

Dental Historian

1972

1878

2014

1962

1099

1957

1530

1540

1543

1655

1685

1857

1768

1771

1778

1783

1808

239

1840

1844

1872

1851

1870

1895

1893

1894

1946

DENTAL HISTORIAN

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Dental Historian

The Dental Historian (DH) is an international journal that publishes peer reviewed papers, biographies and descriptions of historical artefacts. The DH accepts manuscripts online. It is a condition of acceptance of a manuscript that it has not previously been published or is not under consideration of publication in any other journal. If more information is required then please contact the Editor. Persons wishing to submit a paper for publication should send it to **Dr Margaret Wilson, Editor** at m.wilson1000@btinternet.com

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The *Dental Historian* is sent free to members of the Lindsay Society.



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Editorial

This year marks the 70th anniversary of the founding of the National Health Service in July 1948. At that time the advice given by the BDA to its members was not to provide NHS treatment. This advice was ignored by the majority of dentists who almost overnight found themselves busier than they had been for years. In fact NHS dentists were overwhelmed by the number of patients having extractions and requesting dentures to replace those missing teeth. This was also the era that saw the rise of pain free restorative treatment, under local anaesthetic. The provision of dental treatment under the NHS was surely wonderful, but this state of affairs was not going to last. Over the years there have been many changes in the delivery of dental services, both in how dental services are provided and of course the introduction of patient charges, which have increased over the years. Given the squeeze on money available to provide all NHS treatment, many of us question what NHS resource will be available for dentistry in the future. Could the adoption of more restrictions in what treatments are available result in only certain groups of patients able to access “free” treatment with the rest of the population only having access to an emergency and diagnostic service? If the percentage of the NHS budget remains the same in an environment where the increasing costs of delivering oral health care greatly exceeds inflation, the time is rapidly approaching when existing arrangements are unsustainable. Factor into this equation the growing population, the baby boomers, myself included, who were part of the heavy metal dental generation, then a watershed moment is surely fast approaching. Only time will tell.

At the 50th Anniversary of the NHS in 1998, the BDJ issue number 185 was a special edition, marking 50 years since the inception of the NHS. The editor of the BDJ at that time, Mike Grace made the comment, “NHS dentistry is not necessarily the only dentistry that can be provided. In fact for many people, NHS dentistry is not the dentistry they want”. He also noted that money or the lack of money for NHS dentistry meant that dentists could not provide the quality service they felt their patients deserved.

In the same issue of the BDJ, there were a series of letters from high profile dentists, giving their opinion and forecast for the future of dentistry. All of the authors praised the NHS for helping to improve the nation’s oral health.

Tony Kravitz, then Chairman of the General Dental Services Committee, predicted, “the stereotypical NHS dental practice will become less usual”. He thought dentists would offer a mix of NHS and private care and foresaw the rise of dental bodies corporate.

Paul Batchelor, at the time a senior research fellow at Kings College School of Medicine and Dentistry, London, observed “there is recognition that technology is expensive. The rationing debate has re-emerged. Priorities need to be set”. He predicted that oral health care would remain within the NHS.

Richard Whatley, then at Kavo, predicted the equipping of modern surgeries with intra-oral cameras, digital x-ray systems and PC based practice management software. He noted that financial investment in practices would be substantial and significant. He thought that more advanced treatment with better aesthetics would be provided under private contract.

Nigel Pitts, at that time the Dean of Dentistry, University of Dundee, predicted the rise of the integrated dental team lead by the dentist. More surprisingly he thought that NHS services would be charged in Euros onto a personal health smart card to be used in any member state of the EU.

John Lowry, consultant maxillo-facial surgeon, then the Chairman of the Dental Committee for Hospital Dental Services predicted the continuing pressure on acute hospital demands. The continuation of an unrelenting trauma workload resulting from ferocious inter-personal violence. He also foresaw the establishment of the emerging dental specialties.

Bill Allen, then the Chair of the BDA Council, thought there would be a move to the formation of group practices and that dental corporate bodies might become more important. He also questioned whether the training of dental health care workers should be a state activity.

With the wisdom of hindsight, it is easy to challenge, be amused or nod sagely at some of the predictions. It is however worrying that comments made 20 years ago regarding the lack of funding, quality of treatment, the need for huge financial investment resonate today. Twenty first century dentists continue to invest huge amounts of money into dental surgeries in order to apply advances in

technology and clinical techniques. Whatever the future holds, it is my opinion that the original vision for dental services in the NHS will continue to be eroded with a widening gap between what the NHS is prepared to pay for dental treatment and what treatment can be provided in the private sector. Only time will tell.

British Dental Association honours BDA Museum Volunteer

On the 10th May 2018, the BDA awarded Rosemary Rabin the Certificate of Merit for services to the association. Rosemary graduated from dental school in 1962 and after a very full dental career, volunteered for the BDA Museum after she retired from clinical practice in 2000. She has been an invaluable help to the museum, cataloguing the George Cunningham lantern slide collection, which is now an internationally recognised resource for researchers and historians.

She also initiated the archiving of the dental health education posters in the museum. She has published several papers on subjects relating to the history of dental public health and has been an active member of the museum team, helping on school visits and guided tours of the museum and outreach and education events. The award is presented for an outstanding contribution and services to the British Dental Association and Rosemary certainly fulfils this accolade



Fig 1 Rosemary receiving her award from Susie Sanderson, President of the BDA



Fig 2 Rosemary and Rachel Bairsto in the BDA Museum

The President of the Lindsay Society, David McGowan, extends a warm welcome to Glasgow



The Annual Meeting of the Lindsay Society will be held on the 5th to 7th October in Glasgow.

The meeting venue is the Royal College of Physicians and Surgeons of Glasgow, with accommodation for delegates at the nearby Hotel Indigo - just a city block away.

The RCPSG was founded in 1599 and is the only UK College of both physicians and surgeons, and now of dentists as well. The founder was Maister Peter Lowe, a French educated Scottish surgeon who petitioned King James VI of Scotland (and later I of England) for powers to regulate the practice of medicine in the city and South West Scotland. The former Royal Faculty was re-titled The Royal College in 1962 and its activities are now essentially similar to the other medical and surgical colleges. In 2017 the college had just over 14,000 members worldwide of whom 23% were dental professionals.

Dental matters were supervised from 1935 by a Dental Committee, and from 1967 by the Dental Council, until in 1990 the Dental Faculty was formed lead by a Dean. In 1998 the Dean of the Dental Faculty became ex-officio the Vice-President Dental ranking equally with the Vice-Presidents Surgical and Medical. The College granted their first LDS in 1879 and offered the HDD (Higher Dental Diploma), from 1920 till 1967 when it was succeeded by the Fellowship in Dental Surgery in parallel to the other surgical colleges. The Diploma in Dental Orthopaedics, first offered in 1949, was the first postgraduate diploma for orthodontists in the UK.

The present College building was acquired in 1862 and has been extended and modernised to provide up to date educational and social facilities in an elegant setting. The meeting plans include visits to the College's collections of items of dental interest and the rare book collection, as well as a trip to the Menzies Campbell Collection which is housed in the Surgeons' Hall Museum at the sister college in Edinburgh. The meeting will also include the annual Menzies Campbell Lecture to be given by Dr Margaret Wilson. Other papers will cover the usual wide variety of topics but will include references to the centenary of WW1 and of Women's Suffrage.

The city of Glasgow offers an enormous range of historical, cultural and commercial attractions for visitors to enjoy and the College and the conference hotel are right in the city centre and easily accessible by all means of transport. See you there!

A Tribute to Emeritus Professor Robin M Basker OBE

Stuart Robson and Jim Ralph

Robin Basker had a long and distinguished career in dentistry. He was a loyal member of the Lindsay Society and also served as Chairman. We are also saddened to hear of the death of his wife Jacquie who was also one of our members. The Lindsay Society has lost two great supporters and our thoughts will be with Robin and Jacquie's family at this very sad time.

Obituary

Robin Basker OBE, Emeritus Professor of Dental Prosthetics and former Dean of University of Leeds School of Dentistry died in November 2017 aged 80 after a long struggle with Parkinson's Disease.

He graduated from the University of London in 1961, where he was an active member of the shooting club, being awarded half colours in that sport. In the same year Robin married Jacquie Bowles to whom he was happily married for 56 years. They had two daughters, Sally and Kate, and two granddaughters, Robyn and Laura.

Following a short period in general dental practice, in 1963 he was appointed as lecturer in Dental Prosthetics at Birmingham University under Professor John Osborne, where he gained his DDS. After a very successful time in Birmingham, Robin was appointed in 1978 to the newly established Chair in Dental Prosthetics in Leeds bringing a wealth of clinical and academic knowledge and experience which he used to radically update the undergraduate prosthetic curriculum focussing on clinically relevancy. In addition he contributed many clinical papers which were widely published including a series in the BDJ, often focussing on the problems of gerodontology. Also, in conjunction with John Davenport and others he produced particularly successful books on denture design which were widely used in other dental schools in teaching prosthetics to undergraduates. In addition Prof. Basker ran many postgraduate courses many of which were oversubscribed.

Professor Basker became Dean of the School of Dentistry in 1985, succeeding Professor Freddie Hopper, and he contributed very successfully and energetically to the running of Leeds University by serving on the Senate, on the Honorary Degrees committee and many other internal committees. It was a period of significant change to the delivery of primary dental care which encompassed a need to expand role of dental nurses encompassing their additional training, and to foster greater teamwork



in practices, all of which he stimulated and encouraged.

Robin also represented the University on the General Dental Council for almost 15 years and during this long tenure was a member of the Professional Conduct and Preliminary Proceedings Committee, Registration Committee, and especially noteworthy was Chairman of the Education Committee. Additionally he was also active in the British Standards Institution, and was an international UK expert on ISO affairs relating to dental materials at conferences around the world.

After many years of contributing to British Dental Association affairs he was awarded the BDA's John Tomes Medal for outstanding services in 2000, and was an active and most popular President of the BDA's Yorkshire Branch. On retirement from the University in 2000, he was awarded the OBE in the Queen's Birthday Honours for his services to dental education. Shortly after this he was elected Chairman of the Lindsay Society for the History of Dentistry, hosting a most successful annual conference in Ironbridge.

Robin Basker had a great enthusiasm for his chosen speciality, an enthusiasm he passed onto

countless under and post graduate students with his quiet determination and enjoyable humour. He and Jacquie enjoyed a shared love of music and for many years were members and participants in Harrogate Choral Society's productions. They were keen gardeners keeping their large garden horticulturally interesting and furthermore they were warm and generous hosts to their friends and colleagues.

It seems especially poignant that there is a sad post script to this obituary, as within a month of the passing of Robin, Jacquie also died having suffered with pancreatic cancer which she largely overlooked during Robin's illness. Having lost both parents within a short period of Christmas, we extend our sympathies to the Basker family.

Stuart Robson and Jim Ralph

A tribute from technicians who worked with Robin Basker in Birmingham Dental School and Hospital

In the late 1960's through to the early 1970's, Mr Basker worked at Birmingham Dental School and Hospital, England. He is fondly remembered by the dental technicians who undertook his prosthetic laboratory work. He was a dentist who wanted to work closely with all his staff to achieve the best outcome for his patients.

He was intense, consistently well read with the latest techniques that were being published monthly in the British and North American journals of that era. He knew that he was causing extra work for his dental technicians when he would change his mind on the technical finish of design of the complete or partial denture even if it had been nearly finished! But long term, the fitted results were as perfect as could be obtained for the patient's wellbeing.

Consequently dental technicians that undertook his laboratory work had to be, above all else, patient and devoted. But they soon realised they were producing appliances that were following the latest techniques and consistently achieving admirable results with hardly any remakes.

Straight forward hinge articulators were the everyday articulator in dental laboratories throughout Britain in the 1960 – 1970 decades. Mr Basker had Birmingham Dental School and Hospital pur-

chase sufficient lateral occlusal moveable Free plane articulators for everyone in the Prosthetics Department so that their dentures could have an improved occlusion.

Mr Basker was well liked by all staff and undergraduates. He had the listener's attentive ear so there were no misunderstanding or miscommunication problems with him.

I started at Birmingham Dental School at the beginning of 1974 as a dental instructor associated with the preclinical large teaching room we then knew as the Phantom Head Room. When Mr Basker was teaching his numerous Prosthetic preclinical teaching courses to 3rd and 4th year undergraduate groups he would always have by his side a wooden clip board with a large "bulldog clip" holding down a file of lined A4 paper on which he would have: his teaching notes, his observations, points raised during the courses and students individual progresses. I knew him affectionately as Clip Board Basker. He was never without his tried and tested aide-memoir, these days it would probably be a smart phone. From my recollections he always conducted himself in a professional manner and was interested in all the undergraduates and the instructor staff. He used to encourage the "fast" students to repeat a technique so they would hopefully improve their skills and understanding before they started their clinical studies. He also would spend extra time with those that had trouble picking up the new skills or handling new materials so that they would feel more confident when they began treating patients on the clinics.

Tony Landon

Short extracts from the transcript of an interview with Robin Basker. The whole interview can be accessed via the BDA Museum John McLean Archive.

The intention of the British Dental Association Museum is to preserve these recordings, their transcripts and associated photos, documents and artefacts in the John McLean Archive and by being assigned copyright to make them publicly available for research, education and talks through publication in print, electronic media, public broadcast and the internet, whilst protecting the privacy of the interviewees.

The questions are in italics and the responses have been abridged. The full text continues with

his later years at Leeds University and his time spent at the General Dental Council.

This interview is carried out on behalf of the John McLean Archive: A Living History for Dentistry. Today's interview is with Emeritus Professor, Robin Basker. Welcome, Robin, and thank you very much for agreeing to the interview. I am the interviewer and my name is Stuart Robson and the interview is taking place at Robin Basker's home on 3rd December, 2011.

On the choice of a dental school:

I only applied to one school, the London as it was called then of course, and now the Royal London, and there are two reasons. First, one summer when we were on holiday I think in Torquay, we met up with another family and the father was Bill Keyser who was one of the chiefs at the London in the dental department. Also, the doctor in our village, who looked after me over the years, he was trained at the London, so it was pretty obvious that I was going to go to the London if they would have me. And so I applied and went for interview and there must have been about six very experienced questioners and they gave me a place and, as I say, I had to get physics and chemistry and zoology at A-Level and botany at O-Level, and the latter proved quite a difficulty. I did get it but when I sent in the results to the London I got a letter back saying, 'You should have followed the A-Level course in botany but an O-level pass on the A-Level course would have been sufficient, but as you only did the O-Level course you'll have to do first MB at Queen Mary College, first MB in biology.' And that was one term or the first term before starting dentistry in Whitechapel.

So probably you were just badly advised on that?

Well, I suppose it's one of those things. Cynically I think to myself- was it a case of putting a group back by six months because there was only room for twelve people in the phantom head room?

So now, in the phantom head room, what was the intake in the first year?

I suppose it was twelve every six months.

That's quite a small intake.

Oh very small. And so we got to know each very well and the staff got to know us very well.

On achieving a higher degree, research and teaching

Yes, at the end of the sixties, I did the MDS which was converted to the DDS. Just about that time John Osborne had arranged for me to do an exchange visit to Copenhagen. Jacque (and two children now) and myself we went over to Copenhagen for about four months where I worked with Professor Niels Brill who was a tremendous guy, a great friend of John Osborne's. I learned a great deal, especially another way of approaching prosthetic dentistry, so that it broadened my outlook and I'm always extremely grateful to John for giving me the opportunity and Niels Brill for teaching me a lot of other things.

You say that opened your eyes to other aspects of prosthetic dentistry. What were the significant differences if you can recall?

Well one was their approach to partial denture design and the use of a sublingual bar and various other factors and also the importance of plaque control. Another one was the better understanding of the jaw mechanism which was one of Niels Brill's special interests. He was writing a major paper on this at that time and used to give me the drafts.

We left it, Robin that you were in Copenhagen for four months and then after that you...?

Returned to Birmingham, full of new ideas that had come from Niels. John Osborne was particularly kind in allowing some of these to come on to his teaching programme. So by that stage I had got a senior lectureship with consultant status, so that was a very happy time for me. Then another stroke of good luck came, because John suggested that there was room for a new textbook on complete dentures. To cut a long story short Bob Tomlin and John Davenport and I started to do this and the first edition was in 1976. I think I should say that one of the most important features was in the choice of co-authors because we knew each other particularly well and found that it was so important

that when having a multi-author book that one could talk to one's colleagues and say, 'You can't say that,' without people feeling hurt about it. So we had a very happy time putting this book together. In fact it's just had a fifth edition in 2011, so it ain't done too badly.

We did a book on overdentures for the BDJ. This was a booklet they produced for several years. It had started off with a day in London where the whole aspect of overdentures was considered. Then we had a book on partial dentures and John Davenport was the senior author. Again the group of us who got together were able to get along like a house on fire and as I say you could say to anyone, 'You can't say that,' and no friendships fall apart.

You've had quite a history, authorship if one can call it that haven't you?

Yes, and it's been one of the great enjoyments of my life,

Enid Muriel Spencer MBE BA MLE (3 October 1930 - 30 May 2018)

Stanley Gelbier

Obituary

Many older readers will remember Muriel Spencer (or Muriel Cohen as she later came to be known). She was a great influence on both the BDA library and the Lindsay Club. Muriel was born in the north of England, in Leicester. However the family came south to London when Muriel was four years old. Her secondary education was received from the Mary Datchelor Girls School in Camberwell. With an excellent intellect she decided to study classics. So for her tertiary education Muriel went to Westfield College in Hampstead, part of the University of London. There she achieved a Bachelor of Arts degree with honours.

It was fortunate for dentistry that she then decided to take up librarianship as a career. After graduation she spent fifteen months at the National Central Library, which was later absorbed into the British Library. Next came one year of postgraduate study at the School of Librarianship and Archives at University College London. There followed a month's experience at the library of St Mary's Medical School. A major success came for Muriel when she was appointed to the library of the Royal Society of Medicine, where she remained for nine years.

For dentistry, Muriel's glory days began at the end of 1965 when she was appointed as its librarian by the British Dental Association. At that time the association was still at its old headquarters in Hill Street, but was soon to move to Wimpole Street. For the library, a move to more spacious surroundings was a blessing. At the time much of its stock was stored in boxes in the cellar and cupboards, so it badly needed more space. Muriel rapidly rose to the challenge and re-invented the BDA's library into the 20th century entity many readers will know. Over the year's she vastly increased the stock of books and special packages. And she developed new services for members.

Muriel was a member of a number of committees. It was an honour for the profession as well as her that she was appointed to the British Library's Advisory Group for the Provision and Use of Medical Literature. Unusually for a non-dentist Muriel was a member of the Board of the



Fig 1 Muriel Spencer in the BDA library

International Endodontic Journal. She contributed a chapter on Dental Literature to Lesley Morton's *The Use of Medical Literature*. Perhaps it was due to her classical education that Muriel took an interest in the history of the dental profession and thus began to attend meetings of the Lindsay Club (renamed the Lindsay Society for the History of Dentistry at the end of 1989). In 1972 she became its secretary, a post she occupied until 1980. Even then she stayed on the committee for a further year. At the time Ronald Cohen, the eminent dental historian, was the chairman. Importantly, he was chairing a working group tasked to draw up what became the well-respected centenary history of the BDA.¹ Muriel was the secretary of the group so played a major role. 1981 saw Muriel marry Ronald Alban Cohen. Retiring from the BDA she joined Ronald in Leamington Spa. There she gained three stepchildren. In 1984 Muriel Cohen became the first female and first non-dentist chairman of the Lindsay Club, remaining until 1986.

In 1977 Muriel gained a well-deserved award of Member of the Order of British Empire (MBE) in the Queen's New Year's Honours list. It was for services to the BDA library. On 23 March she went to Buckingham Palace to receive her medal at an investiture from Queen Elizabeth the Queen Mother.

¹ RA Cohen (ed) *The Advance of the Dental Profession: a Centenary History, 1880-1980*,

Muriel had many outside interests. As a committed Anglican her Christian faith meant a lot to her, as did music: she sang in the City of London Choir. Muriel was a member of the Royal Society for the Protection of Birds and National Trust. She also enjoyed visits to art galleries and museums.

Muriel was predeceased by Ronald, who died in November 2001. She is survived by John Cohen and his sisters Margaret Ann Cohen and Jennifer Susan Tallamy.



Fig 2 Muriel at Buckingham Palace after receiving her MBE

Frederick Ballard (1882-1962) tireless champion of NHS dentistry

Chris Stephens

Abstract: The story of how dentistry was included in the NHS. The influence of Frederick Ballard on the inclusion of dentistry into the NHS

Key words: NHS dentistry, orthodontics

It has long been maintained that the only reason orthodontic treatment was included within NHS dentistry in 1948 was that Clifford Ballard's father "had the ear" of Aneurin Bevan, the Minister of Health in the post War Labour Government¹. Is this true and who was Clifford Ballard's father to enjoy such influence?

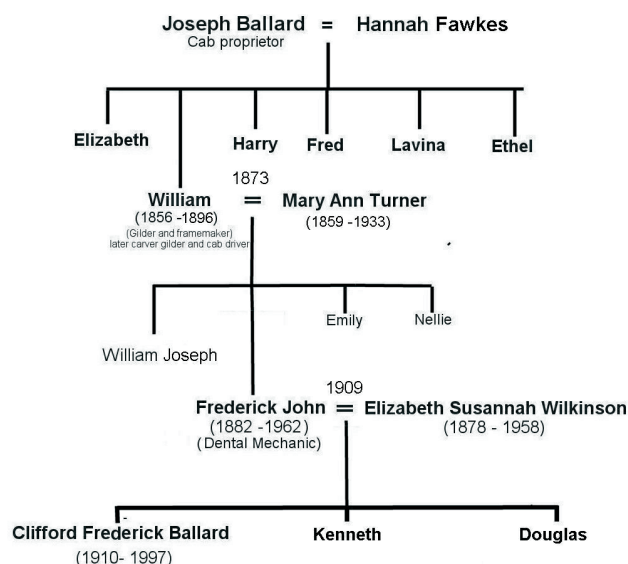
So who was Frederick John Ballard?

