

Preface

A History of Dentistry 1920 to 1970

**IN THE TEETH OF POLITICS  
or  
50 YEARS AS A TOOTH-PULLER**

**(A personal account of the dental scene 1920-1970)**

by

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## Author's note

This is more than a book about dry dental politics, it is also an autobiography and an account of the major events in the troubled development of the dental profession, described in stark realism by a dentist who was fortunate to sit on many committees during the middle of this century.

Full coverage is given to the changes in the Hospital Services, from the old voluntary scheme to the highly sophisticated and over managed regime of to-day, this is described with the benefit of thirty five years experience of the professional background. The take-over of the Hospitals and their assets by the 1945 Act and the consequent alteration in the structure of the life and services of a consultant is outlined in graphic detail.

Space is given to the days before the 1921 Act which closed the ranks to the unqualified and inexperienced and reduced the dangers and hazards to the public when being treated by men of little training. The onset of the 1946 Act produced a National Health Service which was originally intended to provide a free services for all, is portrayed, together with the attendant bureaucratic control by numerous committees, and accounts of brushes with authority.

The chaos in the profession during and after the war when it was trying to reconcile itself with its many associations and changing styles, and its bid to amalgamate into one united society through the Group Movement is shown with all its difficulties.

The workings of various committees of the different services and bodies is illustrated with many examples, which illuminate the pernicious complications which result from the present system of Government, which produces a kind of dictatorship through 'Legislation by Regulation'.

This work is a study of the inner working of dentistry in the last 50 years (1920-1970) from the viewpoint of the dental surgeon and his troubles in attempting to live within the narrow confines of the National Health Service with its numerous committees, and its thousands of rules and regulations, which can be changed almost overnight by the simple act of 'Laying on the Table' in the House of Parliament.

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## Introduction

In these days of difficulties of getting appointments with dentists it may be of interest to examine the reasons behind the shortage of dental treatment and the frequent disinclination of the profession to accept patients without private contracts, also the long wait to see consultants in hospital. There has recently been the agitation among the union staff at these institutions which, if continued will eventually eliminate the use of private beds therein. The fact that in dentistry the patient has to pay nearly half of the fees for treatment indicates that the service is no longer free. This was largely due to a miscalculation on the part of the government assessors who underestimated both the demand and the cost of dentistry.

That dentistry does not attract the number of recruits to its ranks is no surprise. The curriculum is long and broad. It includes many of the advanced forms of physics, chemistry and metallurgy, which have to be applied to an often jumpy and sensitive patient with the care-taking craft by which alone perfection of treatment can be obtained. In addition the dentist has to have an extensive medical background so that he can diagnose diseases and dangerous conditions which he alone may be in a position to refer elsewhere for more advanced treatment. As for example early cancer frequently shows in the mouth and a quick estimation of this may even prolong the patient's life. Other conditions such as lead poisoning and some of the leukaemias can be seen in the gums before they become evident elsewhere. So a dentist must of necessity be a jack-of-all-trades and in practice a master of most of them. MS01

When I was asked to write a History of the Wessex Branch of the British Dental Association† I found that there was a great deal of very interesting information locked away in the Minute Books, and also some of the more ancient and valuable information had been lost as the early Minute Book had been mislaid and could not be found. Therefore, as I had been an ardent committee man during most of my professional life, it occurred to me that there was a great deal of interesting and valuable data locked up in the old minutes of various organisations which would, owing to the very short memory of the members, be lost for ever if not recorded. It is suggested that the following account of the internal business of the various dental committees on which I served would help to a better understanding of the present difficulties met both by the profession and the public alike.

The business of dentistry requires so much heavy concentration not only in the application of numerous technological detail to the patients but also to the very complicated form filling which is based on an understanding of the Acts and also the exceedingly numerous regulations which result from them. This matter of Legislation by Regulation is really a type of legalised dictatorship; with this method by which regulations, which have the full force of law, can be introduced in a very few days there is some great difficulty in anyone maintaining a knowledge of the rules of conduct which beset the current practice of dentistry. This is probably also true about other professions and trades; in fact the life of practically everyone today is governed by regulations which are generally worded MS02 in such a manner that the average individual cannot possibly hope for a full understanding of them, and even the

† Copy in the B.D.A. library.

experienced lawyer can be confused by the mass of material in such obscure verbiage which must eventually be interpreted at great expense in the High Court.

This book then is a short account of personal experiences with the various negotiating bodies with which I was connected. It is pathetic in many respects because in most instances where there was a dispute the Government side won. The reason for this is that the Government has the power which may not always be used wisely. Their action is usually based on the advice of their permanent officials, otherwise known as Civil Servants (often they are neither civil nor servants). The tendency is naturally for these persons to think they know better than the other side. In the dental negotiations for the 1946 Act for example, many amendments were sincerely put forward by the professional bodies who had the interest of both the public and the profession at heart, but only a few of these suggestions were in any way allowed to modify the pattern of the Health Service. That might be one explanation of why the Service today is not giving the smooth working which is the right of the public to expect, and for which they are compelled to pay excessive sums. The large body of administrators has to be maintained and their salaries paid. It is not generally appreciated in this country that one non-productive official has to be supported by ten workers. With the high wage structure in the present economic situation this puts a considerable burden on the whole population MS03

To begin there is an account of the evils of dentistry in the early part of the century which were so great that they necessitated an Act of Parliament in 1921 to make a closed shop of the dental professions. Then a brief detail of the reports and memorandum which befuddled the dental field during its takeover by the State. Next is described the development of the Hospital at Boscombe and its absorption together with all its assets in 1948. My own difficulties with the authorities both local and national; my fight against the right of the individual to retain his status are given in detail. Next is a brief memorial to the old tubercular hospital which has now become a chest unit. The old disease can be controlled quickly and efficiently by modern methods.

The Dental Societies and their bickerings were submerged into a new and largely emasculated British Dental Association on amalgamation, which everybody, or at least nearly everybody considered would solve our problems. This eliminated the two classes of dentists but did not prove the boon in negotiations that was hoped. The local and national ramifications of these two societies are described. The third society the Public Dental Service Association which was intended to help unite the profession I had little to do with and is therefore omitted.

The discontents of the 'forties led to various movements in the profession and to a national organisation which led eventually to a single society but, although it made the Government offer better terms at the beginning of the Service this was quickly adjusted to the detriment of the dentist and his patients. This was the Group, movement and it was the strongest show of force that the profession MS04 ever mounted. It is a great pity that the advent of amalgamation was the signal for its dissolution.

The local working of the service is detailed in the account of the Bournemouth Executive Council, and demonstrates how difficult it is to keep personalities out of what should be unbiased arguments. The tribulations the dentists met after the Amalgamation are outlined and

these led me to the General Dental Practitioners Association which as a Trade Union should have been the one body which could have overcome all the difficulties with the Government. But here one found that the dentists were not union-minded and all the persuasive talk that could be applied did not put logic into the council of that body, which is nearly as non-aggressive as the British Dental Association.

The fight has been a long one and in the main has been lost with but a few points gained. There is no doubt that the future of the dental profession depends on a strong body with a union attitude backed, by each individual member, otherwise the control over the noble practice will strangle the will to utilise its technology and become a rough repair service instead of a skilled craft in the elimination of dental disease. MS05

### The Chaos of Dentistry

Alan Leo (1936 p.9) includes teeth under the rule of Saturn, perhaps that tends to explain why dentistry has always held a feeling of fear in the mind of the public since time immemorial. The bible in several places associates a tooth with the idea of retribution. Herodotus who was born BC 484 in describing the medical profession in Egypt includes dentistry as a specialty (Euterpe II:84). The Papyrus Ebers describes the use of resins mixed with Nubian Earth for filling teeth. The mummy of Amenophis III demonstrates that his jaw was affected with tartar, he had pyorrhoea and two abscesses. They may have had dentists but it does not seem likely that those in power had access to any real dental treatment of value. Right through the next two thousand years dentistry was little more than a removal service, without anaesthetic as a rule, but often with a brass band to cover the shrieks of the unfortunate patients.

About 450 BC in the Twelve Tables of the Roman Laws (Cicero 'De Legibus' p.457) it was enacted that it was unlawful to bury gold with a dead body, but if the teeth of the deceased were fastened with gold, the corpse might be burned or buried without taking it away. In some of the Etruscan tombs dental appliances were found and are preserved in the Museums of Italy (Guerini 1909 p.30); these were mainly prosthetic in character, or were the wiring of loose teeth to firm ones.

The Arabians were among the first to describe any real form of dentistry, Albucassis or Abul Kassin a native of Cordova wrote about tartar on the teeth and its removal; he also outlined a method of substituting a lost tooth by a MS06 natural or carved bone one which was fixed in place with gold wire. He also describes how the tooth to be removed should first be freed from the gum by a scalpel and then gently moved, taking care not to break it. Then taking the patient's head between one's knees the tooth should be grasped with a stouter forceps and removed taking care not to leave the root.

Arculanus, a professor at Bologna in the 12th century recommended the use of gold foil for filling teeth, He was also the first to recommend the pelicar for removing teeth. This instrument was in use till the last century and consisted of a lever with a claw at the end which was placed against the crown of the tooth and a rest placed on the gum, a rapid twist resulted in the removal of the crown and not infrequently a broken jaw.

