Bartholomew Ruspini, (1728-1813) who came from an Italian aristocratic family and qualified as a surgeon in Bergamo, was surgeon dentist to the Prince of Wales, later King George IV, and a well-known figure in London society in the second half of the Eighteenth century. He was a prominent philanthropist and freemason and was the founder of the Royal Masonic Institution (now School) for Girls in Rickmansworth. He was also, somewhat unusually for an Anglican convert and a mason, awarded the Papal title of Chevalier. Menzies Campbell wrote an extensive biographical essay on Ruspini which can be found in his book, Dentistry Then and Now, 3rd edn., Glasgow, 1981. (Formerly entitled, From a Trade to a Profession.)

The portrait is of Ruspini, his wife, and three of their nine children, James, George and Elizabeth. Three of his sons also became dental surgeons in London.

There are five other portraits of Ruspini in the collection; (Fig 1), pastel attributed to Matthew William Peters, R.A. (1742-1814), HC.J.16.X.2, a stipple-engraving by William Ridley (1764-1838), (not illustrated), HC.J.16.X.2a, (Fig 2) an engraving by Francesco Bartolozzi, R.A. (1728-1813) after the oil by Thomas Stothard, R.A. (1755-1834), depicting him presenting the orphanage children to King George III, HC.J.16.X.4, (Fig 3) an engraving by James Hopwood (1762-1819) after the work by John Raphael Smith (1752-1812), HC.J.16.5, (Fig 4) a coloured lithograph after the oil painting by George Romney (1734-1802) in the Statens Museum for Kunst, Copenhagen, HC.J.16.X.3. He is also the dentist depicted in the Rowlandson engraving 'Transplanting of Teeth', HC.J. XX.6 & 7.

Prints from the Menzies Campbell Collection at the Surgeons’ Hall Museum Edinburgh, reproduced with permission of The Royal College of Surgeons of Edinburgh.
Volume 3. Number 1.

Contents

4 Update

7 A Short History of Oral and Maxillofacial Surgery in Scotland.

13 Dentistry in the 1930s Part 2: Preparation for Hostilities.

18 Dental War Heroes Number 2: Pierre Audigé and the Dentists of Nantes.

20 ‘The Man Who Paints Those Dreadful Pictures’: Francis Bacon and the Oral Diseases Textbook

21 Web News

21 Letters

22 Word of Mouth: Les Miserables by Victor Hugo

23 List of supporting members
Henry Noble History of Dentistry Research Group to affiliate to the Centre for the History of Medicine at the University of Glasgow.

At the suggestion of Professor David McGowan discussions have taken place over the last few months about a possible association between the Group and the Centre for the History of Medicine, which is part of the Department of Economic and Social History at the University. While the Group has benefited, and continues to benefit, from its origin in the Dental School and its strong support from the RCPSG, it was felt that an additional closer association with professional historians would benefit our present and future aspirations. It is pleasing to note the cordiality of the discussions which have now reached a successful conclusion. Dr Malcolm Nicholson, the Director, and his colleagues have agreed to accept the Executive’s request for affiliation of the Group with the Centre. This new relationship supplements the links that individual members have already, and opens up new channels of cooperation, which are already enabling future initiatives. The first joint event is to be a ‘Witness Symposium’, on the impact of the foundation of the NHS in 1948 on Scottish dentistry, which is to be held at the Centre in May of 2010. The Chairman, Secretary and Professor McGowan were able to take part in a recent visit to the Centre by officers of the Wellcome Trust and to have a preliminary discussion on possible grant funding for HNHDRG projects. A further Symposium for the following year is under discussion and the Group look forward to becoming ‘well-kent’ faces at Lilybank House, and to realising the opportunities for research which lie ahead.

Extracting Your Roots

Last year, The Glasgow Odontological Society kindly invited The Henry Noble History of Dentistry Research Group to address their pre-Christmas meeting. The lecture was subsequently held in the Anatomy Department of The University of Glasgow on 16th December 2008. Our Committee member, Robin Orchardson, gave an engaging presentation on researching family history, pithily entitled: ‘Extracting Your Roots.’ Dr Orchardson described the various sources and methods whereby one’s bloodline may be traced. He stressed that the place to begin was to speak to older members of the family and record whatever oral information they could provide. Family documents such as birth marriage and death certificates, letters, diaries and photograph albums were also important. He noted however, the difficulties for the amateur researcher, which variant spellings of Scottish surnames may cause in following a genealogical trail. His own surname, Orchardson is not common and according to the reference book, Black’s Surnames of Scotland, it may be a corruption of Urquhartson; variants include Orcherton or Orchison. For this reason Parish Records are not a particularly helpful source as many names were written down ‘phonetically’ and thus have wildly inconsistent spellings. Similarly the quality of handwriting varies and may be difficult to decipher.

Fortunately, modern digitalised archives, which are easily accessed by the public via the internet, are available. Dr Orchardson mentioned, The Family History section of the BBC Website, and other sites specifically dedicated to genealogy such as, ‘Ancestry UK’ and ‘Scotland’s People’, where information on the 1841-1901 Census can be viewed. War Records and details gleaned from War Graves may also add to a growing family archive. Dr Orchardson’s personal family journey uncovered a number of interesting ancestors, of all shades of character, over some two hundred and fifty years through nine generations. As he summed up, the Orchardson family timeline which he has traced so far, runs roughly from The Battle of Culloden in 1746, to the election of Barack Obama in
2008. The lecture certainly whetted the appetite of the audience to utilise the techniques described by Dr Orchardson in getting to know their own ancestors for better or worse. Afterwards, they retired to the suitably thought-provoking Anatomy Museum for wine and mince pies.

**Lecture on the history of Edinburgh Phrenological Society by Professor Matthew Kaufman.**

The spring lecture of the HNHDRG was held at the RCPSG when members were treated to a scholarly history of a nineteenth century Society dedicated to the pseudo-science of Phrenology, which at one time attracted substantial public and financial support and made Edinburgh a world centre for this bizarre study. Fortunately Professor Kaufman, a former Professor of Anatomy at the University of Edinburgh, has been able to help channel some of the residual resources from the Society into modern neurophysiological investigation of the contents of the cranium, rather than speculations on the heights and hollows of its surface.

**Coupland identified and a mystery solved.**

The search for the originator of that invaluable oral surgical tool, the Coupland’s chisel, which we mentioned in a previous issue, and has been taxing a number of dental historians for some time, has been brought to a successful conclusion by a letter to the *British Dental Journal* of 24 January 2009, from Peter Cove, a retired Consultant oral and maxillofacial surgeon in York. Peter, who, like our Group Chairman, took an OU history degree in his retirement, describes a visit to Dr James P Coupland in Canada, where he learned that the instrument was developed by a cousin, Dr Douglas C W Coupland, in the 1920’s. The full text of the letter is reprinted on page 21. Sadly, the originator of the enquiry, John Lowry of Bolton, died suddenly before the matter was resolved. John is the figure on the extreme left of the group photograph on page 11 of this issue.

**BBC ‘The One Show’.**

It was a surprise to receive a request from a researcher for BBC1’s nightly magazine programme ‘The One Show’, for a copy of *Dental History Magazine*. It was to be used in an edition that week on the theme of history and starring comedian Paul Merton, in which he would comment wittily on an obscure magazine, i.e. *DHM*. Supposing it better to be lampooned on national television than to be ignored, the Editor complied with the request. Sadly, and typically, in the event it was not mentioned, and several loyal members of the group watched an undistinguished edition of the programme. Maybe one day we will feature on ‘Have I got news for you’, an altogether more amusing prospect.

