

THE LINDSAY CLUB

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COMMITTEE 1982-83.

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SOME NOTES FROM THE CHAIRMAN

It seems less than a year since I wrote the introductory remarks to our newsletter number 8. That well-known phenomenon is now at work, ie, the clock now seems to tick faster for me than it used to do. And so it does for everyone, which makes it very important for us to document as much as possible of our knowledge of contemporary events. With this aim in mind you will find an introductory article on Oral History, which I hope will stimulate at least some of our members to get involved in the preparation of a series of dental oral histories. Such a project will provide future historians with the viewpoint of current dentists, patients and other people who together make up the contemporary dental scene. If you are interested in joining an oral history research group of the Lindsay Club then please contact Jenny King at The London Hospital. If not, then just proceed on your own. Jenny or I would be delighted to help you in any way possible: just ask!

Last year I wrote about the possibility of introducing a History of Dentistry Journal. There is interest in such a venture but we would have to be sure of a supply of 'good quality' papers. Perhaps the oral historians will stimulate some influx, after which the situation can be reviewed.

Once again a special thank you is due to Margaret Clennett, librarian of the British Dental Association. She has produced a splendid bibliography of papers of interest to

dental historians. Such a production is no mean task. She should be assured that her efforts on behalf of our members are very much appreciated.

In the last newsletter I mentioned the one-year part-time course in the History of Medicine organised by the Worshipful Society of Apothecaries. It is not only for people who wish to take the DHMSA; simply attending the lectures is value in itself. It is pleasant to note that two other dentists, both members of the Club, have attended this year's programme. Such courses remind us of the rich histories of our sister professions, especially medicine, surgery and pharmacy; and they help to put the history of dentistry into its proper perspective.

It was a great pleasure for us to travel to historic Stratford-upon-Avon for the June meeting, held in conjunction with the Annual Scientific Meeting of the BDA. Members and guests enjoyed a delightful talk by Ronald Cohen on 'Warwickshire doctors and dentists.' As we have come to expect his paper was exceptionally well researched and presented.

ORAL HISTORY AND DENTISTS by S. Gelbier

WHY ORAL HISTORY

As pointed out by F E Manning: 'Much can be gained by listening to older inhabitants recalling the past and by putting their memories on tape. The noted pioneer George Bourne wrote Talks with a Surrey peasant² as early as 1918. In 1938

Allan Nevin urged historians to systematically obtain:

'From the lips and papers of living Americans an extensive personal record of the part they have played in the political, economic and cultural life of the nation.'³ His proposals evoked little enthusiasm. Some contemporaries had reservations concerning the wisdom of allowing historians to collect memoirs from the living. They felt that such a technique could endanger their objectivity and lead to the production of self-orientated partisan accounts of recent events. Others felt that historians did not possess the skills needed for autobiographical interviews. However, by 1948, when the tape recorder had been perfected, Nevin received sufficient funds to establish an oral history research department at Columbia University.

Oral history is now accepted as a method which strongly supplements library and other documentary research. A leading organisation in stimulating the development of oral history research is the Centerprise Community Centre in Hackney. It tends to reflect the everyday lives of working people rather than the upper classes: that the latter much more readily have appeared in print, tends to unbalance the historical 'feel' of a particular era. The 'People's Autobiography of Hackney' is a group which meets fortnightly as a Workers' Educational Association local history evening class. They are building up a picture of life in Hackney over the past hundred years so as to make it available to people with an interest in the history of everyday life.

The 'Autobiography' believes that this kind of history is important both as an archive and as an essential part of understanding our own lives. They attempt to remind themselves and readers of their publications of 'the vital connections between past and present'; giving people an opportunity to look back on the old days and to read and write for themselves about how things last or change.