In England the first mention of dentistry in a state document occurred in a Charter to the Barbers Company which mentioned the '**Drawing of teeth**'. In the year 1541 Statute Hen. VIII, cap 42 is found the first mention of dentists in a Statute of the Realm. In this was enacted that the Barbers were no longer to practice surgery except drawing of the teeth. So the restricted technology of Dentistry began and continued for many years, only the very rich could afford any sort of treatment except extraction which was frequently inexpertly performed and resulted in serious injury or post operative sepsis of a very grave nature. Towards the middle of the nineteenth century the authorities were concerned about the consequences of inexpert treatment which were frequent and painful among the general public.

In July 1878 on the 22nd August, Parliament passed the first Dentists Act. This provided for a register of persons who were specially qualified to practice as dentists, this register to be

kept by the Medical General Council. Provision was made for holding of examinations by competent authorities for the conferring diplomas which would constitute the qualification for registration. MS07

This among other things gave the dentist a right to recover fees for dental advice or treatment, in courts, which privilege was denied to any not on the register. The Act precluded anyone unregistered from using any name, title or description implying that he was a person specially qualified to practice dentistry. There was nothing in the Act however which prevented an unregistered person doing the work of a dentist and informing the public that he did so, provided that he did not indicate that he is specially qualified to do so. In the case of Bellerby and Heyworth, 15th April 1910, the House of Lords upheld a decision of the court of Appeal. The decision was “*The words ‘specially qualified to practice dentistry’ in section 3 of the Dentists Act 1878, import a professional qualification entitling the holder to registration under the Act, and not merely professional skill or competence. There is nothing in the Act which prevents any man from doing dentists work and informing the public that he does such work without being registered under the Act*”.

This decision constitutes a Charter of the unregistered dental practitioner; in effect it seemed to bring within the lawful occupation of any man the practice of dentistry provided he does not use the description of “**Dentist**” or “**Dental Practitioner**” or any such name or title, implying that he is registered under the Dentists Act. Section 5 was also a cause of much litigation. Although an unregistered person could not sue for operative work he could take action for the provision of artificial teeth, and if payment had been made in advance this could be put to cover the operative work and the case conducted on the mechanical work. A number of persons were admitted to the register who were nominal students or had been practising before the date of the Act. This admitted a number who were immature and had little experience of the techniques. At that time also a number of unqualified men were working under the auspices of incorporated companies, which could cover dental practice in a legal sham. During the first world war a large number of men took to the MS08 practice without proper training and thus a large body of untrained workers were let loose on the public.

In the eighteenth and nineteenth centuries the dental profession had made great headways in repairing and replacing teeth. This was however only for the well-to-do, and the general public who were on the poverty line had to make do with the unqualified and suffer the consequences. After the war dental matters had reached such a pitch of chaos and with its mixture of skilled and ignorant practitioners that the public had little or no way of telling which practitioner would treat them efficiently or which would break their jaw.

So in 1918 the Lord President of the Council set up the Departmental Committee on the Dentists Act 1878. In the following year this august body produced a lengthy report which enquired into ‘*The Extent and Gravity of the Evils of Dental Practice by Persons not Qualified under the Dentists Act 1919*’. Paragraph 4 of this document states that ‘*The notes of the evidence and other documents have been carefully filed and, if at a later date, under different circumstances it should be considered necessary to publish them, such as are not confidential will be available for the purpose*’. If the edited details in the published report are anything to go by there would be some gruesome reading therein. †

† This report is considered in detail in Chapter 3

This report started by summarising the current position and showed that the Act of 1878 had failed to prevent the evils which it was intended to stop, The case of Bellerby V. Heyworth had opened wide the gap which allowed almost anyone, however inexpert, to set up as a dentist, this was particularly simple under the cog of a limited company which could be used as a cover for the title. The old Act had even allowed some to be entered on the register by a simple declaration that they had been practising dentistry before the Act was passed; thus there had been admitted a number of persons quite unsuited by training or skill, in fact some according to one witness *'must have been MS09 registered when he was 10 or 11 years of age'*.

In 1918 there were only 5,524 dentists on the register, and 1,274 who had been admitted without any additional qualification other than being in practice on the required date on their own declaration. Many had by now retired but those who remained had at least 40 years of practice.

At this time the more ethical members of the profession had made many or great strides in the application of modern techniques to their work, in the earlier times dentures to replace natural teeth had to be hand carved out of ivory or walrus tusk. To fit these on a plaster model using only scorpers and files and a mixture of oil and rouge to indicate fit was a long and laborious process and consequently a very costly one which restricted the denture work to the very rich. With the introduction of vulcanite and later other plastics the fitting of dentures became more accessible to the general public. Gold and fused porcelain were also very expensive parts of the luxury applications, crown and bridge work had also been used with effect and many kinds of materials had been used for the repair of natural teeth. In short dentistry had reached a high standard of craftsmanship and was effectively a profession which embraced many of the types of engineering in miniature. On the other hand the opportunists saw an easy way to exploit the position as under the then existing law any person, however ignorant, unskilled, untrained, could practice dentistry and inform the public by advertisement and otherwise (including canvassing) that he practices dentistry. The only protection the public had was recourse to law in an action for damages in the case of injury and manslaughter in the case of death. The courts had a great many cases for injuries in which substantial damages were allowed against unregistered practitioners. It was virtually impossible for a member of the public to be certain that they were being treated by a competent operator such was the confusion created by the loose terms of the Act. MS10

The committee having reviewed the evils of unregistered practice then considered the state of the Nation's teeth, with the help of reports from the various Army Commands and other interested bodies. This state was very bad, due to the inefficient dentistry available to the masses and also to the extreme shortage of qualified dentists. In 1879 there were only 5,289 dentist on the register, in 1916 there were 5,453 but the population had increased, so the proportion of dentists per million of the population had decreased from 155 to 117. Strangely contrasting was the fact that the medical population had nearly doubled in the same period. The cause of this state of affairs was considered to be resulting from the opinion that the unregistered practitioner is frequently a charlatan attracting business with blatant advertising or unscrupulous touting, who being subject to no control or professional code of ethics brings discredit on the dental profession. As the public is unable to distinguish the professional

dentist from the unregistered practitioner the whole status of the dentistry and its individual members is lowered and debased. The way to overcome these difficulties was the control of the profession and the increase of trained personnel.

The question of Maternity and Child Welfare Dentistry had only recently been introduced in some places and the Committee recommended that treatment in these classes should be energetically pressed forward as a branch of preventative medicine. In due course they should be eligible for full government grants. In the treatment of Tuberculosis, dental treatment was of the utmost importance. The dental treatment in schools had led to the formation of the School Dentist's Society in 1898. The Committee suggested that the importance of dental treatment in schools was such that in the interests of the general health of the community, in the area of each local education authority a complete scheme of dental inspection and treatment should be established. MS11

There were several hospitals and other voluntary bodies giving limited dental treatment about this time. In Glasgow in 1913 a number of dentists who were connected with the hospital set up clinics, a note of their fees is interesting, extractions without anaesthetic 6d., with 1/-, gas was 3/6d. extra Fillings at 3/6d. for amalgam, or 4/6d. for synthetic. Gold inlays or crowns at £1.1s.0d. Dentures full upper or lower £2.10s.0d. with extractions at 5/- extra, partial plates were at 3/11d. per tooth.

In recommending a public dental service the Committee concluded that *'The provision of an adequate dental service to meet the existing needs is impossible at present owing to the shortage of dentists, but your Committee are strongly of the opinion that, simultaneously with the enforcement of prohibition of unqualified practice, the nucleus of a public dental service should be set up in populous areas for the treatment of dental disease, and that dental treatment by such a service should be available for persons needing it free of charge. We think that the service should be established as a definite branch of public health work and should be entrusted to public health authorities.'* The government tried a free for all treatment in 1948 but soon abandoned it as they found it was too expensive.

The Committee went on to outline its suggestions for the reorganising and control of the dental profession. This time there was to be legislation to prevent the practice of dentistry by unregistered persons, but those persons who could show that they were in fact practising dentistry for at least five years were to be admitted to the register. MS12

Such then was the state of the dental profession in 1919, The report was duly considered by the Government and in 1921 they passed a new Dental Act which immediately made an attempt to make the profession respectable. The register made it unlawful for anyone not entered thereon to practice dentistry. Those who could show that they were earning the major portion of their income were admitted on a much stricter basis than in the old Act of '78. In 1924 after the position had settled down there were 13,101 names on the new register, and of these there were 5,032 Licentiates, 768 remaining from the old Act of '78, and 7,301 **"Dentists 1921"**, a new title for those placed on the list who were not qualified by virtue of diploma of a teaching hospital. There were then two societies: The British Dental Association for the Licentiates and the Incorporated Dental Society for the '21 men. Unfortunate] instead of banding together against those who might desire to work against the general good of the

profession as a whole there was constant strife and bitterness between the two factions. In an attempt to reduce this friction there was formed a new body with the title of The Public Dental Service Association, **MS13** which helped but never achieved unity, in fact it was virtually another society to complicate the issue. The main object of this Association was to give a common front to negotiate with the Government in connection with the many Insurance societies who now were allocating their surplus funds to additional benefits which included a contribution towards dentistry. It did not work however and eventually a body common to the three organisations was set up as The Dental Benefit Joint Committee. This did some useful work but it never completely brought about the unity which was needed in the profession.

