson.....	164 S. Main St., High Point
*G. R. Salisbury.....	P. O. Box 293, Asheboro
*J. C. Senter.....	Heath Bldg., Albemarle
*E. W. Shackelford.....	P. O. Box 1130, Durham
S. W. Shaffer.....	Greensboro
*B. B. Shamberger.....	Star
*Neal Sheffield.....	304-5 Dixie Bldg., Greensboro
*R. P. Shepard.....	P. O. Box 1004, Pinehurst
*T. E. Sikes.....	Security Bank Bldg., Greensboro
H. A. Smathers.....	Greensboro
*L. T. Smith.....	P. O. Box 516, Reidsville
*J. S. Spurgeon.....	Hillsboro
*A. R. Stanford.....	404 Guilford National Bank, Greensboro
*C. N. Stone.....	Greensboro
*John Swaim.....	First National Bank Bldg., Asheboro
C. H. Teague.....	120 S. Main St., Greensboro

*E. R. Teague.....	Reidsville
*H. W. Thompson.....	Hamlet
E. A. Troxler.....	Greensboro
E. J. Tucker.....	Roxboro
*J. T. Underwood.....	P. O. Box 288, Durham
*R. L. Underwood.....	115 S. Elm St., Greensboro
*E. R. Warren.....	P. O. Box 476, Mebane
J. S. Wells.....	Reidsville
*R. G. Wharton.....	Sanatorium
C. M. Wheeler.....	Greensboro
*J. H. Wheeler.....	107 N. Cedar St., Greensboro
*P. B. Whittington.....	814 N. Car. Bank Bldg., Greensboro
*R. A. Wilkins.....	P. O. Box 828, Burlington
B. W. Williamson.....	Hamlet
*J. F. Williamson.....	Wadesboro
*Geo. N. Yates.....	Dept. National Bank Bldg., Durham
*L. H. Zimmerman.....	164 S. Main St., High Point
*L. R. Zimmerman.....	164 S. Main St., High Point
*T. R. Zimmerman.....	164 S. Main St., High Point

FOURTH DISTRICT

*C. E. Abernathy.....	705 Professional Bldg., Raleigh
*H. L. Allen.....	Henderson
R. T. Allen.....	Lumberton
*B. L. Aycock.....	P. O. Box 93, Princeton
*C. D. Bain.....	Dunn
*A. D. Barber.....	P. O. Box 406, Sanford
J. B. Bardin.....	Chadbourn
V. E. Bell.....	Professional Bldg., Raleigh
R. M. Blackman.....	Selma
*S. L. Bobbitt, Jr.....	718 Professional Bldg., Raleigh
*E. A. Branch.....	317 Calvin Road, Raleigh
*W. H. Branch.....	721 Professional Bldg., Raleigh
*J. W. Branham.....	200 Masonic Temple, Raleigh
E. H. Broughton.....	Masonic Temple, Raleigh
*C. H. Bryan.....	P. O. Box 356, Apex
J. K. Bryan.....	Oxford
*L. E. Buie.....	Lemon Springs
*H. E. Butler.....	State Health Dept., Raleigh
J. R. Butler.....	Dunn
Robert Byrd.....	202 Masonic Temple, Raleigh
N. G. Carroll.....	Nordel Hill, Raleigh
*H. R. Chamblee.....	Professional Bldg., Raleigh
*R. D. Clements.....	616 Professional Bldg., Raleigh
J. F. Coletrane.....	Zebulon
*A. S. Cromartie.....	Fayetteville
H. R. Cromartie.....	Raeford
I. H. Davis.....	Oxford
*J. R. Edwards.....	Fuquay Springs
*Paisley Fields.....	Fairmont
*S. J. Finch.....	Oxford
*A. H. Fleming.....	Louisburg
*J. Martin Fleming.....	Security Bank Bldg., Raleigh
*C. G. Fuquay.....	Coats
*E. T. Glenn.....	P. O. Box 445, Smithfield

*C. J. Goodwin.....	Elizabethtown
R. F. Graham.....	Rowland
*L. G. Hair.....	Fayetteville
*G. Fred Hale.....	406 Professional Bldg., Raleigh
C. C. Hatch.....	Sanford
J. B. Herndon.....	Laurinburg
W. T. Herndon.....	Fayetteville
*G. L. Hooper.....	502 S. Layton St., Dunn
*S. Robt. Horton.....	620 Professional Bldg., Raleigh
E. B. Howle.....	Odd Fellows Bldg., Raleigh
*I. H. Hoyle.....	Henderson
*E. W. Hunter.....	Sanford
*J. K. Hunt.....	Jonesboro
J. H. Ihrle.....	Wendell
*Wilbert Jackson.....	Clinton
*J. A. Jernigan.....	Dunn
C. B. Johnson.....	Chadbourn
J. C. Johnson.....	Raleigh
*K. L. Johnson.....	302 Masonic Temple, Raleigh
M. L. Johnson.....	Whiteville
*R. S. Jones.....	Warrenton
*J. H. Judd.....	Fayetteville
*E. N. Lawrence.....	Professional Bldg., Raleigh
*E. G. Lee.....	Clinton
*W. K. Lindsay.....	Citizens Bank Bldg., Fayetteville
*H. O. Lineberger.....	Professional Bldg., Raleigh
*W. T. Martin.....	Professional Bldg., Raleigh
L. M. Massey.....	Zebulon
*W. J. Massey.....	Smithfield
*L. J. Moore.....	Saint Pauls
*J. D. Muse.....	Henderson
*F. W. McCracken.....	Sanford
H. McK. McDiarmid.....	Raeford
S. R. McKay.....	Lillington
*W. L. McRae.....	Red Springs
*R. M. Olive.....	1004 First Citizens Bank Bldg., Fayetteville
W. J. Payne.....	Clayton
*A. A. Phillips.....	P. O. Box 139, Warrenton
*D. L. Pridgen.....	P. O. Box 1223, Fayetteville
*A. J. Pringle.....	Lawsonville
*J. M. Pringle.....	Lawsonville
*W. W. Rankin.....	Odd Fellows Bldg., Raleigh
*C. W. Sanders.....	Benson
*E. L. Smith.....	820 Professional Bldg., Raleigh
*M. R. Smith.....	Raleigh
D. T. Smithwick.....	Louisburg
*R. M. Squires.....	Wake Forest
*D. I. Stallings.....	Wake Forest
*R. W. Stephens.....	Apex
*J. E. Swindell.....	718 Professional Bldg., Raleigh
W. W. Taylor.....	Warrenton
*J. J. Tew.....	Clayton
*M. F. Townsend.....	Lumberton
*R. A. Turlington.....	Clinton
*A. D. Underwood.....	Roseboro
*M. A. Waddell.....	Fairbluff
*S. R. Watson.....	Henderson

*J. W. Whitehead.....	Hood Bldg., Smithfield
*D. C. Woodall.....	Erwin
W. F. Yates.....	Chadbourn
*T. L. Young.....	Professional Bldg., Raleigh

FIFTH DISTRICT

*V. M. Barnes.....	Wilson
*O. J. Bender.....	Jacksonville
*M. D. Bissett.....	Wilson
Dexter Blanchard.....	Farmville
A. B. Bland.....	Wallace
*A. C. Bone.....	P. O. Box 732, Rocky Mount
*Dewey Boseman.....	Wilson
*J. O. Broughton.....	310 Murchison Bldg., Wilmington
J. W. Brown.....	Rich Square
F. G. Chamblee.....	Spring Hope
*H. W. Civils.....	New Bern
F. H. Coleman.....	Wilmington
R. C. Daniel.....	Southport
J. H. Dreher.....	Wilmington
D. W. Dudley.....	Kinston
*J. F. Duke.....	P. O. Box 695, Washington
*L. J. Dupree.....	Kinston
*A. C. Early.....	Aulander
C. D. Eatman.....	Rocky Mount
*E. L. Eatman.....	Rocky Mount
J. R. Edmundson.....	Wilson
*H. A. Edwards.....	Pink Hill
*Z. L. Edwards.....	Washington
*D. J. Eure.....	Morehead City
*P. Fitzgerald.....	Greenville
M. A. Garriss.....	Margarettsville
C. H. Geddie.....	Goldsboro
E. C. Grady.....	Elm City
S. W. Gregory.....	Elizabeth City
W. S. Griffin.....	Edenton
W. L. Hand.....	New Bern
M. M. Harris.....	Elizabeth City
*W. I. Hart.....	Edenton
*Oscar Hooks.....	Wilson
*R. F. Hunt.....	Rocky Mount
*A. T. Jeanette.....	Bank of Washington Bldg., Washington
B. McK. Johnson.....	Greenville
C. B. Johnson.....	New Bern
*J. N. Johnson.....	Goldsboro
W. H. Johnson.....	Plymouth
*P. E. Jones.....	Farmville
*Dennis Keel.....	Farmville
*H. L. Keith.....	Murchison Bldg., Wilmington
*J. M. Kilpatrick.....	Robersonville
*C. G. Lancaster.....	Windsor
J. L. Leggett.....	Hertford
A. C. Liverman.....	Scotland Neck
*A. R. Mallard.....	Goldsboro
S. E. Malone.....	Goldsboro
*Sandy C. Marks.....	413 Murchison Bldg., Wilmington

*M. B. Massey.....	Greenville
W. C. Mercer.....	Williamston
*L. J. Meredith.....	Wilmington
*Clyde E. Minges.....	People's Bank Bldg., Rocky Mount
*Coyte R. Minges.....	Rocky Mount
*Carl N. Moore.....	Wilmington
R. W. Moore.....	Tarboro
*B. R. Morrison.....	Murchison Bldg., Wilmington
W. E. Murphrey.....	Roanoke Rapids
M. T. McMillan.....	Goldsboro
H. E. Nixon.....	Elizabeth City
J. A. Oldham.....	Wilmington
*W. T. Oliver.....	Rocky Mount
*G. L. Overman.....	Goldsboro
William Parker.....	Elizabeth City
*Z. V. Parker.....	New Bern
*G. E. Pigford.....	412 Murchison Bldg., Wilmington
*J. G. Poole.....	Kinston
*S. D. Poole.....	Goldsboro
*C. G. Powell.....	Ahoskie
J. B. Powell, Jr.....	Ahoskie
G. W. Price.....	Kinston
*W. T. Ralph.....	Belhaven
C. R. Riddick.....	Ayden
*A. M. Schultz.....	Greenville
*J. H. Smith.....	Southern Bldg., Wilmington
*J. C. Smith.....	Southern Bldg., Wilmington
*W. T. Smith.....	Wilmington
*T. W. Smithson.....	P. O. Box 982, Rocky Mount
*Herbert Spear.....	Kinston
J. L. Spencer.....	Williamston
J. W. Stanley.....	Wilmington
*E. W. Tatum.....	Mount Olive
C. A. Thomas.....	Wilmington
*J. E. L. Thomas.....	Tarboro
*H. K. Thompson.....	802 Murchison Bldg., Wilmington
*R. L. Tomlinson.....	Wilson
*R. S. Turlington.....	P. O. Box 461, Goldsboro
*J. V. Turner.....	Wilson
L. R. Turner.....	Jacksonville
Ransey Weathersbee.....	Wilmington
W. J. Ward.....	Weldon
W. M. Ward.....	Roanoke Rapids
E. R. Warren.....	Goldsboro
H. E. Weeks.....	Tarboro
J. F. West.....	Roanoke Rapids
J. H. White.....	Elizabeth City
A. P. Whitehead.....	Rocky Mount
*R. L. Whitehurst.....	Rocky Mount
R. A. Wilkins.....	Mount Olive
*R. E. Williams.....	Goldsboro
*O. L. Wilson.....	Kinston
*W. L. Woodard.....	Manteo
*A. L. Wooten.....	Wilson
J. H. Yelverton.....	Wilson
Wm. D. Young.....	Snow Hill

*W. H. Young.....	Burgaw
*J. W. Zachary.....	Hertford
C. V. Zibelin.....	Wallace

DENTISTS LICENSED TO PRACTICE IN NORTH CAROLINA AT THE OFFICIAL EXAMINATION HELD JUNE, 1937

Ezzell, L. L.....	Concord, N. C.
Furr, C. E.....	Concord, N. C.
Gibson, H. B. (renewal).....	Laurinburg, N. C.
Gollobin, A.....	Hackensack, N. J.
Harris, G. V.....	Belhaven, N. C.
Herman, R. E.....	Mount Airy, N. C.
Hoffman, M. J.....	Asheville, N. C.
Hunter, T. M.....	Enfield, N. C.
Jones, M. T.....	Cary, N. C.
Keith, D. R.....	Mitchell, Ind.
Kyles, C. P.....	Statesville, N. C.
Lipe, E. W.....	Kannapolis, N. C.
Moorefield, Paul.....	Mount Airy, N. C.
Munsell, P. L.....	Memphis, Tenn.
Richardson, R. E.....	Leaksville, N. C.
Ross, N. F.....	Albany, N. Y.
Stonestreet, F. M.....	Mocksville, N. C.
Taylor, Carolyn F.....	North Wilkesboro, N. C.
Thompson, H. W.....	Low Gap, N. C.
Woody, F. S.....	Roxboro, N. C.

ROLL OF LIFE MEMBERS, BY VIRTUE OF HAVING PAID DUES FOR TWENTY-FIVE CONSECUTIVE YEARS

FIRST DISTRICT

L. P. Baker.....	Kings Mountain
H. H. Carson.....	Hendersonville
F. L. Hunt.....	Asheville
J. B. Little.....	Hickory
D. E. McConnell.....	Gastonia
J. R. Osborne.....	Shelby
J. M. Parker.....	Asheville
I. R. Self.....	Lincolnton
J. A. Sinclair.....	Asheville

SECOND DISTRICT

J. E. Banner.....	Mount Airy
J. D. Carlton.....	Salisbury
E. G. Click.....	Elkin
W. J. Conrad.....	Winston-Salem
H. C. Daniel (deceased).....	Salisbury
H. C. Henderson.....	Charlotte
P. E. Horton.....	Winston-Salem
J. G. Marler.....	Yadkinville
J. M. Neel.....	Salisbury
R. L. Ramsey.....	Salisbury

W. M. Robey.....	Charlotte
C. F. Smithson.....	Charlotte
J. C. Watkins.....	Winston-Salem

THIRD DISTRICT

J. S. Betts.....	Greensboro
W. F. Clayton.....	High Point
N. T. Holland.....	Durham
C. T. Lipscombe.....	Greensboro
D. K. Lockhart.....	Durham
R. T. Nichols.....	Rockingham
C. P. Norris.....	Durham
E. E. Richardson.....	Leaksville
E. W. Shackelford.....	Durham
L. T. Smith.....	Reidsville
J. S. Spurgeon.....	Hillsboro
E. J. Tucker.....	Roxboro
J. S. Wells.....	Reidsville
J. H. Wheeler.....	Greensboro

FOURTH DISTRICT

R. T. Allen.....	Lumberton
N. G. Carroll.....	Raleigh
A. S. Cromartie.....	Fayetteville
I. H. Davis.....	Oxford
A. H. Fleming.....	Louisburg
J. Martin Fleming.....	Raleigh
S. Robert Horton.....	Raleigh
E. B. Howle.....	Raleigh
J. H. Judd.....	Fayetteville
F. W. McCracken.....	Sanford
W. T. Martin.....	Raleigh
R. M. Squires.....	Wake Forest
R. W. Stephens.....	Apex
S. R. Watson.....	Henderson

FIFTH DISTRICT

O. J. Bender.....	Jacksonville
J. H. Dreher.....	Wilmington
J. R. Edmundson.....	Wilson
Oscar Hooks.....	Wilson
J. N. Johnson.....	Goldsboro
Paul E. Jones.....	Farmville
L. J. Meredith.....	Wilmington
H. L. Keith.....	Wilmington
S. E. Malone.....	Goldsboro
W. T. Smith.....	Wilmington
J. W. Stanley.....	Wilmington
J. H. White.....	Elizabeth City
J. H. Yelverton.....	Wilson

INACTIVE LIST

L. V. Henderson.....	Virginia
J. S. Hoffman.....	Charlotte
W. F. Maderis.....	Charlotte

P. L. Pearson.....	Apex
J. H. Ihrie.....	Wendell
J. A. Oldham.....	Wilmington
W. F. Jones.....	North Wilkesboro
H. R. Cromartie.....	Raeford

PRESIDENTS OF THE SOCIETY SINCE ITS ORGANIZATION

1875-76.....	*B. F. Arrington	1906-07.....	J. R. Osborne
1876-77.....	*V. E. Turner	1907-08.....	*D. L. James
1877-78.....	*J. W. Hunter	1908-09.....	F. L. Hunt
1878-79.....	*E. L. Hunter	1909-10.....	J. C. Watkins
1879-80.....	*D. E. Everett	1910-11.....	A. H. Fleming
1880-81.....	*Isaiah Simpson	1911-12.....	P. E. Horton
1881-82.....	*M. A. Bland	1912-13.....	*R. G. Sherrill
1882-83.....	*J. F. Griffith	1913-14.....	C. F. Smithson
1883-84.....	*W. H. Hoffman	1914-15.....	J. A. Sinclair
1884-85.....	*J. H. Durham	1915-16.....	I. H. Davis
1885-86.....	*J. E. Matthews	1916-17.....	*R. O. Apple
1886-87.....	*B. H. Douglas	1917-18.....	R. M. Squires
1887-88.....	*T. M. Hunter	1918-19.....	J. N. Johnson
1888-89.....	*V. E. Turner	1919-20.....	W. T. Martin
1889-90.....	*S. P. Hilliard	1920-21.....	J. H. Judd
1890-91.....	*H. C. Herring	1921-22.....	W. M. Robey
1891-92.....	*C. L. Alexander	1922-23.....	S. R. Horton
1892-93.....	*F. S. Harris	1923-24.....	*R. M. Morrow
1893-94.....	*C. A. Rominger	1924-25.....	J. A. McClung
1894-95.....	*H. D. Harper	1925-26.....	H. O. Lineberger
1895-96.....	*R. H. Jones	1926-27.....	B. F. Hall
1896-97.....	*J. E. Wyche	1927-28.....	E. B. Howle
1897-98.....	*H. V. Horton	1928-29.....	J. R. Self
1898-99.....	C. W. Banner	1929-30.....	J. H. Wheeler
1899-1900.....	*A. C. Liverman	1930-31.....	Paul E. Jones
1900-01.....	E. J. Tucker	1931-32.....	Dennis Keel
1901-02.....	J. S. Spurgeon	1932-33.....	Wilbert Jackson
1902-03.....	*J. H. Benton	1933-34.....	Ernest A. Branch
1903-04.....	J. M. Fleming	1934-35.....	L. M. Edwards
1904-05.....	*W. B. Ramsey	1935-36.....	Z. L. Edwards
1905-06.....	J. S. Betts	1936-37.....	D. L. Pridgen
		1937-38.....	J. F. Reece

*Deceased.

HONORARY MEMBERS

Austin, J. L.....	Chattanooga, Tenn.
Bear, Harry.....	Richmond, Va.
Bland, C. A.....	Charlotte, N. C.
Bogle, R. B.....	Nashville, Tenn.
Byrnes, R. R.....	Atlanta, Ga.
Callahan, P. E.....	McRae, Ga.
Cannon, Claude C.....	Fayette, Ala.
Cason, W. L.....	Athens, Ga.
Collins, Clara C.....	Atlanta, Ga.

Cooper, George M.....	Raleigh, N. C.
Cuthbertson, C. W.....	Washington, D. C.
Dale, J. A.....	Nashville, Tenn.
Eby, Joseph D.....	54 East 62d St., New York City
Foster, S. W.....	Atlanta, Ga.
Goldberg, E. H.....	Bennettsville, S. C.
Gorman, J. A.....	New Orleans, La.
Gurley, Webb B.....	Richmond, Va.
Hardin, W. R.....	Atlanta, Ga.
Harrison, Guy R.....	Richmond, Va.
Hartzell, Thomas B.....	Minneapolis, Minn.
Hill, Thomas J.....	Cleveland, Ohio
Hoffer, Carl W.....	Nashville, Tenn.
Howard, Clinton C.....	Atlanta, Ga.
Howe, Percy R.....	Boston, Mass.
Huff, M. D.....	Atlanta, Ga.
Hughes, C. N.....	Atlanta, Ga.
Jeserich, Paul D.....	Ann Arbor, Mich.
Johnson, H. H.....	Macon, Ga.
Kelsey, H. L.....	Baltimore, Md.
King, Otto U.....	Chicago, Ill.
Lambert, W. E.....	Atlanta, Ga.
Maves, T. W.....	Minneapolis, Minn.
Malone, R. W.....	U. S. Navy
Milner, H. A.....	Aiken, S. C.
Moore, S. W.....	Baltimore, Md.
Neil, Ewell.....	Nashville, Tenn.
Netherlands, Frank.....	Asheville, N. C.
Nodine, Alonzo M.....	London
Price, Weston.....	Cleveland, Ohio
Quattlebaum, E. G.....	Columbia, S. C.
Rickert, U. G.....	Ann Harbor, Mich.
Robinson, J. Ben.....	Baltimore, Md.
Ruhl, J. P.....	New York City
Russell, A. Y.....	Baltimore, Md.
Rutledge, B.....	Florence, S. C.
Sears, Andy W.....	Jacksonville, Fla.
Sears, Victor H.....	New York City
Sheffield, L. Langdon.....	Toledo, Ohio
Simpson, R. L.....	Richmond, Va.
Summerman, D. H.....	Philadelphia, Pa.
Smith, A. E.....	Chicago, Ill.
Spratley, W. W.....	Richmond, Va.
Star, E. L.....	Philadelphia, Pa.
Stevenson, Albert H.....	New York City
Stewart, H. T.....	New York City
Stone, A. E.....	Philadelphia, Pa.
Strickland, A. C.....	Anderson, S. C.
Tench, R. W.....	New York City
Thompson, Webb.....	Spartanburg, S. C.
Tilesen, H. B.....	Louisville, Ky.
Turner, C. R.....	Philadelphia, Pa.
Visanska, S. A.....	Atlanta, Ga.
Whitaker, J. D.....	Indianapolis, Ind.
White, J. A.....	Williamston, N. C.
Wooding, C. E.....	Winston-Salem, N. C.
Wright, John B.....	Raleigh, N. C.

THE
BULLETIN
OF
The North Carolina
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



A good laugh is sunshine in a house.—THACKERY.

OCTOBER, 1937

Vol. 21

No. 2

GREENSBORO, N. C.

*An Announcement Fifteen Years in the
Making and It Has Been
of Your Making*

Just fifteen years ago the WOODWARD PROSTHETIC COMPANY, was formed. In the ensuing time we have grown steadily and have created for ourselves many hundreds of friends in the Profession. We are proud of their patronage and appreciative, too. It is our sincere and fond hope that we may continue to serve them—not just as well, but better.

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In addition to the appointment pages it contains the following information: 1938 officers and Board of Trustees; District Map of A.D.A.; Organization Chart; Code of Ethics; List of Certified Dental Materials; List of Books and Package Libraries; List of Dental Health Educational Material; Weights and Measures; Patient Recall Service and the Beneficial Circle Plan.

Prepared by the Bureau of Public Relations, A.D.A., 212 E. Superior Street, Chicago.
Price—\$1.00. Individualized names stamped in gold on cover—25c extra.

Order from page A-36, October Journal of the American Dental Association.

P A T R O N I Z E O U R A D V E R T I S E R S



TO
DR. C. G. POWELL

*Whose kindly nature endowed with lofty ideals and
his devotion to his profession and fellow man
will make his community and profession
better than he found it.*

THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

Vol. 21

OCTOBER, 1937

No. 2

Entered as second-class matter as a quarterly at the post office, Greensboro, N. C., under act of August 24, 1912.

Subscription per year \$1.00

OFFICERS 1937-8

Dr. J. F. Reece, President	Lenoir
Dr. G. Fred Hale, President-Elect	Raleigh
Dr. W. T. Smith, Vice-President	Wilmington
Dr. Frank O. Alford, Secretary-Treasurer	Charlotte

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Dr. Wilbert Jackson, Chairman (1939)	Clinton
Dr. C. M. Parks (1938)	Winston-Salem
Dr. D. L. Pridgen (1940)	Fayetteville

EDITOR-PUBLISHER

Dr. Neal Sheffield	Greensboro
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ASSOCIATE EDITOR-PUBLISHER

Dr. R. E. Long	Roxboro
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In assuming the duties as Editor-Publisher of the Bulletin of the North Carolina Dental Society your Editor is indeed grateful for the honor and confidence, but is not unmindful of the responsibilities and the unlimited opportunities for service which this office affords. Your Editors cannot publish a Bulletin alone. It will be necessary for them to do their best and receive the best that every member of the North Carolina Dental Society is capable of giving. The publication is yours and we hope that you will make use of its pages.

A lot of credit is due our predecessor, Dr. G. Fred Hale, for the high standard which this publication has maintained. His untiring efforts and devotion to this work will be an inspiration to us.

Your Editor wishes to take this opportunity to thank those who contributed to this issue. Each request was promptly executed with a smile. It will be a pleasure to work where good fellowship, loyalty and cooperation abounds.

ATTEND YOUR DISTRICT MEETINGS

THE RECENT GRADUATES

For the information of the recent graduates and to refresh the memory of the members we quote herewith a ruling made a few years ago by the National Dental Association and the North Carolina Dental Society.

According to a ruling made by the American Dental Association and the North Carolina Dental Society, known as the Indiana Membership Plan, of the dentists recently licensed, those graduating in the current year, are given membership in both dental organizations without the payment of dues, for the remainder of that year. They are required to pay only \$4.00 the following year and thereafter they pay regular dues. Those graduating the year before being licensed are given membership upon payment of \$4.00, for the remainder of the year and regular dues thereafter.

This plan was inaugurated in order to induce the young man, with limited funds, to align himself with organized dentistry, until he is in position to carry his dues.

THE ORAL HYGIENE DIVISION

Mouth Health Teaching as conducted in the schools of North Carolina, under the present plan, is doing much to promote Mouth Health.

This is due, to a great extent, to the foresight of the Director, Dr. E. A. Branch, and the careful selection and training of his dental staff. They have just finished their second training period in the School of Public Health, University of North Carolina.

The dentists of North Carolina are behind it and endorse it enthusiastically, and, when we think about it and analyze it, we can see why. First, it relieves the private practitioner of dentistry of an enormous charity load for which society demands that something be done. Second, it reminds those who are able to pay that their children need dental attention. The State School Dentists send thousands of post-cards to the parents of these children suggesting that they consult their own dentists for complete examinations and whatever work needs to be done. The school dentist makes no diagnosis, and, to our minds, this is another strong point. Third, it reduces the repeaters in the schools by improving the health of these children. It also reflects itself in the behavior of the children. Fourth, it promotes Public Health by teaching the value of prevention. It is truly a wonderful program, not only for the children and the schools, but for dentistry as well.

The integrity of men is to be measured by their conduct, not by their professions.—JUNIUS.