**Autumn Lecture**

The Autumn Lecture of the Henry Noble History of Dentistry Research Group will be held in The Royal College of Physicians and Surgeons of Glasgow at 12 pm on 27 October 2009. Dr Jo Cummins will speak on the dental content of *The Rosa Anglica* by the medieval physician John of Gaddesden.

**A short history of oral and maxillofacial surgery in Scotland.**

The shadow of World War II falls heavily over all three main articles in this issue, but in his short history of the specialty in Scotland, Khursheed Moos highlights the spur to surgical progress that the exigencies of war proved to be, in this and in the previous conflict. The EMS hospitals and their jaw injury centres laid the foundations for the complex and highly developed service in oral and maxillofacial surgery which Scotland enjoys today.

**Dentistry in the Thirties, Part 2: Preparation for hostilities.**

In this second and concluding part of his pioneering study of dental practice during the 1930s and beyond, Rufus Ross discusses the effect on the profession of the outbreak of war. In addition to accommodating an influx of refugee dentists fleeing Nazi oppression in continental Europe, dental
practitioners faced new clinical and financial challenges as well as social upheaval.

**Dental War Heroes No 2: Pierre Audigé and the dentists of Nantes.**
The gruelling realities of life in occupied France are the background to Xavier Riaud’s second article, bringing us the inspiring story of Pierre Audigé and the other dentists active in the Resistance in the Nantes area. Audigé was the leader of the Mouvement Libération-Nord and of the Cahors-Asturies Network. After capture and torture by the Gestapo, he paid the ultimate price for his patriotism. He died in Nazi captivity in 1944.

**‘The man who paints those dreadful pictures’: Francis Bacon and the oral diseases textbook.**
The strange history of the painter Francis Bacon’s life-long obsession with the oral cavity is recounted by David McGowan. The yet to be identified illustrator of a French dental text book which influenced Bacon’s work, could never have imagined what it was all going to lead to!

**Web News**
In this edition of Web News, Carol Parry, Archivist of the Royal College of Physicians and Surgeons of Glasgow, introduces us to a new £1 million multimedia project recently launched on The Science Museum Website. The pages feature many dental artefacts from the Wellcome Collection.

**Word of Word of Mouth: Les Miserables by Victor Hugo.**
In our previous issue, Jo Cummins reviewed Gerald Carson’s biography of Tom Evans, dentist to Emperor Napoleon III and Empress Eugenie of France and their Court. Tom Evans’ wealthy patients received the very best of dental care and many needy individuals benefited from his charity but in this edition of Word of Mouth the author considers the concomitant dental services delivered by and to the Parisian underclass in a passage from the pen of Victor Hugo in his seminal novel, Les Miserables.

Mac McCarthy of Redruth Cornwall sent us this picture of an 1874 farthing inscribed: ‘G W Andrews Dentist’

For details, please see his letter on page 21.
A Short History of Oral and Maxillofacial Surgery in Scotland
Khursheed Moos

We know that oral and maxillofacial procedures were largely carried out by general surgeons in the 16th to 18th Century including the use of Hippocratic methods for reduction of dislocations of the jaws and fixation of fractures. There were fatalities from severe infections associated with erupting third molars. Surgery around the oral cavity, being in an infected area, was hazardous in pre-antibiotic times, and very little could be done for fractures in the midface and mandible apart from manual repositioning and fixation by binding or wiring. Oro-facial tumours were removed by general surgeons without anaesthetics but relying on the sedative effects of alcohol and laudanum.

It was not until the mid 19th Century that general anaesthesia, and only at the beginning of the 20th Century that local anaesthesia, became available allowing secondary repair of hard and soft tissue injuries, removal of tumours and the management of jaw deformity. After Lister, antisepsis and later asepsis increased the survival rate and in the 20th century the introduction of endotracheal anaesthesia made significant advances in maxillofacial surgery possible.

**Dentists played a major part**

Dentists played a major part in the management of intra-oral pathology and trauma from the mid-nineteenth century onwards but it was not until the First World War that maxillofacial trauma began to be identified as a special area for expertise. The outstanding dental surgeon Kazanjian came to Europe with the US forces and along with Major Harold Gillies and Captains Kelsey Fry and Fraser in England, defined the principles and techniques for the successful management of oral and maxillofacial trauma, which were later applied to the management of facial deformity and head and neck surgery. Developments were slower to occur in Scotland and initially very much followed on those from England and the Continent. After the First World War experience, and in the shadow of rearmament, the Army Council appointed an Army Advisory Standing Committee on maxillofacial injuries in 1932. It reported to the War Office in 1939, summarising the lessons learnt in the previous conflict, and as a result a network of specialist plastic and maxillofacial units was set up across the UK.

This necessitated the coming together of oral and dental surgeons with plastic surgeons, in units at Ballochmyle in Ayrshire in the West of Scotland, Bangour in West Lothian near Edinburgh, along with the development of smaller auxiliary units in Aberdeen, Strathcathro in Brechin, Raigmore in Inverness and Bridge of Earn in Perthshire. In March 1939 the Ministry of Health, in association with the Emergency Medical Services, became responsible for the provision and distribution of these specialist surgical centres under the general supervision and guidance of Sir Harold Gillies. Their function was essentially to treat war injuries following the transfer of service personnel who had been severely injured, often also suffering burns and significant local tissue loss. The expertise of dental surgeons was recognised as essential in providing prostheses as well as dealing with intra-oral and dental trauma and damage to the jaws. Civilian casualties from bombing raids were also to be admitted for treatment there. Maxillo-facial casualties from the war front were initially managed and treated close to the front by dental surgeons, but definitive treatment was often only possible where there were adequate laboratory facilities and this would necessitate the transfer to a specialist unit in the UK when possible.
It was important to place the EMS Hospitals away from major population centres which were likely to be bombed and so they were usually placed some 10-20 miles distant, close to a railway line and public transport with good road access. In the West of Scotland the unit selected for development was at Ballochmyle House, in Ayrshire a mansion house dating back to 1165. There were spacious grounds for the building of a hospital around it and the Secretary of State for Scotland acquired the site in 1939. Because of the distance from the war front this unit was set up largely to deal with civilian casualties from bombing raids especially resulting from the attacks expected on the docks, naval yards and shipping in Glasgow and Clydeside. The first part of the hospital was completed in August 1940 and consisted of two blocks of eight wards and an administrative block, including a kitchen, laboratory and pharmacy. The mansion house itself provided residential accommodation for medical, nursing, technical and administrative staff and further accommodation for nursing staff was built later, along with another ward block including an isolation ward.

Cold comfort home
The nurses’ home was apparently a rather Spartan building heated by only three coal stoves in the corridor. When the first staff arrived in the autumn of 1940 there were no roads laid, only mud tracks, but all the building was completed in a space of fifteen months while the staff were living and working there. The completed hospital had four blocks with 32 main wards and 40 beds in each, making a total of 1280 beds, three operating theatres and two x-ray departments. Staff were lead by a Chief Medical Superintendent and a Matron, and Jack Tough was the senior plastic surgeon. With 300 women and 10 men resident it was essential to keep them happy, and entertainment included dances, concerts and visits from screen and radio stars including Sir Harry Lauder and Robert Wilson. It was also a perfect site for staff weddings.

The ‘Jaw Injuries Unit’ became operational in 1940 with three dental practitioners A J Wilson, Tom Rankin and Bob Richmond with a technician, Walter Smith, on call. Wilson had a practice in Sandyford Place, Glasgow and was the Chief Visiting Consultant.