In 1931 a Mr. Weeks of Norwich was summoned by the B.D.A. for using the title '**dental surgeon**' when not being a Licentiate. The case eventually went to the appeal when the Master of the Rolls upheld the decision of the courts, this decision really confirmed that the title Dental Surgeon was restricted to those who held a Licentiate or were registered under the old Act. The case was defended by the Incorporated Dental Society on behalf of their members. This case finally laid down the difference that there were two types of dentists, one qualified and the other unqualified. This distinction made it difficult for any real idea of a united profession, although for the purposes of resistance against the common enemy, the Government, joint committees were established which worked tolerably well as far as they were able. The emphasis was nevertheless on the subtle difference; some of the '21 men were even more meticulous in their work than some of the qualified ones. The Act was a step towards removing the many gross evils in the profession which were the result of "**anyone can have a go**" state which existed before 1921.

The I.D.S., which was the Society which most of the '21 men joined, was always keen to encourage their members to become more familiar with modern techniques and enabled the various branches to hold frequent lectures and had extensive annual exhibitions about the time of their annual conferences. **MS14**

The P.D.S.A. which was intended to bridge the gap did little to do so. The B.D.A. never really got down to the level which was likely to encourage '21 men to join. In fact it took nearly thirty years to reach a point where the Group Movement had become powerful in the late 40's to produce an atmosphere which enabled the profession to at last form a single body by amalgamation of the three organisations in a reconstituted B.D.A. By this time, however, most of the '21 men who were admitted to the register by virtue of practice and not qualification by degree had died or were of such an age as not to matter.

When I qualified in 1924 such was the attitude, My father was a chemist and had been doing dentistry as a side-line for many years, there being no other dentist for about thirty miles. He wisely saw that there was a good future in the profession and persuaded me to enter the Dental School at Trinity College, Dublin. But that is another part of the story. **MS15**

## Dental Verbiage

'Those whom the Gods wish to destroy, they first make mad' (Euripedes, Fragments). This well known quotation might well be applied to dentistry. For over fifty years it has been the target of report Acts, regulations, and other effusions which for the most part have had a constricting effect on the profession.. In the early days this may have had a good result in stopping abuses but now the regulation by legislations is so complex that it is doubtful if the dentist can be fully aware of the mass of controls which are operating in his daily duties.

5.2.1919. The first and probably the most beneficial report on dentistry was the so-called Ackland Report. This was headed '*Departmental Committee on the Dentists Act 1878. Report of the Committee appointed by the Lord President of the Council to Enquire into The Extent and Gravity of the Evils of Dental Practice by persons not qualified under the Dentists Act., (HMSO 5.2.1919).*' No understanding of the difficulties in the profession would be possible without some consideration of the early controls, which were introduced as a result of this Report. They were additionally requested to investigate the causes of the then present inadequate supply of qualified dentists, to recommend the prohibiting of dental surgery by persons not properly trained, and if possible to modify **MS16** the training to reduce its time and cost without limiting the ability of the practitioner. The Report ran to 57 pages 13 x 8 inches of printed matter, after 27 days of deliberation.

Section 1) discussed the old act and its shortcomings. It was a charter for the unregistered practitioner, in effect making it lawful for any man to practice dentistry provided that he did not use the title 'dentist or '**dental practitioner**' so implying that he was registered under the Act.

Section 2) Reviewed the people who practised; they ranged from the highly skilled and qualified by diploma to the unregistered men who might be 'insurance or sewing machine canvassers, the butcher and the blacksmith'.

Section 3) Dealt with Incorporated companies, with which 'much abuses, malpraxis and fraud were associated'; these companies were able to get away with practices which were not possible by individuals.

Section 4) Enumerated a long list of cases of damages to the person by the unskilled, and their results in the courts. Even cases of death by cocaine poisoning were included.

Section 5) Included arguments that Dental Disease had a relationship to health and this was confirmed by many witnesses. The population had shown gross evidence of dental neglect, this was emphasised by various reports from the U.K. Army Commands. The state of the nation's teeth was in dire need of improving as an aid to health and industrial efficiency. **MS17**

Section 8) There was a great shortage of dentists, and this was determined by the social status of the inhabitants, and the fees it was possible to earn rather than the need of the people.

Section 7) It would require alteration of the law to protect the public from unregistered practice, and that students should be encouraged. Blatant advertising should be

discouraged as the authors were frequently charlatans, and the public could not decide which were unscrupulous.

- Section 8) Was devoted to assistance by the Local Government Board, and it was hoped that expectant and nursing mothers and children under five should be treated in child welfare centres.
- Section 9) Reviewed the School dental services which were then inadequate. They recommended that each Local Education Authority should establish a complete scheme of dental inspection and treatment.
- Section 10) Dental treatment under the National Insurance Act 1911, was only an additional benefit and paid for out of surplus funds; the recommendations are given in Section 12.
- Section 11) Reviewed the few voluntary aids to dental treatment such as hospitals and clinics, but considered these inadequate.
- Section 12) A Public Dental Service was envisaged in the terms 'If it be accepted that it is the duty of the State to ensure in the National interest that its citizens shall be maintained in a state of good health and working efficiency we have no hesitation in stating that adequate **MS18** arrangements for keeping the teeth of the people in a sound condition are one of the essentials to this end'. This was in fact the beginning of our Health Service today but as this committee stated, it was at that time impossible because of the shortage of dentists. It did emphasise that this service should be available to those who need it free of charge. Although the 1946 Act did include this benefit it soon found that the cost was too great.
- Section 13) Defined the needs for the education and training of dentists. They did not agree that there should be two classes of dentists. They suggested that dental mechanic of five years' experience should be given a special examination. These ideas were not accepted later.
- Section 14) The control of the profession should for the time being be vested in the General Medical Council, as Previously.
- Section 15) There should be an ethical standard which would forbid any advertising or canvassing.
- Section 16) The practice of dentistry should be prohibited except by registered persons.
- Section 17) The prohibition of unregistered practice should not restrict the rights of those who were in practice, They should be admitted to the register provided that they had been in practice for a minimum period of five years.
- Section 18) Those who were included on the register under the last section should be titled '**Dentist**' or '**Dental Practitioner**'.
- Section 19) Recommended legislation to prevent dental practice by **MS19** unregistered persons.
- Section 20) It was stated that fees should not be fixed as it might place dentistry outside the resources of the majority of the population.
- Section 21) Recommended scholarships.
- Section 22) Stressed the importance of Dental Research into the causes and effects of dental

caries and other diseases of dental origin. It is obvious that this would relieve humanity of an immense amount of pain and subsequent ill health.

Section 23) Recommended aid to dental schools.

Section 24) Advised education of the public in dental matters.

At the conclusion of the recommendations there were tough words: *“We wish to state very strongly that, in our opinion, the State cannot afford to allow the health of the workers of the nation to be continuously undermined by dental neglect. Steps should be taken without delay to recognise dentistry as one of the chief, if not the chief, means of preventing ill-health, and every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth. The dental profession should be regarded as one of the outposts of preventative medicine, and as such encouraged and assisted by the State. Treatment should be rendered available for all needing it. The present anomalous position in which an uneducated, untrained person can practice as a dentist, performing surgical operations on the teeth and jaws, doing untold damage and casting undeserved odium and dishonour on a scientific profession is intolerable, and should be dealt with immediately”*.

**1921.** The Government accepted most of the recommendations of this committee and as a result Parliament brought in the Dentists Act 1921 which laid the foundations of scientific dentistry. There were to be no more uneducated dentist MS20 those without degrees would by virtue of time slowly disappear and there would then only be the properly trained personnel to administer to the public need. In one respect has there been almost perhaps a complete failure and that is in the field of research. The cause of dental disease both caries and pyorrhoea is still an unknown quantity. Until the researchers cease to examine the disease factors as special and single entities and get down to that sphere which is close to health, and where the body deviates in the early stages from the normal, they will still be looking and not finding.

**1.12.1927.** The next work of interest is the Dental Benefit Handbook (HMSO price 3d. 63pp). This was issued by the Dental Benefit Joint Committee for the guidance of Approved Societies and the Dental profession in connection with the provision of Dental Treatment as an additional benefit under Section 75 of the National Health Service Act, 1924. As the insurance funds were limited they had to be safeguarded against fraud, so was formed the complicated structure of dental estimates, and a scale of fees with supervision by a team of regional dental officers. About one third of this book is devoted to disputes procedure, and an account of various cases, and appeals. In those good old days the dentist had to fight for his rights, and this system became the model for our present service. As the scales in use about that time were largely regarded as a type of charity it will be interesting to compare the fees agreed between the dental and insurance sides. MS21

|                                  | Before<br>1.10.1926 | After     |
|----------------------------------|---------------------|-----------|
| No examination fee was allowed   |                     |           |
| Scaling per patient              | 5s 0d               | 7s 6d     |
| Filling simple                   | 5s 0d               | 7s 6d     |
| contoured                        | 7s 6d               |           |
| Crown                            | £1 1s 0d            | £1 11s 6d |
| Extractions, all per tooth       |                     |           |
| <b>without anaesthetic</b>       |                     |           |
| 1, 2 or 3 teeth                  | 1s 0d               | 2s 6d     |
| max upper or lower               | 10s 0d              | 15s 0d    |
| max upper and lower              | £1.0s.0d            | £1.5s.0d  |
| <b>with anaesthetic</b>          |                     |           |
| 1, 2 or 3 teeth                  | 2s.6d               |           |
| 4, 5 &6 teeth                    | 1s.6d               |           |
| over 6 teeth                     | 1s.0d               |           |
| Anaesthetic                      | 5s.0d               |           |
| plus, per tooth                  | 2s.6d               |           |
| maximum one jaw                  |                     | 7s.6d     |
| maximum both jaws                |                     | 10s.0d    |
| max. inc. extractions, 1 jaw     |                     | £1.2s.6d  |
| max. inc. extractions, both jaws |                     | £1.15s.0d |
| Dentures, full                   | £6.10s.0d           | £6.0s.0d  |

These few examples of fee structure show the early attempts to reduce the overall cost of the service by cutting the more common items and raising the less common. This was a principle which the dentist had to accept as it is obvious that our negotiators did not realise the implications of the shabby technique until many years later.

