“The Country Tooth Drawer”

Oil painting on panel. Artist unknown. Late 18th Century. Menzies-Campbell catalogue number HCJ.16x29HCJ.16x29

After the drawing by Cornelius Pietersz Bega (c. 1620-64), a Netherlands painter. The artist has included on the right a small boy not in Bega’s work. The operator is holding what appears to be a pelican and is about to extract a lower left molar. In his left hand the patient is grasping a bottle of schnapps or gin perhaps? The other figures might be relatives accompanying the patient but are watching and awaiting the pending discomfort with keen anticipation, also known as Schadenfreude.

Notes by Paul Geissler, Honorary Curator of the Menzies-Campbell Collection at the Surgeon’s Hall Museum, Edinburgh

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DENTAL HISTORY MAGAZINE

Published by the Henry Noble History of Dentistry Research Group

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The newsletter may be read online at the Group’s web site: http://www.rcpsg.ac.uk/hdrg. (ISSN 1756-1736)

Excerpts and quotations are permissible providing the usual acknowledgements are made.

Contributions on the History of Dentistry from any source are welcomed.

Volume 1. Number 1.

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Update

It has been exciting for us to produce this, Volume 1 Number 1 of our new magazine - the successor to the twenty issues of the “History of Dentistry Newsletter” produced over the past ten years. We hope our readers will share our excitement and enjoy the expanded content and revised presentation. The Group executive felt that the publication had grown in scope and readership beyond the original format and that this should be reflected in a change of title. However, we intend to remain true to the aims and ideals of our founders, while moving with the times and remaining a lively forum for discussion. Our columns remain open, as before, to contributions from scholarly articles to historical trivia, for from tiny sparks can come great illumination. Though proud of our Glasgow and Scottish roots we have no parochial limits, and we hope to welcome contributions from anyone, anywhere who shares an interest in the history of our profession.

Submissions as Word format files with illustrations as separate jpeg files sent as e-mail attachments are the easiest for us to handle. However, other means from handwritten to previously published are acceptable. The message is more important than the medium.

Autumn Lecture

The Autumn Lecture to the Henry Noble History of Dentistry Research Group was given in the Royal College on 25th September by Professor Robin Basker, OBE, FDSRCS (Edin) under the title “The GDC - Fifty and counting”. He traced the history of the Council’s first fifty years from its foundation in 1956 to the present day. Professor Basker is a former Dean of the Leeds Dental School and Chairman of the GDC Education Committee. The period coincided with the practicing lifetimes of the speaker and many of his listeners, and the lecture was elegantly delivered and illustrated by vignettes of people and events which stirred memories. Recent profound changes in the structure and function of the Council may mean that this first period may come to be regarded as the “good times” when the “bargain between the profession and the Government “, so characterised by David Hindley-Smith, the first Registrar, was honoured and upheld by both sides. Professor Basker’s lecture was to be given again at the Lindsay Society’s Autumn meeting and we look forward to reading it in the “Dental Historian “in due course.

Spring Lecture

The Spring Lecture is to be given by Dr Marie Watt who has been asked to share with us her archaeological researches on ancient grave material from Cyprus. The time and date have yet to be confirmed but will be circulated to members. It is planned to alternate future lectures between the Royal College and the Dental School, in the hope of attracting an increased attendance. The lectures are free and open to all interested, though members attending pay a small charge for lunch with the speaker.

Accommodation for historical material

The struggle to find suitable accommodation in Glasgow Dental Hospital and School for the historical material held by the Group continues, but there may now be light at the end of the tunnel. We have been assured that an area adjacent to the refurbished Renfrew Street entrance will be set aside for a display. We must now, literally, watch this space.

Linday Society Autumn Conference

The Annual Autumn Conference of the Lindsay Society for the History of Dentistry took place in Stratford on Avon on the 5-7th October 2007. The programme included a number of presentations on organisations important to British dentistry in the recent decades, and also a talk on Ada Fletcher who founded the ‘Soldiers and Sailors Dental Fund’ during the First World War. Readers will be pleased to note the award of Honorary membership to Mr George Fleming of York, who
contributed some memoirs to the last issue of our Newsletter, (Number 20).

**Menzies Campbell Pictures**

Our cover displays one of the pictures from the splendid *Menzies-Campbell Collection* at the Surgeon’s Hall Museum in Edinburgh. We are grateful to the Royal College of Surgeons of Edinburgh, the custodians of the collection, for permission to use them and to Dr Paul Geissler, the Honorary Curator of the collection, for his accompanying notes. We hope to delve deeper into this fascinating resource in future issues. The back cover picture is the first of a series by dentist/artists and while we know of a number of artistically active colleagues we would be pleased to have suggestions for future use.

**R.Y. Richmond**

Many are attracted to dentistry by the challenge of detailed manual work and fine craftsmanship and R Y Richmond must surely have been one of them. Sir David Mason and Pat Lilly tell his story and that of his famous casting machine.

**The Taylor Family**

Michael Gow traced the history of his own family’s involvement in dentistry in a previous issue of the Newsletter” (Number 18), and he follows this up with another dental family saga, this time from one of his patients - and with a mystery ending - did Dr David Taylor get the appointment he sought? Sadly the Glasgow Dental School records available to us start a few years after the event and, up till now, the answer is unknown. Perhaps a reader can help?

**Sir James Crichton-Smith**

If the listeners to Sir James Crichton-Smith’s address to the BDA Branch in Cambridge in 1882 had paid more attention, or been more curious, the history of “British teeth” might have been different. It has taken an American scholar, Dr Malvin Ring, to rediscover Sir James’ prescient remarks on the vital importance of dietary fluoride to dental health – made some forty years before McKay’s Colorado studies which are usually taken as the beginning of present-day understanding of the link.

**Sir David Mason**

Sir David Mason appears again as the subject of a “Reminiscences” feature in our oral history series. Such a long and productive professional life deserves more than one session and so will be ‘continued in our next issue.’

**Year of ’47**

Reunion Photograph: Glasgow Dental Graduates, Class of 1947, gather at the Lochgreen Hotel, Troon.

**The “Twoth” Brush**

Family history research turns up some strange material. Rufus Ross has sent us a 1939 *Jewish Chronicle* advertisement for a double-headed “Twoth” brush.

As the young lady in the advertisement says, “At last! - Oh! What a difference it makes!” Well worth the 2/6d from Freedman’s the Chemists.

**Martin Amis**

Our “Word of mouth” book review this issue deals with the autobiography of the novelist Martin Amis, famous son of a famous father, whose poor dental health has been a lifetime preoccupation. No “Lucky Jim” this time then!

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Historically, dental research and education in Glasgow has benefited greatly from the contributions of general dental practitioners. The achievements of many of those concerned have been recorded in Tom Brown Henderson’s book and in our Group Newsletters. Many former Glasgow dental students will have heard of the Richmond Casting Machine, some may have seen or even used it, but few would know about the origins and career of the modest, gifted general dental practitioner who invented it.

Robert Young Richmond was born on 3rd September 1892, the son of a Paisley general medical practitioner, Dr Andrew Richmond who came from Galston in Ayrshire. On leaving Paisley Grammar School in 1909, he became indentured as a pupil in the dental practice of Dr Crerar in Paisley where he showed great ability in dental mechanics. Thereafter he attended the Glasgow Dental Hospital and School and qualified LDS RFPS, Glasgow in 1915.