Royal appointment
Tom Rankin took over as the dental chief after Wilson’s sudden death, and later went on to a consultant post at Bangour. He had started practice in Hamilton in 1909 and the first school dental service in Lanarkshire. In the First World War he was Major Inspector of Dental Services, Aldershot, and as one of the original officers of the newly formed Army Dental Corps was awarded an OBE. He was a member of the Scottish Dental War Committee and after the war became Deputy Commissioner of Medical Services (Dental) - Ministry of Pensions for Scotland. Influential in dental politics, he was a member of the Interdepartmental Committee on Dentistry (Teviot Committee) which framed hospital dental and consultant services for the postwar period. He was the first lecturer on maxillofacial injuries to Glasgow University, and was later appointed Consulting Dental Surgeon to the Royal Navy (1951) and Surgeon Dentist to the Queen in Scotland.

Ingenuity finds expression
Bob Richmond who had a practice in Paisley and worked at Ballochmyle up until 1943, was noted for his inventiveness and ingenuity which found full expression in treating complex war injuries.¹
Walter Smith was a dental mechanic from Greenock practice. He was kept back from the services in a reserved occupation and applied for a technician job at Ballochmyle, where he familiarised himself with the techniques for making Cap splints and Gunning splints for the stabilisation of fractures, working largely from a US Army manual. The first fracture case arrived in December 1940 and the first splint was fitted in time for the New Year. In 1942 the unit was designated by the Royal Army Dental Corps as a centre for instruction for officers from the Scottish and Northern Command. Two-week courses for eight at a time were largely under the supervision of Walter Smith in relation to the treatment of fractured jaws, and the officers also attended plastic surgery lectures and worked closely with plastic surgeons. A few were selected for additional training and would later act in a supervisory role. These courses ran from 1942 to 1945 with a total of 225 Officers being trained and Walter Smith was later recognised for this contribution by the award of an MBE in the 1953 Coronation Honours.

Post war developments
At the end of the war it was felt that there was still a place for plastic and maxillofacial units for the treatment of face and jaw injuries and in December 1946, Steven Dobbie, who had been previously trained there was appointed to the unit. In 1948 he was joined as an SHDO by Ian Allan. There was then only one theatre session a week for oral and maxillofacial surgery and the two SHDOs worked with Jack Tough and the recently appointed Tom Gibson, and were also responsible for dealing with accident cases in Ayrshire Hospitals and providing a referral service for general dental practitioners. In 1953 Steven Plumpton was appointed as the Consultant Oral Surgeon to Ballochmyle and the West of Scotland. He had been a dental practitioner at the outbreak of war but following his discharge he obtained a medical qualification and the new Fellowship in Dental Surgery. Following the Second World War there was a start to the proper training of oral and maxillofacial surgeons, and it became accepted that a medical qualification was appropriate in addition to a higher dental qualification.

New unit at Canniesburn
The site of some of the war-time maxillofacial
units was now considered too far away from the centres of population and so, in the 1960s the plastic and maxillofacial unit was moved from Ballochmyle to the Glasgow Royal Infirmary, at the cost of limited facilities and operating time there. However Jack Tough was able to plan for a new unit at Canniesburn - outside the overcrowded Royal Infirmary. The new Canniesburn unit was opened in September 1967. Designed in a fairly spacious way for the second half of the century it had 130 beds in six wards, one of which was to be converted to a high dependency unit. There were consulting rooms, a central treatment area and Speech Therapists’ office, four operating theatres for inpatients and one for outpatients, research facilities, and a designated oral surgery department with a maxillofacial laboratory. Shortly after the opening Jack Tough retired and was succeeded by Tom Gibson as Director of the Unit.

This charismatic plastic surgeon was active in research and was renowned for his pioneering work with Medewar on the immune response. Steven Plumpton continued working with the plastic surgeons but did relatively little operating, and while plastic surgery moved rapidly forward with many notable developments, oral and maxillofacial surgery was slow to progress. It was not until 1969 when Derek Henderson was appointed that a new era was initiated. His appointment on 1st November 1969 marked a change in the specialty in Scotland. He worked closely with some of the younger plastic surgeons notably in the development of corrective surgery for high level midface deformity, and initiated evidence based planning for this, and computerised records for trauma surgery. I was fortunate to join him in 1974, (he was an old school friend), and for a short period we worked together endeavouring to take oral and maxillofacial surgery forward into the 21st century, till he left to return to London. It became clear in the 1980s that the isolated maxillofacial/plastic unit could not develop satisfactorily, separated from intensive care and laboratory services then only present in major teaching hospitals, but it was not until the 21st century that the maxillofacial unit moved to the Southern General Hospital to work ever more closely with the neurosurgical unit there, while the plastic surgery unit was redeveloped along with the burns unit back at Glasgow Royal Infirmary. For oral and maxillofacial surgery this was a major change leading to a concentration of the majority of facial trauma and craniofacial deformities in the region being treated by maxillofacial surgeons, as well as much of the head and neck surgery for cancer. It produced a central major teaching unit, which included all aspects of oral and maxillofacial surgery and the opportunity for research into many aspects of the specialty.

Major reconstruction techniques

Bangour was the most important of the other maxillofacial units. It opened in 1941 within the site of Bangour General Hospital, between Broxburn and Bathgate, some fifteen miles from Edinburgh, which had originated as a military hospital during the First World War. Temporary buildings in the form of EMS huts were added to it, and it was here that A B Wallace and others developed the major reconstruction techniques required for war surgery under the guidance of Sir Harold Gillies. With an embedded Oral Surgery department, it
provided comprehensive plastic and maxillofacial emergency and elective services for the southeast region, including the local population and the city of Edinburgh, during and after the Second World War, though acute services were largely retained in the city. Edinburgh Sick Children’s Hospital also managed cases from Fife and the Highland Region and to a lesser extent the Central Region.

The father of oral surgery in Edinburgh

The development of the specialty was a little different in the east in that there had traditionally been a closer association between medicine and dentistry and many dental surgeons were practising anaesthetists who worked for their surgical colleagues including ENT. Out of five leading anaesthetists between the wars three were dentally qualified. John H Gibbs the father of oral surgery in Edinburgh was an instructor in anaesthesia at the Royal Infirmary from 1903 to 1929; he worked with ENT and was also a very knowledgeable oral pathologist and a prestigious exodontist. Similarly, Frederick G Gibbs (unrelated) with an FRCP/FRCS (Ed) took up anaesthesia but also practised dentistry. He was Convenor of the RCS (Ed) Dental Council and, with David S Middleton was responsible for co-founding a new oral surgery department in the Royal Infirmary. He was appointed first as an anaesthetist and later as a dental surgeon. An enthusiastic member of the Territorial Army, he led the 155 Field Ambulance Unit in France at the outbreak of war and then volunteered for Malaya, enduring captivity in Singapore in Changi prison where he operated and acted as an anaesthetist until 1945. He survived but in poor health. He helped to set up the new oral surgery department and with Professor Sir John Bruce re-introduced radical neck dissection for oral cancer, which at that time was largely being treated by radiotherapy.

William Donald McLennan, having finished his naval service in 1944, went to Washington DC and then returned to Edinburgh as a consultant in 1947, to take over the management of oral and maxillofacial surgical services from David Middleton who was very much a surgeon of the pre-war period. McLennan who was later appointed Professor at the University, changed the scene in Edinburgh and was noted for his surgery and management of trauma and as an early president of the British Association of Oral (later Oral and Maxillofacial) Surgeons was highly regarded by his colleagues in the UK and overseas. He was followed at Bangour by John Gould and since the maxillofacial unit closed in 1991 by consultants appointed to the new St. John’s Hospital in Livingstone. Maxillofacial surgical services continued in Edinburgh in the Royal Infirmary, in association with the Dental School until its demise, and then transferred to the Western Infirmary.

