ESSENTIALS FOR THE SUCCESS OF THE PROGRESSIVE CLINIC PLAN.

By Weston A. Price, M.S., D.D.S., Cleveland, Ohio.

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THE purpose, as well as the advantage of the Progressive Clinic, may be summed up in two words: Efficiency and Proficiency, for by this method, more people can receive the clinical message in its complete form, in a given time, than by any previous method. The key note is system, and no society, or committee, will successfully conduct a progressive clinic, that has not learned to be systematic with its time. We would urge that no society try it, that is used to conducting its meetings by starting sessions from one-half to one hour after the time called on the program, or that is used to securing the tables for clinicians or making the arrangements for the clinic room within an hour of the time for the clinic, much less an hour after that time. We have seen the Progressive Clinic Plan fail completely, or partially, on this account, when the facts were that the officers and the society attempting to use it had disgracefully failed in their effort to utilize it. This problem of exactness and promptness relates as definitely to the clinicians as to the officers of the society, and no progressive clinic will succeed where the clinicians think they can come wandering in an hour after the time set for the march to begin, nor even one minute after.

To insure the clinicians being on time, it is our practice to assign one man the day before, with police power, to be responsible for one of the clinicians. He takes him to breakfast, drag him away from all who would stop him to ask him questions, and in a kindly way insists upon his accompanying him to his theatre of action, at least five minutes before the starting gong. This man is also detailed to furnish that clinician with everything he shall need that he does not have with him.

The members of the audience must be in places on time, and it is a disgrace to any society to keep its members at a smoker, or any meeting or social gathering, until one o'clock the night before and then have them come wandering in at ten or eleven to the morning clinic, due to begin at nine. It cannot be done that way. We must have system with our play as much as with our work. The audience must be in position to a man at the time the beginning gong rings, and those who are not present should be treated as they would be at the theatre when they go late, namely, be required to wait outside and enter only between acts. They will greatly disturb by entering their classes during a clinic lecture and saying "Good Day" to the men present, usually including the lecturer. If the bill as announced is as commanding as it may be, and the members of the audience know that systematic promptness will be observed, they will be on time.

One of the unexpected difficulties

that frequently arises is the confusion incident to the big rush for the tickets a few minutes before the clinics are to start, and only one man perhaps having charge of the tickets which admit to the classes. This can all be obviated by giving the men their clinic tickets at the time of registration, with the privilege of exchange or adjustment by the committee at any time prior to ten minutes before the beginning of the Progressive Clinic. To secure uniformity in the size of the classes, which is very important, the numbers admitting to classes should be printed in strips, perforated between, and torn off as required. The strips will be assembled as leaves into books. Each class should have a letter. A convenient arrangement of these books is the following: Let us suppose there are ten clinicians, therefore, ten classes. Each clinician is arbitrarily given a letter, of A or B to J inclusive. The book of tickets would carry on each page ten tickets and the stub. Each ticket, from the stub out, would have in succession the letters A to J, and in addition a numeral which would be the same on each ticket on that page. Thus the first page of the first book would have A1, B1, C1, etc., to J1; second page A2, B2, C2 to J2, etc.; and so on to A100 or A300, with about ten leaves to each book, thus each book represents 100 persons, ten in each class. Each stub will carry the numbers 1 to 10, 11 to 20, etc. In this way the clinic book shows at a glance, exactly how many there are in each class, whether they have exactly the same number, and the total number in all the classes. Three or four people can be handing out tickets at the same time, provided the books are given them, so that the numbers will be used up in the proper order.