Dentists called to the Colours

The country was then at war and he immediately volunteered for the Army. At that time (1915) dentists were called to the Colours as combatants and he was posted to India to serve in mechanical transport. However, soon after, he was commissioned as a dental officer and served in the North West Frontier and Mesopotamia. His experience there of jaw and facial wounds prepared him for his outstanding contributions to maxillo-facial technology during the Second World War at Ballochmyle Hospital in Ayrshire.

In 1920 and back in civilian life he commenced dental practice in Paisley first at 57, Love Street then at 87, High Street and finally, from 1936–59, at 11, Garthland Place on Glasgow Road. His quiet, sympathetic manner and clinical skills endeared him to his patients and he built up a large and successful practice.

The Barras

His interest in precision light engineering and his flair for invention found expression in his well-equipped dental mechanics laboratory within his dental practice. There he was forever developing new techniques, designing instruments and equipment and also delighted in reproducing new gadgets such as the cigarette lighter which he would demonstrate or gift to his patients before or after treatment. A favoured patient was sometimes presented with a charm for a bracelet, minutely carved from her extracted teeth, now in the shape of an elephant. In pursuit of his hobby he would regularly visit “the Barras”, a famous open market in the east end of Glasgow, where he would pick up discarded equipment and make it work for him. The much admired intercom. system in his practice was obtained in this way from a war surplus RAF bomber aircraft. Indeed some of his young patients were so intrigued by his practice and laboratory and its products that they started working there in school holidays and some eventually became dentists themselves.

At meetings of the Paisley and District Section and the West of Scotland Branch of the British Dental Association of which he was President, he would regularly demonstrate his latest inventions and at the Glasgow Odontological Society, of which he was also President in 1934-5, there was an annual Gadget Night which was “built around Bob Richmond”. Interestingly the gavel and block of the Glasgow Odontological Society is beautifully decorated by gold casting, an example of his superb craftsmanship.

However Bob Richmond will be especially remembered for his pioneering work in two main areas of dental technology - namely the invention of the Richmond Casting Machine in 1926, and his contributions to Maxillo-Facial Technology during the Second World War, 1939-1945, at Ballochmyle Hospital in Ayrshire. Prior to the invention of the Richmond Casting Machine in 1926, dental casting had been achieved by three main methods:

(1) Pressure Casting:

Using compressed air or steam pressure was first described by Philbrook (1897) and Taggart (1907). Both realised that a force additional to gravity is needed to overcome the surface tension of the molten liquid gold.

(2) Vacuum Casting:

Where the vacuum chamber reduces the mould pressure by withdrawing air from it then the atmospheric pressure forces the molten metal into the mould. Frick (1907) was one of the first to use this technique.

(3) Centrifugal Casting:

Where no external force is applied. The molten metal was forced into the mould by the radial or outward impulse given to it as the casting ring was swung in a circle. The molten metal moved to the furthest part of the circle and hence into the mould. This radial or outward impulse could be obtained by the technician (or dental student!) using a hand held radial technique or a machine. A dental centrifugal casting machine was first described by Jameson (1907). The hand held methods were still used in...
many laboratories until the 1970’s and probably ended with the introduction of Health and Safety at Work Acts.

**Compressed air and a vacuum**

The Richmond Casting Machine was invented and patented in 1926. It was unique in that it combined in one unit the use of compressed air or steam pressure and the creation of a vacuum. The machine could be operated to cast by a combination of vacuum and pressure successively or simultaneously. The pressures generated were recorded in the pressure gauge and were controllable to give optimal results. After it was patented in 1926, the machine was manufactured by the Horne Engineering Co. of Glasgow. The brochure showing the machine, with a description and examples of casting specimens it produced, is as follows:

**Description:**
The “Richmond” Casting Machine is the simplest and most perfect Casting machine produced, cuts out failures, and does the casting with the simplicity of turning a tap. The machine will cast anything from an inlay up to five full gold or aluminium plates at one cast, and, through the application of vacuum to the case of the mould container, will overcome the commonest cause of failure, viz., air-lock in the mould. Successful castings have been made by people who have never used a Casting Machine before. The machine will operate successfully with as low a pressure as 2lbs. And any pressure up to 45lbs per square inch. Price £20 Nett."

**Operation:**
To raise mould container against the asbestos washer in the lid and seal it there, simply turn the valve from OFF to No. 1. By turning it a little further on to No. 2 casting pressure and vacuum are applied simultaneously. The Valve is the only wearing part of the machine, and is fitted with a screw which can be adjusted from the outside with a screwdriver to take up wear and keep the Valve at the correct tension for easy working. The Sealing Washers in the lids and platforms are dry asbestos, and are easily and cheaply renewed. We recommend for use with this Machine, so as to get perfect results, the RICHMOND PATENT MOULD CONTAINERS, as they have a series of parallel grooves which prevent leakage of casting pressure.”

**A Rolls Royce of a machine**

Richmond’s invention by all accounts produced excellent results. Dr Forbes Webster, Dean of Glasgow Dental Hospital and School, described it as a “Rolls Royce of a machine” but wondered if the high standards of construction and cost might limit its use in general dental practice. Richmond demonstrated its use, and the high standard of castings it produced, regularly at dental meetings in the West of Scotland. Surprisingly there is little reference to it in national or international dental journals but this in part could relate to Richmond’s modesty and lack of interest in marketing and commercial development. After it was patented in 1926 and manufactured by the Horne Engineering Co., it cost £20. Richmond gave one machine each to the Glasgow and Edinburgh Dental Hospitals and Schools. This was, of course, before the days of commercial dental laboratories but apparently it was not purchased by many dental practices with laboratories in the West of Scotland. Whether it did not receive enough publicity or – at a cost of £20 in 1926 (£3,600 in 2007) – was too expensive for the many small dental practices where
casting was required infrequently, is difficult to assess in retrospect.

**New developments in dental casting**

After the Second World War there were many new developments in dental casting methods, especially related to the new dental materials being used, such as modern alloys which now have many components, are harder and have a finer grain structure. This resulted in the need for better wax and investment techniques, a quicker melting cycle as well as more efficient and reliable casting machines. Some modern casting machines use a combination of methods for example, vacuum and compressed air, like Richmond, or vacuum and centrifugal.

It is interesting that Henning (1972) in his review of casting in dentistry states “At present there is a machine on the market which combines compressed air pressure and vacuum methods (Tri-Caster of Whip-Mix) and this is one of the most commonly used methods in the United States”. He then describes a new German vacuum and pressure-casting machine CL-G (manufactured by Messrs W.C. Heraus of Hanau, West Germany). Both of these machines utilise the principles of the casting machine invented by Richmond about fifty years earlier.

**War wounds and precision engineering**

Richmond’s interest in war wounds started during his experiences as a dental officer in the First World War in India and the North West Frontier. This and his hobby of precision engineering equipped him to serve as a member of the Maxillo-Facial Surgical Team at Ballochmyle Hospital in Ayrshire during the Second World War. There he worked in a team with Mr Tom Rankin, oral surgeon, Dr Andrew Wilson, orthodontist, Mr Walter Smith, technician and Mr J. Scott Tough and Mr Andrew Hutton, plastic surgeons. He was responsible for improvements in the design of universal joints used in pin fixation of jaw fractures and in facial reconstruction. His skill in casting was also invaluable in the design and production of intra oral splints for treatment of jaw fractures.