Oral History and Medicine

George Sarton reminds us⁴ that: 'the history of science and ... medicine ... is not simply an account of discoveries. Its purpose is to explain the development of the scientific spirit, the history of man's reactions to truth, the history of the gradual liberation of our minds from darkness and prejudice. The use of oral history is not a recent phenomenon.'⁵ Its major component, autobiography, has been a facet of western historiography since Greek and Roman times. During the Renaissance, many humanists used Greek and Roman autobiographies as models in developing their own art of self-portrayal. Over the years there have been many autobiographies of historians, philosophers, poets, politicians, theologians and members of the nobility. They are excellent sources of information. L R Grote of Ahalles⁶ has gathered together the autobiographies of contemporary physicians in an effort to delineate the growth of modern medicine. Similarly, Murchison (1930)⁷ has collected the autobiographies of pioneers in psychology in order to chart the development of the history of that discipline. However, not all oral history stems from autobiography. Benison reminds us that some of its antecedents are rooted in the

activities of anthropologists and folkloreists who have long been engaged in collecting and analysing the oral traditions of man, and most notably in pre-literate societies.

In the United States most medical oral history programmes concentrate on obtaining of the memoirs of physicians who have retired or are close to retirement.⁸ Such people have a wide experience to draw upon; but the subject must be 'mentally competent.' On the other hand, although younger people cannot draw on as wide a range of experience as older ones, their reminiscences may be richer in detail and more disciplined; and the oral historian can always return to the younger man for additions and re-examination of particular topics. 'Man continually re-writes his history. His views change.'⁹ Therefore, re-examination of historical problems at different time periods can create a guide to those events and experiences that contribute to the physician's re-interpretation of the history of his discipline.

METHODOLOGY

Oral history is not instant history: it needs very careful preparation. Benison allows 20 to 30 hours of research for each hour of interview.¹⁰ He therefore suggests that rather than choosing subjects at random, interviews could be more productive by defining subject areas for which the same background material can be used. The latter may be obtained from old journals, local newspapers, trade directories and advertisements. They will help to define the subject area of the interview, and to draw up a list of questions and discussions points.

Unless the interviewee objects a tape recorder should be used to ensure that an exact record of what was said exists. The historian must spur the chosen subject's memory using information gained during the preparatory work. When documenting the memoirs of a contemporary it is sometimes better for the actual interview to be carried out by someone unknown to the subject, but this is not always possible. The problems of a 'participant-observer' interviewer have been documented by Gelbier.¹¹ The historical researcher should collect from his subject and from other people photographs and supporting documents both as a check on the reliability of memory and to supplement the account obtained.

Photography and video-recording can be a boon, but must be used with sensitivity. After collection the taped material must be transcribed word for word, edited and catalogued, keeping everything together in a safe place.

Editing is a major problem for historians. Some feel that if they edit the material they tamper with the 'truth' of what has been said. However, the spoken word is very different from the written word. Conversation is frequently untidy no matter how logically the interviewer tries to pursue a problem. Indeed, random wanderings in a number of directions will draw out material over and above what the interviewer feels might be available. There are thus unfinished sentences, repetitions and asides, perhaps triggered by the memory of a name or event casually recalled. Sometimes, the interviewer and subject lapse into a conversational

shorthand because of a common understanding of the subject matter under discussion. For example, when in the middle of a sentence the subject says 'you know' the interviewer 'might' know; the reader probably does not. The person interviewed may quote from a book or letter without indicating in speech that he is quoting. When transcribed from the tape quotation marks are used. Editing thus contributes to clarity. Nevertheless, the original unedited transcript of the tape must be kept for study by future historians. Remember transcription of a tape takes far longer than the original interview.

Although most oral historians work alone group work is becoming popular. The 'People's Autobiography of Hackney' meets fortnightly to listen to and discuss tapes, written accounts, photographs or other documents brought in by members. They share out the work and then put everything into an order which makes sense in print. Each final text is the result of a joint discussion based on particular questions asked by a member of the 'People's Autobiography'. They try to ensure close collaboration between the contributor and the group members.¹² The principle weakness is that nearly everything is done voluntarily by people who meet for a couple of hours every two weeks. Thus, the process of producing a book is very long winded. It may take as much as two years between interviewing and getting the contribution into print.

