

It may be known before setting whether a porcelain inlay fits, and if it is defective anywhere, it is better to make another rather than hazard an ultimate failure.

But it is in its esthetic aspect that the porcelain inlay is most attractive. It is a great achievement to place a mouth, ravaged by dental caries, in a comfortable and sanitary condition; but to add restoration of the original beauty of the teeth is a supreme triumph, and

one worthy of the wonderful age in which we live.

In America the porcelain inlay was born; in Europe it has attained to its highest development. These facts are of much significance—for our profession is no longer provincial, but it is everywhere working upon the same problems in a generous spirit of fraternal rivalry, and for the good of all the world.

[See also *Discussion*, as reported under "Proceedings of Societies," this issue.]

THE PROGRESSIVE DENTAL CLINIC. W52

By WESTON A. PRICE, D.D.S., Cleveland, Ohio.

BECAUSE many of the most serious disadvantages of the ordinary dental convention clinic are quite satisfactorily overcome by the Progressive Clinic plan inaugurated by the writer at the Northern Ohio Dental Association meeting held at Cedar Point, June 1912, and because of the many inquiries asking for information regarding details for conducting such a clinic, together with the fact that the National and some other associations, when they meet in the near future, will use this plan, the following detailed outline is given. When this plan was first used, practically everyone present pronounced it a great improvement, and none were more enthusiastic than the clinicians themselves. It has since been used with the same general satisfaction in other places.

THE WRITER'S PLAN.

The plan of the Progressive Dental Clinic contemplates the greatest possible advantage and convenience to the greatest possible number, and is based upon the dividing of the audience into groups or classes of equal size, and distributing them thus equally to each of the clinicians.

At regular and pre-arranged intervals—of fifteen minutes for instance—at the

sounding of a loud gong, or a series of buzzers, preceded by a one-minute signal, each class proceeds to the next clinician, there being the same number of progressions as clinicians. Each person on entering the hall is given a serial number which determines which class he shall start in. Suppose, as was the case at Cedar Point, there are thirteen star clinicians distributed, seated at small tables on slightly raised platforms, each with two rows of chairs surrounding his table, thus seating from twenty to thirty dentists. The clinics are numbered from 1 to 13. Numbered tickets with stick-pins are previously prepared, running from 1 to 13, and repeating in order. These are handed to the audience as they enter the clinic room, and their numbers will determine the clinic at which the auditors will first congregate and start. Since there are as many progressions as clinicians, every man sees every clinic from beginning to end, and each clinician has a new audience to repeat his complete clinic to. This distribution is equally as convenient if the clinicians are placed in adjoining rooms, which are provided with buzzers for signals, while outside each door is a sign with the number of the clinic. Each leader of a class can carry a standard, giving the number of his class to late-comers, and, if sepa-

rate rooms are used, this class number should be left outside.

If two men wish to go together, they are given corresponding numbers, and since there is an equal number of each of the numbers from 1 to 13, it is very easy to keep the classes all of the same size.

Each class has a chairman or leader who is instructed to change the number for any man wishing to change his class to see a clinic repeated, etc. These chairmen or leaders of the classes are selected beforehand; each is instructed to keep his crowd together and progress them promptly. A copy of such an outline as this is put in the chairman's hands.

By public and program announcement, the clinicians and audience must be instructed to be in place promptly at a stated time. In order to carry out this plan successfully, all clinics should be *first-class*, and only men should be invited who are able to keep an audience for that period of time.

For large audiences with divided interests, the clinics should be divided into two or three series—say, mechanical, operative, and therapeutic—and each series should progress independently or simultaneously as desired, or have entirely different time periods for progressions.

Specially long clinics, if worthy, can have a double period accommodating two groups or classes at once, or several short clinics—such as can be grasped at sight without explanation—can be so arranged in one clinic as to use together one period of time.

At Cedar Point there was not a hitch from beginning to end, nor was there a single complaint that reached the management, and a little deluge of expressions of satisfaction came from both the audience and clinicians. The clinicians had not been notified as to the amount of time they should plan their clinics for. This should be done.

PRACTICAL ADVANTAGES.

Some of the practical advantages are:

(1) Each visitor 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 minute or two regularly.

(4) Obtrusiveness and crowding of a popular clinic is entirely prevented.

(5) Practitioners generally get into ruts, and wish to stay there. They often do 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 to see good educational clinics, and are 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, is 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 *star* clinicians.

SOME COMMENTS.

The accompanying letters, alphabetically arranged, give the viewpoints of the clinicians, also the viewpoint of one of the dentists in the classes, viz, Dr. Geo. H. Wilson.

These letters were sent in reply to the inquiry asking the writers' criticisms, opinions, and suggestions.

Dr. RUSSELL W. BUNTING, University of Michigan, Ann Arbor, Michigan, states:

Your letter at hand asking my opinion of the manner in which the clinics were held at the Northern Ohio meeting.

In reply would say that it was the most-

successful clinic that I ever attended. From the standpoint of the clinician, the method used saved him time and energy, besides relieving him of the petty annoyance of interruptions and repetitions. He had an opportunity to tell his story, make his points clear to those who were interested, and then give the same matter to the next group. From the standpoint of those who wish to see the clinics, it must be a great relief to have the undivided attention of the clinician for a short time free from interruption.

In case this method is used in a larger meeting, I would suggest that the clinics be divided into groups as to subjects, and also as to time. Many clinics can be given in this way in five minutes, while others need fifteen. I think the scheme is an excellent one, and should be adopted wherever it is possible.