ATTEND YOUR DISTRICT MEETINGS

TIME AND DENTAL MEETINGS

The recent announcement that the Chicago Dental Society had added one more day to its Mid-Winter meeting, held annually in February, is a welcome departure from the usual procedure in planning dental meetings. The change was made by officials in Chicago in recognition of the many opinions which held that entirely too much material was offered in too short a time. It has been our observation that this is a fault common to most dental programs. The time is usually limited to a day or two and most program committees feel that as much material as possible should be crowded into the allocated period. This results in placing two or more programs at the same time. The visiting practitioner is forced to make a choice, very often a hard one, between the two lectures he wished to attend. He is torn between his interest in orthodontia, his desire to get more information on full denture, and the knowledge that his operative could be improved. His decision, no matter what it is, leaves him with a feeling that he is not getting as much out of the meeting as he would like. We think many of these conflicts are not unavoidable. Proper planning and arrangement of program material will serve to erase the difficulty in a majority of the cases. If they do not, we think that the best interests of the membership might be served by giving more time to the meeting or reducing the amount of material. If there can be a choice between the two, no one will hesitate to take the additional time in preference to the deletion of material. Many of our societies could take an example from the action of the Chicago Dental Society. We hope they do.



All who would win joy, must share it; happiness was born a twin.—
BYRON.



One that desires to excel should endeavor it in those things that are in themselves most excellent.—EPICLETUS.



What we need most, is not so much to realize the ideal as to idealize the real.—HEDGE.



Happiness is a sunbeam which may pass through a thousand bosoms without losing a particle of its original ray; nay, when it strikes on a kindred heart, like the converged light on a mirror, it reflects itself with redoubled brightness. It is not perfected until it is shared.—JANE PORTER.

ATTEND YOUR DISTRICT MEETINGS

THE PRESIDENT'S PAGE

The success of every organization is dependent to a large degree upon the loyalty and enthusiasm of the individual members of the subservient organizations within its bounds. This is especially true of the North Carolina Dental Society. Our State Society will be a success in proportion to the success of our District Societies. To this end every member of the profession who is interested in organized dentistry should contribute to the success of their District meeting this fall. The very least we can do is to attend. There is an obligation upon each of us to give something to organized dentistry in return for the benefits we have received. Do we take time to consider and appreciate the many blessings that are ours as a profession in North Carolina, the standards we have attained, our membership having increased consistently with the passing years, the quack and advertiser with which many States are beset are debarred from our borders by statutes of law. All this and much more has been brought about because there were men in our profession who were interested enough to organize and maintain an organization in the interest of better dentistry. While much has been accomplished there is yet much to be done. There are many within our borders who are satisfied to go alone working out a mere existence, rendering an inferior service to their people, because they are circumscribed by their limited knowledge, satisfied with what they learned while in college and if they have learned something worth while by their own experience, keeping unto themselves, rather than share it with their brothers.

From advanced information the programs this year will be unusually good. Let's show our appreciation by the best attendance in our history.

J. F. REECE.

APPRECIATION

The last issue of the Bulletin, which carried the Proceedings of our May meeting, closed my tenure of office as editor, a period of seven years, 1930-1937.

In retrospect, it has been one of the most valuable and interesting experiences of my life, valuable in that I have been permitted to make some small contribution to my profession and interesting in that it has given me a wide and liberal contact with a splendid group of my fellow practitioners.

My errors have been many, but you have been most tolerant and considerate. Many of you have labored with me and always have you been thoughtful, considerate and helpful and manifested the finest spirit of cooperation. Our publication has never reached my objective, but credit for what success it has attained must be given to the splendid men and women who comprise our membership. Your help and encouragement have

ATTEND YOUR DISTRICT MEETINGS

been immeasurable. I want to thank each and every one of you; your friendship is valued more than you can know.

I beg of you all to give to Dr. Neal Sheffield, your recently appointed editor, the same sympathetic and friendly cooperation which you so generously gave me. The Bulletin will increase in value to our organization in proportion to the degree of cooperation which our membership gives its management. If we can use the past as an index there is a period of great service for it in the future.

G. FRED HALE,

President-Elect North Carolina Dental Society.

LET US THINK WHILE WE ARE ENDORSING!

Often we are embarrassed by the indifferent attitude of some of our fellow practitioners towards all for which our State Dental Society stands. Some never join the society. Others join so feebly that they soon drop out and become disloyal in order to justify their position in trying to persuade the public that the society is a brotherhood in which hardships are wrought against them. May I ask who should share this embarrassment?

Next Spring we will have the privilege of endorsing before our State Examining Board many young men who have passed satisfactory examination before our recognized dental colleges. Shall we not go into detail with each applicant and let it be understood our individual responsibilities in the endorsement? And try to impress upon him that our endorsement of him to the State Board means just as much, if not more, than when we endorse his note at the bank, for we are not endorsing his ability as a practitioner, but as a professional citizen of the great commonwealth.

W. T. SMITH,

Vice President, North Carolina Dental Society.

CHICAGO DENTAL SOCIETY ADDS ONE DAY TO MID-WINTER MEETING

Because events on the program were too numerous and concentrated to allow practitioners to familiarize themselves with all of the latest advances in the field of dentistry, the Chicago Dental Society announced this week that the annual Mid-Winter meeting to be held in February would be increased to five full days.

In commenting on the change which added one day to the length of the meeting President William E. Mayer said "that numerous practitioners, including many of our own members, have felt that there was an embarrassment of riches during the four-day meeting. Several programs had to be

ATTEND YOUR DISTRICT MEETINGS

held at the same time and as a result the visiting dentist had to choose between two important sessions. Thus the Society was confronted with the choice of eliminating some material from the program or of extending the length of the meeting. The officials of the Society decided upon the addition of one day to the meeting rather than the sacrifice of any program material which might be of value to the practicing dentist.

The additional time will allow for the new features which are being planned by the Chicago Dental Society. On the opening night of the meeting, a general session will be held. Another general session will also be held on the afternoon of the third day. This eliminates conflicts with two features of the meeting, and as no other events will be held during this time, all visitors will be able to attend the general sessions. A general clinic session will be held on Monday afternoon, and present plans indicate that this period will be allotted to the Chicago clinicians. On the final day of the meeting another general clinic session will be held. This is the All-American clinic program which boasts of men from all parts of the country.

Section meetings will be held on Tuesday, Wednesday and Thursday mornings as well as on Tuesday and Thursday afternoons. The morning sessions will be limited to one and one-half hours, while the afternoon periods will be of three hours.

In order to allow visitors to see the scientific and commercial exhibits, no events have been planned between 11:00 and 2:00 on three days. Always one of the most popular features of the Mid-winter program, the scientific and commercial exhibits are being planned on a larger scale for this year's meeting.

Social affairs will not be neglected in the new program. The annual Frolics will be held on Tuesday night to be followed by the Supper Dance on Wednesday evening. The Ladies' Luncheon will be held at noon of the same day. A feature newly introduced this year will be the Stag party on Thursday evening devoted to boxing bouts.

In making these changes the officials of the Society feel that they are enlarging the possibilities of profit for the practicing dentist by allowing for a more leisurely attendance at the many attractions of the Chicago meeting.

CHICAGO DENTAL SOCIETY,
30 N. Michigan St., Chicago, Ill.

HISTORICAL SKETCH

In the last issue of the Bulletin, we asked information concerning six charter members of the North Carolina Dental Society about whom we had no published biography. We might almost have labeled them "Forgotten

ATTEND YOUR DISTRICT MEETINGS

Charter Members," and yet they were not forgotten. We older men had just been neglectful in not having memorials written about them, as each passed away. We are endeavoring to correct that negligence at this late date by having one biography of each of these six men appear in early editions of the Bulletin. Looking to that end, we are glad to present a short sketch of



DR. C. J. WATKINS

Dr. Charles J. Watkins was born in Forsythe County, North Carolina, August 4th, 1836. His father, Abel C. Watkins, was born in Guilford County in 1800 and married Miss Hannah Teague in Davidson County in 1823. Dr. Charles J. Watkins was one of eleven children and was well educated in the schools of his native county.

At the age of twenty-one he began teaching and successfully engaged in that calling until the breaking out of the Civil War when he enlisted in the 16th North Carolina batallion of calvary as a private. He was soon promoted to sergeant and later to brigade-forage sergeant, which rank he

ATTEND YOUR DISTRICT MEETINGS

held at the time of General Lee's surrender at Appomattox. He served in the battles around Petersburg and in many other engagements in which he always bore himself as a true soldier and a staunch patriot.

After the close of the war he turned his talents towards the study of dentistry and at the end of two years he was graduated from the old "Pennsylvania Dental College" in 1868. He first located in Kernersville and practiced there until 1873 when he moved to Salem, now Winston-Salem. A charter member of the North Carolina Dental Society, he was both active and faithful, always performing well all duties assigned him. He was modest, retiring and unassuming, declining honors which might easily have been his and insisting in the election of others, always "in honor preferring one another." He was a natural mechanic, a rapid but painstaking operator, keeping always abreast of the times. He was among the first to do bridge-work and he seemed to get supreme satisfaction and pleasure in encouraging, boosting and recommending the younger men in the profession. For a number of years he was happily associated with Dr. W. J. Conrad (now living, but retired) in practice.

Early in 1873 he was happily married to Miss Flora O. Conrad, daughter of J. J. Conrad, of Yadkin County. Four children were born of that union; one son, Dr. J. C. Watkins, succeeding to the practice of his father and now an honored member of his profession. In civic and religious affairs he always took a prominent lead. He was instrumental and active in building both the First and Broad Street Baptist Churches in Winston-Salem. In Sunday School work, too, he was a leader both as superintendent and teacher, teaching two classes each Sunday, one at the First Baptist and one at Broad Street. He was one of the founders of the Young Men's Christian Association and ever active in its work.

A Mason, a strong prohibitionist and he was especially loved by all young people who found in him a staunch friend.

His life could be summed up by saying "He loved his fellowmen" and was consequently loved by them. He died on June 14th, 1900, following an eight weeks' illness of pneumonia followed by typhoid fever. At this late day, the North Carolina Society is proud in this small way thus to honor his memory.

J. MARTIN FLEMING.

THE PROPOSED HISTORY OF THE NORTH CAROLINA DENTAL SOCIETY

It is the purpose of the Historical Committee to produce as complete history of the dental society as is humanly possible. Not only do we want a history of the organization in all its branches, but we wish to make some

ATTEND YOUR DISTRICT MEETINGS

reference to those members who have helped to make this history. We realize, too, that many of our members who have never held the major offices in the society have also contributed no small part to its history. We desire to give them the credit due them. If possible, we would like for the history to be so accurate that it could be used as a book of reference for years to come. Looking to that end, it is going to be necessary to send out questionnaires from time to time to the different members and you can realize what a task it will be if you do not give the information asked.

Some time ago we asked in the Bulletin for information concerning six charter members of the Society. Some member must know something of these men and yet the only answer we had to that inquiry came from Dr. E. C. Mills, of Columbus, Ohio, Secretary of the Ohio State Society and Librarian and Historian of the same. He gave us information which he had found in their library which he had worked so faithfully to collect and maintain. You will be surprised to learn that he has almost complete files of all our North Carolina Publications. It almost puts us to shame for our own negligence along similar lines of our own history.

And so your committee asks your hearty cooperation in answering such questions as may be sent you from time to time, in order that our history may be a credit to our organization. To make it a success we must have cooperative work. It cannot be accomplished by the committee alone.

J. MARTIN FLEMING,
For the Committee.

ACCEPTED DENTAL REMEDIES, 1937

The dentists of North Carolina will be interested to learn that the 1937 edition of Accepted Dental Remedies has just been published and is now available. We would advise that you send in your orders early and avoid being disappointed as many dentists were when the 1935 and 1936 issues were exhausted before all orders were filled.

Accepted Dental Remedies can truly be said to be the dentists own hand book wherein he may at a glance ascertain if a drug or dental remedy is acceptable to the Council on Dental Therapeutics. Here you have the unbiased information concerning the use of official drugs and the listing of acceptable non-official dental remedies and you need not rely on what the manufacturer has to say about the product.

Copies of the book may be obtained by sending one dollar (\$1.00) and your name and address to the Council on Dental Therapeutics, 212 East Superior Street, Chicago, Illinois.

ATTEND YOUR DISTRICT MEETINGS

DOCTORS AND DENTISTS SHOULD COOPERATE

Cooperation between the medical and dental professions to best serve the needs of patients, was the principal subject for discussion at the annual meeting September 22, at Geneva, of the Seventh District Branch of the New York State Medical Society. The Seventh District Branch of the Society includes the following counties: Cayuga, Seneca, Wayne, Ontario, Monroe, Livingston, and Yates.

Dr. Charles H. Goodrich, of Brooklyn, President of the State Society, outlined plans for a program of preventive medicine to be pursued during the ensuing year, which will include the education of the public on matters of health. The Society will enlist the cooperation of its membership of 15,000 doctors of the State.

Dr. Goodrich explained that the keynote of the project is: "Every physician a local health officer."

"Two professions, formerly separated," said Dr. Goodrich, "have found a common basis for understanding and mutual appreciation. This changed attitude has progressed due to the efforts of far-seeing leaders in both groups who have sounded the altruistic note of the welfare of the people. Increase in understanding of diet in relation to dental conditions, the discovery of the effects of vitamin values upon the entire body, and the expanding conception of the importance of focal infection have been patent influences.

"The importance of nutrition in the prevention of disease must be considered from the date of birth or within two or three days afterward. Indeed, with adequate laboratory facilities available, it may often begin before birth. In very early life the development of good tissues, including teeth, can be provided with very simple study of our little patient. Here, as later, vitamins which are evidently lacking, can be supplied. Well-balanced diet can be safely provided for the very young as well as all succeeding ages and can be regarded as a measure of disease prevention. Evident nutritional deficiencies in the teeth observed by the dentist can be the base of joint efforts by physician and dentist. Reasons for altered feeding of the child or adult may be discovered by the dentist in the gums or mucous membranes of the mouth which demand cooperation for fulfilling effective preventive measures. The physician may early discern defective tooth development, unregarded by parents, which requires the dentist's cooperation to competently prevent later disease.

"This nutrition problem is so important in preventive medicine and dentistry that we should jointly dedicate some fraction of our time to adequate and accurate study of foods, their values and resultant health influence,

ATTEND YOUR DISTRICT MEETINGS

avoiding those occasional noisy enthusiasms the value of which are soon disproved. History tells us that in the seventh decade of the last century an eminent physician declared that cancer, at least of the stomach and intestines, was caused by the eating of tomatoes. For some years this dictum, founded on superficial and insufficient data, was accepted. The brilliant spectacle of one hundred and fifty tomato juice cocktails which we beheld on a splendid dinner table recently shows one change in knowledge of food values.

"Latent focal infections of teeth and gums are known to be potential causes of disease," added Dr. Goodrich. "We realize that dentists are not unanimous in their opinions regarding devitalized teeth as potential or definite dangers to health, and we must await their unanimity before medical men can vote as one. However, it is probably a fact that latent focal infections lurk in the mouths of many persons who seem to be healthy today who, in the not too distant future will be diseased as a result thereof.

(EDITOR'S NOTE: The above article is the first of a series released by the Public Relations Bureau, Medical Society of New York to the press, covering the talks made by their President, Dr. Charles H. Goodrich. The purpose is to interest the medical profession and at the same time inform the general public concerning the services in the prevention of disease.)

TAKING THE MYSTERY OUT OF MEDICINE

One of the principal ambitions of the Division of Health and Science of the 1939 Golden Gate International Exposition, which will be held on the world's largest man-made island in San Francisco Bay, is to take the mystery out of medicine.

This intention has been announced by a voluntarily-formed committee of leading western medical men who are working out the details of the health exhibit for the World's Fair. The major emphasis will be, they say, on the prevention of disease rather than on its treatment. In keeping with the Exposition's Pageant of the Pacific theme, the contributions of Pacific nations toward the health of humanity will be dramatized. Proper nutrition, practical knowledge of vitamins, sanitation, vaccination and other matters of public health will be explained for the layman.

The exhibit plans already have the cooperation of several American universities, notably the University of California, Stanford, the University of Southern California, California Institute of Technology, Harvard University, University of Oregon, and University of Washington.

The committee includes Dr. Chauncey D. Leake, chairman, head of the Department of Pharmacology, University of California Medical School, an international expert on anesthetics and amebic dysentery; Dr. J. C. Geiger

and Dr. Paul Barrett of the San Francisco Department of Health; Dr. Walter Brown of Stanford University, one time president of the American Public Health Association; Dr. Francis Carmelia, representing Dr. Thomas Parran, Jr., Surgeon-General of the United States; Dr. L. R. Chandler, Dean of the Stanford University Medical School; Dr. Walter Dickie, head of the California State Department of Public Health.

Dr. William Dock, head of the Department of Pathology, Stanford University, a brilliant investigator in the abnormalities of the circulatory system; Mr. Waldemar Gnerich, secretary, Northern California Retail Druggists' Association, representing druggists' associations of the eleven western states; Dr. Charles Gilman Hyde, University of California engineer; Dr. T. Henshaw Kelly, president of the San Francisco County Medical Society, an experienced public relations worker for the California Medical Association; Dr. John Leggett, representing the California State Dental Association; Dr. Wilfrid Robinson, representing the American Dental Association; Dr. K. F. Meyer, director of the Hooper Foundation and head of the University of California Medical School's Department of Bacteriology.

Dr. Guy Millberry, dean of the University of California School of Dentistry, official representative of the American Public Health Association; Dr. Langley Porter, dean of the University of California Medical School; Dr. William Shepard, Metropolitan Life Insurance Company, representing the American Public Health Association; Dr. Nina Simmonds, University of California Medical School, a nutrition authority; Dr. F. C. Warnshuis, secretary of the California Medical Association; and Dr. C. L. A. Schmidt, head of the Department of the Department of Biochemistry, University of California.

The committee is working out the details of its exhibit with Milton Silverman, head of the Health and Science Division for San Francisco's 1939 World's Fair.

Golden Gate International Exposition, San Francisco, Cal.

The greatest homage we can pay to truth is to use it.—EMERSON.

When a man has not a good reason for doing a thing, he has a good reason for letting it alone.—WALTER SCOTT.

You cannot be buried in obscurity; you are exposed upon a grand theater to the view of the world. If your actions are upright and benevolent, be assured they will augment your power and happiness.—CYRUS.

ATTEND YOUR DISTRICT MEETINGS

*Then shall the dust return to the earth as it was;
and the spirit shall return unto God who gave it.*

ECCLESIASTES xii. 7.

IRENE MADDUX

Wife of

Dr. N. P. Maddux, Asheville, N. C.

DR. J. H. WHITE

Elizabeth City, N. C.

DR. E. J. TUCKER

Roxboro, N. C.

DR. H. MCK. McDIARMID

Raeford, N. C.

ANNOUNCEMENTS

ALPHA OMEGA FRATERNITY

The Thirtieth Annual International Convention will be held at Congress Hotel, Chicago, Ill., December 29-31, 1937.

S. ALBERT SIEGAL, *Marshall,*

.25 E. Washington St., Chicago, Ill.

The Sixty-Fourth Annual Meeting of the North Carolina Dental Society will be held at the Robert E. Lee Hotel, Winston-Salem, N. C., May 2-3-4, 1938.

WANTED

Copies of Proceedings of the Society for the years 1899, 1903, '04, '05, '09, '18, '19, '22, '29.

Also Bulletins: January, 1922, and August, 1931.

J. MARTIN FLEMING.

ATTEND YOUR DISTRICT MEETINGS

DISTRICT SOCIETIES

DISTRICT SOCIETY OFFICERS, 1936-1937

FIRST DISTRICT

President	DR. S. P. GAY, Waynesville
President-Elect	DR. S. E. MOSER, Gastonia
Vice-President	DR. C. S. McCALL, Forest City
Secretary-Treasurer	DR. W. E. CLARK, Asheville
Editor	DR. DAVID ABERNETHY, Hickory

SECOND DISTRICT

President	DR. J. P. BINGHAM, Lexington
President-Elect	DR. D. W. HOLCOMB, Winston-Salem
Vice-President	DR. O. R. HODGIN, Thomasville
Secretary-Treasurer	DR. J. HOMER GUION, Charlotte
Editor	DR. C. D. WHEELER, Salisbury

THIRD DISTRICT

President	DR. C. A. GRAHAM, Ramseur
President-Elect	DR. D. T. CARR, Durham
Vice-President	DR. R. A. WILKINS, Burlington
Secretary-Treasurer	DR. W. R. MCKAUGHAN, High Point
Editor	DR. H. W. THOMPSON, Hamlet

FOURTH DISTRICT

President	DR. L. J. MOORE, St. Pauls
President-Elect	DR. EVERETT L. SMITH, Raleigh
Vice-President	DR. J. A. JERNIGAN, Dunn
Secretary-Treasurer	DR. C. W. SANDERS, Benson
Editor	DR. R. M. SQUIRES, Wake Forest

FIFTH DISTRICT

President	DR. W. L. HAND, New Bern
President-Elect	DR. R. F. HUNT, Rocky Mount
Vice-President	DR. L. J. DUPREE, Kinston
Secretary-Treasurer	DR. A. T. JENNETTE, Washington

DISTRICT SOCIETY MEETINGS

First District—October 11	Gastonia
Second District—October 11-12	Salisbury
Third District—November 15-16	Greensboro
Fourth District—October 18-19	Raleigh
Fifth District—October 18	Goldsboro

ATTEND YOUR DISTRICT MEETINGS

FIRST DISTRICT

Summer is over. It has meant a time of vacation for many and distractions for all. Now that winter is approaching, dentists are preparing for a long period of uninterrupted work, but before settling down to routine duties perhaps we need to be roused from the lethargy into which we have fallen during the hot summer months. We need new inspiration, new ideas, and renewed interest in our work to carry on through the winter with a deeper purpose and a greater will for achievement.

All this naturally leads to the fact that the time for our district meetings is almost upon us and every dentist in the state should be preparing to attend and take part in one, two or all of these meetings. It will mean a week of advancement for the profession because every one of these meetings will have something definite to offer in the way of professional progress.

The First District which meets in Gastonia Monday, October 11th will have Dr. Cannon of LaFayette, Alabama, as principal speaker and clinician. Many will remember Dr. Cannon as being on the State Program in Pinehurst last May and will realize that it is a great privilege to have him return to our state. He is perhaps the most outstanding man in this country on Amalgam work and he has the great ability of passing his knowledge on to others. His clinic is worth a trip from Manteo to Murphy any day.

As this will be the high light of the First District Meeting, so will each district program offer something of great value to its members.

It is the duty as well as the privilege of every dentist in the state to take advantage of these splendid programs which are offered by the societies. So let us close our offices for the week of October 11th through the 17th, or a part of it, and meet together in the interest of our profession. Let us prepare to "Wake up and Live" professionally during the coming year.

S. P. GAY, President.

FIRST DISTRICT NEWS

Starting a new day with a new editor, we wish to congratulate Dr. Neal Sheffield on his new assignment. He has a real job. Let's help him in every way possible to make the Bulletins more interesting, more informative, more important to the members, than ever before. President elect, G. Fred Hale did a fine job. Let's help Neal Sheffield do a better one! This Bulletin is for the Dental Society, we are all for it; so if you have *news*, send it to your editors and let's make it representative of the *spirit* of members in the Old North State. This may sound like a football pep talk to you but we do earnestly wish to open up the magazine, make it more interesting and stress its real purpose—that of the voice of organized dentistry.

At the meeting of the first district to be held in Gastonia on October 11th we anticipate the usual fine program social gathering and entertainment characteristic of the first district meetings in the past.

The meeting place is centrally located and every one should be able to attend. We expect you. There will be something there for you, some new idea that will make your work easier. You will return to the "grind" with pleasant memories of renewed acquaintance and association of the ethical men who have the same problems as yourself. You will have renewed appreciation of the difficulties modern dentistry faces today, technically, legally and economically. We'll be looking for you in Gastonia.

In the tri-county society we have continued good programs, well attended. In the recent election of officers Dr. Barringer replaced Dr. Yount as president. Dr. Borden Drum was elected secretary and treasurer. The extension course work has been well attended. The

ATTEND YOUR DISTRICT MEETINGS

last preliminary lecture on inlays was given by Dr. Cook at the annual fish fry at "Pappy" Abernethy's cabin. A membership drive is planned in the near future. We'll be down to Gastonia. See you there.

PURELY PERSONAL

Dr. J. P. Reece is joining the royal ranks of the O. M. M. (old married men) on October the fourteenth. The whole society wishes them much happiness and especially do Bill Parker and the writer who were his roommates back in Freshmen days on old Peachtree Street.

Dr. and Mrs. G. S. Abernethy announce the birth of a son, George Shuford Abernethy, Jr. Congratulations to them!

Dr. Jimmie Little went fishing up Norfolk way awhile back and caught so many fish one day they had to quit fishin' while they were still bitin'. Dr. Jimmie says that ought to be some kind of a record. After repeated attempts in Lake Hickory, rewarded only by some baby catfish, we can't imagine such a thing occurring.

We hear from time to time many humorous stories more or less pertaining to Dentistry and although we haven't gotten around to it yet, we have threatened to keep a record of some of them. One of the best I think is the one told by the old Indian who lives over close to the cabin. He had broken his lower plate and since he sleeps in the loft, had lain the pieces up on a rafter. On awakening they were gone. Thinking he might have had a little too much mountain dew, he searched everywhere but finally came to the conclusion the rats had carried off his teeth!

We had a lot of fun at the meeting in Pinehurst with our candid camera. Got some good shots, including one of Dr. Sinclair reading the morning paper, Dr. Ralph Byrnes talking to the pycope girl, Dr. Ralph Jarret talking to another camera enthusiast and others we'll show you if you ever come to Hickory town.

DAVID ABERNETHY, Editor.

MRS. N. P. MADDUX

Irene, beloved wife of Nat Maddux passed away on the night of July the 15th. She was ill for only a day, then her heart failed and she passed peacefully to rest. She knew and called most of you by name and her home was open house to all the dentists of this and many other states. Her cheery greeting and welcoming smile so characteristic of her genuine hospitality we shall greatly miss. Our hearts' deepest sympathy to big hearted, impetuous, lovable Nat and his children. May God's tenderest mercy be theirs. Truly it can be said of her "A golden ray of sunshine flashed across life's pathway."

RALPH A. LITTLE.

The following is a tentative outline of the program of the First District Dental Society which will meet in Gastonia, October 11.

Dr. Claude Cannon of Fayette, Ala., "Amalgam Manipulation"; Dr. C. B. Yount, Hickory, N. C., "Full Denture Impressions by Modeling Compound Technique"; Colonel William D. Lanier, Jr., Oteen Hospital, "Sulfanilamide in the Treatment of Oral Infection"; Dr. Charles H. Pugh, Gastonia, N. C., "Syphilis"; Dr. A. C. Current, Gastonia, N. C., "Porcelain"; Dr. Ralph R. Howes, Forest City, N. C., "Inlays"; Dr. S. E. Moser, Gastonia, N. C., "Fractures of the Jaws".

There will be a golf tournament on Sunday, October 10, and a banquet Monday night, October 11.

ATTEND YOUR DISTRICT MEETINGS

SECOND DISTRICT

The Second District Dental Society will hold its seventeenth annual meeting in Salisbury, N. C., at the Yadkin Hotel on the 11th and 12th of October.

I feel that it is unnecessary to insist upon a large attendance. I believe that to see you there we have only to remind you. We have found through the knowledge and experience gained from attending these meetings that the profit far outweighs the cost. Let us remember that we, the members, make the Second District Dental Society and getting together we make a meeting. The success of the meeting depends almost entirely upon the number of members present.