Many seconded dental officers and dental technicians from the Armed Services benefited from attendance at his tutorial classes and remembered with affection the quiet, helpful, creative officer who instructed them in maxillo-facial technology.

“After the Second World War ended, he returned to work full time in his excellent dental practice in Paisley until 1958. He had suffered from recurrent malaria acquired during active service abroad in 1916 and this and asthma affected him gravely in later years, curtailing his activities and attendance at dental meetings which he enjoyed so much.”

Bob Richmond died on January 9th, 1962 after a life of great service to his patients, his country and his profession. By instinct he was a kind, modest, self-effacing friendly man, highly respected by his friends and colleagues for his integrity, innovative skills, broad technical knowledge and craftsmanship.

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5 Jameson A. *Dental Dig.* (1907); 25, 497

6 Richmond J. *Personal Communication* (2007)

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**Acknowledgements**

We would like to record our indebtedness to Jimmy Richmond, cousin of R.Y. Richmond, retired dentist (LDS RFPS, Glasgow 1942) and who worked with him, to Robin Richmond (BDS Glasgow, 1958) and David Richmond, nephews of R.Y. Richmond, and to Beverley Rankin, Librarian, James Ireland Memorial Dental Branch Library, for their help in this research.

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Sir David Mason, Emeritus Professor of Oral Medicine, University of Glasgow.

Pat Lilly, Retired Instructor in Dental Technology, University of Glasgow
Public health laws in the early Victorian Era were inadequate and disease was rampant. Infant mortality was as high as 250 per 1000 births. By 1870, however, various laws had been passed which called for an overhaul of public sanitation, slum clearance, as well as tighter standards for food and drugs. With advances in agriculture and food distribution, a higher nutritional standard was achieved. (1)

Nevertheless, children’s health in England in the early nineteenth century was deplorable. By the mid-century, more than 20,000 children of the poorer class, in London alone, died each year. (2) The late 1800s ushered in new scientific discoveries which forced the government to be more involved in public health. Stringent regulations governing midwives—the Midwives Act of 1902—led to a marked drop in infant mortality. In England, the death rate per 1000 live births fell from 163 in 1899 to 27 in 1951.

There had been not only a great saving of lives, but numerous ailments had been prevented in the preschool period, and there had been a general improvement in nutrition. (3)

The Dentists Act of 1878 had ushered in the era of proper regulation of the practice of dentistry. And although this act didn’t go far in controlling treatment, it did authorize a Dental Register which listed all practicing dentists. This was really a first step leading to further legislation and control of practice. (4)

The British Dental Association had been formed in 1880, principally to safeguard the newly established rules of ethical conduct. Because of Crichton-Browne’s strong support of dental treatment, he was invited to address the Eastern Counties Branch of the British Dental Association at Cambridge, on June 22, 1892, and his speech proved to be prescient indeed. (5)

Sir James Crichton-Browne (1840-1938) was a renowned Victorian psychiatrist, whose career spanned two centuries. Born in Edinburgh, he was the son of another famous psychiatrist, Dr W. A. F. Browne. First educated at Dumfries Academy, and later at Trinity College, Glenalmond, he began his medical studies at the age of 17, in 1857, at Edinburgh University, and was fortunate to have had Joseph Lister as one of his teachers. From his earliest days at medical school he was interested in psychiatry, and, while still a student, delivered a paper before the Royal Medical Society on “The Psychical Diseases of Early Life.”

He spent 46 years as official “Visitor in Lunacy” in London, retiring in 1922 to establish a private psychiatric practice in London. He led an extremely busy life, lecturing, writing and debating. He was showered with honours throughout his lifetime, including being elected a Fellow of the Royal Society in 1883, having been proposed by none other than Charles Darwin. He was elected president of numerous medical societies and was knighted in 1886 by Queen Victoria.

No writer had done much without alcohol

In his later years he lived seven months of the year in London and five months in Dumfries. He wrote extensively about ways to improve the human lifespan, and a favourite saying of his was “There is no shortcut to longevity. To win it is the work of a lifetime, and the promotion of it is a branch of preventive medicine.”

He was an admirer of Robert Burns, and castigated Burns’ biographer, James Currie who had portrayed him as a “besotted whore chaser.” Crichton-Browne proved there was no evidence of this, and deduced that Burns had died of rheumatic fever, endocarditis and paroxysmal tachycardia.

He said of Currie that he was the “arch calumniator who has tainted the pages of all who have written about Burns since his time.” Crichton-Browne also dismissed the teetotaller movement, saying that “no writer had done much without alcohol.”

When Crichton-Browne appeared before the BDA, he said that the health of children was one of his great interests. He referred to an article by J. Smith Turner, “Condition of the Teeth of School Children.” This disturbed him greatly, and he determined to seek a change. It was unacceptable, he said, that of 5249 children under 12 years of age, only 485 had normal dentition; among children five years old, only one-fourth were caries free!
Poor dental health went hand-in-hand with poor economic conditions, he said, and children of the upper class did not suffer the ravages of dental disease, as did those of the working poor. His statement was based on his “gut feeling,” but it has been substantiated by research. A major study investigating what role socio-economic status played in the existence of caries, was done in the United States in 1960-1962 and revealed a wealth of data. Income and education were found to be significantly related to the number of carious, missing and filled teeth, and also to the physical composition of the teeth. (6)

While not a nutritionist, Crichton-Browne, attempted to explain as a scientific person the causation of caries. He claimed that “dental degeneration [among school children] has attained an ascendency that it did not in former times possess.

It is impossible to believe that the British Empire would have become what it is today if, amongst those hard Norsemen who pushed up their keels upon the shore at Ebbsfleet and entered upon the making of England, there had been only one sound set of teeth in every ten.”

Deplorable conditions
Numerous reasons, he felt, explained the deplorable conditions. He listed the prevalence of soft, pulpy food that required little mastication, which in turn led to a diminished salivary flow. This, he said, cut down on the washing and cleansing action of the teeth by the saliva.

As a psychiatrist, he was convinced that the pressures of modern life caused a reduction of the strength of the gametes. “Intense vitality of the conjugating spermatozoon and ovum is necessary to give the new being a fair start on its career,” he said, “and this is not to be expected when the parents who produce them are labouring under nervous exhaustion.” Children born of these unions were thus destined to have poorly formed teeth, which inevitably would be susceptible to caries and other infirmities. To bolster this argument he stated that the “idiots and imbeciles” who were hospitalized in asylums, had particularly bad teeth.

He did a study at the Royal Albert Asylum in Lancaster, where, in 113 patients, average age seventeen, he found not one perfect dentition!

He knew that other factors were at work, but still felt that these unfortunates were very susceptible to dental disease because of the stress of modern life and its effect on heredity.

Apparent immunity to caries
In 1902 a young dentist, Claude McKay, began his practice in Colorado Springs, Colorado. He found that many of his patients exhibited mottled enamel, yet were caries free. McKay set out to determine what it was that created this apparent immunity to caries, and in 1916 worked, together with the great G. V. Black, in this study. In 1931 it was definitively shown that caries resistance was due to the presence of fluoride in the teeth. (7) Yet Crichton-Browne, in his address forty years earlier to the BDA, stressed that “a supply of fluorine, while the development of the teeth is proceeding, is essential to the proper formation of the enamel and that any deficiency in this respect must result in thin and inferior enamel.”