**2.3.1933.** The next effusion of note was the Approved Societies Handbook (HMSO 367 pp) which was for the guidance of Approved Societies in their administration of benefits under the NHI Acts 1924 to 1932. Although only some of the paragraphs applied to dentistry it was useful to know exactly what powers the Insurance Societies had. These paragraphs were 884 to 899 inclusive.

**5.1938.** The British Medical Association was not asleep and it saw what was now required was a comprehensive medical scheme for the nation. They outlined this idea in a booklet of some 50 pages published under the title 'A General Medical Service for the Nation'. Dentistry in this however has only a casual

mention, Which shows how unconscious the dental profession was at that time.

**1942.** In November in the midst of war there was presented to Parliament by command of His Majesty a report by Sir William Beveridge on the 'Social and Allied Services'(HMSO). This document of some 300 pages at such a time was an achievement which laid the foundations of our present scheme of National Insurance of which the Health Services are but a part. The main recommendation was to unify all the present and uncertain benefits under one ministry which would be responsible for seeing that Social Security was available to all and the elimination of want. The work is very comprehensive, reviewing the anomalies of the variable benefits of the Approved Society System and offering a scheme which would apply to all members of the public benefits which were far from available generally. Table 3 gives the annual allocation of Additional Benefits as follows:

|                               | £                | % of total   |
|-------------------------------|------------------|--------------|
| Dental                        | 2,420,000        | 41.4         |
| Ophthalmic                    | 630,000          | 10.8         |
| Medical & Surgical Appliances | 200,000          | 3.4          |
| Convalescent Home treatment   | 160,000          | 2.7          |
| Hospital treatment            | 90,000           | 1.5          |
| Other treatment               | 150,000          | 2.6          |
| Cash benefits                 | 2,200,000        | 37.6         |
| <b>Total</b>                  | <b>5,850,000</b> | <b>100.0</b> |

These totals compared with today's show how there was no allowance for inflation and in most of the report the figures are hopelessly underestimated. However the dental figure here is noteworthy as it is higher than any of the other benefits, and therefore shows the need and estimated demand for this service.

In the new scheme the Approved Societies would be rendered unnecessary and a Ministry would take over responsibility for all the benefits in exchange for one single weekly sum paid in part by the worker and the employer.

In the requirements for the retired the amounts given in 1938 figures are amazing in light of today's prices. They were 29s 6d for man and wife, 17s 10d for a man, and MS23 17s 4d for a woman. No reason is stated for the difference.

The total estimates for the Social Security expenditure for 1945 was given as £697,000,000 and that for 1965 was £858,000,000. (Table XII) Paragraph 431 gives interesting comment on the future pattern. *“This will not, of itself, put an end to private practice. Those who have a desire and the means will be able to pay separately for private treatment, if the medical service is organised to provide that, as they may pay now for private schooling, though the public education system is available for all. But no one will be compelled to pay separately. The possible scope for private practice will be so restricted that it may not appear worthwhile to preserve it. If, therefore, it is desired to preserve a substantial scope for private practice and to restrict the right to service without a charge or treatment to persons below a certain income, it will not be possible to include payment for medical service in an insurance contribution which all are required to pay irrespective of income.”* This shows an interesting sidelight on the present conflict between the hospital consultants (1974-5) and the Minister of Health in her endeavours to eliminate private practice from within the area of the Hospital Services.

Paragraph 435 is also worth quoting in detail: *“Dental and ophthalmic treatment and appliances are now overwhelmingly the most popular of the additional benefits under national health insurance. That is to say, they are being paid for in part by compulsory contributions and for the rest by a charge when treatment is given. There is a general demand that these services should become statutory benefits available to all under health insurance. There appears to be ground for regarding a development of preservative dental treatment as a measure of major importance for improving the health of the nation. This measure involves, first, a change of popular habit from aversion to visiting the dentist till pain compels into*

*readiness to visit and be inspected periodically; it involves, simultaneously <sup>MS24</sup> with the creation by these means of a demand for a larger dental service, the taking of steps to organise a larger supply of the service. That the insurance title to free dental service should become as universal as that to free medical service is not open to serious doubt. The only substantial distinction which it seems right to make is in the supply of appliances. To ensure careful use, it is reasonable that part of the cost of renewals of dentures should be borne by the persons using them. This might possibly be extended to the original supply. The same holds good of optical appliances.”*

A great deal of the book gave various estimates which although interesting were if anything under rather than over in calculation of costs. In fact the demands on the services at the beginning were not fully anticipated, and later the demand within the services for expansion in almost all directions keeps increasing the expenditure. Nevertheless this report was a big step forward in the social service and became the model for future planning.

**1.4.1943.** The Labour Party published a 22 page pamphlet entitled “**National Service for Health**”. This briefly, after criticising the present medical service, outlined the ideal scheme as they saw the Beveridge plan. They were definite in their ideas of service. ‘*Unless the doctor has a salary, and a prospect of a pension, which frees him from economic dependence upon paying patients, he cannot devote his full energy to the prevention as well as to the cure of ill health. Unless the community provides that economic security it cannot direct where the doctor’s work would best be used in the national interest. Only a salaried medical staff, as part of the National Health Service, can meet that need.*’ Further it states, ‘*The service must be national, i.e. supplied and paid for out of rates and taxes. We cannot have a medical service which covers all the medical needs of all the people unless all the people contribute to the cost, and unless doctoring can be distributed in accordance with the needs of all the people.*’ <sup>MS25</sup>

‘*The service should be full time. Suppose that it were not full time, but that the doctor was partly employed in private practice. Either his service for the State would be just as thorough and conscientious as his service when treating fee-paying patients as a private doctor, or else his standard would differ. If patients could get his full attention, however, without paying a fee during half the day, they would hardly go to him during those hours when a fee would be charged. It would be intolerable that his services as a state doctor should be less adequate than the service rendered for private fees.*’ The Labour Party laid down the idea that a full time service should be the aim, and that meant that they were intent on abolishing private practice. This is shown clearly by the dispute of the Hospital Consultants and the Minister of Health in 1974-5.

**1.7.1943.** Just three months later the Socialist Medical Association published an 8 page leaflet on ‘**The Socialised Dental Service**’, price 3d. This applied the basic principles of the Beveridge Plan to dentistry and pointed out that “*isolation, lack of contact, lack of postgraduate training makes it impossible for dental science and dentists to serve the community as they might.*” The new service must be planned at health centres on the basis of one dentist to 2,000 patients. (They did not mention that this would require some 40,000 dentists to treat the whole population and the register only had a little over 10,000).

Preservation should be encouraged. The specialist services at the Hospitals should be developed. They had some deep thoughts on dentistry but coloured by a full time salaried service. This was the first obvious revelation of the ideas that the Labour Party had about the stringent controls which were intended for the Medical and Dental Professions. Other parties only modified these controls, but did not pay much attention to the wishes of the professions when writing the Bills.

1944 HMSO published an abridged version on the proposed Health Service. These 32 pages price 3d., outlined the full range of health care. MS26 *'No one will be compelled to use it. Those who prefer to make their own arrangements for medical attention must be free to do so.'* It detailed the system in a clear way, the doctors to have a capitation fee for each patient, but would be free to treat their private patients if they wished. There was no question of abolishing the sale of practices [that came later]. The scheme for hospitals was delineated. They were to come under special conditions. It was not stated at that time that they were to be nationalised and taken over with all their assets. There was to be a consultant service based on Hospitals which would form an integral part of the service. Clinics would be set up to deal with special classes. "A full dental service for the whole population, including regular conservative treatment, must unquestionably form part of the new National Health Service. But there are not at present, and will not be for some years to come, enough dentists in the country to provide it- until the supply can be increased, attention will have to be concentrated on priority needs. These must include the needs of children and young people, of expectant and nursing mothers, and it is these needs which must first be met. The whole dental problem is a difficult one and a Committee under the Chairmanship of Lord Teviot has been set up by the two Health Ministers to consider and report on it."

9.1944. In September the Government issued a booklet '**Social Insurance, including Industrial Injury Insurance**' (HMSO) which for the modest sum of 3d., and with the help of diagrams made these proposals clear to the general public. The slogan was '**One Card, One Stamp, All Benefits**'. In those days the masses were earning about £250 per year, and the contributions ranged from 2s 0d to 7s 0d and the benefits were about 35s 0d per week for man and wife. Family allowances of 5s 0d for the second and subsequent children.

14.4.1945. The B.D.A. issued a long report on the discussions with the Health Ministers. This gave a run down on the proposals as far as could be ascertained. It covered most of the aspects which were to form the new Service and was met with MS27 some apprehension by the profession.