Dr. A. J. BUSH, Columbus, Ohio, states:

My opinion of the progressive clinic can be briefly stated as follows: First, The clinic is indorsed as first class; second, The clinician receiving the indorsement is honored thereby, and accordingly strives to give a high-class clinic; third, The respectful attention accorded a clinician, under these circumstances, is a positive benefit and works to the advantage of all. It is the first clinic that I ever gave that someone did not try to interrupt my clinic in order to give a clinic of his own, and in thinking this over later, I came to the conclusion that perhaps someone's views had been broadened, even if my own had not. I say this to describe the complete change from former experiences.

Dr. M. H. FLETCHER, Cincinnati, Ohio, states:

I am pleased to commend the progressive clinic idea. It certainly must be more gratifying to the audience than the old method. Fifteen minutes may not be as much time as some would like, yet such persons have the opportunity of returning, so everyone has a chance, which they do not have in the old way.

In the progressive plan, the clinician may not have all the time he may desire, but by proper condensation the whole story can be told in fifteen minutes. I like the plan, as a clinician, better than any I have tried.

Dr. GEO. B. HARRIS, Detroit, Michigan, states:

The scheme is very advantageous to the clinician. By that means it becomes possible for the clinician to go from start to finish without interruption and with the least amount of duplication.

Under the progressive method, as used at Cedar Point, I would not answer any questions until through with the clinic. I then devoted the last five minutes to answering questions and found this to be very satisfactory to all concerned. The advantage of it is that the clinician does not have to give a clinic to one or two and then repeat to twenty or thirty. It is a good idea, and should be adopted at the coming National meeting.

Dr. WM. O. HULICK, Cincinnati, Ohio, states:

I desire to say to you that in fifteen years of clinic work in our state and many others, I have never had as satisfactory an arrangement as the one at your meeting. It gave the clinician an opportunity to do justice both to himself and to his audience, or class, as you termed it.

Dr. G. D. LAYMON, Indianapolis, Ind., states:

The progressive clinic idea, as employed by the Northern Ohio Dental Association at their last meeting, impressed me very favorably. As far as disadvantages are concerned, the only one of importance is that certain clinicians must hurry through their clinics in order to finish in the allotted time, while others may have time to spare.

As to the advantages there are several: (1) The audience is so subdivided that crowding is eliminated; (2) order is maintained, which is gratifying to the clinician; (3) this arrangement permits each dentist to comfortably see and hear every clinic; (4) the interest of the clinician is maintained by the periodical change of audiences, and (5) the number of dentists attending each clinic is always constant, so that no clinician is embarrassed by having small audiences.

Dr. ANDREW J. McDONAGH, Toronto, Ont., states:

From a clinician's standpoint, I would say that the progressive clinic of the Northern Ohio Dental Association was a great success. It kept the clinician busy every moment, and he had the satisfaction of knowing that he was not repeating himself to the same individuals. However, all clinics in a circuit

must, necessarily, require the same time to complete. Allow me to congratulate you on the success of this novel feature.

Dr. FREDERIC A. PEESO, New York City, states:

I think the idea one of the best that I have ever seen worked out so far, but it seems as though it might be modified in some way to make it still more satisfactory. As you know, in some of the clinics there are intricacies requiring more time in explaining or demonstrating than others which are so simple and plain that they demonstrate themselves almost at a glance. As to what changes might be made or whether any could be made to work this out, is up to you to think out, but the plan was so successful and so far ahead of anything I have ever seen, that it could be carried out as it is with great satisfaction and profit to the profession.

Dr. H. CARLTON SMITH, Boston, Mass., states:

I consider it the best system I ever saw used. It leaves nothing to be desired, unless possibly, in case of an all-day clinic, a recess in the middle of the forenoon might make it a little easier for the clinician.

Dr. EDWARD SPALDING, Detroit, Mich., states:

I like the idea of limiting the number of people around the clinician, as being much pleasanter and more profitable to the clinician and the listener, but do not believe that you can make the same period of time suitable to

all clinics. I think it possible to give some clinics one period of time, and others two periods, or possibly three. In my own case, I needed two periods of time, and could have used three to advantage. Then I was told by a number of men that they wished to see the same thing over.

Dr. MARCUS WARD, Ann Arbor, Mich., states:

From the standpoint of a clinician I was much pleased with your progressive clinic after the first section had passed by me. Previous to this time, I was uncertain about the ground that I could cover in the time allotted to me. The first section left me almost in the middle of one section of my clinic, but the succeeding ones were handled with ease. From the standpoint of the dentists, I observed that all of them visited all the clinics. Oftentimes, a man or group will become interested in one or two clinics and will not leave them at all, to the detriment of both clinician and dentist. In your progressive clinic they *all have to see it all*.

Dr. GEORGE H. WILSON, Cleveland, Ohio, states:

I consider the clinic of the 1912 Northern Ohio Dental Association by far the most unique, successful, and gratifying of any I have ever attended. The success of that clinic should revolutionize the clinics of the entire country, and I predict it will so do. The method will create a demand for fewer and better clinicians, and everyone will have an equal opportunity to get everything presented. In a word, I consider it—CLINIC PERFECTION.

SOME REMARKS ON THE REMOVAL OF TROUBLESOME TONSILS OF INTEREST TO DENTISTS.

By HENRY GLOVER LANGWORTHY, M.D., Dubuque, Iowa.

ALTHOUGH a discussion of diseased tonsils and adenoids in their relation to mouth affections has been a common one in dental literature for a long time, there is one vital feature in connection with their surgical treatment

which should be kept in mind by the dentist, and which is as applicable to his own as to other people's children. The above statement, therefore, is sufficient excuse for the creation of a special paper which has to do solely with the question