Granted a good audience, present on time, a technician in place, the next fundamental requisite is that the clinician shall have a worthy message, and be competent to enthuse his audience with it, for the full time required and allotted for the progression. Many have thought they could take the Progressive Clinic Plan and run it with a group of such simple clinics as were current at the average convention, fifteen years ago, such as a "quick method for making a seamless gold crown, anchorage pins, or an amalgam filling," or such things as could be completely comprehended at a moment's glance. If this is the only kind of material that is available for clinicians, it becomes necessary to put half a dozen of them in each clinic. We would urge that every society that cannot furnish men with a worthy message, and competent to hold their audience, should import talent, if they are going to use the Progressive Clinic Plan. Every class should have a captain, who should receive a written detailed copy of instructions from the Chairman at least a week before the convention, which instructions will be reviewed by all the captains and the master of the clinics, at least a day before the clinic. The captains must see that progressions are made promptly, and also see that the rules of the clinic are observed. Under no circumstances should men who want to get away from the convention early, be allowed to run from clinic to clinic to see what they can at a glance. It not only destroys the first requisite, namely, order, but the man thinking he is getting the message is entirely mistaken, for he cannot hear a fifteen minute lecture by peeking in the door for three minutes. Do not allow it. Clinicians should be thoroly instructed as to the length of time they shall be required to hold their audiences, and they must plan to use all that time effectively and be completed when that time is up.

The bedrooms of an ordinary hotel make ideal clinic rooms. Have the beds and furnishings removed, temporarily, and these rooms can be the same rooms that have been engaged by members of the society. Have the progression go along the hall in one direction only, and

pass down, or up, to another floor for the return trip, so two crowds cannot meet going in opposite directions.

This kind of a clinic is hard work for clinicians, since they have to give ten lectures, more or less, each fifteen to thirty minutes long and almost without stopping. The latter length is very unwise. Either have the Progressive Clinics on two different days, requiring the men to keep the same numbers, and thus see half the clinics on each of the two days, or lessen the number of clinics and, therefore the number of progressions, or lessen the period of time. Eighteen to twenty minutes is about long enough for the audience to concentrate. The same purpose will be accomplished by having the clinicians progress and the audience remain still, except that the exercise of moving from one room to another greatly assists the audience in concentrating for an intensive lecture. When the audiences are very large, it is probably better to progress the lecturer and his equipment, rather than the audience.

We would strongly urge that societies plan to pay for the transportation, and also for the time, of worthy competent men, even if it must be done at the sacrifice of the free entertainment features, for the art and science of dentistry are becoming so exacting that only a few are masters, and they are overworked. In closing we cannot do better than to repeat nine practical advantages that we cited when we first gave this plan to the dental profession, in a report of its initiation before the Northern Ohio Dental Association, under the direction of the writer, in June, 1912. These are as follows:

1. Each class member can see each clinic from beginning to end, but only for his full share of time.

2. Each clinician has a full audience at all times, and can tell each and every man his full story, and never repeat to a single one. He can plan his time to cover his ground, and place emphasis where he sees fit.

3. Each clinician has an opportunity to rest for a few minutes at regular intervals.

4. Obtrusiveness in, and crowding of, a popular clinic are entirely prevented.

5. Practitioners get into ruts, and often wish to stay there. They may not choose or desire to see strictly educational clinics, but select only those that show short cuts to earning a dollar. With this method, men unconsciously get broadened, thus being more greatly benefited than by the purely practical clinic that appeals to their narrow interest or pertains to their specialty.

6. Argument and discussion with clinicians, and interruption are entirely prevented.

7. Visiting in the clinic room is practically prevented, except during progressions.

8. Every man has an equal opportunity to see and learn everything in the entire clinic with the greatest possible convenience and comfort to the clinician and himself.

9. This plan is a great incentive for clinicians to make a worthy preparation, and they will feel it an honor to be called upon as a star clinician.

The following few words will perhaps summarize the Progressive Clinic:

Promptness plus dispatch, plus efficiency, equals proficiency.

Discussions.

Dr. F. O. Hetrick, Ottawa, Kansas.

Mr. Chairman and Gentlemen of the Section:

This paper was placed in my hands since coming into the room and I have had but little time to prepare a discussion upon it. Whatever Dr. Price has to say upon the progressive clinic or methods of conducting it might well be con-

sidered a text book on the subject for he was the father of this form of clinic. Environmental conditions might materially change the method of carrying on a progressive clinic; yet it will not change two fundamental ideas that lead to the establishment of this form of clinic.

First to eliminate the "Game Hog" of the dental society. Did you ever meet one? Did you ever see him at the old fashioned clinic, get on the shoulder of either the operator or the patient and stick so tight that you could not pry him loose with a crow bar? Second was to give every man who wanted to see or hear an equal chance so that the greatest number could get the greatest good out of the clinic.

