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QUACKERY IS IN THE EYE OF THE BEHOLDER: MOTES AND MOTIVES

Christine Hillam*

The overall theme for this conference is 'When is a quack not a quack?', one which plants the idea in our minds that all is not as plain as it sometimes seems in these matters. This paper aims to set the scene and raise some of the issues which are involved in the very concept of quackery, especially as it was applied to the practice of dentistry in the first half of the nineteenth century.

'Quack' is a label slapped on others; no one ever uses it of themselves for the very good reason that it encompasses incompetence, ignorance, self-publicity or unethical practice. At times historians have gone along with the simplistic view of 'quacks' as a discrete group, a rabble who were ultimately and triumphantly eliminated when the educated, respectable practitioners (whether medical, dental or pharmaceutical) finally came into their own in defence of the safety of a general public at the mercy of predators. Yet it is abundantly clear that the situation is nothing like so simple and that no confident, virtuous line can be drawn between the sheep and the goats. In the medical world of the eighteenth century, for example, some of those who attracted accusations of quackery were by no means ignorant, being every bit as formally qualified as their so-called orthodox accusers;[1] conversely, many of the so-called 'regulars' promoted themselves just as ruthlessly with treatises and endorsements as did the advertisers with their nostrums.[2] As regards the

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1 The well-regarded William Withering was accused of quackery by Erasmus Darwin who suspected him of poaching patients from his son, Robert Waring Darwin. King-Hele, D.(ed.), *Doctor of revolution: the life and genius of Erasmus Darwin* (London, 1968), 195 (quoted by R.Porter, *Health for sale: quackery in England, 1660-1850* (Manchester, 1989), 2).

2 Nehemiah Grew, MD,FRS, patented Epsom Salts and Edward Jenner developed his own stomach medicine (Porter, 8).

so-called quack medicines, these were often, in fact, basically the same compounds as those prescribed by the orthodox practitioners but marketed under a proprietary name and without the formula being declared.[3] They were even prescribed in this form at the insistence of patients by 'regular' doctors[4] who were thus on shaky ground when accusing their advertising rivals of pushing inefficacious or dangerous medicines.

The same kind of blurring is to be found among early dental practitioners. Strong protests were made about the lack of training of so-called 'empirics' by accusers whose own professional education was decidedly brief and sketchy. Much was equally made in the early nineteenth century of the lowly trade origins of those then taking up dental practice, often by those whose own beginnings had been undeniably humble. Accusations of incompetence were levelled by some whose own quoted cases, even within the context of contemporary knowledge, might cause a modern eyebrow to rise. And was there really a difference between those who promoted themselves with scientific sounding treatises, often ghost written, and those whose advertising was to be found in newspapers? We have to conclude that once again the 'quacks' do not exist as the discrete group of the imagination but that 'quackish' elements are widely scattered among dentistry's practitioners. For incompetence, ignorance and self-publicity do not necessarily all go together. It is quite possible to be a competent operator and a flagrant advertiser, a non-advertising bungler, an effective practitioner despite misguided theoretical ideas or to have a great practical flair which makes for a better dentist than one who with little aptitude has laboriously struggled through an apprenticeship. Thus, if a nineteenth century practitioner tells us that one of his contemporaries is incompetent because he has had little training, we should react with caution. Yet how are we to prove him right or wrong, lacking as we are much of the information which might help us to arrive at the truth of individual accusations? More profitable, perhaps, to look at who did the accusing, when and why. Which brings us to the subsidiary part of my title: motes and motives. For no accusations of quackery can be entirely context-free; however concerned for the public good the perpetrators may think themselves, there is almost always a hidden agenda which even the accuser himself may not recognise at the time. Some of the accusations made in the first half of the nineteenth century will provide us with a few examples of this thesis.

This was a period of considerable social, economic and institutional change. Improved living standards for much of the population brought surplus

3 Porter, 24.

4 Porter, 202, quoting Adair, J.M., *Essays on fashionable disorders* (London, 1790), 198-99.

income to more people than ever before, enabling them to join the consumer revolution and engage in the pursuit of niceties that had so characterised the previous century. Spending on medical attention and medicaments for real or genteelly imagined maladies had always been one of the first calls on surplus money in search of a home, and there had never been any lack of entrepreneurs ready to rise to the challenge of satisfying that demand, whether as provider of some specialist medical treatment (anathema to the orthodox in a generalist age) or as manufacturer of proprietary medicines part of whose role, perhaps, was to impart to those of relatively modest means the sense of participating in something fashionable, something from London. It can be argued that the insatiable demand for the new which increasingly permeated general public opinion as the eighteenth century progressed, was at the root of the 'quack medicine' trade, which in the absence of any regulation or enforcement of what legislation there was, had burgeoned from small scale operations towards the end of the seventeenth century to highly sophisticated production and distribution businesses by the end of the eighteenth.[5]

It was as part of this whole economic and social climate that dental practice itself had emerged towards the end of the seventeenth century, partly to meet health-care needs, but also to offer a means of participating in a fashionable activity and satisfying aspirations to gentility. If one can take the number of identifiable practitioners as some measure of demand, then initially those who sought dental treatment were very few but by the first half of the nineteenth century the huge increase in the number of dental practitioners as a proportion of the total population is a fair indication that more and more of the population were patronising them. In 1800 there had been no more than about 40 self-declared resident dentists in practice in London and about 20 in the rest of England and Wales. In 1855 there would be over 300 in London alone and more than 500 elsewhere.[6]

It would be gratifying to learn that dentists, who were always urging the public to seek treatment for its own good, were delighted by this astonishing growth in demand for their services and in the number of those who found the practice of dentistry a rewarding occupation, but this was not the case. Some did not like the situation at all; they also appear not to have liked most of their fellow practitioners, accusing them of quackery and putting forward a variety

5 The almost universal appearance week after week throughout the provincial press of advertisements for the sale of particular dental products in the last decade of the eighteenth century suggests high levels of production and sophisticated networks of distribution to ensure that the advertisers actually had supplies of the product to sell.

6 Based on entries in trade directories. C.Hillam, *Brass plate and brazen impudence: dental practice in the provinces, 1755-1855* (Liverpool, 1991), 64-68.

of pretexts for this dislike. Perhaps we should look more closely at who did the objecting, why the objections of individuals took the form they did and lastly, why there should have been an outburst of such attitudes at this particular period.

One of the most self-righteous of complainers about expansion was John Gray. Writing in 1837, he notes with disapproval the fact that there are up to 120 individuals listing themselves in London trade directories as dentists[7] and looks back, either in ignorance or with a degree of numerical licence, to the halcyon days of the end of the previous century when, he says, dentists were 'scarcely known, except a few tooth-extracting barbers'.[8] He was, as we have seen, correct in his impression that the number of dental practitioners was on the increase. He actually understates the extent of expansion, quoting a figure more characteristic of 1830, for by 1836 there are over 160 listing themselves as dentists in London[9] and nearly 115 in the provinces. This increase, he says, is due to quackery and he proceeds to identify the offenders.

First of all there are surgeon-dentists who 'quack in the mechanical department' and mechanical dentists 'with no other qualification than their own presumption (as the College List will show,) in full practice as surgical dentists'. The result is that surgeons lose their dignity with their mechanical botching and mechanics wander out of their depth. He is of the opinion that each group should keep to its own sphere, the really talented mechanic directing his abilities to the making of artificial teeth and the surgeon devoting himself to operating on the living principle, 'which is the study of the whole life of a medical man, whose mind is continually liable to be burdened not only with the *fate* of his patient, but with that of the patient's family; and this sufficiently accounts for the serious and thoughtful aspect of medical men in general'. Such as are *bona fide* mechanics as well as surgeons, would be able to practise as general dentists.

Gray then launches into a description of what he considers to be the proper education for a dentist. From twelve to seventeen he should be apprenticed to a clockmaker, moving on from seventeen to nineteen or twenty to be employed as a watchmaker in order to 'fine down his hand', for this will produce a mechanic who will far surpass any other. He should then begin to make artificial teeth under the best instructor he can find. At the same time, he can begin anatomical and other surgical studies. It is essential for the

7 J.Gray, *Dental practice* (London, 1837), 9.

8 *ibid.*, 14.

9 Pigot, J., *London alphabetical and classified commercial directory* (London, 1836).

mechanical to come first — a surgeon cannot subsequently acquire the same dexterity, nor a mechanic benefit from serious study before the age of twenty. Yet surgical education must be acquired in early life; it seems it cannot be learned later, or many a financially successful quack would surely acquire the respectable designation of surgeon. Quacks secretly feel their own degradation keenly, says Gray, and this is why they frequently want to give their own sons a regular surgical or medical education.[10] By the age of twenty-five the embryo dentist will know enough surgery to be admitted as a Member of the Royal College of Surgeons and after a few more years of experience, 'he will be able to look back with satisfaction on the progressive steps by which he gained his knowledge and present eminence. A young man of genius and sufficient enthusiasm ... may, by his own exertions, acquire the above education, including the surgical part, without any assistance from parents or friends. I mention this for the encouragement of merit, knowing it to have been achieved with comparative ease'.[11]

If this training were the norm for all dentists, says Gray, it would 'materially assist in dispersing the swarm of ignorant and rapacious swindlers, that at present incumber the dental profession', who 'will continue to work their mischief until the liberality of the public is guided by discrimination'.[12] Here we get to the nub of his protest, for in the eyes of Gray it was the 'mere quacks' who 'have lately assumed the character of dentists, without being either surgeons or mechanics'[13] who have contributed to the 'recent unexampled increase of empiricism in the practice of the art'[14] and the 'overwhelming dental quackery of the present day'.[15] Thus Gray projects his disquiet on to those he considers inadequately trained and labels them as quacks with the time-honoured accusation of ignorance, partial or total.

We do not have to look far to divine something of what lay behind his indignation over the training or lack of it of some of his co-practitioners. His own entry into dental practice had been very like that he recommended for his

10 Gray, 5.

11 *ibid.*, 8-9.

12 *ibid.*, 2.

13 *ibid.*, 9.

14 *ibid.*, vii.

15 *ibid.*, 2.

ideal dentist. According to *Forceps*[16] he had started off as a watchmaker in Aberdeen at the beginning of the century before coming to London in the same capacity. After a while he became a dental mechanic for a fellow Scot (a former jeweller), finally setting up practice on his own account. Seeing that it would be to his advantage, he applied himself to the study of surgery and after six months, jibes *Forceps* (drawing attention to the fact that he had not served a surgical apprenticeship), he succeeded, in 1812, in becoming a Member of the Royal College of Surgeons. This had made him a member of a very small elite; he himself put the number of dentists in London who were Members of the College in 1837 at seven. The number of those who were also, like him, trained mechanics was negligible. Now he found himself in the same lists in London trade directories as an increasing number of the very types of practitioners he had tried to distance himself from twenty-five years before. Not only was he anxious not to appear tainted in the eyes of the public by their malpractices, he was in danger of being classed with the riff-raff by the College who already viewed Members who practised any specialty, including dentistry, as seceders.

The 'ignorance' of many practitioners was also railed against by such as James Robinson who did not at this time see the future of dental practice as best served by an alliance with the medical profession but who nevertheless considered themselves as 'trained'. Robinson himself, having started out at the age of fourteen 'apprenticed' for an unlikely three years from 1827-30 to an anonymous 'surgeon and chemist',[17] enrolled at the age of seventeen (in 1830) for the lectures on the structure and diseases of the teeth at Guy's Hospital.[18] This was followed by a term as a student of clinical medicine and chemistry at London University.[19] The same year[20] he began his own business as a

16 *Forceps*, 1(1844), 12. *Forceps* was, of course, not the most impartial of observers and no friend of those who appeared to have acquired Membership (which did not require any knowledge of dentistry) purely for reasons of prestige. Hence caution needs to be exercised in interpreting this course of events.

17 *Forceps*, 2(1845), 54. The article, presumably approved by Robinson, since he was the editor of the journal, is evasive on details.

18 Guy's Hospital, London, *General entry of pupils*, 1823-1832, Folio 141, pupil number 478. R.H.Ellis, 'James Robinson; England's true pioneer of anaesthesia', *Proceedings of the third international symposium on the history of anaesthesia* (Atlanta, 1992), 155.

19 *The registers of University College, London, 1829-30. Ibid.*

20 obituary, *Dental review*, IV(1862), 189. London trade directories do not list him as a dentist at this address until 1833.

chemist in Store Street, practising dentistry as well from at least 1833. In 1840 he moved to Gower street, the address from which he conducted his best-known activities. His appointment as early as 1834 as Surgeon Dentist to the Metropolitan Hospital and his developing contacts with established men in the medical world, demonstrated that it was possible to be a respected dental practitioner outside the medical hierarchy. James Robinson, especially, seems likely to have viewed the motley crowd of 1840s dental practitioners with a self-protective mote in his eye, caught as he was between his medical contacts and his origins among the chemists and druggists.

In the circumstances, both Robinson and Gray were concerned about a possible loss of status with both the public and the medical profession if dentistry came to be increasingly practised by those without training. For another mote in the early nineteenth century eye was one of aspirations to gentlemanly status; men such a Robinson and Gray had no intention of forfeiting their hard-won social position by being overwhelmed by opportunists, even if it meant using decidedly ungentlemanly means to avoid it. One way Robinson, allegedly the son of a naval captain, sought to distance himself from the ignorant hangers-on was by ridiculing the sometimes surprising social and trade origins of some of his contemporaries. In the 'Funny Sketches' in *Forceps*, Robert Fox is declared to have been a pastry-cook,[21] Morgan a milkman[22] and Humby an actor.[23] These statements were probably based on information supplied by Theodosius Purland, that indefatigable collector of advertisements.[24] Purland was greatly proud of coming from a dental family, the aristocracy of the profession, so to speak (although he does not mention that some of them were also vendors of quack medicines). He too appears to have been eager to detract from the reputation of his contemporaries by drawing attention to their social origins in an increasingly status-conscious society. Annotations (presumably made by him) to his dental scrapbook include 'madhouse keeper' by the name of Beacall and 'butcher' by that of Phillips.[25]

21 *Forceps*, 2(1845), 30.

22 *ibid*, 2(1845), 20.

23 *ibid.*, 2(1845), 110.

24 T.Purland, *Dental memoranda*, 1844, MS 63518, Wellcome Library. His collection includes (f.130) a flyer for *Forceps* which mentions the 'Funny Sketches'. A note in *Forceps* (1(1844), 266) thanks an anonymous correspondent for the loan of 'Dental memoranda': 'we ... shall, most probably, shortly avail ourselves of some of its curious contents'.

25 *ibid.*, f. 100 & 125.

Whether these allegations were founded in truth matters less than that the idea was sown in the mind of the reader. Rather than present such information in admiration of a self-made man (as might have been the case with a manufacturer, for example), the revelation is made for two reasons. First of all, it showed that these men could not have been 'regularly' trained as they had picked up dentistry after exercising some other trade and could hence be accused of being 'ignorant' by those who had gone straight into dentistry. Secondly, it sowed disquiet in the minds of potential patients. Whereas the upper echelons of society who had been the principal clients of dentists in the eighteenth century might have derived some entertainment from the fashionable novelty of discovering some wonderful little man to see to their teeth who had once been, say, a footman (and even accept him, within bounds, as part of the social milieu of London or Bath), the middle-class early nineteenth century patient who was increasingly targeted for dental treatment had his own social distancing to do. Few better ways to detract from a reputation at this time than to suggest a practitioner had once been a milkman.

Further social ammunition was available in the form of xenophobia, and here what can only euphemistically be described as a distasteful element enters the scene. Further annotations occur beside some of Purland's advertisements drawing attention to those contemporary dentists who were Jewish. Next to 1835 advertisements for Alfred Jones and Le Dray, for example, one reads, 'Jews of course'.[26] Robinson also published anti-semitic comment in *Forceps*. He may not have written all the copy himself, but as editor he was certainly responsible for its content. In the issue of 1 June 1844, for example, there appears a letter from 'A Surgeon' which speaks of the 'quack Jew dentists who practise flat-catching by advertising teeth at 5s. per tooth and fitted by magic'. The writer goes on to quote 'the Jew that got 100 guineas from a lady. But who ever dealt with a Jew that did not get bit sooner or later?'[27]

Such attitudes are not rare in *Forceps*. The 'Funny Sketch' of Abraham Moseley[28] describes him as 'one of the 150 "cousins" (and perhaps the best), introduced by the great grandsire Van Mallan, to the dental profession', one who had 'received his professional education under his cousin, Mr.John Mallan'. This, of course, said everything to the readers, for the Mallans were the particular *bêtes noires* of *Forceps*; as well as having brushes with the law and being promoters of cheap treatment, they were in the business of employing

26 *ibid.*, f.104.

