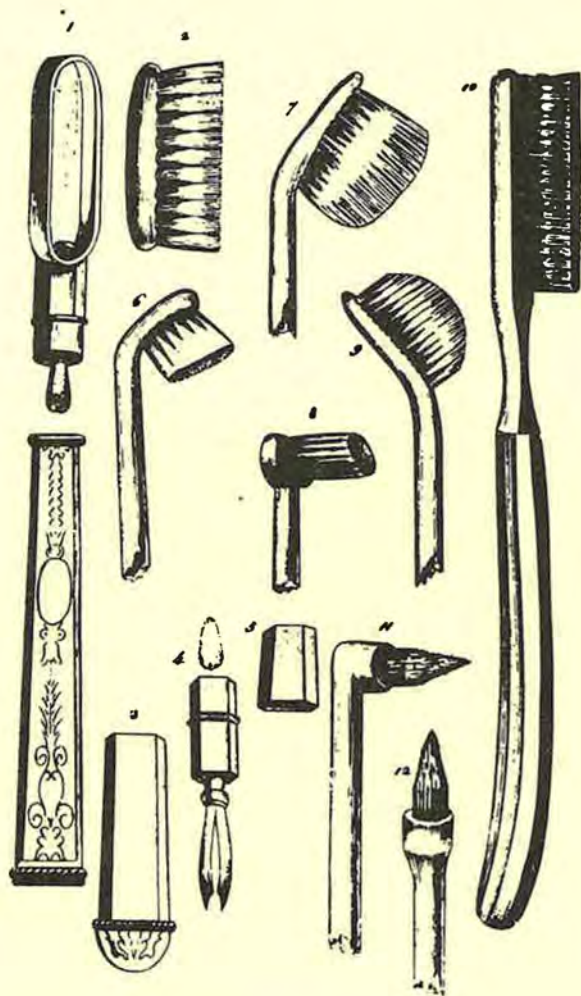


DENTAL HISTORIAN



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£4 per annum payable in October. Free for student members of the British Dental Association.

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Chairman's Remarks

E. Muriel Cohen

We have enjoyed three excellent and varied lectures in the past year, and next year's programme also augurs well. Since it is always pleasant to talk to others interested in dental history, the meetings are happy social occasions as well as intellectual feasts; thus the Southport meeting was special because of David and Christine Hillam's hospitality to our members and to members of the University of Liverpool's History Faculty as well as other friends on the Sunday for a buffet lunch. Our thanks to both of you!

Membership has risen during the year, thanks to the efforts of a number of keen recruiters.

I hope you will like the new title of our publication, which has come a long way since it was first produced as a typed and duplicated news sheet ten years ago. It should, it is hoped, attract both new members and further contributions on dental historical research, so please show it to your friends and colleagues - it is full of interest.

The Bott Family of Dentists

D G Hillam and Christine Hillam

The founding father of this dental dynasty of the late 18th and early 19th centuries was George Bott, born in 1748. When he married Hannah Parker on 13 June 1771 at the Friends' Meeting House in Nottingham, he was described as a woolsorter.¹ The following year, which saw the birth of their first child, George,² he had become a woolcomber and appears to have remained in the same trade until about 1776. In that year he began selling his 'newly invented corn salve' from his premises in Houndsgate, Nottingham,³ although he is still described as a woolcomber on the birth of his daughter Rebecca in 1777.⁴

The first reference to his involvement in dentistry was when, at the age of 30, he announced that he was moving from Houndsgate to Beast Market Hill and had purchased a large supply of patent medicines for his new shop. He thanked the public for the encouragement he had received as a bleeder and toothdrawer and informed them that he now made artificial teeth, cleaned, scaled and transplanted natural ones and performed extractions, 'having been instructed under one of the most celebrated dentists in England for that purpose'. He also sold groceries, confectionery, drugs and medicines, including his own toothpowder.⁵

The next year saw a further move, to Bridlesmithgate⁶ where he continued to trade both as a dentist and vendor of patent remedies (including horse medicines) for the rest of his life, advertising his products in both the Nottingham press and in the newspapers of the other midland towns such as Birmingham.

A receipted bill has survived from his early days as a dentist:⁷

Mrs. Wildbore	To Geo. Bott	dr.
5 mo. 20th, (1782)	To drawing sundry teeth	5.0.
	To 2 new teeth	1. 1.0
	To 1 whole jaw of teeth	7. 7.0.
		8.13.0.

Prices were somewhat higher by 1786:⁸

Complete set with gold springs	20 gn.
One whole row	10 gn.
Crowning a tooth	1 gn.
Artificial upper front tooth	1 gn.
Any other teeth	$\frac{1}{2}$ gn.
Cleaning	5s.
Properly lancing gums	2s.6d.
Fill hollow tooth with gold	5s.
Fill hollow tooth with silver	2s.6d.

N.B. His Tincture for the scurvy of the Gums 1s. exc. duty
Toothpowder for preserving and cleaning 1s. box
Proper brushes 1s. each.

Bott was confronted with the same problem encountered by all contemporary provincial dentists; he was unable to find enough clients in his home town and was obliged to travel to find them. In the late 1780s he usually visited Birmingham on one of his tours, staying at the 'Hen and Chickens', and a first-hand account of him has been preserved in the memoirs of one of his patients there:

I well remember one day when George Bott, the Friends' Dentist, came to examine my teeth. I agreed to have my front teeth drawn before my mother came in from her walk, that I might puzzle her as to my classification, as I should want the four teeth in the upper jaw, the distinctive mark of the primates. I sat still and had them all out, that it might be over when she arrived. George Bott said I was 'the best little girl he had ever seen'; and took from his pockets a paper of comfits as my reward. But I drew up, and said, 'Do you think Regulus, and Epictetus, and Seneca, would take reward for bearing pain; or the little Spartan boys?' He laughed heartily; and, my mother just then coming in, he said, 'Thy little girl is too much of a philosopher to be rewarded for bearing pain, but I still hope she is enough of a child to like these comfits, as a mark of love and kindness'; to which I acceded with great delight.