11.1944. The Teviot Committee brought out its '**Interim Report of the Inter-departmental Committee on Dentistry**' (HMSO 6d). This was a preliminary review of the state of dentistry, its control and educational facilities. It dealt with man power, ancillary workers, the specialised services, the dental health of the population and its needs. It recommended a full dental service on demand, stimulation of that demand, and an increasing supply of dentists to meet that demand. To further its search the committee had memoranda from many sources including a volume of 332 pp. by the Dental Board, the BDA and IDS. The committee had been instigated on 8.4.1943 and found that there was so much ground to cover that its final report was not completed for about two years.

2.1946. **The Final report** (HMSO 1s 0d) This new report recommended that the remuneration of dentists should be sufficient to attract large numbers of young entrants in order to secure an adequate service. Their comments on dental research were scanty, although this was one of the items in their remit they did not give it the consideration it deserved, and their comments on diet and disease did not seem to solve the problem. The recruiting target for entrants to the profession should be in the region of £900 a year as soon as possible. These reports were useful to show the inadequacy of the dental manpower and did make a contribution towards the future shape of dentistry.

5.1946. The Minister of Health published '**A summary of the Proposed New Service**' (HMSO 3d). This detailed in a brief manner the concept of the new service. It dealt with all aspects, and showed that the Bill to follow would be the Minister's ideas and that the Medical and Dental Professions had not altered the main concept very much. The main programme was clear but the details were to follow by regulations to be made as and when required. In the same month the Inter-departmental Committee Report on the remuneration of general practitioners was issued. This gave a MS28 detailed review of the incomes of the medical men, related to age and amount. The majority appeared to be earning about £1,000 to £2,000 per year in middle age.

The recommendations were that doctors should earn net incomes augmented by about £200 per year, i.e. from £1,300 to £2,000 with variations according to circumstances. These amounts were calculated at 1938 values. This seemed to be always part of the calculations, at 1938 values there was a need to calculate by some committee or other; and this one suspects, allowed for a variation in the sums payable. At least this is what it appeared to one onlooker who may have been biased, but nevertheless there rarely was a simple process of calculation admitted in negotiations. This Committee was known as '**Spens**' after the Chairman, Sir Will Spens.

Shortly afterwards the same committee published its '**Report on the Remuneration of General Dental Practitioners**' (HMSO 4d), this was the Spens Dental, and showed that the incomes of dentists were much lower than doctors as a rule. The recommendations were to augment incomes by a formula:

1938 incomes below £400.00 - by doubling the income

1938 incomes from £400 to £800 - by the addition of £400.00

1938 incomes above £800 by the addition of 1/3 of (£2,000-1938 income)

The summary stated that, working efficiently, a practitioner should be able to earn an annual net income of £1,600 for 1,600 hours at the chairside, again in terms of 1938 values. It went on to recommend that if payment was made by a scale of fees these should be balanced so that remuneration would not be affected by the proportion of time spent on operations of various types. Specialists should have appropriate consideration, and inducements should be given to provide dentist in less attractive areas. MS29

6.11.1946. The National Health Service Act 1946 (9 & 10 Geo.6.Ch.81 HMSO 1s 6d) passed its third reading in Commons and became law. There were very few amendments accepted which were put forward by the professions. The Act revolutionised the health services overnight, the hospitals with their buildings and other assets were now the property of

the state, the doctors' practices were taken over and could no longer be sold. They did get compensation, but if they continued to practice in the state service they did not get immediate cash, but only interest calculated at the low rate of interest of that time, the cash value only became payable on retirement or death. The Bill itself of 93 pages is basically an enabling Act. It, in many of its 80 sections it gives the Minister power to make regulations controlling the working of the system. These regulations are made on a certain date, laid on the Table of the House of Parliament, and become law on the stated date. These dates may be the same and if no objections are made by a Member they are automatically law. As there are many hundreds of these regulations under this and other Acts laid on the table each day, how can any member be aware of all the implications? In a way this is a concealed form of dictatorship; it is the way we are now governed and that is probably one of the major reasons why life today is so complicated. This technique is like a giant octopus and tends to strangle all business enterprise. In the Good Old Days of Elizabeth I, the power and pride of the Nation's greatness was in the enterprise of its small adventurous businesses, but today each one has get permission by form filling and then when a profit is made, sometimes before, taxes in many guises have to be paid.

11-11-1947 - The Dental Board of the United Kingdom produced a **'Report of the Joint Advisory Committee on Post Graduate Dental Education'** (2s 6d). In the foreword it is admitted that they were responsible for post graduate education as a duty imposed on them by the Dentists Act 1921, this duty also included research. Strange then that it was not until 1946 that this committee was instituted, possibly MS30 stimulated by other reports which had recently appeared. They heard nearly 50 experts but the general opinion was that there was a need, but they seemed at a loss to detail the requirements. They set up a Bureau of Information, suggested that all hospitals should have a consulting dentist with special experience. A further committee was appointed to further the matter. H.T.A. McKeag, a contemporary of mine in Dublin, did suggest that orthodontics was a suitable speciality although there were not enough teachers in that subject at present. (Incidentally we had both taken special courses while in the Incorporated Dental Hospital in Dublin under Professor Friel who was one of the first specialists in this subject in the United Kingdom.) There is no explanation why the Board delayed consideration of this subject from 1921 till 1946. 25 years asleep is an indictment of the ineptitude of disinterest.

11.1948. The Ministry, having found that the regulations and the working of the service was not free from difficulties, issued a 37 page **'Handbook for general dental practitioners'** free to those on the Executive Council Lists. This outlined the scope of the regulations and how the dentist should deal with the complicated set of rules covering his treatment of patients. There was a list of about 60 drugs which were the only ones that the regulations allowed the dentist to prescribe. The new scale of fees was included in detail. It was a useful booklet but it did show how restrictive the state dentistry had become.

9.1949. To add to the confusion another committee, small but effective, produced the **'Report of the working Party on the Chairside Times taken in carrying out treatment by General Dental Practitioners in England, Wales and Scotland'** (HMSO 1s 6d). This 70 page effort gave detailed findings of the working times as a result of a questionnaire sent to

dentists, which requested the said details to be MS31 set out on a specially devised form. In my opinion this was a complete waste of time of the dentists who were very busy trying to make a living with now considerably reduced fees. In any case these results when used by the Government estuaries were an instrument to be used against the profession. Judging by the Appendix III there was a sample of 261 dentists for England, as the total response to random sampling of some 500 dentists. It was a comprehensive report but the samples were far from sufficient, this was an instrument to further reduce the cost of dentistry.

16.11.55. For some time the Government had been worried about the ever increasing costs of the Health Services, so another investigation, this time a 309 page '**Report of the Committee of enquiry into the cost of the National Health Service**' was published, known as the Guillebaud Report (HMSO published 1956 at 9/5). The cost of which was £1,987 including £1,354 for publication. This was a very complete analysis by a four man and one woman committee, giving details of all facets of the service. Table 8 gives the expenditure in £million:

| Service           | 1948-9       | 1949-50      | 1950-1       | 1951-2       | 1952-3       | 1953-4       |
|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Central etc.      | 2.4          | 2.5          | 2.9          | 3.1          | 3.3          | 3.6          |
| Hospital          | 166.3        | 192.4        | 207.9        | 228.9        | 250.3        | 263.6        |
| Executive Council | 133.4        | 147.2        | 146.5        | 134.9        | 124.2        | 132.1        |
| Local Authority   | 25.6         | 29.4         | 33.2         | 35.1         | 39.2         | 40.2         |
| <b>Total</b>      | <b>327.8</b> | <b>371.6</b> | <b>390.5</b> | <b>402.1</b> | <b>416.9</b> | <b>430.3</b> |

The first item related to the Ministry etc., the second was obvious, the Executive Council included the medical and dental and optical services, the last covered the maternity and school health services etc.

Table 22 gives the cost of the dental services:

|                          | 1948-9 | 1949-50 | 1950-1 | 1951-2 | 1952-3 | 1953-4 |
|--------------------------|--------|---------|--------|--------|--------|--------|
| Gross cost               | 39.0   | 46.4    | 37.7   | 31.6   | 26.5   | 28.6   |
| Less charges to patients |        |         |        | 1.7    | 5.4    | 6.3    |

MS32

These tables are interpolated [whatever that mean] for the 270 days for which the National Health Service operated. They show the reduction in cost to the state, of the service, which the public had been promised free, by this imposition which compelled it to pay part, in some cases more than half.

Paragraph 15 on page 47 states '*The decline of £24 million in the cost of the dental service over the four years was partly accounted for by £6 million revenue from the charges introduced in 1951 and 1952, but the major part (£18 million) resulted from a fall in gross expenditure.*' Of this figure, £13 million was the effect of the reduction in rates of payment to the dentists. The principal area of saving was in the cost of dentures which declined substantially. There is evidence that the decline in work done by the service was not simply due to the introduction of the charges; demand was already falling before the charges were introduced after the accumulated arrears of needs had been largely dealt with.