Frederick was a Londoner. His father William had been born in Clifton, Bristol but by the time Frederick was born the family were living in St Johns Wood, London where his father was working as a guildler and frame maker as well as a cab driver. They would soon move to Kensington from where Frederick and his brother William Joseph attended Saint Mark's National School Westminster. By 1901 Frederick was living with his widowed mother and two sisters in Marylebone and appeared to be running a dental practice but he held no dental qualification and described himself as a dental mechanic.² This was because following the passing of the first Dentists Act of 1878 only those who were registered with General Medical Council were permitted to call themselves "dentist" or "dental surgeon". Those who could register were required to either hold the LDS or to be practising dentistry at the time, and register before the deadline of August 1879.

In 1909 Frederick married Eliza Wilkinson in Paddington and had three children of whom Clifford Ballard, later to become the renowned Professor of Orthodontics at the Eastman Dental Institute was the eldest, born in 1910.

Dentistry in the early 20th Century

The early history of British dentistry is well known and has been extensively reported elsewhere.³ By the early 20th century apart from the Odontological Society, which adopted a non-political stance, there were two representative dental societies. The British Dental Association was set up in 1879 immediately after the passing of the first



The Ballard Family Tree

Dentists Act but only accepted members holding a dental or medical qualification. The majority of the remainder who practised dentistry were represented by the Incorporated Dental Society Ltd., (IDS).⁴ It is likely that Frederick became a member of the IDS in the 1920s.

In the early 20th century concern about unqualified practice continued to grow and in 1916, reacting to pressure from the General Medical Council, the Privy Council established an advisory committee under the chairmanship of the Rt. Hon. (Sir) Francis Dyke Ackland. Their wide-ranging report published in 1919 recommended the prohibition of the practice of dentistry by unregistered persons, the establishment of a public dental service and that a statutory Dental Board of the GMC be set up to regulate the training and practice of dentists. This led to the passing of the 1921 Dentists Act and the setting up of a Dental Board of the GMC under the chairmanship of Francis Dyke Ackland with which all dentists were required to register on payment of an annual fee of £5. As a further consequence of these recommendations a third representational organisation, the Public Dental Service Association (PDSA), came into being in 1923. Frederick

Ballard joined this also and in due course would become its chairman.

Such was the rush to register in 1921 that a further Dentists Act was passed in 1923 extending the time for registration. Frederick Ballard was grandfathered on to the Dentists Register in 1922.⁵ By 1924 those registered with the Board were identified as follows:

Holding the LDS:	5032
Registered under the 1887 Act :	768
Grandfathered under the 1921 Act:	7301

In other words, the majority of those providing dental treatment at this time, like Frederick Ballard, held no dental qualification.

Changes in attitudes to orthodontics 1920-1940

Orthodontics in the 1920s was unavailable to the majority. It was practised by a few mainly London based dentists, usually using fixed appliance techniques which had been learned in the United States; George Northcroft the founder of the British Society for the Study of Orthodontics was one of these. It was perhaps the BSSO's report on the teaching of orthodontics published in 1922 which was the starting point of the changes which would lead to orthodontic treatment being available to the majority of UK children.⁶ This report was soon followed by the Dental Board's Lectures on "*The growth of the jaws, normal and abnormal in health and disease*". These were delivered in all the major cities of the UK in early 1924.⁷

In 1923 Sheldon Friel of the Dublin Dental School who would later be appointed first professor of orthodontics in Europe, had given the annual lecture at the BDA Conference entitled, "*The teaching of orthodontics to graduates and post-graduates*". This was immediately followed by a BDJ editorial suggesting that a specific member of staff should now be put in charge of the teaching of orthodontics in all UK dental schools.⁸ In the same year the Labour Magazine published a paper reporting on the urgent need for a public dental service in which it proposed the setting up of a dental section of the Ministry of Health with a dental director.⁹ Three years later the first limited public orthodontic service was instituted by locally funded public dental officers at the Heston Dental Clinic working in cooperation with the Royal Den-

tal Hospital.¹⁰ By this time a number of reports on facial growth and surveys of the incidence of malocclusion were in train or had been published, some funded jointly by the Dental Board of the UK and the Medical Research Council.^{11,12} . At this time it was widely believed that the majority of malocclusions were caused by environmental factors, such as mouth breathing, and were considered to be preventable. This concept later fitted comfortably with the idea that many diseases prevalent in Britain could be cheaply prevented within an organised national health service.

Dental treatment after the National Insurance Act of 1911

In 1908 Lloyd George, the Liberal Government's Chancellor of the Exchequer, had visited Germany and became convinced that Britain, which at the time was still reliant on a series of Poor Laws dating back to the time of Queen Elizabeth 1st, should follow the German example and introduce compulsory national insurance against sickness. The result was the Liberal Government's National Insurance Act of 1911 which allowed Approved Societies to collect the contributions of their members. These were forwarded to the National Insurance Fund. In return, workers could take paid sick leave and gained access to free treatment for tuberculosis.¹³ They were also eligible for other treatment if agreed to by a panel of doctors but dependants were not covered by the Act. By 1913 about 15 million workers were covered.

Dentistry was not a high priority because of the cost of coping with society's other ills, however some Approved Societies introduced a dental benefit and it is likely that some of Frederick's earnings in the 1920s came from this source. There had initially been considerable argument between the three societies as to who should provide this treatment and what fees were appropriate but the problem was eventually solved by the formation of the Dental Benefit Joint Committee of 1926 on which all three dental societies were represented.

By the mid 1930s Frederick Ballard had become an influential member of the profession and had been a member of the Council of the IDS for some years. He had always had a keen interest in both postgraduate education and dental health education and was now chairman of the IDS Postgraduate

Education and Research Committee. In 1936 he was elected as one of two members who served on the Dental Board of the GMC to represent dentists registered under the terms of the Dentist Act 1921.¹⁴ Not surprisingly he was immediately placed on the Board's Education and Research Committee. His subsequent reports on the Board's work made to the Committee of the IDS were clear and detailed. They were almost always accompanied in the Minutes of the Society by a hearty vote of thanks for his diligence. Ballard had by this time become a founder member of the Socialist Medical Association (SMA) which had been set up in 1930 and so was in contact with a number of Labour Members of Parliament.¹⁵ Aneurin Bevan who had been elected Member of Parliament for Ebbw Vale in 1929 and would later become Minister of Health in the Labour Government of 1945 must have been aware of the SMA's discussions though he seems never to have joined the Association. It is of significance that the IDS had existed in South Wales since 1911 and while there was little cooperation at that time between the three national dental societies there were soon strengthening links between these three groups in South Wales. This was achieved through BDA members such as T.L. Brown and L.G. Denner. Brown held joint membership with the other two societies.

In 1930 Frederick Ballard's eldest son Clifford entered the Royal Dental Hospital and in 1934 qualified LDSRCS Eng. He began to work in his father's practice at 47, Okehampton Road, Willesden, London but the following year, perhaps having observed that to make a career in a UK dental school one required a medical qualification, Clifford entered the Charing Cross Medical School. He qualified LRCP MRCS in 1940 and immediately joined the undergraduate teaching staff of the Royal Dental Hospital, then headed by Sir Norman Bennett and including the remarkable lecturer and researcher K Corisande Smyth who at the time was working with the influential Professor J.C. Brash. Clifford Ballard soon took up an appointment as orthodontist to Middlesex County Council and began his research, working with Gwynne Evans at the Upper Respiratory Clinic of the Victoria Hospital for Children Tooting which was later to become part of St. George's Hospital.



47 Okehampton Road Willesden today

The effect of the Second World War

In 1938 the increasing likelihood of War caused the then coalition Government to set up two Central Emergency Committees of Joint Dental Associations (one for Scotland and the other for the rest of the UK). Their task was to establish and maintain a register of dentists from which could be drawn those who would be called upon to serve in the armed forces in the event of War. The Central Emergency Committee set up a series of local District Committees to carry out this work. One of the most active was in London and became known as the Emergency Committee of Joint Dental Associations for District 5(3) serving Paddington, Hampstead and N.W. Middlesex. This was set up at a meeting at the Eastman Dental Institute called by Frederick Ballard (perhaps because he was a member of the Dental Board who was resident in London). Ballard outlined to the well attended meeting the many duties it had to carry out among which was the need to protect the interests of those who had to leave their practices if subsequently called up or had their professional premises damaged though enemy action.¹⁶ It is of significance that the meeting was held at the Eastman Dental Hospital. Ballard was a strong believer in postgraduate education and in subsequent years urged the IDS to support the Hospital. While it is not known quite when he did so, Ballard became a Trustee of the Eastman which had been established by a donation in 1926 from George Eastman to provide specialist dental and oral health treatment for the benefit of poor children of Central London.¹⁷ Nine years after it opened the Hospital reported that 20,488 children and 2,793 adults were being treated annually and that their Orthodontic Department had 8 full time officers.^{18,19}

When war broke out in 1939 the Emergency Committee of Joint Dental Associations for District 5(3) was renamed the District 5(3) Dental War Committee. It would prove to be the case that the necessary wartime cooperation between members of the three societies within these committees nationally would lead to a high degree of respect between the members of the three dental societies and would lay the foundations for later amalgamation. The death of Sir Francis Dyke Ackland in June 1939, who had been the first chairman of the Dental Board,²⁰ prompted an Editorial in the British Dental Journal on "Unity". In this it was noted with regret that once again a vote to admit non-dental qualified members of the profession had achieved "*too small a majority to carry a change in the Articles of Association of the BDA to achieve an Association representing the whole of the profession*".^{21,22} It was by now recognised by many, including Frederick Ballard, that without a unified voice the hopes of Sir Francis that the profession might become independent and self-regulating would not be realised.²³

Ballard, who was now President of the Incorporated Dentists Society (1938–1941), was re-elected to the Dental Board of the UK in 1939 and became its Treasurer in 1942.²⁴ In 1946 he was again re-elected to the Board and so played a major role in dental politics during the next important years.²⁵

The coming of the NHS

In June 1941 Arthur Greenwood, the Labour MP and Minister without Portfolio in the coalition Government, had announced the creation of an inter-departmental committee which would carry out a survey of Britain's social insurance and allied services including workmen's compensation, and to make recommendations. This was intended to be merely a tidying up operation but in the event the Committee interpreted its role very broadly. Frederick Ballard was a member of the three-man group which submitted evidence on behalf of the IDS. The report, drafted by the Liberal economist William Beveridge and published in November 1942, concluded that it was a time for revolution and not for patching. The Report proposed a "*comprehensive policy of social progress*" which included a National Health Service partly funded by an extension of existing national insurance payments but mainly by the Exchequer. Its recommendations received strong public support

and as a result the Government published its proposals in February 1944.²⁶ But while these acknowledged that a full dental service for the whole population, including regular conservative treatment, was a proper aim for a National Health Service, it observed that there were not at that time sufficient dentists in the country to provide that level of service. As a result, a further Committee under the chairmanship of Lord Teviot was set up by the two Health Ministers to consider and report on "*how the public can be provided with a satisfactory dental service, how enough dentists can be secured, and how research into dental disease can be promoted.*"

There was a danger that the inclusion of dentistry within the NHS could have foundered at this point. Like the BMA, the BDA had serious reservations about such a scheme believing it was the Government's aim to have a fully salaried service. The BDA also maintained that there were already sufficient dentists! The Labour Party though had a long-standing commitment to a National Health Service, frequently voiced through the Socialist Medical Association and these were reaffirmed in the *National Service for Health* policy document of 1943. Unlike the BMA the SMA represented all sections of healthcare provision including dentists, nurses, midwives and pharmacists. Its Bulletins and articles in *Medicine Today and Tomorrow* kept up pressure on the issues raised by the Beveridge report and a series of leaflets on the subject were issued. Doubtless at the instigation of Ballard, *Medicine Today and Tomorrow*, gave considerable space to the position of dentistry in a national health service and maintained that all the arguments which Beveridge had advanced for a complete medical service applied equally to dentistry.²⁷ However, the attempt by the Labour Party within the coalition government to force the pace of health service reform in 1943 failed and they were forced to accept the Government's 1944 White paper and little further progress was achieved until the end of the War.

With the Labour election landslide of 1945 and the appointment of Aneurin Bevan as Minister of Health things changed. Bevan moved quickly to re-establish the Ministry's supremacy in policy making and in March 1946 the National Health Service Bill was published and on 6th November 1946 it passed into law.²⁸ However many matters remained unresolved and negotiations with both the

medical and dental professions went on right up to the appointed day of 5th July 1948. Ten months earlier in September 1947 Ballard had advised the IDS Council (as Chairman of the Dental Board's Postgraduate Education Committee) that the outcome of the present negotiations with Government might include the establishment of a postgraduate dental institute in London and if so he hoped that the Eastman Clinic would see its way to create this foundation.²⁹ In April of the following year he informed the IDS that he had been asked to serve on the new Dental Estimates Board but had had to decline to do so because of the pressure from his other roles and duties.³⁰ He was still very active in promoting dental health education and was soon able to announce that the Dental Board had authorised the purchase of teaching films and a new council had been set up to promote dental health education in schools.

Frederick Ballard was by now a member of the N.W. Metropolitan Regional Hospital Board and a member of the University College Hospital Board of Governors as well as of the Eastman Dental Hospital. He soon found himself on the Central Health Services Council set up under the Act, which had direct access to the Minister, and was immediately nominated by it to serve on the Department of Health's new Standing Dental Advisory Committee. There was by now considerable pressure from within the profession to create a single representational organisation which could speak to government with one voice. In January 1948 the IDS had applied for legal aid in order that their solicitor might formulate a scheme for amalgamation. On the eve of amalgamation a year later, (which would result in the IDS's absorption into the BDA), the IDS conferred Life Membership on a number of its past president including Frederick Ballard. Sadly, his contribution to amalgamation was never acknowledged by a subsequent Life Membership of the BDA though many of his IDS presidential colleagues were so recognised.³¹ This may of course have been because Ballard felt that his continuing involvement as a member of the Dental Board (and later the GDC) made it inappropriate for him to accept such an honour at this time.

Between 1946 and its introduction in 1948, the British Medical Association (BMA), led by Charles Hill, had mounted a vigorous campaign against the proposed NHS legislation. In one survey of doctors carried out in 1948, the BMA claimed that only



The Evening Standard's view of Dentists' reaction to the NHS Act (July 1948)

4,734 doctors out of the 45,148 polled, were in favour of a National Health Service. The BDA supported their medical colleagues and shared their concerns,³² but in the debate on the Health Service's "Appointed Day" in February 1948 it was rightly suggested that the BDA did not speak for the whole profession. Mr Baird (Wolverhampton East) pointed out that 18 months earlier the Association had tried to lead the profession into a strike against national insurance dentistry but that within 12 months "*the great major of its members had crawled back and were working in the scheme against the advice of their own leaders*".³³ Nevertheless on January 31st 1948, despite this earlier indication of its membership's views, the BDA Representative Board resolved to ask members not to participate in the new State Dental Service.³⁴ Understandably it was believed at the time by Bevan, by the public and the press that the reason for the BDA dentists' dissatisfaction with the Act was "*on the old grounds that they want more money*".

The IDS on the other hand remained firmly committed to the prospect of a new comprehensive service and its President and Secretary found it necessary to hold a short Press conference with the support of the Public Dental Service Association, of which Ballard was now Chairman, pointing out that they were not to be associated with recent hysterical press comments and had told members of both their organisations to decide for themselves whether or not to join the new Health Service. By September 1948 it had become clear that a large majority of the profession had decided to enter the new Service.³⁵ This was not surprising, for, as was remarked later by an eminent general dental practitioner at the time, "*Before the NHS the average dental practitioner enjoyed the same income and social status as the local plumber*".³⁶

The Profession Unites

The mutual cooperation and respect which the members of the three dental societies achieved during the war, and the realisation when the NHS Act was passed in 1946 that the profession now needed to speak with one voice, lead to a "Group Movement" pioneered from London. In the following year an Amalgamation Committee for the three societies was set up with the secretary of the Pharmaceutical Society, Sir Hugh Linstead M.P. acting as the interdependent Chairman.³⁷ In May 1949, Ballard proposed to the Council of the IDS that it be empowered to sign the Agreement of Amalgamation on behalf of its members.³⁸ This came into effect under the British Dental Association's title on January 1st 1950. Six years later the General Dental Council was established by an amendment to the Dentists Act 1948 with its first president Sir Robert Bradlaw. Frederick Ballard continued to serve as Senior Treasurer on the new Council and received the OBE in the New Years Honours of 1955.

Frederick Ballard's contribution

In the opinion of the author, the role that Frederick Ballard played in the evolution of UK dentistry was far wider and more significant than recognised hitherto. Had he been dentally qualified his name would surely have appeared very frequently in the pages of the British Dental Journal, yet as it is, he is barely known today. At the Annual Conference of the Socialist Medical Association in 1950 he was described as "*A founder member and recognized leader of the dental profession*"³⁹ and the summaries of his life contained in the three obituaries published in the British Dental Journal in 1962 confirm this accolade.⁴⁰

Ballard's energetic and far sighted efforts to improve dental health, dental health education and particularly postgraduate training in the UK were truly remarkable and were sustained over more than 25 years. On May 21st 1948, Wilfred Fish in his Chairman's address at the Dental Boards 54th Session was able to announce the establishment of the Eastman Postgraduate Dental Institute and paid the following tribute:

"Particularly do I feel that I shall be speaking with the approval of all who have the welfare of dental education at heart, both on the Board and elsewhere, when I express our appreciation and admi-

*ration of the enthusiasm with which Mr Ballard has carried out his duties as Chairman of this Committee and Conference (The conference had been set up at Ballard's suggestion to consider the position of postgraduate dental education under the NHS Act and its relation to the British Postgraduate Medical Federation). I know how long he has cherished the dream of a postgraduate institute and how efficiently he has striven ever since he served on the Board's Clinical Investigation Committee.*⁴¹

However, the idea that orthodontic treatment should become generally available to children in a socialised healthcare system was not Frederick Ballard's alone and there is no evidence that it required his efforts to ensure that orthodontic treatment was included in the dental provisions of the 1948 NHS Act. In the 1930's and 40's it was widely believed that malocclusion was harmful to the life of the dentition.⁴² Its treatment thus fitted well with the beliefs of the SMA and Bevan himself.⁴³ Seventy years later it is intriguing to wonder if state funded orthodontic treatment would have been achieved in 1948 had it been known then that, with few exceptions, the majority of malocclusions are genetically determined, that their correction may require life long retention, and that treatment confers little long term dental health benefit on the recipient apart from an improvement in the patient's dental appearance and oral hygiene.

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Malcolm Bishop and the CE Wallis Lecture at the Royal Society of Medicine

Stanley Gelbier and Julie Papworth

Abstract: This paper discusses the origins of the eponymous CE Wallis lecture at the RSM, including his career. It goes on to list the prestigious lecturers and their subjects before summarising the latest lecture, by Malcolm Bishop

Keywords: CE Wallis, Royal Society of Medicine, Eponymous lecture, Malcolm Bishop, Dental historians

Charles Edward Wallis

On 16th October 2017 Malcolm Bishop delivered a CE Wallis lecture at the Royal Society of Medicine. But who was Wallis? CE Wallis was born in London in 1869 and received his professional education at King's College Hospital (1894, MRCS LRCP) and the Royal Dental Hospital (1897, LDS).¹ In between he was a surgeon on the Royal Microscopical Society's Royal Mail Steamer, Garth Castle. Later he spent vacations as a ship's surgeon sailing to the Arctic, Tropics, Canada, Cape Colony and the USA. In 1899 he became an assistant dental surgeon at Kings College Hospital. When A Swayne Underwood retired in 1911 Wallis was elected dental surgeon.

At King's he developed an interest in the treatment of children. He also treated them at the Victoria Hospital for Children, Chelsea and under the London County Council and Metropolitan Asylums Board. After Wallis' appointment as an Assistant Medical Officer (Education) by the LCC his research reports led to the establishment of its school dental treatment service.

Things were very different in those days. Hubert Humphries wrote of a story told by Wallis:²

"The bilateral extraction of molar teeth in children was about the commonest operation he was called upon to perform. The injection of local anaesthetics had not then been introduced into dentistry, general anaesthetics were not normally available in schools, so he trained himself to extract two molars simultaneously, one with each hand, while an assistant held the patient's head. This hurt the child once instead of twice; but by the standards of today it seems a primitive procedure."

Wallis was an active member of many organisations and among these he served on the representative board of the British Dental Association for six years and, from 1908 to 1919,

he was a member of the BDA's Editorial Board, becoming Chairman in 1914.

He was widely read in history and archaeology, published papers and devoted much time to the History of Medicine Section of the Royal Society of Medicine (RSM). Wallis was an authority on old London and Paris and wrote on Marat and the French Revolution, Malthus, Cagliostro and Garibaldi. At the time of his death he was writing a history of Harley Street.³

Dr E Graham Little MP, in a tribute to Wallis' memory, praised in particular a lecture on the 'Art of War' which Wallis had based on the Latin text *De Re Militari* (Concerning Military Matters).⁴ John Davy Rolleston made a special mention of a paper that Wallis had read at the Seventh International Dental Congress in Philadelphia in 1926, entitled 'Recollections of Lister', to whom Wallis had been a dresser during his student years.⁵

Lilian Lindsay remembered him as "a man of wide reading and retentive memory, a man of many interests, chief among which was an interest in child welfare which found expression in his work as a school dentist". She remarked how "his retentive memory provided material for his entertainment of children whom he delighted with his stories and recitations".⁶

Charles Edward Wallis died from bronchopneumonia, in 1927, aged only fifty-nine years. He left a fine legacy behind him.

The CE Wallis lecture fund

His brother Ferdinand presented the RSM with £100 to found a 'CE Wallis Lecture' on the history of dentistry in memory of his brother. It was to be given every five years by a lecturer appointed on a recommendation from the sections of Odontology and the History of Medicine. Wallis emphasised that he or she must be a fluent and interesting

lecturer and should provide “illustrations such as lantern slides”.⁷

The CE Wallis lecturers ⁸

Very fittingly the first person given the honour of presenting the memorial lecture was Lilian Lindsay. She remembered Wallis as a personal friend who sat next to her at meetings of the History of Medicine Section at the RSM. Lindsay recalled how an interest in the history of dentistry had formed a bond of sympathy between them. Many other notable speakers followed her. They were:

1933, 24th April, Lillian Lindsay, “The Sun, the Tooth drawer and the Saint”.