And the most perceptive was his statement “I think it well worthy of consideration whether the reintroduction into our diet, and especially into the diet of childbearing women and of children, of a supply of fluorine in some suitable natural form...might not do something to fortify the teeth of the next generation.”

This is a remarkable statement, since no one yet had even thought of fluorine and its relation to the teeth!

Cause of fluorine deficiency
Crichton-Browne blamed the deficiency of fluorine on the refinement of wheat, claiming that wheat bran held the needed fluorine. Fluorine was widely distributed in nature, he said, and that “the only channels by which it can apparently find its way into the animal economy, are through the siliceous stems of grasses and the outer husks of grain, in which it exists in comparative abundance.” True to some extent, we know there are other foods which are a more abundant source of fluorine. Tea has 0.475 mg/100 gm, rice 0.07, buckwheat 0.17, soybeans 0.40 and spinach 0.02. (8) Amazingly, this outstanding healer held the clue to stronger teeth and healthier teeth. It is a pity that the dental audience, to whom he brought this knowledge, didn’t take his suggestion, and act on it. It took the dental profession four more decades till it learned that, what Crichton-Browne had told them, was true.

References
Following a chance discussion about family trees, I showed a patient of mine, Andy Taylor, the ‘Dental Roots’ article I published in the History of Dental Research Group Newsletter Number 18, May 2006. Andy told me that he also had a history of dentistry in his family, and that he had some old photos in his attic if I was interested in seeing them.

A unique insight into 19th Century dentistry

At his next appointment Andy brought the photos, and also an old bound document, which was his great uncle’s application for a position in the Dental Hospital in Anderson’s College in 1881. I estimate that the photographs were taken in the late 1880s, early 1890s.

The document and photos give a fascinating and unique insight into 19th Century dentistry in Glasgow. Using www.scotlandspeople.gov.uk I pieced together some more details of this interesting Victorian family.

Andy’s Great Grandfather, William Taylor (Fig. 1) was born around 1824 to David Taylor (goldsmith/master silversmith) and Margaret Beech (whose father Lindsay Beech was a silversmith in Glasgow in the late 18th Century).

It is often reported that early silversmiths and goldsmiths would also undertake in certain dental procedures (filling cavities with gold foil) and would construct dental prosthesis and surgical tools.

Goldsmiths

With such a background, William may have originally learned part of his trade from his father and grandfather. The title ‘Surgeon-Dentist’ (Fig.2) implies however that he was medically trained and then pursued a career in the medical ‘speciality’ of dentistry.

In a time of no regulation of dentistry, ‘Surgeon-Dentists’ were the highest qualified dentists of their day. William married Elizabeth Buchanan on Christmas Day 1851. In the 1861 census, the family home was recorded as 29 Waterloo Street at which time William was 37 years old and his occupation is recorded as ‘Dentist’.

Business must have been good, as they have a servant living with them! The dental surgery was at 144 Wellington Street which is on the corner of Bath Street (Fig 3). William died of heart disease on 23rd June 1892 age 68.

Fig. 1. William Taylor

Fig. 2. From left to right- Dr David Taylor, William Taylor, Andrew Taylor and Jeanie. Plaque on the wall under the number ‘144’ states ‘William Taylor Surgeon Dentist’.

Fig. 3. Wellington & Bath Street 1880s

Fig. 4. Wellington & Bath Street 2007

The Taylor Family
Victorian Dentists in Glasgow
Michael A. Gow
In Figure 3 the entrance to the surgery is through the door towards the far left corner of the building. This would have been taken in the late 1880s early 1890s. In Figure 4, in 2007, the Clydesdale Bank stands on the same site.

Fig. 5. The Consultation Room at 144 Wellington Street.

**Short and eccentric**

William and Elizabeth had six children; David, Jeanie, Andrew, Catherine, Elizabeth and William. David and Andrew followed in their father’s footsteps to practice dentistry. As Jeanie appears in these photographs, it is likely that she also worked in the surgery in some capacity. Andy recalls his great aunt Jeanie, and that she was very short and very eccentric!

Fig. 6. Inside 144 Wellington Street

**Dentist's apprentice**

Andrew Taylor (Andy’s Grandfather) was born around 1856 and married Annie Findlater. Andrew was recorded in the 1871 census, aged 15 as a ‘dentist’s apprentice’. He had no formal training in dentistry, but obviously on leaving school he learned the skills of dental surgery from his father from an early age. In the mid 19th Century it was common for dentists to take on apprentices, usually for a fee, and teach them the ‘tricks of the trade’, such as how to extract teeth, and fill cavities with gold foil. It seems that it was also common for this apprentice arrangement to happen within families. Indeed my great grandfather Leonard Gow was an apprentice to his father-in-law James Aitken in the Gallowgate, before acquiring his LDS. Andrew is recorded on his death certificate as a ‘dentist-retired’, dying on 9th November 1932 of pneumonia aged 76.

**Walks in the park in bowler and pin-stripe**

Andy does not recall much about his grandfather as he died when Andy was 5. But he does remember walks in the park with his grandfather who would wear a bowler hat and pin stripe suit. Andy describes his grandfather as a ‘real gentleman’ and from conversations he had had many years ago with his great aunt Jeanie, believes that latterly his grandfather may have been a dental mechanic. Following the Dentists Act in 1878, only those who had undergone recognised training could call themselves a ‘dentist’ or ‘dental surgeon’ and have their name placed on the Register. A problem with this Act however, was that there was no actual requirement to register so long as any individual practicing dentistry avoided the titles of ‘dentist’ or ‘dental surgeon’ and offenders would be fined £20. Interestingly however some of the twenty-three dental practitioners listed later in this article, do not appear to have their LDS in 1881, some three years after the Act, yet are referred to as Dental Practitioners. It was the 1921 Dentists Act which finally required that all those who practised dentistry must be on the Dental Register and offenders would be fined £100. As Andrew may have never trained formerly in dentistry, it could be possible that following the changes in legislation in 1878, he may have changed his career path and worked...
as a dental mechanic.

![Figure 9. Dr David Taylor M.B., C.M., L.D.S.](image)

**Anderson's College**

David was born around 1852, never married and died on 09/10/1901 aged 49. His death certificate states that he died suddenly ‘probably of haemoptysis’. After schooling at The High School, David studied and qualified in medicine and also had his Licentiate in Dental Surgery (L.D.S.). He also worked in his father’s dental surgery. A very nicely printed and bound document which was David’s application for a position in Anderson’s College was passed on to Andy along with the old photos after his second cousin Billy Taylor died. (Billy was the grandson of William Taylor (surveyor)- David and Andrew’s younger brother). David would have been about 29 years old when applying for the ‘Lectureship on Dental Anatomy & Physiology, Anderson’s College, Glasgow’ in 1881. The document begins with an introduction and application by David, and thereafter contains many testimonials. This is hugely valuable as not only does it give us details about Dr David Taylor himself, but it also gives us some insight and information about some of the leading people in the fields of medicine and dentistry in Glasgow, 1881.

**Testimonials**

The following is taken verbatim from the document:

“Lectureship on Dental Anatomy & Physiology, Anderson’s College, Glasgow.

Testimonials in favour of David Taylor M.B., C.M., Licentiate in Dental Surgery. Dental Surgeon to the Glasgow Dental Hospital, Anderson’s College; formerly Resident-Surgeon, Glasgow Royal Infirmary. Glasgow, MDCCCLXXXI.

To the managers and trustees of Anderson’s College, Glasgow.

