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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, N. C.

VOL. 21

AUGUST, 1937

No. 1

Entered as second-class matter as a quarterly September 26, 1931, at the post office, Raleigh, N. C., under Act of August 24, 1912

Subscription per year..... \$1.00

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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-seventeenths.

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 bicuspid. 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 deplors 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. Riffin, 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, Riffin, 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 Mouth 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 coöperation 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 Pinehurst, 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. Riggin, 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 coöperation 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 electrocoagulation 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 humidior, 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 humidior 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

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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 Pinehurst, 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. Sedgfield 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
		\$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
	\$ 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
	\$ 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 Bumgardner, 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%
Schecter, 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 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
		<hr/>
Total Disbursements.....		\$2,151.79
		<hr/> <hr/>
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	
		<hr/>
Cash on Hand, December 31, 1936.....		\$1,456.49

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:

	1st	2nd	3rd	4th	5th	Total
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
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		
			<u>643.82</u>
Total Receipts.....			\$5,895.82
<i>Balance—July 1, 1936.....</i>			<u>3,760.81</u>
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	
		<u>\$2,192.00</u>

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	
		<u>2,724.21</u>

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	
		<u>4,740.42</u>

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

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 anærobic: 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 pyorrheal 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

THIRD DISTRICT

- Dr. G. E. Kirkman.....Greensboro

FOURTH DISTRICT

- Dr. Dexter Blanchard.....Farmville

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

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. ROBEXY, *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. Curren	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. Wehunt.....	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. Crofts.....	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. Hodgin.....	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. Honck.....	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'Hanlon Bldg., Winston-Salem
*K. M. Yokeley.....	O'Hanlon 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
*J. 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. Pressnell.....	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. Brauch.....	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.
Stonestrect, 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
✓ X. 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
✓ E. 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. B. 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. Ludd ✓
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.....	W. H. Blane J. A. McClung
1894-95.....	*H. D. Harper	1925-26.....	Robert 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.....	I. R. Self
✓ 1898-99.....	Isaiah Simpson 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.....	James Dennis Keel ✓
1901-02.....	J. S. Spurgeon	1932-33.....	Clinton Wilbert Jackson ✓
1902-03.....	*J. H. Benton	1933-34.....	Robert Ernest A. Branch
1903-04.....	J. M. Fleming	1934-35.....	Robert L. M. Edwards
1904-05.....	*W. B. Ramsey	1935-36.....	Robert Z. L. Edwards ✓
1905-06.....	J. S. Betts	1936-37.....	Robert D. L. Pridgen ✓
		1937-38.....	Robert 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.
Tileson, 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.