1938, 14th November, Sir Frank Colyer, “Old Instruments for the Extraction of Teeth”.

1944, 20th December, John Davy Rolleston, “The Folk-lore of Toothache”.

1949, 28th March, Frederic Nicklin Doubleday, “The Contribution of King’s College, London to the science of dentistry”.

1954, 3rd February, Prof Humphrey Humphreys, “Dental Operations Practised in Primitive Communities”.

1959, 27th April, Ronald A Cohen, “Methods and Materials Used for Artificial Teeth”.

1964, 23rd June, Sir Zachary Cope, “The Making of the Dental Profession in Britain”.

1970, 15th April, W Fraser-Moodie, “Struggle against Infection”.

1975, 5th February, Prof John R Garrett, “Changing Attitudes on Salivary Secretion – A Short History on Spit”.

1981, 7th January, J Archie Donaldson, “The Life and Times of Sidney Spokes”.

1984, Prof Harry J T Blackwood, “A New Look at the Use of Analgesics in Dentistry”.

1990, 14th June, Prof Bertram Cohen, “Observation, induction and deduction – John Hunter, Pathologist”.

1994, 27 June, Prof Gordon Seward, “The Elephant Man”.

1999, Dr Caroline Grigson, “John Hunter’s London”.

2006, 19th June, Prof Stanley Gelbier, “Peripatetic Dentistry: An Out of Surgery Experience”.

2011, 12th September, Dr Adrian Padfield, “Fifty Years of Dental Chair Anaesthesia and Mortality”.

The actual dates for the 1984 and 1999 lectures have not been traced.

Refusals

At least two people turned down the invitation to speak. Amongst the reasons given by Bernhard Wolf Weinberger of New York in March 1948 was: “Within recent dates much has been heard of the possibility of a new conflict in Europe and under the circumstances it would not be advisable to commit myself until we learn if there is a real danger or not.”¹⁰ Of course the American papers would have been full of news of the coup by the Communist Party of Czechoslovakia which, with Soviet backing, assumed control of Czechoslovakia on 25th February 1948.

The second refusal came from John Menzies Campbell in 1958, due to illness: “chronic asthma and bronchitis, and an acute allergy to all tobacco smoke”.¹¹ By then he had been confined to his house for four months.

The publications

Most of the lectures were published:

L Lindsay, The Sun, the Toothdrawer and the Saint, *Proc RSM* 1933; 26: 1377-1388.

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J R Garrett, Changing Attitudes on Salivary Secretion – A short history of spit, *Proc RSM* 1975; 68: 553-560.

G Seward, Elephant Man – Joseph Merrick, *This was recorded on tape in the form of a cassette. It is held in the archives and is yet to be transcribed.*

S Gelbier, Peripatetic Dentistry: an out of surgery experience.

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Malcolm Bishop, 2017 lecturer

Malcolm Bishop continued the fine tradition when he delivered the 2017 lecture to a joint meeting of the Section of Odontology and the History of Medicine Society (successor to the History of Medicine Section) at the RSM on 16th October. He qualified from Guy's Hospital and later gained an MSc in dental radiology following study at King's College School of Medicine & Dentistry. Bishop was a general practitioner, a part-time clinical lecturer at King's and a past president of the British Society of Dental and Maxillo-Facial Radiology.

He is now an honorary research fellow in the Unit for the History of Dentistry at KCL. Over many years Bishop has researched and published aspects of medical and dental history, including on John Tomes and the influence of the Royal Society, science and technology in Georgian times, public health theory and practice in the 16th century, the development of professional ethics, chemist-dentists and the education of dentists, whether doctors should be the judges of medical orthodoxy (The Barker case of 1920) and dentistry and tooth drawing in the 18th and 19th centuries.

The 2017 lecture

The title of Bishop's lecture was 'The ebb and flow of ethical governance in a medical subspecialty; dentistry in the 18th 19th and 20th centuries'. He provided an overview of the changing nature of ethical governance in dentistry



Dr Malcolm Bishop delivers his lecture

over the last three centuries. Bishop emphasised that for a profession to exist and be trusted, good governance must prevail, which at any given time is a complex weave of social institutions and influences; and both change with time. Central to any changes are individuals who promote them. Much of dentistry is based on dentists' relationships with their patients. Initially they alone were responsible for high standards. However, State and commercial enterprises later took on responsibilities for the provision of dental care and with it aspects of governance.

Bishop reminded the audience how both Charles Edward Wallis (1869-1927) and Lilian Lindsay (1871-1960) were examples of movers and shakers of their times. Lindsay knew Wallis well and made it clear that the adjustment of the governance of dentistry to give priority to the needs of children and younger patients was a driver to his career. In her lecture she had noted that in 1908 he pleaded for the institution of school clinics as the only way to deal with the condition of the teeth of children in elementary schools. So this changed the then norm; instead of dentists responding only to those seeking care it was the profession's responsible to seek out those in need.

The institution of the Dental Board of the United Kingdom and later the General Dental Council made the State responsible, albeit via a third party, for high standards in dental education and their maintenance during a lifetime of practice. The National Health Service brought with it new mechanisms to govern standards, both in actual care and use of State-provided funds. Later this form of governance was extended to private organisations such as BUPA and Denplan. And of course the protection organisations have played their part.

Many of the advances have relied on a feedback cycle. Thus problems, both perceived and real, feed back to the GDC and the dental schools, which have slowly changed what has been taught over the years. Bishop stressed that not all governance changes have been perceived as positive. He itemised some of the ebbs to give perspective and balance to the generally progressive pattern of flow.

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Museum Man – The overlooked influence of Joseph Lewin Payne Neil Handley

Abstract: The quiet role of a committee chairman in establishing the dental profession's historical museum is given its due acknowledgement

Key words: museum, British Dental Association, Joseph Lewin Payne, Herne Bay

The present BDA Dental Museum leaflet and website attribute the foundation of the museum collection to the Librarian, Lilian Lindsay, in 1919. Whilst these public-facing promotional sources are quick to stress the small scale of the collection, and draw humour from the fact that it was stored by Lindsay in a box under her bed (in a flat at headquarters), others have seen in this episode the beginnings of a wider movement, whereby, 'It may be argued that the historical collections arose spontaneously from members' pride in their profession and their Association because historical items of interest and rarity were received among the many generous gifts of books'.¹ Lindsay's deserved shining light has meant, unfortunately, that some of those proud members, without whom the museum, would never have been formed, have receded into the comparative shadows. One of these is Joseph Lewin Payne OBE, Chairman of the Library Committee.

The establishment of museums of the professions

The BDA (established 1880) was not alone in forming an historical museum during the twentieth century. Other 'new' professions to do so included the British Optical Association (established 1895, museum founded 1901), the Royal College of Obstetricians and Gynaecologists (established 1928, museum founded circa 1931-37), the Association of Anaesthetists (established 1932, museum founded as the result of a gifted collection 1953) and the Royal College of General Practitioners (established 1952, museum founded almost immediately in 1953). As the century progressed, therefore, museums came to be seen almost as an essential characteristic of such bodies alongside such things as a prestigious headquarters, a library, grant of arms, presidential badges or even a member's tie. There had been very early calls for the BDA to follow this path. The BDA golden jubilee publication of 1930 noted that at a Representative Board meeting in 1891 George Brunton, of Leeds: '...with that foresight that is one of the characteristics of his race, suggested that the



Figure 1 – Joseph Lewin Payne OBE (1872 1939). This picture, thought to be him, is a detail from a panoramic photograph of a meeting held at the BDA headquarters in Hill Street, the larger premises to which the Association moved on 99-year lease in April 1935 © BDA Dental Museum, 11674

Association should institute a Museum and Library, only to receive the reply which was to be reiterated with wearisome monotony through successive years, that until the Association had a home of its own there could be no thought of such impedimenta as books and museum specimens to add to the burdens of its wanderings'.²

This is interesting for implying that, hitherto, there had been more than one call to establish a museum, but of 'specimens' rather than historical items, and that the call came from a member based in the regions, whom one might reasonably consider less conveniently placed to take direct advantage of such a facility.

The gradual accumulation of artefacts

Such historical museums could, however, grow almost by accident. In 1920 it was reported that 'the Library Committee had considered the question of a Museum, and were of the opinion that, for the present at any rate, a Museum should not be included'.³ Nevertheless, the following year, 'Mr Lewes has again added, besides books, a most interesting photograph and a plaster plaque of Everard, the incomparable maker of dental

forceps'. It was proposed to frame and exhibit an invoice for dental instruments from the 1840s.⁴ Thus we observe an early failure of the library to confine itself to books and the placing of historic items on display. In 1926 the BDA formally recorded a specific gift (to the library) of a dental key, early forceps and early mouth mirror,⁵ and a year later formed what was referred to at the time, though not subsequently, as a library and museum trust fund of £750.⁶ In 1928 there is evidence that the Amalgamated Dental Co had transported pictures for free from donors to the BDA's headquarters⁷ in Hill Street and considerable excitement was raised in 1930 by the gift of a qualification certificate from the College of Dentists of the 1850s. This was clearly seen as an important treasure to be protected, as it prompted an appeal that, if another one could be found, it would be an excellent addition to the museum.

A museum or a temporary display?

What was this Museum Committee? It is a potential source of confusion to the unwary historian that the term 'museum' was used by the Association from as early as 1888 to denote a temporary, clinical exhibition held each year in conjunction with its national meeting. For example, the account of the annual 'museum' for 1922 demonstrates that it was considered an 'event' at which a 'noteworthy collection' of pathological specimens was temporarily assembled. Different membership regions submitted exhibits, including some drawn from established medical museums of the traditional didactic type, including that of the University of Durham.⁸ The museum in 1923 was devoted to modern prosthetic methods and appliances. It featured contributions mainly from individual dentists, but three dental schools also illustrated their courses in dental mechanics.

The annual 'museum' of 1930 was a great success but also a significant departure from previous events. A brief mention in BDJ confirms that it was seen as historically-focused, but relating to the past fifty years, that is the history of the profession as entwined with the development of its professional body.⁹ The opening Presidential address laid emphasis on the longevity of the Association: '...the study of history is not merely a matter of intellectual interest, but should afford some guide to the attitude of mind which we should take up in considering present conditions and the way in which possible future developments may be

controlled. From the history of dentistry or any other branch of medical science one learns many things and I think the chief of these should be modesty and a sense of proportion'.¹⁰

These comments were clearly intended to assign a contemporary relevance to the study of professional history, notable for coupling it with desirable professional character traits. From member reactions it seems the comments were justified. The museum was seen by about a thousand people. BDJ reported that: 'A visit to the Museum was by no means the least interesting part of a busy days' engagements. Very appropriately the exhibits chiefly related to the history of the Association and of dentistry during the same period, and it is scarcely necessary to remark that these material reminders of fifty years' progress received careful and critical examination'.¹¹

A full report on the temporary museum stated: '... it seemed fitting that the Museum at the Annual Meeting should illustrate principally the activities of the Association as well as the evolution of certain operations, with the instruments used in carrying these into effect during these five decades'. This apparent elision of what sociologists term 'the professional project' with technological developments of the same period is by no means untypical. Some members who attended seem to have recognised the event as a trial run for a future permanent display. In a letter to the editor, Walter Harrison of Hove, 'one of the older members', praised the Council for the fact that they were 'looking ahead by raising a fund for a more commodious home, with better accommodation for the offices, the library...and the museum'.¹²

That this would be an historical rather than specimen-based museum is demonstrated the following month when BDJ devoted a full paragraph to The Annual Report of the Museum of the Royal College of Surgeons, noting new displays at that organisation and stating 'It is gratifying that so many dentists recognise its value by sending specimens to the energetic Curator' (a reference probably to Arthur Keith)... 'we hope that our readers will remember that the right place for rare specimens of dental interest is the Odontological Collection of the Hunterian Museum'.¹³ That is to say that the BDA clearly held no plans to compete with its Royal College on pathological or anatomical specimens.

The BDA Museum is established

The formal beginning of the BDA Dental Museum therefore dates to the 1930s and follows the success of the temporary trial. One BDJ editorial on the library constitutes a remarkable text on how a library can be augmented by objects and specimens and the wider value of tangible heritage as something that amplifies printed descriptions. It states that if more space could be acquired many selected exhibits of a special nature would 'probably' be acquired, (including on temporary loan) to show methods, instruments and appliances. Anticipating possible voices of dissent from the regions it went on: 'it is well that the members, both London and Provincial, should realise how almost inestimable a heritage and possession they have within their reach'.¹⁴ One may note also this editorial's reference to collectors within the profession, some of whom might need to be persuaded that the Association was the most appropriate home. This suggests an awareness that the museum would have to compete for the best material. Indeed, as late as 1934 the Manchester Dental Hospital was absorbed into the local university at which point the East Lancashire and East Cheshire Branch of the BDA (formed 1919) handed over its library, cases and museum, in return for free use of the facilities. One may wonder if this would have happened if a museum had already been in existence at national headquarters.

In 1933 Joseph Woods commented that the Library committee 'might almost be called a Library and Museum Committee', because gifts towards a museum were gradually being accumulated. The same minutes record that some 'specimens' (by which is surely meant historical objects) had been sent round schools and recommended the acquisition of a filing cabinet for the storing of negatives of photographs of distinguished dental surgeons.¹⁵

Joseph Lewin Payne OBE (1872-1939)

The Library Committee was chaired by Joseph Lewin Payne OBE, consultant dental surgeon at Guy's Hospital. It was Payne who recognised that uncontrolled collecting in what was now referred to as 'the rare book and museum side of the library' would soon leave insufficient room for growth. Furthermore, his fears for the weight-bearing capacity of the floor prompted the removal of heavier books,¹⁶ but these were as nothing compared to the weight of 'old workshop appliances', i.e. the

tools of the trade, a gift of which was recorded in 1932.¹⁷ It took an illness of Lilian Lindsay, through 'overwork', before the Committee recommended to the Board 'the appointment of an ad hoc Committee to consider and report on the care and display of the specimens at present deposited under the care of the Hon. Librarian, and the conditions under which the care of a Museum of the Association might be instituted'.¹⁸

The Smith Turner Historical Museum

Payne also chaired this ad hoc committee which was active in Mrs Lindsay's absence. The outcome was a suggestion that 'a museum be formed and be called the Smith Turner Historical Museum, its scope to be limited to specimens, pictures, prints, instruments, appliances, &c., illustrating the growth of the science and art of dentistry'. Specifically, anatomical and pathological specimens were to be excluded.¹⁹ Display cases were to be funded by the Smith Turner Memorial Fund, named in honour of the BDA's first Secretary who had died in 1904. A family descendant, Mr J. G. Turner, expressed the desire that the museum should be 'solely a historical one',²⁰ and it was noted that the contents had already been put to good use the previous autumn as a 'special attraction' at the meeting of Southern Counties Branch, 'when an account was given of some of the rare books and specimens collected through the last fifteen years'.

By July 1935 the bye-laws of the Association had been altered to form a joint museum and library committee. The newly-named museum would mirror the library, already named in honour of Lilian Lindsay's late husband Robert. 'It was considered very fortunate that there was an early opportunity of placing in the Articles those two names side by side—Lindsay and Turner, men who had done so much for the Association in the past'.²¹ Nevertheless it is ironic that the museum was to be named after a man, Turner, who had nothing to do with its creation and concerning whom no interest in the history of the specialty is evident.

If Payne was the influential committee chairman who enabled Association officers and volunteers to pursue a historical collecting project, it appears that, following the formal endorsement of the scheme, both he and Lilian Lindsay rather stepped aside. BDJ reported that 'The task of instituting the Smith Turner Historical Museum has fallen under the Committee and has been borne almost entirely by the recently-appointed honorary curator, Mr George

Northcroft'.²² This report may, in part, be considered a deliberate attempt by Payne, or indeed Lindsay (as editor of the journal), to share the credit.

Mr George Northcroft first Honorary Curator

Northcroft, though only slightly older than Lindsay, fits much better the classic impression of a financially comfortable, self-supporting honorary curator, coming to the role only in retirement and treating the task as a hobby, albeit that is not to downplay in any way the commitment and effort expended. He was an influential figure of status, having served as Chairman of the Board. BDJ credited this 'Chairman' later in 1936 with the work 'he had done single-handed in establishing the historical Museum in a very short period'.²³ Like Payne he was a prominent orthodontist and, indeed, had co-founded the British Society for the Study of Orthodontics (BSSO) with Harold Chapman in 1907. Unlike the BDA, the BSSO refused to engage in political activities and had established its own museum within its first year of existence. Northcroft may therefore be seen as temperamentally suited to introducing the learned society approach to the BDA's activities.²⁴ There is also evidence that Northcroft made 'some personal expenditure' to make the museum a success and bring 'order out of chaos'.²⁵ He is mentioned as having prepared a catalogue (non-extant) and having had access to peer advice in the form of Mr Bradlaw, Curator of the Royal Dental Hospital Museum, who was co-opted to the joint committee.

The galleries on the second and third floors of the Hill Street premises had already been allocated to the museum.²⁶ Large items, including dental chairs, were to be displayed on the second floor and cabinets of small items, such as forceps and hand instruments, on the floor above. This was an over allocation of space because it was confidently predicted that the collection was likely to increase with the accommodation so provided.²⁷ At this time a tantalisingly vague record was made of the gift of 'old instruments and early teeth'. Artistic and decorative gifts were also forthcoming for the lower floors too, including a statue of the Cumaen Sybil, which was heartily approved by one writer because such gifts added to the 'dignity and attractiveness' of the headquarters.²⁸ It was down to Payne to urge caution. He said that 'for the present the museum would be confined to the walls of the gallery of the third floor. The cases would be illuminated by internal lighting, and it was hoped they would be

so arranged as not to project inconveniently, though the gallery was a narrow one. In making a beginning it was thought wise to confine attention to this one section and afterwards to ask for permission to enlarge'.²⁹

During the remainder of the 1930s, in line with Payne's counsel, comparatively modest expenditure was made on the museum. For example, in 1936, Finance Committee suggested a grant of £20 towards fitting cases in the lower gallery. This contrasts with the £176 lavished on sculpting the statue of the Sibyl to stand outside the Library.³⁰ Maybe it was a deliberate policy not to conflate the cost of maintaining the museum with wider decorative schemes. In any case historical objects had spilled out to other parts of the building, with 'diplomas and pictures of dental interest' being hung in Committee Room No 3 and three historical dental chairs also housed alongside them. Furthermore, in order 'to better display the painting presented by Miss Tones, the display of portraits of past-Presidents had been removed from the Board Room annex and would be re-hung in suitable positions to be selected by the Committee. The engravings in the Common Room had been rehung so as to permit of the coronation chair picture being displayed to better advantage'. On the other hand it sometimes proved politic to mix ceremonial and historical functions. The report of the gift of a gavel from Australian colleagues makes clear that it was intended as a ceremonial working item but states that it would be on exhibition on the shelves of the Museum.³¹ Such items were subsequently provided with special portable cases so they could be carried away safely when required for use.

Payne's involvement in other museums. 1) Herne Bay Museum

The question remains as to whether Payne was just the sympathetic chairman and 'critical friend' to others who actually did the work of establishing the museum. My own recent research has suggested that this may be to underplay the enthusiasm and motivation behind Payne's involvement, for he truly was a 'museum' man. A brief reference in his BDJ obituary recorded that he was a co-founder of Herne Bay Museum and 'always insisted...on limitation to objects locally found or of local interest'.³² This museum has undergone several changes of form in the intervening years and has only recently re-emerged as the Herne Bay Historical Records Society. On turning, however,

to an article on their own website and the related Wikipedia entry on the formation of the Society I found mention only of the local doctor, Thomas Armstrong Bowes (1869-1954).³³ Bowes was a near contemporary of Payne but had the good fortune to outlive him by several years and to survive the Second World War which may partly explain his greater lasting memory.

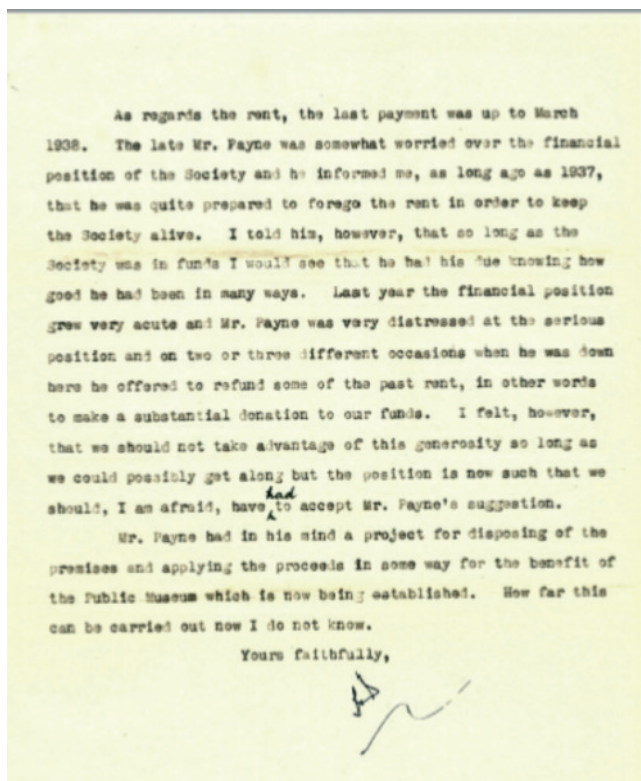


Figure 2 – Second page of the Honorary Treasurer's letter, 13 February 1939. ©Herne Bay Historical Records Society, item as yet uncatalogued

On a visit to the HBHRS in November 2017 I was able to pursue this apparent omission from their historic account. The voluntary staff were unaware of Payne's co-founder status although one of their Trustees, Margaret Burns, could vaguely recall the name. I am grateful to Margaret for helping me to unearth documents in their archive that were as interesting to the Society as they were to me.