Paragraph 521 stated *'That the amount of non-denture work has been steadily increasing since 1948 with one setback in 1952-5 after the introduction of the charge for dental treatment.'* Conservative work now accounts for about 50% of all work in terms of fees paid. The next paragraphs dealt with the Estimates Board, the cost of this had reached over half a million and the office staff there was in the region of one thousand. The function of this body was to approve and oversee estimates and assess fair fees for special work which did not come within the items of the scale of fees. Their interpretations frequently gave rise to arguments which landed the dentist before a service committee for investigation. It sums up the attitude to research in the following words: *'Beyond stressing the great importance of research work generally in this field, we therefore offer no specific recommendations on this matter.'* There was a general consensus of opinion that, while the shortage of dentists remains, the charge to the patients was to be recommended, in order to reduce the demand. MS33

**10.56.** The **'Report of the Committee on Recruitment to the Dental Profession'** (HMSO 3s 0d) was a comparatively short book of some 60 pages. It gave a very good outline of the profession and its earnings. Goodwill was no longer of any value because any dentist setting up in practice was assured of plenty of patients in a short time. The majority of dentists would not recommend young persons to follow them in choosing a career. Approximately 69% of school children were in need of treatment, and in the general population over 20, over 20% had already lost all their teeth. A public relations officer was necessary to increase the interest of the public in dentistry. They were not too happy about the system of remuneration and recommended that a thorough review should be made in the near future. Accommodation in the dental schools should be increased. The question of ancillaries for minor dental work should be encouraged to reduce the pressure. There were tables illustrating the various problems. This was known as the McNair report.

**27.3.1957.** On this day the Queen signed a Royal Warrant which set in motion one of the largest and most expensive committees to deal with the Health Services. This resulted in the **"Report of the Royal Commission on Doctors' and Dentists' Remuneration"** being published in February 1960 (HMSO price 15s). This 34.6 page book cost the country some £36,991. To achieve this the evidence of earnings of many professions was investigated by means of sending a questionnaire to members of no less than fifteen different occupations, from archbishops to dentists. Some one hundred and sixty-three organisations were asked to give evidence in addition.

The main duty in summing up the remit was to recommend remuneration for doctors and dentists, having considered other connected occupations, and recommend how to keep that remuneration under review. The nine man (sorry, there was one woman) committee had 80 meetings and considered over 250 written memoranda. It really makes the mind boggle to think about the mental state of the members after such indigestible and argumentative paper evidence. Some comments on the matters which relate to MS34 dentistry will be illuminating.

**Chapter II. 10. (iii)** There has been a complete absence of any effective machinery to see that dentists earned what had been intended; as a result they have earned more. [With such a premise how could there be a fair approach to the question of dental incomes?] (iv) Dentists had worked longer hours because there were not enough of them to ensure prompt treatment,

and had therefore earned more than the doctors. This was in sharp contrast to other countries.

**II.13.** recommended the setting up of a review body to watch levels of pay and report to the Prime Minister. This in turn required the setting up of a Dental Rates Study Group to decide the application of rates per hour to items of treatment and this means that any time remuneration has to be agreed there is a double discussion which in short means that it is easy for the Government to get their way.

**II.26.** Again emphasised that the earnings of dentists were too great. It recommended that effective machinery should ensure that the intentions as to the level of earnings should be fulfilled, in the meantime no change should be made in current payments for items.

**III. 61-75.** inc. dealt with the incomes of dentists and in brief recommended that their remuneration should be increased by £400 while the shortage lasted, in terms of 1939 values this represented a total of £1,600 per year. The rest of this section enumerated the cuts imposed and the efforts of the B.D.A. to rectify these; the B.D.A. idea of a fair earning was an annual £2,950.

**V.166.** The Spens Report can no longer govern the remuneration of two great professions in the Health Service. 169 (c) levels of remuneration should be recommended to apply from January 1960, and some payment to doctors but not to general practitioner dentists. 170. The average career payments from January 1960 should be about £102,000 for doctors and about £96,000 for dentists.

**VI.184.** gives interesting facts about the state of dentistry in the Hospitals. MS35 Out of 2,250 full-time consultants there were only 47 dental. In the part-time there were only 688 sessions out of 41,302. This shows that dentistry had been sadly neglected in the hospital service. A similar distribution was shown to exist in the range of Senior Hospital Dentists. A new structure of pay was recommended in subsequent paragraphs.

Chapter VIII gives a very complete run down on dentists' incomes with several tables. The recommendations are worthy of note. 383, suggests that the remuneration should be based on the items-Of-service method. It does not follow that increased output should increase payments. 384, payments should be linked to hours worked and increased output by improved techniques should not be paid for automatically. In other words output had no relationship to the remuneration. It is to be wondered how any trade union would react to that argument today. 385, recommended a Dental Rates Study Group to:

- a) fix times for each dental operation;
- b) to fix gross fees for such operations that would give average income for the average number of hours.
- c) to ascertain the average number of hours worked by the average dentist. This is what causes the great difficulty in fee negotiations in the profession ever since.

The time lag is too long and the arguments too timed-wasting and the whole arrangement causes untold frustration among the dentists.

There was one dissenter: Professor John Jukes added a twenty-five page memorandum. He thought that the level of earnings of general practitioners and part-time consultants were not sufficient to restore confidence in these two vital sections of the profession.

**Paragraph 5.** The state being a monopoly employer had a great influence on the practice of

medicine and dentistry. MS36

**Paragraph 6.** It was this grip of the Government over the professions that compelled the profession to spend so much time, inevitably without success, in search of a formula which would, in perpetuity protect it against arbitrary action on the part of the state.

**Paragraph 6.58)** Indicated that the earnings of dentists had declined by 38% (if allowances were made for cost of living this was 89%) between 1949 and 1952, from then they rose continuously till in 1959 they reached the level of 49%. The plight of the dentist up to 1954 was remarkable in a time of increasing economic growth.

**Paragraph 6.59)** The responsibility was on the Government side, in the first instance the fees were fixed too high and the time too low. The great demand due to previous neglect of the free services made excessive earnings by dentists inevitable. This produced a very bitter feeling among the dentists who felt that anything could happen at any time. It was a pity that the lack of planning by the responsible Government had become attributable among the public to the cupidity or irresponsibility of the dentists themselves. It was a straight talking effort which rounded off some corners of the report itself. A large part of the whole book is composed of details of the questionnaire sent to the other bodies and their results.

11.1962. The recommendations led to the BDA spending a lot of time in compiling a 20 page memorandum to the Review Body. This made out an argument that the income for a dentist should be £3,000 per year for a work time of 1,650 hours.

5.1.1963. An Extraordinary General Meeting of the BDA was held to consider a resolution that, as a result of the 12% cut recently imposed, this meeting records “*a vote of no confidence in the Representative Board, the profession’s sole negotiator.*” In the February issue of The Probe (the GDPA organ) in its editorial MS37 said: “*When the extraordinary meeting of the BDA on January 5 defeated the motion of no confidence by 835 votes to 565 (with some 200 abstentions) the only winner was the Ministry of Health.*”

“*There is great cunning at the Ministry. It well knows how to exploit the old dodge of Divide and Rule: and in the dental profession it has found perfect ground.*’ *There is little need to amplify the general attitude of the dentists who were so bewildered that they could not really see what had hit them in the Health Service with its monopoly boss who did not like paying a fair fee for a fair day’s work.*”

20.10.1964. This issue of the British Dental Journal carried a Report of the Ad Hoc Subcommittee on Methods of Remuneration. This was the Tattershall Report and it demonstrated the frustrations of the dentists in an emphasised statement ‘*that there is no future for the profession, or indeed for general dental practice as an art and a science, in the system of remuneration as presently operated.*’ The meetings of this committee occupied twenty-four whole days which as far as an effect on the situation might just as well not have been wasted. The items-of- service system at present in being offers no financial recognition for increasing productivity, since total earnings are subjected to limitation. The system puts a premium on speed, and standards tend to fall, and there is a preoccupation with ‘turnover’. The newly qualified can earn much more than the older practitioners. It considered the various other

methods but did not really seem to favour any and eventually put forward some rather woolly recommendations. These were

- 1a) A capitation fee plus a scale fee for dentures.
- 1b) this was not to be decided until after discussions on an informal and non-committal basis.
- 2a) an increase in the target income in recognition of increased productivity, a reduction of work hours, and an element for capital expenditure and investment, holidays and sickness insurance.
- 2b) a redistribution of dental incomes by limitations of Executive Council payments, an increase in the examination fee, and a review of MS38 fees for more complex treatment.

Of all the inane wanderings of the dental mind this probably was the most senseless. The net result is that the method of payment for dental treatment is still the same - on a scale of fees system, with all its attendant difficulties.

4.1965. The BDA had sent out a complicated questionnaire to all dentists on the register to ascertain their views on the Health Service. The result was published as an occasional paper towards the end of the year and carried some disconcerting ideas. Of the over 12,000 dentists circulated, more than 8,000 replied and the 30 page booklet was the result. They indicated that dissatisfaction with the conditions was widespread and tended to centre more on the system of remuneration than its level. The dentists were concerned with the speed which they had to work to maintain their incomes, this tended to reduce their relationship with their patients. A change in the system which gave high earnings in the early part of their career with a considerable falling off as they aged. A number of them had considered it necessary to resign from the service. The cuts in the remuneration were reviewed and this had caused much disquiet, as the dentists did not know when the next cut was coming. The disappointing part of the report was, however, that it demonstrated that the views of the dental profession were as divided as always and with this there was little hope of ever coming to some conclusion which would prevent the Government being in the position to act in a dictatorial manner.