During these years Bott gave instruction in dentistry, albeit of a rather brief nature, to other would-be dentists such as Flint and James Blair, a hairdresser in Leicester, whose life has been chronicled elsewhere.¹⁰ Blair described him as a man 'whose reputation in his art is so well established and so generally known as to need no encomium'.¹¹

Unhappily, his professional reputation almost came to grief in 1799/1800 when the husband of one of his patients sued him for 'criminal conversation' (adultery). The

case, reported in graphic and, in parts, salacious detail in the *Times*,¹² was heard at the Guildhall, London. Mr. Duckworth, a prominent attorney living in Manchester, consulted Bott on one of the latter's visits to the city and recommended him to his friends. In addition, his wife had received treatment to the value of £150, her 'having very bad teeth'. Bott was also admitted to the Duckworth house socially 'as his appearance was that of a plain, fair and candid man ... his religious persuasions ... contributed to give him the air and character of simplicity'.

Evidence, admitted by the counsel for the plaintiff to be circumstantial, was heard from Mr. Duckworth's groom and also from Mary Elliott, a former servant. The groom recounted that when Bott treated the mistress of the house, in September or October of 1799, a towel was put across the parlour window to prevent anybody who was walking past from seeing what was happening inside. 'He had once passed the window on horseback, and could see over the towel. He observed Mr. Bott and Mrs. Duckworth sitting together. He had his right hand round her neck, and was giving her a kiss ... He was performing no operation on her teeth at that time; he had no instrument with him.' Another servant claimed to have seen the couple on a sofa in the parlour in an indecent position. She also confirmed that when Bott was at the house, a towel was hung across the window. Mrs. Duckworth had explained 'that it was to keep out the sun, to prevent it from spoiling Mr. Bott's work when he was performing an operation on her teeth, and, also, to prevent the splinters from coming against the glass'.

Mary Elliott provided evidence that when Mr. Bott stayed in the house overnight, Mrs. Duckworth's room had not been slept in whereas Mr. Bott's room had had two occupants. Also, four or five months later, she came upon the couple in a compromising situation, whereupon Mr. Bott appeared to be 'very much fluttered'.

* On cross examination, she stated that Mrs. Duckworth was often drunk; she was

neither pleasing in her person nor agreeable in her manners. She had a complete set of artificial teeth, fashioned by Bott, and made no secret of it. It was the maid's duty to clean them. 'Mr. Duckworth was a very handsome, well-looking man. As to the beauty of Mr. Bott, he was a tall fat looking man, well stricken in years, and not a bad looking man; he had the external appearance of a Quaker, and had an agreeable way with him'.

The Rev. Mr. Walker was acquainted with both men and Bott had attended his family. He described him as 'a man very eminent in his profession and carrying it on to a very considerable extent as to emolument'.

Summing up, the judge said that 'he could not well consider the defendant in this case as standing before them for a crime, and to answer for it by a punishment'. He took it for granted that the jury would find the fact of adultery. Damages of £200 were awarded against Bott, little more than the cost of the treatment administered.

It did not take long for news of this prosecution to come to the ears of the Nottingham Friends. They appointed visitors to 'procure all the information related to the matter'.¹³ Bott persisted 'in most solemn manner' that he was innocent but on 4 April 1801 the meeting concluded that it was right to disown him; his 'imprudent conduct' had 'been a means of bringing disgrace on himself and has occasioned sorrow and trouble to our Religious Society'.

However, despite this setback, Bott rejoined and appears to have been accepted by the Friends, for he remained the treasurer of the Quaker Benevolent Society which he had been instrumental in founding in 1776 and which bore his name.¹⁴ Throughout most of his life he was a regular contributor to charity, giving particular support to Sunday Schools, the Lancastrian School in Nottingham and

poor relief funds. He was a subscriber to the General Hospital Charity, a visitor to the hospital and from 1809, sat on its committee.¹⁵ In 1819 he was appointed auditor and the following year, a governor. In 1808 he became director of the Vaccine Institute. There can be little doubt that George Bott held an honourable place in Nottingham society, despite his unhappy lapse.

On his death in 1820, at the age of 72, Bott left the not inconsiderable amount of £9,700.¹⁶ Forty guineas was bequeathed to the General Hospital with which George Bott has been associated for so many years.

George Bott junior had a shorter but equally eventful life. Born in 1772, he was 'from the age of fourteen under the instruction of his father as well as some of the most eminent dentists in the kingdom'¹⁷ but also attended the Friends' School in Kendal, at least in 1790. However, his conduct while there was not of the most exemplary.

Having heard reports of his behaviour a few months after he left, the Friends of Nottingham disowned him as 'having too great a liking to unprofitable company, drinking to excess and staying out unseasonable hours and such like irregular conduct'. He was further 'charged on the oath of a young woman with being the father of a bastard child'.¹⁸

George returned to dentistry and in January 1791 he was in Birmingham on a visit of several weeks.¹⁹ So impressed was he by 'the encouragement he has met with' that he decided to stay permanently in Birmingham, moving from the 'Hen and Chickens' to lodgings at 95, High St., a glass and china warehouse.²⁰ By the following year, 1792, he too had moved into the field of patent medicines and was selling, amongst other products, 'genuine Switzerland Arquebusade, for internal and external bruises.' He also practised medical electricity.²¹

In 1794 he removed to 71, New St.²² and in 1796 to 2, The Square, where he was available during the Music Festival from 8 a.m. to 7 p.m.²³ The following year he was back in New St., at no. 75,²⁴ but by August 1798 had moved again, to 32, Newhall St.²⁵

It was while he practised from Newhall St. that he met with an accident in the pursuit of his profession. He was, in common with other dentists of his day, 'under the necessity of often leaving home' and on one of his tours was thrown out of a carriage near Derby, breaking his leg. He expected to be laid up at the New Inn in that town for a good two weeks.²⁶

By now, he too had trained other dentists, such as Twyford of Lichfield who advertised the connection in words almost identical to those used by James Blair in regard to George Bott senior.²⁷

In 1803, Bott jun. made the last of his many moves and set up practice at 8, The Parade. His stay there was a short one, for he died, without issue, aged only 32, in September 1804.

George Bott jun. was married to Sophia Jelf, four years older than himself. Sophia came from an extensive family in Bushley, Gloucestershire, but had a married sister in Birmingham.²⁸ When Sophia Bott was widowed, she immediately entered into an agreement with Mr. Parnell of Walsall (a member of the Royal College of Surgeons who had attended Fox's lectures while in London²⁹), recommending him to her husband's patients. He already visited Birmingham on Thursdays but from now on would transfer his venue to her house at 27, Cannon St.³⁰ Sophia herself continued to produce Bott's toothpowder and tincture. This was a step often taken by dentists' widows, but Mrs. Bott went further.