Herne Bay Museum was founded in 1932, so totally contemporaneously with the work Payne (about to enter his sixties and still vigorous) was doing as Chair of the ad hoc committee recommending the formation of a dental museum. We have found a tenancy agreement signed by Payne and dated 10 December 1934, which states it is a continuation of a previous agreement made in July 1932. This relates to the intended premises for the new museum at 53 Mortimer Street, aka the Oddfellows Hall, which it turns out was owned... by Payne. A further document, a solicitor's letter from 1939 following Payne's early and sudden death at his London practice, recounts that the Society had fallen into financial difficulties in 1937 and Payne had volunteered to forego the rent although the Society had been determined not to take up the offer.

Indeed he later offered to sell the building and donate the proceeds to the Society in order to save it. In the event this had not proved necessary. The Society's Honorary Treasurer replied to the solicitor in February 1939 that the museum was shortly to be moved to different premises on the High Street but that 'the late Mr Payne took an active part in the arrangements which are being made and it was entirely in accordance with his



Figures 3 and 4 – Tower adjoining Bishopstone Manor overlooking coastal land donated to the town by Payne. The Oddfellows Hall in Mortimer Street, the premises offered by Payne as the original premises of Herne Bay Museum. ©Photographs by Neil Handley, 2017

wish'.³⁴ This active involvement, cut short by death, is confirmed in local newspaper obituary which reveals that he had been a major benefactor figure in the town since 1909 and notes he was a major donor of coastal parkland, also in 1932.³⁵

2) Museum of the Royal College of Surgeons of England (the Hunterian)

There is evidence that Payne had also helped Sir Frank Colyer arrange and catalogue the teeth of fish at the Museum of the Royal College of Surgeons of England.³⁶

Enough information has emerged to demonstrate that even if Payne was primarily an amateur dabbling in museums at one remove, he had evidently learned from the practical experience of involvement with other medical museums. His historic interests were wider reaching than the medical sphere, and he could clearly back up his interest with financial support.

In the intervening years many reviews of the museum have made great humorous play of the fact that a trip to the dentist used to fill the patient with dread of pain but that a visit to the museum is painless. Let the historic account of the museum no longer be Payne-less.

References

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¹⁴ *Br.Dent.J.*, 53 (10) (1932), 666f.

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¹⁶ *Br.Dent.J.*, 53 (4) (1932), 218.

¹⁷ *Br.Dent.J.*, 53 (5) (1932), 362.

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²⁰ *Br.Dent.J.*, 58 (9) (1935), 448-9.

²¹ *Br.Dent.J.*, 59 (1) (1935), 43-5.

²² *Br.Dent.J.*, 61 (2) (1936), 93.

²³ *Br.Dent.J.*, 61 (10) (1936), 616.

²⁴ The BSSO collection was eventually deposited at the Museum of the Royal London Hospital in 1992, but its late twentieth century successor, the British Orthodontic Society (BOS), has revived an historical museum in the present decade. British Orthodontic Society, *A History of the British Orthodontic Societies 1907-1994* (London: BOS, 2002).

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Evolution of the dentist's image in Francophone comic strips. Part 1.

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Abstract: The aim of this article was to analyze the evolution of dentist's representation in francophone comics, historically from the seventies to the present day and their impact in terms of societal patterns. Our hypothesis was that comics may cultivate a negative and caricatured image of the dentist in the general public.

Keywords : Comics, odontology, history, dental treatment

Introduction

The dentist and dental treatment have been stigmatized for a long time in paintings, literature, theater and cinema, which often portray screaming or frightened patients and incompetence of the dental professional¹⁻⁴. In the film industry for instance, there are countless examples of films in which the dentist is caricatured with mostly negative aspects concerning pain and extractions⁵. In painting, many examples can also be found in museums, offering a subjective view of this profession in which fear and humor share the same space⁶. As part of this cultural heritage, the medium of comics is a worthy heir to the tradition of representing dentists through frightening or funny situations and is also an interesting way to “take the temperature” of the dentist's image in a period of time². For Mc Cloud (1994) and Green (2013), “comics refers to a medium that combines images with a text, in sequence, to tell a story where the images complement and/or enhance the text”⁷⁻⁸. Comics can come in a variety of formats (e.g. single panel cartoon, comic strip, graphic novel), and may be expressed via different genres (fiction/non-fiction, comedy, romance, memoir, etc.). From a medical point of view, comics facilitate empathy between author and readers by “offering a portal into the individual's experience of illness”⁸. According to Williams⁹, if medical stories in comics are “nothing new”, health in general and odontology in particular, have always had a place in the universe of comics¹⁰ (Figure 1).

In this context, the aim of this article was to analyze the evolution of the dentist's image in French-language comics from the 1950's to the present day and to analyze their evolution and their impact in terms of societal patterns.

Material and methods

An iterative method has been applied, based on various sources:



Figure 1 : Cover from : Videlier P, Piras P. La santé dans les bandes dessinées. Paris, ed. Frison-Roche/CNRS Ed. 1992. 191p.

Bubble translation: “He makes the second shot... Aow! It's not the right one yet!

1) Bibliographical research on specialized websites

a) www.bdmedicales.com/etudes/theses.htm, (which is the French “pubmed” of medical comics, founded in 2005)

b) <http://www.graphicmedicine.org/>, the most popular international website in graphic medicine and

2) personal reading of French-language comics by the authors and relatives with the two following criteria: a) Dentist or dental surgeon must be clearly represented and b) the odontological or medical situation must be clearly represented and have major impact of the story.

Results

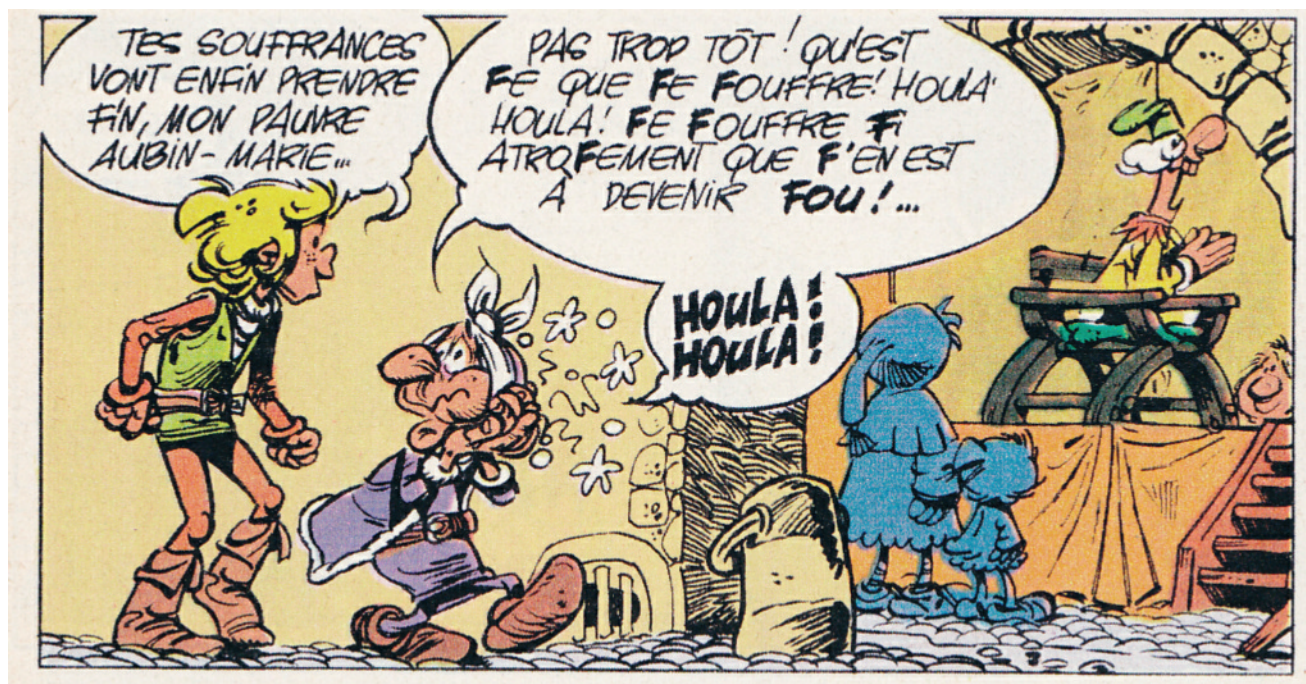
Following the criteria, 18 stories published between 1971 and 2014 were selected (Table 1)

Discussion

According to our hypothesis that comics may cultivate a negative and caricatured image of dentist

	<u>Title</u>	<u>Authors</u>	<u>Dental topic</u>	<u>Publisher/year of publication</u>	<u>Context (historic period)/ country</u>	<u>summary</u>	<u>Category/number of pages</u>
1	" <i>Lucky Luke: western circus</i> "	Morris and Goscinny	Prosthodontics and esthetics	Dargaud / 1971	Far West 19 th century/USA	During the Far West period, Lucky Luke has to help circus members facing problems with the "godfather" of a village. This man's smile is quite unusual.	Complete story (52 p.)
2	" <i>Natacha : Double vol</i> "	Walthery and Mittei	Conservative dentistry	Dupuis / 1973	20 th century/Belgium	Natacha is a stewardess in Belgium. She is manipulated by a terrorist group who have inserted a small explosive charge in her molar to force her to collaborate and get a ransom.	Complete story (33p.)
3	" <i>L'épopée sanglante du Far west</i> "	Joly, Cieuendez and Hardy	Oral surgery and extractions.	Dupuis / 1974	19 th century/Far West	In the far west period, a criminal cowboy goes to the dentist for an extraction. The dentist is frightened and, under pressure, extracts the wrong tooth. To take his revenge, the criminal tortures the dentist and extracts his teeth	Short story (4p)
4	" <i>Lucky Luke : 7 histoires de Lucky Luke</i> "	Morris and Goscinny	Pediatric dentistry and psychology	Dargaud/1974	Far West 19 th century/USA	To help a father, Lucky Luke needs to take a difficult child to the dentist.	Short story (6 p.)
5	" <i>Korrigan. L'arracheur de dents</i> "	Franz and Vicq	Pain, fear and extraction	Journal de Tintin / 1975	18 th century/ Belgium	An « arracheur de dents » (charlatan tooth puller) pulls painful teeth from patients with improper anesthesia and extraction techniques.	Short story (6p.)
6	" <i>Pauvre, pauvre Lampil</i> "	Lampil and Cauvin	Pain, anesthesia and extraction	Journal de Spirou/1976	20 th century/Belgium	Difficult relationship between "Poor Lampil" and his dentist who is efficient but not exactly full of empathy	Short story (4p.)
7	" <i>Cédric : pépé se mouille</i> "	Laudec and Cauvin	Fear and psychology	Dupuis/1994	20 th century/Belgium	Cédric and his father go to the dentist. But the most scared may not be the one we think.	Short story (1p.)
8	" <i>Kid Paddle : waterminator</i> "	Midam	Orthodontics and bad habits	Dupuis/1996	20 th century/Belgium	Kid Paddle is playing a video game and takes on the appearance of the hero who has a massive class 3.	Short story (1p.)
9	" <i>Le petit Spirou. C'est pas de ton âge</i> "	Tome and Janry	Woman dentist	Dupuis/2000	21 st century/Belgium	Little Spirou is not keen on going to the dentist. But the new dentist is a beautiful young woman.	Short story (1p.)
10	" <i>Titeuf : ça épate les filles</i> "	Zep	Pediatric dentistry	Glénat/2001	21 st century/Switzerland	A visit of Titeuf to his dentist and some of his fantasies...	Short story (1p.)
11	" <i>Relax Max : la journée d'un dentiste</i> "	Edika	Pain and fear and dentist's behavior	Fluide Glacial/2001	20 th century/not stated	"Crazy" chronicle of a psychotic dentist's waiting room. Offbeat humor	Short story (1p.)
12	" <i>Titeuf : l'amour c'est pô prôpre</i> "	Zep	Prosthodontics in the elderly	Glénat/2004	21 st century/Switzerland	Titeuf and his friend are frightened by grandmother's full dentures, which they think are a piranha.	Short story (1p.)
13	" <i>Shenzhen</i> "	Guy Delisle	Fear, pain and dental hospital atmosphere	L'Association /2006	20 th century/China	Professional experience of the author in Shenzhen (China) and the way he faced dental problems. He suffers from dental pain and is frightened by the local conditions of dental care	Complete story (p 17-19)
14	" <i>L'affaire du voile</i> "	Petillon	Dental profession and society	Albin/Michel/ 2006	21 st century/Paris (France)	Social satire. The main protagonist is a woman dentist whose daughter decides to get into a Koranic school and wear a veil.	Complete story (52 p.)
15	" <i>Adèle Blanc sec : le mystère des profondeurs</i> "	Tardi	Pain and fear and conservative dentistry	Casterman/2007	20 th century/Paris (France)	In Paris before the beginning of the 20 th c. Adèle has terrible toothache and her dentist does not seem very reassuring	Complete story (52 p.)
16	" <i>Titeuf : lâchez moi l'slip</i> "	Zep	orthodontics	Glénat/2010	21 st century/Switzerland	Child satire. Titeuf and friends make fun of Jean Claude with his new orthodontic appliance.	Short story (1p.)
17	" <i>Les femmes en blanc présentent : Les dentistes</i> "	Bercovici and Cauvin	Information for patients on what dentists do	Dupuis/2011	20 th century/Belgium	"Pedagogical" comic presenting the dentist's job in a humorous but modern way.	Complete story (32 p.)
18	" <i>Les tunique bleues : les bleus se mettent au vert</i> "	Lampil and Cauvin	Pain and extraction and history	Dupuis/2014	War of Secession 19 th century/USA	Historical reconstitution. Confederate soldiers have nutritional and dental troubles. When a dentist is expected, both heroes have to find fresh fruit and vegetables	Complete story (52 p.)

Table 1 : Francophone comics with dentists and dental situations clearly identified



Figures 2 and 3 : extracts from Franz et Vicq : « Les aventures de Korrigan : l'arracheur de dents ». Le Journal de Tintin. n°5149, 1975, 6p.

Bubble translation: “ove brave people, bourgeois and manants, gentlemen and villains, ladies and mates, sweet ladies and young men and women, I, the toothpicker, claim to have the power to practice without you feeling pain”.

“Liar!”

“Your suffering will finally end my poor Aubin Marie”.

“Not too soon. I suffer so much!

I'm in such terrible pain that I'm going to go crazy.”

in the general public, four main items emerged from our selection: 1) Pain, 2) Fear and the waiting room 3) Clinics and dental specialties, 4) Gender and reputation.

Pain, fear and the waiting room are treated in part one of the study and the other items will be in part 2.

Pain.

In representations of odontology in comics, whatever the historical period considered, pain is omnipresent. In an episode of Korrigan, entitled “l’arracheur de dents”¹¹, the charlatan is drawn on his platform haranguing the crowd and telling them about his great skill as a surgeon, pretending to extract teeth “without you being able to feel any pain” (Figure 2). A poor suffering patient is afraid but decides to try the experience. She is wearing a bandage around her face and has difficulty speaking. Her pain is represented through little stars, confirming the radiating character of the pain (Figure 3). The authors did not forget to show the swelling of her cheek, confirming a probable cellulitis. In this case, the artist has done some interesting historical research, especially concerning the décor. In this period (17th-18th century), the tooth puller was a “charlatan” (from the Italian word “ciolare”, talkative/chatty) who used to talk to the crowd in public places on a podium and was considered as a kind of “actor”. He often had an associate who played the role of a “patient in pain” making believe that he was suffering⁶. The “charlatan”, would pretend to extract the tooth painlessly but, in fact, it was a trick involving a false tooth and chicken blood⁶. In Paris, the most popular was named Jean Thomas (the “Great Thomas”) (Figure 4). However, tooth pulling was effective and many authentically suffering people were ready to undergo this unfortunate experience. In another comic album, set at the beginning of the 20th century, Tardi represented the tooth in question and the tears of his favorite heroine, Adèle Blanc-Sec¹². She is suffering and has tears in her eyes. The funny point was that she tried to relieve her pain with alcohol, which, finally, did not work. So, there is a “medical and pedagogical” message from the artist telling the reader that this technique is not available! (Figure 5). In a more recent book (“Shenzen”, 2006), Guy Delisle describes his frightening experience of dental pain when he was working in Shenzen, China¹³. One of his teeth was hurting and, having



Figure 4 : Portrait from Jean Thomas : extract from Baron P. « *L’art dentaire à travers la peinture* ». ACR Editions Vilo Paris. 1996. 250p



Figure 5 : extract from Tardi. « *Adèle Blanc-Sec : le mystère des profondeurs* ». Paris, ed. Casterman 2007, pp.7, 30.

Bubble translation “Oh, what a pain!”

asked one of his colleagues to take him to a dental hospital, he arrived in an unhealthy dispensary. What he saw really frightened him: an atmosphere more suited to a busy railway station, neon lighting, an old patient moaning in pain, dirty gowns and floors... (Figure 6).

However, in the end, he suffered more fear than pain as the dentist found there was nothing to worry about (Figure 7)

Fear and the waiting room

When seen in comics, it may also be called the “panic room”! For artists (and also for patients), it is a place of nightmare and anguish, before being confronted with the dental surgeon. For instance, Adèle Blanc-Sec does not feel very comfortable and imagines what is happening to the previous patient¹² (Figure 8). The same anguish is evoked but presented in a funnier and more caricatural way in Edika’s comic strip (2001), with a dentist calling “Who’s next?!!” and with nobody coming forward, each patient pointing at another¹⁴ (Figure 9). Finally, in Bercovici and Cauvin’s comic strip: “Les dentistes”, the authors described the different patients waiting in the waiting room: the young woman, earnest and with good teeth, used to coming once a year for a check-up, the worried patient who has already had a nasty experience of extraction and is afraid to lose another tooth, the one in a panic, coming for the first time, and the emergency patient in pain¹⁵ (Fig. 10). This is a realistic and sociological description of what frequently happens

in daily practice. The dentist is represented as a serious, competent professional, extracting the carious tooth without pain.



Figure 8 : extract from Tardi. « Adèle Blanc-Sec : le mystère des profondeurs ». Paris, ed. Casterman 2007, pp.7, 30



Figures 6 and 7: extracts from Delisle G. “Shenzen”. Ed. L’association, 2006.

Bubble translation « station hall atmosphere “, “neon lightning”, “guys walking around”, “a little old man moaning in pain”, “cotton pads full of blood in the basket”, “dirty blouses and floors”,

“What? What does he say?”. “He’s glad. This is the first time he has had the opportunity to observe a stranger”. “They usually go to the American hospital.” “What? There is an American hospital?” “Otherwise for your teeth there are no problems. Nothing to pull out”



Figure 9: extract from Edika. « *Relax Max : la journée d'un dentiste* ». Paris, ed. Fluide Glacial, 2001, pp : 7-12.

Bubble translation “Who’s next ?!”

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Figure 10: extract from Bercovici, Cauvin. « *Les dentistes* ». Ed. Dupuis, 2011.

Bubble translation « You have to know that you will rarely be alone in a dentist's waiting room. You will meet other people there”.

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The Special Contribution of Pat O'Driscoll to the Practice of Oral and Maxillofacial Surgery in the Late 20th Century.

Martin Mace, Patricia Reynolds and Stephen Challacombe

Abstract: 'Some are born great, some achieve greatness, and some have greatness thrust upon 'em. (Shakespeare, Twelfth Night: Act 2, Scene 5). Pat O'Driscoll was undoubtedly the first two. This tribute describes the special contribution to the practice of Oral Surgery of Pat O'Driscoll, Senior Oral and Maxillofacial Surgeon at Guy's Hospital, 1966-1999. It reflects the small steps and consequent giant leaps forward in the practice of Oral and Maxillofacial Surgery in the late 20th Century. This was a time of huge change in both surgical practices and the NHS. Far more than an obituary, this paper catalogues the advances and pioneering spirit of a man who changed the way that oral and orthognathic surgery was developed. But he left his greatest legacy in those he trained. His surgical trainees took forth his work ethic, and pursuance of excellence in clinical care, to levels that have ultimately benefitted many more thousands of patients, far more than one person could have done alone. His life story is one of dedication, empathy and excellence, whilst balancing his varied pastimes and sporting interests. 'A life well spent'.

Key Words: Patrick O'Driscoll, Biography, Oral and Maxillofacial Surgery, Orthognathic Surgery, Dental Training

Introduction

"His unending teaching in every situation but particularly in theatre when I saw what skillful hands he had - better than any I had seen in the rest of my training. The care with which he treated his patients and his sympathy to the deformed... I have nothing but fond memories of this great man." MM

From the book of condolences for Pat O'Driscoll

Oral and Maxillofacial Surgery, and in particular Orthognathic Surgery were taken to the highest level by the pioneering work of Pat O'Driscoll who was Senior Consultant Oral Surgeon to Guy's Hospital from 1966 until his retirement in 1999 (Fig 1). Determined and dedicated, with good humour to the end, he passed away on 19th October 2016 battling pneumonia. Even during this last brief illness he made comment that he *'didn't think that the junior staff knew what they were doing'* and made every effort to escape from the hospital. Such were the high standards that he always expected, and the inspiration he gave to generations of Oral and Maxillofacial Surgeons who benefitted from the outstanding legacy that he gave them all.

This article will highlight the life and times of a great gentleman; his contribution to the development of the profession and specialty in the late 20th Century; and his especial lasting impact.



Figure 1. Pat O'Driscoll 1993: *"He was a huge influence on the students he trained, an enthusiast who inspired generations"* MG, *From the Book of Condolences for Pat O'Driscoll.*

Personal Biographical Features

Patrick Michael O'Driscoll was born in a private nursing home off of Sloane Square, London on 20th March 1934. He was the first-born son of David Joseph O'Driscoll, a Dental Practitioner in Pimlico, London (Fig 2a), and his wife Lilian Constance Harris, who had been a rising film star, feted in the Illustrated Sporting and Dramatic News of 1930¹.