27 *Forceps*, 1(1844), 99.

28 *Forceps*, 1(1844), 52.

a number of workmen and offering speedy initiation 'courses' to prospective dentists. Thus equipped, the newly fledged dentists went out on the road under the firm's name or started their own practices. This at the very least made them a prime target for accusations of quackery.

The sketch of Abraham Moseley goes on to commend his industry and calls him 'an excellent man and an accomplished practitioner'. To say that he is a Jew, says the writer, 'is not calculated to do him the slightest injury, for though the term is still used as a type of over-reaching dishonesty, it merely applies to certain classes'. Honour and honesty are not the monopolies of Christians, it piously continues. 'We mention that the gentleman ... is a Jew, rather to point him out as a man of honour and a good practitioner, and as such different from some others of the same persuasion, than as inferring any moral or professional disqualification from his religion'. Quacks are the writer's target, wherever they are to be found. Indeed, Mr.Moseley has a promising career ahead of him; 'his manners are gentlemanly, ... and, though his complexion is of the darkest, and his black eyes and hair and peculiar contour of visage, mark his Jewish origin, his face is by no means disagreeable or unintelligent in expression'. (As Shakespeare might have added, yet Mr. Moseley is an honourable man).

The respectable Gray with his MRCS is less sophisticated in his anti-semitism. In his section on Dental Quackery and what he calls the 'great number of ADVENTURERS who have lately assumed the character of dentists', those whose 'malpractices bring odium and distrust upon the profession they invade', he declares that of the 120 listing themselves in London as dentists, 100 of them are Jews.[29] (By the second edition of 1838, he had modified this to 'a large majority ... are said to be Jews.'). The list to which he refers scarcely seems to bear this out, unless a high proportion of dentists were practising under false names. The actual figures seem less important than that Gray has associated the idea of malpractice and Jewishness on the same page.

At a time when a number of prominent dentists, for whatever reason, were pressing for a systematic training for dentists, even if they had not received it themselves, it is understandable that the 'educational' endeavours of such as the Mallans should make them targets for accusations of quackery, as individuals. But the terms in which the Jewishness of an increasing number of dental practitioners is referred to, with its emphasis on numbers, 'invasion', dishonesty, family connections, appearance and manner of speaking, cannot be described as anything but blatant anti-semitism in search of a traditional scapegoat, even in an age which produced *Oliver Twist*.

29 Gray, 1837, 9.

Charges of ignorance, lowly status and sharp financial dealings, were, of course, made in the interests of the protection of the public. So was the frequent accusation that those who were perceived as dragging the whole practice of dentistry down by association were incompetent; they bungled, overprescribed and promised things they could not deliver. Such charges centred especially on cheap dentures and the promotion of plastic filling materials by such as the Crawcours and the Mallans. In 1830 Jacob Levison had a letter published in the *Lancet* decrying such filling materials as ineffective and, on occasion, injurious to health.[30] Under the heading 'Exposure of quackeries in dental surgery', after explaining in some detail the complex and meticulous method used by 'intelligent surgeons' to fill a carious cavity, he discloses the composition of five common products of the day, including the Mineral Succedaneum used by Mallan, a mercury amalgam. These materials are used, he says, by a set of persons who have appeared of late years calling themselves 'surgeon-dentists'

> under the supposition that it was the most lucrative part of the medical profession; and many of these men have commenced with no other pretension to public favour than a determination of gulling by some extraordinary novelty; thus, in lieu of anatomical and physiological knowledge, they possessed the advantage of ignorance and impudence, and probably have appended a 'Monsieur' or 'Signor' to their common names. Thus they make their *debut*, their *credentials* consisting of unblushing effrontery, and the extrinsic merit of fine clothes instead of professional knowledge; and in order to astonish the *great mob*, they pretend to wonderful discoveries, being determined, that if they cannot 'rub' the people out of the money, they will 'plug' it from them.
>
> The fees for these *hocus-pocus* operations are generally very extravagant, and whether the patients are ashamed of their own credulity or not, it is most true that they studiously avoid exposing the practice ...

Thus he associates these new practices with malpractice.

Whatever the objective rights and wrongs of the amalgam situation, one might well think that the real objections were rather different. First of all, to have an amalgam filling was a far speedier and less uncomfortable undertaking for the patient than the insertion of a conventional gold filling; moreover the procedure could be performed with cheaper materials and without the traditional skills. There was thus the danger that the field of practice would be opened up to the less skilled and that the orthodox dentist's claimed superior skills and esoteric knowledge would be rendered superfluous. The second objection was to the mystique of the names given to these materials. This smacked of the quack medicine with its mysterious formula, another reminder of a long-

30 J. Levison, 'Exposure of quackeries in dental surgery', *Lancet*, 10 Sept 1831, 764.

standing association in popular imagination with Jewish traders. There was yet a further reason for antagonism towards Mallan's mixture and similar compounds; they contained mercury. Not only did conventional dentists inveigh against its irresponsible use but mercury also carried with it the taint of the old furtive pox-doctors with whom the respectable of the early nineteenth century would not wish to be associated. It may be that Levison, himself a Jewish practitioner, was eager to be dissociated early on from the perceived sharp practices generally attributed to some of his co-religionists by revealing their secret remedies in the medical press. (One reason for addressing his letter to the *Lancet* was that Mallan, in his advertisements, invited medical men to come and observe him at work).

Levison's letter manages to encapsulate most of the elements of every classic accusation of quackery: it draws attention to the imposter's cupidity, lack of training, rashness, alien nature, showiness and assumption of mystique — and to the public's gullibility. And it mentions money. For Jacob Levison, in common with other traditional dentists, had good reason to feel professionally threatened by these innovations (later, of course, like many heresies, to be refined and adopted as standard practice). Demanding less skill and time, cheaper to the dentist and more patient-friendly to insert, yet sometimes attracting at least the same fee, amalgam promised to be a lucrative source of income for operators who adopted it.

However it is disguised, there is no avoiding the fact that money ultimately lies behind accusations of quackery, or 'unprofessional conduct' as it is more likely to be expressed in the present day. Increased numbers of practitioners are seen as a threat that there will quite simply not be enough business to go round; this, of course, ignores the possibility of new demand being created. The threat is rationalised into accusations of 'ignorance' or 'incompetence'. These are not necessarily misplaced, but can, however, be very convenient labels for the 'other', the 'invader' who is resented by the honourable practitioner (the writer) as depriving him of his livelihood and of his just deserts by being too financially successful in a field the orthodox man thought was his own. A drop in status of the profession as a whole by dilution brings fears that practice will attract lower fees. New techniques or business practices are by no means universally welcomed; they may indeed be deleterious to practice, as was said of amalgam from the 1830s onwards, but they also raise the spectre of 'unfair competition' with all its financial implications for the practitioner who is not using them.

This is not always stated publicly, but it is never far from the surface. Under the guise of initiating the public into a professional secret, Gray com-

ments:[31]

> The most noisy of the dental quacks seem of late to have grown desperate; and by publishing their *charges*, have unwittingly let the public into the secret of the true value of their services.

An outsider might see the situation differently and conclude that the public were being made aware just how high were the fees charged by practitioners like Gray. Undoubtedly, the 'respectable' (scarcely to be called the 'regulars', since there was as yet no regular training for dental practice) were resentful of the incomers making money out of what they saw as their province. This sentiment was expressed quite overtly when the *Lancet* pointed out in 1846 that in London 'the receipts of many dentists in good practice range from 1,000 l. to 5,000 l. a year'. It was estimated that even if the average income of dentists without membership of the Royal College of Surgeons was put at only £300, then £60,000 was being diverted from its legitimate destination, the pockets of the Members. 'This amount', it storms, 'is the property of the profession, though neglect has suffered it to pass into other and more active hands'.[32] At the same time, of course, the surgeons had no desire to be involved in the practice of dentistry. This was precisely the same argument used by the apothecaries when confronted by encroachment from the chemists and druggists in the 1790s.[33] Thus the physicians had resented the apothecaries in their time. Thus those who considered themselves proprietors of the dental field reacted when faced with their ranks being swelled with those who disturbed their *status quo* to an extent greater than they could accept with equanimity. For in each of these cases the threat was not a new one but for some reason had reached a point or a proportion where it could no longer be accommodated.

Having looked at who were making the accusations of quackery in the first half of the nineteenth century and tried to identify some of the motes which made them as individuals focus on the particular issues they did, it remains for us to consider why the confused state of dental practice should have been of such concern to some of its practitioners at this particular time, bearing in mind that the situation was basically no different from what it had always been. The practice of dentistry had always been unregulated, there had always been sharp operators and there had always been new materials, such as porcelain, coming

31 Gray, 1838, 13.

32 *Lancet*, 24 Jan 1846, 105.

33 S.W.F.Holloway, 'The Apothecaries' Act, 1815: a reinterpretation', *Med.Hist.*, 10(1966), 109.

along to be at first ridiculed and decried and then accepted as orthodox. The situation in the 1840s was, however, different to that of, say, 1800 in two important ways.

Firstly, the number of practitioners was vastly increased. Whilst there were fewer than 100 individuals in the whole country, most of them unknown to each other, they scarcely felt the need to unite and protect their interests against intruders, although they might warn the public of the dire consequences of consulting anyone but themselves. By the 1840s second and even third generation dentists had established something of a tradition and some practitioners now did indeed stand to lose by an increase in the numbers of old-style entrants to practice. Dental practice was becoming a vehicle for social mobility, a passport to middle-class status with all the concomitant trappings of the professional gentleman. It was necessary to be distanced from mere trade. Secondly, the early years of the century had seen developments in scientific investigation of dental anatomy and physiology, thanks to improved microscopes. These may not have filtered into the clinical practice of the majority but they had certainly led to huge differences in theoretical knowledge among individual members of the rapidly expanding group calling themselves dentists. This great diversity in social aspirations and scientific learning made the need for organisation and reform urgent in the eyes of those who wanted to emulate other specialist groups of the period and thereby raise the status of dental practice. To identify themselves as the saved necessitated demonstrating the gulf between themselves and the damned.

That further tentative moves towards reform should have been made in the early 1840s rather than in the 1830s, say, when the amalgam question first became an issue, owes much to contemporary medical politics. This was the period when dissatisfaction with the state of the medical profession was ultimately to lead to amendments being proposed to the charter of the Royal College of Surgeons with the aim of regulating practice to a greater extent than the unsatisfactory Apothecaries' Act of 1815 had done. This seemed to some who were dentist Members of the College too good an opportunity to miss. However, their efforts in 1843 to interest the President and the proposer of the parliamentary Bill, Sir James Graham, in including provision for a dental qualification came to nothing. Their efforts were no more productive than Levison's had been in 1841 when in a letter to the *Lancet* he proposed a faculty of surgeon-dentists.[34] In the same year George Waite's *Appeal to Parliament, the Medical Profession and the Public on the Present State of Dental Surgery* had similarly proved abortive. This complete lack of success can be attributed to some extent to the fact that each venture was the product of individuals and

34 J.L.Levison, 'Suggestions for a Faculty of Surgeon-dentists', *Lancet*, 1840-41, 898.

not the result of popular pressure.

Even those who, like James Robinson, sought an independent dental profession nevertheless knew that it was desirable to demonstrate their superior learning to the medical world and to ape them (as they so often did) by outing quacks. In 1842 he vainly attempted to galvanise the respectable into abandoning their mutual hostilities and uniting in a British Society of Dentists. Undeterred, the following year, inspired by the appearance of the *American Journal of Dental Science* in 1839, he published the very short-lived *Quarterly Journal of Dental Surgery*, following it up in 1844-45 with *Forceps*.

This really was the most extraordinary publication. It combined within its dense pages all the characteristics of the scurrilous tabloid, the political manifesto, the scientific journal, the gentleman's magazine and the boy's own paper. Whereas previous, and ineffective, attempts to expose the parlous state of dentistry had been expressed in dignified, sober terms, Robinson, in the belief that shock tactics would produce the desired results, ruthlessly accused practitioners of quackery by name. This naming of names appears to be something new in dentistry in Britain and something he is said to have bitterly regretted later in his short life. Robinson seems to have seen himself as the Thomas Wakley of the dental world, scourge of quacks and reformer of his profession. One feels that his attacks might not have taken the form that they did without Wakley's example of forthrightness before him.

Sadly, his caustic exuberance was counterproductive and dental reform had to wait until the mid-1850s before it was able to take advantage of a further wave of discontent in the medical profession to achieve the first of its aims, a dental qualification.

In conclusion, to look at what may have lain behind some of the accusations of quackery made at the beginning of the nineteenth century, is not to deny the reality of the state of dental practice at the time. It is, though, to suggest that however objective accusations sound and however much the writer appears, even to himself, to be speaking out in the public interest, there are likely to be specific motes in his eye compounded of his own circumstances and the events of the day which make him select the targets he does. The threats of change, competition, loss of status or income are powerful motivators.

To take the accusations of quackery of the early nineteenth century at their face value would be unwise. For example, complaints about opportunist trainers recur frequently in the mid-1840s but closer examination suggests they all to refer to the same three or four dentists out of a potential total in England and Wales of nearly 500. The same could be said for attacks on amalgam; they usually seem to refer in the 1830s and early 40s to their use by the Mallans and Crawcours. So although accusations of quackery throw interesting qualitative

light on a scenario, they probably have more to say about the writer than they supply quantitative information about the contemporary situation.

Nor are they above a little poetic licence to make a point. From our own viewpoint, for example, we would not consider it rational to assume that all amalgam fillings of the period were disastrous or that all dentists who had not served an apprenticeship were either ignorant or incompetent. Yet it may be that we would not have far to look to find members of the profession reacting in just the same way as we have seen to present day perceived threats.

'BRED UP TO A MECHANIC EMPLOYMENT':

17TH AND 18TH CENTURY EMPIRICS

A.S.Hargreaves*

If the word 'quack' is an all-purpose term, laced with perceived professional superiority and bristling at rivalry that might threaten livelihood, 'empiric' is almost as imprecise when set in the context of the seventeenth century. The *Oxford English Dictionary* offers three definitions:

i. one who, either in medicine of in other branches of science, relies solely upon observation and experiment;
ii. an untrained practitioner in physic or surgery;
iii. a quack

Although this is a twentieth century publication, these interpretations nonetheless suggest several areas for exploration, amongst which professional education and medical regulation have considerable implications for the provision of dental treatment at this period. 'Dentistry', strictly, is a nineteenth century expression, so at a time when many individuals from a wide range of trade and professional backgrounds were offering to deal with gums, teeth and toothache, it is perhaps better to consider them just as providers of dental treatment rather than as dentists, however central or peripheral it was to their activities.

Professional education

The bulk of early basic dental treatment was undertaken by barbers and toothdrawers, but their clinical training for this ranged from the slight to the non-existent. The often illiterate toothdrawer, independent and stereotypically itinerant, merely acquired his skills through trial and error, so wholly justifies categorisation as an empiric. Such anaesthetics as were available were seldom if ever used, other than perhaps large quantities of ale. Crude instrumentation meant that the beaks rarely gripped the crown properly, and the hinges were

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sloppy. Speed and brute strength were therefore pre-requisites but frequently resulted in laceration and haemorrhage, with high risks of fracture (of crown, alveolus or mandible) and subsequent infection. Unsurprisingly, mediaeval toothdrawers had become associated in popular literature with the hangman and rat-catchers, as social but necessary evils;[1] the satire or vilification directed at them was no more than a channelling of the apprehension and repugnance engendered by their activities.

By the late Tudor period, the status of the toothdrawer within the mass of empirics and street-traders had begun to improve, and some public recognition of incipient professional responsibility was developing. It may be argued that his status is in fact better indicated by popular literature than by the anti-quack literature penned by those who felt their own activities to be under threat, or who paraded a self-perceived pre-eminence.[2] According to one anonymous seventeenth century commentator, attempting objectivity, toothdrawers were by no means at the bottom of the scale:[3]

> A Quack Doctor is one of the Epidemical Diseases of this age. Betwixt Ignorance and Impudence an heterogenious jumble .... for his skill is not so much as a Toothdrawer, and a Corncutter is an Aesculapius to him.

The indigenous men — rough, tough, illiterate and itinerant as many were, but trying to improve their credibility — were not helped by the damage trailing in the wake of the immigrant horse-mountebanks. Extraction of teeth by dagger-point or sword-point from horseback (so enabling a quick getaway) was a practice frequently encountered in Italy, but which had reached England by the beginning of the seventeenth century. By 1622 it had penetrated at least as far as Cambridge, since Banister refers to Henry Prest's skill there when trying to deal with the sequelae.[4] Dramatic references to drawing teeth 'a

1 e.g. W.Langland, *The vision of William concerning Piers the Plowman*, C text, Passus VII, ed. W.W.Skeat (OUP, 1886, reprinted 1968), I:161; *Cocke Lorelles Bote* (London, c.1518), B.iij; J.Hall, *The courte of vertue*, ed. R.A.Fraser (London, Routledge & Kegan Paul, 1961), 301; W.Cornwallis, 'Of vanitie', Essay 43 in *A second part of essayes* (London, 1601).