On 25 August 1806 she placed an advertisement stating that she had spent some time with Mr. Bott of Nottingham 'to perfect herself in the knowledge of the dentist business' and that he now recommended her 'as being fully capable of performing any operation on the teeth and gums. She can put in artificial teeth from one to a complete set, to appear perfectly natural and be easy and comfortable to the wearer. Mr. Bott has likewise consented to give her his advice and assistance in any difficult case that may occur if her patient wishes it.' Her subsequent advertisements stress the ease of wearing her dentures and that her scaling method not only beautifies the teeth 'but, what is more important is peculiarly calculated to ensure their preservation, especially if ladies and gentlemen will be pleased afterwards to follow her directions in the care of them'.³¹ The poor she treated free from 8 a.m. to 10 a.m.

She continued in practice until 1847 (when she was aged 79) and died in 1859 at the age of 91. She had the distinction of an obituary in the dental press, the only woman so to be noticed in the 19th century.³²

George Bott senior's youngest son, Parker (b. 1787) also became a dentist. He was apprenticed to his father in 1806³³ but this may be the date of registering the apprenticeship rather than the date of its commencement. A year later he is recorded in the diary of Abigail Anna Gawthorn as having drawn three teeth for her, after which she had tea and went to the play.³⁴ His appearances in the Nottingham press mainly record his subscriptions to charity; in 1812 he was a member of the mayor's committee for the relief of the poor³⁵ and from 1816 was a visitor to the General Hospital.³⁶

For a few years after his father's death in 1820, Parker continued the Bott practice in Bridlesmithgate but he does not appear in Nottingham directories as a dentist after 1825. From the early 1820s advertisements appear in the provincial press

stating that he was disposing of his father's patents. It may be that he was taken ill in 1826 for he made his will in December of that year, describing himself as 'gentleman'.³⁷ He died on 2 October 1827, leaving nearly £5,000. A later Parker Bott, a shopkeeper in Sherwood, Nottingham seems likely to be his son, especially as advertisements for Bott's patent medicines continue to appear widely in the provincial press for many years after 1827.

The Bott family of dentists epitomise the practice of provincial dentistry in the late 18th and early 19th centuries; the entrepreneurial spirit of George sen., the travelling, the not uncommon combination of dentistry with another trade, the involvement of the sons in the business, the substantial income to be made by a successful practitioner. What renders them exceptional is that accounts of some of them have survived in other people's diaries and letters and, in the case of the father, in evidence given before a court of law, breathing life into otherwise dead names.

The most unusual feature of the family group is the emergence of Sophia Bott as a practising dentist with a career of over forty years. A number of widows carried on their husbands' businesses under their own names for one or two years, employing a dentist to perform the clinical work³⁸, but instances of women training to become dentists and earning their living by dentistry are very rare before the present century.

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1. He had been admitted to the Society in March 1771 (Nottingham Monthly Meeting (Men's) Book, 1765 - 1796, 7 Mar. 1771, Nottingham City Library. Hereafter NMM).
2. 18 Mar. 1772, Derbys. & Notts. Quarterly Meeting Births Digest (DNQMBD). The couple produced 12 children in all, 6 of whom died in the first few months of life. Two of their sons became dentists, George (b. 1772) and Parker (b. 1787).
3. Leicester & Nottingham Journal, 25 May 1776. (Hereafter LNJ).

4. DNQMBD, 4 Oct. 1771.
5. LNJ, 14 Feb. 1778.
6. Nottingham Journal, 27 Nov. 1779. (Hereafter NJ).
7. Nottingham City archives, M8454. Bott had to wait until May 1784 for his account to be settled by Mrs. Wildbore's executor.
8. Aris's Birmingham Gazette, 13 Feb. 1786. (Hereafter ABG).
9. Hankin, C.C. Life of Mary Ann Schimmelpennick 1860, p. 5.
10. Hillam, C. James Blair (1747-1817), provincial dentist, Med Hist 1978, 22, 44-70.
11. Leicester Journal, 8 Dec. 1787. A letter dated 10 Oct. 1797 from Georgiana Duchess of Devonshire to her mother states that Mr. Bott treated her daughter Harriet in an operation lasting three hours.
12. The Times, 19 Dec. 1800.
13. NMM, 7 Jan. 1801.
14. Blackner, J. The History of Nottingham Nottingham, 1815, p. 129.
15. NJ, 1 Apr. 1809.
16. Prerogative Court of York, Calendar of probates, 1820.
17. ABG, 22 July 1793.
18. NMM, 1 Dec. 1790.
19. ABG, 3 Jan. 1791.
20. ABG, 31 Jan. 1791.
21. ABG, 7 May 1792.
22. ABG, 13 Jan. 1794.
23. ABG, 29 Aug. 1796.
24. ABG, 1 May 1797.
25. ABG, 20 Aug. 1798.
26. ABG, 31 Aug. 1799.
27. ABG, 9 Mar. 1795.
28. Sophia's brother, James (1763-1842) became a prosperous banker in Gloucester. Two of his sons were educated at Eton and Christ Church, Oxford. One of them, Richard (1798-1871) became principal of King's College, London.
29. ABG, 23 July 1804.

30. ABG, 15 Oct. 1804.
31. ABG, 15 Dec. 1806.
32. Brit J Dent Sci 1859-60 3 82.
33. Index to apprentices, Nottingham city archives.
34. Henstock, A. The diary of Abigail Gawthorn 1751-1810, Thoroton Society, 1980.
35. NJ, 16 May 1812.
36. NJ, 7 Dec. 1816.
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38. e.g. Martha Blair of Liverpool in the 1820s and Elizabeth Manne of Hull in the early 1850s.

ACKNOWLEDGEMENTS

The authors are glad to acknowledge the generous help of Edward Milligan, Librarian at the Friends' Meeting House, Euston Road, London, who also supplied information from the Derbyshire and Nottinghamshire Quarterly Meeting Births and Burials Digests.

A Link with the Past: John and Arthur Dainty

J E McAuley

A long family association with King Edward VII Hospital, Windsor, was ended with the death of Arthur John Dainty on 18 May 1981 at the age of 97. He had been honorary consulting dental surgeon to the hospital for some 35 years.