Covering three phases of especial importance in dentistry we are fortunate to have with us as lecturers, Dr. Burt B. Ide, F.A.C.D., Baltimore, Md., on "Protective Dentistry", Dr. Robert N. Harper, Danville, Va., "Applied Psychology in Full Denture Service", Dr. Hoyle McWilliams, Philadelphia, Pa., (lecture and clinic) on "Partial Prosthetic Dentistry", and local clinicians on phases of practical dentistry as varied and interesting as they are important.

You have read your program and recognize its scientific value. We know, at once, that we find it instructive and we believe it will help create a new interest in dentistry as a profession and give us encouragement in our efforts towards better dentistry. Do we not need just that? Interest in the progress of dentistry, in the welfare of the individual patient, in our relationship, as dentist, to each other and to all man-kind. To be encouraged to greater effort towards efficiency and skill though the effort may sometimes entail failure and at times despair.

Let us realize that in dentistry we need to maintain perspective, to do things in terms of days, months and years. It is not always easy to hold proper values. So we must grasp every opportunity for advancement and with foresight and preparedness plan, create and invent, then as Kipling says

"Meet with triumph or disaster
And treat these two imposters just the same."

J. P. BINGHAM, President.

DENTISTS OF THE SECOND DISTRICT DENTAL SOCIETY OF NORTH CAROLINA—WELCOME!

On behalf of the Salisbury Chamber of Commerce, representing the civic and commercial interests of Salisbury, and in the name of every member of this organization, I welcome you to our City.

Salisbury has not had the honor and pleasure of entertaining this splendid body since 1932 and needless for me to say that our people are delighted that your organization has again honored our city by selecting it as your meeting place. I assure you that it will be a pleasure for the Salisbury Chamber of Commerce to do anything possible to make your stay in our city most pleasant in every respect.

Salisbury is made up of a very fine class of loyal citizens who will give you of their best and who in return are worthy of any man's best.

For a city in which to live and work; to play when recreation is needed; to enjoy the companionship of one of the finest group of true southern people; to get the best and most modern facilities and to progress with a progressive and growing city, there is no place in the Piedmont Section of North Carolina that offers the opportunities Salisbury presents.

Again, permit me to assure you of our willingness to be of service to you at any time during your visit in our city. I wish for you a large measure of success for your convention here and cheerfully pledge you our best endeavors and most enthusiastic cooperation.

PAUL V. PHILLIPS, President
SALISBURY CHAMBER OF COMMERCE.

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SECOND DISTRICT DENTAL SOCIETY

From what we see now Salisbury will be honored with the most complete meeting that we have had in this section. We will have a program of clinics and papers which will be of the highest type. You golfers will have ample facilities for the most enjoyable outing, and too, we have in this vicinity lots of fox; so you may bring your pet hounds and pair them with Dr. Choate's. You will find plenty of fun there. We hope to have lots of you from the other Districts to visit us. The date is October 11th and 12th.

C. D. WHEELER, Editor.

PROGRAM

SECOND DISTRICT DENTAL SOCIETY OF NORTH CAROLINA

YADKIN HOTEL

SALISBURY, NORTH CAROLINA

OCTOBER 11-12, 1937

MONDAY MORNING, OCTOBER 11

9:30 A. M.—Registration (Lobby) Yadkin Hotel.

9:30 A. M.—Opening Session.

Meeting Called to Order by the President—J. P. Bingham, D.D.S., Lexington, N. C.

Invocation—Rev. W. A. Newell, Salisbury, N. C., (Pastor First Methodist Church).

Address of Welcome—Hon. C. F. Raney, Mayor of Salisbury, N. C.

Response to Address of Welcome—Ralph Jarrett, D.D.S., Charlotte

Greetings from the President of the North Carolina Dental Society—John F. Reece, D.D.S., Lenoir.

Greetings from the Director of Districts—G. Fred Hale, D.D.S., Raleigh, N. C.

Greetings from North Carolina State Board of Dental Examiners—John L. Ashby, D.D.S., Mount Airy.

President's Address—J. P. Bingham, D.D.S., Lexington, N. C.

Report of Necrology Committee—E. G. Click, D.D.S., Elkin, N. C.

Introduction of Visitors—

Receiving Application for Membership in District and State Societies.

10:45 A. M.—Lecture—"Protective Dentistry"—Burt B. Ide, D.D.S., F.A.C.D., Baltimore, Md., Professor of Operative Dentistry, Baltimore College of Dental Surgery, Dental School, University of Maryland.

Synopsis—The importance of regular supervisory care of the Oral Cavity.

12:30 P. M.—Adjournment for Lunch.

MONDAY AFTERNOON, OCTOBER 11

2:00 P. M.—Lantern Slide Lecture—"Amalgam Restorations—Good and Bad," Burt B. Ide, D.D.S., F.A.C.D., Baltimore, Md.

3:15 P. M.—Local Table Clinics—"A Good Shell Crown Preparation", L. E. Wall, D.D.S., Charlotte, N. C.

"X-Ray Interpretation", Harold Story, D.D.S., Charlotte, N. C.

"Electro-Coagulation", O. R. Hodgin, D.D.S., Thomasville, N. C.

"Better Alloy Fittings", C. D. Wheeler, D.D.S., Salisbury, N. C.

"Nesbit Impression Technique", D. O. Montgomery, D.D.S., Statesville, N. C.

"Short Cuts in Casting and Laboratory Technique", C. I. Miller, D.D.S., Albemarle, N. C.

"Construction of a Pin Inlay", Reid T. Garrett, D.D.S., Rockingham, N. C.

"Where the Periphery of an Artificial Denture Should Begin and End", O. L. Joyner, D.D.S., Kernersville, N. C.

"One Way of Insuring Accurate Margins to Inlays, and a Few Practical Suggestions Concerning Operative Dentistry", A. C. Chamberlain, D.D.S., North Wilkesboro, N. C.

ATTEND YOUR DISTRICT MEETINGS

MONDAY EVENING, OCTOBER 11

6:30 P. M.—Annual Report.

8.00 P. M.—Lecture—"Applied Psychology in Full Denture Service", Robert N. Harper, D.D.S., Danville, Va.

Synopsis—One cannot be a true Prosthetist as distinguished from a dental mechanic, without being a student of Psychology. Applied Psychology is not in itself a fundamental in the practice of Denture Prosthesis but when allied with technic ability, it becomes a forceful factor and often spells the difference between success and failure. The individual Prosthetist will find that the teachings of Psychology will enable him to correctly classify his patient's mental attitude towards wearing dentures and prevent the many disagreeable occurrences so common to denture service.

Business Session.

Election of Officers.

TUESDAY MORNING, OCTOBER 12

9:00 A. M.—Lecture—"Partial Prosthetic Dentistry", Hugh McWilliams, D.D.S., Philadelphia, Pa., Professor of Prosthetic Dentistry, University of Pennsylvania.

Synopsis—A system of design. Tooth bearing and tissue bearing structures. Clasps and rest requirements. Impression materials discussed.

10:30 A. M.—Progressive Clinics.

"Partial Prosthetic Restorations", Hugh McWilliams, D.D.S., Philadelphia, Pa.

Synopsis—Diagrams and models to demonstrate principles involved.

"A few Important Phases in Full Denture Prosthesis", Robert N. Harper, D.D.S., Danville, Va.

Synopsis—Your clinician will discuss how to obtain esthetic results and mechanical efficiency by the consideration of ridge relationship on tooth arrangement; showing a number of denture cases that were failures due to lack of consideration of this important phase in denture prosthesis.

The changes that take place when india rubber is converted into vulcanite will also be discussed, explaining how to prevent the objectionable features and obtain the many fine qualities, that makes vulcanite the most satisfactory base plate material available today.

Business Session

Installation of Officers

Adjournment

THIRD DISTRICT

What promises to be one of the best meetings the Third District has ever held will convene in Greensboro November 14-15. The chairmen of the various committees, have all gone at their work in a very commendable manner, and the result is a setting for the meeting that must command the attention of every one of our members and make them want to go to Greensboro in November.

For the ethical members of the profession who are not yet affiliated with our Society, this meeting should prove a lodestone to attract them to apply for membership in time to enjoy the privileges of such a meeting. There is another group that might conceivably and justifiably wish to attend such a meeting, and that is the group represented by the men who, in the recent economic stress, have felt it necessary to drop out and permit their dues to go by default. The Society is very lenient in the way of reinstatement for such men, and every encouragement should be given them to come back into the fold. It is confidently believed that with the economic improvement going on, many of these men will wish to

ATTEND YOUR DISTRICT MEETINGS

seek reinstatement and attend the meeting. The increase in our membership during the past year is substantial evidence of an awakening sentiment in favor of our Society, and this must inevitably be reflected in a large attendance at Greensboro.

C. A. GRAHAM, President

WELCOME TO OUR CITY!

Greensboro will be delighted to have Dentists of the Third District of North Carolina as guests on November 15th and 16th. Few people like to "Go to the Dentist", but we are all happy to have the Dentist come to us. We will "pull the teeth" out of some of our restraining laws—we will supply you with "plates" of food and with "fillings" of drink—we promise not to kibitzer at your "bridge." If we can live with our dentists year in and year out and still like them, you ought to have a swell time with them for a couple o' days.

CHARLES M. KETCHUM, Manager
Greensboro Chamber of Commerce

The Third District Dental Society will hold its annual meeting in Greensboro, November 15-16. The Program and Arrangement Committees are working hard and from all indications, they are going to give us one of the best meetings we have ever had. At this time it is impossible to give a definite outline of the program, due to the late date of the meeting.

A golf tournament will be held at Sedgefield on the afternoon of November 15th. In the evening of the same day we will feast at the annual banquet which promises to be a gala occasion. Some interesting attractions are being planned to entertain the ladies. Following the banquet Dr. Thomas J. Cook of the University of Pennsylvania, one of our headliners will speak. He will also appear on the program the following morning. Dr. Cook's subject will be "Oral Diagnosis". His lecture will be illustrated with colored motion pictures.

Registration and general session will get under way about 9:00 A. M. of the following morning with invocation and addresses of welcome followed by the response. "Oral Diagnosis" and "Operative Dentistry" will hold the spotlight during the morning session.

Table clinics will feature the afternoon session. The Clinic Committee promises an interesting group of table clinics by the local clinicians.

Much favorable comment is heard in our district in regard to the University Extension Course. The chairmen of the different centers report good attendance and lots of enthusiasm at the meetings.

To Dr. Norman F. Ross, Duke Hospital; Frank M. Stonestreet, Albemarle; F. Spencer Woody, Roxboro; R. E. Richardson, Spray; Paul L. Munsell, Hamet, we extend a hearty welcome. All of these men come to us as 1937 graduates. We hope to make your personal acquaintance at the Greensboro meeting.

W. R. McKAUGHAN, Secretary-Treasurer.

As the summer season wanes, with the days growing shorter and the nights cooler and more pleasant, there seems to arise within one an awakening and urge to greater activity. The lethargy of the past few months rolls away, causing one to contemplate what the fall and winter months have in store. Naturally, the thoughts of the coming football games, hunting, etc., pop into the minds of many people. However, the foremost thought in every dentist's mind should be the dates of his district dental meeting.

The meeting dates of the five district dental societies in our state usually take place in the fall and winter months, thus preceding the meeting in the spring of the great North Carolina Dental Society. By this arrangement, the efforts and accomplishments of

ATTEND YOUR DISTRICT MEETINGS

the component parts, the nuclei, of our larger organization are accumulated for the good of all in the state meeting in the spring.

Now, to have a strong, thrifty, effective organization, every one knows that the individual members must have their heart and soul in the welfare of the society; they must not only be willing to become members of the association but they must have the desire to contribute time and knowledge at personal cost. By all means, every dentist, though it may be difficult and seem exceedingly inconvenient, should exert every effort to attend and register at all of his district meetings. Response to each assignment, however trivial, should be carried out with promptness and to one's best ability. In time these little assignments, instead of being tasks, will become pleasures, and in this manner good society workers are made. This is all necessarily preceded by membership, attendance and a cooperative attitude.

The Third District Dental Society has about a seventy-five per cent membership in the profession. We are proud of this record; however, we are very anxious to have the non-members and the 1937 graduates located in our district to join us. Fellows, the Society needs you. Make arrangements to meet with the Third District Dental Society at Greensboro, November 15 and 16, 1937.

H. W. THOMPSON, Editor.

FOURTH DISTRICT

THE SERVICE OF DENTISTRY

Ours is a very old profession. According to the discoveries of archaeologists the Egyptians and Eastern peoples of 3,500 years ago had remedies for the toothache and means of tightening loose teeth.

In early civilizations dentistry was prompted largely by a desire for adornment, but modern practice is based upon health and utility.

It may be said, therefore, that of all the professions dentistry occupies the most favorable position. It is old enough to have been thoroughly tested and firmly established, yet it is new enough to present many virgin fields for the pioneer.

One of these new fields is that of educational publicity, the need of which is now becoming generally recognized by the dental profession.

Every dentist should consider it his duty to spread the propaganda of Preventive Dentistry, whether personally interested in that particular branch or not. I believe talks should be given at parent-teachers' meetings, mothers' clubs and the like, in every town and city. A dentist who considers his work accomplished when mere reparative work is done, without ever considering prevention, is certainly not living up to his obligations.

There is no time like the present to make a resolution. Let it be that we think, speak and act in terms of preventive dentistry from this day on—every day, every week and every year. This procedure will do much to help us attain our rightful recognition in public health plans and programs.

Parents of children especially will appreciate any attention given to dietary prevention of caries. Sound advice on this subject, plus regular prophylactic treatment will go a long way toward starting the children off with good teeth and respect for their dentist. The community will be quick to recognize this form of service.

There is one qualification that every dentist must possess if he is to adequately render this service to his community: The information and advice which he propagates must be abreast of the ever-accelerated progress of the science of dentistry.

One of the most efficient methods to keep your practice up-to-date is to *attend the meetings of your dental society*. There in the pleasant companionship of your fellow practitioners you have an unexcelled opportunity to hear papers by leading authorities and

ATTEND YOUR DISTRICT MEETINGS

outstanding clinicians and to become acquainted with the latest steps of a progress which has lifted dentistry into the realm of a noble science. Through your attendance you will receive not only personal benefit and inspiration, but your practice will increase in its usefulness to humanity.

Our next district meeting will be held October 18th and 19th. The Program Committee has prepared a very interesting program which will be of special interest to each member. BE THERE!

L. J. MOORE, President

"Why so many dental meetings, clinics, and post-graduate courses?"

For the simple reason, briefly, that "Eternal vigilance is the price of safety" and of success. And when I say success I do not mean mere financial security—important as that seems to all of us—but I refer to that success which means bringing to completion and perfection our professional undertakings and operations.

Whenever a man, mechanic or craftsman, working with things alone, makes a failure, he suffers a sense of personal defeat and possibly financial loss. But he himself is the main one involved in the embarrassment. With the professional man there is a difference. The minister, lawyer, teacher, or doctor who fails does not taste alone the bitterness of his failure. Parishioners, clients, pupils, patients, also suffer with him because he deals with human beings—body, mind, and soul.

When your dental operation is a failure, your reputation as a dentist and as a man of integrity suffers. But often your patient suffers infinitely more—sometimes even irreparable damage at your hands. You may undergo some personal humiliation or financial loss, but that may be but slight when compared to the unnecessary deprivation, inconvenience, and pain of the victim-patient.

Therefore, as professional men who deal with human beings, we must, in our offices and in our dental meetings, be constantly increasing our knowledge and perfecting our skill. This we do, not only that we ourselves may not miss the mark, but that no fellow mortal, because of our carelessness, inability, or ignorance, may suffer at our hands.

* * * * *

The program committee of the Fourth District is working out for us an interesting meeting, with social features where in our fellowships we deepen our friendships, while the papers and clinics broaden and perfect our technical skill. It will be a meeting you cannot afford to miss.

R. M. SQUIRES, Editor

FIFTH DISTRICT

TO MEMBERS OF THE FIFTH DISTRICT NORTH CAROLINA DENTAL SOCIETY:

The Program Committee has spent a great deal of time in trying to arrange an interesting program for the District Meeting which is to be held in Goldsboro, on October 18. We believe that each man on the program will give you something well worth your while.

Dr. Thomas Connor, of Atlanta, Georgia, who is well known, will be our principal speaker and will tell us something about the "Grief in Exodontia." Every man who has extracted ten or more teeth in his career, certainly has had some grief and probably is still having it. So, by your attending this meeting, I believe some of the grief will be eliminated in the future.

Dr. L. M. Massey, of Zebulon, will give a paper and lantern slide of "Diagnosis and Treatment of Oral Infection" which should be very educational.

ATTEND YOUR DISTRICT MEETINGS

It might not go amiss at this point to call the attention to the members of the Society that the time set aside for the Table Clinics has been so arranged that every member should take advantage of them. Each man has spent a great deal of time in arranging these clinics and you owe it to them to attend each one. You will be well repaid by doing so.

The Entertainment Committee has reported that they are prepared for the meeting and Dr. J. N. Johnson, "The Father of Organized Dentistry," in this district and possibly the State, is arranging for you to attend a barbeque at his home, given by the Wayne County Dental Society. If you have ever been to Goldsboro, you will no doubt know how fine the Dentist can treat you.

The Extension Courses being held throughout the State this past year, has caused many of us Dentists to have to attend to nearly an average of two dental meetings per month, which I feel, personally, is a little bit too much. I trust that next year the arrangements can be made somewhat differently in order that it will not be so hard on the members.

Anyway, I hope that each member will strain every point to be present at the District Meeting this year.

DR. A. T. JENNETTE, Secretary-Treasurer
Fifth District Dental Society

SUNDAY, OCTOBER 17

Afternoon—Golf game.

Barbecue—Given by Wayne County Dental Society at Dr. J. N. Johnson's home, 7:00 P. M.

MONDAY MORNING, OCTOBER 18

9:00 A. M.—Meeting called to order by Dr. W. L. Hand, President.

Invocation—Rev. L. H. Scott, of Goldsboro, N. C.

Address of Welcome—W. A. Dees, Goldsboro, N. C.

Response—Dr. J. E. L. Thomas, Tarboro, N. C.

President's Address

Introduction of Visitors

Greetings from Director of Districts—Dr. Fred Hale, Raleigh, N. C.

Greetings from the President of the N. C. Dental Society—Dr. J. F. Reese, Lenoir, N. C.

Greetings from North Carolina State Board of Dental Examiners—Dr. J. L. Ashby, Mount Airy, N. C.

Roll Call

10:30 A. M.

"Diagnosis and Treatment of Oral Infection,"—Dr. L. M. Massey, Zebulon, N. C.

11:30—Table Clinics:

"Orthodontia"—Dr. Dennis Keel, Farmville, N. C.

"Fractures"—Dr. J. W. Stanley, Wilmington, N. C.

"Treatment of Dry Socket"—Dr. C. R. Riddick, Ayden, N. C.

"Baked Porcelain Inlays"—Dr. Coyte Minges, Rocky Mount, N. C.

12:30—Dinner. Dr. J. N. Johnson, Master of Ceremonies.

1:30 P. M.—Address by Dr. Thomas Connor, of Atlanta, Ga. Subject, "The Grief in Exodontia."

Treasurer's Report.

Report of Committee on President's Address.

Report of other committees.

New Business

Election of Officers

Election to the House of Delegates

Place of Next Meeting

Installation of Officers

Adjournment.

ATTEND YOUR DISTRICT MEETINGS

PERSONALS

Dr. and Mrs. F. E. Gilliam recently announced the arrival of a son.

Dr. and Mrs. L. M. Foushee, Jr., attended the American Legion Convention in New York.

On May 29, Drs. G. Fred Hale, of Raleigh, and O. R. Hodgkin, of Thomasville, sailed from New York on the Rex Liner for the Rotary International Convention in Nice, France. While in Europe they visited cities in France, Italy, Switzerland and England.

We regret to learn that Dr. W. M. Robey, of Charlotte, has been confined to the hospital for two weeks.

Dr. L. G. Coble, of Greensboro, recently appeared on the program of the Southside Virginia Dental Society at Petersburg, Va.

Dr. W. F. Clayton, of High Point, has returned from a tour which carried him to New York, Boston and other points in the New England states.

We are glad to learn that Dr. H. W. Thompson, of Hamlet, our editor, is able to be back in his office part of the time after having been ill for the past year.

Dr. T. E. Sikes, of Greensboro, is appearing on the program of the Piedmont Dental Society of Virginia, Danville, Va., October 12th.

Dr. Robert Erwin Long, of Roxboro, and Miss Lerotte Rose Hall, of Greensboro, were united in marriage in June.

ATTEND YOUR DISTRICT MEETINGS

Dr. M. R. Smith, formerly with the State Board of Health in Wake County, recently resigned this position to do private practice. He has located at Raeford, N. C.

In recognition of our profession, Governor Hoey has appointed Dr. D. T. Southwick, of Louisburg, a member of the State Hospital Board. Anyone having an idea to contribute to the efforts being made for the health and happiness of these unfortunates, please communicate with Dr. Southwick.

About the first of August the stork visited the home of Dr. and Mrs. J. W. Branham, of Raleigh, and left them a fine boy. Congratulations!

Dr. J. M. Ellerbe, of Rockingham, has recently remodeled and re-equipped his office. Dr. Ellerbe and Dr. Nichols, who are closely associated in practice and occupying adjacent offices, have enjoyed a long and pleasant connection.

Dr. Paul Munsell, 1937 graduate of the University of Tennessee, has located in Hamlet for the practice of his profession. The Sandhills welcome him to this community.

Dr. Reid Garrett, of Rockingham, spent a few days in Atlanta, Ga., recently.

The following Burlington dentists and their wives attended the meeting of the National Dental Association at Atlantic City, N. J., in July: Dr. and Mrs. J. S. Frost, Dr. and Mrs. H. M. Patterson, Dr. and Mrs. R. A. Wilkins, and Dr. L. M. Foushee, Jr.

Dr. C. C. Poindexter, of Greensboro, entertained the members of the Guilford County Dental Society with a chicken dinner at his farm near the Guilford Battleground.

ATTEND YOUR DISTRICT MEETINGS

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THE
BULLETIN
OF
The North Carolina
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



I hold every man a debtor to his profession.—*Bacon.*

JANUARY, 1938

Vol. 21

No. 3

GREENSBORO, N. C.

1937

was good to us!

Nineteen thirty-seven was the finest year we have ever enjoyed. More dentists turned to WOODWARD for all of their prosthetic requirements than ever before in the history of our organization. In 1937 we built what we believe is one of the finest and most modern laboratories in the country. Nineteen thirty-seven set a standard for this year and we hope at the end of it we will not be found lacking.

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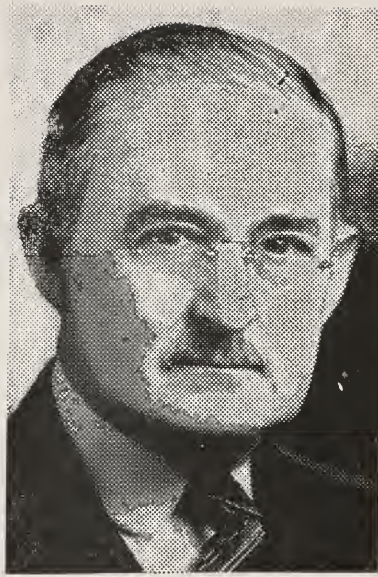
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TO

DR. J. H. JUDD

*Who has given many years to his
profession and by his untiring
efforts to his fellow man has
endeared himself in the
hearts of his colleagues*

THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

Vol. 21

JANUARY, 1938

No. 3

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Duty only frowns when you flee from it; follow it, and it smiles upon you.—*Elizabeth, Queen of Roumania.*

There is not one single thing in preventive medicine that equals in importance mouth hygiene and the preservation of teeth.—*Sir William Osler.*

ANNUAL MEETING, WINSTON-SALEM, MAY 2, 3, 4, 1938

To gain some idea of what our predecessors in the profession faced in the practice of dentistry we quote from *An Essay on Artificial Teeth* by Leonard Koecker, Surgeon Dentist of 1830:

“For such cases where all the upper and under teeth are lost a set either entirely carved of sea horse, or furnished with six or eight natural teeth in front may be most desirable. . . . The two pieces for the upper and under jaws, however, are principally kept in their proper situation by spiral springs, the two extremities of which are to be attached by swivels to the upper and under parts of the apparatus. . . . Should there be sufficient indication for making use of a set, which is to be kept in its place by capillary attraction or by suction it should be made, either of a gold plate mounted with artificial or natural teeth, or of one piece of hippopotamus’ tooth . . . I have been completely successful, in several instances in the application of sets for the upper jaw in this manner. . . . Some dentists of advertising celebrity pretend to be able to construct all kinds of artificial teeth in such a manner as to be retained in places by capillary attraction alone; such pretensions can be viewed only in the same light as those which attribute the power of curing every human malady to one and the same patent medicine or nostrum.”

At this time there were no institutions teaching dentistry exclusively. A few medical schools offered an occasional lecture on dental subjects. Some men were educated in medical schools and received dental training in the office of a dental practitioner, but most of the dentists received their instruction exclusively in the offices of practicing dentists.

In the early part of the nineteenth century there was much interest shown by the medical profession in dentistry. The relation between dental defects and systematic diseases was being noted by the medical profession. The *Quarterly Medical Review* of January, 1827, has this to say in commenting on an early dental volume:

“ . . . he has clearly shewn that the influence of diseased or dead teeth remaining in their sockets upon the sound teeth, the gums, the nervous system of the constitution in general, is infinitely greater than the major part of the medical profession are aware of To the medical practitioner, it must be gratifying to see some of the most grievous of the diseases incident to humanity traced to the influence of causes which have heretofore scarcely obtained notice, and still more to observe, that the removal of these causes will often prove an effectual remedy for evils which had previously defied the medical arts.”

Institutional dental education was destined to come. The great forces that brought it about were the desire of the medical profession for better trained dentists and a desire on the part of the dental leaders to elevate their profession through improved educational standards and greater scientific attainments.

It was in 1840 that the first dental college was founded, the Baltimore College of Dental Surgery. The faculty was composed of Horace H. Hayden, Chapin A. Harris, H. Willis Baxley and Thomas E. Bond, Jr. Hayden and Harris were dentists, Baxley a surgeon and Bond a physician. The first class had an enrollment of five students, two of which graduated; thus began the first dental college in the world. To Dr. Hayden at this time an elderly man and to Dr. Harris just beginning his dental career goes the honor of establishing our system of dental education.

It is not the desire of the writer to give a historical sketch but to mention some of the important events in the development of our profession so that we can compare dentistry of today with that of a hundred years ago, that we as members of the dental profession may catch the inspiration that motivated these early leaders. We should place true values on our profession and not take it too much for granted.

Do we as dentists appreciate our profession and the great efforts of our pioneer predecessors? We have the grandest

profession in the world and in the future years may its progress be even greater than the first hundred years of institutional dental teaching.

We note with interest from the press that the sum of one hundred thousand dollars has been turned over to the North Carolina State Board of Health to aid in its fight against syphilis. This represents the earnings from the fund of six million dollars which has been established by the members of the family of the late R. J. Reynolds, of Winston-Salem, N. C.

This is the largest sum of money made available in the South for this specific purpose. With the possibility of other funds to supplement this amount North Carolina can go forward in its fight against syphilis.