Gentlemen, I beg respectfully to bring my name before you as a Candidate for the Lectureship on Dental Anatomy and Physiology at present vacant in Anderson’s College; and, in connection with this application, I beg to submit the following particulars respecting my previous career. I am a graduate of Medicine and Surgery of the University of Glasgow of four years standing, and a Licentiate in Dental Surgery. Having received my early education at the High School of Glasgow, I afterwards entered the University of Glasgow, and, having passed through the Medical Curriculum, I received my Medical and Surgical Degrees in the year 1877. After graduation, I entered the Glasgow Royal Infirmary, where I resided for six months as House Surgeon; and, during a portion of that time, I had full charge of the Dental Department of the Hospital during the absence of the Dental Surgeon. After leaving the Royal Infirmary I twice visited America, and made myself acquainted with Dentistry as practiced in New York and Philadelphia. When the Dental Hospital in connection with Anderson’s College was founded two years ago, I was appointed one of the Dental Surgeons, which office I still hold. During the last eight years I have studied Mechanical Dentistry under my father, who is a Surgeon-Dentist in this City, and I have also taken part in the work of the Consulting Room. I have only further to add that, should you be pleased to appoint me to the Lectureship on Dental Anatomy and Physiology, for which I am a Candidate, it will always be my earnest endeavour to discharge its duties in such a manner as will merit your continued confidence, and justify your choice.

I am, Gentlemen, your most obedient Servant, DAVID TAYLOR, 144 Wellington Street, Glasgow, 22th February 1881.”

From George HB MacLeod, M.D., F.R.S.E., Fellow of the Faculty of Physicians and Surgeons, Glasgow, Regius Professor of Surgery in the University of Glasgow, Surgeon to Her Majesty the Queen in Scotland; Senior Surgeon and Lecturer on Clinical Surgery in the Western Infirmary. University of Glasgow 3rd February 1881.

“Mr David Taylor M.B. C.M., and Licentiate in Dental Surgery, was well known to me during his undergraduate career as a most intelligent and hardworking student. After attendance at the Western Infirmary, he became one of the residents in the Royal Infirmary, and there enjoyed very unusual advantages learning the practical side of his profession. Mr Taylor has thus had the best possible opportunity of preparing himself for that special branch of Surgical practice – the Dental – to which he desires to devote himself. I am informed that Mr Taylor intends to apply for the Lectureship on Dental Anatomy and Physiology now vacant in the Andersonian; and I feel convinced that no-one in this city, not already engaged in teaching, could be found who, by preparation, personal qualities, and promise, would more satisfactorily fill that office than he.”

From T. McCall Anderson M.D., Fellow of the Faculty of Physicians and Surgeons, Glasgow; Professor of Clinical Medicine, University of Glasgow.

14 Woodside Crescent, Glasgow 3rd February 1881.

“I have known Dr David Taylor intimately for a considerable period of time, as he was not only a student of mine,
but also acted as my Clinical Clerk for a period of fifteen months. He possesses every qualification for success in the practice of that department to which he is devoting himself; indeed, I can safely say that it would be difficult to find any gentleman better qualified in every way to occupy the position of Lecturer on Dental Anatomy and Physiology. I heartily wish him success in his present application.”

From A.M. Buchanan A.M., M.D., Fellow of the Faculty of Physicians and Surgeons, Glasgow, Professor of Anatomy in Anderson’s College; Examiner in Anatomy and Dental Examiner in Anatomy and Surgery for the Faculty of Physicians and Surgeons, Glasgow. Anderson’s College, Glasgow 9th February 1881.

“Having learned that Dr David Taylor, Licentiate in Dental Surgery is a Candidate for the Lectureship on Dental Anatomy and Physiology now vacant in Anderson’s College, I very gladly avail myself of the request made to me by him to express my opinion of his ability and eminent fitness for the office. I have had opportunities of watching Dr Taylor’s career for a great number of years; and, from my knowledge of his previous training, I can bear very strong testimony to his perfect eligibility for the appointment, for which he has made a very complete preparation. Having received an excellent general education at the High School of this City, he joined the Medical Classes in the University here, and, having passed through the full medical curriculum, he graduated in Medicine and Surgery. During this time he never lost sight of the profession for which he was destined, namely, Dentistry; for I have had the best opportunities Resident Surgeon, and, in so doing, has gained a thorough practical knowledge of Medicine and Surgery. If to this it be added that he has the deportment and bearing of a gentleman, that he possesses the confidence and esteem of those who know him.

From Matthew Charteris M.D., L.R.C.S.E., Fellow of the Faculty of Physicians and Surgeons, Glasgow, Professor of Materia Medica in the University of Glasgow, Physician and Lecturer on Clinical Medicine, Glasgow Royal Infirmary, formerly Professor of the Practice of Medicine in Anderson’s College; Examiner in Anatomy and its allied branches, is extensive and accurate; and, since his graduation some years ago, his theoretical knowledge has found a sound practical basis by his residence in the Glasgow Royal Infirmary. He has given close attention to all that belongs to the Dental Art, and has had the good fortune to see it practised in some of the great American centres, where it has been carried to a high degree of perfection. His qualifications are therefore of the best kind; and I think the Dental School a connection with Anderson’s College would be strengthened by his election to its staff.”

From M. Thomas M.D., L.R.C.S.E. Fellow of the Faculty of Physicians and Surgeons, Glasgow, Superintendent of the Glasgow Royal Infirmary. Royal Infirmary, Glasgow. 2nd May 1879.

“Mr David Taylor M.B., C.M. was well known to me as a Student of Medicine; and in the latter part of his College career I had special opportunities of becoming acquainted with the character and extent of his professional knowledge. I have no hesitation in saying that his acquaintance with Medicine, and its allied branches, is extensive and accurate; and, since his graduation some years ago, his theoretical knowledge has found a sound practical basis by his residence in the Glasgow Royal Infirmary. He has given close attention to all that belongs to the Dental Art, and has had the good fortune to see it practised in some of the great American centres, where it has been carried to a high degree of perfection. His qualifications are therefore of the best kind; and I think the Dental School a connection with Anderson’s College would be strengthened by his election to its staff.”

From W.S. Gillespie Licentiate in Dental Surgery, Glasgow. 207 Sauchiehall Street, Glasgow 10th February 1881.

“Having learned that Dr David Taylor, Licentiate in Dental Surgery is a Candidate for the Lectureship on Dental Anatomy and

“Dr David Taylor M.B., C.M. was a Clinical Student of mine in the Royal Infirmary, and also dressed in my wards for the usual period. I therefore think I am warranted in saying that his general and practical knowledge of Surgery is good, and that I consider him well qualified for the Lectureship on Dental Anatomy and Physiology in Anderson’s College.”

From Samson Gemmel, M.D. Fellow of the Faculty of Physicians and Surgeons, Glasgow, Professor of the Practice of Medicine in Anderson’s College; Dispensary Physician to the Western Infirmary, Glasgow. 294 Bath Crescent, Glasgow. 7th February 1881.

“I have pleasure in stating that Mr David Taylor M.B., C.M., and L.D.S., was a Clinical Student of mine in the Royal Infirmary, and also dressed in my wards for the usual period. I therefore think I am warranted in saying that his general and practical knowledge of Surgery is good, and that I consider him well qualified for the Lectureship on Dental Anatomy and Physiology in Anderson’s College.”