His father, John Dainty, was the first dental surgeon appointed to the staff of Windsor Royal Infirmary in 1891, but there was evidence of dental activities before then at the Infirmary. To quote from The Hospital at Windsor¹ - "It is probably true to say that one of the most practical forms of treatment which the Dispensary from its inception would be expected to render was the extraction of teeth. In 1861, the first year when any classification of cases treated in the infirmary is given, the number of teeth extracted was 398. The figure is given every year until 1890, and in 1888 it is stated: 'Teeth extracted and stopped 300. Various dental operations 31'".

It would seem that the house surgeon at that time may have had some inclination to dentistry, or as is possible Dainty may have attended at the Infirmary in Bachelor's Acre on an unofficial basis. He was in practice nearby at Park House, Sheet Street, and when appointed Honorary Consulting Surgeon Dentist in 1891 was to be "available for all important dental cases". His name appeared in the first Dentists Register published in 1879 with his qualification as LDS, RCS, Ireland 1878, and his address as 89 St. Andrews, Uxbridge. It has not yet been ascertained when he moved to Windsor, but he must have been in practice there for some years before his appointment to the Infirmary.

Although there were a few dental schools in Britain in 1878 it is probable that Dainty would have received no academic teaching, but have acquired his technical

knowledge and skill as an apprentice to an established dental practitioner. The first Dentists Act of 1878 became law on 22 July, and by the end of August the Royal College of Surgeons of Ireland had instituted a diploma in dental surgery. It was indicated that any bona fide practitioner could apply for this within a limited period, and it seems that John Dainty was one of the early recipients of the Irish diploma.

The first examinations were held in Dublin on 7 September 1878. The British medical journal was at the time no ardent admirer of the budding dental profession and made the comment that: "The Royal College of Surgeons of Ireland may, we suppose, congratulate themselves (financially) on being the first in the market with their new diploma". An editorial later referred to "the touting committee ... perambulating the country, and from hotel apartments issuing circulars bidding candidates to come forward, and endorsing their recommendations - not without a special arrangement for additional fees to themselves for their trouble".

It is not surprising that the near libellous statement provoked protests in letters from dental men and particularly from the Dental Diploma Committee, which was a body set up in May 1877 with the approval of the Dental Reform Committee to further the institution of a dental qualification. Also, a number of medical correspondents resented the inclusion of the word 'surgeon' in the title which a dental practitioner could then use. There is however nothing to suggest that the majority of dentists who obtained the Irish diploma at that time were not reputable professional men.

John Dainty remained on the staff of the Infirmary until 1923 and died in 1926. His son Arthur John Dainty was born in 1884 and qualified LDS, RCS, England in July 1905. He joined his father in practice and as honorary dental surgeon at King Edward VII Hospital in 1913. He was allowed leave of absence for military duties

in 1917, and served as a combatant officer in the Royal Field Artillery and was awarded the MC. He resumed his attendance at the hospital in 1919, and remained on the staff until his retirement from dental practice in 1946.

A.J. Dainty was married twice, and lost his son by the first marriage in the 1939/45 war, and his daughter Lesley died only recently. The Windsor and District Dental Society was founded in 1945 and he was elected its first president. He presented the society with a silver cigarette box which has become known as the 'Dainty Box'. The society became the Windsor and District Section of the British Dental Association in 1952, but the box is presented annually to a deserving member of the section. Dainty lived during his long retirement at Horsham, Sussex, and until his death returned regularly to see old friends and colleagues in the Windsor area. There are two daughters of his second marriage; the elder, Ann, lives in America and the younger, Mrs. Jill Arnold, at Tunbridge Wells.

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Cyril Bowdler Henry FDS MRCS RCS Eng., LRCP, LDS

and his Notes on Dentistry

Stanley Gelbier

On 7 December 1982 a note was published in the British dental journal indicating that an important bequest had been made to the BDA Library by the widow of Cyril Bowdler Henry.¹ But who was he, and what is the nature of this bequest?

Cyril Bowdler Henry was born in Leire, Leicestershire, in 1893. He was educated at King Edward VI Grammar School in Retford. Although Bowdler Henry took the matriculation examination of the University of Sheffield it was to London that he turned in 1912. There, he enrolled as a student at the Royal Dental Hospital of London and School of Dental Surgery in Leicester Square. As he was allowed to take some time off from his dental studies to complete parts of the medical course, at the same time he enlisted as a student at the Westminster Medical School. Following this combined course of study - not totally unusual in those days - Bowdler Henry gained the LDS Eng. in 1915; and in 1919 he completed the clinical medical course, being awarded the MRCS and LRCP in that year.

Because the first world war was in progress, immediately on completion of his LDS studies Bowdler Henry joined the Royal Army Medical Corps, the Army Dental Corps still not having been formed. By virtue of his dental qualification he was made a temporary first lieutenant "attached" to the RAMC. He was posted with the British expeditionary forces to Normandy where he served for a year. However, owing to a shortage of service medical officers, together with other temporary commission holders he was urged to return and complete his medical studies.

Bowdler Henry had a distinguished undergraduate career and so it is not surprising that he was soon appointed to the staffs of the Westminster and Royal Dental

Hospitals. However, he still kept contact with the basic sciences by acting as a demonstrator and tutor in these subjects.

According to the writer of his obituary² it was because of publication in 1938 of his widely acclaimed paper 'The prophylactic odontectomy of the developing mandibular third molar'³ that he was nominated as the Arris and Gale lecturer for 1933-4, and had the distinguished honour of being Hunterian Professor of the Royal College of Surgeons of England for 1935-6. It was during this period that he edited the eighth edition of Tomes' Manual of dental anatomy, a book of major importance. In 1962 he was the Menzies Campbell lecturer.

In the second world war Bowdler Henry joined the emergency medical services as senior oral surgeon to the newly established maxillo-facial unit at Hill End Hospital. Because of illness he had to give up that post. However, following recovery he became honorary consultant oral surgeon to the armed forces of Czechoslovakia, France, the Netherlands, Norway, and Yugoslavia who were stationed in the United Kingdom; and to the Ministries of Social Welfare of Norway and Poland. It is thus not surprising that he gained the following honours: Knight (First Class) Royal Norwegian Order of St. Olave; Chevalier de la Légion d'Honneur (France); Officer of the Order of Orange Nassau (Holland); and the Military Medal of Merit, First Class (Czechoslovakia).