This office was honored with a visit from Dr. B. G. Frazier, of Houston, Texas. Dr. Frazier is a former resident of Greensboro. He had high praises for the progress made in North Carolina and Greensboro in his fifteen years absence. Dr. Frazier is a graduate of Texas Dental College and an ardent supporter of his dental organizations. From his report of the dental society of Houston and what we have seen of the splendid Journal, Houston must have a very live dental society. We are glad to claim Dr. Frazier as a "Tar Heel."

"The community is concerned with the maintenance of professional standards which will insure competency in individual practitioners."—*Chief Justice Charles Evans Hughes.*

Let us not run out of the path of duty, lest we run into the way of danger.—*Rowland Hill.*

If we regulate our conduct according to our own convictions, we may safely disregard the praise or censure of others.—*Pascal.*

Great things are not accomplished by idle dreams, but by years of patient study.—*Augbey.*

The President's Page



As I write these lines on the day before Christmas, the happiest season of all the year, may I extend the Season's greetings and best wishes for a most prosperous New Year to each of you. While the past year may have had its disappointments there is much for which we, as a profession, have to be thankful. In so far as I know there are none of our members who have been visited by misfortune to the extent that they are dependent upon others for help. None have had to call upon the Relief Fund, but we never know just how soon some one

of our number may be in dire need nor do we know who it will be. In view of the liberal plan whereby our own members can participate in this fund the very least we can do is to give it our whole-hearted support. When these lines come to you, if you have not yet made your contribution to this fund, will you not do so at this moment before you forget it. Dr. J. C. Watkins is Chairman of the Relief Committee in this State. Let's show him our appreciation of his efforts by making the largest contribution in the history of our Society. One dollar is the minimum amount asked in return for the beautiful Christmas seals sent, but those who are financially able, will you not send more.

J. F. REECE,

President, North Carolina Dental Society.

Create in me a clean heart, O God, and renew a right spirit within me.—*The Psalms.*

You Can Still Send In Your Contribution to the Dental Relief Fund.

Every Member Get a Member

Dr. C. Willard Camalier, of Washington, D. C., President of the American Dental Association, was a visitor in Raleigh during the week-end of November 27th. The Raleigh dentists and a few others from various parts of the State gave him a dinner at the Sir Walter Hotel, at which time he gave a very illuminating and interesting informal talk. One was impressed with the enormous amount of work being done by the officers and committees of the A. D. A. for the proper advancement of the profession and the safeguard of its rights.

The thought struck me rather forcibly while he was talking of just how much the organization means to us as individuals and how greatly it benefits the public generally. One had to think, also, of the non-members, who enjoy most of the benefits and privileges that are brought about by the tremendous labors of organized dentistry, but who never make any sort of contribution toward it. We need and the public needs a larger membership in this State. There are many good men in North Carolina, some in the larger towns and some scattered about in the smaller localities, who should be members of the North Carolina Dental Society, but who are probably not approached. They do not get the literature of the organized profession and they are therefore not in a position to know the many problems encountered in an effort to safeguard their status. These men should lend their force, initiative and inspiration to see that the management of professional obligations remain a proper function of the profession; that there be cooperation with governmental agencies, but policies and systems not left to the dictates of a bureaucracy none too familiar with the problems of dentistry and the actual needs of the public; and that higher standards of practice and conduct are liberally spread. We can never have a Utopia, but we can certainly work toward a higher level,— we can make a fine profession in North Carolina a finer one, if each of us would delegate ourselves a committee of one to enlist the ethical non-member in our community or section. Let us make that a definite project for 1938.

May I wish for each and every member of the North Carolina Dental Society a very Happy and Prosperous New Year.

G. FRED HALE, *President-Elect, N. C. Dental Society.*

To the Members of the North Carolina Dental Society

My dear Colleagues:

There never was a time in the history of dentistry when our profession meant more than it does today. This is said with due consideration of the very critical and significant days of the early development of dentistry when it was struggling to establish its status as a calling worthy to be named a profession.

That period of course called for unusual devotion and acumen on the part of our leaders, and had it not been for the fact that we had men of rare vision to guide our destinies in those early days, dentistry never would have made the progress that it did in achieving a place in the activities of life to entitle it to consideration as one of the learned professions.

I sometimes think that we pay scant tribute to the memory of some of the noble souls who boldly struck out in a virgin field to hew a path in the wilderness of professional thought. With little to guide them they found their way through all sorts of obstacles,— and in too many instances without the incentive of encouragement from other callings,— toward the goal that they had set for themselves. This goal had for its object the founding of a great profession, and when we consider the handicaps inherent in the situation we can only marvel at the wisdom shown in developing the foundation structures that first took form in our organization.

This of course was a critical period in dental history, and it required the unselfish devotion of many men to start the ship on an even keel. All honor to the memory of the men of those pioneer days who devoted their best energies to the service of humanity through the medium of professional organization.

Now that dentistry has been given a recognized status in the eyes of the world the obligation has been forced on us not only to maintain our established position, but to carry our professional policies to a higher stage of development, to the end that the people of our land shall be better served and our professional prestige thereby be enhanced.

In this view of the case our present policies are of the utmost importance, and the chief thing to remember in directing the destinies of our profession at this time relates not so

much to our technical advancement as it does to the cultural and ethical tendencies of the present period.

As I watch the trend of professional thought today I am little concerned over the progress being made in technical achievement. I thrill at some of the manifestations of mechanical excellence that I see everywhere, and at the handicraft that has been developed by our operators. I am immensely proud of it, and I wish I could see today a similar advance in the moral obligations that obtain in our ethical relations between the people and the profession.

What shall it profit us if we become the greatest technicians in the world, but lose sight of the most fundamental obligations of our lives in the development and maintenance of the highest ethical standards that should obtain among men? We are supposed to be held to a higher sense of our obligations one to the other, and especially the obligations to the people we serve than those in vogue in the common marts of trade. The moment a man elects to assume professional status he places himself in a different category from the man engaged in barter and trade.

No occupation in life is all one thing or all the other, but the distinction between commercial life and professional life may be stated as follows: The dominant idea in commercial life is one of barter, while that of professional life is one of service. One calling may be as honorable as the other, but there is always a difference in ethical obligation.

May I commend to the consideration of my good friends of North Carolina the idea of service for the coming year as against that of any other activity of our lives? I have a conviction that through this medium shall come to them not only greater achievement, but greater happiness.

C. N. JOHNSON, *Editor, Journal American Dental Association.*

Dental Equipment For Sale

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The above equipment is in excellent condition and can be bought at a reasonable price.

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The Value of Membership In Dental and Medical Societies

In his splendid essay, "The Power to See It Through," Harry Emerson Fosdick makes the rather startling statement that "It is a common fallacy to suppose that men are tempted where they are weak," but that, on the contrary, a man's strongest point is more often a target for temptations. This may well be applied to dentists and physicians. Of all occupations, the twin professions of medicine and dentistry seem particularly apt to make men individualists. This quality is one of the glories of both physician and dentist; but when faced with the effects of a diseased economic system, we need all the strength that we can muster as an *organization* of men who have tremendous potential political influence.

The very fact that we, the members of both professions, seldom have selfish motives in the few demands that we make of our legislators ensures us a respectful hearing. Furthermore, as honorary members of hundreds of families, our views are usually listened to with respect; hence our ability to influence the thinking of the community is greater than we realize. We are usually too busy in our daily practice to take time to let our patients and their families know how we feel about such questions as the socialization of medical and dental service. It is really gratifying to find how well rewarded will be a few minutes spent in explaining to the average intelligent layman just how HE and HIS FAMILY would fare if left to the tender mercies of political appointees for their medical and dental service.

It is chiefly as a compact organization, however, that either of our professions can hope to offer effective opposition to the various crack-brained schemes being evolved by politicians, so-called philanthropists, and sociologists. So long as nearly a thousand of the 2,600 (approximately) physicians and nearly 300 of the 847 licensed dentists of North Carolina are not members of their respective societies, the politicians can say with some measure of truth that we are not united. Let us remember two famous sayings of the early days of our republic: John Dickinson's "By uniting we stand, by dividing we fall," and the only too appropriate grim humor of Franklin:

"We must hang together, or we shall hang separately." Now, as never before, we need to forget our individual prejudices and petty jealousies and present a solidly united front against the forces that would dictate our policies and force us to become employees of the government, with our salaries and our working hours dependent upon the whims of political bosses.

But the resistance to political domination is not the sole, nor indeed the chief reason for becoming members of our respective state societies. The main reason for the existence of any professional organization is the opportunity for the improvement of one's professional ability, the elevation of one's ideals, and the broadening of one's culture afforded by the exchange of ideas at stated intervals, the inspiration of addresses by recognized leaders, and the social contacts incident to the meetings of one's organization.

In 1903 Sir William Osler delivered an address "On the Educational Value of the Medical Society." Would that every dentist and physician in North Carolina might read and ponder it, for it is just as true now as it was then, and applies to dentists just as much as to physicians. Since his words cannot be improved upon, I am closing this appeal with a few quotations from this paper:

"The first, and in some respects the most important function is . . . to lay a foundation for that unity and friendship which is essential to the dignity and usefulness of the profession . . . Most of the quarrels of doctors are about non-essential, miserable trifles and annoyances . . . which would sometimes try the patience of Job, but the good-fellowship and friendly intercourse of the medical society should reduce these to a minimum.

"The society helps to keep a man up to the times, and enables him to refurnish his mental shop with the latest wares . . . It keeps his mind open and receptive, and counteracts that tendency to premature senility which is apt to overtake a man who lives in a routine . . . The society should be a school in which the scholars teach each other . . . A well-conducted society may be of the greatest help in stimulating the practitioner to keep up habits of scientific study."

WINGATE M. JOHNSON, M. D.,

President, North Carolina Medical Society.

Socialization of Our Professions

To all practical purposes dentistry is a specialized branch of medicine. The problems of medical care are likewise problems of dental care. Therefore it is not out of order for a physician to discuss our common problems. Our most important problem at this time is the socialization of our profession. If it is to be socialized it must be done from within, under our control, and not from without, under political or commercial control.

The lowered resistance of our country, resulting from the depression, renders it more susceptible to this blight than it would be in normal times. This blight is indigenous to Europe, where the standard of living is normally lower than ours. It has been endemic in the United States for some years in isolated mining and industrial communities. It is being talked now by small people in high places in epidemic language. Since such a setup benefits only the political or commercial agents of it, at the expense of the patient and the profession, it is time for the public and the profession to give serious thought to it.

As a part of the highest standard of living in the world, the United States has the best medical and dental care in the world. This is true because the free country opportunities in the profession attract men of the first order who develop the professional sciences and raise the standards of professional care. To put the profession on a socialized basis would make it unattractive to the best type of men and would kill the incentive to the remainder to improve professional standards. Under the private system of practice the profession's standard is set by its professional pride, and its bid for profit is the excellency of its care. Under the socialized system of practice the profession's standard is set by the insurance company, and its bid for profit is the meagerness of its care.

The excellencies of professional care depend upon ability, skill, judgment and interest in the patient which no government or insurance company can buy, sell or give away against the professional man's will. The services are personal. The sandwiching of a political or a commercial agency between the patient and his physician and dentist destroys the personal and

professional relationships and degrades professional care, and adds to the already high costs of professional care the costs of the agents of this exploitation.

The advocates of socialized medicine and dentistry are not the private practitioners nor well informed laymen. They are politicians, philanthropists, and professors of teaching institutions inviting financial aid. These advocates will not trust themselves, in a serious illness, to the judgment of the socialized type of professional man.

The best medical and dental care will always come through personal cooperation between the patient and his private physician or dentist, independent of any political or commercial control.

ROY C. MITCHELL, B.S., M.D., F.A.C.P.,
*Councillor of Eighth District of
North Carolina State Medical Society.*

1938 Program

At this early date, your Program Committee has about completed arrangements for our next annual meeting, to be held in Winston-Salem, May 2, 3, 4. Much thought and consideration was given in the selection of the subjects and clinicians for this program. A well rounded program has been arranged and we feel sure that it will measure up to the splendid programs which we have enjoyed in the past years. For your information, we are indeed happy to announce that the following outstanding clinicians will be with us:

Dr. Charles Shepard Tuller, of New Orleans, La. Those members who attended the A. D. A. Meeting in New Orleans will remember Dr. Tuller's presentation dealing with the "Maximum Stability of Full Dentures." This presentation will include two illustrated lectures of two hours each and a table clinic showing the technic used.

Dr. Roy R. Kracke, of the Department of Pathology, School of Medicine, Emory University, Atlanta, Ga. Dr. Kracke will discuss the offending drugs commonly used.

Dr. C. Willard Camalier, President of the American Dental Association, Washington, D. C. Dr. Camalier needs no introduction to our membership and you may rest assured that what he may have to say will be worth while. His subject will be announced later.

Dr. Edward L. Ball, of Cincinnati, Ohio, another widely-known and popular clinician, will present the treatment of Periodontia, both in lecture and practical clinic.

Dr. Steve A. Garrett, of Atlanta, Ga., will present the subject of "Children's Dentistry."

Dr. Stanley Baker, Greenwood, S. C., will give a clinic on "One Piece Cast Fixed Bridges."

Dr. J. Wilson Ames, Smithfield, Va., who will give a report of the excellent research work he has done on removing stains from mottled enamel.

Dr. William D. Lanier, Jr., U. S. Veterans' Hospital, Oteen, N. C., will give a paper on the use of Sulfanilamide in the treatment of dental infections, together with case histories of its use.

There will be, in addition to those mentioned above, many table clinics and group clinics, which is usually the main feature of our meetings. They will be no exception this year and you may feel certain that you will see the same high type clinics as we have always had.

FRANK O. ALFORD, *Secretary-Treasurer.*

Again this year, I would like to call to the attention of the membership of the North Carolina Dental Society, the importance of paying your dues promptly.

As you know, dues are payable on or before January 1st, in advance, according to the Constitution and By-Laws. Those of us, who may in the future be eligible for life membership in the American Dental Association, may have this honor hampered if dues are not paid before March 1st of each year, because on this date all members who have not paid dues to the A. D. A. will have their names removed from the roll and be suspended until such dues are paid.

It is indeed gratifying to notice the number of members who are paying dues in advance. At the time of this writing, which is before the Christmas Holidays, a goodly number of members in some of the Districts, have already paid their 1938 dues.

May I solicit the cooperation of each member in this effort to have all 1938 dues paid before March 1st.

FRANK O. ALFORD,
Secretary-Treasurer, North Carolina Dental Society.

Dr. Geo. L. Shackelford*

Dr. George L. Shackelford, a Charter Member of the North Carolina Dental Society, was born in Lowndes County, Ala., December, 1848, the son of James and Laura M. Shackelford, both of whom were natives of New Bern, N. C. He moved with his parents to Wilmington, N. C., in early boyhood and remained there until after the Civil War, when the



family moved to Baltimore, Md. It was there he began the study of dentistry, entering the Baltimore Dental College at the Spring session of 1867, and graduating therefrom with honor at the Fall session in 1869.

After his graduation, he returned to the South and practiced his profession in several towns of the state, among them

*These facts of his life were obtained through the courtesy of Dr. Donald Williams, of Tarboro, N. C.

being Tarboro, Laurinburg and Smithfield. He was a man of wide culture, fond of travel and well versed in the habits and customs of many localities. He was possessed of a distinctly inventive mind which was a great help to him in his dental practice.

He was never married, was a member of the Episcopal Church, and continued the practice of dentistry up until the time of his death, in Smithfield, N. C., December 8th, 1895. His remains rest in the family plot in Oakdale Cemetery, Wilmington, N. C.

J. MARTIN FLEMING.

Mail-Order Dentistry Before Post Office Department

S. B. Heininger, Chicago, has been cited by the Post Office Department for obtaining money through the mails by means of false and fraudulent pretenses.

A hearing was held before Judge Kelvin W. Hassell recently. The evidence was presented by Mr. George F. Breen, representing the department and Mr. Wm. C. O'Brien who signed the charges. The witnesses were Dr. P. H. Harper, of the Public Health Department and Dr. Jordan, Professor of Prosthetics at Georgetown University and a dentist from the Navy Department.

Heninger was present at the hearing and was granted time until December 10th to file arguments in defense of the charges.

This is the procedure used in closing up a number of similar outfits. It has required three years to carry this case up to this point, but the end is almost assured.

CHARLES J. BAUMANN,

*A.D.A. Legislative Committee, The Dental News,
Milwaukee County Dental Society.*

You Can Still Send In Your Contribution to the Dental Relief Fund.

Announcements

The meeting of the American Dental Association will be held in St. Louis, Missouri, October 24-28, 1938.

The Tennessee State Dental Association will hold its seventy-first annual meeting in Chattanooga, Hotel Patton, May 9-12, 1938.

The annual meeting of the Virginia State Dental Association will be held in Richmond, Va., John Marshall Hotel, on April 4, 5 and 6, 1938.

The annual Midwinter Meeting of the Chicago Dental Society will be held from February 14-18, inclusive, 1938. The meeting will be held at the Stevens Hotel in Chicago.

"The History of Dentistry in Missouri" is a volume valuable to every member in our profession, and deserves your interest and your support. Beginning with a comprehensive outline of dentistry, from its earliest antiquity, thence up to its advent in the United States, its introduction in Missouri, and continuing up to the present time, this book tells the dramatic story of a great profession guided through the centuries by men of learning and ideals; until its present enviable position among the health professions is now recognized. Altho the "History of Dentistry in Missouri" is of immediate interest to every dentist in our state, nevertheless, we feel assured that many of our sister states will be interested in the effort Missouri has made to preserve the tradition so dear to our profession.

The price of this book is \$6.00. Those desiring copies should mail their orders soon.—*History Committee, Missouri State Dental Association, Care Dr. Wm. B. Spotts, 522 University Club Bldg., St. Louis, Missouri.*

You Can Still Send In Your Contribution to the Dental Relief Fund.

A. D. A. Relief Fund

On January the first the per capita contribution of our members to the Dental Relief Fund was *thirty-nine cents*. Last year the Relief Committees of our district societies, through after-Christmas efforts, raised the per capita contribution from twenty-four cents to forty-one cents. In 1936 there were only three states in the entire country with a poorer showing than North Carolina. Last year, however, our state did advance to fourteenth place *from the bottom* of the list. Surely North Carolina dentists can do better than this.

The A. D. A. books, which close June 30, will show the results of the Seal sales for this past Christmas. It is yet time for North Carolina dentists to make contributions sufficient to give our state society *at least* a creditable place in the list.

The Raleigh Dental Society, through a one hundred percent contribution on the part of its members before the stamps were even mailed out, received quite a complimentary recognition in the *Bulletin of the Second District of New York*. Fayetteville also went one hundred percent. Many of our larger towns and cities for some reason or other have failed to come across with anything like a reasonable response.

Fortunately none of our members have had to call on us, so consequently our state relief fund is increasing to a point where it will really be of practical help to those who will need aid. However, our contribution to the Christmas Seal Fund, from the time of its organization to June 30, 1937, was only \$1,204.45. Let us remember we receive immediately to be added to our state fund one-half of all that is sent in. Also the American Fund in addition matches dollar for dollar all amounts given from our state fund to members.

Let us get away from the "dollar idea." Quite a few individual dentists make annual contributions of one hundred dollars. Many contribute fifty dollars, twenty-five, ten, five, and even two dollars yearly. Only the interest is used and the A. D. A. desires to double the contributions in order that the fund will not suffer as a result of the fifty percent to the state.

Don't wait for your district committee to ask you—send your contribution at once to the A. D. A. Secretary, Dr. Harry B. Pinney, 216 East Superior Street, Chicago, Illinois.

J. C. WATKINS.

Five State Post Graduate Clinic

March 6, 7, 8, 9, 1938

Mayflower Hotel, Washington, D. C.

The Committee of the District of Columbia Dental Society this year has arranged a scientific clinic conforming to the principles advanced by the President of the American Dental Association, namely, "Dental Health for American Youth."

The following men will present papers:

Dr. Malcolm W. Carr, of New York, who is chief of the oral surgical section of all the metropolitan hospitals of the city of New York, of the oral surgeons of the Knickerbocker Hospital, and also, of oral surgery at the Poly Clinic Hospital and Medical School. He is a contributing editor to the *Annals of Dentistry*.

Dr. Oscar V. Batson, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa. He is a professor of anatomy, and outstanding on the surgical anatomy of the neck.

Dr. Albert J. Irving, of New York, who was former professor of the University of Michigan. He is co-author with Dr. Gillette of a book on *Operative Dentistry*.

Dr. Rudolph Kronfeld, of Chicago, Ill., who was former professor at the University of Vienna, Austria. He was one of the co-workers in the research of Herr Professor Gotlieb, professor of Histopathology at the University of Vienna. He is an author of a textbook on the *Histopathology of Periodontal Diseases*. He has given clinics in this country and abroad, and is recognized as a leader in his particular field of research.

Dr. Lon Morrey, of Chicago, Illinois. He is Chairman of the Division of Public Relations of the American Dental Association.

Dr. Alexander H. Patterson, Professor of Prosthetic Dentistry, University of Maryland. Dr. Patterson is the exponent of the technique of full denture impressions using compound with plaster wash.

On Wednesday, March 9th, the full day will be devoted entirely to Table Clinics. The Committee feels that they have secured many of the outstanding men in the country.

On Monday, Tuesday, and Wednesday, there will be luncheons for the different fraternities, past presidents, dental assistants, and dental hygienists.

In the afternoon, from 5 to 7 on March 7th, a reception will be held in honor of the President of the American Dental Association, Dr. C. Willard Camalier.

In the evening, the chairman of the stag party, Dr. Edward Slattery, promises a series of pleasant events. Don't miss it. Contact him for tickets at 1726 Eye St., N. W.

Tuesday evening of March 8th, we will conduct a dinner dance. Dr. Smallwood, 910 17th St., N. W., is in charge. Tickets \$3.00 per person. Make early reservations.

For hotel arrangements, write Dr. Wm. I. Ogus, 1832 Eye St., N. W.

This year we will have an added feature, interesting and educational scientific exhibits.

The Dental Manufacturer's Exhibit is presented yearly as an integral part of the Five State Post Graduate Clinic. We know the exhibitors will make every effort to have the latest recognized results in the field of dental research, which will be of interest, and of value to those attending.

We wish to thank the exhibitors at this time for their cooperation, and trust that the meeting will be a success, and stimulate a closer working relationship.

DR. JOSEPH F. MANLEY,

Chairman Publicity Committee.

Oral Syphilis

". . . . In the campaign for the control of venereal disease, it is essential that public health services have the support of the dental profession. I am sure you are aware of the fact that lesions of every phase of syphilis infection may be found in the oral cavity, and some syphilologists estimate that from 6 to 10 percent of the primary chancres of the disease are located about the operating field of the dentist. The most common lesion of syphilis found in the mouth is the mucous patch of the secondary stage. Owing to moisture and the

trauma produced by irritation, the mucous patch develops into open papules. As such, it is probably the most contagious lesion of the disease.

"In the mouth the mucous patch is often masked by the superimposition of other pathological conditions such as Vincent's infection, and leucoplakia is often symptomatic of an underlying syphilis.

"Simon states that, in syphilitics, leucoplakia plus tobacco equals cancer. The presence of Hutchinson's teeth is suggestive of congenital syphilis and should prompt the dentist and physician to look for additional symptoms.

"Early diagnosis of oral syphilis is most important, and every mouth lesion should command the careful consideration of the dentist until syphilis has been completely ruled out. The dentist as well as the general medical practitioner is in a strategic position to discover and refer for positive diagnosis and treatment many early cases of syphilis.

"More time should be devoted to the study of syphilis in the undergraduate schools of dentistry, and every practicing dentist should study the oral aspects of this disease until he is able to recognize the gross lesions appearing in his field of activity.

"It is needless to remind you of the potential dangers, for the dentist and his patient, in syphilitic lesions of the face or mouth. You perhaps know that there are many cases recorded in the literature of dentists who have acquired the disease through wounds of the hands. No dentist should refuse, however, to treat a person infected with syphilis. The danger lies not in the known but in the unknown case that comes to him for dental service."—Excerpts from a paper read before the Atlanta District Dental Society, September 21, 1937, by F. C. Cady, D.D.S., C.P.H., Dental Surgeon, United States Public Health Service. — *The Health Officer, U. S. Public Health Service, Oct., 1937.*

You Can Still Send In Your Contribution to the Dental Relief Fund.

Then shall the dust return to the earth as it was; and the spirit shall return unto God who gave it.—ECCLESIASTES XII. 7.

DR. J. A. YOUNG
Newton, North Carolina

DR. H. M. HENDRIX
Beaufort, N. C.

DR. M. T. McMILLEN
Goldsboro, N. C.

DR. ARTHUR D. BLACK
Chicago, Ill.

At the second Summer Seminar for the study of Orthodontics held at the University of Colorado School of Medicine, in Denver, Colorado, it was the expressed wish of those attending that this meeting be made an annual event and plans were made for a third meeting to be held in the summer of 1938 at a time convenient for those attending the meeting of the American Society of Orthodontists. For further information, address Miss Viola Ross, Secretary, Denver Summer Seminar, 1550 Park Avenue, Denver Colorado.

You Can Still Send In Your Contribution to the Dental Relief Fund.

ANNUAL MEETING, WINSTON-SALEM, MAY 2, 3, 4, 1938

Resolution

Adopted by the American College of Dentists, Atlantic City, N. J., July 11, 1937.

WHEREAS, the E. K. Medical Gas Laboratories, Inc., of Bloomfield, New Jersey, have instituted an unprecedented campaign of advertising a dental product, "*Aldemol*," directly to the public, and

WHEREAS, such advertising curtails freedom of choice in selecting materials which are to be used by the dental profession in rendering an oral health service, and

WHEREAS, the rights and prerogatives of the dental profession are thereby made subservient to commercial interests, and

WHEREAS, if such advertising is allowed to continue it will result in a situation wherein the choice of dental materials will be dictated by high pressure advertising rather than by the dental profession's collective and individual interpretation of the oral health needs of the public;

THEREFORE, BE IT RESOLVED, that the American College of Dentists protest through every avenue of influence and by all means available to the College, this and all similar lay-advertising of materials used in an oral health service, and

BE IT FURTHER RESOLVED, that a copy of these resolutions be sent to the Editor of every dental publication in America, and to the Trustees of the American Dental Association, with a request for the widest possible publicity of this action of the College, and

BE IT FURTHER RESOLVED, that a copy of these resolutions be sent to the E. K. Medical Gas Laboratories, Inc., of Bloomfield, N. J., and "*Times Magazine*."

There is no young man or grown man living who cannot do more than he thinks he can.—*Voltaire*.

Despise not any man, and do not spurn anything; for there is no man that has not his hour, nor is there anything that has not its place.—*Azai*.

Dr. Paul Munsell spent the Christmas holidays at home with his parents in Asheville.

Members of the Burlington Exchange Club recently elected Dr. R. A. Wilkins president and Dr. L. M. Foushee a director.

Dr. W. C. Taylor, of Salisbury, had a rather serious time with an abscess on his neck during October and November. Dr. Taylor spent some three weeks in the Rowan Memorial Hospital. He is now back in his office and getting along nicely.

Patsy Jane, the twelve-year-old daughter of Dr. and Mrs. John W. Zimmerman, had an appendix operation at the Rowan Memorial Hospital, Salisbury. She is recovering now at her home on West Thomas Street, Salisbury.

