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nurse in attendance

The history of dental nursing

Dr Debbie Reed¹ explores the origins of the dental nursing profession and charts its history.

t would be easy to accept that the occupation of dental nurses only came into existence as a consequence of the professionalisation of the role of dental surgery assistants (DSAs) from 2006.

However, with very little effort it is possible to trace back the occupation of dental nurse to the end of the 1800s and into the early 1900s. One late night about five years ago, I was at

Author information

¹Dr Debbie Reed is Programme Director, Advanced and Specialist Health at the University of Kent and Head of the Department for Digital and Lifelong Learning.

work and an email offering limited access to the archive of The Lancet - the prestigious medical journal - pinged into my inbox. Looking for a distraction, I took a break from my task, clicked on the link and searched on the term 'dent' just to see what came up. The search yielded thousands of documents, so I refined my search by adding a few exclusions - nothing after 1948 (when I already knew dental nurses had been employed in the Royal Navy) - also, out of curiosity I extended the search term to 'dental nurse. I was amazed at what I found. From that serendipitous chance to search The Lancet archive I went on to discover a whole history to dental nursing that I had not previously been aware of.

That fateful night spurred me to go on searching and discover a whole raft of information. Some of this information was available due to the recent digitalisation of

government records; some from the release of archive material (as with The Lancet); other information due to the search of new paper archives. More still, and perhaps the best, was the discovery of material that was, until I unearthed it, locked away in a museum archive and had not seen the light of day since 1925. Together those sources provided me with knowledge about a group of women who had worked as 'dental nurses' in the early 1900s. I was fascinated to learn that the term 'dental nurse' was used by employers, the government and in significant dental committees. 'Dental nurse' was not a new title borne in the 1940s, as some previous documents have stated, but actually an historic and forgotten title - which has in fact been reclaimed again in the twentyfirst century.

Clearly in this article, I am only able to share some of the highlights of my research, as I have

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done in various presentations, lectures and guest speaker slots over the past few years. For those who are interested, the detail will be unfurled in a book I am writing. Once published I hope this book will whet the appetite of others to continue to explore, expand and uncover the rich history of dental nursing, those who came before us, and how that work was the basis for not only dental nursing but also dental hygiene and dental therapy.

So, why is it important that we understand our professional history? Without understanding professional history then we have gaps, whole swathes of time that appear as a silent void. Such professional silence essentially means no professional visibility and audibility. Understanding our history enables a stronger professional voice and visibility. In turn the concept of constructing professional voice is linked to professional identity and the idea of professional empowerment and agency.

Developing a sense of professional empowerment through professional agency is dependent on the recognition, respect and importance society places on the work carried out by a particular profession. Projecting professional audibility and visibility contributes significantly to broader societal understanding and is achievable by professions able to locate themselves within the broader historical context, as well as demonstrating contemporary relevance. To contribute to the visibility and audibility of the profession of dental nursing, this article aims to deliver a critical overview which charts the history of the dental nursing profession, contextualised within the rise of dentistry within the UK.

Late 1800s - early 1900s

When anaesthetics began to be used in dentistry after 1850, the chaperoning of women patients by women assistants became commonplace. Towards the end of the nineteenth century it was not uncommon for wives and daughters of dentists to work as receptionists, secretaries and clerks and assist in chairside duties. At this time dentists also had largely male 'dental assistants' employed in an early form of apprenticeship, and who often went on to become either 'dental mechanics' or dentists.

At the end of the nineteenth century there was growing concern about the health and dental health of the population, when 6% [4,400 men] of those recruited to fight in the 2nd Boer War (1899-1902) were rejected due to dental ailments and many others rejected due to physical infirmity. Nationally it was recognised action was needed to improve the health of the population, commencing with children.

In 1902, Local Education Authorities were set up. This was followed in 1904 with the

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Fig. 2 Assisted by a dental nurse, a dentist looks in the mouth of a male employee of the Hood Rubber Company, Cambridge, Massachusetts, USA, 1917

publication of a government commissioned report from the Interdepartmental Committee on Physical Deterioration. As a consequence of the report Education Acts began to be passed, firstly in 1906 (which allowed for the provision of free or subsidised school meals) and in 1907. It was in 1907 that the responsibility for improving child health was passed down to the local authorities. Through the Education Acts in 1907, a publicly funded school health service, including dentistry, was introduced. Under the legislation local authorities were to set up medical inspection units. Over the course of their schooling years, each child would be given a medical examination on no fewer than three occasions.