2 A.S.Hargreaves, 'Toothdrawers in English popular literature', *Bull.Hist.Dent.*, 41(1993), 51-57; *idem.*, 'Kindheart the toothdrawer: individual or type?', *Bull.Hist.Dent.*, 40(1992), 13-18.

3 Cited by C.J.S.Thompson, *The Quacks of Old London* (London, Bretano's Ltd., 1928), 78.

4 R.Banister, *A Treatise of One Hundred and Thirteene Diseases of the Eyes, and Eye-Liddes* (London, 1622), breviary.

horseback', though, suggest that it was by no means unknown elsewhere.[5]

Prior to the mid-seventeenth century, the other main group of individuals dealing with teeth were the barbers. Indeed, de Chauliac had recommended in his Cyrurgie that 'operaciouns or wirchynges ben particuler and moste approprede to barboures and to tothe drawers'.[6] The barber-surgeons had long experience of extracting, while the barbers were additionally accustomed to cleaning teeth as an extension of their ministrations to scalp and face. Furthermore they had an apprenticeship system, which for most implied literacy, some formal training, examination and then membership of a gild. Yet theoretical knowledge of teeth and dental matters was limited, and much still depended upon master/pupil oral tuition followed by hands-on experience. A sense of touch and spatial awareness can only be gained by practice, which inevitably assumes an element of trial and error.

The question of theory or systematised knowledge is highly pertinent. Descriptions of teeth and suggestions for treating dental ills occurred generally in surgical treatises. Twentieth century scholarship has now identified and made these familiar but in earlier centuries awareness of and access to these texts, whether in Latin or the vernacular, was poor. In addition, prior to the seventeenth century, those available were predominantly mediaeval writings or re-workings of the classical period. Despite growing awareness of the deficiencies of the older works, the newer surgical texts (predominantly European, and derived from the advances in anatomy in fifteenth century Italy which so influenced surgery in sixteenth century France) were not widely available either, even in translation. Only a brief study of the English and continental book trades of the period is required to appreciate the paucity of these new texts in England.[7] This may be attributed in part to the expense of acquiring them but principally to the fact that readers' demands seem to have been mainly for physic or self-help advice for the ordinary householder.

There is some evidence in the new texts at the end of the sixteenth century of incorporation of recommendations about artificial teeth or filling

5 e.g. J.Fletcher, *The Fair Maid of the Inn*, Act III (London, 1679), 388.

6 *The Cyrurgie of Guy de Chauliac*, 6th bk., 2nd doctrine, 2nd ch., 5th pt., ed. M.S.Ogden (Early English Text Soc., O.S.265), 485.

7 A convenient example is Christophe Plantin's illustrated folio *Vivae imagines partium corporis humani* by Vesalius/Valverda, published in Antwerp in 1566, which had a print-run of 600 copies. Of the 352 accounted for between then and 1568, 129 went to France, 125 to present-day Netherlands and Belgium, 53 to Germany, but only 30 to England (L.Voet, *The Golden Compasses. A History and Evaluation of the Printing and Publishing Activities of the Officina Plantiniana at Antwerp in two volumes* (Amsterdam, Vangendt & Co./ London, Routledge & Kegan Paul, 1972), vol.II, 525).

materials, but they appear so sketchily that one may sometimes suspect their insertion as being merely for the sake of completeness. In laggard England, knowledge of current advances in dental treatment thus continued to be meagre, and there was no impact equivalent to that upon ophthalmology of Banister's translation of Guillemeau's writings. The utilisation of texts is a separate issue, since availability and popularity are not necessarily related to quality and usefulness but depend on the degree of interest in dental ills.

In the cut-throat 'health-for-sale' market that was to develop in the seventeenth century, attitudes towards dissemination of knowledge became restrictive in the extreme, so the virtual absence of textual material is not altogether surprising; techniques were jealously guarded in response to competition rather than in an attempt to preserve any perceived mystery of the craft. When purely dental texts finally emerged in England in the later eighteenth century, the lack of references to European authors, despite French dominance in the field, reflects the added element of insularity. In the absence of texts, knowledge and skills could always be enhanced by army service abroad, but few surgeons were of a calibre to benefit thereby. Lowe used his continental experience to help establish the Faculty of Physicians and Surgeons at Glasgow in 1599, but his relative lack of interest in artificial teeth may have delayed the emergence of restorative dentistry in Britain for half a century.[8]

Thus it may be argued that there was an element of empiricism in all dental work, whoever was undertaking it.

Medical regulation

The seventeenth century was one of upheaval. Challenges to the authority of the scriptures and classical authors came in the wake of new scientific knowledge, reappraisal of experience, and experimentation. Modified views about man's relationship with nature not only prompted further enquiries but encouraged the assumption that man had some command over his environment and was far more master of his own destiny than had hitherto been believed. Protestant pre-occupation with the direct relationship of man's soul to God was leading to an increasing emphasis on personal autonomy. Hierarchy and authority, even kingship, came under challenge, while disillusion with privileged bodies and monopolies led to disturbance in both social and religious spheres.

Medicine was by no means immune to these changes, but its narrow,

8 Having listed possible materials for the construction of artificial teeth to be ligatured in place (ivory, whale's bone or hounds' teeth), Lowe concluded: 'I am not mindfull to insist in this practicke as I might, because it is seldom practised' (*A Discourse of the Whole Art of Chyrurgerie*, 3rd ed. (London, 1634), 194-95).

traditionalist outlook, so characteristic of many professions then and subsequently, led it to drag its feet. One of the results of the decline of the old medical regime in London (which has attracted many writers), was the disruption of regulation. With the relaxation of Laudian repression and unsought loosening of controls by the College of Physicians during the Civil War (enhanced by loss of royal support after 1649) came a virtual absence of checks which not only allowed chemists and traders to set themselves up as physicians, but also encouraged an influx of German, Italian and French itinerants of widely varying degrees of skill and reputability into London and farther afield.

Licensing foreign empirics in England brought in revenue to the Crown, as did the patenting of proprietary medicines. If the visitors wished to practise physic and surgery or sell their nostrums, but circumvent the College of Physicians, they applied for a royal licence, with the backing of someone influential; this was frequently obtained, since Charles II gave more favour to the Royal Society and medical chemists than to the College. If this royal practice was no more than opportunism, it nevertheless appeared to be a seal of approval, thus further encouraging the traffic.

The influences upon English dental practice from the presence and clinical activities of these and subsequent European visitors and immigrants cannot be underestimated. Prior to this, continentals providing dental services had been few, apart from the flamboyant Italians on horseback, but these mid-century incomers included many nostrum-mongers and mountebanks who included toothdrawing amongst their practical if peripheral skills. Simultaneously there is the first secure evidence of the provision of artificial teeth — in other words, the stirrings of a radical shift from just removal to restoration. This was not only of considerable significance in itself, but was a reflection of the profound changes occurring in social attitudes and the concept of 'self'. The increasing concern about external image, presentation of a fair face and pre-occupation with the appearance of youth seized upon the realisation that dark gaps at the front of the mouth could be filled with something more substantial than had hitherto been available. Whether the influx of nostrum-mongers, 'High German Doctors' and their operators actually introduced the concept of replacements to London society or merely brought it to more general attention remains uncertain, but the outcome was a demand-led market that was to excite the entrepreneurs as well as some of the indigenous barber-surgeons.

The European visitors were far from being a uniform group. Some were surgeons relying on techniques such as couching cataracts, repairing hare-lips, extirpating wens, drawing teeth and (sometimes) cutting for the stone, while promoting their own medicines. Others were predominantly nostrum-mongers who had a few manual skills as an extra string to their bow. There were also outright charlatans, offering little more than ashes, soot, lime and soap as

universal medicines, as did Rochester during his escapade on Tower Hill under the deliberately-Italianate name of Alexander Bendo.[9] None concentrated wholly on dental treatment, but the survival of some contemporary handbills (few dated precisely, but mostly ascribed to the period 1660-1716) has enabled brief glimpses of their involvement with teeth and toothache.

Sounding somewhat untrustworthy to modern ears were the High-German Doctor whose zany introduced him to the audience as 'three Years Oculist to the German Spread Eagle, and seven Years Operator for the Teeth to the King of Spain's white Elephants', and Waltho Van Claturbank, 'High-German Doctor, Chymist and Dentrificator...'.[10] The latter seems to have made some impact in London nevertheless, since his picture re-appeared on a pack of playing cards published c.1754 by John Kirk, portraying the 'Cries of London'; these designs however were neither entirely contemporary nor wholly English, since they exploited Laroon's prints of 1688 and the 'Cries of Paris' by Abraham Bosse. On the ace of diamonds, Waltho Van Clutterbanck addresses his audience from a wooden stage set against a wall, describing himself as the 'Seventh Son of the Seventh Son of the unborn High German Doctor, Chymist & Dentrificator, Native of Arabia Deserta &c'. Since a dentrificator usually confined himself to cleaning teeth, often with the dangerous use of acid, his dental activities were probably not as hazardous as those of the mountebanks for whom offers to extract were a common ploy.

Regaining white teeth was an offer that appealed readily to human vanity. Sometimes there was hope of re-stabilising loose ones, as promised by Don Lopus, the 'Illustrious Spanish Doctor', who, declaring he had just arrived from the ancient City of Saragossa, attempted to gain an edge by enlivening his bill with humour:[11]

> ... the rest (at this present) remains with me extracted to a Quintessence, so that wherever it but touches in youth it perpetually preserves, in age restores the complexion, seats your teeth did they dance like virginal Jacks firm as a wall and makes them white as Ivory that were black as H — L.

Despite concentrating on the selling of nostrums that would make 'Black or Yellow Teeth White in a Moment', or a preparation that 'kills the Scurvey

9 T.Alcock & J.Wilmot, *The Famous Pathologist or The Noble Mountebank*, ed.V.de S.Pinto (Nottingham University Miscellany No.1, 1961), 25 & 28.

10 *The Harangues, or Speeches, of Several Celebrated Quack-Doctors, in Town and Country* (London, J.Thomson, 1762), 15 & 17.

11 C.J.S.Thompson, 117.

in the Gums, fastens loose Teeth, and preserves the Gums from decaying',[12] some individuals were prepared to tackle such basics as cleaning and extraction, though with unknown efficiency or success. Cornelius Tilbourne (or à Tilborne, Tilbourg or Tilbur), who had been granted a royal licence in October 1682, styled himself as 'High German Doctor or Physician, Oculist, Chirurgeon and Rupture master', and claimed that 'if any person hath the scurvy in the mouth or Blacking teeth, I can clean them, although they be black as pitch and make them extraordinary white'.[13] A self-styled 'Dutch Chyrurgion' was prepared to 'draw Rotten Teeth and Stumps with a touch',[14] while another High-German Doctor, with a remarkable command of English, not only promoted his 'Universal Solutive', 'Friendly Pills', 'Tincture Solaris', 'Panagion Outaconsticon' and 'Pulvis Vermifugus', couched for cataract, extirpated wens and closed up hare-lips, but boldly asserted[15]

> I forge all myself, nay my very machines, for safe and easy drawing Teeth and obscure stumps.

As caries increased, the demand for extractions followed suit and many mountebanks, empirics and casuals appear to have attempted to draw teeth as a fringe activity.

The adopted title of 'High-German Doctor' seems to have been a popular one, but the frequent anonymity disguises the true Europeans from the indigenous opportunists who were trying to take advantage of this increasingly lucrative market. If the collapse of regulation had been the 'pull' for these Europeans, then the 'push' was equally powerful. The population of southern Germany had been so decimated by the Thirty Years War and the subsequent outbreaks of plague and typhus, that the accompanying economic collapse and reduction in numbers of the medics' clientèle would have encouraged them to move further afield to gain a living. If, in addition, local judicial activity against unorthodoxy was increasing, less reputable practitioners might have deemed it prudent to seek other surroundings, especially if these were virtually unregulated.

The expression 'High-German' did not have to be strictly and geographically literal. Its implications of learning (since High German rather than Low

12 British Library (B.L.), *Collection of 185 advertisements* C.112.f.9, items 148 & 125.

13 C.J.S.Thompson, 88-89.

14 B.L., *Collection of 185 advertisements*, item 92.

15 C.J.S.Thompson, 142-144.

German was the language of literary Germany) would have carried overtones of educated skill, reassuring those desperately seeking relief from their manifold ailments, while the grand flourish of the title must have been impressive to the less-educated. The remarkably good English in some of the hand-bills and recorded harangues may well have been commissioned text, so this in itself does not provide any secure means of distinguishing the various practitioners' geographical origins. Furthermore, in some instances it is clear that it is the zany who is addressing the crowd and not the 'Doctor' himself. The use of long words, pseudo-scientific and quasi-medical jargon was intended both to impress and to confuse; this in itself was to become a hallmark of quackery, avidly seized upon by the satirists and dramatists in their depictions of all medical practitioners.

Some of these men offered more than mere toothdrawing or tooth-whitening, though. One anonymous incomer attracts attention by the detail in a particular item on his exhaustive handbill. This 'famous High-German Doctor [who] is now for the Public Good settled in the Strand, betwixt St. Clements Church and Temple Bar, at his House at the Sign of the Angel, just over against Essex Street' (thereby implying some stability), reassuring all that he acted 'By the KING and QUEENS Authority', stated:[16]

> 11. He keeps an Operator that cleanses the Teeth, and makes them as white as Ivory, and extracts Aching Teeth with a Touch, and gives present ease to those pained with Hollow Teeth, and fastens loose Teeth, and sets in Artificial Teeth as if they were natural.

There is no confirmation that this specialist assistant with so broad a range of services was himself European, but it would not be an unreasonable assumption.

John Schultim, yet another 'Famous High-German Operator', who lived at the Three Flower-Pots in Holbourn Row in Lincolns Inn Fields and was one of many who boasted 'no cure, no money', had no such assistant but was prepared to try his hand at dentistry himself:[17]

> He also draweth broken Teeth, and sets in Artificial ones in their Room, as firm as if they were Natural, so that you may Eat and Bite with them: he helps loose Teeth, restoreth decayed Gums, and cureth the Scurvy in the Mouth.

Perhaps the best known of these men is Salvator Winter. Claiming to be

16 B.L., *Collection of 185 advertisements*, item 2.

17 *Ibid.*, item 27.

'an Italian of the city of Naples' and 'An Expert Operator', he published a book of receipts in 1649, in the penultimate paragraph of which he offered to[18]

> pull out all manner of Hollow Teeth, stumps or roots, with great dexterity and ease, without almost any paine.
>
> I make Teeth smooth and white, set in Artificiall ones, that they shall not be discerned from the naturall one, yea I doe all to Teeth; (without arrogancy and prejudice to other) as well as any whatsoever, and I know none shall go beyond me in that art.

This printed reference to the provision of artificial teeth is the earliest that has been identified so far, but it is unwise to assume that Winter actually introduced them into England or even to include him amongst the early operators for the teeth, despite his use of the title 'Operator';[19] his main advertising drive was the promotion of his 'Elixir Vitae', which would suggest rather that his dental activities were no more than a side-line with which to ensure some income that was independent of the public's gullibility.

The impact of this innovation, however, was to transform the scope (and eventually the recognition) of dental treatment in England. It is clear, though, that the spur was overwhelmingly vanity rather than oral health, accentuated by the pervasive influences of French taste upon the court and those who aspired to imitate both fashion and their superiors. Nevertheless, artificial teeth were less widely available than cosmetics, and less affordable to many. Although consumerism was emerging as a result of increased wealth, so that money was available for items outside basic subsistence if not semi-luxuries, not all could indulge or profit thereby.