Out in our state (Kansas) and at the meeting of the National in Kansas City, Mo., we found that in the large halls we had to use, that the best way to conduct our progressive clinics, was to build a system of booths thru the center of the room, one set of booths backed against the other. This does not make it hard for the clinicians to move, as they just step along to the next booth. I want to emphasize the fact of the policeman for each booth being absolutely essential. I remember one day out in Kansas when my good friend, Dr. Crise wanted to ask some one a question, he came up to the booth where this man was sitting listening to the lecture and motioned him to come out. Well he did not come out, for we shooed Dr. Crise away. We do not have that trouble any more for we have the policeman. He must have definite lines to hew to and show no favors. You do not get anything in dentistry or anywhere else in the world that is not a part of a game and we always find a few who do not want to play fair or talk fair. Were you ever a farmer? Did you ever work a small and a large horse together? Easy was it not to equalize the double trees by boring a hole off center and putting the large horse on the short end of the pull. In this way the little horse had a square deal. I wonder if Dr. Price got the square deal from Teddy? The first year we tried the progressive clinic it did not work so well. We had some fellows who did not like to have anybody with authority tell them what *they* had to do to get into the clinic. The best progressive clinic we have had yet, was upon conductive anesthesia. The operators got together and rehearsed to overcome unnecessary overlapping. In this way they got in close touch with one another. One had anatomy, another instrumentation, another preparation of the anesthetic, another preparation of patient and others, various phases of the subject. The principal thing is to get the work systematized so as to cover the whole subject as well as it can be covered in a clinic. Then have your discussion at another session and you will be surprised to see how many men get a good deal out of the clinic as well as the others who do not.

After all is said or done in this matter, when the final analysis, we will find this is one of the greatest steps FOR EFFICIENCY, in dental teaching in a clinical sense.

DR. G. A. CRISE, Manhattan, Kansas:

We come to our convention to learn, and the reason we go to certain places to learn is simply because somebody else can teach us something that we do not know. I have attended a great many conventions and have given clinics, and I have been seriously handicapped from seeing what I was trying to do, and I did not do myself justice or the case justice.

The only way to do this work is the way we managed at Kansas by adopting the booth proposition, so that the onlooker passes from one booth to the other. The reason clinics are not attended better is because it is largely our own fault. We people who are not in the limelight and the forefront, as it were, find it necessary to import clinicians because we haven't them in our own

state. At any rate, if we have the clinicians, the men of ability, they are not willing to give clinics. We know that there are many, many practitioners who would make good clinicians, but they do not like to work, consequently we have to go on the outside for clinicians and men to give demonstrations. If we have not in our own state good clinicians and demonstrators we should go to some other state in order to have a successful convention, one that will go down in history as the Tri-State meeting. At the Tri-State meeting in Kansas City, for six days from 900 to 1,000 dentists stayed there day after day and listened to the lecturers. Why did they stay? Because every man who stayed—from 9 o'clock until 12 and in the afternoon was hungry for knowledge. Those clinics woke up both Missouri and Oklahoma. I went home from that convention a better dentist from what I saw and heard. If your state dental societies would carry out a similar plan at their meetings they would be more interesting and successful. To make a convention a success there must be opportunity for a progressive clinic.

HENRY FOWLER, Harrison, New Jersey.

Having just come from the very successful convention of the New Jersey State Dental Society, held at Asbury Park a few days ago, which registered an attendance of over 2000 dentists, the question of clinic management, as you can imagine, was an important one. Like most State Dental Conventions the facilities with which we were compelled to stage our convention prevented to a great degree an ideal presentation of the clinics, however, we feel satisfied that the best was made of the opportunities offered.

Dr. Price has clearly pointed the way in which all up-to-date dental clinics should be conducted. There must be purpose, order and sequence in the method of presenting the clinics. An opportunity must be given the clinician to properly demonstrate his subject and the audience must be controlled in size and seating to the extent that all may gain whatever is being imparted.