Then from 1912, medical treatment in schools would be free. Remember that this was before the introduction of the National

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Health Service. However, until then it was not compulsory to provide medical treatment, so the provision was limited.

The health of an area was a local authority function until after the First World War which once again exposed the weakness in the health system, which eventually resulted in health becoming a government department: the first body which could be called a department of government. Eventually this was the Ministry of Health, created through the Ministry of Health Act 1919, consolidating under a single authority the medical and public health functions of central government.

Meanwhile overseas, in Berlin the dentist was being assisted by the dental nurse (Fig. 1 from 1909); similarly in the US in 1917 (Fig. 2). Observing what was going on overseas when he visited Germany in 1908, Chancellor Lloyd



Fig. 3 Dental Room, Woolwich School Treatment Centre, London, 1914. A dentist in the act of extracting teeth, with apparatus ready and an anaesthetist and dental nurse standing by

'During World War II trained, experienced dental nurses were recruited and employed by the armed forces.'

George said in his 1909 Budget speech that Britain should aim to be 'putting ourselves in this field on a level with Germany; we should not emulate them only in armaments'. His measure gave the British working classes the first contributory system of insurance against illness and unemployment. Insurance against illness and unemployment was for wage earners only (dependants and children were not covered) at a contribution ratio of:

- 4d workers
- 3d employer
- 2d government.

Workers could draw down ten shillings for the first 13 weeks and then five shillings for the next 13 weeks. Also, the treatment of tuberculosis (TB) was made free.

However, within a few years World War I (1914-1918) caused the mobilisation of millions of men and women who were expected to

back-fill the roles left behind.

By 1914 there is evidence of dental nurses working in the Operation Room, Woolwich School Treatment Centre, London: a dentist, anaesthetist and dental nurse attending to a child (Fig. 3). The instrument table is ready, a kettle for hot water is on the fire with the sterilising apparatus beside it. All are involved in the act of extracting teeth. Dental chair, sink, spittoon and dental equipment are visible.

Outside London

Primarily due to a lack of 'man' power during the period of WWI, a number of local authorities and county medical officers began to employ and train dental nurses.

Archive records show that the first proposal for the employment of dental nurses came from Derbyshire and Birmingham in 1917 which were given approval by the Dental Board (part of the General Medical Council and a very early

forerunner of the General Dental Council). Then Sheffield submitted proposals in February 1919 and Salop [an old name for Shropshire] in May 1919. Nottinghamshire then undertook to train two dental nurses. Following on from this, a dental nurse was appointed to carry out dental inspections only in the East Riding of Yorkshire (Hull).

The first authority to employ dental nurses in a wider dental healthcare capacity was Derbyshire. In January 1917 Dr Barwise, the first Derbyshire County Medical Officer and the School Medical Officer, was given a donation of £250 by Mr Chas Markham (local mine and steel works owner from Chesterfield) for the training of dental nurses (also known as dental dressers) on the lines of the type of employment that was already taking place in America.

A list of duties was drawn up and a conference held with Dr Barwise and Mr Norman Bennett (from the BDA) to discuss the proposals and by May 1917 Dr Barwise reported that the dental dressers had been trained and had already started treatment.

By July 1917 in Birmingham, Mrs George Cadbury inquired of the Chief Medical Officer as to the possibility of having 'dental nurses' who could be taught a certain amount of dentistry by the dentists and then be able to undertake the easier part of the work. By June 1918 the acting School Medical Officer (Dr Lewis Graham) had commenced the scheme of employing a dental nurse and was looking to extend this.

Then in Sheffield in February 1919 the Local Education Authority appointed three dental nurses who were required to undergo a course of six months training and, when sufficient, to enter into an agreement not to practise or be connected with irregular practitioners. The records show that the training commenced and by January 1920 the dental nurses had completed their training and had satisfactorily passed the examination conducted.

In May 1919 in Salop the school Medical Officer submitted to the Chief Medical Officer a scheme for dental treatment which included the engagement and training of four dental nurses (referred to as dental dressers).