The novelty of artificial teeth proved such a fascination that entrepreneurs with no real clinical interests seized upon it with avidity. As the numbers of clinically-trained men were so few, it is quite probable that it was the opportunists who really brought replacement teeth to the general public, or at least to those who could afford them. Even if much of the very early provision of artificial teeth in this country was predominantly in the hands of the less than wholly reputable, it must nevertheless have increased the availability of such replacements. This, in its turn, would have increased public awareness of such

18 S.Winter, *A Pretious Treasury: or a New Dispensatory* (London, 1649), 14.

19 The title 'operator' is almost as imprecise as 'quack'. Although used by Guillemeau as a synonym for 'surgeon', and then to indicate specialisation (e.g. 'operator in lithotomie'), it was also used widely for chemists and their laboratory assistants (e.g. Mr.Sthael who was operator to the Royal Society 1664-70, and Christopher White who was described as 'the skilful and industrious operator of the University' by Locke in 1666 and as 'the Universitie Chymist' by Wood in 1687). It could also mean 'quack' in the sense of 'nostrum-monger'.

devices and stimulated demand, human vanity being as it is. The indigenous operators for the teeth could not have escaped the effects of this, so to remain competitive they would either have had to introduce artificial teeth into their range of proffered treatments, or else improve their own product quality in order to attract custom away from non-clinical rivals. Some of the latter, nevertheless, were able to elevate quality and probably contributed to developments in technique.

Since these very early substitutes were little more than simple curved strips of bone or ivory that would fit into short gaps in the arch and be retained by silk or wire ligatures, it is hardly surprising that many individuals felt sufficiently confident to take advantage of increasing demand, and add teeth to their existing vendibles. Thus, offers to clean teeth or provide replacements became little more than an extension to the selling of dentifrices, mouthwashes, eye waters, toilet waters and perfumes, or the other artificial aids (such as mouse eyebrows) prescribed by current fashion. Mrs. Giles, located near Golden Square, had developed a depilatory, but for 5s. would clean teeth and then sell brushes and powders to maintain them.[20] Ned Ward surveyed the pillars at the entrance to the portico of the Royal Exchange and found them[21]

> adorned with sundry memorandums of old age and infirmity, who stood here and there selling cures for your corns, glass eyes for the blind, ivory teeth for broken mouths, and spectacles for the weak-sighted.

This expansion of stock and activities was not confined to cosmeticians and petty stall-holders. An anonymous London physician may have complained about the encroachment into medicine of those 'bred up to a Mechanic Employment' (although he did not have dental treatment primarily in mind),[22] but the activities of master goldsmiths and jewellers deserve respect rather than reproach. The craft affinity between goldsmithing and dentistry is now well recognised, but the goldsmiths had been aiding the surgeons to seal off palates after the ravages of syphilis or gunshot injury since the days of Paré. Their involvement with prostheses began to grow. In 1697, the Huguenot master goldsmith Alexis Pilleau began by advertising ready-made artificial teeth at a reasonable price for the Operators for the Teeth, but he soon offered to provide and fit them himself, to clean (but never extract) teeth, and finally to attempt

20 J.M.Campbell, *Odontological Advertisements pre-MDCCCL* (Library, R.Coll.Surg.Eng.), item 31.

21 E.Ward, *The London Spy*, ed.A.L.Hayward (London, Cassell, 1927), 56.

22 *The Modern Quack, or the Physical Imposter Detected* (London, 1718), 151.

that most difficult of appliances, the complete upper denture.[23] His son Pezé not only continued his father's dental work but is one of the earliest known with certainty to have used wax for impression-taking, long before Pfaff's published account of the technique in 1756.[24] Family links between goldsmithing/jewellery and dentistry are more tenuous than the direct combination of activities, yet reflect an inheritance of love of good craftsmanship, aesthetic sensibility, and the high dexterity required; the respected Paul Jullion (in the mid-eighteenth century), for example, came from a family of watchmakers, while one of Stephen Dupont's sons trained as a goldsmith.

Other craftsmen expanded their activities into this new field. Makers of surgical appliances, mathematical instruments and watches also advertised the provision of artificial teeth, as did a number of individuals who gave no indication of their main trade or occupation. Judging by his newspaper advertisements, William Prior in Newcastle had by 1739 found artificial teeth more profitable than his musical and mathematical instruments. Robert Law, in Birmingham between 1741 and 1754, primarily made surgical appliances but also offered to make artificial teeth, as well as cleansing natural ones, taking away 'all their tartarous Scales, or flimsy or muddy Humour', and fastening loose teeth. Martin Van Butchell, at the end of the century, is better known to some historians as a maker of trusses and other surgical devices than as a dentist, despite his flamboyant advertising. Contemporary with him was the watchmaker William Sterck, prepared to supply anything from a single tooth to a whole set, 'made to Grind and Masticate the same as nature on an Intire new principle'.[25]

For most of the eighteenth century, the medical arena remained dominated by empiricism, despite the establishment of voluntary hospitals and the tentative stirrings of scientific medicine. The horse-mountebanks of the previous century slowly disappeared but could still be observed in London even as late as 1732.[26] Toothdrawers persisted, though less peripatetic than

23 A.S.Hargreaves, 'The Pilleau family: Huguenot goldsmiths in London', *Dent.Hist.*, 19(1990), 9-15.

24 L.Lindsay, *A Short History of Dentistry* (London, John Bale, Sons & Danielsson, 1933), 47. Despite considerable searching, the letter cited has yet to be traced.

25 [Prior] *The Newcastle Weekly Courant*, 1 Feb 1724, *The Newcastle Journal*, 7 Apr 1739; [Law] *Aris's Birmingham Gazette*, 16 Nov 1741 (in J.M.Campbell, *Odontological Advertisements ....*, item 25); [Van Butchell] Many advertisements in *St.James's Chronicle*, e.g. 7 Feb 1769, 29 Jun 1773, 19 Mar 1774, 1 Mar 1777; [Sterck] Advertisement, ink-dated 1790, in Lyson's *Collectanea*, B.L.1881.b.6, I: f.147v.

26 *Fog's Weekly Journal*, 5 Aug 1732.

formerly and fewer in number; some began to expand their skills and call themselves 'operators for the teeth', but others used the new title merely in self-aggrandisement in order to remain competitive, particularly once dentistry on its own had become an economically-viable trade. Casual extractors continued to flourish, though. Richard Mann of Tasborough, 'a most Dexterous and Famous Norfolk Artist', and David Cornwell, who exhibited the 'Bold Grimace Spaniard' in Fenchurch Street in about 1700, were, however, opportunistic rather then charlatanic, and made no attempts at other dental treatment.[27] In some instances toothdrawing was more a matter of expediency: one debtor in the Fleet Prison offered to teach writing, arithmetic, Latin, Greek and Hebrew, in order to gain a few shillings, but backed this up by the sale of purgative 'Oxon Pills' and offers to draw teeth or stumps with ease and safety.[28]

With the emergence of consumerism at the end of the previous century, fuelled by the growth of newspapers after the lapse of the Licensing Act, offers of toothache remedies and treatment proliferated. So highly competitive was the 'health-for-sale' market that many advertisers ruthlessly exploited the dominance of French fashion and taste; the cachet of a foreign name or continental experience, whether genuine or assumed, was seized upon eagerly. M. Lemaire, and the dentrificators M. Gason and Signor Palermo, were probably not of the same calibre as the London-based M. Laudimiey and his nephew Francis, Samuel Bellejean and Joseph Trunel, but as many medical historians have already observed, an absence of biographical details for a particular individual often make it difficult to determine on which side of the fence of respectability he or she fell. Although the majority of the eighteenth century visitors were generally more reputable than the post-Restoration itinerants and mountebanks, and more firmly domiciled, they continued to travel the country.

In the absence of dental texts and formal, systematised training, the majority of those undertaking dental treatment in England were empirics to some extent, however responsible their approach, and despite any prior surgical education or experience here or on the continent. Even when English texts began to appear in the mid-1760s, they were not primarily instruction manuals for the training of future practitioners. Trade origins and professional education continued to be highly variable, while sharp practice and deliberately fraudulent charlatanism were to persist for many years to come.

27 [Mann] *Norwich Gazette*, 12 Oct 1723 (reference kindly supplied by Mr. D. Cubitt); [Cornwell] H.Morley, *Memoirs of Bartholomew Fair* (London, F.Warne & Co., 1874), 250.

28 B.L., *Collection of 231 advertisements*, 551.a.32, item 5.

It can be seen that, in many respects, the 'scientific revolution' had only limited impact on seventeenth and eighteenth century English dental treatment, although some progress was occurring. While it may be argued that a collapse in regulation is encouragement for anarchy, at the same time it enables pursuit of new ideas and experimentation that might otherwise be restricted or even forbidden in a more formalised environment. Trial and error have frequently to precede systemised practice and teaching. England already lagged behind the continent in several aspects, but would have drifted further had not the European empirics appeared so enthusiastically and promoted new approaches. The existing English providers of dental treatment were forced to rise to the challenge, and new suppliers began to appear from within the ranks of artisans; while governed more by social and economic factors than by scientific and technological advances, they nevertheless managed to make dentistry an economically-viable discipline on its own, with public recognition if not yet respect.

CHARLATANS, KNAVES OR OPPORTUNISTS? PRIVATE ENTERPRISE IN NINETEENTH CENTURY DENTISTRY†

Rufus M. Ross*

A 'charlatan' (from the Italian, *ciarlàre* to chatter), is commonly defined as 'someone who professes knowledge or expertise especially in medicine [and by association, in dentistry] that he or she does not have'; in other words, a 'quack', itself said to stem from the word 'quacksalver' — one who quacks about his salves or ointments. A 'knave' is defined as 'a false deceitful fellow', who, it would appear, does not claim to have such specialist knowledge — he is just generally fraudulent. A knave is not to be confused with a 'rogue', a term often applied affectionately to mostly mischievous persons.

In the absence of a British dental journal before 1843, a number of articles concerning dentistry appeared in the medical press. Many were of a technical nature but a great number dealt with the growing numbers of untrained (or often self-trained) practitioners, the archetypal 'quack'. A letter to the *Lancet* of 28 March 1839 is typical of many:[1]

> Sir:- Perhaps no species of empiricism has ever been carried to so great a extent with impunity as that practised at the present time by the advertising (self-styled) surgeon-dentists. With the most unblushing and shameless effrontery do these persons, through the medium of the public prints, profess to perform utter impossibilities. Yet, in no instance, upon inquiry, shall we find any of these pretenders to have studied, even for a single day, a profession which (at least for some years) requires the most undivided and severe application for its acquirement. ... I have been frequently astonished at the mischievous effects resulting from improper and unscientific operations upon the teeth, more particularly with regard to children, whose appearance is frequently much distorted, and in many instances utterly ruined by the uncalled-for extraction of an irregular permanent tooth ...

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† a shortened version of the paper delivered to the conference

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1 *Lancet*, 2(1839), 112.

The writer goes on to describe a case where 'an itinerant advertising *dentist*' extracted four erupting permanent teeth in the lower jaw, whilst the temporaries which were loose were left. These naturally shed some time later leaving the patient with a gap. The quack's tendency to quote previous, illustrious patients is also referred to in a later part of the communication: 'this person at that time advertised as dentist to the *King of Holland*; he is now one of the leading ... dentists ... rejoicing in a very different name from the one he assumed four years ago.'

In the first half of the nineteenth century, quackery in medicine and dentistry was widespread. Writing in the new *British Quarterly Journal of Dental Surgery* in 1843, J.L.Levison launched a scathing attack entitled *Exposure of Quacks and Quackery:*[2]

> Thus the quack is a person who deals in extravagant professions [claims] without either the power or the wish to realise them — he is one who is never troubled with qualms of conscience, or in any way annoyed with principles of integrity ... to him the *end* justifies the *means* — and in his dealings, *self*, in its most saturated form, is the end he constantly keeps in view, and he is alike indifferent what injury or inconvenience he induces. If a pseudo-practitioner in medicine, he never troubles himself about ruined constitutions; and if a dentist, the fractured jaws, broken, or ill-fitted teeth, producing the greatest suffering, never disturbs his equanimity. And in both cases, money, money, money engrosses every thought, and to possess it every latent feeling of goodness is ultimately rendered callous.

Levison continues his relentless attack by describing the quack as being *clairvoyant*, able to look into the pockets of his patient and estimate the contents of his purse. His fees are 'not in the ratio of his services, but to the means of the unfortunate being who consults him'. Levison defines the quack thus:[3]

> ... he is a mean, ignorant, boasting personage, who trusts to an unblushing impudence, and showy dress, and substitutes them for information and intellectual qualification.

The control and suppression of the unqualified was one of the major topics of the first British dental journals appearing in the 1840s, an encouraging sign of the emergence of professional awareness. Following the demise of the *British Quarterly Journal of Dental Surgery* (there were only two issues), *Forceps* took up the cudgels. In one of its earlier issues in January 1844,[4] an

2 J.L.Levison, 'Exposure of Quacks and Quackery', *Br.Quart.J.Dent.Sur.*, 1(1843), 82.

3 *ibid.*, 83.

4 *Forceps*, 1(1844), 46.

Edinburgh correspondent writes of

> A certain *class* of dentists, moving in a respectable sphere, and who, I am sorry to say, are in the constant practice of *pretending* (for I cannot call it anything else) to instruct all and sundry who can afford to pay a few paltry pounds 'the whole art and mystery of dentistry,' in a *few months*, thereby doing away with the serving [of] a regular apprenticeship for a series of years, and which, according to their *practical opinion*, is a mere waste of time.

The writer goes on to criticise these 'pseudo professors' who give their pupils a mere smattering of knowledge and 'are thus sent forth into the world as the most consummate quacks in existence'. Most of these have failed in other pursuits and act

> on the principle which, I regret to say, has now (in consequence of the increase of quackery) become a proverb, that 'anyone is fit to become a dentist.'

In the May issue of the same journal, a correspondent signing himself 'A Surgeon' encapsulates the feelings of the 'respectable' practitioners when he attacks the so-called chemist-dentists:[5]

> The frightful quackery practised both in the surgical and mechanical dentistry by incompetent and improper persons, is highly injurious to the public and the profession; for instance, how repeatedly we see a chemist or apothecary add to his other occupation that of dentist, and exhibit in his window a *label* announcing that *Teeth are Extracted!* Some persons are induced by the show card to intrust their jaws to the tender mercies of the pseudo professor, who manages, by extreme manual exertion, to *drag* teeth out — sound or unsound is of little consequence to him — he then persuades himself that he is a dentist, and immediately puts forth an additional label, with the inscription, *'Teeth stopped and scaled'*, in these operations he invariably fails, either by breaking or seriously injuring one or two teeth in an *attempt* to stop one, or by removing the enamel, which he mistakes for tartar; it matters not, for he has gained courage, and writes up *Surgeon Dentist*, with the addition of 'Artificial Teeth Supplied;' he, of course, does not understand the rudiments of the mechanical art, but applies to a mechanical dentist, who, having his own interest in view, good naturedly shows how to take a model, the pseudo professor bungles through the operation, in *a manner*, the mechanist undertaking to furnish the teeth which on being consigned to the patient's mouth, and the price asked he finds that he has been charged 100 per cent. more than if he had applied to a regular practitioner.

The writer goes on to say that as the mechanists to whom the quack goes are seldom proficient, the teeth do not fit:

5 *ibid.*, 1(1844), 74-75.

> Mr Chemist Dentist not knowing how to alter them, the patient becomes impressed with the idea that Dental Surgery is a humbug, and its followers a set of charlatans.

Needless to say, the correspondence columns of *Forceps* were filled with numerous letters on the same theme which was in turn reflected in the editorials. The editor, James Robinson, was a tireless opponent of the rising tide of quacks and missed no opportunity to attack them. He summed up the situation in an issue of May 1844 as follows:[6]

> In this country any quack who chooses to place a brass plate on his door, some artificial masticators in his window, and advertise his charges in the papers, *is a dentist* to all intents and purposes. What he may have done *before* is nothing; he may have spent his life as a watchmaker, a brewer's clerk, or a milkman; he tells the public that *he is* a dentist, and they are good natured enough to believe him, and take his talents and capabilities for granted. These things must be reformed.

In June of the same year, Robinson sets out the position of dentistry in an editorial entitled 'DENTAL SURGERY AS IT IS, AND AS IT OUGHT TO BE':[7]

> Unfortunately the profession of dentist is open to all, requires no legal qualifications, has no legal disqualifications, and the consequence is, that all kinds of persons *call themselves dentists,* to the injury of respectable and properly educated practitioners. Some who have no more right to the title than to that of prime ministers — whose whole power consists in being able to carve bone into something resembling a tooth — who have no more idea of the *science* of dentism, than of common honesty; and who, while they lug out a tooth with as little remorse and less science than a carpenter extracts a tenpenny nail, put them in without any attention to the particular necessities of the case; content if their five shilling teeth last through the first beefsteak with which they come in contact, and perfectly satisfied if their *copper gold plates,* stand the action of a salad without poisoning the victim.

Commenting on the education of dentists in a further issue, the editor reiterates the widely held view that there was no profession that was so laden with charlatanism and quackery as that of dental surgery. He describes how one man whom he knew of offered to 'fit [applicants] for the profession in one month ... and this not requiring their constant attendance, but two hours twice or three times a week'.[8]

In the 1840s, there were sixteen different bodies in Britain conferring

6 *ibid.*, 81.

