



Success and Failure in the Early Days

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The Dentists Act of 1878 decreed that all entering the dental profession after 1st August 1879 should possess a diploma or licence to practise from one or other of the licensing bodies. Lecturers were appointed and dental schools opened. A provisional concession permitted those who had been "In practice before 22 July 1878" to apply to have their names entered in the Dentists Register.

This study is a superficial comparison of the educational careers of the first one hundred students to enrol at each of the Scottish dental schools in Glasgow and Edinburgh from the records kept by these schools, the records of the licensing bodies in Glasgow and Edinburgh and the Dentists Register.

The build-up of student numbers was more rapid in Edinburgh than in Glasgow with the one hundredth student enrolling in 1891 in Edinburgh and in 1897 in Glasgow.

Dental Student Enrolment

Year	Glasgow	Edinburgh
1879	2	4
1880	3	6
1881	2	6
1882	0	7
1883	3	10
1884	5	12
1885	5	7
1886	3	8
1887	9	8
1888	2	7
1889	6	14
1890	6	9
1891	4	16....100th
1892	6	
1893	8	
1894	15	
1895	6	
1896	8	
1897	11.....100th	

In each case the intake of the first one hundred students was a mixture of those with little or no previous experience of dental practice and a proportion of 14% in Glasgow and 9% in Edinburgh who were already registered as being "In practice before 22 July 1878"

Of the 33 students from Glasgow and the 26 from Edinburgh who failed to obtain the licence to practise, 5 Glasgow students and 6 from Edinburgh continued to practise for many years by virtue of registration as "In practice before 22 July 1878".

The success rate was 74% in Edinburgh and 66% in Glasgow as judged by the proportion who later appeared in the Dentists Register with a licence from an appropriate licensing body. Of the Edinburgh students 1 obtained the LDS RFPS Glasgow and 1 qualified LDS RCS England, whilst 3 Glasgow students obtained the LDS RCS Edinburgh and 1 the LDS RCS England.

The drop out rate in Edinburgh would therefore be 26% but it must be remembered that 6 of these students subsequently made use of the alternative way on to the Register. There is some evidence that a further 10 of these students may have obtained the licence but never practised in this country and so never appeared on the Dentists Register. These two factors reduce the Edinburgh drop-out rate to 10% which as can be seen later is within the present day range.

The drop out rate in Glasgow was 33% of which five students later registered by virtue of being in practice before 22 July 1878. Another two students are to be found in subsequent Glasgow Post Office directories practising as dentists but with a medical qualification, which reduces the Glasgow drop out rate to 26%. In a recent paper Drummond and Duguid found that between 8% and 17% of dental students at UK dental schools do not complete their courses. Parkhouse found that the equivalent drop out rate in medicine was also high, ranging from 9.2% to 13%.

It is indeed surprising that 115 years from the commencement of organised education in dental schools in this country there is so little improvement in the drop out rate with all the present day consequences of manpower wastage and high cost to the nation and individuals of dental education. This is particularly alarming in view of the selection procedure which results in this wastage affecting the very brightest and most talented of our school leavers.

There is therefore evidence that the drop out rate in Edinburgh as dental education commenced was little different from the present day average and while that in Glasgow was higher, there is little evidence for the thesis that the ranks of the unqualified and unregistered dental practitioners were significantly increased by the introduction of dental education.

References:

- Drummond J. R. and Duguid R. Student drop out from UK dental schools. *Br Dent J* 1997,182;347-349
Parkhouse J. Intake, output and drop out in United Kingdom medical schools. *BrMedJ* 1996,312;885.

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