Dr. and Mrs. Guy L. Sink, of Atlanta, Ga., spent Thanksgiving with Dr. and Mrs. Frank W. Kirk at their home on Mitchell Avenue, Salisbury, N. C. Dr. Sink spent a part of his time while here at his old home at Rockwell, N. C., with his father. Mrs. Kirk and Mrs. Sink are sisters.

The Rowan County Dental Society meets the third Tuesday night in each month at the Yadkin Hotel. We would be glad to have any Dentist meet with us that might be visiting in this locality, at any time.

The following Durham dentists have moved into the new seventeen-story building at 111 Corcoran Street: Drs. Henry C. Carr, Daniel T. Carr, L. M. Edwards, W. F. Mustain, Carl P. Norris, Arthur P. Reade.

Drs. Claude A. Adams and Rothchild Holden have rearranged their old offices and George Yates has moved his office to the seventh floor of the Depositors National Bank Building.

Dr. J. T. Lasley and guest, Dr. R. H. Johns, of Atlanta, Ga., spent several days in the eastern part of the State duck shooting.

Dr. D. H. Erwin, of Greensboro, and party, had a most successful deer hunt in the western part of the State.

We are glad to note that Dr. P. B. Whittington, who has been ill for several months, is improving.

John W. Zimmerman, Jr., a student at the Atlanta-Southern Dental College, spent the holidays at his home in Salisbury.

Dr. John Bumgardner, of Columbia, S. C., brother of Drs. Amos and Franklin Bumgardner, of Charlotte, was accidentally killed on November 12, 1937.

Dr. W. M. Robey, of Charlotte, is able to be out again, after being confined to his home on account of illness.

Dr. M. T. McMillan, of Goldsboro, died on November 25, 1937.

Dr. Walter Clark, of Asheville, Secretary of the First District, has been confined to the hospital with a crushed ankle.

Dr. Dan Mizell, of Charlotte, has resumed his practice and his leg continues to improve.

November 16th, 1937, marks the date of the birth of Sandy Cole Marks, Jr., Wilmington, North Carolina.

Dr. John Wheeler, of Greensboro, reports a bag limit every day while duck hunting in the eastern part of the State.

Dr. C. D. Kistler, of Randleman, has entered a High Point hospital for treatment.

Dr. Robert Brannock, of Burlington, is back in his office after a short illness.

Dr. and Mrs. O. R. Hodgin and son, of Thomasville, have just returned from a Caribbean cruise. They visited Havana, Panama City, Colon and other points.

DISTRICT SOCIETY OFFICERS, 1937-1938

First District

Président	DR. S. E. MOSER, Gastonia
President-Elect	DR. C. S. McCALL, Forest City
Vice-President	DR. A. P. CLINE, Canton
Secretary-Treasurer	DR. W. E. CLARK, Asheville
Editor	DR. DAVID ABERNETHY, Hickory
Delegates—	DR. S. E. MOSER, DR. W. E. CLARK, DR. W. F. BELL, DR. P. P. YATES, DR. A. PITT BEAM.

Second District

President	DR. D. W. HOLCOMB, Winston-Salem
President-Elect	DR. O. R. HODGIN, Thomasville
Vice-President	DR. AMOS BUMGARDNER, Charlotte
Secretary-Treasurer	DR. J. HOMER GUION, Charlotte
Editor	DR. G. A. LAZENBY, Statesville
Delegates—	DR. D. W. HOLCOMB, DR. J. HOMER GUION, DR. J. H. PHARR, DR. R. E. SPOON, DR. J. P. BINGHAM.

Third District

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President-Elect	DR. C. D. KISTLER, Randleman
Vice-President	DR. R. L. UNDERWOOD, Greensboro
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Editor	DR. H. W. THOMPSON, Hamlet
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President-Elect	DR. C. W. SANDERS, Benson
Vice-President	DR. J. W. WHITEHEAD, Smithfield
Secretary-Treasurer	DR. W. W. RANKIN, Raleigh
Editor	DR. IRBY HOYLE, Henderson
Delegates—	DR. EVERETT L. SMITH, DR. W. W. RANKIN, DR. C. W. SANDERS, DR. R. M. OLIVE, DR. K. L. JOHNSON.

Fifth District

President	DR. R. F. HUNT, Rocky Mount
President-Elect	DR. W. T. RALPH, Belhaven
Vice-President	DR. G. L. OVERMAN, Goldsboro
Secretary-Treasurer	DR. A. T. JENNETTE, Washington
Editor	DR. R. L. WHITEHURST, Rocky Mount
Delegates—	DR. R. F. HUNT, DR. A. T. JENNETTE, DR. W. L. HAND, DR. O. L. WILSON, DR. Z. L. EDWARDS.

FIRST DISTRICT

First District News and Views

How did you like the post graduate course? We've heard several opinions and are of the opinion that the men responsible for this extension of Dental education deserve our expression of appreciation. It was a big job well handled. Whether it shall continue, be modified or be dropped, depends on our reaction. Let's make it, or a similar plan, an annual North Carolina tradition.

At the first district meeting held in Gastonia we were glad to see many of our old friends and to meet what we hope will prove to be new ones. Those fellows put on a nice meeting featuring Dr. Cannon's amalgam technique (which was also given at Pinehurst). The golf course was fine but very tricky. We started alone and were permitted to play there with a fellow who shot a low sixty. Since we've been playing only a few months and after dubbing a shot with Dr. Jarret, Sinclair and others looking on, we didn't do so good. We did enjoy the meeting very much and especially the visit to the beautiful new home of Dr. Current.

The first district always has its quota at the state meetings and we expect an even greater attendance at Winston-Salem this year. It is well located and should be and will be well attended. There are vital problems concerning us all that need to be considered. Dental needs and methods of meeting these needs are still a salient problem. The discrepancy that exists between the skill and knowledge of the dentist and the downright ignorance or lack of appreciation of the value of our services on the part of the people we serve is a problem of grave importance. What matters all our skill, patience and knowledge, nice shiny equipment if the laity are unappreciative or unable financially to obtain our services? Wherein lies the answer? Why the slump right at the Christmas season with its accompanying headaches? People are putting off dental work to buy less important things.

The solution lies in education. Why should the values of a service so vital be concealed from the people who need it? Everything else is advertised. I heard today a program on the values of preventive medicine. I saw tonight new advances in medicine portrayed in *THE MARCH OF TIME*. Dentistry is marching ahead. We do all we can in our practice with the people we serve. What of the large number we never see except to extract a tooth after it's too late? Is dentistry asleep at the switch? Are we afraid to advertise the benefits of our profession because of ethics? What good are ethics if we are failing to reach half the people we should serve?

We expect to see you at Winston-Salem. Dr. Phin Horton, Dr. McClung and those boys will have something for you that you can take home. Be there!

Tri-County News

The tri-county continued pre-clinical papers on the subjects given by the out of state men. Attendance was good and no meeting failed to find several men outside our three counties present.

Purely Personal

See by the paper where another of our old classmates, Dr. Ralph Falls, of Morganton, gave up single blessedness for double harness this week. Congratulations to him. May all his troubles be little ones.

Note to Dr. Neal Sheffield: (We've been that way six months).

Dr. C. B. Yount, Dr. Carl Mott and Pappy "Ab" continued their weekly meetings at Pine Mountain supposedly bird hunting. From the returns they only "talk a good game."

Dad Jimmie Little's grandson, Crowell, did well this year. Helped to beat our Alma Mater. Dad is still a friend of ours though. (Even if he does smoke awful cigars.)

DAVID ABERNETHY,
Editor.

SECOND DISTRICT

The Second District Dental Society enters the new year with a spirit of optimism. The prospects for an increased membership in this district are very bright. Our dentists are realizing more than ever the necessity of membership in the Society and that their dues is a small investment which brings multiple returns. With this in mind the district membership committee will strive to have every eligible dentist within the district a member of the Society by the end of 1938.

Plans are already under way for the reception and entertainment of the State meeting in Winston-Salem in May. The local and district societies are concerted in their efforts, and under the able leadership of our President, Dr. Reece, we hope to make this the best meeting in the history of the Society.

Let each of us resolve this year to attend every meeting our membership affords and with the newer knowledge obtained for practical use pass it on to our patients which will result in better service to the patient and pleasure and profit to us.

D. W. HOLCOMB,
President Second District Dental Society.

ANNUAL MEETING, WINSTON-SALEM, MAY 2, 3, 4, 1938

Now that the Christmas holidays are over we can get back to work and try to put a few dollars in the bank to meet the bills we made while in the holiday spirit as well as spirits.

Since the last issue of the Bulletin we have had our District meeting and I think it was one of the most successful that we have had in a long time. The Clinicians were good and we had some very interesting clinics from our local men.

The banquet was a great success due to the fine preparation made by the Salisbury men. Our genial toastmaster, Dr. Lazenby, was at his best. Anyone looking for a master of ceremonies need look no further.

Under the able leadership of Dr. J. P. Bingham the Second District had a most successful year and we are looking forward to another year just as good under our new President, Dr. D. W. Holcomb. His committee appointments show that he is laying the foundation for a full year of activity.

Now is the time to start in trying to get some of the suspended members and any new members that have not as yet affiliated with the society. **ASK THEM TO JOIN NOW.**

Another matter I would like to bring to the attention of all members is the prompt payment of your dues. It saves the secretary a lot of work as well as insuring your receiving the Journal without interruption.

I wish to take this opportunity to wish every member a happy, prosperous New Year.

HOMER GUION,
Secretary-Treasurer.

Greetings from the Second District to all the other districts of the state. With happy memories of the state meeting last year at Pinehurst, and with keen anticipation of the meetings to be held this year, we should go into nineteen and thirty-eight with optimism regarding our meetings for this year.

Much has been done to weld friendships, increase knowledge, and establish fine contacts, through the various meetings of the societies, and extension courses.

The Second District members have responded in a fine manner to the extension course. The enthusiasm generated by the preliminary "Study Club" aspect of this course is one of the finest things undertaken by the North Carolina Dental Society. And it is strongly recommended that all the members who did not avail themselves of the course this year, do so in 1938.

There is much interest manifested in the various local societies throughout the district. Every man in the profession should join his local society and thereby lay the ground work for contact and association which are so vital to the individual, and to the parent association, the North Carolina Dental Society.

As I am unable to gather any news of a personal nature, I wish to take this opportunity in wishing every member of the districts a most profitable, and enjoyable nineteen thirty-eight.

*"It is easy to smile, when things seem worth while,
And life moves along like a song,
But the man worth while, is the man who can smile,
When everything goes dead wrong."*

G. A. LAZENBY,
Editor.

THIRD DISTRICT

As we pass from the old year into the new let us not be unmindful of the obligations which we have left undone. Unless this year has been quite different from the past years, some of us have neglected to send our contributions to the Dental Relief Fund of the A. D. A. This is a most worthy cause and should have our whole-hearted co-operation in every respect. If you are one who has neglected to send your contribution to the A. D. A. for the seals which you received before Christmas take time out now and mail your check today. It is gratifying to note the response the Dentists of North Carolina have given this cause in previous years, however, we have a long way to go before we attain the standard of giving that some of the other state societies have reached. It would be a great achievement for our North Carolina Dental Society if each member would contribute at least one dollar every year to this worthy cause.

At this time, I would like to suggest that upon receipt of your statement for 1938 dues, you mail your check immediately, thereby relieving the Secretary-Treasurer of unnecessary work. If our dues have not been forwarded to the A. D. A. before March our National Journal will be discontinued and the copies which we have missed by our delay will not be mailed to us. We all plan to renew our membership this year, so why wait until the state meeting to do so.

The State Dental Society needs and wants every ethical practitioner in the state to be a member of its society. Let us all pull together this year for the advancement of our district, state and national organization as a whole.

DANIEL T. CARR,
President, Third District.

In Memoriam DR. E. J. TUCKER

The value of a life is not measured or determined by the number of years that a man has lived, or by the accumulation of worldly goods; but rather by the number of his friends that love, respect, honor, and cherish his memory.

A life that is unselfish, liberal, loyal, generous in thought and action, embracing honesty, integrity, truthfulness and good will toward his fellow-man. These are the attributes that make life worth while. These attributes were possessed in an unusually large measure by our friend and loved one, Dr. E. J. Tucker.

We are glad to have known him, and lament his passing.

J. S. SPURGEON.

Mr. President, I am of opinion that Dr. Norris, Chairman of the Necrology Committee, has displayed ability, cleverness and wisdom in having, in addition to the memoir just read in our hearing, two intimate friends and contemporaries to say a few words of a purely personal nature; for few of our present membership came to know Dr. Tucker, whom to know was but to love and admire.

I count it a high honor and a sweet privilege to be one of the two to speak intimate words following the reading of the well-prepared memoir, which for beauty and comprehensiveness, left nothing to be desired.

Dr. Spurgeon has just preceded me with a tribute of rare appropriateness, evidencing the fact that he realized that, in the going from among us of our true and tried and trusted friend, "we shall not look upon his like again soon."

And yet, as I look into your expectant faces, I realize that, of the many times I have stood before you, I never more than now felt so keenly my inability to command words to express what I would say. What can I say? About all that could be said has been said—and truly said. I knew him over a period of years and knew him well. His ideals were high; and in his life and living he was as pure and chaste as a woman. "He wore the white flower of a blameless life and bore, without abuse, that grand old name of gentleman." His faith in God was strong and abiding; and I dare believe—and I do believe—that when the deadly, destroying and devastating shadow of Azrael's wing fell across the pathway of our friend and comrade, Eugene J. Tucker, his immortal soul immediately set sail for the Land of the Crystal River and of the Unsetting Sun; there to enjoy unending, glorified fellowship with those choice souls he had "loved long since and lost awhile" who had "washed their robes and made them white in the blood of the Lamb."

J. S. BETTS.

The year of 1937 is recorded in the annals of history. The deeds and misdeeds, the accomplishments and failures of all are chalked up for the future inspection of posterity. To some individuals, the year of 1937 has been a slow, long drawn out process, with the days and hours gliding silently and uneventfully away; to others, the year has been a fleeting period of days and hours mingled into precious valuable moments, teeming with bustling activity, responsibilities, duties and missions to be performed. It all depends on the role that Fate has decreed for each life.

Nevertheless, the end of an old year and the approach of a new year is a time for sadness and a time for joy. We are saddened by the thought of our imperfections and shortcomings; we are made to rejoice at the fact that we are fortunate enough to be granted a new period in which to strive more earnestly and seriously to erase our defects and improve ourselves whereby we may be more useful and serve humanity more efficiently. Naturally, at this time of the year, we are prone to make a little retrospection and some introspection.

In retrospect, confining our thoughts to the realms of dentistry, the members of the Third District Dental Society really shouldn't have any serious regrets or annoying pangs of remorse in regard to their sins of commission or omission during the year 1937. The Third District may proudly boast of a seventy-five per cent membership, active, energetic, willing and responsive. One might safely venture the statement that the non-society member practitioners in the Third District can be numbered on the fingers of a person's hand. This is indeed a compliment to the energy and aggressiveness of the membership committee. Of course, one of the outstanding achievements, and an accomplishment of which we are all very proud, in dental circles of the year 1937 is the booming success of the Post-Graduate Lecture Course sponsored by the University of North Carolina and the North Carolina Dental Society. Our state society should be justly proud of the fact that this movement went over with such overwhelming success and that it is one of the pioneer organizations in this step of progressive dentistry. The part played by the Third District in this movement was indeed outstanding. With the district divided into three groups centered in Albemarle, Greensboro, and Durham, under the capable leadership of Dr. C. I. Miller, Dr. J. T. Lasley, and Dr. D. T. Carr, much latent ability, leadership and constructive knowledge was unearthed. The interest and enthusiasm manifested in the various papers and the zeal and eagerness in which the subjects were discussed, indicated very impressively that the courses were taken with great seriousness and much deep thought and hard work had been employed. These activities, plus our annual district meeting in Greensboro,—a very successful and enjoyable meeting—terminated the year 1937 for the Third District.

As for introspection, with no definite information at hand contemplated along dental activities, it is timely to urge that every member strive and struggle to maintain the standards and progress attained in the past years. Let us not become too self-satisfied with past successes and rest on our oars. A serious relapse may result from this situation. Always, with untiring alertness and aggressiveness, strive to move onward. Improve our own feelings by being thoughtful, helpful and considerate of our fellow beings. A little praise, tactful attention rendered here and there along the rugged path, makes the world much more cheerful. And while in this vein of thought we should resolve, and act, to make the duties of our secretary less laborious by forwarding immediately a check to cover 1938 society dues. By paying annual dues now, and not postponing till the state meeting, the duties of our district secretary will be lightened greatly. Such forethought and consideration, if entertained foremost in our minds throughout the year, will bring more joy and contentment to all. And thus, as we advance deeper into the new year, let us wish each and every one health, happiness and prosperity, looking forward with interest and expectancy to our state meeting in the spring.

H. W. THOMPSON, *Editor, Third District.*

FOURTH DISTRICT

When this little message is published in the Bulletin old 1937 will have passed on and new 1938 will be just beginning. We wish every member in the North Carolina Dental Society a most happy New Year as well as a most prosperous one.

As is our custom we hold our annual District meetings in the fall and often our members don't see each other except at District or State meetings. This past year with the Post-Graduate Course going on and with the present arrangement of two local lecturers, prior to our outside clinician, we have had lots of meetings and in the course of a few months it seems that one comes in contact with most everyone in the district. In this district the Post-Graduate has been quite a big success and the indications are we will continue next year.

On Saturday night, November 27th, the Raleigh dentists, and others from various sections of the state, gave an informal dinner at the Sir Walter Raleigh Hotel, in honor of Dr. C. Willard Camalier, President of the American Dental Association. Dr. Camalier came down to attend the Duke-Pitt football game, and to visit his son, a medical student at Duke University. Invitations to this dinner were sent out to every member in the North Carolina Dental Society. The dinner was well attended, thoroughly enjoyed by everyone and each district was represented.

Dr. Camalier talked to us on the many problems now confronting the American Dental Association, the way things are sometimes worked out in various committee meetings, some of the problems that might be expected to come up this year and some that the society is trying very hard not to let come up. After listening to this most interesting talk we could not help but feel that we knew more of our own society and feel better for knowing it. I might add also feel better for belonging. Here's regrets for those of you who couldn't attend.

EVERETT L. SMITH,

President, Fourth District.

When our State Society conceived the idea, and successfully set up, and put into operation, as a part of our State Health Program, the Dental Division of our State Board of Health, we were full of pride and justly so. It was a great idea and has done a great work. It has been of inestimable value in making our people mouth health conscious, and has enabled many thousands of poor kids to have dental care who otherwise could never have had it.

In recent years, there has been a growing tendency for everybody to get everything out of all governmental agencies they could possibly get. This spirit becomes more and more apparent as the years pass. It now becomes practically impossible, due to this spirit, for the dental clinician, as he goes from school to school, to operate the clinic as it is intended without the studied and planned help of the local authorities.

In 1935 Vance County tried a sixteen weeks program in the schools. It developed into nothing more or less than sixteen weeks of State Dentistry. Though the dentist tried to control it, he was powerless to do so, because

he was unable to get the co-operation of the teachers. Each teacher considered it a feather in her cap to get the mouths of all her children put in perfect shape. She proceeded to do just that. Rich and poor alike were run in on him for dental service.

Again this winter, Vance County decided to have another sixteen weeks program. The State Dentist went first to one of the Consolidated Rural Schools. As is the custom with them, he asked the teachers to give him a roster of their respective classes and to indicate, on the list, those children who could, justly and honestly be called indigent children. It developed that 80 per cent of the children in this school were indigent, according to the classification of the teachers. This, in spite of the fact that this school is in the most prosperous farming section of Vance County. Actually not more than 6 per cent or 8 per cent of these children are indigent. The dentist found himself working for the children in the school whose parents own a thousand acres of land and two and three Buick automobiles, etc.

Simply by asking the members of the Vance County Board of Health for a little co-operation, the dental member of the Board was authorized to supervise the entire program, which was done along the following plan: the dentist first made a complete survey of every class in every school.

He found this the most effective way to put over the dental educational part of his work. This, by the way, is the primary function of the work. It was intended to be the primary function but it is no longer so.

Following this survey, each teacher was asked to check the indigent children in her room. The roster was then taken to the principal of the school for a re-check. It was then taken to the dental member of the county health board who secured the services of a fair-minded citizen in that school district, who was an old resident there, and knew the people, for another check. Believe it or not, after all this, there were 20 per cent of those who were checked as indigent cases who owned real estate or automobiles or both. The roster was taken to still another citizen and checked and got down to where it was reasonably accurate.

The State Dentist then prorated his time, in each school, according to the number of indigent cases, and the work progressed nicely from then on.

Out of this experience the following observations are pertinent: simply to lecture to a class of grade children is, for the most part, time wasted. Each child, as an individual, should have his or her mouth thoroughly examined, with a hand mirror, shown his or her dental condition. When the examination has been completed, a short blackboard or chart demonstration of what is taking place in those mouths is very helpful. When the survey of that school has been completed, and the conditions found, and recorded, call a meeting of the P.-T. A. and tell the parents what you found, for it is they, who are going to send the children to have those mouths attended to. The children certainly are not going to the dentist until they are forced to do so by their parents. To fail to have this meeting is to waste 90 per cent of your educational effort. The "Routine Inspection" that is now being advocated and practiced by the State Dentists, on those children who are not to be worked on is, for the most part, time wasted. Don't be satisfied to "inspect." Make a detailed examination and record

your findings. Then when you go before the P.-T. A. you have information to give them about their own children. You will find them truly interested and will get results.

Let every dentist in North Carolina start today to defeat the tendency for this Oral Health Program to become one of a restorative nature rather than one of an educational and preventive nature for which it was intended.

IRBY HALE,

Editor, Fourth District.

FIFTH DISTRICT

We are entering upon a new year which offers new and greater opportunities and responsibilities to Organized Dentistry.

In the Fifth District we have a high standard to follow. Our last district meeting, which featured Dr. Thomas Conner, was one of, if not the best, we have ever been privileged to hold.

Our Program Committee, with this fresh in mind and realizing the big task before them, have already begun to contact essayists and clinicians for our October meeting.

The membership committee has done such effective work in the past that we had only three members reported at our last district meeting, who had not paid their 1937 dues. I am glad to report that two of these three have paid, leaving only one. We hope to have him back in the fold soon.

We were royally entertained at the Greenville Country Club recently. The occasion being the presentation of Dr. Irving's "Inlay" clinic.

Recently Dr. Ernest A. Branch appeared before the Current Topics Club of Rocky Mount. His talk was very interesting and instructive. The interest with which his effort was received was shown by a fine newspaper write-up and also an editorial comment which is very unusual.

I think it would be a good idea if each of us would make a new year's resolution to take just a little more time to teach our patients the value of preventive dentistry as well as the proper method of mouth hygiene. I might add that until we teach our patients the value of interproximal X-Rays we are failing to render one of the most important services at our command.

As an organization we might do well to educate the public by means of well presented newspaper articles and the radio.

Let's all pull together and make 1938 a profitable year for Organized Dentistry.

R. F. HUNT,

President, Fifth District.

Members of the Fifth District North Carolina Dental Society, visitors and guests, may I first of all express my sincere gratitude to this organization for the honor conferred upon me in elevating me to the presiding officer for the past year, to Dr. Jennette, our efficient secretary, for his untiring efforts in performing the numerous duties placed upon him, and to all those who have contributed in making better a good organization.

Today, the Fifth District and the North Carolina Dental Society are indebted to Dr. Gene Howle and his committee for one of the most out-

standing undertakings in launching the plan for our Post-Graduate Course this year. The possibilities are far-reaching and it will develop leadership that will surpass our fondest hopes. I would suggest that this committee on our next course see that the questions are in the hands of our local members at least three weeks before the group meetings are held, so those participating may be more familiar with the subject. This year some of those preparing papers had only a few days. More time is essential for the success of the plan and to stimulate interest.

Our committee has done well and if each member will get behind this plan, the benefits derived to ourselves and to the Society districts and to the individual cannot be estimated. We can't stand still and we don't want to go backward, so there isn't but one way out—that's forward. Always bear in mind that many of the forward steps in our larger society originated in the District Societies. We can progress by passing our ideas on, and constructive criticism is always beneficial.

I would like to see this society co-operate whole-heartedly with our State Board of Health in obliterating the scourge of Syphilis and every citizen in our state should be vitally interested in assisting in whatever way possible to eradicate this scourge. As dentists, we should assume our full responsibility and do our full duty, thereby lightening the load of those who are endeavoring to put the project over.

Our president of the American Dental Association, Dr. C. Willard Camalier, has challenged the 45,000 dentists of the United States for an educational program for Dental Health of the American Youth. We in America today have access to the best operative dentistry in the world, but this is not sufficient. We as a profession must move forward and fulfill our obligation by supplying society with preventive measures that are on a par with our operative procedure. This can and will be done if we as individuals, districts, state and national societies will awaken to our duty to our patients and those who are looking to us for this service.

This may be accomplished by educational programs—outlined by our American Dental Association President in the *National* magazine, in October, as follows:

1. Adopt a slogan "Dental Health for American Youth."
2. National dental poster contest.
3. Community discussions on the subject "How Can Dentistry Best Serve the Public."
4. Local and national radio broadcast.
5. Dental Health Newspaper articles.
6. Preventive dentistry for all children.
7. School Dental programs.
8. A course in dental health for teachers and nurses.
9. Co-operation with other organizations.
10. A preventive dentistry issue of the State Bulletin.
11. Preventive dentistry programs and clinics.
12. Dental care of indigent children in every community.
13. Dental divisions in every State Health Department.
14. Research on dental caries.

This, we realize, is a real job, and will require a lot of hard work. It is worth our every effort, but it is not a one man's undertaking. If every dentist realizes his part and goes out with a determination to put it over, the results will be positive. I would suggest that our incoming president appoint a committee to formulate plans for the undertaking.

W. L. HAND,

Past President.

Resolutions

WHEREAS, God in His Providence has taken Dr. J. H. White, of Elizabeth City, N. C., from the fellowship of the Fifth District Dental Society of North Carolina; and whereas, the Society feels the loss of this most venerable and beloved member, and whereas his fellow-members of the Society wish to record their sentiments of esteem for him and their appreciation of his valuable services to the Fifth District Dental Society, now therefore

BE IT RESOLVED:

That we are grateful to God for the privilege we have enjoyed of association with Dr. J. H. White as a member of our profession.

That he exemplified the ideals and ethics of dentistry in such a way as to inspire his fellow-dentists to a higher appreciation of the services they could render in their profession.

That through his life membership in the society he has contributed largely to the profitableness of its programs and the dignity and enjoyment of its meetings.

That the members of the Fifth District Dental Society are proud of his distinguished record during his many years in the dental profession.

That a copy of these resolutions be spread upon the records of our society, a copy be sent to the members of his family and to the press.

Respectfully submitted,

J. E. L. THOMAS,

For the Committee.

In the opinion of many the annual meeting held in Goldsboro in October was the best ever held by this district.

A genuine co-operative spirit existed throughout the meeting which was well attended. The Wayne County Dental Society certainly knew how to be perfect hosts. We were royally entertained by a most congenial group of men.

Dr. Thomas Connor, of Atlanta, Georgia, was the principal speaker on the program, and he gave a most interesting and instructive discussion on "The Grief in Exodontia." Lantern slides were used to illustrate his lecture.