After the war Bowdler Henry returned to practise at 62 Harley Street, his home since 1922. At the same time he continued his hospital commitments as senior surgeon and lecturer in oral surgery at the Royal Dental and St. George's Hospitals; and as surgeon dentist and lecturer in dental surgery at the Westminster. At some stage in his career he also worked in Sheffield and at King's College Hospital.

Apart from Bowdler Henry's major work in oral surgery he was in some

ways ahead of his time, being one of the first people to demonstrate oral surgical procedures using close-circuit television. So keen throughout his life was Bowdler Henry to ensure an interchange between dental and medical education, which he had so enjoyed, that he gave £10,000 to the Royal College of Surgeons of England to found a scholarship to financially assist graduates in dentistry or medicine who wanted to qualify in the other discipline.

When he retired from hospital practice in 1959, Bowdler Henry continued his busy practice in Harley Street, which he kept up until 1973. He died at home on 12 January 1981. A service of thanksgiving for his life and work was held at St. Marylebone Parish Church on 26 March 1981.⁴

During his lifetime Bowdler Henry was: a life governor of the Westminster Hospital; chairman of the Council of the Royal Dental Hospital; president and honorary member of the Odontological Section of the Royal Society of Medicine; president and honorary member of the American Dental Society of London; a founder member of the Board of Studies in Dentistry of the University of London; and an honorary fellow of the British Association of Oral Surgeons.

Bowdler Henry was an examiner for many examinations, including the MDS of the University of London. He wrote numerous articles on the aetiology and surgery of impacted wisdom teeth, oral surgery and pathology, also on dental education, and the history of dentistry.

As a hobby, Bowdler Henry had a passionate interest in the history of his profession (much of it is centred on his home street), especially as it affected his beloved RDH and its attached London School of Dental Surgery. At the time of his death, Bowdler Henry was writing a history of both the school and dentistry, which he had commenced in 1960, upon relinquishing his office of chairman of the hospital. He

was drawing together historical data already in his possession with a mass of important new primary historical information.¹ Fortunately, his widow Audrey realised the need to save his unique collection of notes and other material prepared for the book. She therefore offered them to the BDA library, where they have been placed with other important archival material.

In a note at the beginning of his papers Bowdler Henry wrote:

'It is not the author's intention to write a history of dentistry...What the author has in mind is to pick out the salient features as they apply to England from works already published and augment them, with new material of his own finding.'

This he certainly has done!

As honorary assistant curator of the BDA Museum, I have taken a particular interest in the 'Bowdler Henry Historical Collection'. It is my intention, as a memorial to Bowdler Henry's name, to develop and publish some of the themes originated in the collection.

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The Life of James Robinson

Britain's First Anaesthetist

A paper presented to the Lindsay Club on 27th February 1985

by Richard H. Ellis, summarized by Margaret A. Clennett

James was born in Hampshire in 1813, the youngest son of Charles Robinson, who followed a career in the Royal Navy. After leaving school at 14, James became a dental apprentice in London for three years. In 1830 he studied at Guy's and University College, then set up in practice in Store Street, moving later to Gower Street.

His career prospered, and he became active in the Reform Movement. In 1842 he founded the first dental society; the following year he started the British Quarterly Journal of Dental Surgery, and in 1844 established the Forceps, although both journals were to be short-lived. In 1846 he was awarded an honorary doctorate by the Baltimore College of Dental Surgery.

Robinson was a friend of Dr. Francis Boott, who lived nearby in Gower Street, and when news of the first use of ether in the United States reached Britain, the pair collaborated on its development in this country. On 16th December 1846 a letter reporting the use of ether as an anaesthetic in Boston had arrived at Liverpool; Boott quickly informed the medical press and arranged his own trial. At that time there were few surgical operations performed; the repertoire of operations was limited, patients were reluctant to face the ordeal while conscious, and gangrene subsequently killed many people. Dental extraction, however, was the commonest operation to be undertaken, since caries was widespread, the procedure relatively short, and complications rare. A dental operation was therefore the obvious choice for a trial of ether anaesthesia, and there was no problem in finding a suitable patient. Thus on 19th December 1846, only three days after the news from

America reached Britain, James Robinson used ether as an anaesthetic for the extraction of a molar, in Boott's house.

As a vapouriser he initially used a modified North's apparatus, although this equipment was to be modified subsequently by Peter Squire. Robinson then made further modifications himself to the design of the inhaler.

The procedure was demonstrated to the eminent surgeon James Liston, who was impressed by this new technique. Despite some failures encountered by other anaesthetists, Liston continued to advocate the use of ether anaesthesia, and practise it himself; his support was a significant factor in the continued use of a technique which did in its early days have problems. Indeed, in the early days Robinson and John Snow were the only operators able to produce reliable anaesthesia. Encouraged by Liston, the use of ether was taken up not only in Britain but also the United States, where it initially had met with opposition.

Robinson himself was regarded as a successful anaesthetist, and played a crucial role in establishing the reputation of ether anaesthesia, despite the short period during which it had his complete attention. He publicised the use of ether in the medical and lay press, gave demonstrations at his practice, at London hospitals and in private homes including Gore House, home of the influential Lady Blessington. In 1847 he published his Treatise on the inhalation of the vapour of ether*, the first textbook on anaesthesia, in which he recorded clinical and scientific observations.

After only four months' activity as an anaesthetist, Robinson returned to the practice of dentistry, relinquishing his role and reputation in anaesthesia to John Snow, whose name was in later years to become more widely known in this field. In 1848 James was appointed Surgeon Dentist to the Royal Free Hospital, and in the next year Surgeon Dentist to Prince Albert. In 1856 he became the first president of the College of Dentists.

On 2nd March 1862 he punctured his femoral artery while gardening, and two days later died of the resulting haemorrhage. He was buried in Highgate cemetery.

A plaque has been placed by the Society of Anaesthetists, denoting the site of Boott's house. As the siting had been queried, Dr. Ellis described the research undertaken to demonstrate that the location was in fact correct. Boott had died in 1863, and Gower Street was renumbered the following year. Kelly's directories, correspondence from Mrs. Boott and local authority minute books and maps showed that 24 had been renumbered as 48. In 1911 part of Gower Street, including the new No. 48, had been demolished, but the row opposite remained, allowing identification of the crucial site to be made.