From Eben. Watson A.M., M.D. Fellow of the Faculty of Physicians and Surgeons, Glasgow, Senior Surgeon and Lecturer on Clinical Surgery, Glasgow Royal Infirmary, formerly President of the Faculty of Physicians and Surgeons and Professor of Physiology in Anderson’s College. 1 Woodside Terrace, Glasgow. 2nd February 1881.

“I have pleasure in stating that Mr David Taylor M.B., C.M., and L.D.S., was a Clinical Student of mine in the Royal Infirmary, and also dressed in my wards for the usual period. I therefore think I am warranted in saying that his general and practical knowledge of Surgery is good, and that I consider him well qualified for the Lectureship on Dental Anatomy and Physiology in Anderson’s College.”

From M. Thomas M.D., L.R.C.S.E. Fellow of the Faculty of Physicians and Surgeons, Glasgow, Superintendent of the Glasgow Royal Infirmary. Royal Infirmary, Glasgow. 2nd May 1879.

“Mr David Taylor M.B., C.M. was well known to me as a Student of Medicine; and in the latter part of his College career I had special opportunities of becoming acquainted with the character and extent of his professional knowledge. I have no hesitation in saying that his acquaintance with Medicine, and its allied branches, is extensive and accurate; and, since his graduation some years ago, his theoretical knowledge has found a sound practical basis by his residence in the Glasgow Royal Infirmary. He has given close attention to all that belongs to the Dental Art, and has had the good fortune to see it practised in some of the great American centres, where it has been carried to a high degree of perfection. His qualifications are therefore of the best kind; and I think the Dental School a connection with Anderson’s College would be strengthened by his election to its staff.”
Physiology at present vacant in Anderson’s College, I beg, after due and deliberate consideration, to express my opinion that he, of all others in Glasgow, is most thoroughly qualified, from his lengthened Dental experience and Medical Education to creditably fill the vacancy. I also understand that the majority of the profession in Glasgow are favourable to his election; and it is of importance, in the present position of Dental Education, that one popular with the profession should have the preference.”

From George Buchanan, Surgeon-Dentist, Glasgow; and Member of the Odonto-Chirurgical Society of Scotland. 1 Montague Place, Glasgow 21st February 1881

“From personal knowledge of Mr Taylor’s professional acquirements, I consider him thoroughly qualified for the position of Lecturer on Dental Anatomy.”

From T.R. Cameron, Surgeon-Dentist, and Member of the Odontological Society of Great Britain. 28 Gauze Street, Paisley, 9th February 1881.

“Having known Dr David Taylor from his earliest years, I have very great pleasure in bearing testimony to his excellent character and high professional attainments. Having received a complete medical education, with the view of pursuing the practice of Dentistry, as a specialty, he has all along enjoyed the very best opportunities of becoming acquainted with Practical Dentistry, in as much he has assisted his father, who is a Surgeon-Dentist, for upwards of eight years, and has also taken part in the work of the Consulting Room. From what I know of the manner in which he has discharged these duties, as well as his thorough training in Medicine, gentlemanly manners, and agreeable and obliging disposition, I beg to recommend him very strongly to the Managers of Anderson’s College, Glasgow, for the appointment of Lectureship on Dental Anatomy and Physiology, as there is no young man within the whole range of my acquaintance whom I consider so highly qualified for the office, and I am of opinion that Anderson’s College would be fortunate indeed in securing his services.”

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Acknowledgement: I would like to thank Andy Taylor for providing me with details, allowing me to copy documents, research details of his family tree and allow me to print and share the information on these pages.

We, the undersigned Dental Practitioners, do hereby express our opinion of the entire fitness of Dr David Taylor L.D.S., to fill the Chair of Dental Anatomy and Physiology now vacant in Anderson’s College, Glasgow. From our knowledge of the long and thorough training in Dentistry through which he has passed, we feel confident that he is, in all respects, well qualified for the Chair to which he now aspires.”

GEO. BUCHANAN
JOSEPH AGNEW,
JOHN A. BIGGS,
ROBERT McCRAKEN,
JOHN G. WHYTE,
W.S. GILLESPIE L.D.S.,
JAMES CUMMING L.D.S.,
A.C. WHYTE L.D.S.,
JOHN GOURLAY L.D.S.,
CHARLES S. SINCLAIR L.D.S.,
JOHN FOULDS L.D.S.,
S.W. McCRAKEN L.D.S.,
JOHN MELVILLE L.D.S.
ALEX. WHYTE L.D.S.,
JAMES FULTON,
WILLIAM H. FOULDS L.D.S.
B. SUTHERLAND L.D.S.,
DONALD R. CAMERON L.D.S.,
WILLIAM LANGLEY L.D.S.,
JAS. WALLACE L.D.S.,
T.R. CAMERON,
WALTER S. HISLOP,
ALEXANDER SMYTH.”

Michael Gow
General Dental Practitioner,
Kilmarnock
Born on the 5th of November 1928 in Glenfield near Paisley, David Kean Mason was the second son of George and Margaret Mason. His father worked in a textile dying and finishing business in Paisley, a traditional industry in that area. The young David was fortunate enough to have been brought up in a house with a golf course at the bottom of the garden—which may have initiated his lifelong love of the game. His elder brother Willie preceded him to Paisley Grammar and Glasgow Academy and into the dental profession.

Stoical behaviour
First contact with dentistry came as a five year old patient having deciduous teeth extracted under general anaesthetic when he remembers being given a junior joiner’s set as a reward for stoical behaviour. R.Y. Richmond, ‘the gadget man’, (see page 6) was the family’s dentist and befriended the two boys, who worked in his practice laboratory in their school holidays and so developed their interest in a dental career.

Willie went to be a student at Glasgow Dental School and David was his patient as he strove to “get his points up” and fulfil his requirements in Conservative dentistry. He remembers being impressed by the relaxed and jovial atmosphere amongst the students and was attracted to the idea of becoming a dental student himself.

Swamped but not defeated
In due course, in 1946, he applied for a place at Glasgow but the Dean, Forbes Webster, seemed less interested in a school leaver than the wave of ex-servicemen applicants. For a young man with a passion for golf, who had recently captained the Scottish boys team and had even contemplated a career as a professional, an application to St Andrews’ university was an obvious alternative. His experience there was much more welcoming and the Dean of the Dundee Dental School, Professor Aylwin Hitchin, duly offered him a place. Some of the interview questions puzzled him and it was only many years later that Hitchin, by then an old friend, admitted to him that it had been the first time he had ever interviewed a prospective student!

As it transpired the course was based in Dundee, not St Andrew’s, and golf for the University team involved some very cold and tedious journeys, so he finished up playing more rugby than golf.

Four years of didactic instruction
The LDS course which was taken first, was an intensive four years of didactic instruction and study, but the year to BDS and the following house jobs did allow a blossoming of the academic interests which were to become his life’s pursuit. He remembers asking Professor Hitchin about the differential effects of local or general anaesthesia on post-operative healing and being told to go and look it up. Only then did he appreciate how much information there was in the literature and how much more was unknown and could be addressed by scientific enquiry. This was the way he enjoyed learning and it helped him benefit more fully from his later undergraduate studies in medicine. As well as Hitchin, Eric Bradford was a stimulating teacher and introduced David to the ideals of prevention.