It can be truthfully said that more interest was manifested in Dr. Connor's subject, and the unusual manner of his presentation than is usually accorded. For an hour and a half he held the entire membership to close attention. The prolonged applause tendered Dr. Connor upon completion of his talk indicated just how well received his message was.

Dr. L. M. Massey, of Zebulon, read a very scientific paper on "Diagnosis and Treatment of Oral Infection." He also illustrated his paper with slides. Several outstanding district clinicians gave instructive and diversified clinics.

The Goldsboro meeting was so fine in every respect that the Rocky Mount dentists have a real task ahead of them in order to have a meeting next October that will favorably compare with this meeting. However, we pledge ourselves to do our best.

R. I. WHITEHURST,
Editor.

We wish for you the best of everything in 1938

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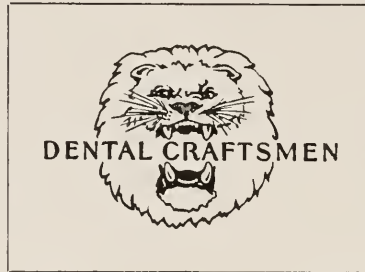
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OFFICIAL PROGRAM
OF THE
SIXTY-FOURTH ANNUAL MEETING
AT THE
ROBERT E. LEE HOTEL
WINSTON-SALEM, NORTH CAROLINA
MAY 2, 3, 4, 1938

Vol. 21

APRIL, 1938
GREENSBORO, N. C.

No. 4

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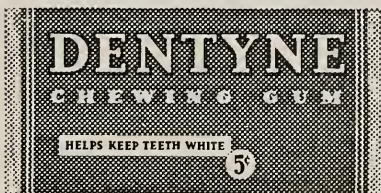
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Dr. M. T. McMillan
Goldsboro, N. C.

Dr. Claude N. Hughes
Atlanta, Ga.

Let your patients know that you are attending your State Dental Meeting at Winston-Salem by placing the sticker on your reception room door.

“Everything we can do for our profession falls far short of paying the debt we honestly owe to it.”—*Edmund Noyes.*

Although men are accused for not knowing their own weakness, yet perhaps as few know their own strength. It is in men as in soils, where sometimes there is a vein of gold which the owner knows not of.—*Swift.*

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

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TO

DR. CHARLES T. LIPSCOMB

Whose honesty in his dealings, sincerity of purpose, modest and retiring nature has won many friends. He is fond of a clean hard fought game and regards the ethics of his profession as a virtue. He is greatly beloved by those he serves as well as his fellow practitioners.

THE BULLETIN

....of....

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Dr. R. E. LongRoxboro

USE THE STICKER

You will find enclosed in this issue of the Bulletin a gummed sticker to be placed on your office door while you are attending the State Meeting at Winston-Salem. You can rest assured that any patients who find your office closed will know that you are attending a scientific meeting and preparing yourself to better serve them when you return. USE YOUR STICKER.

So long as I am capable of my best, I want to put it into my work. A man's spiritual history is best told in what he does in his chosen line.—*Justice Oliver Wendell Holmes.*

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

PRESIDENT'S PAGE

As your presiding officer, in this my last message to be published in our Pre-convention Bulletin, I have only the highest commendation for the loyal support that has been given me during my tenure of office. Your whole hearted support and enthusiastic cooperation has been given to every task assigned.

I have but one other request to make, your attendance at our annual meeting in Winston-Salem, May the second, third, and fourth. Your officers and committeemen have the right to expect your presence. An excellent program has been arranged by them for your instruction and entertainment. Your program committee, headed by our efficient secretary Dr. Frank Alford, has worked untiringly, and as a result our visiting essayists and clinicians are men who are outstanding in their respective fields. Our local men have responded graciously, and their contributions to the success of our program will, as in the past, rank with the very best to be obtained.

Our host city, Winston-Salem, will be ready to receive us. Our Arrangement Committee, which is headed by Dr. J. A. McClung, promises that everything possible is being done to provide for our entertainment and comfort. No effort is being spared to make our meeting the best in the history of the Society. We all remember the very fine meeting when we last met in Winston-Salem. This one will equal, if not surpass, any of other years. We shall expect to see you there.

J. F. REECE.

DREAMS

May we dare to dream that the time will come when every licensed dentist in North Carolina who conducts an ethical practice will be a member of the North Carolina Dental Society?—and then, that every member will attend the State Meetings. The advantage cannot be evaluated,—it transcends economics and enters into the realm of intangibles.

We cannot hope to approximate this dream unless all of us accept some responsibility in making it come true. In your community or your county there is probably a good ethical practitioner who is not a member of our State Organization. Call on him personally and see if you cannot get him interested in adding the weight of his influence and presence with us. We have one of the best organizations in the United States; we have a homogenous people which tend for a minimum of friction, and

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

we have a very deep sense of responsibility to the people whom we serve. Let each of us make a special effort to extend these boundaries and to make a special effort to be present at WINSTON-SALEM on MAY 2, 3, 4.

G. FRED HALE,
President-Elect.

NEXT MONTH: WINSTON-SALEM MEETING

By this time I hope that every member of the North Carolina Dental Society has made definite plans to attend the Winston-Salem meeting. Wherever dentistry is practiced in the state is the urge to be present at that meeting. There, you will have an opportunity to contribute to the success of the sixty-fourth annual meeting of your State Dental Society. Without your cooperation and attendance, the meeting would be a failure. It is through such meetings as this that our profession has attained its present standing among professions. We are far from the desired goal, but we are an immeasurable distance from that time in the life of dentistry when the best could be said of us was that we were "pluggers" and "tooth-carpenters". It is regrettable that we are still looked on by some as being in the embryonic stage of professional existence. To overcome this opinion, we must work with combined efforts, through our organization, to continue to elevate the profession of which we are a part and by which we are measured in the eyes of the public. One man can not do the job alone, but it will take the effort of every dentist in the state. Your presence at Winston-Salem will be a great help towards the goal.

The officers and committeemen have worked untiringly in performing the duties incident to the meeting and everything is now ready for your arrival. The Winston fellows have left nothing undone for our comfort and pleasure while there. In 1931, when we were their guests, the North Carolina Dental Society enjoyed a record attendance. Let us now plan to break that record.

Elsewhere in this Bulletin you will find a copy of our program, which speaks for itself. The presentation of Dr. Tuller's alone is a post-graduate course in itself and more than worth your time and expenditures while at the meeting, to say nothing of the other subjects to be presented which are equally as good. The professional man, scientifically speaking, has no right to be other than a continuous student. This program offers the

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

finest condensations of the branches of dentistry for our application. Let us awaken ourselves to the advantages of this meeting to raise Dentistry above the level of mere substance and to distinguish our organization as a progressive, thinking body.

FRANK O. ALFORD,
Secretary-Treasurer.

TO THE DENTISTS OF NORTH CAROLINA:

The American Dental Association sends its greetings and the hope that you may have the greatest meeting at Winston-Salem in your history; great in its educational value, its attendance, and the further development of all-around good fellowship. The men of the South, as in many other sections, are progressive, far-seeing and intensely dental-minded, and with this approach to our professional life, dentistry should be safe in America. In this connection, however, I must warn you to be forever vigilant of your liberties. The professions in Europe were helpless against the onslaught of the socialistic movements largely because they were not organized. There is no excuse for such a condition here in America, but the watchword must be "Preparedness", and this is best maintained by a wide-awake membership and one that includes within the fold of organized dentistry every eligible dentist in the state. May I count on the Old North State to realize this responsibility and raise its percentage of membership?

C. WILLARD CAMALIER,
President American Dental Association.

THE DENTIST IN SYPHILIS CONTROL PROGRAM

The one outstanding disease that challenges the ingenuity of the medical profession, the dental profession and the public health officials, is the cure and control of syphilis.

This treacherous, infectious disease, so widely diffused throughout our population and producing such a devastating effect upon our people, can only be placed under surveillance by a continuity of purpose and by a concerted action of the above agencies.

The unfolding of our health program for North Carolina has made the thinking public health-conscious—and wisely so! It has revealed to them that it is sound, logical and economical

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to use to advantage the knowledge that science has given us and that is the only secure road to health, happiness and prosperity.

Syphilis has a known cause—it is controllable—it is curable—we can exterminate it, or certainly place it in the same category of infectious diseases as smallpox, typhoid fever and diphtheria.

To attack any worthwhile program in any community, you must have an intimate knowledge of its health conditions in order to determine its problem. To succeed with a known syphilis program, we must have ways and means of carrying the cure and control measures to all who need it. The means have arrived for a circumscribed area by the magnanimous gift from the Z. Smith Reynolds Foundation, Incorporated, of the sum of \$100,000 given to the State Health Department to be spent annually for the cure and control of syphilis.

The State of North Carolina is beginning to assume her financial responsibility toward financing the program. Cities and counties are doing likewise. The La Follette-Bulwinkle Bill now pending in Congress for syphilis control—and has received favorable action of the Senate Committee—is evidence that the U. S. Government is going to assume its responsibility. And just here may I pause to request that the members of the dental profession write their Senators and Congressmen, and secure newspaper publicity toward the early passage of this bill.

So, with a specific for the cure of syphilis—ways and means secured—those infected must be brought under treatment. And, again I say, it is a challenge and it is our duty to society to meet it.

It is unnecessary for me to tell the dentist that about one out of every twenty patients who consult them will have syphilis. One-half million people acquire syphilis and seek treatment annually and an equal number are infected but fail to seek treatment. When these rates are calculated on an accumulated basis, we learn that by the age of thirty-five, ten per cent of the entire population is, or has been infected with the disease. In this State the infected rate is even higher.

The period of the initial lesion and the eruption may be said to define, in a rough way, the communicable stage of syphilis. The spirochaete has a special predilection for the oral cavity and the broken skin and mucous membranes adjacent to the mouth and nose. This fact frequently places the dentist in such a position that he may, if familiar with the lesions, be of material assistance to the physician in the detection of syphilis. Few lesions indicative of so serious a disease are as innocent looking as is the mucous patch, yet the mucous patch is one of the most typical lesions of the mucous membrane in the early syphilis

and is of vast importance because secretions from it fairly teem with the germs of syphilis. For this reason the patient with mucous patches is in a very contagious stage. The typical mucous patch is a small circumscribed, slightly elevated and slightly inflamed lesion which averages from 5 to 10 mm in diameter and is of a grayish or whitish color. It may occur on the inner surface of the lips, the surface of the tongue and the buccal mucosa. Moisture and friction may cause the mucous patch to become eroded, and while the lesion presents a relatively typical picture to the experienced observer, the uninitiated person would tend to confuse a number of non-syphilitic lesions with it.

My purpose in writing this article is to solicit your interest and cooperation in helping us to locate these undiagnosed cases and get them to their physician or to a public clinic for treatment.

In closing, I would like to add that all suspicious cases should be subjected to a serodiagnostic or dark field test, and those cases found positive should—and the law says “shall”—be reported. We ask the dentists to accept this challenge with us in an honest effort to eradicate this DESTROYER OF MANKIND—SYPHILIS.

CARL V. REYNOLDS, M.D.,
Secretary and State Health Officer.

WHY I ATTEND MY STATE MEETINGS

The reason why I attend the dental meetings may be viewed from several angles. One is that the organization is the most edifying in our country, putting much thought into action for the benefits of our entire population through the various agencies of the society. Also the contact with the various able and congenial personalities makes us better dentists and citizens.

W. T. SMITH.

* * *

It has been said that if you wish to know whether your conduct is right the best way to tell is to picture to yourself what the world would be like if everyone were to follow the same course as you. Using this same philosophy I can see no honorable way to escape attending state meetings. Organization is almost solely responsible for the progress of the profession, and even if I obtained no intellectual or social benefit from its meeting, I should still feel many times repaid for attending and offering my bit toward continued progress.

A. L. WOOTEN.

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“Iron sharpens iron, so a man sharpens the countenance of his friend.” I go because, after I have heard the great specialist tell how he performs his operation with the help of a fine staff of assistants, I get an old friend off in a corner and ask him how he does it in a practice on the same plane as mine. For a few coppers from my store I get the pure gold of his experience and am amply repaid for my trip.

An hour with any of a dozen I could name would be well worth a trip across the state to any young man, and so, being young inside in spite of having practiced forty-one years, I enjoy it.

D. E. McCONNELL.

* * *

My reason for attending my State Dental meetings are:

1. To learn something that I may pass on to my patients by which they may be benefited.
2. To enjoy the fellowship of the members of my profession.
3. To try to do my part to uphold the dignity of our profession and maintain its elevated position in society.

PHIN HORTON.

* * *

To enjoy the fellowship of, and learn from, my brother dentist that which enables me to keep abreast of the profession.

That I may—when needed—aid in developing a plan of opposition to any legislative activity harmful to the dental profession.

J. N. JOHNSON.

* * *

I attend my state meetings because it is a privilege and a duty. It is my society, organized and existing for my benefit. Its meetings are held that I may have the opportunity of coming together with and enjoying the fellowship of my kind. Men whom I have elected to supervise the affairs of the society have labored faithfully and cheerfully to provide for me lecturers and clinicians who will teach me how to better serve in my profession. This and more is done for me. Can I deny myself the privilege of attending?

O. L. PRESNELL.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

Since graduating in 1914, I have never missed attending a State Dental meeting. No profession has made such rapid strides as dentistry, during the past twenty years. Our meetings are always interesting and very instructive; and I often think what I would have missed had I not attended the meetings. I feel that every dentist should attend our state meetings, because they are the educational and social arteries through which the life blood of our profession flows. Without our State Society we perish, in a way.

R. M. OLIVE.

I attend my State Dental meetings to renew old friendships and to make new ones. The only bad men are those whom we do not know. I therefore keep seeking to know better my dental brothers, and to learn the best techniques practiced by them. It inspires me to keep in touch with men who are ever trying to do better work in order to increase the length of life and to prevent human ills. To be true to myself, I must cooperate with the organization that promotes the best interests of my profession and the people whom it serves.

R. M. SQUIRES.

First, there is nothing so dear to me as the wonderful fellowship manifested at my state meetings. It is a grand and glorious feeling to shake the hand of my old and new friends. After all what would life be without them? It is without a doubt that the men who are active in and attend their state meetings are surely enjoying better livelihoods.

Second, the program offers such educational value that I can not afford to miss the inspiring lectures and clinics presented. By attending and by close attention one can grasp many ideas which will be of inestimable value in his practice.

Let us all join hand and hand to make the Winston-Salem meeting the best and biggest meeting we have ever had.

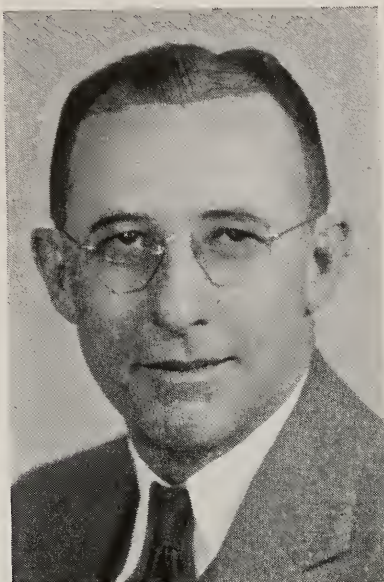
N. P. MADDUX.

Let your patients know that you are attending your State Dental Meeting at Winston-Salem by placing the sticker on your reception room door.

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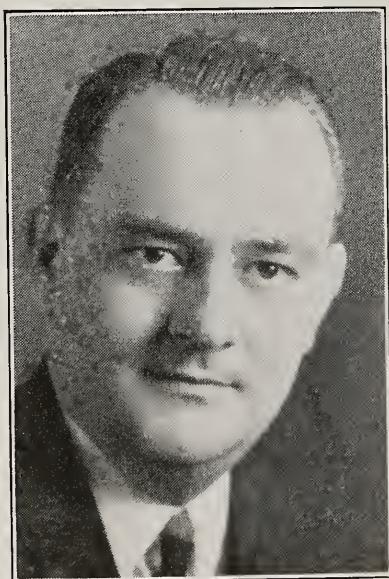
DR. J. F. REECE
President



DR. G. FRED HALE
President-Elect



DR. W. T. SMITH
Vice President



DR. FRANK O. ALFORD
Secretary-Treasurer

WHERE DOES THE FINGER OF BLAME POINT?

During the past years the Dental Board has been called upon to trace down unlicensed people that are constructing and placing artificial restorations for the public throughout the state. In a number of cases the offenders have been convicted by the courts but in more numerous cases, they have been able to go on merrily because of the fact the sufficient evidence could not be obtained. The average patient of such people will not reveal the facts.

The question confronts us, "What has caused this condition?" We find in our investigations that some men of our profession have invited it. They have invited technicians to come to their offices to aid them in impression taking, completing and adjusting all types of dental restorations. To keep the good graces of their accounts, these technicians have given this service to the extent that you now find that, even without sufficient training, have confidence enough in their ability that they have conceived the idea that they can construct cases for the public. We grant that in numerous cases some of these men that have done this have been nothing but plaster boys or set up men but they attempt anything that will give them extra money.

We even find that a few of our societies in the state have invited unlicensed men to clinic on impression taking, etc. We all realize that the technician has a very definite place in the scheme of dental mechanics, but therein lies their field. On the whole they have developed many good materials and methods of construction or restorations that the busy practitioner would not have the time nor equipment to develop, but that should not encourage their use outside of their technical field. In practically all of our investigations, we find that the demands of certain men of the profession have forced them to submit to such practices.

Extract from STATE BOARD OF DENTAL EXAMINERS, Feb., 1938.

Let your patients know that you are attending your State Dental Meeting at Winston-Salem by placing the sticker on your reception room door.

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DR. SAMUEL SMITH EVERITT

Following up our plan to publish a brief history of the "Forgotten Charter Members" of the North Carolina Dental Society, one in each issue of the Bulletin until all have been remembered, we present this short sketch of Dr. Samuel Smith Everitt.

Dr. Samuel Smith Everitt, son of John and Rachael Smith Everitt, was born at Everittsville, Wayne County, N. C., October 12th, 1844, died at Aberdeen, Miss., April 20th, 1885 and was buried in Goldsboro, N. C. He was educated in the home schools of his county, Wilson's Classical School, in Alamance, and Gen. D. H. Hill's School, in Charlotte. That school was



famous for the fact that the students volunteered as a body and joined the Confederate Army. Dr. Everitt, then a seventeen year old boy, was sent with others to Fort Macon. He was afterwards enrolled with the 27th North Carolina Regiment and served during the duration of the war. After the war, he studied dentistry under his brother-in-law, Dr. B. F. Arrington, in Wilmington, going from there to the Philadelphia Dental College, from which school he received his degree, D.D.S.

He located in Wilmington and continued in practice there until shortly before his death. He was married to Miss Alice Walker, of Wilmington, and to this union only one child was born, the child dying in infancy. He

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was prominent in both the civic and religious life of his community, at one time being Superintendent of Sunday School in the old St. James Episcopal Church. He was an older brother of the late Dr. D. E. Everitt, of Raleigh, who died in 1919. Both these brothers have the distinction of having joined the Confederate Army at an early age, joining at seventeen and one at fifteen years of age, and of serving with distinction during the duration of the war.

J. MARTIN FLEMING.

Chairman, Library and Historical Commission.

WINSTON-SALEM BECKONS YOU

Springtime—Maytime is especially inviting in Winston-Salem. At this particular season the natural beauty and surroundings of this city is enhanced by the bursting forth of abundance of green foliage and the fragrant blossoms of the spring flowers, which seem to whisper welcome, to all, to join with Nature in celebrating the passing of the bleak winter months. Clothed in such atmosphere, one cannot fail to catch the spirit of enthusiasm and vigor with the determination to learn and do better and finer things.

It is most fitting that the month of May and Winston-Salem was chosen for the annual convention of the North Carolina Dental Society. In addition to its ideal climatic location, Winston-Salem is conveniently located geographically, being within easy driving distance from all points within the state. It is not only accessible over the fine highways but has most satisfactory train and bus schedules. For those who desire rapid transit, the airport facilities are at their disposal.

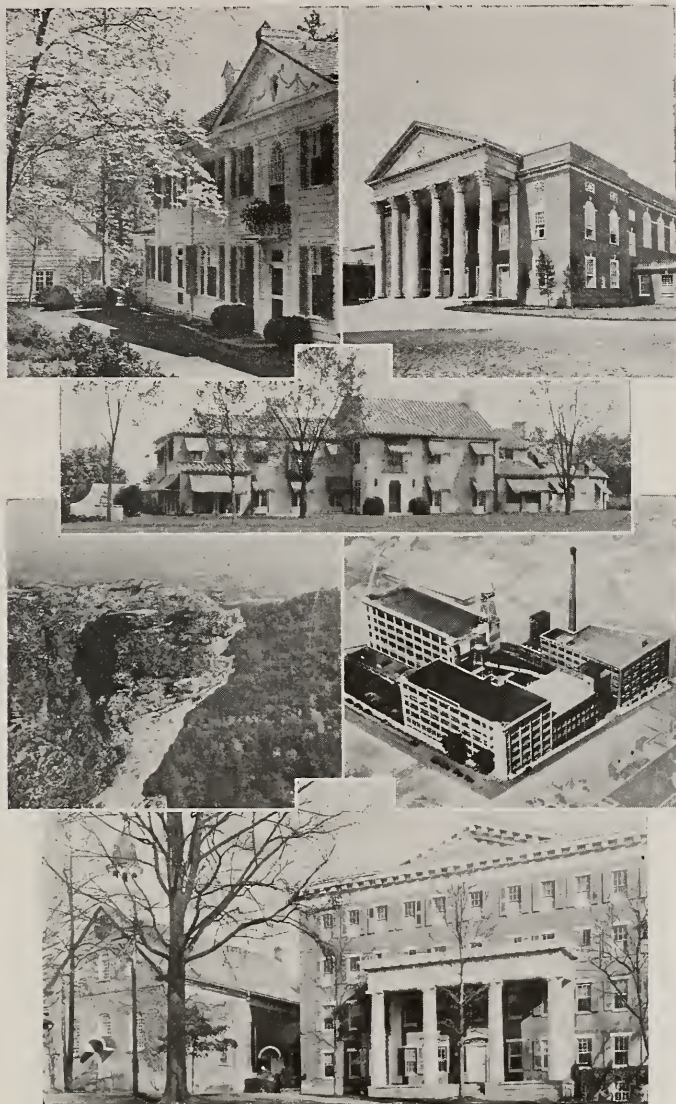
Ample hotel accommodations are assured. The Hotel Robert E. Lee, headquarters for the convention, is ideally arranged for holding conventions. It offers wholesome food, attractive outside rooms and an enormous roof garden, all of which are at the disposal of those attending the convention.

The attractive stores of the Twin City are within easy walking distance of the hotels. They offer the latest styles in wearing apparel and other commodities at attractive prices.

Salem College extends a cordial invitation to visitors to inspect this beautiful institution. The new library, just completed, is worth the trip to the campus.

Through the courtesy of the R. J. Reynolds Tobacco Company you are extended an invitation to visit their plant. Your badge will admit you to the 19th floor of the office building where you will be assigned a guide. Visiting hours are 9:00 to 11:00 A. M. and 1:30 to 2:30 P. M.

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Dogwood time in a city garden; Reynolds Auditorium (part of high school plant); One of many spacious estates; Hanging Rock, in the recreational park 30 miles from city; Hanes Knitting Co. plant; Home Moravian Church and Salem College.

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The Forsyth County Dental Society extends to you a cordial welcome to Winston-Salem. The local committees have provided for your every want, in the way of comfort, recreation and entertainment. The entertainment committee, under the leadership of Dr. Phin Horton, has made arrangements for a banquet on Tuesday evening. A special treat is in store for you on that occasion. Among other things, several handsome prizes will be given to the ladies attending the banquet who hold the lucky numbers. This will be a real party long to be remembered. Do not fail to be there.

On the same evening a complimentary dance will be given on the roof garden. Your badge will admit you.

The Forsyth County Dental Society has arranged special entertainment for the ladies. One of the features will be a complimentary bridge luncheon on the roof garden on Tuesday. Mrs. Phin Horton will act as hostess and attractive bridge prizes will be given.

For those who play golf and enjoy out of door sports, the committees headed by Dr. Guy Masten and Dr. W. A. Taylor have arranged for golf and skeet shoot. Attractive prizes will be offered for the best scores.

The scientific program offered needs no comment other than to say that it is outstanding and should appeal to every dentist.

Do you think you can afford to miss the Winston-Salem meeting?

The Winston-Salem dentists and their wives are looking forward to greeting you at the registration desk on May 2nd. Do not disappoint us!

JOHN A. McCLUNG, *Chairman,*
Local Arrangements Committee.

Let your patients know that you are attending your State Dental Meeting at Winston-Salem by placing the sticker on your reception room door.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM



Reynolds Office Building, Nissen Building, Tobacco Field in Forsyth County, Robert E. Lee Hotel, Carolina Hotel.

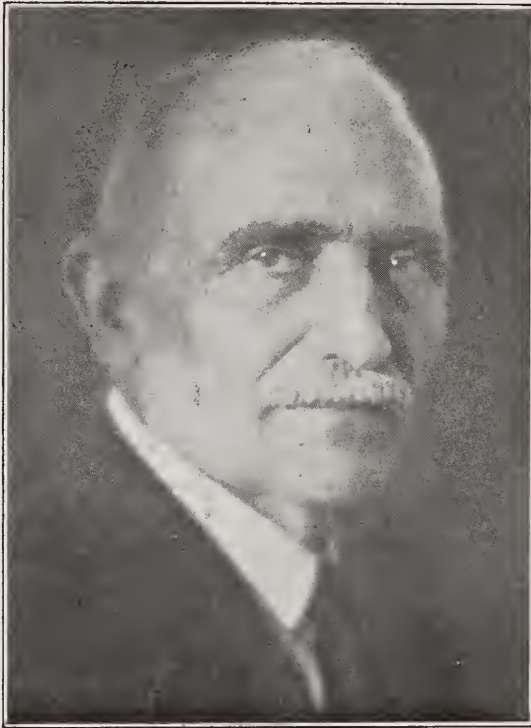
ATTEND YOUR STATE MEETING AT WINSTON-SALEM

TRIBUTE TO DR. WILLIAM JOSEPH CONRAD*

Dr. William Joseph Conrad was born July 7, 1856, on a large plantation near Lewisville, N. C. In his home, noted for its Southern hospitality, Dr. Conrad spent a happy childhood with his three sisters and one brother.

After completing his college education he became a dental student under the late Dr. C. J. Watkins and in the fall of 1876 entered the Pennsylvania Dental College, from which he graduated in the spring of 1878.

On July 26, 1881, Dr. Conrad joined the North Carolina State Dental Society, since which time has been a continuous active member for over fifty-six years, which gives him the longest membership in the Society. Dr. Conrad has always been an ardent student of dentistry, working long



hours endeavoring to perfect himself in the different phases of dentistry. As a result of this concentrated application, his natural mechanical ability, and his love for his profession, Dr. Conrad has been one of our most skillful operators. Practicing in those early days, Dr. Conrad was proficient in all branches of dentistry and did his part in the development of the different specialties. X-rays show up his root canal work of years ago in favorable comparison with the modern technique. His amalgam and gold work during all these years is admired by those who see it, while his skill

*This article was contributed by the dentists of Winston-Salem in token of the high esteem which they hold their brother practitioner, Dr. William Joseph Conrad.