7 *ibid.*, 93.

8 *ibid.*, 105.

diplomas or licences to practise medicine, the chief of which were the Royal College of Surgeons of England and the Society of Apothecaries. Even holders of qualifications from these bodies were not immune from Robinson's criticism. In an article entitled 'The Just Estimation of Some Men's Abilities Possessing the College Diploma, and Practising as Dentists', he declares: [9]

> Urged by the overweening pretensions of some who, on the strength of a college diploma, have chosen to *assume* a higher rank than their professional brethren, and seem to fancy that *they* monopolize all the talent and respectability of the profession, and form a distinct and superior class, we have frequently called attention to the utter uselessness of these instruments and proved, we think satisfactorily, that they are no guarantee of the talents or capabilities of these professors *as dentists;* nay, that by placing them in a false position and cheating the world into an undue confidence in their powers, they frequently exercise a most injurious influence, and cause irreparable injury to their patients.

Members of the Royal College of Surgeons who practised as dentists came in for particular attention:[10]

> We have no wish to estimate the value of the diploma of the College at less than its real value; but common sense must teach us that as connected with Dental Surgery, it must be worse than useless, saving to give a man a stamp of *legitimate* value to ignorance and incompetence while the fact that its *inestimable privileges are enjoyed in common with half the advertising quacks and many of the most disreputable practitioners in the metropolis* [author's italics], must render it at the best a very questionable proof of talent and responsibility; and we can scarcely conceive it possible that any man of common sense and average honesty should value himself on a distinction — or rather a title for it has ceased to be a distinction — participated by incompetence and infamy — a title to be obtained at a comparatively small outlay of money, and without any necessity for mental exertion or moral character.

It is clear that Robinson did not have a very high opinion of the Membership when used as a qualification to practise competent dentistry.

The 1851 Census of Great Britain mentions a figure of 1,167 dentists adding, 'The best oculists, aurists and dentists have the licences of surgeons, and are so returned. But many of the 1,167 dentists are mechanists.'[11] (The Registrar General had obviously not read any of James Robinson's editorials). Hill calculated that in the mid-1850s there were about 1300-1400 dentists

9 *ibid.*, 2(1845), 31.

10 *ibid.*, 2(1845), 55.

11 *Census of Great Britain,* 1851, Population Tables, lxxxvii.

practising in the United Kingdom,[12] of whom only a handful had any kind of medical training. The actual number of persons calling themselves dentists or offering their services to the public at this time is not known.

Unfortunately, although there was plenty of talk, there was little in the way of action during the decade following 1845, so that quacks continued to multiply unopposed. It was only with the activities of the reformers in the late 1850s (led by, amongst others, Samuel Lee Rymer, a Croydon dentist) that the prospect of a recognised qualification for dentists became a reality.

The year 1860 saw introduction of the Licence in Dental Surgery of the Royal College of Surgeons of England (LDSRCSE). Whereas accusations of quackery had previously centred on incompetence, now they could focus on those without the LDS. By the end of 1860 more than one hundred had acquired the diploma;[13] by July 1861, this number had risen to 131.[14] The census of that year gives some indication of the numbers involved in dentistry, but as the category included 'labourers, apprentices and assistants', it does not give a true figure for those who were actually operators. The figure cited for Great Britain in 1861 was 1,790 (of whom 192 were domiciled in Scotland); thus the Licentiates appear to constitute 7.31%. Ten years later, in the 1871 Census, the numbers had increased to 2,603 for Great Britain, including 244 in Scotland. The number now holding the LDS diploma was 314 or an apparent 12.06% of those designated 'Dentist'.[15]

The first *Dentists Register* appeared in 1879. Out of a total of 5,291 who registered (including a considerable number who were subsequently removed), only 483 (9.13%) were Licentiates in Dental Surgery. By 1901 the number who had gained a dental qualification had risen to 1,841 or 40.82% of the total actually on the *Register* (4510).[16] However, the *Register* naturally did not include those who were calling themselves (or described as) 'dentists' but practising unregistered, as the Census figures for 1901 (6,170) show. If *census* figures are used in conjunction with the numbers qualified according to the

12 Alfred Hill, *The history of the reform movement in the dental profession in Great Britain* (London, 1877), 87.

13 R.M.Ross, 'The development of dentistry: a Scottish perspective circa 1800-1921' (unpublished PhD thesis, University of Glasgow, July 1994), 145.

14 *ibid.*, 149.

15 *Census of England and Wales*, 1861, 1871; ... *of Scotland*, 1861, 1871. *Calendar of Licentiates in Dental Surgery*, Royal College of Surgeons of England (1871).

16 *Dentists Register*, 1879, 1901.

Dentists Registers we get a very different picture, suggesting 14.47% academically qualified in 1881, 20.36% in 1891 and 29.83% in 1901. Hence, neither by using the numbers of registered dentists (which understate those in operative practice) nor by utilising the census occupation summary tables (which include more than operators and are, in any case, an administrative device rather than a simple reflection of declaration of occupation), can one arrive at an accurate figure at national level for the proportion of academically qualified among those practising dentistry.

The passing of the Dentists Act of 1878 and the setting up of the *Register* did little to eradicate the growing numbers of persons who were now practising dentistry unregistered and hence the proportion of those without qualification.

The formation of the British Dental Association (BDA) in 1880 marked a further milestone in dental history; it was the BDA who at that time took on initiating prosecutions against the unregistered in the face of neglect by the General Medical Council who were legally responsible for doing so. The first person to appear in a British court charged with a breach of the Dentists Act was T.C. Holford. The case was heard in February 1884 at West Ham Police Court. He was found guilty of illegally using the qualification of LDS and fined.[17]

The first prosecution to take place in Glasgow was on 7 March 1889 when James Gray of 3, Minerva Street was charged with contravention of the Dentists Act of 1878. The solicitor acting for Gray exhibited proof that his client was a time-served dental mechanic with testimonials as to his honesty, diligence and capability. The public had not suffered in the least degree by his client's actions — he could have brought forward several of Gray's patients to prove that they had been as well attended by him as they could have been by any certificated dentist in the city. In the Sheriff's opinion, as Gray was not qualified and not registered, he should not hold himself out to be a dentist. He was fined £5.[18]

A notable Scottish prosecution reported at length in the *Journal of the British Dental Association* in 1896 dealt with the case of A. Davie of Dundee. The essence of the eight charges against him was that he represented himself as a 'dentist' or 'dental surgeon' when in fact he was not on the *Register*. The trial was noteworthy for the lengthy and extraordinary judgement of Sheriff Campbell Smith, described by the editor of the *Journal* as,[19] 'obsolete

17 Ross, 200.

18 *Dental Record*, 9(1889), 167-68.

19 *J.Br.Dent.Assoc.*, 17(1896), 65.

arguments spun out by jocosity'. As regards monopolies and alleged harm to the public, the Sheriff declared in his summing up that

> there was no reason to believe that this unregistered dentist ever did any harm to the public or any member of it ... he believed that the accused had rendered cheap dental service to the poor. He doubted if he deprived any registered dental monopolist of any lucrative part of his business. At all events he did not feel bound to support any monopoly by the imposition of a vindictive punishment.

He imposed a nominal fine of one shilling and two guineas expenses. Descriptions of similar prosecutions could be cited.

Although unregistered, many practitioners were competent and capable, providing an acceptable standard of treatment at reasonable prices to the poorer sections of the community. In no way should they be described as quacks on grounds of incompetence. Moreover, according to an account of an address by W.B.MacLeod reported in the *Journal of the British Dental Association*, the public had developed a certain sympathy for them (arising out of an Edinburgh prosecution) 'under the impression that it was a case of persecution by a rival or of a close professional union seeking to deprive a poorer, but mayhap cleverer, man of his well-deserved and honestly-earned success'.[20]

In a different class were the opportunist businessmen who no doubt considered themselves to be paradigms of free enterprise. Many formed limited companies in the latter half of the nineteenth century. One such was as the infamous Hygienic Institute. The Institute had at one time branches all over the United Kingdom — the Glasgow branch alone employed 150 people. Travellers were employed to go round the doors to get orders. At the first visit the 'dentist' would extract the teeth and would then return some weeks later to take impressions to make artificial teeth.[21] Although the Institute was most active in the early 1900s, their representatives were frequently in court for breaches of the Dentists Act in the latter part of the nineteenth century. At a later period, actions for damages were brought against the company on several occasions. The two following cases are typical. In the first, the patient suffered a broken jaw and lacerations after having 17 teeth removed to fit dentures; he was awarded £100 damages. In the second and more serious case, the patient contracted septicaemia following extractions and died;[22] here, the Institute decided to settle out of court.

20 W.B. Macleod, 'The Dentists Act and recent prosecutions', *J.Br.Dent.Assoc.*, 6(1885), 338.

21 Ross, 212-13.

22 *ibid.*, 292.

The untold damage, injury and often death that was caused by some unqualified practitioners was only fully revealed on publication of the *Report by the Departmental Committee on the Dentists Act* in 1919, better known as the Acland Report. Its lengthy title — *The Extent and Gravity of the Evils of Dental Practice by Persons not Qualified Under the Dentists Act* — aptly hinted at its findings.

The rise in the nineteenth century of the self-styled dentist operating from the main centres of population was reflected in the growing number of dental advertisements in newspapers and entries in local trade directories. In Scotland, the chemists and druggists were the major purveyors of dental treatment, practising dentistry as a secondary occupation principally in rural areas and performing mainly extractions among the working classes. A similar situation existed in England at this time, with dentists to be found in the main towns by mid-century, whereas in rural areas the treatment on offer remained at a simpler level with extractions often the province of the surgeon-apothecary or, increasingly, the chemist and druggist.

Although trade directories gave an indication of the growth in the number of the established dentists, newspapers were the main medium for advertising the various services offered by these early practitioners. A typical advertisement from 1800, for James Scott, reads:[23]

> Mr Scott
> No 22, South Bridge, Surgeon-Dentist
> Begs leave to inform the public that he has returned to Edinburgh and may be consulted daily upon the diseases of the TEETH and GUMS, and the arrangement of children's teeth.
> Teeth cleaned and fastened, if loose, and the want of them supplied by artificial ones, that for use and beauty, cannot be distinguished from Nature.
> N.B. Mr. Scott composes a safe and proper TOOTH POWDER and LOTION for the preservation of the teeth and gums; and will wait upon his patients at their own houses, if required.

Scott travelled back and forth between Edinburgh and Glasgow, exploiting the growing demand for his services in both cities. Campbell observes that by 1805 his practice had expanded so markedly that there was no necessity for further advertising except for small dignified notices intimating forthcoming visits to towns in Renfrewshire and Ayrshire.[24]

In 1819, a dentist was defined as, 'An artisan who confines himself to the

23 *Edinburgh Advertiser*, 1 July 1800, 226 in Menzies Campbell Collection of 1175 Odontological Advertisements (MCC), Royal College of Surgeons of England.

24 Campbell 1981, 204.

extraction of teeth and to several operations required by their defects, redundancies, accidents or disorders'.[25] It could also be argued that a dentist's identifying feature was the ability to blow his own trumpet by means of extravagant claims through the press — known as 'puffs'. Campbell says that one dentist spent £36 a week on advertising; doubtless it proved a rewarding investment.[26]

The use of unethical advertisements later became characteristic of members of the Incorporated Dental Society, differentiating the 'regulars' from the 'irregulars', the acceptable from the unacceptable.[27] However, early in the century such established dentists as Mr. Whyte of Edinburgh, who described himself as a Dental Surgeon, freely advertised his 'Infallible Remedy for Toothache and Compound Strengthening Tablets[28] whilst Mr. Ruspini, 'Surgeon Dentist to the Prince of Wales', who was visiting Ayr and Greenock, offered his *Observations on the teeth* at 6d. a copy.[29]

Prominent in the use of the advertising media were the family of Crawcours, who practised dentistry throughout most of the nineteenth century. Their undoubted success in exploiting a material for filling teeth in the 1820s *(Mineral Succedaneum)* allied to their brash advertising, aroused considerable resentment among many of their contemporaries. If their adverts were to be believed, the Crawcours offered an extensive range of treatment as early as 1833. Campbell described them as charlatans whose ramifications were extensive, systematically visiting innumerable cities and towns throughout Great Britain besides continuing to practise in Paris.[30]

It can be seen from a survey of Scottish advertisements that dentists travelled extensively in this period. Based in Aberdeen, they visited Keith, Elgin and Banff whilst the Glasgow and Edinburgh dentists travelled to such towns as Paisley, Greenock, Port Glasgow, Ayr, Montrose and Campbelltown, the latter not an easy place to reach in the early nineteenth century.

25 A. Rees, *Cyclopaedia*, 1819, quoted by J.M.Campbell, 'Some nineteenth century incidents', *Dental Record*, July 1946, 171-78.

26 Much of the cost of advertising in the period under review, was due to the advertising tax. Initially this was 1/- per insertion at the beginning of the 19th century, was raised to 3/6 and then reduced to 1/6 in 1833; it was finally abolished in 1855.

27 Thomas Hindle, *The story of the Incorporated Dental Society* (London, 1949).

28 *Edinburgh Evening Courant*, 3 Nov 1832.

29 *Edinburgh Advertiser*, 24 Aug 1802 (MCC 225).

30 Campbell 1981, 266.

These itinerant dentists could be described as opportunists; they were not slow to take advantage of the new circumstances — the growing population and the increasing need for treatment, to mention but two factors. They exploited these markets and certainly showed enterprise by embarking on, what in these days, were new and perhaps risky ventures — the essence of the philosophy of private enterprise; they were nineteenth century opportunists.

A prominent feature of all the advertisements is the emphasis on the previous experience of the operator. In the absence of recognised dental qualification, an assistantship with an established or well-known name, was the only assurance that the public had as to the *bona fides* of the dentist; nevertheless many such claims were fraudulent, and there are several instances of disclaimers appearing in the press regarding alleged positions formerly held by dentists.[31]

As the century progressed, the number of 'practitioners' continued to multiply, many adding the word 'Dentist' to their other occupations, in contrast to those who had served apprenticeships in mechanical and operative dentistry and were considered to be men of integrity, with some knowledge of dental diseases. As we have discovered, by 1901, over 70% of this wide range of operators were still not 'qualified', and so, by the definition of the times technically 'quacks'.

In conclusion, it is perhaps salutary to describe briefly an account of the activities of the infamous Sequah, charlatan, knave, and arch-prince of opportunists. Sequah first made his appearance in the 1890s.[32] Described as 'the most celebrated medical operator in Britain outside the Capital', he started his medical career at Portsmouth in September 1887. In January 1888 he was practising at Brighton and in June 1888 in Dublin. Reports from these and other towns throughout the United Kingdom reveal the technique behind his triumphs:

> The inhabitants of the town would be shaken by the sound of a brass band and a bass drummer parading through the streets - a colossal golden carriage [followed] and handbills distributed by local gamins informed them that Sequah had arrived.

Who Sequah was would be revealed at 3 o'clock in the afternoon and again at 8 o'clock in the evening at the place advertised, which was generally a circus ground, market place or town centre. At the appropriate time, Sequah arrived

31 *Edinburgh Evening Courant*, 29 Apr 1847. This is just one example of a disclaimer by Messrs Crawcour regarding Mr J.D.Abernethy who claimed to have worked for them.

32 W.Schubach, 'Sequah: an English American medicine man in 1890', *Med.Hist.*, 29(1985), 272-317, on which the following account is based.

in a horse-drawn wagon dressed in the manner of an American cowboy accompanied by a troop of other cowboys and American 'Red' Indians in feathered headgear. In appearance he was tall and sallow and spoke with an American accent. He reminded one journalist of Fennimore Cooper's *Last of the Mohicans*. Having mounted the golden chariot, Sequah began his work with an exhibition of tooth-drawing and, showing a set of over a hundred dental instruments, offered to extract bad teeth gratis and without pain from anyone who cared to step up. A queue would soon form, glad to save the fee of five shillings charged for the same service by a local chemist or dentist. The following is typical of reports in local newspapers:

> Sequah strapped an electric lamp to his forehead and set to work with his forceps apparently removing teeth with astounding speed, fifty teeth in half as many minutes at Cardiff or at Hastings 317 teeth in 39 minutes - 8 per minute. The patient had scarcely opened his mouth before Sequah had pulled out a tooth, held it up to the crowd, put it under the patient's hat and sent him on his way. The operations were accompanied by the continuous playing of the brass band which distracted the patient and drowned any cries of pain.