Pat's father, Joe O'Driscoll, had qualified LDS in 1923 at the National University of Ireland (Fig 2a), based in Cork, the city of his birth in 1899 and moved to Lowestoft in 1926, and London in 1928 where he practiced at 80 Warwick Way SW1 until 1970. Before training as a dental surgeon, he fought

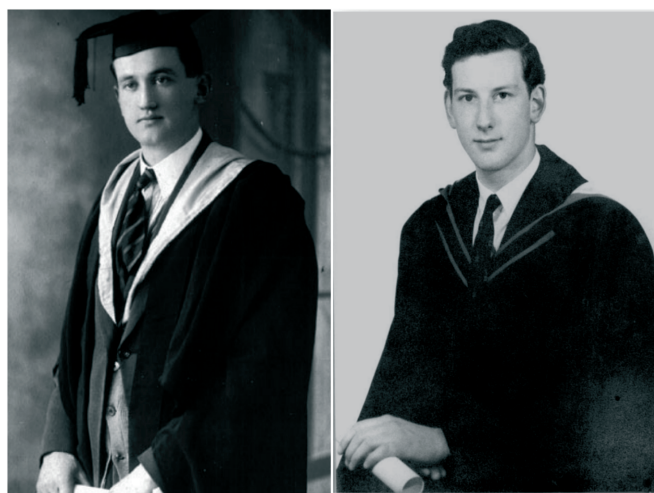


Figure 2. Joseph O'Driscoll (father) qualifying LDS in Dentistry, University College, Cork, 1923 (Fig 2a) and Pat O'Driscoll qualifying BDS in Dentistry, 1957 (Fig 2b).

in the First World War at Gallipoli and won medals for his service in the Medical Corps.

Pat was the eldest of four boys, Kevin, Roderick and Brian, born before the Second World War, and two sisters, Undine and Rosemary, born after the War. They lived at the Grange in Horton Kirby in Kent, that subsequently became a BUPA nursing home. Pat attended the local school in Farningham in Kent, before being sent to Ampleforth College in Yorkshire, followed by his three brothers.

At Ampleforth Pat excelled in sports, including rugby, sailing and skiing, and developed his passion for fly fishing. He was a Sea Cadet who learnt to sail during School trips to Quarr Abbey on the Isle of Wight. He even made the BBC radio news when aged 16 in 1950, he fixed the failing engine in the nick of time in a boat destined for Holland with his scout masters and fellow scout².

His skiing prowess was such that talent spotters from the English team training in Kandersteg in Switzerland, asked him to train for the Winter Olympics (Fig 3). However, Joseph, his father, insisted that Patrick went to Dental School, instead. The rest became history.

Patrick's School Certificate from the Oxford and Cambridge board were in the Arts, where he excelled in French, not surprisingly as his mother came from a lineage of French speakers of Huguenot heritage. He was enrolled in First BDS in 1951 to gain basic medical science training, before completing 2nd BDS and 2nd MB in 1952. Several of his classmates were destined for greatness,

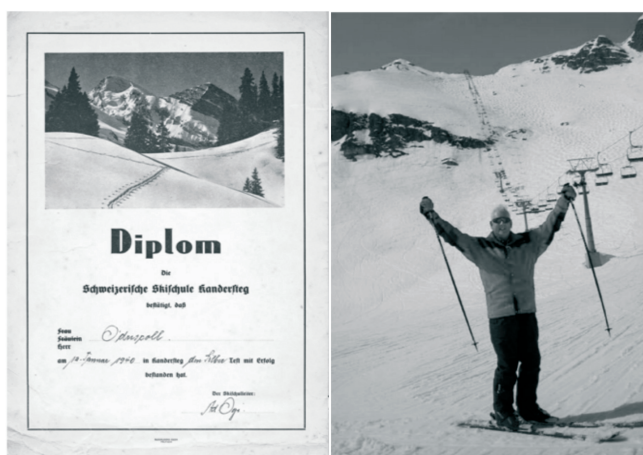


Figure 3. Swiss Skiing Certificate signed by the father of the future President of Switzerland, Adolf Ogi, 1940 (left). After the Second World War, the English Olympic Squad asked Pat to train for the Winter Olympics, but his father said he must go to Dental School instead! Not be deterred at age 70 Pat completed the 'Wall of Death', skiing down the sheer drop from Avoriaz, France into Switzerland (right).

including Lord Ian McColl seen in the Class Photo of 1952 (Fig 4).

Patrick enjoyed his undergraduate career at Guy's Dental School where he made life-long friends, such as Henry Pritchard, Lyn Howard and Peter Stubblefield who sailed with him over 60 years. He also played rugby and tennis for Guy's as an undergraduate. He made good use of Thatchings, a country retreat donated to Guy's for the recreation of students at weekends (Fig 5). Naturally there were quite a few stories of escapades, but tennis and swimming were the sports that they particularly enjoyed in the retreat near Bognor Regis.



Figure 5. Pat O'Driscoll (right) and class mate Lyn Howard at Thatchings, the weekend retreat in Sussex for Guy's, 1956



Figure 4. Second MB Class 1952. *Pat is in the middle, second to back row and Lord Ian McColl, second row, far right.* Back row: Clayton-Jones, Terry, Smith, Wood, Tyrer. 4th row: Hopwood, Morgan, Cooke, O'Driscoll, Sherwood, Whitlow. 3rd row: de Groot, Yefman, Hewitt, Copley, Murray, Forman, Roberts. 2nd row: Coucher, Morphy, Paul, Williams, Robertson, Simpson, McColl. Front row: Sutchir, Whatmore, Tuddenham, Ridley, Warner, Maggs, Avison, Watson

Pat completed the dental degree, BDS with honours in 1957 with a Distinction in Pathology and Bacteriology (Fig 2b). He won the Frank Sturdy prize for prosthetics and was an all round success in his studies. Organised and methodical, he was a diligent student, learning from many great names of the era, such as Professors Martin Rushton and W E Herbert and Mr Alan Thompson.

Patrick's academic success enabled him to pursue the combined medical and dental courses qualifying in Medicine in 1961 (Fig 6). His House Surgeon and Physician posts in 1961 were held at St Alfege's Hospital, in Greenwich.

Pat found time to pursue various sporting activities throughout his career. He was a respected skier and led student parties to Austria (Fig 7). He was a fly fisherman who tied his own flies, but his greatest achievement was as a sailor with his yacht,



Figure 7. Ski Team in Lech, Austria, organised by Pat in 1958.

Crimond of Wight, moored in Shalfleet, on the Isle of Wight. He once described sailing as 'an all consuming occupation that necessarily took you away from everything else' (Fig 8).



Figure 6. *The Douthwaite and Hardwick Firm July 1958 on the steps of Guy's Hospital Medical School. Patrick is back row second from the left. Back row: McKenzie, O'Driscoll, Nurick, Heald, Nicholson-Lailey, Harley. 2nd row: Weinstraub, Cockerill, Pearce P, Pearce W, Hallpike, Gross, Hartfall, Huddy. Front row: Parsons Esq, Hardwick Esq, Squire, Douthwaite Esq, Robinson Esq, Kelsey-Fry Esq*

Professional Development

When Patrick O'Driscoll arrived as the first Consultant Oral Surgeon at Guys Hospital in 1966. All other consulting colleagues had been 'Dental Surgeons' until that time. Remarkably, he was only 32 years old (Fig 9). He had been trained surgically as a registrar and senior registrar by many highly knowledgeable, practically skilled and respected figures at the time. At the Eastman Dental Hospital as a registrar he worked with Norman Rowe and Professors Killey and Kay all of whom were writing the early books on the specialty of Oral Surgery³. Norman Rowe in particular had developed and continued developing surgical procedures for the correction of bony facial deformity, procedures we still recognise today⁴. He had made great friends with Hugo Obwegeser in Zurich who was the world leader in Craniomaxillofacial Surgery and Pat was later to spend some time with Obwegeser for whom he developed an enormous respect^{5,6}.



Figure 8. *The day Pat's Westerly Konsort yacht, 'Crimond of Wight,' was sold in July 2014 (left). Fly fishing on the River Darent, Kent circa 1990 (right).*

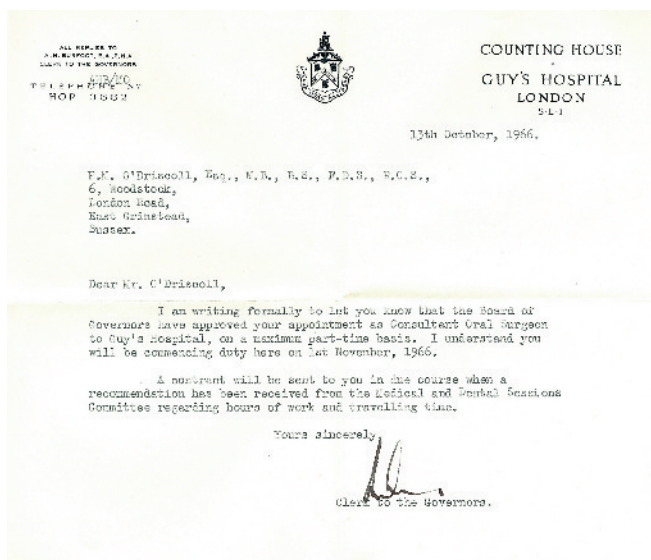


Figure 9. Appointment as Consultant Oral Surgeon to Guy's Hospital 1966, aged 32 years. Maximum part-time included Saturday morning but allowed one day in private practice.

Having won the Kelsey Fry Prize (another Guy's man) for Oral Surgery in 1964, he returned to East Grinstead as Senior Registrar. The Queen Victoria Hospital was a centre of excellence where so many facially war injured patients were treated. 'The Guinea Pig Club'⁷ was pioneered by Sir Archibald McIndoe and his team⁸. They managed large numbers of patients who had been the victims of serious facial trauma and a burgeoning cohort of patients with facial deformity. The techniques used in their treatment were relatively unsophisticated seen from a modern perspective which gave Pat ambitions to follow and develop more precise and less visible means for osteotomy and fracture fixation and encouraged him into minimal invasive surgery for which he developed a well-earned



Figure 10. Celebration of Sir Terence Ward's 70th Birthday. L to R Pat O'Driscoll, Geoffrey Forman, Sir Terence Ward, Andy Brown and Patrick James.



Figure 11. Primary Treatment Unit, Floor 23, Guy's Tower, Guy's Hospital, 1988.



Figure 12. Shaking hands with the Chancellor of the University of London, The Princess Royal. Guy's Centenary, 1989.

reputation. Part of his training was with the distinguished Sir Terence Ward⁹ who has eponymous instruments such as the Ward's retractor and carver. Figure 10 shows Pat and colleagues attending Sir Terry's 70th birthday in 1976.

When Pat joined the Senior Staff in the Dental School at Guys senior undergraduates including two of the authors, shared slight trepidation and awe at his arrival. About to graduate they were introduced to his excellent clinical teaching as he rapidly established his name, treating surgical conditions of the mouth and jaws that we had not seen before. It was his clear, informative teaching that endeared him to a generation of under and post graduates. His teaching clinics were oversubscribed particularly by undergraduates approaching their finals. Any junior staff with



Figure 13. Filming in theatres for McMinn's Interactive Head and Neck Anatomy DVD, 1996.

time to spare would attend too. This continued unabated for two decades.

He was offered a Chair in Oral Surgery, but rather than take on further academic pursuits, he continued his part-time private practice at No 1 Harley Street with Clive Debenham, including setting up some of the first dental implantology facilities. He worked with Branemark, himself, in Dublin to hone his implantology skills¹⁰. Pat was already a recognised Teacher and Examiner for the University of London and Hon Senior Lecturer as part of Guy's Dental School. His research work included publishing on neurofibromatosis, and orthognathic surgery^{11,12, 13, 14}. He also completed a major chapter on Oral Surgery in the large surgical tome 'The New Aird's Companion in Surgical Studies' (1992)¹⁵.

Pat was integral in planning the first design of the new Oral Surgery Department in the Tower after the closure of the old Dental School in 1974. He meticulously planned the new Oral Surgery Floor including the Primary Treatment Unit that was so ably run by Ray Shaw, a character in himself, and his Senior Dental Nurse, Noreen Clare (Fig 11). Jane Saunderson and Virginia Hartley were the nursing sisters who ensured the highest standards prevailed.

The 'Surgeon of the Day' was instigated by rotating clinics and 'on-call' with his Consultant colleagues, Robin Bret-Day, Dick Haskell and Don Gibb from the 1970s. The dedicated Day Stay Unit and extraction rooms, recovery and nursing stations on Floor 23 of Guy's Tower, was supported by many well known anaesthetists, including Drs Ross Watkin, Mike Thompson, Ron Jones, Penny

Hewitt, and John Helliwell and many others. Rather ironically, one of the attending anaesthetists became the Director of Intensive Care where Pat had his final illness.

Pat contributed to many Clinical Days with exhibits and demonstrations that were much enjoyed by the Alumni. He took part in the 1989 Centenary celebrations of the Dental School, and was presented to the Princess Royal (Fig 12). To the left of Pat is Steve Challacombe, the third author of this article.

At the merger with the Royal Dental Hospital in 1986, Steve Challacombe was responsible for restructuring the curriculum including oral surgery. Pat had been responsible for over 20 years by this time in teaching Oral Surgery at Guys as a hospital Consultant with great enthusiasm, dedication and success. The Royal Dental Hospital had a similar Department and resolving the structure of the new combined Department necessitated delicate refereeing including late nights with a bottle or three of wine in Guys Tower before after several false starts it was resolved, almost amicably!

His surgical prowess became legendary in main Operating Theatres 10 and 11, where he operated on a Monday afternoon and Thursday morning with his able long-term anaesthetic colleagues John Wedley and Nick Newton, and many others. The nursing and orderly staff were all characters and included names such as 'Auntie Kay' Tidmarsh and Mr Wellington. He trained many surgeons and recorded his work using the media of the day for teaching, even providing surgical clips for an interactive CDROM in Head and Neck Anatomy in 1996 (Fig 13)¹⁶.



Figure 14. Award of the Coat of Arms to the Dentists' Provident Society.

Pat O'Driscoll's final lecture was given on Clinical Day 1999, where he used the latest digital projection facilities to present 11 'Cases You Have Sent', four of which are highlighted in the section below. He did not want a fuss when he retired aged 65 on March 20th 1999. So he was taken aback when a surprise party was held in his honour, on his 65th birthday, at Hamilton House in Central London. One hundred of his trainees and close colleagues attended to wish him farewell. It was no surprise that even more attended his Memorial Service held on St Patrick's Day 2017, in Guy's Hospital Chapel and the subsequent reception and exhibition of his life and times in the Gordon Museum at Guy's.

Dentist's Provident Society

Pat had sat on the Board of The Dentists Provident Society as Vice Chairman from 1973 to 1980. To him this was a relaxation and a way to give voluntary service to his dental colleagues by contributing to the management of this terrific insurance scheme combining sickness benefit to dental surgeons with an element of tax free investment. He became Chairman of the Board in 1980.

He was a popular Chairman bringing younger practitioners on to the Board. The Society was financially sound and well looked after by a small number of staff. Pat oversaw the official Incorporation of the Society with the award of our own resplendent Coat of Arms (Fig 14). Apart from that with the accompanying pomp involving The Queens Herald one incident comes to mind after I had succeeded Geoffrey Forman as Vice Chairman. It was a single one never repeated that came to light through our Actuaries. The then Secretary, a post later changed to Chief Executive, had attempted a financial irregularity that would have benefitted him. Pat dealt with this smoothly and surely, and the culprit lost his position.

This event came just before the Financial Services Act that changed all businesses overnight. A huge amount of legislation documents arrived and despite his very busy work as Consultant he made sure he kept up with these changes. It was obvious to him that the current staff running the Society were not able to sort through this with any degree of success and he arranged the appointment

of a Chief Executive. A daunting prospect for many, particularly those with a busy Consultant post! He made sure at every stage that the Board was made aware of the impending changes. All this meant hard work on Pat's behalf and after 25 years of service he took the decision to retire from the DPS but typically not until he was satisfied with progress with the new regulations in 1998

Martin Mace was appointed his successor with Pat lending his great support. Try as he did, Martin could not persuade him to stay on the Board as he was perfectly entitled. He left Martin with excellent staff and a Society that was 100% in compliance with the new regulations. This was typical of the man.

He and his Board members did not receive any remuneration for their onerous tasks to benefit their Dental colleagues given the amount of work involved. Fortunately, this has now changed.

Contribution to Oral and Maxillofacial Surgery

Pat was a surgical pioneer, his oral surgical prowess extended and encompassed the wide range of maxillofacial procedures. Examples included orthognathic surgery (described below), and odontogenic and non-odontogenic surgery (Figs 15 and 16). At this time (1970's) major oral cancer surgical procedures were done in collaboration with ENT colleagues such as Omar Shaheen. Pat also recognised the importance of working closely with Plastic Surgeons such as Sash Sood.

Pat planned surgical correction of facial deformity in children closely with the Orthodontic department and this involved starting combined clinics which were invaluable for teaching at under and post graduate level. This was completely new. He asked the Psychological Department to assist with clinical assessment leading to these combined clinics having a permanent Psychologist, (Ray Bull) in attendance, clearly a great help for patients and clinician providing a platform for published research^{17, 18}.

There was a number of children who had had their cleft lip and palates closed whose subsequent facial growth had been poor due to non-sparing surgery. These children and young adults gradually worked their way to orthodontic clinics where compromising treatment left them little improved with maxillary hypoplasia and virtually no

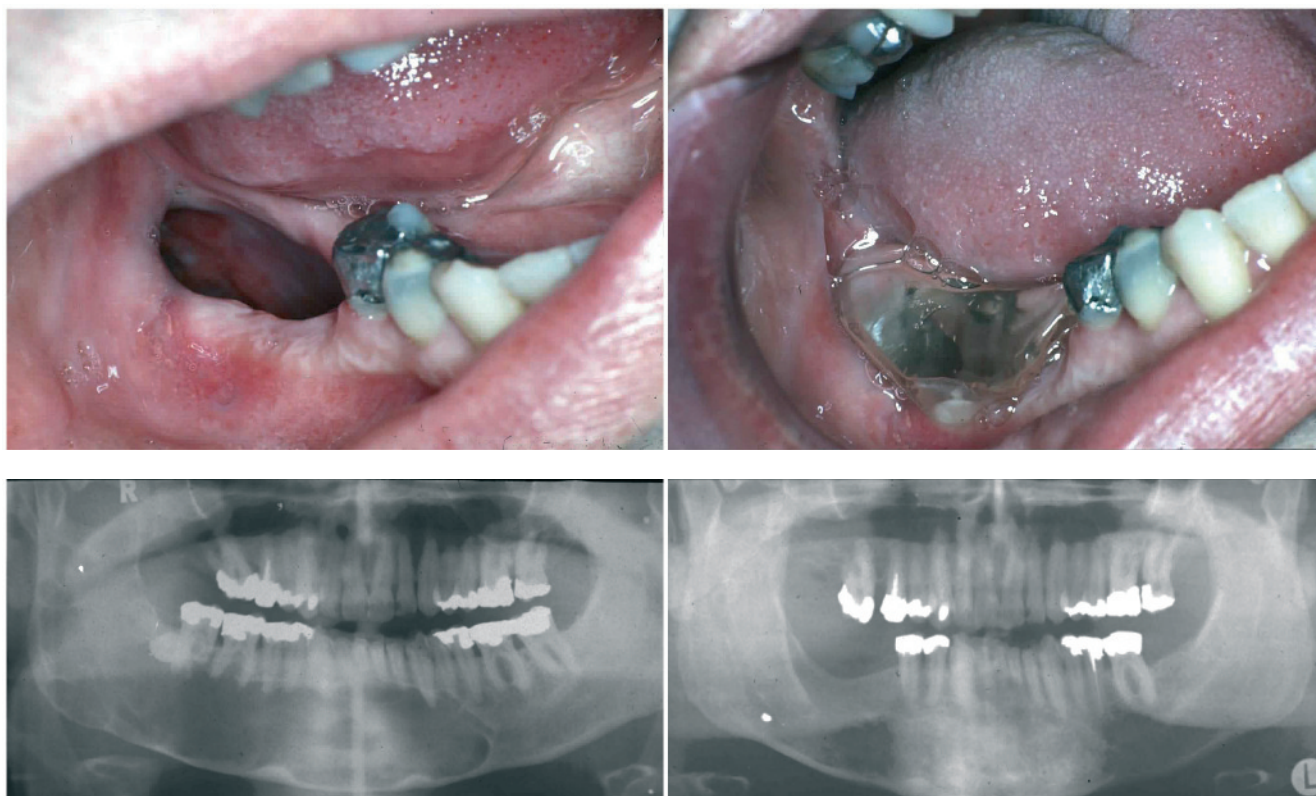


Figure 15. Marsupialisation of a Primordial Cyst: From ‘Cases You Have Sent’ from Pat’s final Clinical Day Lecture 20th March 1999. A large radiolucency is evident in the right body of the mandible in the bottom left orthopantomogram (OPG) and represents a primordial cyst. This was marsupialised into the oral cavity (top left) by creating a pouch whose entrance was protected by an acrylic bung (top right). This long but successful treatment ensured resolution of the cyst with return to a more normal appearance in the OPG (bottom right).