In the latter half of the 20th Century many changes occurred in oral and maxillofacial surgery and with the necessity for broader surgical training a specialist FRCS in oral and maxillofacial surgery was set up at the Edinburgh Royal College in 1983, strongly supported by Professor MacLennan, Dr LD Finch and Dr JF Gould. The specialty has therefore moved on more towards surgery in general while always maintaining its essential links with dentistry. After the Calman report this FRCS was superseded by a specialist exit fellowship.

An overview

What of the rest of Scotland? The other units developed in Scotland during the war were essentially auxiliary units, one in Strathcathro for wounded troops and for prisoners, and another in Aberdeen. Maxillofacial services were provided by dentists, in Aberdeen by D H. Crombie, and at Bridge of Earn there in a small plastic and maxillofacial unit, with a laboratory, lead by David Martin. In the war years Sir Harold Gillies visited the Strathcathro hospital on several occasions, initially at the request of Mr Crombie and Mr
Oddie the ENT surgeon. Services in Tayside developed principally between 1956 and 1960, based at Dundee Royal Infirmary and the Bridge of Earn Hospital. These were smaller units where the oral surgery side was perhaps less developed initially but Dundee, under Professor Hitchin’s leadership proved to be a fertile training ground for many oral and maxillofacial surgeons, among them Hugh Campbell, Brian Summersgill, Dennis Hall, Derek Henderson, Peter Brown and John Fox, some of whom stayed in Scotland. Crombie was succeeded at Aberdeen Royal Infirmary in the early 1960s by Peter Clarke, an energetic young consultant who had trained in the major maxillofacial unit at East Grinstead in England. He expanded and modernised the management of trauma and facial deformity as well as the covering of the whole north of Scotland and the Orkney’s and Shetland’s. The Northwest and Hebrides were covered from Inverness by Willy Brown and subsequently David McIntyre, who raised the profile in the specialty in that area. However, complex major cases from Inverness were often transferred to the Glasgow neurosurgical unit and to Canniesburn Hospital, or alternatively to Aberdeen.

Appointments in the specialty of oral and maxillofacial Surgery are now made exclusively with doubly qualified consultants. This was common-place in Edinburgh during the most of the twentieth century but in Glasgow there were singly qualified oral surgeons working based at Glasgow Dental Hospital and the peripheral hospitals in the West of Scotland, notably John Orr and later Hugh Campbell, and it was only from the 1960s onwards that more widely trained oral and maxillofacial Surgeons were appointed, providing expertise in the head and neck area for all forms of pathology and trauma.

Back to the practice adopted in WWII

Independent consultants were appointed to most of the major peripheral hospitals in Lanarkshire, Forth Valley, Ayrshire and Dumfries, but now the specialty is again tending to become more centralised, this time in the large city hospitals, moving back, but now for economic reasons and to concentrate training to the practice adopted during the Second World War. While this may be the most effective way of providing specialist services for Scotland it is at the price of a loss of local convenience. As in many other specialist services it remains to be seen how the balance will eventually be struck.

The academic departments in the Scottish Dental Schools were all originally Professorial Departments of Dental Surgery, concentrating mainly on their essential mission in teaching and clinical training of dental undergraduates, but their staff played their part in the provision of specialty services and in the broader dental training of future oral and maxillofacial consultants. From these departments developed the new specialty of Oral Medicine, and advances in specialised radiology, pathology and microbiology. Academic Oral Surgery staff, trained in research, continue to contribute to the advancement and appraisal of new ideas and techniques, and to the scientific training of young surgeons in the now well-established field of oral and maxillofacial surgery in Scotland.
The first inkling that a grave international situation was developing in 1938 appeared in a note in the British Dental Journal which announced that the Home Office had set up courses to protect the civilian population in the event of a gas attack. A Dr Pillans of Albert Drive, Glasgow is named as one of the course instructors. Nevertheless the Annual Meeting of the BDA went ahead in Belfast that year, where accommodation could be obtained at the Grand Central Hotel for 11s 6d for bed and breakfast. For an extra 4s 6d one could get full board at the seaside resort of Bangor.

Refugee dentists

A further indication of events arising outwith this country but impinging on domestic dentistry was the question of refugee dentists. Apparently the Trades Union Congress (TUC) had agreed that 100 such dentists be admitted annually to the United Kingdom over a period of four years. It was known that thousands of Jewish doctors and dentists had fled from their own countries to escape persecution. This prompted a letter from Menzies Campbell, a Glasgow dentist and notable dental historian, who practised in the west end of the city, which referred to the, ‘outrageous interference’ of the TUC. He went on, ‘How would they like extensive dilution of their ranks particularly if many of its members suffered more from under employment than over employment.’

In the House of Commons it was announced in answer to a question that 5,400 Approved Societies with a Membership of 13,070,000 have included dental treatment as an additional benefit, but 530 societies representing 1,730,00 members did not have access to dental treatment. An increase in the fee for scalings was announced in the BDJ of 1st August 1938, by 2s 6d to 7s 6d and would remain in force until January 1944.

That the prospect of war in November 1938, was now accepted as more than just a threat, was reflected by a contributor to the correspondence columns who suggested that wearers of complete or partial dentures should see that they are actually wearing their dentures before putting on their gas masks. He said that failure to do so would result in a leakage of gas into the mask. Other measures were now being put in place and the Ministry of Health had set up a Central Tribunal and Dental Services Committee which would be called upon in the event of a National Emergency. On a more practical note the Representative Board of the BDA decided to draw up a scheme for the protection of those practitioners absent on war service. This scheme when it was later introduced gave rise to considerable controversy concerning the division of income between the locum and the absentee dentist.

On the domestic front it was reported that the Medical and Dental Defence Union of Scotland (MDDUS) continued to make progress. At the 36th Annual general meeting it was announced that membership had increased by 246 during 1938. Invested funds now amounted to over £25,00 and dental claims accounted for more than half of all claims. In May 1938 HM King George VI opened the Empire Exhibition at Bellahouston Park, Glasgow – “Scotland’s challenge to the depression.” The Dental Magazine and Oral Topics carried several stories and pages of pictures. In an earlier article the editor took an optimistic view on the year as far as dentistry was concerned. Employment figures were on the increase and “there was more money in circulation than there had been for some time.” Unemployment fell rapidly as the country prepared for war with factories which had lain derelict for years reopening and new ones springing up all over the country. Manufacturing, especially of armaments and military materials was the priority and on 3rd September 1939 war with Germany was declared.

The BDJ, which up until then had hardly mentioned the gathering storm, now filled its pages with official announcements, regulations and in-
structions. Although the work of the Association would be carried on at Hill Street, London the Journal’s offices were moved to Kettering, Northamptonshire. Dental Benefit would continue, but members were urged to take special care in estimating due to possible shortages of staff. Correspondence, it was urged, should be kept to a minimum. There was advice and information on how to apply for commissions in the dental branches of the armed forces and ‘any gentleman desirous of offering his services should do so through the Dental War Committee.’

Details were published in the Journal of conditions of service and remuneration for temporary commissions in the Dental Branches of the Armed Forces. On entry, pay in the RAF and Army would be £456 rising after one year to £632 in both services. The Royal Navy would also accept dentists but as the ‘Senior Service’ had different rates of pay. Entry as a Temporary Surgeon Lieutenant would attract a salary of £361.19s 2d. An extra £55 was available if the officer was ‘not victualled.’ In addition married officers over the age of 30 were eligible to an extra 4s 6d a day ‘for a wife.’