The speed of the performance caused the spectators much amusement, which was indeed the object. Having obtained the applause and goodwill of the audience he then went on to give a serious talk on dogmatism in medicine. Although doctors knew all about anatomy and physiology, they could not cure disease. Medicine was still an inexact science. He condemned the fact that so little time was spent on therapeutics and drugs. He quoted examples of the discovery of quinine and cocaine from the Peruvian Indians. This brought him to the revelation that he himself was in possession of two remedies that he had come across by studying the pharmacopoeia of the Apaches and other American tribes. He regaled his audience with tales of his adventures amongst the Indians, describing how he had discovered certain roots and herbs in Dakota and Montana which he had learned to combine with a special mineral water only found in the Far West. The result was a medicine called 'Prairie Flower', which contained ingredients unknown to medical science and which when used together with another Indian remedy, in the form of an embrocation, gave instant relief from rheumatism.

There followed a demonstration of the efficacy of the remedies on a 'volunteer' from the audience who had been suffering from rheumatism. The dramatic change in his condition was proof enough of the amazing properties of the cures. Sequah then offered to give the medicines free to anyone who could prove that they could not afford the price. Then the real business began with the selling of the medicines. Sometimes people fought and shoved each other in order to get to the carriage to buy his cures which also included his 'Indian Dentifrice'. Invariably, Sequah would stop selling before the demand

was satisfied. There would be more opportunities to buy Prairie Flower, Oil and tooth paste.

As regards the tooth-drawing exhibition, a hostile witness reports:

> I have seen the quack draw several teeth with great rapidity, and I have twice seen him make no less than ten efforts at one tooth without drawing it. He has then bundled his wounded patient off and extending his fingers towards the crowd in front, shouted 'ten' in such a way as to make his audience believe he had drawn ten teeth.

The same witness also reported on another case:

> A local dental surgeon was summoned to attend a man whom he found thoroughly prostrated as a result of copious haemorrhage and shock to the system ... his condition was brought about by the treatment he had received at the hands of the 'Yankee quack' who, in attempting to extract the lower right molar managed to close his forceps at random betwixt that and the first molar, which was sound,the former being carious. The consequence was that he smashed both teeth, leaving the roots embedded in the gum. An examination revealed that severe injuries had been inflicted, the alveolus [the bone supporting the teeth] being actually fractured, while the gum was extensively lacerated. This exposed pulp being in a state of hyperaesthesia [extreme sensitivity], gas had to be administered before the dental fragment could be removed with the aid of a surgeon who was called in.

Nevertheless, there was no shortage of patients willing to show how brave they were. The novelty of having your teeth drawn with a trombone playing near your right ear, a big drum beating near your left, and the eyes of a delighted crowd following every contortion of your features has an attraction in it almost irresistible. The extraction was as much a trial of the patient's courage and good humour as of Sequah's dexterity. If they failed to cooperate, their cowardice not Sequah's incompetence would be presented as the cause.

In order to attract publicity and good-will, he participated and contributed to many charities — he even had clergymen and mayors commending him for his good works. His advertisements were unusual too, and he published his own newspaper, the *Sequah Chronicle*.[33] He made sure that when he left, the local pharmacies had purchased large stocks of his cures and newspaper reports of his exploits were inserted in the local paper of the next town he would visit:

> Sequah has been doing a roaring trade (Dundee), Sequah has fairly captivated the people (Oldham), Sequah is carrying all before him (Leeds), Sequah is attracting large audiences (Ipswich), Sequah has taken the city by storm (Lincoln). ...Sequah's

33 A complete set is in the British (Newspaper) Library and many of the articles referred to are held in the Contemporary Medical Archive Centre at the Wellcome Institute, Euston Road, London (GC/69-11).

preparations - 50,000 bottles already sold in Edinburgh.

Sequah's real name was William Henry Hartley, and he was probably born in Yorkshire in 1857. It soon became clear that there were several Sequahs active throughout the country, each one with his own exhibition; in other words, Hartley was operating a franchise business. Many 'Sequahs', such as William F.H. Rowe and Charles Frederick Rowley, called themselves 'dentists'.

The organisation continued to grow with Hartley himself as Managing Director and in March 1889 it became a limited company with its head office in London. Eventually Sequah Ltd. was launched as a public company with a share capital of £300,000. The scale of this flotation can be gauged from a comparison with Boots, the chemist, whose share capital in 1888 was a nominal £80,000.

Although the Medicine Stamp Act was the instrument which brought Sequah's activities to an end in Great Britain, another factor was that around this time fresh attempts were made to regulate fairs, stamp out freak shows and control other trades. There were rumours that the Government had used the new Act to destroy Sequah on behalf of some other faction, possibly the police, magistrates, the pharmacists or even influential medical men. All had reason to regard him as a menace.

Sequah turned his attentions overseas and sent Sequahs to Cape Town, Madras, Kingston, Jamaica, Buenos Aires and Gibraltar. In addition, representatives were to be found in Belgium, France, Spain and the Netherlands. Monte Video was also visited, as was Ontario, Canada. There were even Sequahs sent to Java, the Straits Settlements, Burma and Japan.

Competition and Government restrictions on medicine selling in ever-increasing areas gradually proved too powerful and the company was finally wound up on 12 October 1895. The creator of Sequah, William Henry Hartley, once reckoned to be a millionaire, died at the age of sixty-six on 16 January 1924 leaving the sum of £734.

The Sequah story illustrates, to some extent, the perception of dentistry held by a considerable section of the population at this time. Tooth extraction was still a subject fit to be seen at the Music Hall; an entertainment which, along with the exhibitions of 'laughing gas', had drawn the crowds in the first half of the nineteenth century. Dentistry was not viewed as being an integral part of health care, it was more akin in many people's minds to the province of the corn remover and freak-show manipulator. Sequah's contribution had been to perpetuate this image by his superb showmanship, psychological insight, and business acumen. He was a past-master in the use of these methods but *his* opportunism was characterised by his ability to exploit to the full the widespread gullibility of the majority of the public in the field of medicine and

dentistry in this period.

The nineteenth century had its fair share of charlatans and knaves who made their living as 'dentists'. Among those who had some training, many were opportunists of the worst type, attracted to dentistry by the prospect of easy money — an aspect of private enterprise that the tarnished image of dentistry could well do without. Fortunately a handful of enlightened, dedicated men saved dentistry from sinking into complete anarchy, paving the way for the emergence of a recognised, dental profession.

'ONLY HERE FOR A FEW DAYS': PERIPATETIC DENTISTS IN YORKSHIRE IN THE EIGHTEENTH CENTURY†

John F. Beal*

Whilst by the late eighteenth century medical services were well established, with a number of resident doctors and surgeons in the major towns, this was not the case for dentistry, for it seems that few dentists were able to make a living practising solely in one town. Thus it was necessary for dentists to travel from town to town, often giving advance notice of their impending arrival by placing advertisements in one of the newspapers serving the area. From these it is possible to trace the movements of the dentists who visited Yorkshire, both within the county and, through newspaper advertisements from other areas, elsewhere in the country.[1]

There were two newspapers published in Leeds in the eighteenth century, the *Leeds Mercury* and the *Leeds Intelligencer*. The *Leeds Mercury* was established in 1718 but very few issues before 1737 still exist; most issues between 1745 and 1749 and between 1751 and 1754 are also missing and it was not published between 1755 and 1767.[2] The *Leeds Intelligencer* was first published in July 1754. Again current holdings are incomplete, with few issues before 1759 still in existence.[3]

† a shortened version of the paper delivered to the conference

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1 The present paper makes use of both the author's own findings and of advertisements entered on the data base maintained by Christine Hillam, Liverpool School of Dentistry, by 31 August 1995. Where the contributor is other than the author, appropriate initials are shown in parentheses (see acknowledgements for details).

2 Those issues from 1719 to 1769 which are available on microfilm at Leeds Central Library have been searched by the author. The years 1770-1789 remain to be searched. Issues from the 1790s have been searched by Alan Stanley.

3 Issues available for the 1755 to 1763 period have been searched by the author, as have those between 1780 and 1802. The issues between 1763 and 1779 remain unsearched.

The earliest advertisement offering dental treatment appeared in the *Leeds Mercury* on 5th September 1738:

> Dr Joseph Baker, of York, who cures all Distempers (if curable) but especially Hare Lips, double or single, Deafness, Sore-Eyes &c and will be (if God permit) every Tuesday at the Horse and Trumpet in Leeds, Wednesday's at the Angel in Black-Birnsley, Thursday's at Peniston, Fryday's at the George in Wakefield, Saturday's at the Red Lyon in Pontefract.
> NB He takes out Teeth, and Stumps of Teeth, with a Touch, and puts in artificial Ivory Teeth in their Room if desir'd.

This was a punishing itinerary in which Baker would have travelled about 100 miles every week, assuming that he returned to York each weekend, and one which suggests that no single town could provide sufficient work to occupy more of his time.

A wider range of dental treatment was offered by John Droney of Wakefield in 1751.[4] His advertisement differed from Dr. Baker's in two important aspects: only dental treatment was on offer and the operator (who did not give himself any description such as 'operator for the teeth', 'dentist' or 'surgeon dentist') appears to be resident and to undertake treatment from his home in Wakefield. The advertiser, John Droney, was already showing the tendency not only to extol his own virtues but also to criticise the methods of his competitors which was to become commonplace in such advertisements. The advertisement stated:

> ARTIFICIAL TEETH, set in so firm as to eat with them, and so exact as not to be distinguished from natural; they are not to be taken out at Night, as is by some falsely suggested; but they may be worn Years together; yet, they are so fitted, that they may be taken out and put in, by the Person who wears them, at Pleasure; and are an Ornament to the Mouth, and greatly help the Speech.
> Note. That the Person has had private Practice for some Years, and hath given great Satisfaction to a Number of People of the best Rank; and by Submission, he will venture to perform the Proposals of this Advertisement, in a compleater Method than ever has been yet done by any other Practitioner, without Exception.
> Also Teeth are drawn, and clean'd : Likewise, Stumps where the Gum is grown over, are taken out without the violent use of Hammer and Punch, which is now in Practice, with Surgeons, Quacks, and Others.
>
> JOHN DRONEY
> Living near the Church, in Wakefield.

4 *Leeds Mercury*, 7 May 1751.

Droney did not mention visiting any other town, nor has any reference so far been found to his services elsewhere. He may have been the first resident 'dentist' in the West Riding, although whether he earned a full-time living from dental practice is unknown.

Among the earliest available issues of the *Leeds Intelligencer* is an advertisement dated 14 August 1759 for Michael Whitlock, Operator for the Teeth who announced that he would be arriving in Leeds on the Thursday or Friday of the following week for a stay of about a fortnight.[5] He claimed to be well known in most parts of the Kingdom both for curing, with the greatest ease and safety, the disorders to which the teeth were subject, and for fixing artificial ones. (These, like all the others advertised in the newspapers, could not be distinguished from natural ones). Like some other operators, he indicated that if he did not give satisfaction there would be no charge.

Just seven months later, in March 1760, Nathaniel Lee, 'Operator for the Teeth from the Blue Anchor in Butcher Row, near Temple Bar, London', placed an advertisement in the *Leeds Intelligencer*.[6] Although Lee stated that he was lately come to Town, the main purpose of his advertisement was not to offer dental treatment but to promote his 'most excellent Water for the Teeth', acclaimed by those who had used it as 'the best cure for the Scurvy in the Gums that ever was invented'. Not only did it cure periodontal disease; it cleaned and preserved the teeth, fastened those that were loose and made them as white as Ivory after just three or four applications. Not content with that, Lee declared it could cure the most violent pain in the teeth within three minutes. Just in case anyone thought that the solution might in some way be toxic, he would drink part of it in front of any such sceptic. A discount was offered to those who bought it to sell to others.

Thus, in the 14 years of newspapers which were available between 1719 and 1763, only three persons advertise themselves as undertaking dental treatment in the Leeds area; a further dental operator visited Leeds, possibly providing treatment, although his advertisement concentrated on promoting his

5 Other advertisements for Michael Whitlock have been reported. Boyes found him in 1760 in both Newcastle and Durham (J.Boyes, 'Medicine and dentistry in Newcastle upon Tyne in the 18th century', *Proc.Roy.Soc.Med.*, 50(1957), 229-35). Hillam quotes him in Birmingham in 1768 as claiming over 35 yrs' experience (C.Hillam, *Brass plate and brazen impudence. Dental practice in the provinces 1755-1855* (Liverpool, Liverpool University Press, 1991), 37), a statement expanded on in 1769 on a visit to York. Here he speaks of 35 yrs' experience in all capital places in Great Britain and the Universities of Oxford and Cambridge, where he had attended for 6 years. However, Hillam points out that no trace of him has as yet been found in the 1730s (*Ibid.*, 54). He may have been the father of Charles Whitlock, actor/dentist, who visited Yorkshire towards the end of the 18th century.

6 *Leeds Intelligencer*, 4 Mar 1760.

proprietary product.

The first dentist to advertise a visit to Leeds in the 1780s was Law, dentist, from London. In the *Leeds Intelligencer* of 11 February 1783 he informed readers that 'having bestowed his most assiduous endeavours to render himself Master of the proper Treatment of Teeth, and under the most capital Dentists in London; he now proposes to practice his Art, in this place, for a few Days'. He must, in fact, already have arrived at his lodgings at Mrs. Dickenson's, confectioner, for he continued that 'having had unexpected Success' he would 'stop a few Days longer'. Law did not advertise any further visits to Leeds. Unfortunately, he did not give his first name. He may have been the James Law, dentist, of St. Alban's Street, who is listed as bankrupt in the *Leeds Intelligencer* in 1788 and at 10, St. Alban's Street, Pall Mall in 1790.[7]

In May 1784 Leeds received a visit from a Mr. Crawcour, Surgeon Dentist.[8] Much has been written by dental historians on dentists by the name of Crawcour,[9] who are especially associated with the use of amalgam as a restoration material in the 1830s. However, forty to fifty years before this, the Crawcour family were already well established in England. A Jewish family of Polish descent, they had acquired their knowledge of dentistry in France before coming to Britain. Campbell pointed out that, because of the number of Crawcours practising dentistry and the fact that they frequently advertised themselves as 'Mr. Crawcour' or 'Crawcour and Son', it is difficult to identify individual family members.[10]

7 D.W.Wright, 'London dentists in the 18th century: a listing from the trades directories in the Guildhall Library', *Dent.Hist.*, 12(1986), 8-16. This is presumably the same Law of Pall Mall, London, Dentist to Prince Regent, who visited Glasgow regularly in the late 18th and early 19th centuries (J.M.Campbell, *Dentistry then and now* (Glasgow, privately printed, 1981), 217). In the *Edinburgh Evening Courant* of 7 January 1799, Noble has found an advertisement placed by Law, dentist in ordinary to his Royal Highness the Prince of Wales, visiting the city he had left in 1782 for practice in London & Dublin. It is as yet unclear whether these are all the same Law & whether any of them was related to the Robert Law advertising in 1741 (*Aris's Birmingham Gazette*, 15 Nov 1741 (CH)).

8 *Leeds Intelligencer*, 4 May 1784.

9 Campbell, 265-68; Hillam, 1991, 299; A.S.Hargreaves, 'Dental services in Newcastle from 1790-1799' in *Medicine in Northumbria* (Newcastle, Pybus Society, 1993), 100-01.

10 It is unclear whether the Leeds Crawcour is the Crawcour who advertised so widely in the late 1790s, & even uncertain whether all the advertisements of the latter were placed by the same person. Unfortunately, the Leeds Crawcour gave no indication of first name or town of residence. It is hence impossible to know which member of the family he was. Crawcour advertisements from the 1790s may all have been placed by a father & son. A

The Crawcour who visited Leeds was, like other members of the family, not reticent in proclaiming his ability. In his advertisement he announced that 'the great Benefit Mankind have already received by him, sufficiently testifies his Usefulness, and he is universally recommended by all Ranks of People.' As well as scaling, filing, drawing, cleansing, fastening and filling teeth, Crawcour ingrafted teeth to old stumps, set artificial teeth, cured all disorders in the gums, and transplanted teeth extracted from others who, of course, had been paid for being tooth donors.