National Service and expanding horizons
Two years National Service in the RAF came next and provided an enjoyable opportunity to meet a wide variety of people, for making first contact with the wider professional scene in London and particularly at the RCS England. In 1956 he was able to attend the FDI Congress in London under the Presidency of Sir Wilfred Fish and organised by the Secretary General Gerry Leatheman, which was an eye-opening experience. It was not all work, however, and there were excellent opportunities for sport, not only golf but also keeping very fit and playing rugby for the RAF and London Scottish.

Registrar in Dental Surgery
Afterwards came an invitation to a two-year appointment as a Registrar in Dental Surgery back at Dundee. Duties encompassed a wide variety of activities across oral surgery, oral medicine and pathology and the atmosphere was very stimulating. In 1956 David went back to London to attend the 3-month full-time Primary Fellowship course at RCS England and was resident in the College in Lincoln’s Inn Fields.
The Irish Giant the Aussies and the Ashes

The accommodation was on the top floor - past the skeleton of the “Irish Giant” in a showcase in the corridor. As well as the superb teaching of the RCS basic science team there were memorable celebrations with the Australian students as their compatriots won not only “The Ashes” but also the Open Championship and Wimbledon!

A return to the West of Scotland followed in 1956. Elder brother Willie had by this time become established in general dental practice in Paisley and in a part time teaching post in the Conservation Department at Glasgow Dental Hospital. He went to study in Canada for a year during which time David replaced him in both activities. This time at GDH was most enjoyable with some memorable colleagues such as James Ireland, George Nixon, John Findlay and Andrew Carmichael who were active in research and development of new ideas in their clinical practice. He also spent 2 days a week with Bill MacLennan at Bangour Hospital Oral Surgery Unit. Bill had been a rugby hero of his as a Scottish internationalist and became a life-long friend. His clinical practice was wide in scope, working in conjunction with Plastic and ENT colleagues, and his empathy with his facial deformity patients was striking - as he himself had a mild first-arch syndrome defect. This varied experience was an invaluable foundation for the final FDS examination for which David appeared successfully at RCS Edinburgh in 1957.

Developing interests

When Willie returned from Canada, David was appointed to a part-time Senior Registrar post with John Campbell at GDH, working with patients suffering from temporo-mandibular joint and chronic facial pain problems. By now he was quite clear that he wished to broaden his training experience still further and that the key to this would be to take the medical course. He was beginning to appreciate the possibilities opened up by developing those areas of dentistry which, while a relatively minor part of most dentists practice, interfaced with major areas in medicine. He could also see the value of the links that GDH consultants had built with their colleagues at other hospitals in Glasgow and the possibilities of expanding them. The Glasgow undergraduate medical course at that time was given in a fairly traditional style being largely lecture-based though with ample clinical experience. Contact with the Department of General Medicine at the Western Infirmary was particularly interesting because their interest in thyroid function opened up analogies with salivary glands which were still under-investigated - an interest which was to come to fruition later as David’s MD study. He was struck by the broad perspectives of medical education and the collaboration between different disciplines in clinically related research (though usually ignoring oral aspects). The dental course in contrast seemed more narrowly focussed on current practice and technique.

Expedition to the USA

In 1962 a seminal experience was an expedition to the USA to attend the ADA meeting in San Francisco. He was able to visit ten US Dental schools in all and was particularly impressed with University of Michigan at Ann Arbour, and with the University of California in San Francisco. He had become aware of the growing importance of human disease and of the effects of advances in drug and immune therapy in dental education and practice, and was fascinated to observe the variety of ways in which this was being expressed in the US Schools. It seemed to owe most to the leadership of individual clinicians and their drive for recognition of these interests in a country with a strong tradition of highly technologically based dental education. Paradoxically the British tradition was more medically based at undergraduate level but lost this emphasis after graduation when practicing dentists often seemed remote from medicine in general.

MD Thesis

Having completed his medical pre-registration house appointments in Dermatology ENT and General Medicine he returned to Glasgow Dental Hospital as a Senior Lecturer in Dental Surgery and Pathology in 1963 and completed an MD thesis on the subject of salivary gland function in health and disease in 1967.

New professor

Promotion to the newly created Chair in Oral Medicine and Pathology followed in 1967. This was one of the first such appointments in the UK, with only Martin Rushton at Guy’s holding a similar post, though an appointment at Manchester was made shortly after. The training pathway followed by this new Professor to fit him for appointment had been wide and varied, unorthodox but imaginative and comprehensive. One is moved to wonder how such progress could be achieved in present day circumstances. Less generous funding opportunities and public concern for defined standards in training has sadly lead to a stifling rigidity and, even worse, to a denial of opportunity for the curious clinician to pursue their own inspiration in research.

New influence, new hospital

The aim of the new department was to bring together the - at that time - small, relatively underdeveloped mainly non-surgical clinical/laboratory based oral subjects. As well as Oral Medicine and Pathology these included oral microbiology and immunology, periodontology, preventive dentistry and dental public health. The principal Lecturer in each subject had the responsibility of promoting their subject clinically and academically in the Dental Hospital and School, and also to relate closely to developments occurring in the larger general departments in the University, the regional hospitals and the community services. Generous space would become available in the new Dental Hospital and School then being planned.

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How well this was to be achieved, and how widely the new Professor’s activities and influence were to spread will be described when we take up the story again in our next issue.
60 Years On  
Glasgow Dental Graduates  
Class of 1947

Front row, left to right: Willie Neithercutt, Margaret Hamann (nee Temple), Dorothy Stewart (nee Edmonston), Jimmy Stewart.

Back row, left to right: Bertha Campbell (nee Ross), Jack Mitchell, Murray Chalmers, Jimmy Ingles, Tom Copstick.

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A recent dinner in Lochgreen Hotel, Troon celebrated the 60th Anniversary of the year of ‘47 Glasgow Dental Graduates. Seventeen diners were present but the photograph shows the nine members of the class who were able to attend. Spouses and widows and one son made up the other seven. Another eight members of the year were for various reasons unable to come so that there are seventeen graduates of ‘47 still alive out of a year of thirty.

Not bad going sixty years on!
Rufus Ross writes that when his cousin was researching the family tree, he came across this advertisement in *The Jewish Echo*, 23 June 1939. The double-headed toothbrush was patented by Chester V. Boyd, Rockford, Illinois, USA on April 20 1937. (No. 2,077,393).

In his application to patent the brush, Mr Boyd recommends his invention for:

“...conveniently, comfortably and efficiently cleansing all surfaces of the teeth simultaneously, and the embrasures and gingival margins at the same time.”

He goes on to admit that u-shaped toothbrushes were not new but despite the existence of various designs, none had been commercially successful. He claims that his own design had eliminated the “objectionable features” which had ruined the commercial feasibility of previous models. The Boyd Brush, for example, was unique in that its u-shaped head was at an obtuse angle in relation to the handle, making it possible to reach all of the teeth without awkwardness or discomfort. Similarly, the lower end of the brush head was flat and in a common plane with the bottom of the handle with rows of bristles mostly parallel to this flat bottom. This meant that there were many bristles down low to thoroughly cleanse the necks of the teeth, gingival margins, and interdental spaces. Furthermore the reduced vertical dimension of the rearwardly inclined head gave easy access to the molars.

Rufus Ross, retired dental practitioner and historian, Glasgow.
Scotland and Medicine

The websites of places in Glasgow and the West of Scotland that hold resources for the history of medicine are provided in a leaflet “Glasgow and the West – World of Medicine.”