- * Robinson, J. A treatise on the inhalation of the vapour of ether for the prevention of pain in surgical operations. 1847. The BDA Library has a copy of the original edition, and a facsimile, edited by Richard H. Ellis, published 1983.

Carl Koller - the Man and the Drug

The Menzies Campbell Lecture, Royal College of Surgeons of England

15th October 1984

Presented by J. E. McAuley, summarized by E. M. Spencer

The 1880s formed a decade in which German medicine was probably the most scientifically advanced in the world, but because ophthalmic patients were restless under general anaesthetics, this branch of surgery was less advanced, until on 15th September 1884 Carl Koller's communication on cocaine was presented and the history of local anaesthesia began.

Coca and cocaine

Coca plants thrive in Bolivia and especially in Peru, and the Peruvians have many legends about coca. The chewing of coca gives energy, relieving hunger, and after the Spanish conquest of Peru in 1528 it was widely used as sustenance. Lamarck, the French botanist, described and classified the plant in 1786 as *Erythroxylon coca*.

Cocaine, an alkaloid of coca leaves, was first extracted by a French chemist, Francois Gardeke, in 1855. Albert Niemann in Vienna extracted the alkaloid in 1860, naming it cocaine, and his assistant, Wilhelm Lossen, established its chemical formula as $C_{17}H_{21}NO_4$; both noted its numbing effect on tongue and lips.

Further human and animal studies were done by Angelo Mariani who infused coca in wine to make 'Vin Mariani', said to nourish and refresh the system, strengthen the digestion and act as a tonic; he also manufactured coca tea, lozenges and elixirs. These simple infusions, also used for throat afflictions, probably did not cause addiction. Coca-cola, first sold in the United States in the 1880s, even contained coca until banned by the Pure Food and Drugs Act of 1905. The pharmaceutical

firm of Parke Davis used to sell coca leaf cigarettes and cheroots. In the 1880s a British medical commission pronounced cocaine an undesirable substitute for caffeine but otherwise devoid of medical interest.

The first real study of cocaine's pharmacology was done by Thomas Moreno y Maiz in 1868, suggesting a possible use as an anaesthetic, and Vasilius Von Anrep, a Baltic surgeon, in 1880 reported its numbing effect on mucous membrane and observed the dilation of the pupil when a drop was applied to the conjunctiva without noticing that the eye became insensitive.

Carl Koller

Koller was born on 3rd December 1857 at Schuttenhofen, then in Bohemia, now in Czechoslovakia. On his wife's death Koller's father renounced his Jewish religion and moved to Vienna where Carl was privately educated until he entered medical school after a year's study of jurisprudence. Under Professor Salomon Stricker he wrote a paper on the origin of the mesoderm in the chick embryo, which he always regarded more highly than his subsequent work on cocaine. Koller qualified M.D. in 1882. Among his fellow students had been Sigmund Freud who qualified in 1881, and had also worked with Stricker. In 1884 both were internes, Koller specialising in ophthalmology. Freud became interested in cocaine on reading a paper by Theodor Aschen-Brandt in December 1883, and, hoping for fame and fortune to expedite his marriage, he investigated its clinical applications, publishing his paper in July 1884. Freud saw cocaine as an analgesic, and was more interested in its use in general medicine. He tested the drug on himself, prescribed it and recommended it to colleagues, inviting Koller to collaborate in a study of its effect on muscular strength and fatigue.

Koller had already examined the effect of various drugs on the conjunctiva and cornea, including morphine, chloral and bromides. In August 1884 he used a 2%

solution of cocaine hydrochloride, possibly presented by Freud, on the eye of a frog, finding that within a few minutes the cornea could be touched without reflex action. Repeating the experiment with a rabbit, a dog and then his own eye and his assistant's, he obtained the same results. Koller's friend, Dr. Josef Brettauer, presented his findings and gave a demonstration at the Heidelberg ophthalmological congress on 15th September 1884. On 17th October 1884 Koller read a more detailed paper before the Vienna Medical Society which, revised and translated, was published in the Lancet of 6th December 1884, while an account of the Heidelberg paper appeared in the New York medical record on 11th October 1884.

Freud gave Koller full credit for the discovery of the anaesthetic qualities of cocaine, though he had previously suggested its use for inflammatory and infective eye conditions to Leopold Konigstein, a senior assistant in the ophthalmic department; Konigstein used it only after Koller's initial trials. When Konigstein presented his experiments on painless removal of foreign bodies from the eye without mentioning Koller's original discovery, Freud and others made him publicly acknowledge Koller's priority.

Depressed by anti-semitism in Vienna and fears for his career, Koller toured European ophthalmic clinics and attended an international meeting of natural sciences in Strasbourg where he met Dutch ophthalmologists who encouraged him to become assistant to Frans Donders and his son-in-law Herman Snellen in Utrecht, where he regained his self-confidence. Having spent part of 1888 in London with the Swedish ophthalmologist Erik Nordenson, Koller emigrated to New York at the instigation of Arthur Ewing, who later became Professor of Clinical Ophthalmology in St. Louis.

Koller's original work on cocaine and his Utrecht researches on the anatomy of the eye, astigmatism, refraction and the design of lenses would have been known to

American ophthalmologists. Koller obtained a post at the New York Eye and Ear Infirmary and settled down happily, marrying Laura Blum in 1893. His daughter, Hortense K. Becker, wrote a biographical article on her father, and there was also an older child, a son. Chauncey Leake was an early patient with astigmatism, who later became Professor of Pharmacology at the University of California and developed divinyl ether (Vinethene) as an anaesthetic. Leake encouraged Koller to write an account, published in 1928, of his cocaine investigations.

Cocaine since Koller

In America cocaine had been used hypodermically by William Stewart Halsted of New York since its properties were first demonstrated. He initiated nerve blocking by interneural injection of a 4% solution, performing conservation of an upper incisor on his assistant, Richard J. Hall, using an infra-orbital injection. He demonstrated an inferior dental injection at the lingual foramen for excision of a section of nerve for trigeminal neuralgia. These demonstrations encouraged the hypodermic injection of cocaine by American dental surgeons. Halsted became dependent on cocaine, thanks to experiments on himself, as did Hall and two other assistants. A colleague of Freud, using cocaine to replace morphine for postoperative pain following amputation of a thumb, also became addicted.