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in the use of cohesive gold is rarely equalled. For many years his work will be admired when seen by dentists.

While in former years he has written excellent papers and given some splendid clinics, he has never cared for office or preferment, always declining honors, and preferring to honor others. For years he was an active attendant and interested member of our dental societies, especially the Old Southern and the Old American Associations, later the National Dental Association, and the Southern Branch of the National Dental Association, and lately the American Dental Association.

About three years ago Dr. Conrad retired from active practice, and lives with his wife and two sons in the beautiful old home, where he was born, being surrounded by every comfort.

Dr. Conrad is an ideal Christian. His best efforts and pleasures have been along religious lines in and near Winston-Salem. He was a charter member and secretary of the local Y. M. C. A., and has been active in the development of the First Baptist Church. For twenty-five years he was Superintendent of his Sunday School, and for forty-three years one of the most active deacons, leading in all forms of church activities and today, still active, is loved dearly, highly respected and honored by his church. It is indeed a benediction to know and love this quiet and unassuming fellow dentist and man of God. Keen to appreciate their significance yet undisturbed by all the changes going on about him, he continues along his pilgrimage surrounded by his family and friends who wish for him many more years of life and happiness.

CONCERNING VACATION TRIP TO BERMUDA

A straw ballot taken by Thomas Cook & Son—Wagons-Lits, from our membership, showed that quite a number of our members desire to take a vacation trip to Bermuda, along with members of the medical profession and the Virginia Dental Association. We wish it clearly understood by our members that the North Carolina Dental Society is taking no official part, as an organization in this trip. The ship is going to make the cruise and our membership is being circularized for the benefit of those who expressed a desire to go.

FRANK O. ALFORD, *Secretary-Treasurer.*

"OUR VISITING CLINICIANS AND THEIR SUBJECTS"

We have been most fortunate in securing some of the nation's most outstanding men in the profession to appear on our program. Below I shall endeavor to tell you something about these men and their subjects:

CHARLES SHEPARD TULLER, D.D.S., *New Orleans, La.*

Dr. Tuller was born in Chicago and graduated from the Chicago College. He has on two occasions served as President of the Louisiana State Dental Society, is past President of the New Orleans Dental Association, was formerly Professor of Prosthetic Dentistry at the School of Dentistry, Loyola University of the South, is a member of the Delta Sigma Delta Fraternity and the International Association for Dental Research, and has contributed to Dental Literature in the Journal of the A. D. A. and in the Journals of eight State Societies.

Dr. Tuller's presentation is known as the Fournet-Tuller Impression Technique and was discovered by Dr. Sidney C. Fournet of New Orleans, La. Drs. Fournet and Tuller have collaborated to present this subject to the profession by script, motion picture, slides, casts and anatomic specimens. This technique was first presented before the Louisiana State Dental Society in April, 1935 and again in November, 1935 before the American Dental Association in New Orleans. As a result of these presentations there have been received and accepted invitations from the dental societies of St. Louis, Cincinnati, and Buffalo and in Ontario, Canada at London, Hamilton, and Toronto and also from the following State Societies: Alabama, Texas, Oklahoma, Ohio, Minnesota, Indiana, Illinois and New York. Wherever presented the subject had so magnetic an appeal that record breaking attendances were observed.

What is believed in many parts of the country to be the most efficient manner of stabilizing full lower dentures will be described in detail by Dr. Tuller. He will discuss the methods employed and the background for securing complete stabilization of full lower dentures. Material to be covered will deal with a wide field of contributing factors which include errors of design and construction, preliminary and final impressions, compression of tissues and distribution of stress, degree of bite opening, and various other factors. In the end, he leaves his audience with a new conception of lower denture stability.

Stationary artificial dentures based on the science of today began with the work of such men as Hall, Tench, Clapp, upwards of twenty years ago. By both these techniques startling improvements in denture retention were achieved but results were not uniform, nor was complete and lasting stability accomplished in all cases. Uncertainty as to result and frequent failures led to a search for an underlying principle applicable to all cases and promising uniform results. This principle proved to be Horizontal Stability and with this as a basis it became possible to improve both adhesion and atmospheric seal to a point where with the Fournet-Tuller Full Denture Impression Technique practically stationary dentures are now uniformly produced. Doubt has gone and certainty has taken its place.

C. WILLARD CAMALIER, D.D.S., F.A.C.D., *Washington, D. C.*

Dr. Camalier, who is President of the American Dental Association needs little introduction to the members of the North Carolina Dental Society, having appeared on our programs before and his paternal ancestors being from Elizabeth City, we more or less regard him as one of our own. The position he today holds is a reward for his diligent efforts towards the upbuilding of the dental profession and organized dentistry. Dr. Camalier will discuss the activities of the American Dental Association and their value to the Profession.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM



DR. CHARLES S. TULLER

Appears on the program Monday, May 2nd, at 2:00 P. M., and Tuesday at 9:00 A. M., discussing "Maximum Stability for Full Dentures and the Basic Principles Employed to Obtain It."

Progressive Clinic Wednesday, 10 A. M.



DR. ROY R. KRACKE

Appears on the program Monday, May 2nd, at 8:00 P. M., discussing "The Relation of Drug Therapy to the Production of Agranulocytosis."



DR. C. WILLARD CAMALIER

Appears on the program Monday, May 2nd, at 12:00 noon, discussing "Activities of the American Dental Association and Their Value to the Profession."



DR. EDWARD L. BALL

Appears on the program Tuesday, May 3rd, at 12:00 A. M., discussing "Diagnosis and Treatment of Periodontal Lesions."

Progressive Clinic Wednesday, 10 A. M.

EDWARD L. BALL, D.D.S., F.A.C.D., *Cincinnati, Ohio.*

Dr. Ball is a member of the staff at the General, Good Samaritan and Christ Hospitals in Cincinnati. He was graduated from the Ohio College of Dentistry and is a Fellow of the American College of Dentists. He is a member of the American Academy of Periodontology, Cincinnati Dental Society, Ohio State Dental Society and the American Dental Association.

Dr. Ball, our clinician, has chosen for his subject, "Diagnosis and Methods of Treatment of Periodontal Lesions". He will consider the need for more thorough diagnosis in Peridontoclasia. Subgingival curettage and periodontal surgery will be discussed under the treatment phase. He is an authority on his subject and his paper will provide a sound foundation upon which we can build and perfect our periodontal technique. Acute and Chronic Vincent's Infection will also be discussed. His paper will be adequately illustrated with lantern slides.

Dr. Ball is engaged in active practice in Cincinnati and is well known to the dental profession of America. He is active in organized dentistry. His overflowing enthusiasm for dentistry makes him an interesting speaker and we look forward to hearing his message.

ROY R. KRACKE, M.D., *Emory University, Atlanta, Ga.*

Dr. Kracke, who will speak to us Monday evening on "The Relation of Drug Therapy to the Production of Agranulocytosis," is Professor and Chairman of the Department of Pathology, Bacteriology, and Laboratory Diagnosis, at Emory University School of Medicine. He is a graduate of the University of Alabama and received his M.D. degree at the University of Chicago. He is past president of the American Society of Clinical Pathologists; chairman of the Section of Pathology, American Medical Association; Secretary of the Section of Pathology and Member of the Board of Registry of Medical Technologists.

Dr. Kracke is the author of a Laboratory Manual of Bacteriology and Immunology, a book entitled, "Diseases of the Blood and Atlas of Hematology," and a textbook of Clinical Pathology.

J. WILSON AMES, D.D.S., *Smithfield, Va.*

Dr. Ames is conducting a general practice in Smithfield and has selected for his subject, "Removing Stains from Mottled Enamel." His paper will describe a successful technique for the chemical decolorization of the brown pigment seen in cases of mottled enamel.

Quoting from the Bulletin of the Virginia State Dental Association: "This disfiguring dental disease presents a great problem, particularly to the afflicted laymen and the dentists practicing in areas where enamel mottling occurs endemically. Despite all the research efforts on this problem, it remained for a Virginia dentist, practicing in one of our smaller communities, to develop a successful chemical method of treatment. Dental history will probably record this contribution by Dr. J. Wilson Ames as a notable one. He is congratulated on his work and his emulation of the highest ethical principles in offering his findings to the profession."

WILLIAM DICKSON LANIER, D.D.S., F.I.C.D., *Oteen, N. C.*

Dr. Lanier is Chief Dental Officer of the Veterans' Administration Facility at Oteen. He is a member of the American Dental Association, the Southern Academy of Periodontology, a Fellow of the International Col-

ATTEND YOUR STATE MEETING AT WINSTON-SALEM



DR. J. WILSON AMES

Appears on the program Monday, May 2nd, at 11:30 A. M., discussing "Removing Stains from Mottled Enamel."
Clinic Tuesday, 2:00 P. M.



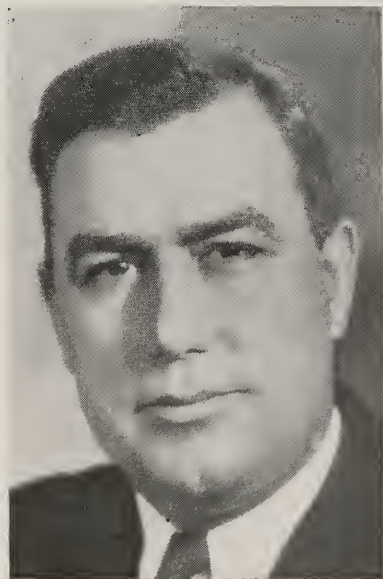
DR. STEVE A. GARRETT

Appears on the program Monday, May 2nd, at 9:00 P. M., discussing "Dentistry for Children as Practiced by a General Practitioner."



DR. WILLIAM D. LANIER

Appears on the program Wednesday, May 4th, at 9:00 A. M., discussing "Sulfanilimide in the Treatment of Oral Infection."



DR. STANLEY BAKER

Appears on the program Monday, May 2nd, at 11:00 A. M., discussing "Casting Fixed Bridges of All Sizes in One Unit to a Balanced and Functional Occlusion."
Clinic Monday, 4:00 P. M.

lege of Dentists, a Lieutenant Colonel in the Dental Corps of the U. S. Army. He has written many articles which have been published on Fractures of the Jaws and Oral Surgery and also, presented clinics on these subjects.

The paper which he will present before our Society will give the treatment of more than three hundred and fifty cases of oral infection with Sulfanilamide, also, of case histories and results.

STEVE A. GARRETT, D.D.S., *Atlanta, Georgia.*

Dr. Garrett attended Emory University and graduated from the Atlanta Southern Dental College in the Class of 1918 with honors. He is a member of the Psi Omega and Omicron Kappa Upsilon Fraternities; served in the World War; member of the staff of Georgia Baptist Hospital in Atlanta. He is also a member of the American Society for Promotion of Children's Dentistry and is Chairman of the Georgia Branch of that organization. He has presented many papers and clinics before various Districts and State Societies and sections of the American Dental Association.

Dr. Garrett's experience in the practice of Children's Dentistry and his association with the above mentioned organization makes him well fitted for the subject which he will present.

STANLEY C. BAKER, B.S., D.D.S., F.I.C.D., *Greenwood, S. C.*

Dr. Baker graduated from Newberry College with a B.S. degree and received his dental training at the Atlanta Southern Dental College, graduating in the Class of 1919. He was associated for two years with the late Dr. M. E. Turner of Atlanta. He is particularly interested in Restorative Dentistry and since 1928 has been a student and personal friend of Dr. Fred S. Meyer of Minneapolis, Minn., who is the country's outstanding man in the field of Restorative Dentistry.

He is President-elect of the Southern Academy of Periodontology; a member of the American Academy of Periodontology; a member of the South Carolina Dental Association and American Dental Association. He is a Fellow in the International College of Dentists and a member of the Psi Omega Fraternity.

Dr. Baker has devoted much time and study to One-piece Cast Fixed Bridges and is well qualified to give our members something that is practical and worth while.

FRANK O. ALFORD, *Chairman,*
Program Committee.

ANNOUNCEMENTS

. . . . The Cancer Committee of the North Carolina State Medical Society will hold a symposium and clinic on cancer, April 14 and 15. The dentists of the state are invited to all of the sessions but are particularly urged to attend the session devoted to tumors of the oral cavity, at 2:00 P. M., on Friday, April 15.

C. C. CARPENTER, M.D.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

“The Georgia Dental Association extends a most cordial invitation to the members of the North Carolina Dental Society to attend its Seventieth Annual Meeting to be held in Macon, Georgia, May 16, 17 and 18, 1938.”

DR. R. H. MURPHY, *Secretary.*

PAY YOUR DUES

To those members who have not paid 1938 dues, please send your check to your District Secretary before the meeting. This will greatly aid him in registration and relieve him of much work during the meeting. Your co-operation in this is urgently solicited.

SPECIFICATIONS FOR A MAN

“To respect my country, my profession, and myself. To be honest and fair with my fellow men as I expect them to be with me. To be a loyal citizen of the United States. To speak of it with praise and act always as a trustworthy custodian of its good name. To be a man whose name carries prestige with it wherever it goes.

“To base my expectations of a reward on a solid foundation of service rendered. To be willing to pay the price of success in honest effort. To look upon my work as an opportunity to be seized with joy and to be made the most of, not as a painful drudgery to be reluctantly endured.

“To remember that success lies within my own self and in my own brain, my own ambition and my own courage and determination. To expect difficulties and force my way through them. To turn hard experience into capital for future struggles.

“To believe in my profession heart and soul. To carry an air of optimism in the presence of those I meet. To dispel all temper with cheerfulness, kill doubts with strong conviction, and reduce action with an agreeable personality.

“To make a study of my business. To know my profession in every detail. To mix brains with effort and system in my work. To find time to do every needful thing by not letting time find me doing nothing. To hoard days as a miser does dollars. To make every hour bring me dividends in increased knowledge and healthful recreations. To keep my future unencumbered with debts. To save as well as earn.

“To cut out expensive amusements until I can afford them. To steer clear of dissipation and guard my health of body and peace of mind as a most precious stock in trade.

“Finally to take a good grip on the joys of life. To play the game like a man. To fight against nothing as hard as my own weakness and endeavor to give it strength. To be a gentleman and a Christian so I may be courteous to man, faithful to friends, and true to God.”— Found among the papers of Thomas J. Van Aystyn, a graduate of the Electrical Engineering Department of Cornell University, after his sudden death which occurred on the job.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

COMMITTEES, 1937-1938
NORTH CAROLINA DENTAL SOCIETY

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ATTEND YOUR STATE MEETING AT WINSTON-SALEM

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 R. M. Olive

GENERAL INFORMATION

REGISTRATION

The Registration Desks will be in the Main Lobby of the Robert E. Lee Hotel and will be open from Monday morning at 8:00 o'clock until Wednesday morning at 11:00 o'clock.

Register with your District Secretary and secure your badge. Those without badges will not be permitted to participate in the meetings, nor will they be allowed to vote in the election of officers. Also secure your card at the time of registration for the Progressive Clinics to be held Wednesday morning. Admission to these clinics will be by cards only.

Banquet tickets will be for sale at the Registration Desk. The price of the tickets is \$1.50 each. Please buy your tickets at the time of registration, so that the hotel may know how many plates to prepare.

MEETINGS

As will be noticed, our program is full. In order to keep from running behind, we will be compelled to begin on time. Please lend your cooperation by being in the meeting rooms on time. It is our hope this year to begin all meetings promptly on time. All General Sessions, lectures and Meetings of the House of Delegates will be held in the Ball Room on the Mezzanine Floor. All Clinics will be held in the Clinic Rooms, located at the end of the hall on the Mezzanine Floor.

THE BANQUET

The Banquet will be held on Tuesday evening, at 6:00 o'clock, on the Roof Garden of the Robert E. Lee Hotel. This is a spacious room and will easily accommodate six hundred. Admission will be by tickets only, so get your ticket at the time of registration. Short talks will be made and interesting entertainment has been arranged for this feature of the meeting, which is a part you should not miss.

BULLETIN LUNCHEON

A meeting for the members connected with the publishing of the Bulletin has been arranged for Monday, May 2nd, at 1:00 o'clock, in the form of a luncheon, in the Club Room on the mezzanine floor. The President, the Secretary and the Editor of each District Society, the Editor and the Assistant Editor of the Bulletin and the members of the Publication Committee are urged to attend this conference. Dr. Neal Sheffield, Editor will preside.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

OFFICERS' CONFERENCE

As has been a custom for several years, at 8:00 o'clock Tuesday morning, all officers of the State and District Societies will meet for a Breakfast Conference in the Club Room on the mezzanine floor. In order to start our meeting on time, this conference will have to begin promptly at 8:00, so please do not be late for the meeting. Dr. G. Fred Hale will preside.

PAST PRESIDENTS' BREAKFAST

Past Presidents' Breakfast will be held Tuesday morning at 8:00 o'clock, in the Blue Room, on the Mezzanine Floor. Dr. D. L. Pridgen, Immediate Past President will preside.

DANCE

A gala event has been planned for your pleasure, on top of the hotel, at 10:00 o'clock Tuesday night. Music, Dance and Entertainment. Do not miss this.

GOLF

The Golf Tournament will be held at the Forsyth Country Club, all day Monday and until 4:00 o'clock Tuesday afternoon. No score will be accepted after that hour. Greens fee will be \$1.50 a day.

All entrants are requested to bring an attested handicap from their Pro, or from some officer of their club, or bring the three best scores they have made since the first of the year.

Two different tournaments will be held. Tournament A—for entrants whose handicap is from one to fourteen inclusive. Tournament B—for entrants whose handicap is fifteen or more.

Prizes will be awarded to winners and runners up in each Tournament, the player making the least number of putts, and several other prizes.

The various Dental Supply Houses and Laboratories have been very generous in their prize donations. Several prizes have already been received, whereas most of the others have written that they will be glad to donate one.

For further information concerning the Tournaments, write to Dr. Guy Masten, Winston-Salem, N. C.

TABLE CLINICS

Table clinics will be held Tuesday afternoon, at end of hall on Mezzanine Floor. Admission to these clinics will be given only to those with badges.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

HOTEL RATES

Robert E. Lee Hotel: Single, \$2.50 to \$5.00; Double, \$3.50 to \$7.00; Twin Beds, \$4.00 to \$8.00. All outside rooms, private bath.

Carolina Hotel: Without Bath, Single, \$1.50; With Bath, Single, \$2.00, \$2.25 and \$2.50; Twin Beds, \$4.00.

Zinzendorf Hotel: Without Bath, Single, \$1.50; With Bath, Single, \$2.00; Without Bath, Double, \$2.00; With Bath, Double, \$3.00; Twin Beds, Without Bath, \$2.50; Twin Beds, With Bath, \$3.50.

HOUSE OF DELEGATES

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 J. FRED HALE, *President-Elect*Raleigh
 W. T. SMITH, *Vice President*Wilmington
 FRANK O. ALFORD, *Secretary-Treasurer*.....Charlotte

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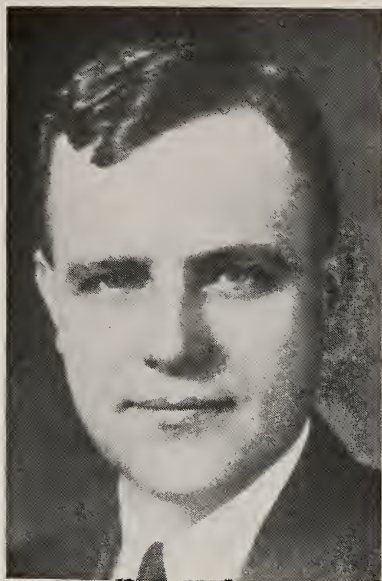
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 W. L. HAND
 O. L. WILSON
 Z. L. EDWARDS

ATTEND YOUR STATE MEETING AT WINSTON-SALEM



DR. AMOS S. BUMGARDNER

Appears on the program Tuesday, May 3rd,
at 11:00 A. M., discussing "A Greater Den-
tal Service."

ALUMNI MEETING

The meeting of the Alumni Association of the Atlanta-Southern Dental College will be held in Atlanta, Ga., on May 30, 31, and June 1st, 1938. This is the Golden Anniversary of the school and the classes of 1888, 1893, 1898, 1903, 1908, 1913, 1918, 1923, 1928 and 1933 are scheduled to hold reunions at this meeting. The program will include papers and clinics by some of the outstanding men in the country.

W. E. COLEMAN, D.D.S.,
Secretary, Alumni Association.

Let your patients know that you are attending your State Dental Meeting at Winston-Salem by placing the sticker on your reception room door.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

CONSOLIDATED PROGRAM**MONDAY, MAY 2, 1938**

MORNING	AFTERNOON	EVENING
8:00 Registration	1:00 Bulletin Luncheon	8:00 Dr. Ray R. Kracke
9:30 Opening Session	2:00 Dr. Charles Shepard Tuller	9:00 Dr. Steve A. Garrett
11:00 Dr. Stanley C. Baker	4:00 Clinic	
11:30 Dr. J. Wilson Ames	Dr. Stanley C. Baker	
11:45 Dr. H. O. Linberger	5:15 House of Delegates	
12:00 Dr. C. Willard Camalier		

TUESDAY, MAY 3, 1938

MORNING	AFTERNOON	EVENING
8:00 Breakfast, Past-Presidents	2:00 General Clinics	6:00 Banquet
8:00 Breakfast, District Officers' Conference		8:00 Election of Officers
9:00 Dr. Charles Shepard Tuller		9:30 Meeting House of Delegates
11:00 Dr. Amos Bumgardner		10:00 Dance
11:45 Dr. J. Martin Fleming		
12:00 Dr. Edward L. Ball		

WEDNESDAY, MAY 4, 1938

MORNING		
9:00 Dr. William Dickson Lanier		
9:45 Dr. B. C. Taylor		
10:00 Progressive Clinics		
Dr. Charles Shepard Tuller		
Dr. Edward L. Ball		
12:00 House of Delegates Meeting General Session Adjourn		

. . . . VISIT THE EXHIBITS

PROGRAM

NORTH CAROLINA DENTAL SOCIETY

ROBERT E. LEE HOTEL

WINSTON-SALEM, NORTH CAROLINA

May 2-3-4, 1938

Monday Morning, May 2nd

8:00 a.m. Registration (Lobby) Robert E. Lee Hotel

9:30 a.m. Opening Session (Ball Room—Mezzanine Floor)

Invocation—

John R. Cunningham, D.D.,
First Presbyterian Church, Winston-Salem, N. C.

Address of Welcome—

Hon. W. T. Wilson,
Mayor of the City of Winston-Salem.

Response to Address of Welcome—

Paul Fitzgerald, D.D.S., Greenville, N. C.

President's Address—

J. F. Reece, D.D.S., Lenoir, N. C.

Report of Necrology Committee—

Z. L. Edwards, D.D.S., Washington, N. C.

Introduction of Visitors—

11:00 a.m. Lecture—"Casting Fixed Bridges of All Sizes In One Unit To A Balanced and Functional Occlusion."

By Stanley C. Baker, B.S., D.D.S., F.I.C.D.,
Greenwood, S. C.

SYNOPSIS: An explanation of the building of a cast fixed bridge, in one unit, through every step of a definite technique, from the preparation of the teeth to the finished bridge. Steps include the making of the dies and transfers, lining of teeth for esthetics, waxing up, the contraction and expansion of the wax, obtaining a functional bite, spruing the bridge as a whole, and the casting of the bridge. Particular reference will be made to the balanced and functional occlusion.

11:30 a.m. Lecture—"Removing Stains from Mottled Enamel."

By J. Wilson Ames, D.D.S., Smithfield, Virginia.

SYNOPSIS: The purpose of this lecture is to describe a technique for the removal of stains from mottled enamel. The methods formerly used involved jacket crowns and other means of mechanical restoration. This method shows the use of chemicals to accomplish this purpose. A practical clinic will be presented to show the actual technique for the operation.

11:45 a.m. Report of Delegates to A. D. A. Meeting—

H. O. Lineberger, D.D.S., Raleigh, N. C.

12:00 a.m. Address—"Activities of the American Dental Association—Their Value to the Profession."

C. Willard Camalier, D.D.S., F.A.C.D., President American Dental Association, Washington, D. C.

. . . . V I S I T T H E E X H I B I T S

1:00 p.m. Lunch

1:00 p.m. Bulletin Luncheon (Club Room—Mezzanine Floor)

This luncheon is for a meeting of those connected with the publication of the Bulletin. The President, the Secretary and the Editor of each District Society, the Editor and Associate Editor of the Bulletin, and the three members of the Publications Committee are urged to be present. Neal Sheffield, D.D.S., Editor, presiding.

Monday Afternoon, May 2nd

2:00 p.m. Lecture (Illustrated by Lantern Slides)—“Maximum Stability for Full Dentures and The Basic Principles Employed to Obtain It.”

By Charles Shepard Tuller, D.D.S., New Orleans, La., Former Professor of Prosthetic Dentistry, Loyola University (South); Past President Louisiana State Dental Society; Past President New Orleans Dental Association; Member International Association for Dental Research; Author of many papers and essays and has appeared on numerous State Programs.

SYNOPSIS: Sincere efforts to produce the best results possible; our obligation as a Profession.

Time and patience required and suitable emolument for service; Definition of terms; Two factors that must be included in all impressions for full dentures. The combined results of all factors produce maximum stability. Two impressions and a specially fitted tray are required to secure these factors. Adhesion and suction as reciprocating forces. Suction and stability not to be confused. Pitfalls of impression taking are under extension, and over extension of margins, also over compression of soft tissue. Extension of edges to “zero line” is essential. Materials best fitted to secure most perfect impressions. Plaster of Paris in any state or by any method cannot secure maximum stability. Absence of stability believed to be at least equal to traumatic occlusion as a cause of absorption of foundation tissues. Maximum stability not only gives comfort to patient but adds materially to life of supporting tissues. Time, patience, and careful study of each case to obtain maximum stability. There are no short cuts. Discussion—Question and Answers.

4:00 p.m. Practical Clinic—“Casting Fixed Bridges of all Sizes In One Unit to a Balanced and Functional Occlusion.”
Stanley C. Baker, B.S., D.D.S., F.I.C.D., Greenwood, S. C.
(Blue Room—Mezzanine Floor)

SYNOPSIS: This clinic will be in exemplification of the lecture given this morning, carrying the technic through every step, from the preparation of the teeth to the finished bridge.

5:15 p.m. Meeting of the House of Delegates. (Ball Room).
Business Session.
Committee Reports.

6:30 p.m. Dinner.

. . . . VISIT THE EXHIBITS

Monday Evening, May 2nd

8:00 p.m. Lecture—"The Relation of Drug Therapy to the Production of Agranulocytosis."

Roy R. Kracke, M.D., Emory University, Atlanta, Ga. Professor of Pathology, Emory University School of Medicine; Past President American Society of Clinical Pathologists; Chairman of the Section of Pathology American Medical Association; Secretary of the Section of Pathology and Member of the Board of Registry of Medical Technologist.

SYNOPSIS: The history of agranulocytosis and other leukopenic diseases is reviewed with particular reference to work leading to the concept that pain relieving drugs are responsible for the disease. The mechanism of this is discussed and a list of dangerous drugs provided, with comments relative to preparations that can be used safely. The dangers of Amidopyrine and Sulphanilamide are pointed out.

9:00 p.m. Lecture—"Dentistry for Children as Practiced by a General Practitioner."