In 1787 three advertisements were placed in the Leeds press by Elizabeth Perkins, Widow of the late Christopher Perkins.[11] Perkins had conducted a business as a perruke-maker and hair-dresser opposite the Hotel in Briggate, one of the main thoroughfares in Leeds. Mrs. Perkins announced that, following the death of her husband, she intended to continue his business. She had 'for several Years assisted her late Husband in cleaning and drawing Teeth, in boaring Ladies Ears, and in letting Blood.' This experience made her 'well qualified to give Satisfaction to all who shall be pleased to employ her'. This is the earliest advertisement currently known for the practice of dentistry, albeit

1790 advertisement shows Mr.Crawcour, dentist from London, visiting Northampton (*Northampton Mercury*, 7 Aug 1790 (CH)). No further Crawcour advertisements are currently known until in Jan 1797 Crawcour & Son, from 373, Strand, London, visited Chester (*Chester Chronicle*, 6 Jan 1797 (JRD)). Between March & July 1797, the same Crawcour & Son were in Cambridge (*Cambridge Chronicle*, 25 Mar 1797, 13 May 1797, 17 Jun 1797, 29 Jul 1797 (all RSK)),announcing in their last advertisement a visit to Cheltenham. The remaining available advertisements in the 1790s all refer to Mr.Crawcour or S.[?Samuel] Crawcour of 327,Strand. In Nov. & Dec. 1797, S.Crawcour was in Cambridge, but at a different venue from that visited by Crawcour & Son four months previously (*Cambridge Chronicle*, 25 Nov & 2 Dec 1797 (both RSK)). However, there are similarities in the language of the advertisements & in the product outlets cited. In April 1798 Crawcour thanked the inhabitants of Cambridge for their favours & announced visits to Wisbech & Lynn in May (*Cambridge Chronicle*, 28 Apr 1798 (RSK)). Five months later Mr. Crawcour, Surgeon Dentist, arrived in Norwich before visiting Yarmouth, Lowestoft, Bungay & Beccles (*Norwich Mercury*, 9 June 1798 (DC)). Several advertisements announced a prolonged stay, a departure date of 4 Aug & the prospect of annual visits (*Norwich Mercury*, 21 July 1798 (DC)). In fact S. Crawcour, dentist, came back to Norwich (at a different venue) just six months later (*Norwich Mercury*, 16 Feb 1799 (DC)) for a month. Two months later he visited Ipswich for two weeks (*Ipswich Journal*, 18 May 1799 (PW)) returning to another Ipswich address after a further three weeks (*Ipswich Journal*, 29 June 1799 (PW)).

The data base includes, for the 30 month period from Jan 1797 to Jun 1799, a total of 24 advertisements placed by the Crawcours. There is no evidence that more than two persons, a father and son, were responsible for all of these, although the possibility of other members of the Crawcour family being involved cannot, at this stage, be rejected.

11 *Leeds Intelligencer*, 19 Jun, 28 Aug & 11 Sept 1787.

not the whole range of dental operations, by a person resident in the city of Leeds. No advertisements for Christopher Perkins have been found.

There is one final dental advertisement in the *Leeds Intelligencer* in the 1780s. In October 1787 Mr. and Mrs. Sedmon, dentists, from Berlin, made their only known visit to Leeds.[12] Mr. and Mrs. Sedmon had visited Leicester earlier that year.[13] In Leeds Sedmon claimed to

> take an exclusive Merit to himself, for having invented a safe Method of fixing artificial Teeth, without Force or Wiring, or being attended with the smallest Degree of Pain - though set in so finely as to eat with them, and so exact, as not to be distinguished from those implanted by Nature.

The Sedmons also advertised the use of 'a liquid of their own Preparation, which totally eradicates the Scurvy, and makes the Gums adhere to the Teeth - and removes every Cause of disagreeable Breath.'[14]

The *Leeds Intelligencer* yields evidence of one resident toothdrawer and 6 dentists who made a total of 14 visits to Leeds between them during the 1780s. Only two of the six, however, made more than one visit to Leeds, namely Restieaux and Oliver who made 5 visits each. Halifax was visited by Oliver on three occasions (assuming he made all the visits that he planned), and Restieaux once. Wakefield possibly had two visits from Oliver, whilst

12 *Leeds Intelligencer*, 23 Oct 1787.

13 *Leicester Journal*, 3 Feb 1787 (CH).

14 The Sedmons' advertisement is of particular interest as it provides a list of their scale of charges. Cleaning the teeth cost 5 sh, as did 'stuffing with gold'. An artificial tooth cost half a guinea, a natural tooth 2 gns, a screw tooth 1 gn & a complete set of teeth 20 gns. Three years later, in 1790, Mr. & Mrs. Sedmon, who were at that time visiting Lynn in Norfolk, placed an advertisement in the form of a testimonial from Thomas Stanley, Doctor of Divinity, whose wife had been treated for a disease of her gums when Sedmon had visited Newark (*Norwich Mercury*, 14 Aug 1790 (DC)). In Oct. that year they announced that they had arrived in Norwich, taken a 'commodius house' in St. Giles's Gates & could be consulted at Mr. Studwell's, in the Mkt Place until 10th Oct. (*Norwich Mercury*, 2 Oct 1790 (DC)). On 16 Oct. they announced they had taken part of the house of Mr. Parkinson, Bell-hanger at St. Michael at Plea (*Norfolk Chronicle*, 16 Oct 1790 (DC)). By 8 Jan. 1791 they had fixed their residence there (*Norfolk Chronicle*, 8 Jan 1791 (DC)). By Apr. 1791, however, they were at Beckwith's, Hairdresser on Tombland (*Norfolk Chronicle*, 2 Apr 1791 (DC)). In Mar. 1792 they indicated that, having spent a period of time in Newbury, they had now gone to Devizes (*Reading Mercury*, 19 Mar 1792 (Menzies Campbell Collection, RCS Eng). The following year, 1793, Sedmond (a variant spelling) visited Hereford, describing himself as 'from ... Bristol' (*Hereford Journal*, 15 May 1793 (GJC)). Mr. & Mrs. Sedmond have entries in Bristol trade directories of 1797 & 1798 (Hillam, 1991, 230).

Bradford, Huddersfield and Otley had one visit each. Harrogate in the North Riding had one visit from Restieaux.

All the Yorkshire newspapers for the 1790s have been searched. The first advertisement for a dentist occurred in February 1790 and was placed by Restieaux, to whom reference has already been made.[15] Restieaux's first visit to Yorkshire seems to have been in May 1786 when he stayed at Mr. Hindle's at the Rose and Crown Inn, Leeds, for three days.[16] His advertisement

15 The author is most grateful to Bishop Cyril Restieaux (Roman Catholic Bishop of Plymouth 1955-86), to Catherine & Harold Restieaux, Patrick Palgrave-Moore & to a number of other Restieaux currently living in Norwich for supplying information on Restieaux, the 18th century dentist. André Restieaux, from a French Roman Catholic family, was brought to England by his parents; they apparently intended to return to France but were drowned in the Channel. André initially lived in London, where he & his French wife, Madelaine Mignot, produced a large family. In the mid-1770s he moved to Norwich. A *Norfolk Chronicle* advertisement of 4 Jan 1777 reveals his main occupation as drawing master, teaching Ladies & Gentlemen to draw figures, landscapes, flowers etc. at Mr. Lewis's, the Angel, in the Market Place, Norwich. A footnote drew attention to the fact that 'Mr Restieaux cleans Ladies and Gentlemens Teeth, and sells the Opiate à la Poudre de Perle.' A year later, 'Mr Restiaux' described himself as 'dentist and operator for the teeth' (*Norfolk Chronicle*, 21 Feb 1778). He had 'given repeated Proofs of his Abilities to some of the first Families, and now offers his service to the Public.' His operative treatment included cleaning the teeth, drawing teeth & stumps, making artificial teeth & regulating teeth 'which project and deform the mouth.' Recognising that some patients were afraid of having teeth extracted, he sold 'a liquid which by degrees loosens the Tooth till at length it falls out imperceptibly.' He also had 'a certain and never failing Remedy for the Tooth-ach, which perfectly cures it without drawing in five Minutes.' He practised from his house in the Lower Close, Norwich. On 20th June that year he placed another advertisement stating that he was a 'Dentist and Operator for the Teeth' and announcing a visit to Lynn 'where his Stay will not exceed one Week' (*Norfolk Chronicle*, 20 June 1778), after which he would be back at his House in Norwich in July. A further notice of 26th Dec. 1778 declared that his students' drawings would be on show at his home in the Lower Close, from later that week (*Norfolk Chronicle*, 26 Dec 1778). He continued to clean and draw Teeth. The following Oct. saw another exhibition of his pupils' drawings (*Norfolk Chronicle*, 2 Oct 1779). On this occasion, however, he made no reference to his dental work. His final advertisement as a drawing master appeared in Oct. 1780 (*Norfolk Chronicle*, 14 Oct 1780 (DC)). His entry in a trade directory for 1783 describes him as a dentist at 19, Lower Close Square (Chase, *Norwich directory* (Norwich, 1783)). In 1785 he visited Leicester (*Leicester & Nottingham Journal* (27 Aug 1785 (CH)), advertising that he had

> Credential Letters ..., in his Possession, not only from the most eminent Physicians and Surgeons at Norwich, (where he has resided nine years,) but also from Nottingham, and every other Place in which he has practised. - These he hopes will make a characteristic Difference between him and Itinerant Empirics.

16 *Leeds Intelligencer*, 9 May 1786.

describes him as a 'Surgeon-Dentist from Norwich (and late from Nottingham)'. He returned to Hindle's for a week nine months later in February 1787, just ten years after his first advertisement in Norwich.[17] This time he claimed to have Testimonials from 'Physicians and Surgeons in York, Norwich and other places, and a Practice of upwards of Twenty Years'. That was the last occasion on which he described himself as 'from Norwich' for less than 4 months later, in announcing a visit to Harrogate for one week, followed by a visit to Leeds for 2 days, he was 'Mr. Restieaux, Surgeon Dentist, from York',[18] a description he was to use, with one exception, in all future advertisements in the Leeds press.

Restieaux returned to the Rose and Crown in Leeds in March 1788,[19] visited Halifax and Rochdale in September 1788[20] and made another visit to Leeds in October 1789.[21] He had by the time of this last advertisement appointed Mr. Bradley of Halifax, a watch-maker, to sell his Tincture and Powder for the Teeth, which were also on sale at his own house in York.

Restieaux advertised in the *Leeds Intelligencer* on 2 February 1790 that he

> performs every Operation upon the TEETH and GUMS, such as cleaning and filling up the decayed, and fitting in real or artificial Teeth, so as to render it impossible to distinguish them from Natural Teeth .... he may be consulted at his Lodgings at Mr. Ryley's, Upholsterer, Back of the Shambles, Leeds.

This advertisement was repeated the following week whereafter he presumably returned to York. At the beginning of April he was on a visit to Doncaster.[22] A year later he advertised another visit to Leeds.[23] This time he lodged with Mr. Hicks, Grocer. He also announced that he would be going on to visit Wakefield, Huddersfield and Halifax after about two weeks in Leeds.

In December 1792 Restieaux returned to Leeds, staying at Mr Tinshill's,

17 *Leeds Intelligencer*, 27 Feb 1787.

18 *Leeds Intelligencer*, 12 June 1787.

19 *Leeds Intelligencer*, 11 Mar 1788.

20 *Leeds Intelligencer*, 16 Sept 1788.

21 *Leeds Intelligencer*, 20 Oct 1789.

22 *Yorkshire Journal*, 10 Apr 1790 (VH).

23 *Leeds Intelligencer*, 22 Feb 1791.

the Three Legs Inn, in Call Lane.[24] However, 'on Account of his Engagements to other Places' his stay unavoidably had to be short. (This may have been true, although it seems to be a ploy often used by dentists to encourage potential patients to visit them without delay, thus avoiding a period with few clients on first arrival in a town). At this time Restieaux also seems to have had an address in Hull, for in the 1792 trade directory for the area there appears an entry for Andrew Restue, Dentist, at North Street Dock, Hull.[25] However, no other Hull references to Restieaux have been found. Further visits to Leeds were undertaken in April and November 1793[26] and June 1794,[27] each lasting only a few days before engagements in Halifax.

Restieaux died in late 1794. The *Leeds Intelligencer* of 6 July 1795 carried the following advertisement:

> Mrs. RESTIEAUX, Widow of the late Mr. RESTIEAUX, Surgeon Dentist, at York, wishes to inform the Friends of her late Husband, and the Public in general, that she continues to make his TINCTURE and POWDERS for the TEETH and GUMS, both which are prepared from genuine Receipts transmitted by her Husband a few Days previous to his DEATH.

The advertisement went on to inform readers that she was visiting Leeds that week and gave details of where the products could be purchased. The following week there appeared an advertisement from 'The Real Mrs. RESTIEAUX, Widow of the late Mr. Restieaux, Surgeon Dentist' who was 'now in Halifax' selling the products.[28] She would, she said, 'be at Leeds in a few Days' but

> She thinks it necessary to caution the Public against purchasing the above articles of MARGARET CLOUGH who in this Paper last Week advertised the above under the name of RESTIEAUX.

The only other dentist known to have visited Yorkshire in 1790 was Matson, Surgeon-Dentist from Paris, who came to York in December of that

24 *Leeds Intelligencer*, 3 Dec 1792.

25 Battle, *Appendix to the Hull and Beverley directory* (Hull, 1792); cited Hillam, 1991, 224.

26 *Leeds Intelligencer*, 22 Apr & 18 Nov 1793.

27 *Leeds Intelligencer*, 2 June 1794.

28 *Leeds Intelligencer*, 13 July 1795.

year.[29] Matson, based in London, had obviously been to York before, for he claimed that he had

> experienced from the Nobility and Gentry of that City, and of the City of London, the most flattering marks of approbation in his profession.

Between March and June 1791 he made visits to Newcastle and Durham in the North-East of England, returning to Yorkshire in late June of that year when he visited Leeds.[30] He claimed to have been 'instructed by Mr. Berdmore, late dentist to his Majesty.' No further visits to the region were recorded.[31]

No new dentists are known to have visited Yorkshire in 1791 but in late April and early May of 1792 Charles Whitlock, the actor-manager and dentist, visited the City of York.[32] It certainly was not the first occasion that Whitlock had visited the county of Yorkshire to perform dental operations; in 1790 he had visited Sheffield.[33] However, it seems likely that it was his first visit to York, at least in a dental capacity, as he states in his advertisement that he

> Respectfully informs the Ladies and Gentlemen of York and its vicinity, that he has for many years practised the above profession with the greatest success in the neighbouring counties of Lancashire, Durham, Northumberland etc now being on his way to London, purposes to continue three weeks in York.

Later that summer when visiting Chester he gave as his address 25, Duke Street, St. James's, London.[34]

The next dentist to arrive was also from London — J. Waite, Surgeon-Dentist of 113, New Bond Street. From his advertisement it is apparent that he had visited Scarborough on the east coast of Yorkshire in 1791 and was to

29 *York Herald*, 11 Dec 1790 (GF).

30 *Leeds Intelligencer*, 28 June 1791.

31 William Matson is, however, listed in London trade directories as practising 'near Holborn Bars' in 1794 and at that address (and also at 1, Kirby Street, Hatton Garden) in 1799, the latter in partnership with Alexander Rowland (Wright).

32 *York Chronicle*, 27 Apr 1792 (GF).

33 *Sheffield Register*, 10 Dec 1790 (JDP).

34 *Chester Chronicle*, 6 July 1792 (JRD).

repeat his visit in August 1792.[35] (A London trade directory refers to a John Waite, Surgeon Dentist, at 20, Glasshouse St., Golden Sq in 1794).[36] As far as is known, Waite paid no further visits to Yorkshire.

So far, the providers of dental treatment who had advertised their visits during the decade had all been dentists; three of the four were London based. The next operator, however, was different. E. Braham combined dentistry with the trade of corn extractor. Indeed he seems to have concentrated on the chiropody side of his business, with dentistry being of secondary importance. Following a visit to Chester earlier in the year, this peripatetic visitor arrived in Yorkshire in July 1793.[37] Describing himself as 'Corn extractor and dentist, late from Berlin, the Capital of Prussia', he announced that he was staying but a short time in Leeds before going on to Harrogate. The following month he visited York.[38] (His advertisement indicated that he intended to return to that city on an annual basis. However, no further visits are recorded). He stated that he had pressing engagements in London which prevented him from staying long in York.[39]

Throughout the period Braham offered various tooth powders, tinctures and liquids to cure toothache, whiten the teeth and remove complaints in the gums, including his 'curious liquid for the teeth, which is so much approved of that numbers of the Gentry and others in different parts of the Kingdom have made a second purchase'.[40]

Mr. Lesec, dentist, had been based in Newcastle since July 1790 and for nearly two years he had made regular visits to other cities and towns in the

35 *York Chronicle*, 9 Aug 1792 (GF).

36 Wright.

37 *Leeds Mercury*, 27 July 1793 (AS).

38 *York Chronicle*, 29 Aug 1793 (GF).