In Britain, after 1885 cocaine analgesia waned in favour among dentists. W.A. Hunt of Yeovil, however, published his technique in the British dental journal of January 1886, emphasising the need to use only freshly prepared solutions of hydrochlorate of cocaine. The reasons for cocaine's unpopularity were the impurity or instability of proprietary preparations, the uncertain dosage and the unsure effect. In 1887 Charles Tomes dismissed cocaine as unsatisfactory in less than a page after a single personal experience.

Also in 1887 the Odontological Society of London formed a committee to

investigate the use of cocaine in dentistry, and two papers were published in the Society's Transactions; the first, by George Cunningham, recommended a 10% solution of cocaine hydrochlorate in doses of 10-15 minims by infiltration only, finding cocaine a good local anaesthetic though less effective, safe and reliable than nitrous oxide and having a stimulant effect. The second paper, by William Hern, investigated worldwide work with cocaine and described 90 cases of extraction at two London hospitals using a fresh 10% solution of 5-7 minims submucosally, which usually proved adequate though he listed certain disadvantages due more to technique and strength of solution than to the drug. Hern concluded cocaine to be a powerful local anaesthetic and a valuable and material addition to the dental pharmacopoeia.

Disadvantages of cocaine

Solutions could not be sterilised by boiling and did not keep well. Cocaine irritated tissue cells and might cause necrosis at the injection site as well as after-pain and oedema. During the 1890s substitutes like tropacocaine, eucaine and stovaine were developed, but they retained most of the disadvantages of cocaine.

A careful infiltration technique as practised by clinicians like Paul Reclus and Emile Sauvez of Paris and Carl Schleich of Berlin gave the best results. They infiltrated the area with frequent injections of small quantities of 1 - 0.5% solutions. These time-consuming techniques did not find many adherents, but continuing research led to the development of procaine in 1905 by the Swiss chemist Alfred Einhorn, working in Munich. Heinrich Braun of Leipzig conducted the clinical trials successfully and the substance was marketed by Bayer and named Novocaine. Since procaine had no vasoconstrictor effect, it was advisable to add a minute amount of adrenaline to localise and intensify its action, just as adrenaline had been added to some proprietary brands of cocaine.

Koller's honours

Carl Koller received several honours for his work on cocaine. Medals were awarded by the American Ophthalmic Society (1922), the University of Heidelberg (1928), the New York Academy of Medicine (1930) and the American Academy of Ophthalmology and Otolaryngology (1934). He ceased operating at the age of 70 but continued as a consultant until his eighties. Koller died aged 86 on 22nd March 1944.

Had Koller not demonstrated the anaesthetic properties of cocaine it might have been dismissed as of no real medical value.

When did Bartholomew Ruspini come to England?

Christine Hillam

There has been disagreement among dental historians over some of the details of Ruspini's career. Boggis stated that Ruspini came to England in 1750, but supplied no supporting evidence.¹ Menzies Campbell, on the other hand, having researched his subject more fully, came to the conclusion that Ruspini first appeared in this country early in 1759 and considered that his earliest advertisement is to be found in the Bath Journal for 16 April of that year.²

Two advertisements discovered in the York Courant for 1752 and 1753 may perhaps re-open the debate.

In the first, dated 19 May 1752, Ruspini described himself as an Italian surgeon.³ He brought with him a remedy discovered in Bergamo which would destroy all kinds of scurvy in the mouth and gums, even when the teeth might be hollow and rotten, the gums eaten away and the throat ulcerated. Instead of scaling the teeth with iron or other instruments, which only encouraged the scurvy, he used a small brush, a 'sponge' and the dried roots of mallows. If his remedy was used regularly, rubbed on the teeth and gums after breakfast and at night, then the patient would never have occasion to have one tooth drawn, though it might be entirely rotten. He was also able to render black teeth white.

During this visit Ruspini lodged at the famous Black Swan Inn in Coney Street, although he was prepared to visit patients in their own homes. The first consultation was free of charge and no payment was required until after the cure had been performed. He had already cured several persons in Manchester.

After his visit to York the following year, Ruspini left behind pots of his dentifrice

'to be disposed of at half a guinea each', marked with his name and double sealed with his crest, a dexter arm with a baton in the hand.⁴

These chance finds of 1752 and 1753 in the York Courant suggest that perhaps the press of the early 1750s should be re-examined for Ruspini advertisements. It may well be that he first came to England at the beginning of the decade on a short visit in his early twenties and only returned permanently in 1759; the answer to the enigma may lie waiting in eighteenth century newspapers.

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2. Campbell, J.M. Bartholomew Ruspini. In: Dentistry then and now, 3rd edition, Glasgow, 1981, p. 53.
3. It should be noted that Ruspini was not admitted to the faculty of surgery in Bergamo until six years later, in 1758 (Campbell, ibid, p. 52).
4. York Courant, 15 May 1753.

**The Museum of the School of Dental Surgery,
University of Liverpool
J.E.M. Cooper**

This museum was originally founded in 1880 by the Dental Students' Society, ultimately to be placed on a regular footing in 1904 when its first Curator, Mr. H.W.P. Bennette was appointed. In 1911 he was succeeded by Cuthbert Woods, who is well remembered as a brilliant historian, being a Fellow of the Royal History Society, a past President of the Lancashire and Cheshire Historical Society, author of numerous papers dealing with the coastline of Lancashire, Cheshire and North Wales, co-author of the "Rise and Progress of Wallasey" and, latterly, author of "The History of the Dental School and Hospital until 1948". He was responsible for the accumulation of what is believed to be one of the finest collections of early dentures in the world, also a remarkable collection of early instruments and dental ephemera.

This labour of love was handed over to and continued by Arthur Drake in 1946 with undiminished keenness until his retirement in 1969 when he was succeeded by Jack Hopper. I took over as Curator in April 1976.

As well as the collection of dentures and early instruments already mentioned, the contents of the Museum also include such items as a number of Gottlieb's original sections and a collection of wax models of pathological conditions of the teeth, used for teaching purposes. There are also many documents ranging from early apprentices' indentures to early dental diplomas, many examples of dental advertising, some early examination papers, items relating to practice accounts, appointment and day books as well as debt collectors' books. The library contains books from the earliest to the latest times.

