



Newsletter, October 2000

Public Health and Dentistry: A Dog That Didn't Bite

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GLASGOW'S first dental students had a knowledge of public health matters. Weekly lectures on the subject were introduced soon after dental education got under way in Anderson's College in 1879. (1) The lecturer, James Christie, an ordained minister who had turned to medicine when a throat weakness made him unsuited for the pulpit, was not only a professor at the college but also part-time Medical Officer of Health for the burgh of Hillhead and at around the time the lecture course began, acting MOH for Glasgow. He was a passionate believer in public health education as a road to reform. (2)

The scene it might be assumed, was set for fruitful collaboration. Dentistry was emerging as a profession just as the sanitary movement was approaching its peak. Glasgow, with its thrusting municipal government was making a name for itself as a pacesetter in public health, which was still then largely a matter for local initiative. James Burn Russell, its MOH for most of the last third of the nineteenth century, was opening the eyes of middle-class Glaswegians to conditions in the slums and mobilising public support for intervention. (3) Surely this leading epidemiologist with his interest in such relevant areas as nutrition, food adulteration and the digestive disorders of infancy could not fail to sympathise with attempts to ameliorate such a painful and prevalent condition as dental caries? Dentists after all, were beginning to draw attention to the medical consequences of dental disease as well as the widespread suffering it caused, particularly among the poor. (4) Changes in the Scottish urban diet, resulting partly from the falling price of sugar, were destroying the teeth of those whose main recourse was to chemists, quacks and itinerant dentists of dubious status. (5)

If this was not enough to make Glasgow's public health authorities dentally conscious then surely it might be thought, the opening of the dental school would have brought about a meeting of minds. There were many points of contact. Christie was a close friend of Russell's and the natural choice for stand-in during the latter's illness. Professor William Gairdner, Russell's predecessor as MOH, became honorary consulting physician to the hospital in 1883 and was also one of its subscribers. The surgeon Henry Clark, who represented the Faculty of Physicians and Surgeons of Glasgow on the hospital's board of directors, moved in the same circles – he was in frequent contact with Russell both at the Faculty, where they both served on the library committee and through their membership of the same congregational church.

But these links with the public health network were never fully exploited. The story of dentistry and public health in the nineteenth century is the story of the dog that didn't bark (or more appropriately, didn't bite) - and Glasgow was no exception.

The connection with Christie was severed when the hospital and school moved out of Anderson's College in 1885 and public health appears to have been dropped from the curriculum even earlier. There is no evidence that Russell was influenced by his contacts in the hospital hierarchy. In all his voluminous writings and lectures I cannot recall having come across a single reference to dental health – he did not refer to the subject even in his introduction to a widely read book on cookery for the wives of working men (though the author herself gave advice on tooth-brushing). (6) The dental hospital was one of the few medical institutions in the city with which he had no connection as director, consultant or adviser.

This was rather different from the situation in Edinburgh, where Russell's counterpart Dr Henry Littlejohn, was a director of the Edinburgh dental hospital, which he claimed was as necessary to the city's well-being as Edinburgh Royal Infirmary. (7) Edinburgh, of course, had a more firmly established tradition of dental service to the needy, originally provided through the dispensary that preceded the hospital. Even so, it seems sadly ironic that Russell, who so successfully drummed up support for ambitious environmental improvements in the slums, showed no interest in an institution whose declared aim was to provide treatment and advice for the poor. The ratepayers who were won over by Russell were unenthusiastic about the dental hospital, which could not command enough backing to stay out of the red.

The obvious defence for Russell's apathy is that he was, after all in the business of fighting typhus, tuberculosis and other killer infections. The treatment of dental diseases which were rarely infectious or directly life-threatening had no obvious place in his broad environmental strategy or his ideal way of making the city as healthy as the countryside. It was more than a decade after Russell resigned his Glasgow post that George Newman, Chief Medical Officer for the Local Government Board of England, noted that " the centre of gravity of our public health system is passing in some degree from the environment to the individual and from the problem of outward sanitation to problems of personal hygiene."