**Shortages**

As dental mechanics were in short supply in the armed forces the age limit for applicants was raised from 21 to 45 years of age. Mechanics would be ‘trade tested’ at an Army Dental Laboratory and given a classification. This ranged from Class 3, paid 3s a day to Class 1 paid 4s 6d a day. Quarters rations and uniforms would be provided free. Dental nurses and receptionists who were free for service were also invited to send particulars to the Central Dental War Committee.

**No special provision for dentists**

There were Government orders restricting fuel and lighting, petrol rationing and information on mortgage repayments on practices for dentists serving in the armed forces. The Emergency Powers Defence Fuel and lighting order applied to industrial premises but dental practices did not come within this category. Dentists would have to apply to be exempt from the order, which restricted non-industrial premises to 75% of the quantity of electricity and gas used in the previous four quarters. Petrol rationing was also enforced but no special provision for dentists, although they could apply to the petroleum Office for their area.

An important item was the price of dental materials. Complaints had been received from members alleging increases on dental goods and films. The BDA had made representations to the trade associations and the latter had stated that they would welcome facilities to give their members the opportunity to reply to such cases - not exactly an impressive response.

**Controversy**

Just one month after the outbreak of war, a much more controversial issue was the publication of the...
scheme for the protection of practices of absentee practitioners drawn up by the dental members of the Central Dental Emergency Committee. In essence, the proposals tried to foresee all possible situations which might arise when a dentist took over a colleague’s practice with the assumption that his position was on a temporary basis. The controversial issue was the question of the division of the fees between the participants. This had been fixed at 75% to the locum, and 25% to the absentee dentist. Once again the Journal became the focus for the inevitable exchanges, often outspoken and sometimes derogatory. To quote one such correspondent, David C Brown who practiced at Bridgeton Cross, Glasgow, the scheme was, ‘absurd and impracticable.’ He went on:

‘…In our enthusiasm to protect the practices of those called upon to perform National Service, we have overlooked the fact that the scheme presented is tantamount to a reduction of over 25% of fees charged by acting practitioners. The present NHI dental benefit scheme is now not only inequitable –it is economically impossible.’

He continued, ‘a raw deal has been forced on the dental profession,’ and added that it was unfortunate that the stupidity of the alleged smart business men who foisted the present dental benefit scheme upon the dental profession should be spotlighted in the present emergency but the position of the dental profession had become untenable. Another correspondent from Glasgow wrote at length in a letter dated September 16th 1939 that:

‘…the dental profession has been literally swindled out of millions of pounds, and,

‘the attention of the leaders is focussed on specific items such as scaling or anaesthetics and thereby distracted from the fact that the scheme as a whole is based on misrepresentations and is fundamentally bad. The technique is identical to that of the pickpocket who by some relatively simple matter distract the attention of his victim from the fact that he is being relieved of his wallet.’

He goes on to say that the reduction in the fees under the proposed absentee scheme would amount to more than 25% and even if this were economically possible, in the case of NHI work, it must be evident that Approved Societies in negotiations regarding fees will use thus as a rope around the already constricted neck of the dental profession.

Meantime the Central Dental Emergency Committee had become the Central Dental War Committee with each geographical area having its own district War Committee. District No 5 covering Scotland was chaired by Alexander Macgregor of Shields Road, Glasgow. As the Government announced that the Dental Benefit scheme would be continued, the Ministry of Health published its report for the year 1938. The Approved Societies had spent £1,809,301 on the provision of dental treatment – 3s 1d per patient, to which had to be added the same amount by the patient. The war would involve massive expenditure, the extent of which would not be realised at this time, and it was not unexpected to learn that in the War Budget, income tax would be 7s 6d in the pound, the highest ever and likely to be substantially increased the following year. Family allowances for service men would be increased. As petrol was rationed, the fact that the price had been increased by 1.5 pence to 1s 9d per gallon would not have troubled most of the population.

Conscription of dental students

Conscription was introduced in the first months and dental students would only be exempted if they had completed two terms of anatomy and physiology, providing they passed the then current pre-registration examination.

On the domestic front, the Council of the MDDUS realised how important it was that those of their members who had joined the forces should continue to be covered for possible claims. The Council generously agreed to waive their subscription for the current year. However it was stressed that members should not undertake any civilian work even when on leave.

The Royal Army Dental Corps stated in a report that it was being inundated trying to correct the oral conditions of the recruits to the forces who had neglected their mouths. ‘The RADC could not be expected to cope with the demand.’ The BDJ of 15th June 1940 carried an announcement from the Ministry of Labour and National Service that dentists who have registered for National Service may be called up for service in HM Forces in their professional capacity. Although dentistry was a reserved occupation it did not relieve a practitioner of the liability to register with his age group. The next registration date was 10th June when men born during the year 1910 would be required to
register, and also men born between May and June of 1920.12

Insights and blackouts
The advertising section of dental journals and related publications often provided insights to areas which otherwise might have escaped notice. One example which reflected this was an advertisement in *Dental Magazine and Oral Topics* offering for sale an, ‘ARP black-out sign.’ The blackout had been introduced on the outbreak of war and was strictly enforced with regulations for car lights, shop windows and all sources of light which might be of help to enemy aircraft. The letters ‘A.R.P.’ stood for Air Raid Precautions. Some enterprising person offered a sign spelling out ‘Dentist Open’. This could be displayed in a window or doorway and was probably backlit by a small lamp. It could be purchased for 21s. In the same publication, practices were being offered for sale. One dentist claimed a turnover of £1800; a figure above the average (around £1000) and at just over £35 per week gave an indication of the earnings of NHI dentists. The vendor would accept offers of £1000.13

Dogfight
References to the war were now starting to appear in the dental journals and one item describes how a dentist ‘somewhere in England’ witnessed from his surgery window a ‘dog-fight’ between an RAF Spitfire and a German Dornier bomber. He was told later that the bomber had been shot down.14 A note in the same issue reported that the first dentist to be awarded a decoration was Major G S Jones who received the DSO for his help in rescuing members of the British Expeditionary Force during the evacuation from Dunkirk. A more poignant notice was the casualty list appearing in the *Dental Magazine* containing the names of dentists and ancillary personnel. The death was reported of a dentist serving in the Royal Navy and several RADC dentists posted as missing. Two Lieutenants in the RADC were prisoners of war and another nine members of the Corps were reported ‘missing believed prisoners of war.’ Altogether the list contained twenty-four names of those ‘Killed, Missing, Prisoners of War or Wounded.’ On a brighter note, Major W G Trelford, a dentist from Birmingham who had been reported missing was safe and a prisoner in Germany.15

Open as usual
The sense of humour peculiar to the British in times of stress was reflected in areas which had suffered bombing. On the boarded-up windows of several dentists were displayed the words ‘Open as usual.’ Among the civilian internees of enemy nationality whose release the Home Secretary was prepared to consider were dentists who had been permitted to study in this country for British degrees and who, if released, would be able to resume their studies. However, twenty-seven applications from foreign dentists for recognition of certificates granted in foreign countries were refused.16

The Glasgow Dental Hospital and School continued to treat an increasing number of patients up to the outbreak of the war and from 1932 to 1939 a total of 570,024 patients attended for treatment, a yearly average of 71,253 over the eight years. On the teaching side, student numbers also increased, from 110 in 1933 to 207 in 1939, and on the outbreak of war, arrangements were made with the Royal Dental Hospital in London for their third and fourth year students to be accommodated in Glasgow should their evacuation from London Become necessary.17 The two other Scottish Dental Schools continued to expand both treatment of
patients and training of students.