The old method of staging clinics, showing everything from a two-piece crown to a prolonged surgical operation on the same floor with little or no regard to order or asepsis, is no longer to be tolerated. Time and energy are too valuable to be wasted in this way.

Dr. Price is entirely right in advocatting the progressive clinic, for in this system alone is it possible to coordinate clinics in such a way that both clinician and audience may profit. The acquisition of dental knowledge has not changed any since college days. If we gain any it is by intensive application. No one ever derived much good from a dental convention if he acted like a pill in a pill box, rushing from one place to another, seeing much and getting little. Dentistry is not learned that way.

Clinics that are arranged in the manner of progressive steps to cover some particular branch of dentistry become at once of direct educational value to the man who is seeking special instruction.

Dr. Price has outlined some general rules which if put in practice will unquestionably lead to better results in the handling of this important part of dental conventions. I am very glad to have had the opportunity of listening to Dr. Price and have profited much from his able address.

DR. J. O. HALL, Waco, Texas.

I want to get clear in my mind one point from Dr. Price in reference to these clinics. I was chairman of the Clinic Committee in Texas for two or three years, and we tried in our modest way, as well as we knew how, to inaugurate this progressive clinic. I understand now we were not fully conversant with the plan. The trouble we have had, as I see it now, was from the fact that our men did not work in accor-

dance with any specific plan. One man required five minutes for his work, another required thirty minutes to give a talk on some particular subject or to give a clinic. Our men as a class are particularly interested in clinical work, and we cannot hope to accomplish much unless we have our plans thoroly systematized.

We are going to try again next year, and if any of you will give me in a few words a plan how to eliminate that trouble I will be glad to hear from you, and particularly from Dr. Price.

DR. A. P. BURKHART, Auburn, New York.

I take it, that most of the men who are here today are officers of various associations or in some way have been connected with the work in the line of producing and giving the best results from clinics, and as such we wish to return to our homes, go to our different states and localities and do the best we can.

In the giving of clinics there comes, in my judgment, a system which has been well defined by Dr. Price, there should also be inculcated marked efficiency. You know the word efficiency is used in nearly every department of life, in the commercial, the professional world, and in nearly everything in fact. Progressive clinics have a place, and as conducted by certain societies have certainly given good results.

The first information I had along that line was at Chicago at the 50th anniversary of the Illinois State Dental Society three years ago, and I will say the system which was there put into operation was one which appealed to me, and it certainly produced results of which the Illinois State Dental Society may well feel proud. However, in giving clinics I believe the local society, the state society, or even the National Association, if it would work along the lines which my experience in at least one direction has satisfied me is the right one, better results would be attained and a larger attendance of dentists. This plan was in part worked out in Kansas City and was simply this: Clinics should be started the first day of a meeting and continued at intervals during the remainder of the scheduled days and not started the last day of a meeting. Observation in my state has shown this, that when the clinics were staged Friday or Saturday the attendance the early part of a meeting was disappointing. When, however, the plan was changed first locally in the City of Rochester, some three years ago and in the state society, and we had a portion of our clinics on the first day we received the boys from all sections of the district as well as from the sate, we had a large attendance thruout the entire meetings. I believe the best results are attained by not naming the day upon which a particular man is to give his clinic, because as I said a moment ago, many simply wait until the latter portion of the meeting, but if you give clinics, beginning on the first day or a portion of it and divide them thruout the session I believe you will have a very much larger meeting in every instance, a more interesting meeting, and the clinics thus given will prove very much more satisfactory.

A little later I may have something to say concerning the plans of the recent Tri-State meeting which, I believe, was an ideal one so far as it has been put into use by the three states. Gentlemen, give your clinics early in a meeting if you desire a well attended meeting from the very beginning.

DR. A. A. BROADBENT, Chicago, Illinois:

I want to add my testimony to what Dr. Price has said with reference to giving progressive clinics. In Illinois, by following a plan similar to that outlined by Dr. Price, we have not only been successful in conducting our clinics but have been able to get a larger at-

tendance. Unless the clinical work is systematized, definitely planned, the members wander around the room and the clinics cease to be attractive to them. I think the present plan of conducting clinics is the only way we can expect to keep up interest in them and improve our method of doing things in society work, and I wish to corroborate what Dr. Price has said today. We have to improve our clinics by careful reading, and I think every state is bound to come to this method which has been so clearly outlined by Dr. Price.