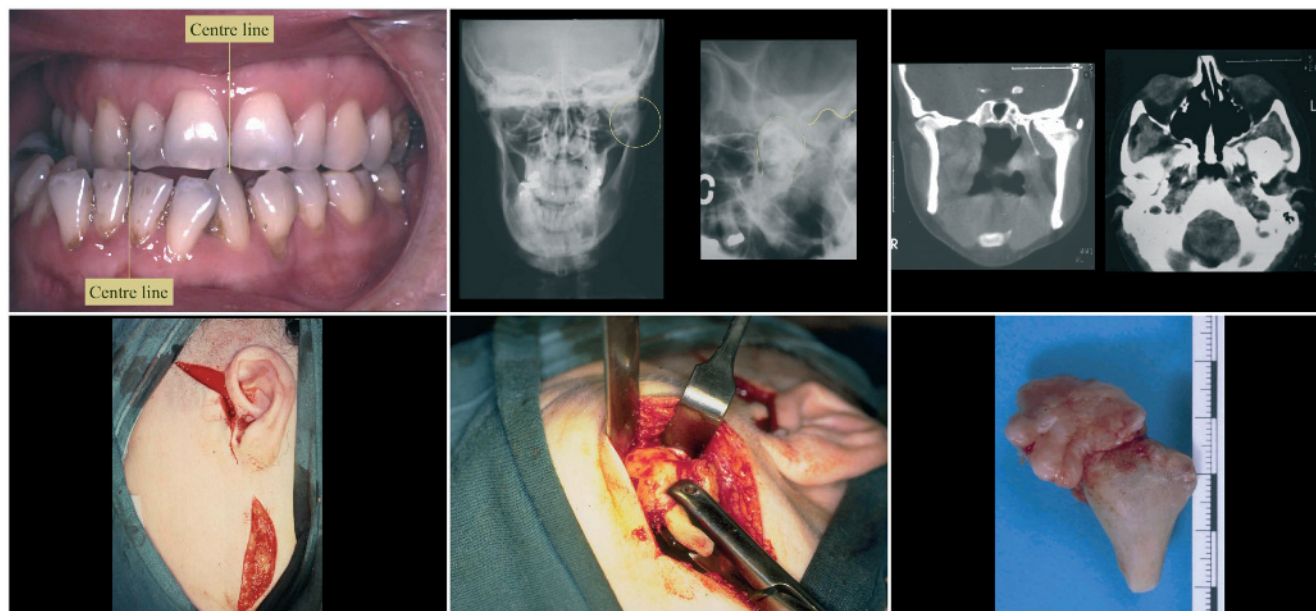


Figure 16. Osteochondroma of the left condyle: From ‘Cases You have Sent’, Pat’s final Clinical Day Lecture 20th March 1999. This 40 year old patient had noticed asymmetry of her jaws (top left) and radiographs and a Magnetic Resonance Image (MRI) Scan (middle and top right) revealed a radiodense mass on the left condyle. Using extra oral incisions (bottom left) the mass was removed and histopathology revealed an osteochondroma. The patient made a good recovery.

functioning occlusion. Pat had a continuing path of referrals and worked closely with Orthodontic Consultants in particular Allan Thom planning surgery to correct the maxillary hypoplasia that so many suffered. Pat pioneered the modified Le Fort I maxillary advancement whereby the posterior part of the hard palate was left undisturbed while the tooth bearing part of the maxilla was advanced establishing a functioning occlusion and increasing the maxillary facial profile with positive cosmetic advantages. The advantage of this approach was to stabilise what was left of soft palate muscular function controlling swallowing and aspects of speech whereas occlusion and facial appearance improved. Always wanting to provide and develop the latest surgical techniques, he also pioneered the Le Fort II osteotomy, osteotomising the midface, in the early 1980's. This osteotomy corrected nasomaxillary hypoplasia, as in Crouzon's syndrome¹⁹ as originally described by Tessier in 1971 and subsequently Steinhauser in 1996^{20, 21, 22}. The first author, Martin Mace, had the good fortune of assisting in his very first procedure which again, as so often, displayed his surgical genius. It was the mark of this man to be unhappy about leaving bare palatal bone, a necessary disadvantage of this procedure and he devised methods of covering the area to provide better comfort for the patient.

Another surgical procedure that Pat pioneered was known as the Dautrey operation (Fig 17)²³. Patients with uncontrolled persistent temporomandibular joint dislocation had been offered different surgical cures most of which involved open joint surgery or intra articular fibrosis inducing drugs. These often compromised joint function with the fibrosis causing dysfunction. The Dautrey procedure did not involve open joint surgery and consisted of a posterior down fracture

of the zygomatic arch to enhance the often inadequate anterior tempormandibular eminence. This was very successful in preventing dislocation and led again to continuing referrals.

Maxillofacial surgery continued to develop and improve and Pat was never behind in this. Martin Mace was Pat's Senior Registrar (1975-1978), and was appointed to a Consultant post in a hospital with a reputable Cleft Lip and Palate Unit. The initial surgery was excellent and the maxillary growth problem barely existed. This allowed a closer assessment of the finer aspects of cleft patients' growth and developing dentitions²⁴. The Scandinavians were great proponents of alveolar bone grafting to allow the canine teeth to erupt functionally into the alveolar cleft (Fig 18). Martin had the great pleasure of Pat asking him to show him this surgical procedure. Typically, Pat spent a day learning the new procedure from Martin who felt that he had finally managed to give something back to his best surgical trainer.

Pat's contribution was significant because he walked with the giants in the specialty and introduced and improved new orthognathic and secondary cleft procedures in the UK. By training the next generation of consultants he promulgated these surgical methods with his value-added meticulous attention to detail and excellent care of the patient.

Legacy

So, teacher, consummate clinician, colleague and friend, Pat O'Driscoll can rest as one of those who not only fulfilled his own potential but allowed so many others to fulfil theirs. Many of his sixty plus house surgeons went onto surgical careers,

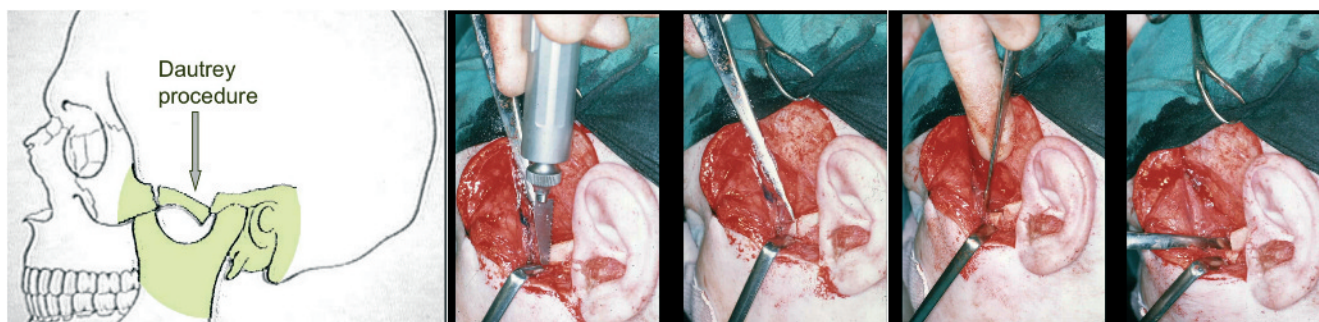


Figure 17. Pioneering the Dautrey procedure for recurrent dislocation of the temporomandibular joint (TMJ): From Cases You have Sent', Pat's final Clinical Day Lecture 20th March 1999. The series of clinical photographs and diagram, show how the zygomatic arch is cut and fractured downwards to create a bony eminence in front of the glenoid fossa, that prevented dislocation of the condyle.

themselves, and all benefitted from improved operative skills and the high standards demanded by the master (Table 1).

Pat O'Driscoll was a pioneer in advancing surgical doctrine in the late 20th century. He introduced a collaborative approach between specialties to ensure the best care of his patients. He was kind, firm and fair, inspired and guided his seniors, juniors and students alike. Pat was very practical, meticulous, project driven, maintained high standards of himself and expected the same in others, always busy, never idle, and didn't suffer fools gladly. His outstanding legacy extends all over the world as so many tributes have shown (Table 2).

He was further commemorated by planting an oak tree at Honor Oak Park Sports Ground on what would have been his 84th birthday, 20th March 2018, where he once played rugby and tennis for Guy's. The President and Principal of King's

College London, Professor Edward Byrne AC, unveiled the plaque, witnessed by many close colleagues and friends who even after almost 20 years of retirement, still wished to pay their respects to the Master (Fig 19).

His ashes rest in Quarr Abbey in the Isle of Wight, where he sailed as school boy Sea Cadet (Fig 20). Even Father Gregory, who committed the ashes to the earth, had had his teeth treated at Guy's in the 1950s. Life has come full circle.

In final tribute, at his Memorial service on St Patrick's Day, 2017, in Guy's Chapel, he was described as the authors would like to remember him – '*A Decent Man*' – but we would like to add '*With a Life Well Spent*'.



Figure 18. Secondary cleft repair with alveolar bone graft and canine distraction: From '*Cases You have Sent*', Pat's final Clinical Day Lecture 20th March 1999. Typically following primary lip and palate repair, disruption of one or both pre-maxillary alveolar ridges remains as the child develops (top left). Alveolar bone grafting is harvested from the hip to provide a bony scaffold through which displaced canines can be distracted using orthodontic traction (top right – not the same case). The realignment of the arch and eruption of the canines are clear to see in the two bottom images.

Year	Name
1967	Richard Beacham
1968	Stephen Rear
1969	Stuart Cripps
1971	Paul Robinson
1972	Hugh Gregg
1974	Robert Miller
	Richard Hayward
1975	Peter McDermott
	Martin Danford
1977	Steve Taylor
1978	Pat Reynolds
1980	Adam Searle
1981	Peter Robinson
1982	Kathy Harley
1985	David Parr
1987	Mark Shimmin
1988	Amanda Biddle
1989	James Gallagher
1990	Mark Ide
	Koray Feran
1991	Peter Stockton
1992	Graham Smith
1993	Andrew Brown
1994	Roger Webb
1995	Dapo Akintola

Table 1 List of House Surgeons to Pat O'Driscoll who were able to attend Pat's retirement dinner on March 20th 1999



Figure 20. Pat O'Driscoll in 1993 (left). Memorial Stone at Quarr Abbey Cemetery, a Benedictine Monastery on the Isle of Wight where he sailed as a Sea Cadet whilst a schoolboy at Ampleforth Abbey in Yorkshire.

"He was a true gentleman and inspired so many Oral Surgeons. He was a fine example of how to treat patients with courtesy and respect. What a fine teacher and surgeon he was" CB

"He was a truly exceptional man and will be greatly missed by all who knew him. He was a leading light and one of the hugely talented generation of maxillo-facial surgeons who became consultants at a very early age and were inspirational as clinicians, teachers, colleagues and friends." WB

"Patrick was a thoroughly likeable man with a great sense of humour and I am sure he will be sadly missed by all who had the pleasure and privilege of knowing him." DB

"His life was one of adventure and excitement and masses going on" EB

"It feels like the end of an era." RD

Table 2. Selected Quotes from Pat O'Driscoll's Condolence Book



Figure 19. L to R. The oak tree, quercus rubra, and unveiled plaque; Michael O'Driscoll, (Pat's eldest son); The Reverend Dr John Philpott Howard who led the ceremony with Laurence Jasper (Catholic Lay Chaplain of King's College London, Guy's campus); Pat Reynolds and Steve Challacombe (two of the authors).

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Author biographies

Mr Martin Charles Mace BDS MBBS FDS MRCS

Martin was Consultant in Oral and Maxillofacial Surgery, 1978-2001, and Consultant Maxillofacial Surgeon to the Cleft Lip and Palate Unit at Stoke Mandeville Hospital, Buckinghamshire, 1978 – 2003, having been Pat O'Driscoll's Senior Registrar from 1975 – 1978. He was also Honorary Clinical Tutor Guys Hospital Dental School, 1983 – 1999, and a Fellowship Examiner Royal College of Surgeons, 1993 – 2002. He became President Craniofacial Society of Great Britain and Ireland, 1999 – 2000, and succeeded Pat O'Driscoll as Chairman Dentist's Provident Society, 1998 – 2010.

Professor Patricia Ann Reynolds BDS MBBS MAODE(Open) PhD FDSRCS(Eng)(Ed)

Qualifying in Dentistry in 1977 at Guy's, she was Pat O'Driscoll's House Surgeon in 1978 and undertook junior training posts in Oral Surgery before completing the medical course at Guy's in 1984. She then pursued an academic career with a PhD in lasers, becoming a Senior Lecturer in Oral and Maxillofacial Surgery at KCSMD (King's College School of Medicine and Dentistry) in 1996. Following a Master's with Distinction in Open and Distance Education from the Open University in 1999, she moved into an academic educational role at King's, gaining a Chair in Dental Education in 2007. She became Professor Emeritus in 2014 and holds visiting appointments at three overseas Universities in Italy and Australia. She was President of the Dental Alumni Association at King's, 2014-15.

Professor Stephen Challacombe BDS, PhD, FRC(Path), FDSRCS(Eng), FDSRCS(Ed), DSc (h.c.), FMedSci, FKC

Stephen Challacombe is Martin Rushton Professor of Oral Medicine at King's College London and is now part time. He qualified in dentistry at Guys in 1968 and his year was the first taught by Pat O'Driscoll. He was assistant house officer to O'D. He became Consultant in Diagnostic Microbiology & Immunology to Guys & St Thomas Hospitals (1984-2011) He served as Vice Dean of the Dental Institute at Guys Hospital (2007-2011) and Dean for International Affairs KCL Health Schools (2007-2011) and was Senior Research Fellow, Department of Immunology, Mayo Clinic, Minnesota, USA. (1978-79).

He has been Author or co-author of over 240 peer reviewed research papers and 160 other publications on mucosal immunity and oral medicine and also editor or co-editor of 9 books on Food Allergy and Immunology of Oral Diseases. He has received a number of awards for his research and has served as President of the IADR and the European Association for Oral Medicine.

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History of the National Examining Board for Dental Nurses: 1943-2018

Nairn H F Wilson

Abstract: This paper details the origins, founding and 75 years of activities and development of the National Examining Board for Dental Nurses.

Keywords: Dental Nurses, Examinations, Exam Board, History

Introduction

The National Examining Board for Dental Nurses (NEBDN) is today a company limited by guarantee and a registered charity, established under a Memorandum and Articles of Association.

The main objective of the NEBDN is “the education and training of men and women as dental nurses and other dental staff to assist in dentistry so as to enable a level of skill and safety and operational excellence to be achieved which will meet the standards from time to time approved, set or adopted by the Charity for the benefit of the public and the dental profession.”

As detailed in this history, the NEBDN has functioned continuously over the 75 years since its formation in 1943, and is committed to continuing to push the boundaries of dental nurse training in the UK, underpinned by a commitment to quality and excellence.

Origins

The NEBDN, originally the British Dental Nurses and Assistants Examining Board (BDNAEB), was formed in 1943, following the formation of the British Dental Nurses and Assistants Society (BDNAS) of Great Britain and Ireland, founded in 1940, which exists today as the British Association of Dental Nurses (BADN). It is understood that the BDNAEB was formed to provide opportunity for members of the BDNAS, which originally included dental nurses and dental receptionists and secretaries, to take an examination which would enhance the standing and expand the role of dental nurses and assistants, specifically members of the BDNAS, employed in dental practices in the UK.

The driving force behind the formation of both the BDNAS and then the BDNAEB was a general dental practitioner, Philip E Grundy LDS (Fig.1), who lived and practiced in Leyland, Lancashire.



Fig. 1 Philip Eswyth Grundy LDS

Mr Grundy, whose grandfather, grandmother, father and mother, five uncles and six cousins had all practised dentistry, first envisaged a qualifying examination for dental surgery assistants in 1936. Over the next four years, he consulted widely, including the British Dental Association (BDA), the Incorporated Dental Society (IDS), which he served as Branch Secretary from 1938 to the amalgamation of the IDS with the BDA in 1950, the Public Dental Service Association (PDSA) and the Government's Interdepartmental Committee on Dentistry (ICD). In addition, he shared his proposals with the Deans of the Dental Hospitals and Schools in Birmingham, Bristol, Edinburgh, Leeds, London, Manchester and Newcastle. He also approached the Ministries of Health and Education in his consultations.

With the help of Colonel CH Howkins CBE DSC, Dean of Birmingham Dental School, Philip Grundy realised his goal of establishing a Board of Examiners for dental nurses and assistants. This Board, which was established as a separate entity to BDNAS, but shared staff and premises, was constituted in 1943 as the BDNAEB.

The BDNAEB continued to share offices with the BDNAS, latter (1967) the Association of British Dental Surgery Assistants, until 1994, changing its name in 1988 to the National Examining Board for Dental Surgery Assistants and then again in 1994 to the National Examining Board for Dental Nurses (NEBDN), following the decision to re-adopt the title 'dental nurse'. The change of terminology from 'dental nurse' to 'dental surgery assistant' in 1967 and then back to 'dental nurse' in 1994 was linked to objections first raised by the nursing profession in 1945, and not fully resolved until the early 1990s, concerning the use of the term 'nurse' by dental auxiliaries who provided dental chairside assistance. The various changes in name, mirrored by changes to the name of the Association, together with the sharing of office accommodation is considered responsible for many being misled into believing that the Board, for many years, was part of the Association. Such misunderstanding was fuelled the substantial involvement of the Society, later the Association in the development of standards and training for dental surgery assistants and dental nurses; for example, in the General Dental Council supported Dental Surgery Assistants Standards and Training Board (DSA STAB), which published training objectives for dental surgery assistants in 1984¹.

Founding members

The founding membership of BDNAEB, which included individuals from different aspects and organisations of dentistry, comprised:

Colonel CH Howkins CBE DSC LDS MRCS LRCP -Chairman, Dean of Birmingham Dental School, Examiner for the Royal College of Surgeons of England and member of the BDA

Mr P E Grundy LDS -Secretary, general dental practitioner, member of the BDA and Founder of BDNAS

Mr LC Atkins LDS – Senior Dental Surgeon, Royal Northern Hospital, London, Secretary PDSA and member of the ICD

Mr T Dykes LDS -Orthodontic Surgeon, Manchester Dental Hospital, Past-President and Central Committee member PDSA and member of the BDA

Mr FJ Ballard LDS – Past-President BDA, Central Committee member PDSA, Member ICD and member of the Dental Board of the United Kingdom

Mr JF Henderson LDS JP – Past-President ICD and member of the ICD

The founding aims and objectives of the BDNAEB were:

- To awaken and encourage those employed in dental surgery assisting to a realisation of their responsibilities to their own occupation and the dental profession
- To raise the standards of education and training for dental surgery assistants
- To encourage all dental surgery assistants to attain a standard knowledge and efficiency, uniform throughout all the country
- To hold examinations usually once each year and to encourage all dental surgery assistants to take the examination
- To issue certificates to all who are successful in passing the examination for dental surgery assistants
- To encourage the establishment of courses of training for dental surgery assistants

It is understood that the founding members of the Board, other than receiving a modest fee for each examination paper marked, generously donating their time, and sought no reimbursement of expenses incurred in supporting and helping to develop the BDNAEB. While Philip Grundy provided premises, basic office equipment, administrative support and underwrote, indeed largely financing the Society and Board in the early years, there is some information on him being paid back 'loans' made to the Society and Board when income exceeded expenditure. In the case of the Society this did not happen until sometime after 1944 when the Society first introduced an annual

subscription of £1, with opportunity to pay in two instalments of ten shillings (10/-).

Philip Grundy's motivation for dedicating so much of his time – "every weekend and holiday, let alone countless evenings", and committing what must have amounted to a substantial sum of money, to provide a foundation for the future development of dental nursing, would appear to have been simply, but very commendably, the wish for dental nurses in the UK to have a "definite position and occupation" and to stop "suffering from disunity".

Examination

In planning an examination, the BDNAEB consulted with Dr R Weaver, Examiner for the Ministry of Education. The BDNAEB was determined to apply state-of-the-art approaches to examining. The examination was designed to be of two parts -a written paper and a 10-minute *viva voce*.

The first examination was held in London and three other centres -Birmingham, Manchester and Leeds, on Thursday 25th November 1943. Candidates were met at the relevant railway terminus and escorted to pre-booked accommodation – the YWCA in the case of London. The entrance fee to the examination was one guinea.

To be eligible to enter the examination, a dental surgery assistant had to have completed at least one year's full-time experience of working with dental practitioners in general dental practice. It was essential also for candidates to provide evidence of private study "sufficient for the purpose of suitable preparation for the examination". Given regulations and restrictions during World War II, "it was considered impossible for certification of eligibility to be false in any detail"².

The written examination (Fig.2) comprised two compulsory questions -arresting haemorrhage and aspects of sterilisation, and a further six questions, four of which had to be answered. The examination was of three hours duration (10.00am -1.00pm), with no break, and a strict ban on food or drink of any kind in the examination hall.

Colonel Howkins, with his extensive experience of examining, expected high standards to be applied in *viva voce* examining. Colonel Howkins providing personal instruction in *viva voce* techniques to all

EXAMINING BOARD FOR DENTAL NURSES AND ASSISTANTS

FIRST EXAMINATION.

THURSDAY, NOVEMBER 25th, 1943, 10 a.m.-1 pm.

Candidates MUST answer questions 1 and 2.

Candidates should attempt to answer 4 questions in addition to Nos 1 and 2.

1. Describe methods for arresting Haemorrhage after the extraction of teeth.
2. (a) What is sterilisation?
(b) How would you sterilise the following: -
Forceps, scissors, scalpels, hypodermic syringes, rubber gloves, sponges, chisels, handpieces, hands?
3. How would you prepare at the Chairside: -
(a) Amalgam, Silicate Cement, Lining Cements?
(b) Plaster of Paris, Composition and other impression materials of which you have had experience?
4. (a) Name any poisons which are frequently used in Dentistry.
(b) What precautions should be taken when buying, storing and using poisons and drugs which come under the Dangerous Drug Act?
5. (a) What instructions would you give to a patient making an appointment for multiple extractions under a general anaesthetic?
(b) How would you prepare the patient on arrival?
6. Give a sketch of an upper molar and name the parts and surfaces.
7. Briefly give the uses of 7 of the following, in Dentistry.

1. Throat Pack.	6. Pulp Cap.
2. Tongue Forceps.	7. Temporary Cement.
3. Hypodermic Syringe.	8. Actual Cautery.
4. Mouth Prop.	9. Carbolic Acid.
5. Gag.	10. Mouth Mirror.
	11. Kidney Bowl.
8. What precautions should be recorded at the first visit of a patient?
(a) Prior to the examination of the mouth.
(b) In connection with the examination.
(c) Details of any treatment carried out.

Fig. 2 Written examination question paper for the first Board examination

examiners prior to the examination being launched. In accordance with contemporary and remaining good practice, two examiners, drawn from the membership of the Board, were present at all times.