The Incorporated Edinburgh Dental Hospital and School to give it its full title, situated at 31 Chambers St, was, under Dean William Guy also increasing the numbers treated. In 1930, 29,261 operations were carried out. This included 6,406 extractions - 5,356 under a general anaesthetic. Indentured apprentices in dental mechanics were still a feature in Edinburgh with 57 pupils on the roll and there were 120 attending the dental course. 18

Dental Hospital in jeopardy

A chronic shortage of funds was an ever-present concern to all the dental hospitals. All had difficulty in making ends meet and in the 1934 Annual Report the secretary of Edinburgh Dental Hospital reported that income had exceeded expenditure by only £5 2s 8d. The situation improved in 1936 when he was able to report a surplus of just over £864, including the proceeds of a 'Dental Hospital Flag Day’ which realised £379 7s 2d, collected by students, employees and members of the families of the dental profession in Edinburgh. 19

In 1938 the total number of operations in the hospital had increased to 51,884 of which 21,090 were extractions. In the three years since 1936, over 9,000 new patients had been seen each year. Indentured apprentices amounted to 152 and there were 232 students enrolled of whom 51 were also taking the triple medical qualification. Plans for an extension to the hospital were well under way and it was hoped to commence demolition and building in the summer. The Dental Board had promised £500 and the hospital had raised over £10.00 by its own efforts, but unfortunately the outbreak of war would put these plans in jeopardy.

Dundee Dental Hospital had opened in 1914 with the School being added two years later. Its 1930 report showed that 6,761 treatments were performed on 7,382 patients, at an average cost of 2s 9d per patient. Opening hours that year were from 9-10am and 7-8 pm except Saturdays. The number of students on the roll was 23. As with the other dental hospitals lack of finance was a significant factor and the report states that the Dundee Dramatic Society and the Ladies of the Entertainment Committee helped to reduce the deficit on the accounts to just over £254. 20

Effects of war become apparent

By 1939 the total number of treatments carried out in the year had risen to 17,480 with 20,118 patient visits. However the effects of the war were apparent in 1940 with a decrease in the number of pa-
tient visits to just under 6,000. Evacuation of children, the calling-up of men to the forces and the black-out were the principal causes and hospital hours were also reduced. An innovation was the introduction of a pre-school children’s clinic from 2-3 pm and emergency treatment for adults at the same time on Tuesdays and Thursdays. 21

Although the USA was as yet not involved in the war, their sympathies were demonstrated by the presentation of a mobile surgery from the American Dental Association to their British colleagues. The event was featured in the Dental Magazine with photographs of the handing over ceremony in London. 22 The 1930’s proved to be a decade of mixed fortunes for the dental profession. Recovery from the effects of the First World War was a slow process overshadowed by the world-wide economic depression, ameliorated only in the later part of the decade by the need to prepare for the approaching conflict. With rising employment the British people once again had disposable income and some of this would be spent in obtaining dental treatment. Dental benefit a part of the NHI scheme was, of course, the basis of a significant portion of dentist’s income without which they would probably not have survived, even though a bare living could be had from the inadequate fees. The promise of a comprehensive health scheme with dental benefits for all seemed a remote and unobtainable dental Utopia.

REFERENCES
1. BDJ, 61, 1936, p. 568.
2. Ibid., p. 715.
5. Ibid, p. 316.
7. Ibid. p. 357.
8. Ibid.
9. Ibid. p.326.
10. BDJ, 68, 1840, 151.
12. Ibid, 530.
15. Ibid, p. 556.
20. Annual Report, Dundee Dental Hospital, 1930.
21. Annual Report, Dundee Dental Hospital, 1940.
22. Dental Mag. And Oral Topics, op cit, p. 547.

Author: Rufus M. Ross, retired Dental Practitioner, and historian, Glasgow.
One day, while I was strolling along the streets of Nantes with my wife and daughter, I noticed a memorial stone, set in a flight of steps at 9, Rue Boileau. I was so intrigued that a few days later, I returned with pen and paper to record the dedication engraved on the stone. It read:

“This was the site of Pierre Audigé’s dental surgery, a member of the Resistance movement, leader of the ‘Mouvement Libération-Nord’ (a movement created to defend the North of France against the Nazi occupation) of Nantes and the ‘Basse Loire’ region, then leader of the Cohors-Asturies network. Appointed in 1942 by Jean Cavaillès, founder of these organizations, he was arrested, tortured by the Gestapo and died in Nazi captivity in June 1944. He died for France.”

Who was Pierre Audigé?

Pierre Audigé was originally from Toulouse but he chose to study at the School of Medicine in Paris. Afterwards he settled in Nantes where he opened the biggest practice in the city before the war. Everyone, colleagues and patients alike, acknowledged that he was a brilliant dentist.

The outbreak of war

Pierre could not accept the French capitulation under Nazi occupation, and after his discharge from the front, he came home to join the Resistance (Audigé, 1990). Resistance fighters used secret phrases to identify each other. Pierre was entrusted with, ‘The whale suckles its offspring.’

Surgeries and the Resistance

During the war, dental and medical surgeries proved to be invaluable places for the exchange of clandestine information. The constant coming and going of patients was excellent cover for pre-arranged meetings where messages could be exchanged without arousing the suspicion of the Nazis. Surgeries thus became intelligence hubs vital to the smooth running of the Resistance. Moreover, in addition to this passive but risky support of the underground fighters in allowing them to use their surgeries, some French doctors and dentists were also agents in different active networks of the Resistance. Sadly, many of these brave men and women were captured and only a few returned to their homes and practices. (Riaud, 2007).

His mission: recruitment and supply

Pierre Audigé was a trained parachutist therefore part of his mission was to locate suitable landing sites for comrades and Allied agents coming into his region by this method. After receiving the incomers he guided them to a safe, often deserted, house. He was also responsible for retrieving the goods dropped by the Allied Air Force and conveying it, under the noses of the Nazis, to a secret warehouse where he organized the distribution of the food and equipment to wherever it was needed. In addition to these duties, he served as a recruitment officer, always vigilant for young men and women whose dispositions suggested that they would be amenable to active opposition of the Nazis despite the risks. Once he had assembled and accoutered the manpower, Pierre organized these disparate individuals, into discrete cells who for safety’s sake were sometimes unaware of each other’s identity and intelligence gathering activities. Even more responsibility fell on this remarkable man for collecting reconnaissance data on the location and the strength of the enemy (Maheu, 1999 and 2003).

The flight from Nantes

In the midst of all this dangerous patriotism, Pierre continued to practise dentistry until the end of 1943. His surgery in Nantes was badly damaged by the bombing in September of that year. Meanwhile, the Gestapo had searched the premises of a member of the Cohors-Asturies Network. The evidence which they found there led them to Pierre’s surgery in Nantes. Sensing the danger, Pierre and his family fled, just in time to evade the Gestapo. The whole family re-settled in Caen in the Calvados area. Nothing daunted, Pierre set up his dental plate again and continued to practise his profession while he quietly set up a new local Resistance network and blew up a power station.

Arrest

The family lived unmolested in Caen until Pierre Audigé was denounced and arrested on April 17, 1944. He was
questioned and tortured. On June 2, 1944, he was executed on the road leading to the prison at Fresnes. He was thirty-six years of age. His body has never been found. He was possibly laid to rest in a communal grave.

After the war
Dr Pierre Audigé received the Resistance Medal on January 30, 1946 and the ‘Croix de Guerre’ on April 24, 1950. Previously, he was posthumously appointed to the military rank of ‘Captain’ by the army.