That, by the way, was the last report in which I took much interest. I had only about five years to serve before retirement and my mind was focussed on other and more interesting subjects. MS39

## The Royal Victoria Hospital

## Early Days of the Dental Department 1985 - 1934.

In 1933 dental practice for me in Bournemouth was somewhat depressing. The country had not really recovered from the general strike of 1926; in those days there was no state dentistry, and very little panel work, in other words the public was not dentally conscious and had to be sold on the value of regular attention. My turnover was in the region of £800 per year on about four patients a day. So when a vacancy for an Honorary Dental Surgeon was announced I applied and was accepted. This appointment of one session per week was the opportunity required to provide an added interest in life and which lasted with increasing professional zeal for some thirty-five years. Before recounting the experiences at The Royal Victoria it would be appropriate to give some details of the history and background of the dental set-up at Boscombe. The important details of the history of the Royal Victoria Hospitals in Bournemouth are amply described in the Centenary booklet which was published by the League of Patients and Friends in 1959 and written by Messrs. A.D. Ruddock, J. Femsby, P.J.Challoner and Miss MA. Walters. It all started in 1858 when C.W. Packe called a public meeting in Bournemouth to provide a dispensary for the sick poor of the area. This was duly set up in the following year and subsequently other units were added until in 1925 the land in Ashley Road, Boscombe, was purchased on which the present Boscombe MS40 Hospital was built. This houses the Dental Department, or did until 1969 when it was extended to include Poole New Hospital. However we are here only concerned with the dental side.

As early as 1865 a Dr. de Raymond, Surgeon/Dentist offered his honorary services which were refused by the committee on the grounds that they were 'unneeded'. It was not until 1899 that a Mr. William Merson of Delphi House was elected as Honorary Consulting Surgeon Dentist, in the same year authority was given for the appointment of two dentists (also no doubt honorary). The booklet recounts that in 1904. the dental department had been placed on a more active footing and had achieved a great deal of good work, some 711 cases being treated in that year. At that time the dental treatment consisted largely of relief of pain by extractions, but it is difficult to obtain any information as no records seem to have been kept. In the 1923 issue of Kelly's Directory there were shown the following name as on the Hospital's list:- A.M.Kempe, F.Ward, A.E.Ball, E.D.Bascombe, and H.B.Rowe (all L.D.S. Eng). About this time there was an increasing realisation that many diseases could be caused or aggravated by dental sepsis, so in 1925 The Board of Dental Management decided to establish a Dental Department where all forms of Dental Disease could be treated and dentures supplied at a moderate cost. The result was that ten dental surgeons were appointed as follows: Messrs. H.B.Rowe, E.D.Bascombe, A.M.Kempe, H.V.Vogt, R.L.Eskell, J.W.Graham, W.A.Crane, E.Samson, E.J.B.Curtis and Corytn Kempe, and the department opened the following year.

2.2.1926. The first meeting of the Hospital Dental Council was held, A.M.Kempe was elected chairman, a post he retained for some twenty-two years in spite of a rule of the Hospital (XVI 4) which states '*that no Chairman . . . shall retain MS41 that office for more than*

*five years in succession*'. The main business was to decide to have four sessions per week, which the staff were to choose in seniority as determined by their time of residence in the Borough. The X-Ray department was to be made available on payment of a reasonable sum by the patient (2s 6d). Dentures were to cost £4 for upper and lower, conservation work was free. Extractions no charge without anaesthetics, one shilling with; and 2s 6d for the administration of nitrous oxide gas. All fees to be paid on a cash basis to the sister (sic) in charge. The only other business of interest at this meeting was the appointment of a fully trained mechanic, and this was suggested to the House Committee, who considered it favourably and resulted in the appointment of Mr. Rogers at the agreed wage of £3 per week.

**19.5.26.** The second meeting had a discussion on the payment of fees. It was agreed that these could be paid by instalments but the whole cost was to be collected before fitting dentures. There had been some overlapping in the making of dentures so it was recommended that if possible the same dentist should complete all the denture fittings for each patient, but if it was inconvenient for the patient then one of the other men could help. The abundance of work had created a need for two extra sessions which were arranged. At that time the main Hospital buildings had not been commenced the dental sessions were carried out in a wooden hut in the yard where the car park now is. The equipment was of a primitive kind; an old hand-cranked chair, a foot engine, a gas machine without oxygen. In fact the anaesthesia was of a kind known as 'suffocation anaesthesia': a face piece was used for induction and when that was removed as many teeth as possible were removed before the patient woke up. MS42

**5.11.1926.** Several complaints had been received that Surgical Aid Societies cases had been treated in Hospital to the detriment of those practitioners who normally dealt with those cases. One complaint had been received from the Bournemouth Council of Social services protesting at the attitude of a member of the Clinic staff towards one of their nominations. This matter was allowed to remain on the table, a very effective way of dealing with complaints not unknown in present times. Further discussion resulted in a resolution that "*all Surgical Aid, Panel, Social Services and Child Welfare should in future be exempted from treatment at the Clinic except in special cases accompanied by a letter concerning the merits of the case.*" The Mechanic appointed in March had given notice so Reg Attridge was appointed at the same wage and conditions, this was a better choice as this appointment lasted until 1969, some 45 years.

**2.3.1927.** Complaints were still being received, and it was arranged that dentists in the area should be circulated that the Clinic was not intended to be run in competition, and that no panel cases would be accepted unless for the relief of immediate pain, or accompanied by a letter of request from a registered dentist. Philanthropic cases should be recommended by a written request from the Secretary of the Society stating the circumstances.

**14.10.1927.** It was decided that all contributors to the hospital should receive nitrous oxide gas free when necessary. E.D.Bascombe had retired from practice and was appointed to the consultant staff, this produced a shortage of staff and it was decided to recommend to the Board the appointment of two additional dental surgeons.

**13.3.1928.** The names of two applicants who were willing to serve on the staff were given to the meeting, these were W.G.Daniels and E.O.B.James. There had MS43 been some

difficulty in filling all the required sessions so it was recommended that a further three dentists be appointed. It was also considered that a boy would be necessary in the workroom, but this was left in abeyance for the time being.

7.11.1928. Plans for the new hospital were discussed and suggestions for the new dental department were made.

27.3.1929 This was an annual meeting with the formal appointment of officers for the ensuing year. There was a further discussion about the new department

2.2.1930. The confirmation of officers was the major business. There had been difficulties in obtaining House Surgeons for giving dental anaesthetics, so it was decided that the right of the dental staff to give N<sub>2</sub>O to dental out-patients should be recognised by the Governing Body. The matter of engaging a junior mechanic was recommended to the Board on account of the amount of work in the workroom.

15.9.1930. There was a discussion about anaesthetists with Dr. Hardy who said that if sufficient notice were given one would be forthcoming. It was announced that a junior mechanic had been appointed, but he was not named in the minutes. Certain matters referred to (in a report to the Board) were thereafter discussed with a view to the smoother running of the clinic and this concluded the meeting.

10.11.1930. A letter from the Secretary, Gordon M.Saul, stated that the House Committee had decided:

- "1. That the question of additional anaesthetists for special cases should be referred to Dr. E.W.D. Hardy for arrangement.*
- 2. That, in view of the limited accommodation in the present Dental Department, additional facilities will be available in the new building; and MS44 further that the waiting dental work is being caught up and catered for and the request for additional staff is postponed.*
- 3. I find that patients attending the Poole Road Branch do pay 2s 6d for gas administration for extractions where they are able to afford it.*

*"With regard to No.1; Dr. Hardy is a member of the House Committee and I will remind him of the position. With regard to No.2 the waiting list has been reduced to nine and it is thought that it will be picked up with the present assistance of which a very good report is given. With regard to No.3 I think this always has been in force but it is possible that a change of Sister has resulted in one or two escaping but I am not aware of any, possibly they may have been members of the contribution scheme who would be entitled to free treatment."*

23.2.1931. The reply from Saul was the major item of business. However it does show the difficulties met in the set-up at the time. For many years the same difficulty existed in trying to get anaesthetists-for for emergencies and often for cold cases. This became so acute that the mechanic, Reg Attridge, was requested to hold the face-piece which resulted in his becoming an expert administrator although unqualified except by experience. The discussion about the new department resulted in a request for a Ritter X-ray outfit and a unit equipment, a gas and oxygen apparatus, and suitable wiring in the new surgery.

12.5.1931. This meeting appointed a sub-committee to advise and supervise the installation of the equipment in the new department.

7.1.1932. Applications were considered for two dental surgeons, and the Council recommended Messrs. Tucker and Lawson-Brown. There was a discussion about the fees likely to be charged to patients in the private wards of the **MS45** new hospital. It was recommended that the Mechanics should be included in a superannuation scheme.

9.6.1932. The Chairman announced that it had been decided that the Mechanics were definitely excluded from the superannuation scheme. This attitude of the house committee continued for many years and led to a major row later. The Council recommended to the Board that an appointment of an Honorary Dental Physician might be considered with advantage. The meeting then adjourned to the new clinic where there was a demonstration of the Ritter Unit.

The suggestion of a dental physician was a new one and made in appreciation of Dr. F.W.Broderick who had been treating caries and pyorrhoea as two separate entities. He had won the Cartwright Prize Essay of the Royal College of Surgeons in 1931.† This work on Pyorrhoea laid down four postulates:

1. That caries and pyorrhoea were two antagonistic lesions.
2. That a true marginal gingivitis was the first sign of pyorrhoea and different from a simple marginal gingivitis.
3. That infection in Pyorrhoea is secondary.
- 4 That pyorrhoea is not a disease entity but part of a syndrome, dependent upon a fundamental upset of the body as a whole.

This thesis, although not accepted by the medical and dental professions as a whole, was appreciated by his local colleagues who had experienced the results of his treatment of patients referred to him and who had benefited therefrom.