Fig. 3 Madeline Joyce Winter's BDNAEB 1943 examination pass certificate "A"

One hundred and seventy-nine candidates entered the first diet of the BDNAEB examination. One hundred and thirty-five candidates passed the examination, giving a pass percentage of 75.4%. One of the successful candidates was Madeline Joyce Winter (Fig.3)

It is not now known who won the £10 prize offered to the candidate who achieved the highest marks in the inaugural examination. It is understood, however, that Colonel Howkins advised the candidates for the inaugural examination, immediately prior to starting their written examination, that the standard required would be high, as a pass certificate for an examination of low standard would not be worth the paper it was written on.

In 1944 it was reported that several of the successful candidates in the inaugural 1943 examination had received a pay increase of £5 per annum subsequent to representations by local NALGO (National and Local Government Officers' Association) officials.

The award of examination passes with Distinction is understood to have been introduced in the early years, with the award of passes with Merit being introduced in the mid-1980s.

Except for 1947 and 1948, when a Committee of Enquiry into the training, wages, conditions of service and title of women assisting dentists in public or private dental service, chaired by LC Atkins LDS, a member of the BDNAEB, collected evidence and reported, examinations have been held each year -once a year until 1967 and twice yearly (May and November) from 1968 onwards, with the addition of a practical examination in 1952 and the replacement of the *viva voce* examination with a 'spotter' in 1973. While the Committee of Enquiry commented on a wide range of matters, including the qualities of an ideal chairside assistant – "clean, alert and neat in her dress; of pleasant countenance; healthy looking teeth; pleasant voice; ready smile; confidence of manner and ready wit", it makes reference only to a "certificate of proficiency" following successful completion of recommended training. The BDNAEB examination is not mentioned in the report of the Committee of Enquiry³.

Syllabus

The syllabus for the inaugural diets of the Board examination was prepared by the members of the Board in consultation with the Society. Subsequently the Board, reviewed and updated the syllabus on a regular basis, in consultation with the members of the Panel of Examiners, to take account of advances in the clinical practice of dentistry. In the 1973 version of the syllabus 12 dental hospital centres are listed as providing full-time courses in preparation for the examination (Birmingham, Bristol, Cardiff, Dundee, Edinburgh, Glasgow, Leeds, Liverpool, London (Eastman, Guys, King's, The London, The Royal and UCH), Manchester, Newcastle and Sheffield) together with 63 Colleges of Further Education providing full- and/or part-time courses. In the 1987 version of the syllabus, which took account of the recommendations of the GDC supported DSA STAB, Belfast, Cork and Dublin had been added to the dental hospital centres and the number of Colleges of Further Education providing courses had increased to 124.

Board membership

It was not until 1951 that the membership of the BDNAEB, which met twice yearly on the last Fridays in January and October, changed with the addition of Mr RR Stephens, the Director of the then newly instituted, full-time course of training for dental surgery assistants at the Eastman Dental Hospital, London, followed later that year by Mr CV Armitage as an invited, elected representative of the BDA. Further additions to this all-male Board in the 1950s included: RA Broderick, HM Pickard, RJ Smith, JW Snowdon, JG Hart, LT Heppell, GL Roberts, C Cooke, TH Liptrot, GL Slack and SN Tinkler.

Examiners

Initially, members of the Board had a duality as examiners. Over time, with increasing popularity of the Board examination, the Board established a Council, with an Executive Committee and a Panel of Examiners, the latter being formed in 1962.

From time to time, the Board invited applications for membership of the Panel of Examiners. Essential criteria were a minimum of seven years engaged in the practice of dentistry and some involvement in dental nurse/ dental surgery assistant training. Appointment was for a period of

three years, but with opportunity for reappointment depending on participation in, and future availability for examinations and attendance at Annual General Meetings.

By the time of the 50th anniversary of the Board in 1993, 534 individuals had been elected examiners, of whom 314 were actively engaged in supporting the activities of the Board. The Board had been in existence for 36 years before the first dental surgery assistants were elected examiners. The Board presently has 285 examiners. Throughout the history of the Board, examiners, all trained to a consistently high standard, have generously given up two weekends a year to meet the demand for opportunities to enter the examination. Examinations have always been held on Saturdays, but with special arrangements to examine Jewish candidates on Fridays.

Helpers

In addition to examiners, the Board examination system has relied heavily on local organisers and small armies of qualified dental nurse helpers to organise, set up and help run examination centres. The helpers have had, and continue to have many different roles, ranging from meeting and greeting candidates to preparing and running spotter and practical test stations. The contributions made by the helpers over the years, much of which has been voluntary, should never be underestimated.

Council

The Council of the Board, replaced in recent times by a Board of appointed Trustees, comprised 12 members, together with two co-opted representatives of the Association. Councillors

-typically experienced examiners, were elected for a four-year term by the members of the Panel of Examiners at Annual General Meetings of the Board. The number of candidates standing for election always exceeded the number of vacancies

Table 1 Past Chairs of the Board

CH Howkins CBE	1943-1953
FJ Ballard	1953-1960
PE Grundy	1960-1963
HM Pickard	1963-1966
SN Tinkler	1966-1970
GS Nixon	1971-1974
RC Robinson	1974-1977
AF Carmichael	1977-1980
RB Charter	1980-1983
WJN Collins	1983-1986
RJ Cherry	1986-1989
RM Walters*	1989-1992
CF Audrey	1992-1995
D Wincott MBE**	1995-1998
S Lambert-Humble MBE	1998-2000
AM Greenwood	2000-2002
J Goodwin	2002-2004
KN MacDonald	2004-2006
DC Craig MBE	2006-2008
B Coker	2008-2010
C Hollins	2010-2012
J Darby	2012-2014
M Parker	2014-2017
J Frew***	2017 -to date

*First female Chair (Fig. 4a), ** First Dental Nurse Chair (Fig. 4b), *** First lay Chair (Fig. 4c)



Fig. 4a Roslyn M Walters, first female Chair of the Board, with Rod Cherry, Rosslyn's predecessor



Fig. 4b Diana Wincott MBE, first dental nurse Chair of the Board



Fig. 4c Julia Frew, first lay Chair of the Board



Fig. 5 Past Chairman's Medal, courtesy of David Craig MBE, Chairman 2006-2008



Fig. 6 Presentation of the newly introduced Past-Chairman's Medal to six Past-Chairmen at an event held at the Royal Society of Medicine, London in 1988. Left to right: Mr Russell Robinson, Professor George Nixon, Mr Robert (Bob) Charter, Roslyn Walters, Chair-Elect, Roderick (Rod) Cherry, Chairman 1986-1989, Mr William (Bill) Collins, Professor Huia (Pick) Pickard, and Mr Andrew (Andy) Carmichael.

on the Council. The Council elected its Chair(man), Deputy Chair(man) and three other members to serve with the Chair and Deputy Chair on an Executive Committee. The Council met twice a year in June and January the day after the Executive Committee had met to finalise and approve the results of the most recent examinations. The Executive Committee met at other times to, amongst various matters, determine the content of future examination written, spotter and practical tests.



Fig. 7 NEBDN Chairman badge of office



Fig. 8 The NEBDN Gavel

Chairs

The Chair of the Board, typically with a three-year term of office, from 1960 through to 1998, when it changed to two years through until 2014, has been elected by the members of the Board. As indicated in Table 1, RM Walters was the first female Chair of the Board and Diana Wincott MBE was the first Dental Nurse to hold this position.

The Board's Past-President Medal (Fig. 5) was introduced in 1988 when the then Chairman (Rod Cherry) and the Chair-Elect, Roslyn Walters presented six Past-Chairmen with their medals (Fig. 6)

Chairman's Medal and Board Gavel

The medal worn by the Chair of the Examining Board at formal occasions was presented to the Board on behalf of her family by Mrs J Tinkler, wife of S N Tinkler, the fifth Chair of the Board. This medal was funded by the monies remaining in the Stanley Tinkler Prize Fund when it became apparent that the Stanley Tinkler National Prize (see below) could not be awarded in perpetuity. Regrettably, the original medal was stolen in 2013 and replaced by the then Chair, Dr John Darby. The replacement medal is illustrated in Fig. 7.

The gavel used by the Chair of the NEBDN, now just at annual general meetings (Fig. 8) was made and presented to the Board in 1986 by Douglas R Carrington, a former member of the Panel of Examiners.

Ms Jean Smith MBE

Jean Smith (Fig.9), considered to have had an unequalled impact on dental nursing in the UK⁴, became General Secretary of the BDNAS in 1948. Jean, who passed the Board examination in 1945, in addition to her tireless work on behalf of the Society, later (1967) the Association of British Dental Surgery Assistants, before adopting its present title of 'The British Association of Dental Nurses' in 1994, 'helped out', as she described it, with the administration of the Examining Board until 1993 -eight years following her retirement as General Secretary of the Association. The Examining Board benefitted hugely from Jean's notorious, meticulous attention to detail and many innovations and changes of Jean's making. Jean's commitment, unswerving determination and 'above and beyond' service was recognised in 1975 with a MBE in 1975. Jean's unique position, straddling Association and Board, helped both organisations grow in parallel and acquire standing and status to mutual advantage. In the words of one Past-Chair, "Jean was the Board and the Board was Jean".

It is of note that Jean Smith was amongst the first to encourage the adoption of the concept of the 'dental team' in UK dentistry. In a paper presented by Jean in 1972 she stated:

"I feel therefore there is an urgent need to redefine priorities and to marshal all available opinion, influence and resources, personal and national, if we are to provide a truly preventive and comprehensive dental service in the future.



Fig. 9 Ms Jean Smith at Buckingham Palace following the presentation of her MBE for services to dentistry.



Fig. 10 Jennifer Lavery (centre), flanked by the newly installed Chair, Beverly Cocker (left), wearing the Chair Medal for the first time, and Immediate-Past Chair, David Craig MBE (right), wearing his newly presented Past-Chairman's badge, following the 2008 Annual General Meeting (AGM) of the Board -Jennifer's last AGM as Chief Executive of the Board.

In order to achieve any success in any measure at all, we must obviously have unity of purpose in the *dental team* – all practitioners and ancillaries understanding their respective and potential roles and each one being respected, appreciated and supported by one another for the part they play in

the team concept. ...The public image and prestige of dentistry in the medical context cannot be maintained, much less improved, if it continues to suffer from the current negative thinking". Forty-six years later, such sentiments are worth repeating in the best interests of patients and the future of the dental profession.

Jennifer Lavery

Jennifer Lavery, a long-serving member of the staff of the Examining Board, became Executive Secretary to the Board following Jean Smith's -her mother's retirement in 1993. Jennifer (Fig.10) gave exceptional service to the Board, first as Executive Secretary and then Chief Executive from 2004 until she retired in 2008. Jennifer, who, in common with her mother had superb administrative skills and meticulous attention to detail, made an enormous contribution to the NEBDN, including representation of the Board on numerous national committees, working groups and workshops. The NEBDN greatly benefitted from Jennifer's, dedicated, selfless service; she steered the Board, together with the Chairs of the Board (1993 -2008 – Table 1), with a steady, unwavering, firm hand on the helm.

At or around 2000, Jennifer had to weather a difficult period in charge of the NEBDN, when it was thought that changes to government funding for the training of dental nurses may have driven further education colleges and possibly other educational providers down the NVQ rather than the national certificate route, given that the NVQ route provided for transferable skills in healthcare. Despite the threat of substantial loss of revenue, the Board was persuaded to continue with the national certificate and let market forces decide. In retrospect, Jennifer's guidance to the Board would appear to have been sound and to have served good purpose.

Phil Hughes

Phil Hughes (Fig.11) served as Chief Executive of the Board between 2009 and 2017, when he decided to move on to pursue new opportunities. Phil, in addition to successfully leading the organisation through the process of gaining recognition of the Board's national diploma for eligibility for registration as a dental nurse with the GDC, dealt with many of the complexities of the move of the offices of the Board from Fleetwood



Fig. 11 Phil Hughes, Chief Executive of NEBDN, 2009-2017

to Preston. Phil also oversaw the review and revision of the NEBDN's governing document in 2014, which resulted in the Board welcoming its first lay trustees, bringing a fresh perspective and a breadth of experience to complement the clinical expertise of their dental counterparts.

Lesley Dunlop

Lesley Dunlop joined the NEBDN as Interim Chief Executive in January 2018, with part of her role to assist the Board in the recruitment of its next Chief Executive.

Offices

The first office accommodation of the BDNAS and the BDNAED, when formed in 1943, was the rented front room of a small house at 2 Sumner Street, Leyland (Fig.12), around the corner from Philip Grundy's practice in Hough Lane, Leyland, where cloakroom and toilet facilities were provided. In 1963 the Society and Examining Board moved their combined office to a suite of three, self-contained rented rooms over William's and Glyn's Bank in Poulton-le-Fylde (Fig 12), with the office equipment including a typewriter, duplicator and addressograph machine. By 1978 the premises at Poulton-le-Fylde were reported to be "bursting at the seams" and 'DSA House' was established by a move to two floors, i.e., one floor and a converted loft, rented above the Fleetwood branch of William's and Glyn's Bank at 29 London Street, Fleetwood. In 1994 the Examining Board purchased 110 London Street, Fleetwood (Fig.12) and let part of this property to the Association, prior

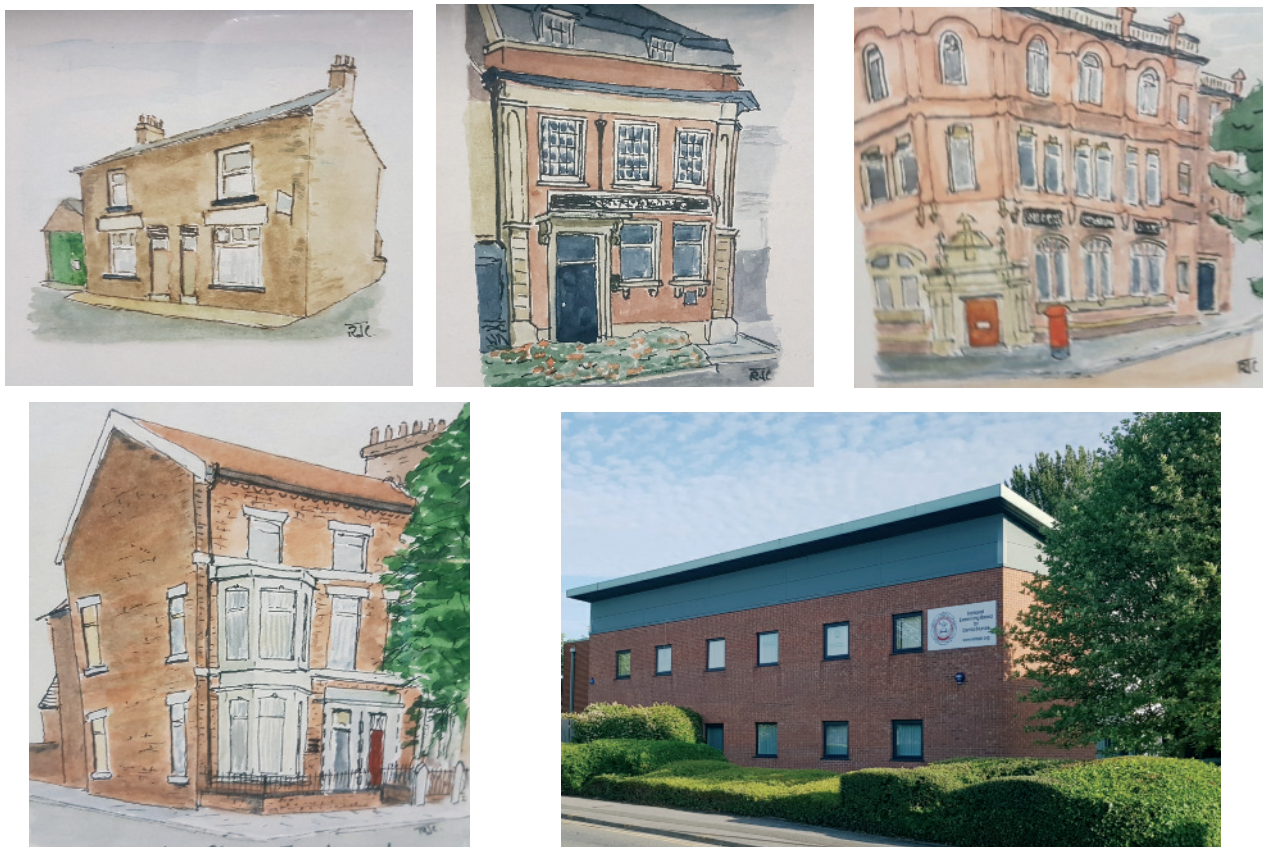


Fig. 12 Watercolours by Rod Cherry (Chair, 1986-1989) of the offices of the Board. Top left, 2 Summer Street, Leyland; top middle, Bank Chambers, Poulton-le-Fylde; top right, Bank Chambers, 29 London Street, Fleetwood; bottom left, 110 London Street, Fleetwood, and bottom right, Quayside Court, Chain Caul Way, Preston.

to the Association moving to its own premises. The Board subsequently purchased 108 London Street -the property next door, thereby doubling its office space to accommodate an increase in staff to, amongst other functions, administer the growing number of post-certification qualifications. These premises -108/110 London Street, remained the 'home' of the Examining Board until January 2016, when the Board moved its offices to modern, fit for future purpose premises in Preston – Quayside Court, Chain Caul Way Preston (Fig.12).

Course providers

Over the seventy-five-year history of the NEBDN various individuals, organisations, including Further Education Colleges and Dental Hospitals, and numerous other education providers have run courses and supported dental nurses in preparing for NEBDN national certificate examinations. Over the years a network of accredited course providers has evolved. To achieve accreditation, providers need to demonstrate to the NEBDN that they satisfy defined standards. Accreditation aims to make high

quality learning opportunities and experiences available to all trainees. NEBDN offers bespoke consultancy to established and potential course providers to enhance standards and the adoption of best practice.



Fig.13 First UK dental nurse badge.



Fig. 14 The 1967 NEBDSA badge



Fig. 15 The post-1994 NEBDN badge, together with the corresponding Merit and free of charge Distinction badges.

Examination numbers

The number of candidates entering Examining Board examinations between 1943 and 1968 -the first 25 years of the Board totalled 4988, with a high of 530 in May 1968 and a low of 54 in 1946, following initial high interest in the examination. Over the next 25 years the number of candidates entering the examination steadily increased to an annual total of around 1,500. Today, the examination attracts between 1,500 and 2,000 candidates each year. The pass rate, which has fallen as low as 59% in 1978, has tended, and continues to be in the order of 65% to 75%. It is estimated that the number of NEBDN qualified dental nurses engaged in oral healthcare provision at any one time in the last five years has been in the order of 23,000.

Badges and belts

The first badge, introduced in 1943/1944, despite the war-time of metal, is illustrated in Fig. 13 –the motto '*Spectamur agendo*', which has remained with the Board, being Latin for 'Let us be judged by our acts'. The badge, which purchasers were advised would not allow free entry to Society meetings, cost seven shillings and sixpence (7/6), with the ownership of a purchased badge being gifted to the purchaser by the Society. The badge was redesigned in 1967 to a silver oxidised badge (Fig. 14). With the return to the use of the term 'dental nurse' in 1994, the Board badge was redesigned again (Fig.15).

Today, the coveted NEBDN badge (Fig.16) continues to be greatly treasured and worn with pride by those who have passed the NEBDN examination.

When it was fashionable for dental nurse uniforms to include a belt, the NEBDN made available a distinctive, bright yellow, petersham belt with a NEBDN buckle (Fig. 17) to compliment the traditional badge.

Presentation Evenings and awards

For many years, dating back to the 1960s, the Examining Board held annual, black tie Presentation Evenings for the presentation of certificates and awards. Prior to these events certificates were presented at meetings of Branches of the Society, later the Association. The Presentation Evenings high profile celebratory



Fig. 16 The existing NEBDN dental nurse badge, together with an example of a NEBDN post-registration qualification badge – the Oral Health Education badge



Fig. 17 The NEBDN belt and buckle

events, which attracted wide coverage in the dental media of the time, were held in association with Annual General Meetings (AGM) of the Association, typically on the Saturday night of the weekend-long AGM of the Association. Dental nurses who had passed the Board examination in the last twelve months travelled from across the UK to attend the event, often accompanied by partners, spouses, friends or members of their family. Records indicate that the Board's presentation and awards events were generously sponsored by several dental industry organisations. Awards included the Gold Award for the most outstanding candidate in the last twelve months, the Claudius Ash Prize for the second the second most outstanding candidate in the last twelve months, the Stanley Tinkler National Prize for the highest standard achieved in the written paper in the last twelve months, and the Baxter White Rose Trophy awarded to the candidate who gained the highest standard in the examination in Scotland. Over time,

the sponsored and named awards were phased out and replaced with Gold, Silver and Bronze Awards for the top three best performing candidates in the examinations held during the previous twelve months. The awardees are presented with Gold, Silver and Bronze qualification medals. Initially, the winner of the Gold Medal received a £5 prize, in addition to their medal.

Today, the numbers of dental nurses qualifying with the NEBDN is too great to host national presentation events. Local celebratory events are hosted by some educational providers.

The Board intends to present its first Special Recognition Awards at its 75th anniversary celebrations in November 2018. These awards will be presented to individuals who have demonstrated dedication, outstanding service and commitment to the NEBDN, and/or the education and training of dental nurses through involvement and achievement nationally.

Post-registration qualifications

Post-registration qualifications were first introduced by the NEBDN in 1989 with the launch of the Certificate in Dental Sedation Nursing, which proved very popular amongst those involved in dental sedation nursing. The Certificate in Oral Health Education was introduced in 1991, followed by the Certificates in Special Care Dental Nursing, Dental Radiography and Orthodontic Dental Nursing. The Board presently continues to offer all these diplomas, together with the Certificate in Dental Implant Nursing, and to monitor the need to update its portfolio of post-registration qualifications.

NEBDN today

The NEBDN today is governed by a Board of 10 trustees, comprising five dental care professionals and five lay trustees from a range of professional backgrounds. The trustees oversee standards and the performance of the NEBDN through the following committees:

- Finance and General Purposes Committee
- Governance Committee
- Education and Standards Advisory Committee – being established in 2018

In addition, each NEBDN qualification has its own committee to ensure standards are maintained,



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and the relevant Panel of Examiners are fully briefed on the requirements and expectations of the Board.