A major problem is to know if oral historians are getting the truth. Sometimes they do not! Sometimes they lie. At other times, their prejudices recast events in such a manner as to make a professional propagandist blush.¹³ It is therefore essential, as far as possible, to cross check exactly what is being said. Pre-interview preparation will help.

USES OF ORAL HISTORY

Such history is used in a variety of ways. It may be 'incidental': if withdrawn the text would still stand on its own. However, it might also be 'indispensable', e.g. as used by Jerry White in his study of life in the Rothchild Buildings.¹⁴ It was easy for White to get background information on the history of the actual buildings in London's East End, plans, rents paid, etc. But nowhere could he have got the 'feel' of what was going on except by interviewing people who had lived there or whose parents had lived there. The resultant book makes extremely interesting reading and demonstrates excellently how oral history interviews can be utilized in the construction of a historical text.

Another excellent example of the use of oral history is Steven Humphries' book Hooligans or rebels?¹⁵ Much of his material was collected as part of the Bristol People's Oral History Project; some was drawn from the oral history archives held by the University of Essex, Manchester Polytechnic and the Avon county reference library.¹⁶ It is

important to know that such collections are available. They may contain important information about events happening in relation to dentistry. For example, we may puzzle why London's school dental service was using foot engines in 1910 whilst those of Berlin were using electric engines.¹⁷ An oral interview by the author of a resident of Deptford who was a patient at that time shows clearly that this was because Deptford then had no generalised electricity supply.

ORAL HISTORY AND DENTISTRY

The 'People's Autobiography' try to show how ordinary people help each other and their community. Maybe there are lessons here for dentists. So often we read about developments in technical expertise. Perhaps dental oral historians should be interviewing patients, as well as dentists, paradental workers and members of the dental trade to discover what they feel about dentists and dentistry. Only then will we obtain a picture of dentistry 'in the round.'

Clearly, the Lindsay Club should play a leading role in developing such a programme. Our younger members in particular could undertake the work: senior members can supply some of the 'memories.'

Dr. Jenny King is particularly interested in developing a programme of oral history in relation to dentistry. Anyone interested in joining her in any way for this venture, which could be a postal group rather than simply one which meets, should contact her at the Department of Children's Dentistry,

The London Hospital Dental Institute, Turner Street,
London E1.

NOTES

1. F E Manning (undated) Beginning English local history,
London: the Historical Association, information leaflet
no.8.
2. G Bourne, (1918) The Bettsworth Book: talks with a
Surrey peasant. Reprinted (1971) by Phillimore. Also
see G Ewart Evans (1970) Where tongues wag all. The
relevance of oral tradition (about East Anglia), Faber.
3. A Nevin (1938) Handbook of historiography, the gateway
to history, quoted by S Benison (1971) chapter 17 'Oral
history: a personal view', in E Clarke (ed) modern methods
in the history of medicine, University of London: The
Athlone Press, p.289.
4. Quoted by Benison, ibid, p.286
5. Ibid., p.287
6. Ibid
7. C Murchison (1930) History of psychology in autobiography
quoted by Benison, p.288
8. Benison, p.294

9. Ibid., p.295

10. Ibid.

11. S Gelbier, (1980) Appendix A 'Methodological problems of the participant-observer' in Dentists, dentistry and the NHS: a study of their interaction, PhD thesis, Council for National Academic Awards.

12. 'People's Autobiography of Hackney (1981), Working lives, volume 2: Hackney 1945-77. Centerprise Trust Limited (136 Kingsland High Street, London E8).

13. Benison, op.cit., p.291

14. J White (1980) Rothchild buildings. Life in an East End tenement block 1887-1920, Routledge, Kegan and Paul.

15. S Humphries (1981) Hooligans or rebels? An oral history of working class childhood and youth 1889-1939, Basil Blackwell.