DR. WITMER, Missouri.

The idea of conducting a clinic when you have the material is not to my mind as difficult as to get the material. I have had a little experience in endeavoring to conduct chautauqua work and have been closely in touch with that movement for a number of years, and we have experienced a good deal of benefit from getting in touch with other chautauquas, and in that way getting in touch with material for clinics. I am looking for something good here to take back to the boys, and, it seems to me, our district and state societies should adopt such a system as has been outlined here today by Dr. Price, and if they do so it would be very beneficial.

DR. WESTON A. PRICE, Cleveland, Ohio.

I have been greatly profited by this discussion, and I think the best way for me to do is to try and cover the details very rapidly that are necessary for a successful clinic, but before doing that I would like to lay emphasis on a different viewpoint. I think the tendency of the time, as you all recognize, that more money should be spent on the program and less on entertainment. To my mind, we have not nearly reached the ideal. I think it is an utter disgrace that a professional man, whose time is worth from $25 to $100 a day, should be required when attending a post-graduate course to spend three or four days or a week of his valuable time and then have the committee in charge spend $150 on programs, and perhaps $250 on ice cream and smokers. (Applause.) Until we are ready to appreciate what our time is worth, we cannot hope to accomplish as much as we desire. Banquets and smokers are good things; they have their place, but the majority of dentists do not attend meetings for that purpose. They come to learn and they expect to learn from clinicians and demonstrators. We might as well take that as a fundamental principle and go back to our state societies and plan to spend $500 to get a program, and for traveling expenses for clinicians, etc., and spend less money on entertainment. It is a perfect insult for our societies to ask a man to spend perhaps one week of every month to go somewhere to help conventions, and expect or let him pay his own railroad fare to and from the place of meeting and then perhaps in addition furnish him a lantern that is not much good and a man to run it who does not know how. Perhaps he destroys several lantern slides, and the clinician or speaker when he goes back home, has to pay for his own lantern slides. We are a pretty cheap lot, and I am referring now to our national and state dental societies. We should put, at least, $500 into our program, and better $1000, for we will get it back every time. We should pay competent men more than their expenses. Why did they have a thousand dentists in attendance at the K. O. M. Tri-State meeting? Simply because they gave those in attendance something worth while. They had good clinicians and good men to read papers. When the programs are as attractive as they are in New Jersey and the Tri-State meeting, they are bound to get a large attendance and an interested audience. If you employ first-class clinicians and

first-class essayists and pay them for their work, you are going to get the benefit of it.

As to the details for working out the clinic plan let us assume that all of you are presidents, or have been, of societies. Relative to the success of the progressive clinic, I will say to Dr. Hall that it will depend very largely on the ability of the man organizing and directing it whether he is competent first to appreciate a progressive clinic, and then the facilities to carry it out with dispatch. If you have not the right man, do not try to carry out that kind of clinic. He must have his details worked out weeks before and his charts and tables ready so that they can be fixed up for every booth days before the clinic. Do not be misled by telling him he can get all these things ready in twenty-four hours and trust to some boys to carry out the details for him. Do not try it. After having the right kind of man, the next thing is to see that he audience appreciates it. Then you must start a campaign of education among the members of your association, telling them what you are going to do and what they have to do when they come there. That things must be run on time and that they must follow your plan to go into groups and behave as you want them to. Having selected your captains, I would send out a special letter, put on it a two-cent stamp, not a one-cent stamp, which is very important, and then having instructed the members of your association and your clinician do not trust to information going to chairmen of clinics by word of mouth, but direct a personal letter to them. Have the information given in written form, so that every man gets an exact copy. Emphasize those things in particular which your clinicians must understand they must fulfill. Let them fill up twenty minutes if that is the time allotted to them. It is a mistake to let them go one minute over. It is better to leave three to five minutes for asking questions. Have them all understand that. Do not let any clinician come with the idea that he can give a thirty-minute clinic or a five minute clinic. It must be an eighteen or a twenty-minute clinic, and no longer, so that the question of detail comes right back to you.

