



All Our Yesterdays *

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MR CHAIRMAN, ladies and gentlemen, fellow members of the Alumnus Association, on this historic occasion, three of your number have been asked to look backwards over the years to 1948 when the first University students entered the University of Glasgow Dental School. We want to look at 1948 from three perspectives - from the point of view of the School, the course and the way it has changed; from the point of view of private practice - how did it differ from those early days of the National Health Service and thirdly from the point of view of the clinical and surgical side of dentistry in the Dental Hospital.

To save us jumping up one after the other, I have been asked to present Rufus's recollections of how his career in practice commenced and Bill's memories of early days in Oral Surgery as well as my own impressions of how the course has changed since the University took over.

Vivid memories of our student days are something which we all share, although we do not always realise how individual these experiences have been. There may only have been two or three major overhauls of the curriculum during our jubilee period, but no two years have been identical or without some slight change or emphasis leading to the major differences we see, comparing 1948 with 1998.

Many aspects of the course in dentistry in 1948 still reflected the 'apprenticeship' experienced by most of our teachers. Manual dexterity in mechanical dentistry at the laboratory bench was so important that it had to be measured in a precise number of hours, the minimum being two thousand. This was a continuation of the indenture or apprenticeship agreement which was the standard in the previous half century. Gone are the magnificent class certificates of earlier days, some so grand that they deserved to be framed and put on display. The first and second class certificates of merit which were regularly awarded in each subject were poor substitutes for the prestigious bronze medals which were previously awarded and now figure in our museum collection.

One expense which figured prominently fifty years ago was the purchase and maintenance of a 'student's kit.' When the student left the lab he had a complete set of bench tools including an anatomical articulator and the famous horn mallet. This practice continued in the clinical years and while the essentials were provided, the student would spend varying amounts on polishing discs, strips or a spare vial of cohesive gold cylinders in case the dispensary closed before a gold plugging was completed. Today the student leaves the lab and clinics with few of the tools of his trade.

There has been a vague feeling among practitioners who employ young graduates and even among some who teach them, that the constant inclusion of more courses of lectures and the increase in the variety of clinics dealing with different aspects of diagnosis may have eroded the chair side experience accumulated by each student during the years of the dental course. For this reason I have attempted to compare the clinical tasks which the student in 1948 was required to perform with those currently expected of the student in 1998. In each

case the numbers required were a minimum in each procedure. A striking statistic is that there has been a considerable decrease in the number of simple restorations required and no change in the requirement of more complicated restorations, except in the nomenclature. In endodontics and prosthodontics the minima are virtually unchanged. However, there is some doubt as to whether each student in a year of seventy or eighty would see four completely edentulous patients; the figures for complete upper and lower dentures supplied by the production laboratory show little difference from the returns provided by the Dental Hospital records in the late 1930s.

The greatest surprise emerges in the comparison of extractions performed. It has often been assumed that the successes of oral hygiene instruction, fluoride toothpaste and improved diet would imply that present day students would not have the same experience in extractions as students in 1948. Neither in 1948 nor in 1998 was there any minimum requirement in this field and I can only compare my own personal record, which I believe was fairly average for my year (1947) with the statistics produced for the average student in 1998. Indeed no fewer than seven students in 1998 have notched up totals more than double the average achieved in 1948.

So, the emphasis has shifted from the unnecessary repetition of simple class I amalgams in 1948 to large numbers of extractions in 1998, particularly under general anaesthesia when this is now so seldom used in general practice.

We worked jolly hard in the main conservation clinic where most of the clinical work was done and I was amazed when I looked back at my appointment diary for these clinical years. Day after day, week after week, the first patient would be at 2.00pm in the afternoon and the last at 6.30pm in the evening before the bell rang and the doors would close at 7.00pm.

So! what has developed or appeared to take the place of the items which have diminished or disappeared? The opportunity of interspersing a period of intensive study of a basic science subject in the early years of the course became available under the aegis of the University, and many students have taken an intercalated BSc degree as a first step towards a career in teaching or research. Another innovation was the Elective Study which commenced very tentatively with each student being required to study and write up some case of abnormal development or pathology of their own choice. When the range of topics was initially extended, members of staff were required to suggest suitable subjects for study. Soon however, the students got the bit firmly between their teeth and could be left to discover topics in which they had a personal interest. In the beginning, no time was set aside in the curriculum and then a period of part-time was allocated. Now the Lammas term in the fourth year is entirely devoted to this subject and many students fly the nest to pursue studies at some foreign dental centre on the other side of the world. We await with interest the first elective study in outer space!

At the beginning of our Jubilee period great advances were being made in 'programmed learning.' Someone had discovered that pigeons could be trained to peck food containers in a particular order which suggested that educational objectives might be achieved in a similar manner. Now we have interactive computer assisted learning with suites of computers and libraries of programmes. Postgraduate and continuing education make great use of the so-called communications super-highway. The latest trend is towards problem based learning where much of the teacher's effort is put into the creation of hypothetical

case histories which present problems for the students, challenging them to discover for themselves the information which would previously have been presented in formal lectures.

Statistical and epidemiological studies and the position of the dentist as a member of the team of health care professionals are concepts which were in their infancy fifty years ago. Environment, behaviour and health have developed into major topics in the earlier part of the course.

Our Jubilee period started with the dental course being devoted to the production of a trained dental surgeon capable of independent practice. Now as we know, the final examination and initial registration of the qualification are mere indications that the formal education is complete and that the important preparations for practice by vocational training can commence.

My colleague, Rufus Ross has vivid memories of the final year as a dental student - one long hectic period of feverish activity. The quota of restorations had to be fulfilled and occasionally one leaned heavily on one's friend to have a gold plugging or an inlay done - no casual favour when the starting pit for a gold plugging usually involved drilling a small pit in sound dentine often without an anaesthetic.