39 In Oct. he arrived in Newcastle having visited Whitby in north east Yorkshire en route. Over the next few months it is possible to trace visits to Durham, Stockton, Guisborough, and Sunderland in the North East, and Cambridge, Huntingdon, St. Ives, Newmarket and Norwich in East Anglia. Later he is recorded visiting Shrewsbury, Chester and Middlewich in the West Midlands and North West. Clearly he not only moved frequently from town to town but travelled to widely scattered parts of the country. Whether his frequent moves were because of lack of custom or lack of skill as a dental operator is impossible to say. In 1798 he was placing advertisements styling him 'Dentist to the University and City of Oxford' (*Chester Chronicle*, 4 May 1798 (JRD)). Dentistry came to replace chiropody as his main occupation, but Braham's advertisements still referred to corn eradication.

40 *Chester Chronicle*, 26 Apr 1794 (JRD).

north east. In May 1792 he announced a visit to York, where he would be staying at the York Tavern for a few days.[41] However, he indicated, he would visit York once a quarter. 'Large families and boarding schools' were 'attended on moderate terms'. During 1793 Lesec made three further visits to York, announcing that he would be staying for some time. Clearly there was an increasing clientele in and around York, for after three more visits during 1794 he announced in December of that year that he was 'induced to make this City the place of his future Residence'.[42] It is possible that this decision was influenced, in part at least, by the death of Restieaux. The latter is known to have visited Leeds in June 1794 and in November 1794 Nicholas Stickney, Dentist, advertised that he[43]

> now visits this City in the line of his profession; and since society has now been deprived of the Services of Mr. Restieaux (well esteemed in this place as a Dentist) he hopes he will be able to supply to his friends the loss sustained by his death; and with all deference begs leave to be received as his successor.

Stickney does not seem to have visited Yorkshire again; perhaps Mr Lesec moved quickly to York in order to be Restieaux's successor himself. Whatever the circumstances, he soon filled the gap in Leeds by making his first visit there in May 1795 and announcing that he would be visiting two or three times a year in the future.[44]

For the remainder of the decade Mr Lesec remained resident in York. As far as can be ascertained from his newspaper advertisements, he visited Leeds, not two or three times a year but rather once or twice a year, staying for about a week each time. He continued to visit Newcastle twice a year, staying for two to three weeks on each occasion. In November 1797 he visited Hull, but this may have been one of his less successful ventures for there is no evidence that he ever went there again.[45]

Apart from a single visit to Yorkshire made by F. Doughty, from London, who visited York in July 1794,[46] no new dentists visited the county

41 *York Chronicle*, 17 May 1792 (GF).

42 *York Herald*, 13 Dec 1794 (GF).

43 *York Herald*, 29 Dec 1794 (GF).

44 *Leeds Mercury*, 9 May 1795 (AS).

45 *Hull Advertiser*, 11 Nov 1797 (GP).

46 *York Chronicle*, 24 July 1794 (GF).

for nearly three years until the summer of 1797 when one of the members of the famous Ruspini family undertook a tour which included a number of Yorkshire towns. Visiting Leeds in May he announced[47]

> Mr RUSPINI, Son to CHEVALIER RUSPINI, of London, SURGEON DENTISTS to the Prince of Wales, respectfully informs the Nobility and Gentry of Leeds and its Environs, That he is now at Leeds, and will remain a few Days longer.

After being in Leeds for about three weeks Ruspini travelled on to York where he remained for a few days only.[48] Whilst the sequence of newspaper advertisements does not provide a complete picture of his travels it is known that his tour included several days in Wakefield and Pontefract before a stay of about three weeks in Harrogate.[49] From there he returned to York before going on northwards to Newcastle.[50]

Ruspini advertised that he carried out 'all Operations incident to the TEETH and GUMS' and that he would 'attend Boarding Schools, and arrange Young Ladies Teeth on very moderate Terms'. He promoted

> Chevalier Ruspini's DENTIFRICE POWDER and TINCTURE for beautifying, strengthening and fastening the Teeth and Gums; his ELIXIR for the Tooth Ache; and his BALSAMIC STYPTIC for stopping all Kinds of Bleedings, both internal and external.

(Ruspini's styptic is described in more detail by Campbell;[51] at a time when severe haemorrhage was normally arrested by the use of a red-hot iron such a product must have seemed little short of miraculous). All these products could be purchased locally 'at the same price as at the Chevalier's House, in London'. Today we tend to regard London prices as being high; presumably at that time goods which had to be transported from London were often more expensive.

In 1788 two other dentists started regular advertisements in the Yorkshire newspapers. First Benjamin Hornor, Surgeon Dentist, visited Leeds in

47 *Leeds Mercury*, 20 May 1797 (AS).

48 *York Chronicle*, 8 June 1797 (GF).

49 *Leeds Intelligencer*, 12 June 1797 (Wakefield), 3 July 1797 (Pontefract) & 10 July 1797 (Harrogate).

50 *York Chronicle*, 3 Aug 1797 (GF), *Newcastle Advertiser*, 23 Sept 1797 (ASH).

51 J.Menzies Campbell, 'Chevalier Bartholomew Ruspini 1728-1813, surgeon, philanthropist, surgeon-dentist', *Dent.Mag.Oral Topics*,70 (1953), 402-22.

April.[52] He returned to Leeds in July and in September visited Hull where 'he intends remaining a short time only'.[53] He was either still in Hull in November (or perhaps he returned there that month) for he advertised that he intended to continue his residence there for some time and would be visiting Beverley, some 9 miles away, each Wednesday.[54] In May 1799 he announced a return visit to Leeds from where he went on to Wakefield and Halifax.[55] In October he was in Hull again, where he would remain 'a few weeks longer'.[56] In fact, he seems to have remained until the end of the year.[57] The following year, 1800, Horner's name was listed in Gore's *Liverpool directory*; he also appears in the 1803 edition. However, he soon returned to Yorkshire, for between 1809 and 1837 he regularly appears in the York trade directories.

The other dentist to start a series of regular visits in 1798 was Michael Oliver, dentist. Oliver had in fact visited Leeds several times between 1786 and 1788. On the first occasion (October 1786) he had lodged with Mr. Lockwood, Shoe-Maker, in Kirkgate, Leeds.[58] His previous whereabouts was not given but Oliver stated that 'his place of residence will in future be at Manchester and Leeds.' He stayed in Leeds for at least two months, the advertisement being repeated after three weeks and followed by another two weeks later stating that he would be going to York after another three weeks. During his absence he had appointed a retailer to sell his 'valuable Imperial Tincture for the Scurvy in the Gums .... and his Tooth Powder'.

In January 1787 M.W.B. Oliver advertised that he had returned from York to his lodgings at Mr Lockwood's but 'will make but a short Stay at this Time in Leeds', as he 'proposes to make Excursions to Wakefield, Bradford, Halifax and Otley'.[59] Two months later, in March 1787, he indicated that he was at Halifax, having visited Leeds and Otley but 'his stay will not exceed a

52 *Leeds Intelligencer*, 2 April 1798.

53 *Hull Advertiser*, 15 Sept 1798 (GP).

54 *Hull Advertiser*, 10 Nov 1798 (GP).

55 *Leeds Intelligencer*, 27 May 1799.

56 *Hull Advertiser*, 19 Oct 1799 (GP).

57 *Hull Advertiser*, 21 Dec 1799 (GP).

58 *Leeds Intelligencer*, 24 Oct 1786.

59 *Leeds Intelligencer*, 23 Jan 1787.

Week or Ten Days' as he was going to Huddersfield and then to Wakefield.[60] In October 1787 he announced that he would visit Halifax for 'a few Days on his Way to Leeds' where he would be staying at Mr. Wood's, the King's Arms, for 'a few Weeks'.[61] Six months later, in April 1788, he stayed for two or three weeks at Mr. Randall's, Tinner, in Briggate, Leeds.[62] In this advertisement he referred to his tincture and toothpowder which had been found 'of infinite Use' in all parts of his 'large Circuit'.

Oliver did not visit Yorkshire again for over 10 years. He is known to have been living in Liverpool in 1794, for his name is listed in a trade directory published at that time.[63] In May 1798 he advertised in York that[64]

> He has been more than twelve years in full practice, attended a Number of the first Rank in the Kingdom, and recommended by several of the first Surgeons of London, Edinburgh, Dublin and Paris.
> He further informs the Public that his new Method of extracting Teeth, even when broken in the Gums, is so quickly done, and the Pain so slight, as hardly to be felt, and that his improved artificial Teeth never change colour.

He advertised prices for scaling, grafting and transplanting teeth and for his tincture which 'cures the Scurvy in the Gums and fastens the Teeth'. He also sold 'tooth powders, lotions and brushes of the best quality'.

Oliver made an extended visit to Leeds from 12 November 1798 to 21 January 1799.[65] During that time he had planned a short visit to Bradford for three days[66] but announced that he was prevented from doing so by an accident.[67]

During the ten weeks he was in Leeds he had 'extracted upwards of Four Hundred Stumps which had been broken by unskilful Persons'. He left Leeds on 21st January announcing that he would be in Otley from 22 to 24; Skipton

60 *Leeds Intelligencer*, 27 Mar 1787.

61 *Leeds Intelligencer*, 16 Oct 1787.

62 *Leeds Intelligencer*, 22 April 1788.

63 Wilkes, *Universal British directory*, vol.3 (London, 1794).

64 *York Chronicle*, 31 May 1798 (GF).

65 *Leeds Intelligencer*, 12 Nov 1798 and 14 Jan 1799.

66 *Leeds Intelligencer*, 3 Dec 1798.

67 *Leeds Mercury*, 8 Dec 1798 (AS).

from 25 to 27; Keighley from 28 to 30; Bradford from 1-3 February, then Halifax for one week followed by a week in Huddersfield; from 18 to 24 in Wakefield; 25 to 3 March in Pontefract, finally revisiting to Leeds for three days before returning to York on 7 March. A planned total of 16 weeks away from York, the last 6 weeks on the road visiting 9 towns for between 3 and 7 days each. Clearly the demand in each place, with the exception of Leeds was low. In fact, the final part of the schedule was postponed, for in April Oliver inserted an advertisement in the Leeds press, from a different address, in which he referred to his 'last six months residence' in Leeds and explained that he would[68]

> attend the Neighbouring Places mentioned in his Advertisement a few Weeks back, in Two or Three Days, which would have been done according to the Advertisements in the Leeds Newspapers, had it not been owing to Mr Oliver's Indisposition of Health.

Perhaps as a result of his earlier accident?

The name of one dentist appears regularly in the advertisements in the York newspapers, between 1790 and 1794. This was Robert Wooffendale. Although in some advertisements he indicates that he 'performs all operations on the Teeth and Gums' he does not seem to have ever visited York to practise dentistry at this period. The advertisements are for his products; 'an Abstergent lotion, which has ever been found a most effective Remedy for the Scurvy in the Gums, a Dentifrice for cleaning and preserving the teeth and his brushes for the Teeth and Gums'. He lists agents in York, Leeds, Wakefield, Hull and Halifax.

Although only two towns in the county present any evidence of a resident dentist during the 1790s,[69] as we have seen 12 different dentists advertised visits. York received 15 visits during the decade (10 different dentists), Leeds 22 (at least one dentist each year from 7 dentists) and Hull 3 or 4 (and then not until 1797). Of the other towns, Halifax had 6 visits, Wakefield 4, Huddersfield, Harrogate and Pontefract 2 each and seven towns (Scarborough, Whitby, Beverley, Bradford, Keighley, Otley and Skipton) received only one visit each during the whole of the 1790s, mostly towards the end of the decade. Apart from Leeds, very few towns ever saw the same dentist more than once. Presumably there was too little demand to merit return visits. For Bradford, Keighley, Otley and Skipton we cannot even be sure that the visit was ever made, for the relevant advertisement announcing Oliver's visit was followed by

68 *Leeds Intelligencer*, 15 Apr 1799.

69 York (Restieaux, Lesec and Oliver) and possibly Hull (Restieaux).

another explaining that he had not yet been to those towns because of illness. He hoped to be able to visit them within the next few days. Let us hope that he was well enough to arrive.

ACKNOWLEDGEMENTS

The information presented in this paper is based upon the work of a large number of people who have searched the eighteenth century newspapers. Where it is not the author, the contributor responsible for recording the newspaper entry is shown in parentheses after each reference. I am most grateful to all of them for allowing the entry to be entered onto the database held at Liverpool Dental School and to Christine Hillam for establishing the database. The following provides a key to identify each person:-

DC - David Cubitt; GJC - John Cooke; JRD - John Davey; GF - George Fleming; ASH - Anne Hargreaves; CH - Christine Hillam; RSK - Roger King; PN - Patricia Nicholls; GP - Geoff Pearson; JDP - David Price; AS - Alan Stanley; VH - Vanessa Hudson; PW - Peter Willard.

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Alt-KW
Bull-Hist-Dent. 1994 Jul; 42(2): 67-70
AB: There are only few archaeological findings on therapeutic measures dating to the early times of scientific dentistry. The remains of two burials from the mid-eighteenth century permit the assessment of the spectrum of dental treatments of that time. Bridges, ivory dentures, gold ligatures for splinting as well as various metal fillings demonstrate the state-of-the-art of contemporary practical dentistry. A presentation of the findings should be of interest not only for the history of dentistry but can also supplement the written records of that time.

[D. A. Entin--the founder of Russian military stomatology]
Balin-VN; Iordanishvili-AK; Mulyshev-VA; Fialkovskii-VV
Stomatologiia-Mosk. 1994 Oct-Dec; 73(4): 77-80
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[Laszlo Nemeth and dentistry]
Huszar-G
Fogorv-Sz. 1994 Oct; 87(10): 305-10
HUNGARIAN; NON-ENGLISH
AB: Laszlo Nemet (1901-1975) was one of the most prominent representative of the XXth century's Hungarian literature. He has graduated as a medical doctor in 1925 and, between 1925-1929 when he was a novice writer--he was working as a dentist. He studied dentistry at the Department of Stomatology of the Holy Order of Charity's Hospital in Budapest. In his curriculum vitae he writes about the beginning of his private practice and its difficulties.

U.S. Army Military History Institute.
King-JE
Bull-Hist-Dent. 1994 Jul; 42(2): 87-8

John Hunter and the Natural History of the Human Teeth: dentistry, digestion, and the living principle.
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Martinez-Rodriguez-AR; Portilla-Robertson-J; Rios-Ferrer-G
Educ-Med-Salud. 1994 Jul-Sep; 28(3): 370-9
SPANISH; NON-ENGLISH

Dentistry in two thousand. 1895 [classical article]
Merriman-AF Jr
J-Calif-Dent-Assoc. 1994 Sep; 22(9): 46-9

Discovering dental public health: from Fisher to the future.
Pitts-NB
Community-Dent-Health. 1994 Sep; 11(3): 172-8

The development of the dental profession in Sweden.
Spangberg-C
Bull-Hist-Dent. 1994 Jul; 42(2): 61-5

published in 1995

Parents in the operatory.
Certo-MA; Bernat-JE
N-Y-State-Dent-J. 1995 Feb; 61(2): 34-8
AB: Dentists who treat children must continually evaluate methods for managing patients. Psychological, physical and pharmacotherapeutic techniques have been described, reviewed and questioned in papers and presentations throughout the history of dentistry. This evaluation is important because it provides avenues for controversy and change, leading to improved patient care. The issue of parental presence in the dental operatory continues to generate conflicting opinions and to stimulate debates among practitioners. This controversy has resulted in divergent reports in the dental literature, with practitioners receiving contrasting information and advice for managing the patient/parent unit. The purpose of this paper is to review the history and issues surrounding parental presence in the dental operatory, and to present guidelines for allowing parents to be with their children during treatment.

Female dentists in the U.S. Army: the origins.
Hyson-JM Jr
Mil-Med. 1995 Feb; 160(2): 57-62
AB: Female dentists were not accepted into the U.S. Army Dental Corps until the exigencies of the Korean War in 1951 called for the "maximum utilization" of the country's professional resources. As early as 1898, during the Spanish-American War, and in 1917, during World War I, women dentists had volunteered their services to Uncle Sam. It is appropriate that the story of these early pioneers be told.

Nathan Keep--William Morton's Salieri?
Keep-P
Anaesthesia. 1995 Mar; 50(3): 233-8
AB: Dr Nathan Cooley Keep (1800-1875) was a Boston dentist and doctor who carried our pioneering work in both dentistry and anaesthesia. He worked with William Morton before the first public demonstration of ether anaesthesia, formed the world's first anaesthetic partnership with Morton but parted company with him and later opposed Morton's claim to be the sole inventor of ether anaesthesia.

The changing face of dentistry [interview by Terence Davis]
Scott-W
J-Can-Dent-Assoc. 1995 Jan; 61(1): 28-31