The success of our plan depends upon the president of the association because primarily he is responsible to see that every chairman of every committee is carrying out the detail. Having instructed your men who are to be clinicians and having instructed the members, you should personally see that the charts, the amphitheatre, and the stereopticons are in order. If you make somebody else responsible you should see to it that they are there in proper time. Do not give a man a poor lantern and expect a first-class demonstration. Go to the expense of getting a lantern with sufficient illuminating power to give a good demonstration, and with a corrected lense that will give a flat field and in focus everywhere at the same time. Two-thirds of the lanterns furnished the speaker are very, very poor excuses.

Having instructed your men and your audience, you are then ready for the selection of your subjects. By all means have just as much system in the selection of subjects as you have in the working out of the program. It is unfortunate for instance, to have a man see a clinic, we will say of root canal fillings in advance of some proceeding root canal operation. You must have the progressive idea in the selection of the clinic and that will work out with great interest and profit. To do that successfully, the thing that Dr. Hetrick called attention to must be carried out. The men must rehearse together. Put the men in touch with each other so that each man will bring the subject up to where the other man will begin. Having the series of subjects arranged in the way they must appear, and having

your details thoroly worked out, you do not need to have any concern about men giving up a share of their time because the progressive clinic is a study club. Do you realize that in the last twelve months there have been more study clubs organized than in the whole history of dentistry before. In the City of Cleveland there is a movement on foot, and we believe it will be consummated, to get every man in the Cleveland Dental Society in some study club. There are already fifty dentists who are interested in these study clubs. Men are getting a new appreciation of dentistry. They realize they must go back to the books, and to the fundamentals, and the idea is in order to get the most in the least time, to have an expert who can put it in the most concentrated form for the dentist and let him get it in a large quantity in a short time and, of course, that means concentration of the dentist's strength as well as his time.

THE RELATIONSHIP BETWEEN DISEASES OF THE MOUTH AND GENERAL DISEASES.

By Thomas R. Brown, M. D., Baltimore, Md.

(Read before Odontological Society, Western Pennsylvania.)

IN A SENSE it may be bringing coals to New Castle for a medical man to discuss the relationship between diseases of the mouth and general diseases, and yet at the risk of being trite and uttering many truths better appreciated by you, odontologists, than by me, an internist, I should like to briefly present certain questions which should be of equal interest to dentists and physicians, questions where each is involved in discussing etiology, pathology and symptomatology, while for a rational and successful therapy it is absolutely essential that the two professions attack the problems presented hand and hand and not independently. To me there is no better sign of real medical progress than the obvious tendency of the day for men working in overlapping fields to come together to elucidate the border-line questions presented for solution; the physician and the surgeon no longer look askance at each other, and ipso facto take opposite sides, but each sacrifices some of his extreme views, and the patient is correspondingly better diagnosed and better treated, and no longer falls between the two horns of the dilemma; and so it is with physician and gynaecologist; orthopoedist and laryngologist; internist and physiological chemist, and of very recent years medical man and odontologist. It is refreshing to see our large medical schools recognizing this tendency in the formation of dental departments in close association with their other services, and to realize that the establishment of an odontological section in many of our larger medical societies is a well deserved appreciation of what we owe, what we have learnt, and what we hope to be taught in the future by our brethren in the dental fraternity. And yet the real wonder of it all is that such a recognition came so late; when we consider the chemical, mechanical, and bacteriological problems bound up in the preliminary preparation of the food stuffs and the enormous possibilities for disease in the body as a whole, altho especially in certain of the systems if any of the functions varies from its normal.

I for one am proud to recognize the debt we all owe to the members of your profession who have so broadened our views in this field, who have taught us its importance in the underlying pathology of many hitherto poorly understood conditions, and I still, as I have always done, begin my lectures on digestion to the students with an exposition of the importance of the study of the teeth and other appendages of the mouth, and the hopelessness of curing many widely different digestive diseases without the active cooperation of a competent odontologist.

And so I come here tonight possibly to bring something new to some of you in my short message more perhaps to re-