Rufus recalls that in October 1947, when one knew one would be called up for National Service in a few months, it was almost impossible to find a job as an assistant, a problem made worse by the great uncertainty about the new National Health Service, due to commence in the following year. He became a temporary postman over the Christmas period until he was called up for service in the dental branch of the Royal Air Force. When asked at the interview why he had chosen the R.A.F. he was dying to say that his cousin had just been demobbed and his greatcoat fitted, which was true, but instead he mumbled something about the R.A.F. being more up-to-date than the other services.

On 8 January 1948 he was on his way to his first posting. After six weeks square bashing and training in R.A.F. dental organisation he discovered just how ill-prepared he was to undertake dental treatment outwith the Dental Hospital environment. Fortunately a Senior Dental Officer was on hand to advise and help, but it must seem peculiar today that one was sent out as a qualified dentist when one had never given a 'block' anaesthetic injection. He was posted to Abingdon where he served on his own and gained confidence. He married and moved out of the R.A.F. station to a flat in Harrogate, travelling each day to arrive by 8.30am at R.A.F. Dishforth in Yorkshire, his second and final posting.

In 1950 two years after the start of the N.H.S. he was 'demobbed' and set up his own practice in a flat in Partick, 'squatting' or 'hanging up his shingle' as was common practice in these days. Due to planning regulations he and his wife had to live in the flat so cooking and casting plaster models shared the same kitchen. The bell would ring at all times of the day and night. He remembers a woman arriving after midnight pleading that he should see "her wee boy." When he arrived the 'wee boy' was a strapping lad in his twenties with severe toothache which was not surprising considering that every tooth in his head was broken down to gum level. Told that he really needed a complete clearance he replied "Ah well just go ahead." Needless to say he was told to come back another time.

Rufus's first cheque under the N.H.S. amounted to 14s 6d for the month of February 1950. Where he wondered were those dentists who were 'making a fortune' from the N.H.S? Bill Smith commenced his post-graduate career as a house officer under John Orr. He had little experience of oral surgery as a student other than the extraction of teeth with upper and lower 'universal' forceps. Students were not permitted to use more specialised forceps or elevators and had no experience of suturing. John Orr had a work load and a concern for his patients that made it difficult for him to find time to teach surgical techniques to the house officers and initial experience was often acquired by chance if one happened to be in the right place at the right time.

Willie Brown was Senior Registrar in Oral Surgery at that time and he taught his junior colleagues well and it was Norman Colquhoun who gave Bill his first opportunity to suture a flap. On another occasion, Andrew Tindall, the anaesthetist, saw Bill struggling to remove a lower six and produced a pair of cow-horns forceps which dramatically eased its removal. Bill remembers Tom Kennedy as a gifted and inspiring member of the Oral Surgery staff and later Hugh Campbell on his return as a Consultant often collected a group of juniors to discuss the function, design and method of use of a particular piece of equipment.

At that period extraction rooms were manned by pairs of students each of whom was supplied with two needles for their syringe - a long one for inferior dental block injections and a short one for infiltrations. Extractions were only performed in the afternoon sessions and as the day drew to a close the needle points became a little less than pristine having been alternately boiled and prodded into a variety of mouths. Occasionally a House Officer would draw the point of a needle across his washed but un-gloved hand and say, "you'd better get a new one - this one's got a hook on it." That usually guaranteed a new needle but not always, as the elderly nurse in charge of the dispensary had a strong aversion to parting with what she considered her surgical stock and thereby having to order more!

When Bill looks back he realises that while the lectures and clinical teaching were of the highest standard he was lacking in the hands-on practical experience which was introduced later as part of the course. Subsequently, intensive periods of theoretical instruction and active participation were introduced and at last the old days when a student would obtain their degree without ever having raised a flap or inserted a suture were gone for good.

This lecture has been the seventeenth in our series of Menzies Campbell Lectures on the History of Dentistry or Preventive Dentistry. The University is indebted to the wishes of Dr Margaret Menzies Campbell to further the life-time efforts of her husband to promote interest in the history of dentistry. She would have been particularly interested to learn that we now have a History Of Dentistry Research Group of whom Rufus is our indefatigable secretary. Its aims are:

- The preservation and indexing of archival material associated with the founding and development of the Glasgow Dental Hospital and School.
- To undertake research designed to up-date the history of the Glasgow Dental Hospital and School.
- To initiate historical research in all areas associated with dentistry in general and Glasgow and the West of Scotland in particular.
- To foster an appreciation of the importance of dental history by means of lectures, papers and publications.

As we remember the first fifty years of education in dental subjects at the University of Glasgow we must acknowledge the debt of gratitude which the former Incorporated Glasgow Dental Hospital and School owes to this much older resilient institution which has absorbed it. The University took to its heart our first mildly eccentric Dean of Dental Education when he was plain Mr Aitchison - conferred upon him an honorary BSc and made him a professor. It accepted a group of enthusiastic teachers none of whom had a University degree and appointed them University lecturers. And from that day to this the University of Glasgow has supported and encouraged the Dental School in a way which has only been matched by the enthusiasm of succeeding generations of staff to show that in dental teaching and research, Glasgow is one of the foremost centres of education in dentistry not only in this country but also abroad. We hope our University is as proud of our efforts as we are to be to be so fully associated with such a world-renowned seat of learning.

* Seventeenth Menzies Campbell Lecture delivered to the Alumnus Association on the occasion of the BDS Jubilee Celebrations on 11 September 1998 at the Bute Hall, University of Glasgow.

** The material was written by Drs Noble, Ross and W Smith and presented by Dr Noble on behalf of the History of Dentistry Research Group.