This is a regional leaflet published this summer by the Scotland and Medicine Partnership and has been widely distributed around Glasgow and the West of Scotland.

Further details about the Scotland and Medicine Partnership which is being led by the Royal College of Surgeons of Edinburgh can be found on the Partnership’s website at http://www.scotlandandmedicine.com.

Funding is being sought to extend the website and include more links to medical and dental history.

Medhist

The Henry Noble History of Dentistry Research Group continues to have a high profile on the internet.

Medhist is a medical gateway to links of evaluated, high quality internet resources relating to the history of medicine, covering all aspects of the history of health and development of medical knowledge.

Unlike most entries which merit just one entry, the History of Dentistry Research Group has two, one for the website itself and one for the newsletter. MedHist is affiliated to Intute, an online service providing access to the very best Web resources for education and research, but it is developed and managed by the Wellcome Library and can be found at http://www.intute.ac.uk/healthandlifesciences/medhist/

Google Book Search

Google Book Search allows public-domain works and other out of copyright material to be downloaded in PDF format.

Through this service, Google plans to digitise and make available approximately 15 million volumes within a decade. Major libraries such as Harvard, Oxford and Cornell University Libraries have become partners in the scheme.

In order to use Google Book Search go to http://books.google.co.uk/ and perform a key word search just like you would do using the main search engine Google.

Criticism

Dentistry books available include the full text of *A System of Dental Surgery* by John Tomes, 1859, *Instructions in the Use and Management of Artificial Teeth* by John Tomes, 1851 and *A Practical Treatise on Mechanical Dentistry* by Joseph Richardson, 1860.

There has been some criticism of Google’s scanning methods as some books have been scanned in such a fashion as to make pages unreadable. An example of this is *A Practical Treatise on Operative Dentistry* by J. Taft, 1859 which has several pages where the image does not appear or where the print is difficult to read.

There has also been criticism from the publishing industry and writers’ groups over infringement of copyright. Nevertheless, from a researcher’s point of view this project has huge potential and will open up books and knowledge to a vast amount of people.
Dear Mrs Noble,

I have just read with great interest about the life of my father Adam Cubie, well researched by the late Dr Henry Noble. Many of the names and places are familiar to me as I remember him talking about them when I was a child. I can even remember copies of the "La Revue de Stomatologie" lying around our house!

His professional interests took him down many avenues. For some years he served on the Dental Board. He was also external examiner for three UK universities, Leeds, Edinburgh and Dundee. However it was his interest in international dental affairs which really impacted my young life. As a member of the F.D.I. (Federation Dentaire International) he attended their conferences, the venue being a different European capital each year, and as a young teenager I was privileged to go with him and my mother to these events. Some of the friendships formed on these occasions lasted for years.

I believe his portrait is in the Dental Hospital although I have never seen it.

His thirst for knowledge never left him, but failing eyesight latterly made reading very difficult. He remained physically and mentally active until his death, age ninety-five.

He was a man of enormous integrity who never sacrificed principles even if personal cost was involved, a devoted husband and a loving father. This is how I remember him.

Yours sincerely,

Dr. Jessie Wallace (Cubie)
Experience
by Martin Amis
Vintage edn. ISBN 0099285827

Martin Amis, son of Kingsley Amis is a novelist whose titles include The Rachel Papers and Dead Babies. He is also the author of non-fiction works such as Visiting Mrs Nabokov and the book under discussion here, entitled, Experience, first published in 2000. Experience is a moving autobiography. From the age of fifty-three Amis looks back to his younger years through letters written home from school and later from Oxford University.

Wistfully revealing
He describes his life, family, friends and fellow artists with more than a little sadness. He talks throughout in great depth about his dental health and experiences which reveal something of how it feels to be a patient. He introduces us to his dental problem and his plans to address it in these two excerpts:

"I had two other reasons to feel unreceptive that day. First, I had, of all things, a toothache: a joke toothache, something you'd see in a tabloid cartoon set in a dentist's waiting room (I might as well have tied a pillowslip round my head); the bulge on the side of my jaw threatened closure of my right eye. Second, I was having the only regular bad time I ever have with this matter of writing fiction: severe anxiety, rising sometimes to purulent levels, while finishing a long novel …"

"I chewed experimentally on my dinner, using about 8 per cent of my mouth which was all that was available. A one point Isabel said: You've got to go to the dentist. At least go and see a dentist …. I hadn't been to a dentist for five years. I had been writing the novel for five years. I said: If I get into the dentist's chair, I'll never get out. I'll finish the novel then I'll get into the chair."

His dental problems had been a feature throughout his life and he felt that he had inherited both bad teeth and bad gums:

"When I was a child, and the whole thing was beginning, I used to look forward to being older. By virtue of being older I would be brave – unavoidably, automatically. Courage would just come upon me…Adults didn't refuse to get out of bed in the morning because they had a dental appointment later in the day; they didn’t spend their lunch hours snivelling in the toilet…"

Eventually his appointment with a dentist in New York begs the question: Is this how our patients see us?

Dentists’ hands
"My name is called and I went on through. The handshake of Mike Szabatura: masonically medical. Dentists’ hands: their warmth, their strength, their godly cleanliness."

The verdict is not good. Szabatura proposes a treatment plan. Amis absorbs the prospect and reflects on following an oral hygiene regime:

"The uppers are shot. The lowers are no good either. To be extracted that Monday …… I felt modelled, moulded – and self conscious and semi paralysed; and yet I was calm…….Calmly I cleaned my teeth. The lowers only of course, because the uppers would be in a dustbin before ten o’clock on Monday morning. Cleaning my teeth used to be a big part of my life. Fifteen years on a hygiene regime meant that I had used up something like eight thousand hours cleaning my teeth: the picks, of wood and water, the interproximal, the floss, the electric brush."

He then describes the treatment itself:

"…..with the horseshoe now wedged against my palate, bear down, and tug. In the rhythmical creaking something gives and something catches… A further San Andreas of wrenching and tearing – of ecstatic sundering… the gory remnant whisked from my sight like some terrible misadventure from the Delivery Room."

You will need to read on to follow the treatment plan to its conclusion where he offers insights into life wearing prostheses and being on the receiving end of implants.

It is not just teeth we are dealing with
My copy of Experience by Martin Amis was a gift to me from a journalist patient, following the completion of a very lengthy and complex treatment plan. Her treatment began after fifteen years of suffering dental problems and staying behind the scenes at work. She wrote that she was happy with her natural smile but was daunted that she no longer had the excuse that her life would be better if she was no longer self-conscious about her teeth or gums. Amis’ book and these comments are another reminder that it is not just teeth we are dealing with in the dental surgery.

Anna Lang
General Dental Practitioner and Clinical Assistant in Restorative Dentistry, Glasgow
The Henry Noble History of Dentistry Research Group
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Autumn 2007

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Stuart Taylor
Alastair Tough
Ian Watson
Marie Watt
"The River Leven at Dumbarton"

Water colour, 24x17cms by James G. Messer BDS Glasgow (1964), DDS, FDSRCS. Signed “James Messer, 1987.” Painted during a sabbatical spent jointly at Glasgow Dental Hospital and School and at Glasgow School of Art. Purchased from the artist by the Editor. Jim Messer was Chief of Dental Services of the International Grenfell Organisation in Labrador at the time of his death in 1995. Two other pictures of his, of Loch Long and of Loch Lomond, are hung in the West of Scotland Centre for Postgraduate Dental Education.