Steve A. Garrett, D.D.S., Atlanta, Ga. Chairman Georgia Branch of American Society for Promotion of Children's Dentistry; Member of Staff of Georgia Baptist Hospital, Atlanta; Author of several papers presented before District and State Societies and the American Dental Association.

SYNOPSIS: This lecture will discuss the psychology and manner of caring for children in the dental office; a building up of confidence and certain practical operative procedures that have proven successful and economically sound.

Tuesday Morning, May 3rd

8:00 a.m. Past President's Breakfast. (Blue Room).

This has been an annual feature of our meetings and all Ex-Presidents of the North Carolina Dental Society are requested to be present.

Toastmaster—D. L. Pridgen, D.D.S., Immediate Past President, Fayetteville, N. C.

8:00 a.m. District Officers' Breakfast. (Club Room).

At this breakfast, the District Societies' Officers will discuss problems which may be of mutual benefit to all Districts, as well as the North Carolina Dental Society. All officers are requested to attend and formulate plans for the next year's work.

Presiding—G. Fred Hale, D.D.S., President Elect, Raleigh, N. C.

9:00 a.m. Lecture Illustrated by Motion Pictures—"A Revised and Simplified Application of the Fournet-Tuller Impression Technique to Produce Complete Stability in Full Lower Dentures."

Originated by Sidney C. Fournet, D.D.S., and presented by Charles Shepard Tuller, D.D.S., New Orleans, La.

SYNOPSIS: The need of stable lower full dentures. The discovery. Our conception of stability. Stability not dependent upon kind of teeth used but balance should be secured. Traumatic occlusion to be avoided. Five errors of design and construction that destroy stability. Correction of these errors to obtain maximum stability. The technical procedure followed. Preliminary impression; special tray; final impression. Type of edge the impression and denture must possess. Over compression or over extension at any point must be avoided. Opening bite enough for free movement is essential. Practically every type and kind of mouth may be satisfactorily fitted. Difficult cases. Original cases. Original features involved.

Discussion—Questions and Answers.

. . . . VISIT THE EXHIBITS

11:00 a.m. Lecture—"The Greater Dental Service."
Amos S. Bumgardner, D.D.S., Charlotte, N. C.

SYNOPSIS: The early period of dentistry and orthodontia. Age at which the general practitioner should recognize irregular teeth. Instructions to the patient at this time. Who needs Orthodontic treatment and when should such treatment begin? Fatal results of the loss of permanent teeth without proper restorations. Importance of Children's Dentistry and operative care of the baby mouth. Pyorrhea prevention through greater knowledge of cause of disease in early years.

11:45 a.m. Report of the Library and Historical Commission—
J. Martin Fleming, D.D.S., Chairman, Raleigh, N. C.

12:00 a.m. Illustrated Lecture—"Diagnosis and Treatment of
Periodontal Lesions."

Edward L. Ball, D.D.S., F.A.C.D., Cincinnati, Ohio. Staff member of the General, Good Samaritan, and Christ Hospitals in Cincinnati; Fellow of the American College of Dentists; Member of the American Academy of Periodontology, Cincinnati Dental Society, Ohio State Dental Society, and American Dental Association.

SYNOPSIS: Among the universal ailments of mankind, Periodontal disease holds an unchallenged second place to dental caries. We continually see evidence of its presence and yet, as a whole, the profession has been somewhat negligent in its attack on this common malady. It is true that the treatment of periodontal disease is often attended with failure, and yet the "what is the use" attitude is an insufficient excuse for assuming defeat. The "magic" that most of us have been waiting for in periodontal treatment has not yet arrived and probably never will. Periodontia still remains a combination of careful study, accurate diagnosis, skillful technique, and patient cooperation. In plain words, plenty of hard work.

Special reference will be made to Acute and Chronic Vincent's Infection.

1:00 p.m. Lunch.

Tuesday Afternoon, May 3rd

2:00 p.m. General Table Clinics. (Blue Room—Mezzanine Floor)

"Removing Stains From Mottled Enamel."

J. Wilson Ames, D.D.S., Smithfield, Va.

SYNOPSIS: The clinic will be a practical application of the technic described in the paper given yesterday morning, demonstrating the use of the chemicals used in the operation.

* * *

"Orthodontia for the General Practitioner."

Amos S. Bumgardner, D.D.S., Charlotte, N. C.

Illustrated with lantern slides.

* * *

"The Reverse Curve in a Denture Set-Up or Anti-Monson Curvature."

L. G. Coble, D.D.S., Greensboro, N. C.

SYNOPSIS: Obtaining centric occlusion with central bearing screw, also, getting functional occlusion. Why functional occlusion is necessary in stabilizing both dentures, and simple means of stabilizing lower denture when closing with force against bolus of food. Patient present.

* * *

"The Simplicity and Accuracy of an Investment Material and Technique."

Anton A. Phillips, D.D.S., Warrenton, N. C.

SYNOPSIS: Preparation of cavities, wax pattern, investment, types of gold and wax elimination.

“Cast Porcelain Veneer Crowns.”

D. T. Waller, D.D.S., Charlotte, N. C.

* * *

“Baked Porcelain.”

W. R. Hinton, D.D.S., Greensboro, N. C.

* * *

“Essential Steps Necessary in the Construction of Immediate Dentures.”

J. W. Whitehead, D.D.S., Smithfield, N. C.

* * *

“Immediate Temporary Restorations with Special Reference to Dentures.”

Ernest M. Cunningham, D.D.S., Asheville, N. C.

SYNOPSIS: Demonstrating method of selection of teeth and placing them in the exact position in relation to the arch and lips, as occupied by the natural teeth. Also, a method for inserting a temporary appliance to serve as a space retainer while awaiting a removable bridge and placing a temporary facing during construction of a fixed bridge.

* * *

“Electro-Forming of Copper Dies.”

G. L. Overman, D.D.S., Goldsboro, N. C.

* * *

“The Use of a Gothic Arch-Tracer in Establishing Centric Occlusion.”

A. Pitt Beam, D.D.S., Shelby, N. C.

* * *

“Surgery in Selected Denture Patients.”

K. L. Johnson, D.D.S., Raleigh, N. C.

SYNOPSIS: Photographs and models will be used to show technique employed in correcting various abnormal conditions seen in some denture patients.

* * *

“Dental Models for Diagnosis and Record.”

Erbie M. Medlin, D.D.S., Aberdeen, N. C.

* * *

“Anomalies in Exodontia.”

L. M. Daniels, D.D.S., Southern Pines, N. C.

* * *

“Hydrocolloid Impressions.”

G. L. Hooper, D.D.S., Dunn, N. C.

SYNOPSIS: Method of taking this type impression, advantages and some models of practical cases.

* * *

“Inlay Carving.”

Sandy Marks, D.D.S., Wilmington, N. C.

SYNOPSIS: Stressing correct anatomy of the teeth so as to have proper contact points and marginal ridges that will deflect food and prevent food packs.

* * *

“All Cast Fixed Bridge Technique.”

W. A. Ingram, D.D.S., Monroe, N. C.

SYNOPSIS: A very simple and easy method of making a bridge in a short time. Carving wax patterns direct, taking colloid impression with patterns in place, pouring of model with investment for casting direct, wax backings, connecting facings in place to abutments, spruing, and last, the one piece cast fixed bridge as brought from the casting ring.

* * *

“The Bite Plane.”

Arthur L. Wooten, D.D.S., Wilson, N. C.

SYNOPSIS: A bite plane will be shown together with models showing its indication.

"Strengthening Some Links in the Weak Chain of Synthetic Porcelain Technique."

R. Philip Melvin, D.D.S., Winston-Salem, N. C.

SYNOPSIS: This clinic will endeavor to demonstrate a simple, safe and somewhat satisfying technique in the insertion of synthetic porcelain to restore lost tooth structure, from prepared cavity to dismissing patient.

* * *

"Better Alloy Fillings."

C. D. Wheeler, D.D.S., Salisbury, N. C.

SYNOPSIS: Demonstrating a method of mixing, inserting and polishing silver alloy fillings.

* * *

"A Simple Technique for Correcting a Faulty Wax Inlay Margin when Using Direct Method. A Few Practical Suggestions Concerning the General Practice of Dentistry."

A. C. Chamberlain, D.D.S., North Wilkesboro, N. C.

* * *

"Interesting Cases in a Practice of Exodontia."

Allan H. Cash, D.D.S., Winston-Salem, N. C.

SYNOPSIS: Illustration by radiogram and specimen of teeth. Radiograms showing sinus involvement, neuralgia caused by foci of infection, root resorption of permanent teeth, etc.

* * *

"Nesbit Impression Technique for Full Dentures."

D. O. Montgomery, D.D.S., Statesville, N. C.

* * *

"Abnormal Labial Frenum."

J. T. Lasley, D.D.S., Greensboro, N. C.

SYNOPSIS: In this clinic will be shown by models, cases of mal-occlusion and mouth deformity caused by the abnormal Labial Frenum, and will demonstrate by models the correction of the deformity by the proper removal at the proper time, also the result of a late removal, or lack of removal.

* * *

"Interesting Things in Orthodontia." (Accompanied by Motion Picture).

Olin W. Owen, D.D.S., Charlotte, N. C.

* * *

"The Importance of X-Ray to Simplify Exodontia." (Illustrated by Pictures).

Harold E. Story, D.D.S., Charlotte, N. C.

* * *

"Construction and Uses of Pin Inlay."

Reid Garrett, D.D.S., Rockingham, N. C.

* * *

"Elimination of Periodontal Pockets."

Dan B. Mizell, D.D.S., Charlotte, N. C.

SYNOPSIS: The different types of pockets, their method of elimination in the anterior and posterior part of the mouth will be discussed. To be illustrated by charts and photographs of actual cases, showing before and after treatment.

“A Simple Method for Procuring a more Condensed and Accurate Wax Pattern for Anterior Gold Inlays and other Practical Castings using the Lower Fusible Metals.”

Charles I. Miller, D.D.S., Albemarle, N. C.

* * *

“Impression Technique using the Human Articulator in Securing Vertical Relationship and the Bite.”

L. G. Page, D.D.S., Yanceyville, N. C.

* * *

“Inlay Aids.”

Z. Vance Kendrick, Jr., D.D.S., Charlotte, N. C.

SYNOPSIS: Minor Points to Better Inlays.

* * *

“Miscellaneous Suggestions That are Practical in Conducting your Everyday Practice.”

R. A. Wilkins, D.D.S., Burlington, N. C.

Tuesday Evening, May 3rd

- 6:00 p.m. Banquet (Roof Garden).
Presentation of President's Emblem.
- 8:00 p.m. General Session (Ball Room—Mezzanine Floor).
Election of Officers.
Election of Two Members to the Board of Dental Examiners.
Election of Delegate and Alternates to the Meeting of the American Dental Association.
Selection of Place for Next Meeting.
- 9:30 p.m. Meeting of House of Delegates (Ball Room—Mezzanine Floor).
Business Meeting.
Final Reports of Committees.
- 10:00 p.m. Dance (Roof Garden).
-

Wednesday Morning, May 4th

- 9:00 a.m. Paper—“Sulfanilamide In The Treatment of Oral Infection.”

By William Dickson Lanier, D.D.S., F.I.C.D., Oteen, N. C.
Chief Dental Officer, Veterans Administration Facility.
Member of the American Dental Association, The Southern Academy of Peridontology, Lt. Colonel, Dental

. . . . VISIT THE EXHIBITS

Corps U. S. Army (R). Articles published on Fractures of the Jaws and Oral Surgery, also Clinics presented on these subjects.

While Dr. Lanier resides in North Carolina and we feel he is one of us, he is connected with the Army Dental Corps. He has always attended our meetings as a visitor and has contributed much to our programs whenever called on.

SYNOPSIS: This paper presents the treatment of more than three hundred and fifty cases of Oral Infection, in which the Beta Hemolytic Streptococci play an important part; also, presentation of case histories and results.

9:45 a.m. Paper—"What Every Dentist in North Carolina Should Know About the Dental Hygienist Law."

By B. C. Taylor, D.D.S., Landis, N. C.

10:00 a.m. Progressive Clinics, Visiting Clinicians (admission by card only).

Clinic—"Maximum Stability for Full Dentures and the Basic Principles Employed to Obtain It."

Charles Shepard Tuller, D.D.S., New Orleans, La.

SYNOPSIS: A display of Casts, Models, and Anatomic Specimens with a discussion of the Variations Encountered in Various Types of Lower Endentulous Mouths and Their Relation to Good Impressions.

Clinic—"Diagnosis and Treatment of Periodontal Lesions."

Edward L. Ball, D.D.S., F.A.C.D., Cincinnati, Ohio.

SYNOPSIS: **Diagnosis** X-Ray
Clinical—(Wet Specimens)
Pre-operative and post-operative care
Treatment Sub-gingival curettment
Surgical Elimination
Electro-coagulation

10:00 a.m. Section I—Dr. Charles Shepard Tuller (Club Room)

Section II—Dr. Edward L. Ball (Blue Room)

11:00 a.m. Section II—Dr. Charles Shepard Tuller (Club Room)

Section I—Dr. Edward L. Ball (Blue Room)

12:00 a.m. Meeting of the House of Delegates (Ball Room—Mezzanine Floor).

Business Session.

General Session.

Installation of Officers.

Adjournment.

. . . . V I S I T T H E E X H I B I T S

DISTRICT SOCIETIES

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Editor.....	DR. R. L. WHITEHURST, Rocky Mount

FIRST DISTRICT NEWS

After writing most of the news for the last Bulletin we find ourselves somewhat short for this pre-meeting issue. We could give you all the same old pep talk about the value of a few days vacation, the social phase, the joy in meeting old friends again, give a detailed sales talk on how just one point taken and used every day in your office would amply repay you the time and money spent. All this has been done before. This year our only plea is to the men who have been careless about attending their meetings. The faithful ones need no urging; they are the men who are carrying the load for organized dentistry. The men who put more in to the profession perhaps than they expect to get out. After these men march on it

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

will be said of them "There was a man who left his profession a little better than he found it." In these troubled times dentistry needs *you* and the man next door to you. Why shouldn't we have *every* dentist in the state in the society? If these lukewarm members and outsiders would get in and help pull the load it would be easier pulling for all of us.

The man who said "The United States couldn't stand another recovery but might stand another recession" was right.

There *are* troubled times for professions, all this talk of socialization, panel dentistry, etc., is a threat on the horizon of a world that is having difficulty in the economic discrepancy between the amount they can afford to pay and the fee for which we can afford to work.

So much for that, actual news we have very little. The component societies are readjusting and replanning for future programs following the extension course completion. The future plans for the district meeting will be published elsewhere.

SUGGESTION

Recently becoming a member of a local civic club we heard vague rumor of a plan in which one member of the club visited two other clubs at periodic intervals forming sort of a triangular envoy of good will. Why would it not be a good idea to work out a similar plan for our societies and study clubs within the district and let the visitors be the clinicians? He can present models, pictures, or a short lecture followed by round table discussion. It seems to us that this might form a vital link in the far-reaching plan to develop outstanding clinicians for the future pride of North Carolina dentistry. What do you think?

PURELY PERSONAL

Add further note to Neal Sheffield who continues to kid us about quitting single blessedness, we've been married a year "come spring."

At a recent steak supper held at Dr. I. R. Self's cabin on the river, Dr. Pitt Beam showed us how he should have hit the deer he "just missed" this season, his 'swing' seemed "in the groove" anyway.

Have you seen the collection of firearms possessed by Dr. Self? You'll envy him if you have any collector's instinct (and who hasn't).

Dr. C. B. Yount has bought his old home place and plans to become a "gentleman farmer". Ask him about his crops at Winston in May.

Dr. Jimmie Little has a recipe for egg flip he might let you in on, and has it got "*flip*."

The new dental suite of Drs. Coffee and Falls is very nice indeed, we wish them success.

Wanted: *More* information for this "purely personal" department, write us.

As Jake Wade says, "Take it away Oscar."

See you in the Twin City.

DAVID ABERNETHY,
Editor, First District.

The following men from the First District attended the Chicago Dental Meeting: Drs. W. F. Bell, F. W. Davis, C. A. Pless and J. A. Sinclair, all of Asheville.

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Dr. Walter E. Clark is able to be out again following an injury of his foot. Dr. Clark is equipping new offices in the Flatiron Building.

SECOND DISTRICT

One of the most important events on the dentist's schedule from year to year is the annual meeting of the State Society. It is the time when he should lay aside his working tools for a few days and resolve to attend that meeting. Here he greets old friends and meets new ones and at the same time receives new ideas which are invaluable to him in his profession.

Never in the history of the Society has the Program Committee arranged a better program of more varied interest and helpfulness to the practicing dentist and it will be a distinct loss to the person who does not attend this meeting.

My message to you is to pay your 1938 dues if you have not done so and when you have done this make up your mind to come to Winston-Salem and fully enjoy yourself at this meeting. The dentists of Winston-Salem do not offer you the keys to the city since there are no locks on the doors to the dentists of the State Society. WE ARE EXPECTING YOU.

D. W. HOLCOMB, *President,*
Second District Dental Society.

STATE MEETINGS

The value of attending your State Society meeting cannot be over-emphasized at this time. Our Society meets only once a year, and the meetings are usually held at some point in the state, so situated that it does not work a great hardship on any of the members to attend. There is always something of interest, and highly educational on the programs that the committee gets up for us. I am sure no member stays away for the reason that he thinks there will be nothing to learn. If that attitude prevails in the mind of any member, may God help him, for he is beyond the help of mankind, and a fit subject for the bughouse. The fellowship, and contact we get by coming together once a year is worth everything it costs us, to go to the meeting. And there is no one in the society, or out, but can spare a few dollars, and a few days time to improve his outlook on life, and his profession. What is finer than to meet old friends, and to form new friendships. After all we have a very short time in this world to mingle with our fellows, and it certainly behooves us to make use of every opportunity to help bear the other fellow's burden, to brighten the pathway, as best we can, for it will not be long until some one else takes our place on the high road of life and our opportunity for service will be forever gone. So let us all purpose in our hearts to make the coming meeting one that will be very beneficial to ourselves, and a credit to the North Carolina Dental Society.

G. A. LAZENBY, *Editor,*
Second District.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

THIRD DISTRICT

For the past two years the North Carolina State Dental Society has been entertained in Pinehurst by the Third District. The cooperation of all the districts in the State was a big factor in making these meetings a great success. The attendance was very good; the scientific programs were quite instructive and beneficial, and the fellowship was much enjoyed by all who attended these meetings.

This year the Second District is host in the lovely city of Winston-Salem. We want to give them as good moral support this year as they have given us the past two years.

The program committee has worked diligently and has secured outstanding essayists and clinicians who will give us lots of good points and new ideas if we will only attend their lectures and clinics and give them our undivided attention.

I could enumerate many reasons why we should attend our State meetings and also name numerous benefits which we, who do attend, receive but that will not be necessary since most of us already know that the greatest zeal in our profession is originated through our State Society work. However, I do want to say to the new men who have recently graduated and to those of you who through carelessness or otherwise have failed to belong to our State Society, that by staying out you lose a vital contact with the rapidly changing methods of the dental profession. If we are keeping up with the trend of the time we know that now is the time, and not later, for the dentist to cooperate both individually and collectively so as to present a harmonious and united organization in behalf of our profession. If you are not a member of our State Society put in your application now—we need you and you need us.

The social side of the program has not been forgotten, bring your golf clubs along and enjoy the golf tournament which will be played on one of the most beautiful and probably the hardest course in the state to par. There are many beautiful drives in and around Winston-Salem which you may enjoy if you are not interested in the golf tournament.

Make you plans now to spend May 2-3-4th. in Winston-Salem attending the North Carolina State Dental meeting.

DANIEL T. CARR, *President,*
Third District.

THE DURHAM-ORANGE-PERSON COUNTY NEWS

At a recent meeting of the Durham-Orange County Society, it was voted by the Society to change the by-laws so as to include Person County in its membership. The society will be known henceforth as the Durham-Orange-Person County Dental Society. Dr. Jack Hughes and Dr. Long of Roxboro were welcomed as new members.

Dr. R. H. Holden was elected President for the ensuing year, Dr. A. P. Reade, Vice President, and Dr. T. W. Atwood, Secretary and Treasurer.

Dr. and Mrs. L. M. Edwards have just returned from Chicago where they visited their son, Mr. L. M. Edwards, Jr., who is a student at Northwestern University. (You know L. M., Jr. is a married man and has a fine daughter, so that makes L. M., Sr. a grand-daddy and a proud one, too.) Dr. Edwards also attended a meeting of the Chicago Dental Society while there. He says it was one of the finest meetings he has ever attended.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

Drs. Claude Adams, T. W. Atwood and Jack Hughes were members of the local society who attended the Five State Dental meeting just held in Washington, D. C. They report a very interesting and instructive meeting.

Members of the dental profession will regret to learn that Dr. Carl P. Norris is a patient in Duke Hospital. I am sure that the whole membership will join us in wishing him a speedy recovery.

With inclement weather gradually diminishing and signs of the approach of another spring in the offing, and with the grind and tedious office routine of the winter months fading from memory, the busy dentist naturally feels that it is his just reward to be allowed to raise his weary head in relaxation and take a look at the outer world. Quite naturally the season of the year inspires the desire and urge to change the every day familiar scenes to more novel and interesting environment. This thought creates the question of just where can one go to find relaxation, enjoyment, and at the same time be exposed to constructive thought and elevating accomplishments. With pride and joy the dentist should realize that the annual meeting of the State Dental Society fulfills all the requirements of this situation.

From all reports emanating from the various committees of the State Society, the machinery is well oiled and functioning smoothly. Of especial interest and foremost in the thoughts of the profession, of course, are the activities and plans of the Program Committee and Entertainment Committee. All eyes are usually focussed on these two groups because they naturally produce what the men are looking for,—instruction and relaxation. As for the program and clinics this year, rest assured that the 1938 meeting of the North Carolina Dental Society will be no mediocre affair. In keeping with the past traditions of the progress of dentistry in our State, that each annual State meeting be better than the previous one, the Sixty-Fourth Annual Meeting will surpass all others. And in order to make this a reality, our Committee has been very zealous and persistent in acquiring outstanding essayists and clinicians who will make their initial appearances before our Society at this meeting. The consensus of opinion is that this will be one of our greatest meetings.

If, perchance, some members are brain-tired and wish to rest their mental faculties from the intricacies of the profession, the very best facilities for every form of relaxation and sport will be available. Just select your choice and enjoy yourself. However, by all means, don't fail to make plans to attend one of the best meetings in our history on May 2-3-4, Winston-Salem.

H. W. THOMPSON, *Editor,*
Third District.

DUES ARE DUE

A few more weeks will find us in Winston-Salem attending the Sixty-fourth Session of the North Carolina Dental Society. According to some unofficial reports from the Program and Arrangements Committees, a real treat is in store for us. You know those Twin-City boys, they just naturally know how to put a meeting over in a great big way, and it will be our loss if we are not there to share in it. A good professional brushing up and some elbow rubbing with one's neighbors and friends, makes the every day grind much easier, so on to the Camel City for the most profitable and pleasant session ever.

But a few details must be taken care of before all this good time. The Third District always turns in a good report, and registers a good attendance, suppose we take the lead this time! To do this, quite a few must pay their 1938 dues, and a very few must also add an extra twelve dollars for 1937. And to the very few, don't forget that suspension is automatic. We had only one last year and won't you help to prohibit even that this time? We have a big fine organization, that does more for you and me than we sometimes realize, and it must have our financial support to operate efficiently. I know personally that it is not convenient at just any time for some of us to take care of this matter, but if you can do so, won't you please send in your check before the meeting? Your Secretary will be very grateful, for it relieves congestion at the meeting and enables him to make a good report.

W. R. MCKAUGHAN,
Secretary-Treasurer, Third District.

FIFTH DISTRICT

The professional man has no right to be other than a continuous student.—G. V. Black.

Every man owes a part of his time to the upbuilding of the profession to which he belongs.—Theodore Roosevelt.

Within these pages you will find a detailed program of the Sixty-fourth Annual meeting of the North Carolina Dental Society. The various committees have spared no time or effort in their endeavor to bring to you an instructive and interesting program. From all reports the Winston-Salem meeting will be one that we will look back upon with profit and pleasure. The visiting clinicians have been selected with careful consideration and with the view of bringing to you practical suggestions that can be used in your daily practice. The local clinicians have worked hard and prepared clinics that you cannot afford to miss.

It is highly important that members of the dental profession belong to and attend meetings conducted by the profession, in order that they may make contact with their fellow members, and keep themselves informed as to what changes are taking place. One should attend both to derive knowledge from others and to contribute whatever he can from his own experience. The present high standard of the dental profession is the direct result of the sacrifice and efforts of unselfish men who have gone before us.

All of us will agree that the college training is just the beginning. We realize that the man who has begun the practice of his profession needs to be kept in touch with the new ideas and developments which are being

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

applied. It was mainly for this reason that dental societies were organized, in order that new ideas and new knowledge might be transmitted to those who spend most of their time in their office and have little time for study.

If we do not take advantage of these opportunities for growth we soon deteriorate, both mentally and professionally. However, if we are alert and keep an open mind we begin to learn new facts and acquire new ideas and knowledge which enables us to give to our patients that which is best for their welfare.

In the progress of the future the laurels will fall on the brows of the progressive men. The demands of the future will be much greater than those of the past. If you are one of those who will meet these demands you will do it because you have taken advantage of the opportunities which organized dentistry has presented.

Your attendance at the State Dental meeting is not only an opportunity but a duty that you owe to yourself and to your patients. Let's have 100% attendance from the Fifth District.

R. F. HUNT,
President, Fifth District.

EXHIBITORS—WINSTON-SALEM
NORTH CAROLINA DENTAL SOCIETY MEETING

MAY 2, 3, AND 4, 1938

Co-Operative Dental Laboratories, Eutaw and Franklin Sts.,
Baltimore, Md.

Mizzy, Inc., 105 East 16th. Street, New York City.

Harris Dental Company, Medical Arts Building, Norfolk, Va.

Webb Dental Manufacturing Co., Peters Building, Atlanta, Ga.

Pycope, Inc., Bush Terminal, Brooklyn, N. Y.

Powers & Anderson Dental Co., First National Bank Building,
Charlotte, N. C.

George Tyner, Vitamin Products, Charlotte, N. C.

Washington Dental Co., 817 14th. St., N.W., Washington, D. C.

Interstate Dental Co., Inc., 460 West 34th. St., New York City.

Woodward Prosthetic Co., Security Bk. Bldg., Greensboro, N. C.

Fleming Dental Laboratory, Raleigh, N. C.

Miller Dental Laboratory, Winston-Salem, N. C.

Carolina Dental Supply Co., Winston-Salem, N. C.

ATTEND YOUR STATE MEETING AT WINSTON-SALEM

George Popper, 31 Union Square, New York City.

Raleigh Dental Laboratory, Professional Bldg., Raleigh, N. C.

Oskar Schaeffer, 1 Wilkinson Ave., Jersey City, N. J.

Thompson Dental Company, Greensboro, N. C.

Corega Chemical Company, Cleveland, Ohio.

C. B. Fleet Company, 921 Commerce St., Lynchburg, Va.

Rothstein Dental Laboratories, 1616 K Street, N.W., Washington, D. C.

Universal Dental Co., Brown at 48th. St., Philadelphia, Pa.

Austen Laboratories, Inc., 34 West 33rd. St., New York City.

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