Other Dentists of the Cohors-Asturies
François Van Pée was a non-practising dentist who used his knowledge of the profession to set up a successful business supplying equipment and materials to his dental colleagues. He was also an active member of the Cohors-Asturies network in Nantes. On April 21, 1944, the Gestapo arrested Van Pée together with his wife Léa, his brother René (who was also a dentist) and the wife of the latter. François was confined for three months in Nantes Prison. Thereafter he and René were deported to Mauthausen Concentration Camp where the Nazis used them as subjects of medical experiments at the infamous Schloss Hartheim. Both brothers died as a result of these experiments. François’ wife Léa died in Ravensbrück.

Pierre Palluel
Pierre Palluel was a young dental mechanic of Nantes who also belonged to the same Cohors-Asturies network. He was arrested in March 1944 and sent to a concentration camp in June of the same year. Pierre survived the camp and returned to Nantes but he had suffered appalling abuse at the hands of the Nazis and his health was broken. He died in 1946, still suffering from the effects of his incarceration.

REFERENCES
Maheu, Alain, an unpublished manuscript written by his father, (Dr René Maheu), personal communication, Saint Malo, 1999 & 2003.
membres.lycos.fr/histonantes/audige.htm-3k, Pierre Audigé, dateless, p.1.
Riaud, Xavier, Etude de la pratique odontologique et de ses déviances dans les camps de l’Allemagne nazie [Study on the odontological practice and its deviances in the concentration camp of Nazi Germany], PhD thesis, Epistemology, History of Science and Technology, the François Viete Center (EA-1161), Nantes, 2007.

Illustrations 1-4, Courtesy of the Audigé Family.

3. François and Léa Van Peé
(© Audige Family, 2005.)

4. Pierre Palluel

Note: Originally from Nantes, I wanted to pay tribute to a few unknown heroes of the French Resistance who are often forgotten. The dental profession can be proud of those men and women who in many ways and times honored it. This article would not have been possible without the help of the Audigé family who now live near Caen and of the Van Peé family who had two dental supply laboratories in Nantes, managed by René and François’ children.

Author: Xavier Riaud, Doctor of Dental Surgery and historian
Medical illustration is part of the spectrum of artistic expression as well as serving a more prosaic practical function. The drawings and paintings used in the past have perhaps a power to shock and disturb beyond the ubiquitous clinical photographs of today. Francis Bacon (1909-1992) the Anglo-Irish painter who was famous for, amongst others, his ‘Screaming Pope’ picture was apparently inspired or even obsessed by, an illustrated textbook on oral diseases, which he found in a Paris bookshop when living there as a young man in the ‘thirties.’ His work often features dramatic elements based on these images. Far from the decorative, Bacon’s output reflects his tortured life experience in unforgettable dramatic images. In an interview for The Guardian, David Sylvester asked him, ‘The open mouths - are they always meant to be a scream?’ Bacon replied:

“Most of them, but not all. You know how the mouth changes shape. I’ve always been very moved by the movements of the mouth and the shape of the mouth and the teeth. People say that these have all sorts of sexual implications, and I was always very obsessed by the actual appearance of the mouth and teeth, and perhaps I have lost that obsession now, but it was a very strong thing at one time. I like, you may say, the glitter and colour that comes from the mouth, and I’ve always hoped in a sense to be able to paint the mouth like Monet painted a sunset.”

He referred to this source again in another interview with Sylvester:

“Another thing that made me think about the human cry was a book I bought when I was very young from a bookshop in Paris, a second-hand book with beautiful hand-colored plates of diseases of the mouth, beautiful plates of the mouth open and of the examination of the inside of the mouth; and they fascinated me, and I was obsessed by them. And then I saw — or perhaps I even knew by then — the Potemkin film, and I attempted to use the Potemkin still as a basis on which I could also use these marvelous illustrations of the human mouth. It never worked out though.”

The on-line Wikipedia notes that, “Bacon visited Paris in 1935, purchasing there a second-hand book on diseases of the mouth containing high quality hand-coloured plates of both open mouths and oral interiors, which both haunted and obsessed him for the remainder of his life. (Bacon had sinus problems since childhood and had undergone an operation on the roof of his mouth at some stage in the mid-1930s.) He also saw, for the first of many times, Eisenstein’s Battleship Potemkin in 1935, the scene of the nurse screaming on the Odessa steps later becoming a major theme in his paintings, with the angularity of Eisenstein’s image often combined with the thick red palette (sic) of his recently purchased medical tome.”

In his biography of Bacon, Michael Peppiatt also links the nurse’s scream with the oral diseases text book and states that:

“If Francis had not seen Eisenstein’s Battleship Potemkin in Berlin he certainly did so in Paris: in that masterpiece, it was the nurse’s bloodied face and terrified scream in the Odessa steps sequence which riveted him. Shortly after he settled in Paris, this obsession led him to find a medical book with hand-painted illustrations of diseases of the mouth. The ‘beautiful colours’ which it showed of the inside of the mouth fascinated him: he bought the book and later kept it to hand in his studio, referring to it constantly when he came to paint his own versions of the human cry. This early interest in pathological conditions no doubt reflects an inherent morbidity in the young man, but it is also worth remembering that the Surrealists were drawn to clinical photography….later Bacon kept sheaves of old clinical photographs in his studio showing extreme cases of hysteria in both men and women; and he was particularly fascinated by those in which the manifestations of the illness were indissociable from those of sexual ecstasy.”

**Note:** Which textbook was the source of Bacon’s inspiration, and who was the artist responsible for such an influential image? Have our readers any suggestions?

**REFERENCES**

Title quotation from Margaret Thatcher.


**Author:** David A McGowan, Emeritus Professor of Oral Surgery, Rhu.
Brought to Life
Images of objects from the history of medicine ranging from ancient times up to the present day have been made available online in a £1m multimedia project recently launched on the Science Museum website. The Brought to Life pages are funded by the Science Museum and the Wellcome Trust. Features rarely seen are artefacts from the Wellcome Collection.

Oblivon Tubes
The website is primarily aimed at schoolchildren and undergraduates and is divided into Themes and Topics, People, Objects, Techniques and Technologies. In addition, a Timeline puts all the developments into perspective. At present there are 2,500 objects on the site but ultimately it will feature 4,000 items. Dental items range from a replica of a Roman denture, Dental forceps, 1601-1850 and an Electric dental elevator, 1932. I particularly liked the 19th Century French dentist's window display. Made to be hung in a dentist's window, it consists of a large frame displaying a range of ivory dentures and extracted teeth. The tubes of Oblivon capsules, (Methylpentynol, Trade Name, Oblivon) designed to take the anxiety and fear away from visiting the dentist, also appealed. There was a distinct lack of dentists in the people section which will hopefully be expanded at some future date to include dental pioneers such as Pierre Fauchard and Sir John Tomes.

The website can be accessed at http://www.sciencemuseum.org.uk/broughttolife.aspx

Videos online
The American Academy of the History of Dentistry have placed two videos on their website. The history of early American dental equipment shows items from the collection of Dr Sam Wexler, an American collector of dental artefacts. The other video is on the history of X-rays. Both videos can be accessed from the American Academy of the History of Dentistry website at http://www.histden.org/news.htm

Carol Parry, RCPDSG.
e-mail carol.parry@rcpsg.ac.uk

LETTERS
Write to: The Secretary, HNHRDG, c/o The Library, Royal College of Physicians and Surgeons of Glasgow, 234-242 St Vincent Street, Glasgow, G2 5RJ.