In March 1919 York declared their proposal to employ a school dental nurse with four years' experience to inspect the children's teeth. The conditions for employment were:

- 1. 'An assurance must be given that the Authority are satisfied that the School Dental Nurse was competent to examine children with mirror and probe and to chart the results
- 2. The charting by the Dental Nurse must not be interpreted as prescribed treatment. The dentist must himself [sic] examine the teeth of each child presenting itself for treatment

and determine what is necessary to be done 3. A full account of the working of the

arrangements must be given in the School Medical Officer's Report.

Elsewhere, in the city of York a dental nurse was appointed in 1919. In the list of her duties it is stated that 'any treatment by the [dental] nurse is to be ordered at the time by the school dentist, to be performed in the same room with him and not considered finished until the Dentist has inspected it and passed it as satisfactory'.

Next, in Nottinghamshire by 27 October 1919 there were two trained dental nurses, and they were learning to do fillings and extractions under the dentist's supervision. It was intended that they were to take it in turn to do actual dental work: one acting as a dental nurse and the other as a clerk.

Dental nurses were also employed in other areas such as Ely, Cambridgeshire.

The Acland Committee, so named after the Chair, Rt. Hon. Sir Francis Dyke Acland, was a government departmental committee set up 'to inquire into the extent and gravity of the evils of dental practice by persons not qualified under the Dentists Act [1878]'. The subsequent Acland Report published on 5 February 1919 informed the Dentist Act (1921). The Acland Committee in paragraph 126 of their report stated that:

'The Committee are of the opinion that suitably trained and competent dental dressers or [dental] nurses acting under the effective supervision of a dentist may be usefully and safely employed in school dental work'. And added in paragraph 121: 'The approval of the Board of Education of the persons employed as dental dressers. The nature of the work they shall perform, and of the arrangements for supervision by a registered dentist should be necessary'.

A contested area

The period of the early 1920s was critical to the professionalisation of the role of the dentist, including regulating those permitted to carry out dental treatment. As a consequence of that, the role of the dental nurse became a contested area. Whilst County Medical Officers wished to continue to employ dental nurses, it was others - those seeking to secure regulated practice for registered dentists only - who presented objection.

The 1921 Dental Act (enacted in July 1921, coming into force on 30 November 1922) reduced the role of the dental nurse to chairside assistant only. The phase 'minor dental work' had been included into the Act, as being acceptable for dental nurses, but the term 'minor dental work' and what constituted it had not been clearly defined.

The Local Education Authorities (LEA) That lack of clear definition of what The demand to cease the treatment by

worked with County Medical Officers who employed dental nurses to treat masses of working class children. The LEA were encouraged by the 1921 Dentists Act - which allowed 'the performance of minor dental work under the personal supervision of a registered dentist, by a person who is not a dentist' in the School Medical Service. They believed that the essential service that the dental nurses provided, long before any form of NHS, would be saved. constituted 'minor' dental work became the area of significant debate between those seeking to advance the professionalisation of dentists and those tasked with providing public health solutions such as county medical officers. dental nurses was fought by many county medical officers, including Sidney Barwise, one of the original proponents of the dental nurse (dental dresser) scheme. Barwise rallied together a number of powerful advocates and supporters, who together did their best to make a compelling case for the retention of the role of dental nurses right up until 1925.

The sudden and untimely death of Barwise resulted in the loss of the chief protagonist and without that strong representation of the dental nurses' interests at ministerial level, the role of dental nurse was eroded through a series of amendments and changes to the laws related to dentistry. By the time of the 1932 amendment to the 1921 Act, the dental nurse's role had been reduced to oral health promotion achieved by defining the term 'minor dental work' more narrowly to not include the treatment (either supervised or not) of patients.

Thankfully, we know that dental nurses So, to those who insist that dental nurse is a

continued, albeit in a restricted role beyond 1932. There is clear evidence that during World War II trained and experienced dental nurses were recruited and employed by the armed forces. This included dental nurses recruited to work with the Royal Navy to assist commissioned dentists into the Royal Navy Dental Service (RNDS). The support of these dental nurses was so valuable to the RNDS that after the war, in 1948 a new branch of 'dental surgery assistants' (DSA) was introduced within the Women's Royal Naval Service. To coincide with statutory registration in the early twentyfirst century, the name of the DSA eventually reverted to the historic title of dental nurse. new name, look into the annals of history and you will see that the profession of dental nurse has been around for 120 years or more. The occupation has a proud and well established history of contributing to oral healthcare within the UK.

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Useful resources

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