The Museum is not only a safe repository for items of dental interest both academic and archaeological, but it is also a source to which the researcher, teacher and student alike can turn for background knowledge, and it is because of this that donations of old equipment, documents and books are always gratefully received.

A Generous Gift

A member of the Lindsay Club who insists on anonymity has kindly donated £100 to the Club to further its work. We are very grateful for this gift which we hope to use for some single special object.

Dentistry Then and Now

Dr. Margaret Menzies Campbell reminds members that copies of the enlarged edition of her late husband's Dentistry then and now are available for sale for the joint benefit of the Benevolent and Rare Books Funds of the BDA. Copies are available from the Secretary of the Benevolent Fund, BDA, 64 Wimpole Street, London W1M 8AL. Cheques for £7.50 plus £1.50 postage and packing should be made payable to the British Dental Association. It is hoped that members will avail themselves of this opportunity to have their own copy of this unique book, and spread the news to others who are interested in the history of dentistry, but not yet members of the Lindsay Club.

Dental historian cover illustration

Margaret A. Clennett and Marion R. Craig

The toothbrushes on the cover of this issue are taken from Plate 25 of F. Maury's Traité complet de l'art du dentiste d'après l'état actuel des connaissances, published in Paris in 1828, 1833 and 1841. The plate is reproduced in C. Proskauer and F.H. Witt's Pictorial history of dentistry, Dumont, 1962 but is incorrectly attributed to Manuel du dentiste pour l'application des dents incorruptibles, by J.C.F. Maury, published in Paris in 1820.

The legend accompanying the plate describes the illustrations:

Fig. 1. Brush holder.

2. Brush to be inserted in the brush holder.

3,4,5. Pencil holder, caustic stone and its case, all of which fit into the handle of the brush holder.

6,7. Brushes for cleaning the inner surfaces of the lower teeth.

8,11,12. Straight and curved brushes, called pencil brushes, used for cleaning the interstices between the teeth.

9. Brush for cleaning the inner surfaces of the upper teeth, particularly the interstices between teeth which have been scaled and polished.

10. Brush for cleaning the outer surfaces of the teeth.

19th Century Toothbrushes

by F. Maury, translated by Marion R. Craig

Brushes are in general use, and the horse-hairs of which they are made act like so many toothpicks to remove deposits from the teeth; they keep the mouth clean and protect the teeth and gums from disease.

There are many different designs of brush from which to choose. For children between the ages of 8 and 10 they should be straight and soft, and have two rows; for 15-20 year olds, a smooth head with three rows of bristles should be chosen; finally, older persons having long teeth and very developed jaws may use brushes with four or five rows. The softer the gums, the softer the bristles must be. A hard brush would damage the gums, and its bristles would be impossible to insert into the spaces between the teeth. It would also eventually wear the teeth away - in the same way that the rope in a well, through continual friction, wears away the hardest stone or the thickest iron bar.

It is preferable for tufts of bristles to be widely spaced. They are less likely to split in humidity and are easier to mount than those which are close together, and an insoluble powder is more easily loosened from the base of the bristle.

English brushes are usually mounted more solidly than those made in Paris because a much more expensive method is used.¹ Highest quality brushes must be chosen, and people with unhealthy teeth must have two or three brushes to use as needed. These brushes must differ, either in the shape of the handle or in the number of rows of bristles; some are for the purpose of brushing the teeth, either in or out of the mouth, and others should be constructed so as to be able to penetrate carious teeth to clean cavities. Plate 25 shows all types of brushes, which have undergone various modifications and which are in general use.

The anterior surface of the teeth should be brushed with small rotating strokes upward for lower teeth and downward for upper teeth. In this way deposits are much more easily removed from the neck of the tooth and the interstices between the teeth than by the usual scrubbing from left to right and right to left: this method only touches the most superficial parts of the tooth, and does not clean the gums.

1. We have an excellent craftsman who makes brushes especially for us, and as the bristles of the most ordinary of his brushes are every bit as strong as those of the finest English brush, we pay him a higher price than the commercial rate.

Source:

Maury, F. Traité complet de l'art du dentiste d'après l'état actuel des connaissances. Paris, 1828 pp 186-188.

Research in Progress

Biography of Lilian Lindsay

Our chairman, Muriel Cohen, has decided to attempt a full-length biography of Lilian Lindsay. As a beginning she is sifting through a mass of letters and other documents entrusted before her death by Dr. Lindsay to R.A. Cohen, but she would welcome any help that Lindsay Club members are able to give. If anyone has mementoes, reminiscences, anecdotes or anything that might be included in the story of a great and pioneering lady, please write to Muriel Cohen at 8 Warwick New Road, Leamington Spa, Warwickshire, CV32 5JF. Acknowledgement of all such help will be made in the book.

President Cleveland

Douglas Barber (2 Mortlake Crescent, Chester CH3 5UR) has a dossier of references, having researched at the Wellcome Institute and University of Manchester. He would however be pleased to hear from anyone else who has a special interest in President Cleveland, or who could put him in touch with other contacts.

Stefano Chiaie

Mr. I.D.P. Stocker (51 Greencroft Gardens, London NW6 3LL) is seeking information on this elusive man and his work. According to a BDJ editorial in May 1940, Chiaie described dental fluorosis in the 1840s. He has also been mentioned by Waldbott, but research so far has failed to reveal anything further.

American Academy of the History of Dentistry

At the Academy's 34th annual meeting on Friday, 1st November 1985, one of the speakers will be our past chairman, Stanley Gelbier, with another Lindsay Club member, Ben Swanson, presiding at the session. Dr. Gelbier's paper is entitled "Dentistry for London's school children 1880-1920".

To forge a link of friendship, at Dr. Gelbier's suggestion a plate has been specially designed at the Warwick Pottery commemorating the occasion. In peacock blue lettering on a cream background, it bears the date of the meeting in the centre with the names of the two societies above and below on the rim. This plate will be presented at the meeting by Dr. Gelbier.

Lindsay Club meetings 1985-86

20th November 1985
BDA Headquarters
5.30 p.m.

Anne S. Hargreaves
W A Hunt: the first Englishman to
experiment with cocaine
(Also AGM).

19th February 1986
BDA Headquarters
5.30 p.m.

Juanita Burnby
Common roots.
(Dr. Burnby is a member of the British
Society for the History of Pharmacy).

June 1986
Manchester
(BDA annual meeting).

To be arranged.

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