The NEBDN, has, in recent years, established a website (www.nebdn.org), which is constantly updated, and the NEBDN Alumni, which at the time of writing enjoyed a membership of 7,400.

In the 21st century, the Board is looking forward to building on the secure foundations engineered by those who founded and developed the organisation, and to ensuring that the NEBDN is fit to face the challenges of the next 25 years, prior to celebrating its centenary in 2043.

Acknowledgement

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Gibbs, Colin Davis, the Oral Hygiene Service and its predecessors

Stanley Gelbier, Sue Lloyd and BA (Polly) Munday

Abstract: In 2018 extractions are the leading cause of hospital admissions for 5 to 9-year-olds but poor oral health and hygiene in children has been recorded for a long time. This paper examines how one commercial company, D&W Gibbs, part of Unilever since 1929, made major contributions to improving oral and dental health education over many years through its Oral Hygiene Service, the Ivory Castle League and the Ivory Castle Club.

Key words: Gibbs Oral Hygiene Service Ivory Castle League Ivory Castle Club

Need for education

The London County Council recognised the need for education in the early 20th century. Children at an Islington school had regular dental sessions in 1912 and a Toothbrush Club (Fig 1) to save money each week to buy a brush as a present for mum's birthday.

When the Germans invaded Norway in WW2 Guttorm Toverud of Oslo Dental School asked school dentists throughout the country to collect data on 7 to 13-year-olds.¹ The main study was from 1940 until 1949; some were examined until 1953. Twenty-two clinics promised to participate and most did so. There were problems: some were occupied by Germans or dentists moved away. It wasn't possible to examine the planned 10,000 per year but 4,757 to 6,480 were examined annually.

Many children's teeth were healthier immediately post-war than in the same age group later. Tooth eruption was delayed during the war, especially for those replacing deciduous teeth. This was partly due to poor nutrition, but also from reduced loss of decayed baby teeth. Dental health was vastly better but other aspects of health were poorer, for example reduced heights. The much poorer wartime diet included an extreme reduction in sugar intake. It showed a link between sugar deprivation and improved oral health.

The size of the problem

Within the next decade increasing efforts were made to improve dental health through education. It was badly needed. The 1950s and 1960s saw many dental problems. Sweets coming off rationing in 1953 didn't help. In 1965 90% of children had caries. 1963 saw 11.2 million teeth extracted. And in 1965 half a million general anaesthetics were given for 5-15 year olds. At school inspections in 1960s Hackney one dentist (SG) could say 'smile', and without a mirror or probe could state



Fig 1. Toothbrush Club in Islington

'extractions needed' on seeing pus arising from many teeth. However it was seldom true at inspections in nearby Leyton, with children of a higher social class. So what was to be done about it?

Apart from urgent treatment there was a need nationally for DHE for children and their mothers, to encourage brushing from a young age. Slowly prevention was increased by school services, including chair side education, polishing of children's teeth and application of fluorides. Water fluoridation in a few areas and the purchase of fluoride pastes became important. Again there was a social class difference. Higher social class families bought most paste and toothbrushes, but their children were the ones with the least need. Education was also needed outside surgeries, especially where parents were less dentally aware. This is where school services came into their own, especially after the invaluable dental auxiliaries were introduced in 1960. Increasingly, in the 1960s, they provided dental health education in schools, some training centres for handicapped (later termed disabled) adults and in mothers' clubs. There were some very keen chief school dentists. Sometimes their ideas went ahead of the available money and staffing. But if their local authority could not finance what was required then who

could? In the 1960s there was little support from the dental trade but a major exception was Gibbs.

D&W Gibbs

Its origins can be traced to 1762 when John Hammond, a tallow chandler and soap manufacturer, was at 3 John Street, Clerkenwell. It passed through several members of the Wright family until purchased in 1804-5 by John and David Gibbs.² It was then owned by David's sons, David Aspland Gibbs (1813-1898) and William Alfred Gibbs (1819-1900) and became D&W Gibbs. They then acquired their fellow soap manufacturers Paton and Charles of Wapping, from where they continued operations. Their business prospered, with candles, tooth-cleaning powder, toilet soap and shaving soap as the major products. In 1887 their cold cream soap increased public awareness of the Gibbs' name.

In 1896 they were incorporated as D&W Gibbs Ltd. By 1905 the company produced a range of toilet soaps (Superfatted Cold Cream Soap; Kura medicated soap, Jockey Club soaps and Old Brown Windsor), a cold cream shaving range (shaving soap sticks and shaving soap cakes), laundry and household soaps. Also *tooth soaps* in various flavours sold in metal or celluloid cases. To export their products to France they established a Paris selling agency, Thibaud et Cie. In 1906, following a request from them, Gibbs developed one of its strongest brands: a solid dentifrice - innovative as the chief dentifrices of the time were in powdered form. Initially marketed in the UK as 'Gibbs French Dentifrice' it was popular in World War I with British troops in France. They liked the fresh flavour and convenience; and discovered it was excellent for cleaning brass tunic buttons and regimental cap badges.

In 1913 some family members sold their shares to Prices Patent Candle Company. Six years later Lever Brothers acquired the Candle Company and bought Gibbs' remaining shares. In 1922 the first Lord Leverhulme became chairman of the company - the first not of the Gibbs family. Within seven years it was part of the Unilever group, an alliance between Lever Brothers and the Dutch Margarine Union.

Gibbs and teeth

In the 1920s the company established the 'Ivory Castle League' to promote dental awareness in

children. At a 1934 service at St Paul's Cathedral a dentist told a Gibbs executive of research indicating a solution of Ricinoleate was highly effective in treating gum diseases. Gibbs then extended its share of the dental market by introducing paste described as "an entirely new and revolutionary product specially prepared for the treatment and prevention of tender, bleeding gums, gingivitis and pyorrhoea". SR or Sodium Ricinoleate was launched that year.

In 1946 the company began to promote the product: Gibbs Dentifrice. It was soon popular for its convenience and economic benefits, identifying as a family product with particular appeal to children. Advertising used Ivory Castle imagery based on: 'Your teeth are ivory castles - protect them with Gibbs 'Dentifrice'.

Signal, a red and white striped toothpaste launched in 1960, was promoted as 'the toothpaste with a mouthwash in its stripes'. It was followed by Fluoride in 1962 and the Sure range in 1966.

SR Toothpaste made advertising history on 22 September 1955 with the first UK television commercial, aired on ITV.

In 1963 D&W Gibbs Ltd was integrated with two further Unilever toiletry manufacturers, Joseph Watson and Sons Ltd and Pepsodent Ltd to become Gibbs-Pepsodent Ltd, the core of the company Elida Faberge Ltd. The sales divisions of Gibbs and Pepsodent were separate initially but integrated in 1965 as Gibbs Proprietaries Ltd.

Over the years the company was well placed to provide oral health support through the vehicles of the Ivory Castle League, the Ivory Castle Club and the Oral Hygiene Service.

Gibbs Ivory Castle League and Crusade

In 1923 D&W Gibbs promoted dental health awareness for children by introducing an Ivory Castle League, based on Gibbs solid dentifrice. The first issue of Ivory Castle stated:³

"Some years ago a welfare worker joined hands with a commercial house in an effort to hit upon some measure which would serve to knit more closely together those whose interests are directly concerned with the doctrine of oral hygiene." Discussions led to formation of the Ivory Castle

League and Crusade. Its first education organiser M Bentley Thornhill. The objective was to give material support to teachers, nurses, superintendents of welfare clinics, etc. All could be members of the League and Crusade. The membership grew rapidly.

It offered assistance to them in encouraging good oral hygiene for young children. Children joined via schools to become Crusaders, receiving badges and Ivory Castles newsletters from January 1925, with much to interest children. The newsletters showed Ivory Castles (teeth) protected from the wicked Giant Decay and his caries imps by the valiant defenders, the Gibbs Archers (Fig 2).

They provided leaflets, posters, charts on care of teeth, slides (or the firm's lecturer if they could get together large enough audiences) and illustrated storybooks. There were also two films: 'A fight in fairyland' and 'The Ivory Castle'. The League also sold 'strong' brushes, dentifrice refills for the tins and fancy dress: a tunic, hose, belt, helmet, bow, arrow and a quiver, "particularly suitable for entertainment and dances".

The Christmas 1929 issue had a photo of the Prince of Wales who said, when laying the foundation stone for the Eastman Dental Clinic at the Royal Free Hospital:

"Good teeth are essential to good health and fitness ... Good teeth are essential to a good appearance, which has been a matter of moment to all women and most men since the creation of human beings."

The Ivory Castle Club

In 1963 Gibbs-Pepsodent Ltd started the Ivory Castle Club with similar principles to the League:⁴ to inculcate sound habits of oral hygiene into children; to make the process of learning enjoyable; and to provide incentives for keeping the rules. Enrolment forms were handed out via dentists for their younger patients, rather than schools. Each member was a Companion who received a badge and guidebook to the Ivory Castle, toothbrushing chart, a secret code and its first copy of *The Arrow*, the club's magazine. A Companion could become a Knight of the Ivory by collecting 100 seals, which were awarded for regular tooth brushing, riddles or poems sent to *The Arrow*, winning competitions and visiting the dentist. Knights got the key to the Treasure room, with

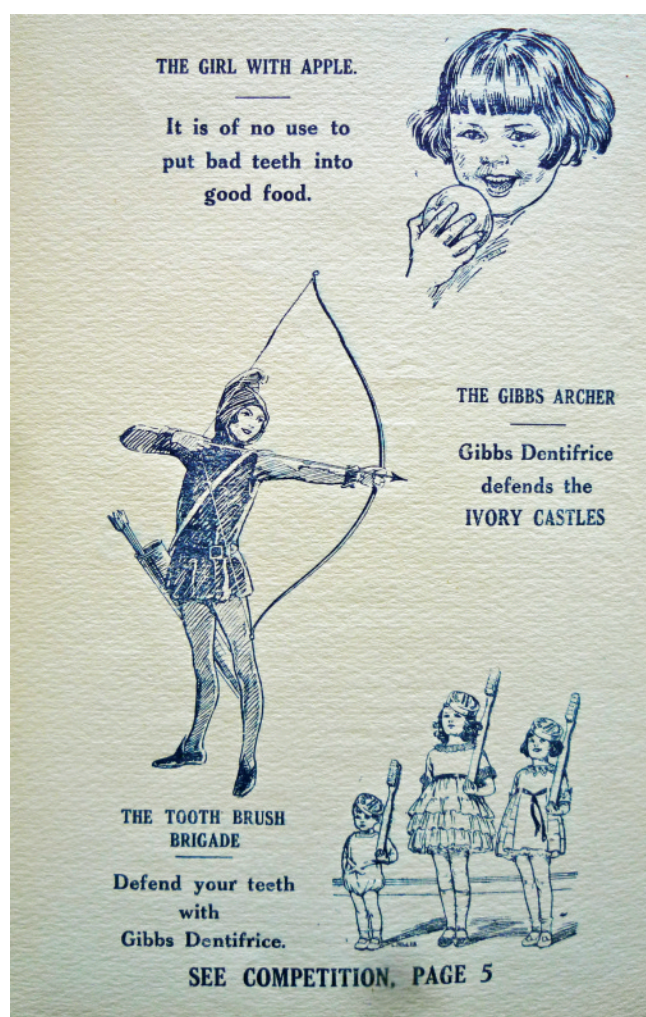


Fig 2. Ivory C Front Cover Oct 1925

special privileges and competitions for which only Knights were eligible. The Knights were honour-bound to look after their teeth and practise oral hygiene without supervision.

Gibbs Oral Hygiene Service

The company's support took off in a big way with the introduction of its Oral Hygiene Service (OHS). In 1952 an educational film entitled 'Let's Keep Our Teeth' was premiered at an international Dental Federation's (FDI) congress in London.⁵ It had been developed by Gibbs' dental advisor, H Colin Davis, who was soon appointed Director of the new Gibbs Oral Hygiene Service. Colin was a huge influence on health education. He spent much of the next decade establishing an ambitious programme of press campaigns, educational films and booklets.

Doreen Land (Fig 3) joined as a full time administrator/dental health education officer with ten year's experience of Unilever's dental department.⁶ She spent much of the 1960s visiting



Fig 3. Doreen Land Oral Health Demonstration Croydon 1968

schools and training colleges, to spread an awareness of the work of the Oral Hygiene Service and the teaching aids available to educators and professionals. Importantly, she trained local authority staff to become educators.

Over the years the OHS established a strong relationship with the Ministry of Health and cooperated in many local and regional schemes to encourage dental hygiene in schoolchildren. By 1960 it was a leading force in dental health education. In January it re-launched with a greater emphasis on programmes for schools and key influencers. Its 'Educating the Educators' initiative targeted health professionals and opinion-formers including MPs, dentists, dental students, dental hygienists, teachers, journalists, health visitors and nurses.

In 1960 it published *A Symposium on Dental Decay among Schoolchildren* made up of extracts from articles in the dental, medical and educational press and reports from school dental and medical officers. It aimed to present facts and raise awareness of the 'epidemic' of dental decay in children and the need to do something about it. This publication cemented the Oral Hygiene Service's reputation as a bastion of dental healthcare. Also in the 1960s it cooperated with the British Dental Association to arrange some joint dental health education exhibitions at its annual conferences.

Much success rested on its high quality, innovative education materials, including leaflets, booklets, posters, wall charts and films distributed to schools as a result of advertising placed in



Fig 4. Colin Davis in New Zealand

educational journals and magazines, through local education authorities or via school dental officers and health visitors. Materials were also freely available to interested individuals and organisations. Between 1960 and 1963 more than two million leaflets were distributed across the UK. Its materials were available in the Netherlands, Australia, New Zealand, France, Hong Kong, India, Thailand, Sri Lanka, Denmark, and South Africa. Much was translated into local languages. Colin later supported overseas groups and WHO (Fig 4).

In 1962 a van was converted to create a mobile cinema and exhibition unit for use in schools, special events and parks (see Figures 5, 6).⁷ It was driven to Cologne, Germany for an FDI Congress, where it launched the new dental hygiene educational film 'Where There's a Will', with artwork produced by pupils from Eltham Green Comprehensive School in London.

Gibbs Travelling Scholarship

Meanwhile, to discover what was being done elsewhere Gibbs instituted a £300 bi-annual travelling scholarship in 1951 to enable a dentist



Fig 5. Gibbs Van



Fig 6. Film on screen

to study dentistry and dental health education in Scandinavia.⁸ To gain the 3-months scholarship candidates had to submit a thesis on 'Dental health education for the public as a factor in preventive dentistry'. The *BDJ* stated it had aroused considerable interest in Scandinavia. A committee to administer the scholarship had been established by the British Society of Periodontology. It had received an offer of assistance for the successful candidate from Professor Pedersen of Copenhagen. Following interview the first scholar was Mr PMC James LDS.⁹ He travelled in April 1952.

Dental health education campaign

October 1961 saw cooperation with Surrey Education Authority on a pilot campaign aimed at schoolchildren. The success of the Guildford campaign paved the way for others at local and regional levels. In the first two weeks of the next campaign, in Sheffield, Doreen talked on dental health to 3,360 children.¹⁰

The Service helped the Scottish Home & Health Department to launch the largest dental health campaign ever attempted, with the aim of reaching some 200,000 children.¹¹ One project supported Edinburgh to mount a campaign. Colin supplied posters and leaflets and Doreen lectured in schools. To evaluate the success of the campaign he asked shops to monitor the increased sales of toothbrushes. He said afterwards (to SG) that virtually all said there were no increased sales of brushes, but Woolworth reported a vast increase in thefts.

1960-61 saw the first of a series of cartoon characters. Brewster the Beaver was used to communicate with children. Jerry Gibbs and his toothbrush, Magic, were introduced in the late 1970s. Jerry's Teaching Kit also offered a comprehensive aid for the education of 4 to 7-year-olds. Gibbs encouraged older children to enter competitions and surveys for special prizes. A 1983 video, 'The Gibbs Kids investigate Dentists', aimed to demystify the dentist and help children to overcome their fears.¹²

The Oral Hygiene Service continued to expand its operations through the 1960s and 1970s. In addition to the traditional range of educational booklets, posters, and films, it launched one-day seminars and lectures for dentists, hygienists, and social studies students. Between July 1981 and June 1982 the OHS distributed nearly half a million items of educational literature across the world.

By 1985 it had launched a catalogue of dental care products promoting good oral hygiene for children including the characters Brushygator, Gammy Gums, Toddli Pops and Sugar Searcher.

Colour films

In addition to posters, pamphlets and leaflets Gibbs produced some very popular films (Table 1). Gibbs claimed the 1952 film *Let's Keep Our Teeth* was the first to present the facts of dental health and disease in a provocative, informative and stimulating way. *Tons of Teeth* was based on material gathered by RR (Dick) Stephens for a presidential lecture to the British Paedodontic (children's dentistry) Society. Its title reflected the weight of children's teeth extracted in a year.

In 1969 "Out of the Mouths": A New Approach to Dental Health was produced to raise the standard of dental health teaching in schools. Ahead of its time it applied the concept of 'project teaching' to oral hygiene - discovery by teachers and children together instead of passive reception of facts. It was shot unscripted and unrehearsed in rural elementary schools. Children studied each other's mouths to determine the most effective methods of removing food debris and how facts about teeth and health can be related to art, drama, geography, science, and arithmetic.

Teaching Dental Health: A DH programme for schools was a 1973 booklet describing three lessons.

Table 1 16mm colour films produced by Gibbs

Title	Mins	Group	Notes
Let's Keep Our Teeth	20	11+	
No Toothache for Eskimos	5	8-11	Shortened version of above
No Toothache for Noddy	5	4-8	
A Tooth in Time	18	Girls 13+, parent-teacher associations, maternity and welfare clinics	
Where There's a Will	25	Secondary schools	
Why Bother	6	8+	
Tons of Teeth	15	PTAs, senior secondary	
That's Dentistry - That Was	11		Described prevention including plaque control, topical fluorides, and fissure sealants.

In the same year, *The Lecturer's Guide To The Mouth* provided notes for lecturers.

The Service's 1963-65 *Progress Report* claimed it was the "largest organisation in Britain concerned with DHE alone". It reminded readers that all their education material was vetted by the British Society of Periodontology and was free of advertisements. By then Doreen was spending more time educating trainees, teachers, midwives health visitors and nurses: people who can then teach others. Colin also supported TV and radio programmes. Everything was facilitated as part of the Unilever organisation, with its vast resources and expertise.

By then there was clearly a need for more organisations to be involved and to coordinate activities so at the request of the General Dental Council Colin organised a working party. It included the Ministry of Health, Scottish Home & Health Department, British Dental Association, General Dental Council, Central Council for Health and Education and the Oral Hygiene Service. Slowly other firms provided support for schools and other programmes, with toothbrushes, pastes, leaflets and so on. For example, Colgate provided

huge amounts of small tubes of toothpaste for distribution in schools; and a small red beaker.

H (Henry) Colin Davis

So who was H (he never used Henry, only H) Colin Davis? During the War Colin (Fig 7) was Director of the RAF Training School for Dental Hygienists in Halton. Sometime after leaving the air force he received a letter from an ex-colleague to say the man running the Ivory Castle League was leaving and Gibbs wanted a successor.¹³ After interview Colin was appointed for two days a week. He said the League was a very imaginative organisation which led to him forming the Oral Hygiene Service where he could use his dental knowledge for health education.

In spite of his achievements, many in the profession looked down on him. They couldn't understand why a dentist would want to be involved with the trade. But he was superb in that role, blazing a path for others to follow. Colin said "he was not terribly taken with general practice; hated it in fact". His obituary stated:¹⁴



Fig 7. H Colin Davis

“He found, I think, great difficulty in meeting the often impossible expectations of patients. His natural talents and ability anyway, had always been inclined towards public relations, a much wider subject, and a skill in fact almost unknown at the time and as such frequently open to ridicule. He was to suffer the same indignity when his own P.R. Company, formed years ahead of its time, eventually came to grief.”

Colin's early activities took place when most dentists were not very interested in DHE except towards their patients. As an aside, in 1970 the Hendon and District section of the BDA (chaired by SG) was a very successful group attracting large audiences. It was thought to be a good idea to turn its thoughts to health education so Colin and Doreen were invited to speak. After its meeting the committee went out to prepare for the lecture. It was embarrassing that, apart from them and some spouses, there was no one else in the audience. Things are very different now. Most dentists are interested in education and other aspects of prevention.

Colin was highly intellectual and spent much time contributing to BBC programmes. He said: "This is what I should have been doing all my life."¹⁵ A special favourite was his popular Sunday 11pm programme 'The Epilogue, which provided a gentle soothing mix of words and music. In August 1972 BBC Radio 4 broadcast 'Where for Me the World began', recollections by Colin of the

childhood he and his brother David spent in Worcestershire at the beginning of the century. It was narrated by Colin with readings by David who also played the piano. David Davis was one-time head of radio's children's programmes.

The 1980s

By then the Oral Hygiene Service sold good quality education aids including posters. *Plaque the Unseen Enemy* was one of the most effective teaching aids ever available. They were mostly sold at cost to schools and other education establishments. Many were branded with both the Oral Hygiene Service and Signal toothpaste logos. There was also a very good Signal oral health programme for schools. Included was a large plastic replica of a Signal toothpaste tube containing a brush and a tube of Signal paste. Community services were given free supplies for 8 to 9-year-olds.

Later, Mentadent toothpaste came on the scene and took over a lot of the professional programmes in conjunction with the Oral Hygiene Service. Gradually the material side of the OHS to schools was phased out in favour of materials for dental professionals and lecture programmes.

The end of an era

When Colin Davis retired, Colin Hall Dexter became the 'Consultant'. In the early 1980s Lynn Stroud, a dental hygienist, took over from Doreen. When Lynn retired due to ill health in about 1984/5 Sue Lloyd, a dental therapist/dental hygienist stepped in. The Oral Hygiene Service closed in the early 1990s. Colin Hall Dexter continued as a consultant to Mentadent and the professional programmes. Sue was made redundant and became an independent oral health education advisor.

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