16. The Manchester collection consists of over 1,000 tapes of interviews formed by Bill Williams and the Manchester Studies Unit of Manchester Polytechnic. Their work is described by A Linkman and W Williams in 'Recovering the people's past: the archive rescue programme of Manchester studies', History Workshop Journal (1979) pp 111-26. Other interview abstracts used by Humphries were drawn from P Thompson and T Vigne's 'Family life and work

experience before 1918' collection at Essex University; and from the Manchester Studies collection of tapes and transcripts.

17. S Gelbier (1982) 'Charles Edward Wallis and the rise of London's school dental service', Medical History 26: 395-404.

FURTHER SOURCES OF INFORMATION

- a) S Humphries wrote a detailed account of the financing, organisation and achievements of the Bristol People's Oral History Project in Oral History (1981) 9 (1). Some 200 museums, libraries, public records offices and historical societies hold tapes and transcripts relating to social and political history. The material is indexed in Oral History Society (1981) Directory of British oral history collections. This society is based at the University of Essex. It has regular meetings and conferences, and publishes Oral History twice yearly.
- b) P Thompson (1978) The Voice of the past, Oxford University Press, contains a wealth of material. It includes a valuable discussion on the reliability of oral evidence, as well as much practical advice on interviewing, project work and tape storage. There is a comprehensive bibliography.
- c) It is also worth glancing at S Purkis' Oral History in schools available from the Oral History Society, University of Essex, Colchester, CO4 3SQ

- d) Many autobiographies and local histories from community publishing groups are based on interviews with working class people. A good selection and bibliography of these is contained in Writing (1978) by Worker, Writers and Community Publishers
- e) S Humphries compiled a series of ten programmes on the spoken recollections of elderly working class people. They were broadcast in 1981 by the BBC, from whom tapes of the programmes should still be available.
- f) A Rogers (1977) Group projects in local history, Dawson, deals with historical research as a group activity.
- g) The National Library of Medicine's Oral History Programme is described in Bulletin History Medicine (1968) 42:274

WORK IN PROGRESS

R.A. Cohen

I am continuing work on the Cruickshanks and their dental prints. Isaac, the father, as far as I know, engraved only one print of dental interest, as did his eldest son, Isaac Robert. George, the younger son, as might be expected from his enormous output on all sorts of subjects, engraved at least six and possibly more.

I am hoping to begin shortly on biographies of the Dumergues. Charles Francois Dumergue was dentist (with Ruspini and Waite)

to the Prince of Wales, later King George IV. He was a great friend of Sir Walter Scott. In the Reference Library in Birmingham there are some hundred letters written by Dumergue to Boulton, the famous Birmingham industrialist, and I am at present transcribing them. The nephew of Charles F. Dumergue, Charles John Joli Dumergue, was dentist to George IV, William IV and Victoria.

The present work will be a development of part of the Alexander MacGregor Lecture given at the Birmingham Dental School on the occasion of the celebrations to mark the centenary of the founding of the school, in which I was greatly aided by the kindness of Mr. R. LeN. Noble of Cupar, Fife and Mr. J.M. Savory of Fakenham, Norfolk, descendants of the Dumergues, who very generously placed their very considerable family archive freely at my disposal.

DENTAL NUMISMATICS - INFORMATION SOUGHT

In the United Kingdom and elsewhere there has been research carried out into medical and apothecary numismatics. However, no in-depth study has been carried out of the tokens, medals and advertising pieces issued by dentists. In an attempt to put this right Lieutenant Colonel Ben Swanson Junior is coming from Texas to King's to carry out a major study. If anyone has information about the whereabouts of such material relating to American or United Kingdom dentists or dentistry it would be very helpful if they could suggest sources to Stanley Gelbier at King's Department of Community Dental Health. Some leads will then be available when Ben Swanson comes over at the beginning of 1984.

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