As our readers will be aware, there was an enquiry on this page about the origins of The Coupland's Chisel, from John Lowry. (Dental History Magazine, 2:1, p. 24.) The following letter to the Editor of The British Dental Journal (BDJ, Vol 206, No2, p.57) is from a retired maxillofacial surgeon, Peter Cove, in response to a recent article in the BDJ on dental elevators:

I was interested to read the article by Bussell and Graham BDJ, Nov. 8, 2008, in which they asked for information on the origin of Coupland's chisels. During the 1970's I visited an Oral Surgery practice in Ottawa, Ontario, where one of the partners was Dr James P Coupland. I understand that James Coupland's cousin, Douglas Charles William Coupland, had developed the chisels/gouges during the 1920's.

Douglas Coupland had qualified at the Royal College of Dental Surgeons in Toronto in 1922 and worked in dental practice in Sudbury for two years. He studied Exodontia at the Mayo Clinic and then set up an Oral Surgery practice in Ottawa. Douglas Coupland proved to be very successful and by 1930 his cousin James Coupland had joined him as an associate. In the same year Douglas Coupland was President of the Eastern Ontario Dental Association and became president of the Ottawa Dental Society in 1932. Tragically, he died of the complications of mitral stenosis in 1936, at the age of thirty-five.

During the 1920's or early 30's Douglas Coupland had negotiated with Hugo Friedman, whose firm Hu-Friedy later manufactured the chisels, initially as a set of eight or twelve (soon reduced to three). The firm also produced surgical suckers designed by Dr Coupland. In 1983 I received a letter from one of Douglas Coupland's sons, who stated that his father's greatest contribution had been the aspirators with interchangeable tips, rather than the chisels (Dr Coupland had two sons, both of whom studied dentistry).

Messrs Hu-Friedy wrote to me in 1983 stating that they thought that the Coupland's instruments had been in production since the early 1930's. In a letter from Down's Surgical dated 5 May 1987, Geoffrey Down stated that Coupland's chisels had first appeared in the 1935 edition of the Down's Catalogue.

In spite of having only thirteen years of clinical practice, Douglas Charles William Coupland seems to have achieved a considerable amount. As a retired maxillofacial surgeon, I can confirm that Coupland's chisels were of enormous value throughout my practising lifetime.

Peter Cove.

Request for information from Mac McCarthy
I have a farthing dated 1874, (see illustration, p. 6) and on the head side is what I guess would have been an advert. It says 'G.W. Andrews Dentist.' I would appreciate it if you could publish the photo in your magazine requesting any information on the issuer, and forward any results to me either via Email at mac@chatmar.co.uk or to me at Chatmar Pet Hotel, Scorrier, Redruth, Cornwall, TR16 5BJ, 01209 820389. (evenings) or 07979748722, anytime.

With thanks, Mac McCarthy
In his influential novel, *Les Miserables*, which portrays the underclass of 19th Century Paris, Victor Hugo confronts the reader with the story of an unqualified dental practitioner who preys on the wretched poor of the city. The quack’s name is Babet, an adaptable, thoughtful villain.

**A flock of quacks**

The last sentence of this extract meant, ‘Have as many teeth pulled out as possible.’ Babet was married and had children but did not know what had become of wife or children: ‘he had lost them’ Hugo tells us, ‘just as another man loses his handkerchief.’ Babet is a fictional character, but he would have been familiar to the readers of *Les Miserables*. French regulation of dental practice had once been foremost in Europe with ordinances dictating adequate training and examination as early as 1614. Unfortunately standards plummeted after the French Revolution and anyone who paid the fee could apply for and receive a license to practise. Although the regulation of medical practitioners was restored by 1803, dentistry continued to embrace all comers until the Act of 1892. Consequently many so-called dentists were charlatans. In some cases they were lit-tle more than ruffians or itinerant side-show bark-ers. On hearing of a woman who had given birth to a child with a facial deformity which resem-bled a calf’s muzzle, Babet exclaims ‘There’s a fortune! My wife had not the wit to present me with a child like that!’

**Silken dalliance**

It is therefore likely that Hugo had real-life dandies in mind when he created Babet. One such, named George Fattet, was a self-styled dentist, who dressed in gaudy silken dalliance and travelled with his similarly attired black servants in a bizarre carriage shaped like a denture. He was an expert in self promotion and regularly commissioned comic portraits of himself and his entourage for the popular press. Fattet may have been a star of the circuit but there were many lesser fakes touting for ‘patients’ along the banks of the Seine, their wagons booming to the sound of drums and trumpets to drown out the howling of their victims.

**Hugo writes...**

> “he... [Babet] was thin and learned—transparent but impenetrable: you could see the light through his bones but not through his eyes. He called himself a chem-ist, and had played in the Vaudeville at St Mihiel. His trade was to sell open air plaster busts and portraits of the ‘chief of state,’ and in addition, he pulled teeth. He had shown phenomena at fairs, and possessed a booth with a trumpet and the following show-board—’Babet, dentist, and member of the academies, performs physical experiments on metals and metalloids, extirpates teeth, and undertakes stumps given up by the profession. Terms—one tooth, one franc fifty centimes; two teeth two francs; three teeth, two francs fifty centimes. Take advantage of the opportunity.’

---

**Cosette**

*By* Emile Bayard

Original Edition of *Les Miserables*
<table>
<thead>
<tr>
<th>List of Supporting Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesley Barbenel</td>
</tr>
<tr>
<td>James Beaton</td>
</tr>
<tr>
<td>Josie Beeley</td>
</tr>
<tr>
<td>Stewart Blair</td>
</tr>
<tr>
<td>Michael Broad</td>
</tr>
<tr>
<td>Laetitia Brocklebank</td>
</tr>
<tr>
<td>David Brunton</td>
</tr>
<tr>
<td>Donald Cameron</td>
</tr>
<tr>
<td>Hugh Campbell</td>
</tr>
<tr>
<td>Jimmy Campbell</td>
</tr>
<tr>
<td>Bernard Caplan</td>
</tr>
<tr>
<td>Sandy Cockburn</td>
</tr>
<tr>
<td>Tim Cooke</td>
</tr>
<tr>
<td>John Craig</td>
</tr>
<tr>
<td>Josephine Cummins</td>
</tr>
<tr>
<td>John Davies</td>
</tr>
<tr>
<td>Michael Dawson</td>
</tr>
<tr>
<td>Ekaterina Fabricant</td>
</tr>
<tr>
<td>Kieran Fallon</td>
</tr>
<tr>
<td>Eugene Feldman</td>
</tr>
<tr>
<td>David Fong</td>
</tr>
<tr>
<td>Geoff Garnett</td>
</tr>
<tr>
<td>Stanley Gelbier</td>
</tr>
<tr>
<td>Michael Gow</td>
</tr>
<tr>
<td>Robin Graham</td>
</tr>
<tr>
<td>Susan Hammersley</td>
</tr>
<tr>
<td>Ross Hood</td>
</tr>
<tr>
<td>Bill Hutton</td>
</tr>
<tr>
<td>John Kerr</td>
</tr>
<tr>
<td>Robert Kinloch</td>
</tr>
<tr>
<td>Aletha Kowitz</td>
</tr>
<tr>
<td>Thomas Leggat</td>
</tr>
</tbody>
</table>
Evening, Oban Bay

Watercolour, 38 cms x 56 cms, signed R McCulloch, by Robert McCulloch, BDS Glasgow, (1947- ). Painted in 1999 as a gift to mark the retirement of Khursheed F Moos, OBE, as visiting Consultant Oral and Maxillofacial Surgeon at Oban Hospital.

Bob McCulloch is a retired general dental practitioner in Oban. He paints in acrylics and watercolour and exhibits locally and at charity auctions.