27.2.1933. There was another discussion on fees to be charged in the private wards, and it was decided that a good guide would be twice that charged on the panel scale, with a minimum of 10s 6d per visit. It was also considered that clinic patients should be charged sixpence per filling. **MS46**

14.12.1933. The House Committee had pointed out that the arrangements for the scale of fees for private patients was too elaborate, and all that was required was for the operator to make his own arrangements with the patient. It was pointed out that the fee for fillings had been established in the clinic at 1s 0d each. The existing staff was insufficient to allow for holiday duties and it was recommended that two further dental surgeons be appointed. The mechanical staff also required another member owing to the increase in the amount of denture work undertaken. There had been another request that the mechanics should be included in the superannuation scheme and a strong recommendation was sent to the board. An application was made that the nurse in charge should be raised to the rank of sister as she had been in charge of the department for over five years and had a great responsibility in collecting cash etc.

5.5.34. The Council had a reply from the House Committee that it could not place the dental mechanics on the superannuation list and that the nurse in charge could not be granted

† Published 1931. Bale, Sons & Danielson.

the status of sister, although both had satisfactory increases in salary.

The exact date of the opening of the new department is not certain. The foundation stone of the main Private Wards Extension, which included the new dental department was laid by the Earl of Malmesbury with full Masonic. Ritual on the 15th May 1930. The new extension was eventually officially opened in 1932 by H.R.H. the Prince George, Duke of Kent.

The Dental Department comprised four rooms each about 20 x 15 feet connected by a corridor which made it a very compact unit. There was a MS47 fully fitted mechanical laboratory, Dental Surgery with Ritter X-Ray machine, pump chair, electric steriliser, Walton gas and oxygen apparatus, and a modern Ritter Unit, next to surgery was a recovery room with basins, and trolley where patients could come back to life after their partial suffocation anaesthesia, and at the far end was the waiting room with wooden benches. With 15 dental surgeons on the staff and 11 sessions each week this was one of the foremost dental departments in the provinces. The work was for those days as the Annual report for the year 1934 shows:

|  |      |
|--|------|
| New patients . . . . .                   | 1898 |
| Extractions under Ether . . .            | 22   |
| Extractions under N <sub>2</sub> O . . . | 2895 |
| Extractions under Local . . .            | 113  |
| Fillings . . . . .                       | 731  |
| Scalings . . . . .                       | 192  |
| Dentures . . . . .                       | 502  |
| Repairs . . . . .                        | 103  |

The general structure of the Hospital with its branch at Poole Road, was quite large. There were some 83 doctors and dentists on the staff (including consultants, i.e. those who had retired), the Board of Governors had 84 members. There were 68 wards named after benefactors at Boscombe and 10 at Poole Road. There were over 260 Life governors. This was evidence of a large amount of voluntary activity and real interest in the welfare of the poorer section of the community.

In that year the number of in-patients “treated to a conclusion” was 5082 and the number of out-patients was 123,895. The average number of beds occupied was 244 with a daily average of 143 nursing staff. The expenditure MS48 of the hospital was running at about £46,833 per year. There were nearly 2,500 annual contributors bringing in about £5,500, and a contributory scheme which collected nearly £10,000. This is not taking into account the many gifts and services of a voluntary nature.

The contributory scheme was one of the earliest forms of health insurance. A married man, his wife and children up to the age of 16 were covered by the one contribution of 5d per week for free Hospital Maintenance as in-patients or free out-patients attention should the occasion arise. These were to be considered to be suitable cases by the Honorary staff, and to have paid the contributions for not less than three months, and were not more than three months in arrear. The contributions were paid by stamps placed on official cards, and many firms paid regularly for their employees. The income limit was £4 per week for single persons, £5 for married and £6 for couples with a child or children under 16. There were some

exceptions mainly of those who could get a grant from one of the authorities.

The dental treatment was placed in a different class as some were able to panel assistance, these were advised to get the dental letter and take it to a dental practitioner. Those who exceeded the following scale of earnings were exempt:

|                               |                   |
|-------------------------------|-------------------|
| Single persons . . . . .      | £1.15. 0 per week |
| Married no children . . . . . | £3. 0. 0 per week |
| Married 1 child . . . . .     | £3. 7. 6 per week |
| Married 2 children . . . . .  | £3.12.6 per week  |
| Married 3 children . . . . .  | £5.17.6 per week. |

This scale would also apply to non-contributors. MS49

## The Dental Council 1934 - 1948 The Royal Victoria Hospital Boscombe.

In 1925, shortly after obtaining my dental degree I paid a visit to the late A.M.Kempe who had advertised a vacancy for an assistant dental surgeon in his practice. After the interview he turned me down in no uncertain terms by saying that I was much too young for his practice. A few months later my plate was hung up not many miles away. Some years later another advertisement appeared for an Honorary Dental Surgeon at Boscombe Hospital, this was the direct result of the request of the Dental Council for two additional dentists on the staff. The application was dated 17.4.1934 and when I attended for interview the same A.M.Kempe was in the chair. This time however the result was more favourable and together with A.J.J.D.Gibbings I was recommended to the Board. On 20.7.1934 we were duly notified of our appointments subject to confirmation at the end of two years.

The dental staff when I joined it comprised the following:

|           | <b>A.M.</b>  | <b>P.M.</b>                 |                |
|-----------|--------------|-----------------------------|----------------|
| Monday    | H.V.Vogt     | G.L.Lawson-Brown (fillings) |                |
| Tuesday   | P.A.Tucker   | W.G.Daniels                 |                |
| Wednesday | A.C.Kempe    | G.W.Dibble                  | Poole Rd. A.M. |
| Thursday  | A.M.Kempe    | J.W.Kingston (fillings)     | W.A.Crane      |
| Friday    | E.J.B.Curtis | J.W.Graham                  |                |

In addition there were two reserves: E.Samson and H.D.B.James. Naturally Gibbings and myself went on the reserve list, which was used to fill holiday and sickness vacancies. There were four Honorary Consultants, i.e. those who had been active and had reached the retiring age and were thus rewarded: C.H.Ackland, F.Ward, H.Burbery Rowe and E.D.Bascombe. MS50 It was not very long before I was given the Thursday morning session to replace A.M.Kempe who was due to retire the following year.

25.2.1935. This was the first Council meeting that I attended. They were held at intervals determined by circumstance and were mostly of a somewhat informal nature, the Council having little or no executive powers, and its advice was not always considered favourably by the powers that were. The Board had signified their willingness to appoint a Dental Physician and it was arranged that Dr. Broderick should be approached to ascertain his willingness to accept. There had been a complaint about the almoner concerning dental cases and on hearing all the facts it was determined that the charges were unfounded.

15.11.1935. Dr. Broderick had accepted the post and therefore became the first Dental Physician to be appointed in this country. This did not really do much towards the acceptance of his theories nationally but was a compliment to his work by the local practitioners. There was some discussion about the National Hospital for Dentures which had appealed-for support to found a hospital locally for the provision of dentures in cases unable to pay their share of the National Health Benefit. It was recommended to the Board that they take

whatever steps they deemed necessary to counter this proposal as the Royal Victoria Hospital was in fact providing that service at present.

18.2.1936. It was desirable that further information about the Hospital for Dentures should be obtained. A branch had been set up in Southampton and had obtained press reports in its favour, in which it had stated that it had no wish to clash with any Hospitals with dental clinics. There was a reorganisation of the radiographic department and it had been requested that the Dental X-Ray **MS51** outfit should be handed over for the examination of outside X-Ray cases. It was the opinion of the meeting that the unit was essential to the running of the clinic, and in the event of outside cases requiring examination these could be done in the dental department if required. There was a discussion on small partial dentures and the general feeling was that if a small denture was required as an aid to appearance only, such cases should not be undertaken, but that the dental surgeon in charge should have the final decision on the circumstances in each case.

28.9.1936. A.M.Kempe had resigned on his reaching retiring age and had been placed on the Consultant list. He was elected to continue as Chairman of the Council. The House Committee had approved the supply of dentures for aesthetic use in suitable cases but all such cases should be notified to the office previously. It had also approved of the X-Ray machine remaining where it was. It was then decided that two further dentists should be appointed. The Public Assistance Officer requested that cases in his care should be done at Hospital, the meeting decided that this work should not be undertaken in the clinic. There was also a request that orthodontic work for the schools be done for the Borough Council, but this was also refused. Then the Mayor's appeal for £70,000 for the hospital was mentioned but it had no influence on the decision. The struggle for upgrading the nurse in charge was still in action, the Council had another reply from the House Committee that this was not possible.

23.12.1936. A further discussion about the nurses' status took place and E.J.B.Curtis was asked to enquire about the position with the Matron. Further pressure had been produced about the subject of Orthodontic Treatment and the reasons for declining had been fully explained to Col. Roberts Thomson. **MS52** Applicants for the staff position had been presented and contained the names of 'Several ladies'. It was unanimously decided that the nominations should be restricted to male applicants and this resolution was forwarded to the selection committee, Women's lib. had not yet become popular. There was a request that a name board similar to that of the medical staff should be displayed in the front hall. The need for a Saturday firm session was mentioned and agreed with the provision that it be used for appointment patients only and not advertised as included in the published programme. A letter from the Incorporated Dental Society was received complaining that the Clinic was treating cases which should rightly be on the panel. It was agreed that the Hospital Secretary should meet their representatives and explain all that was done to avoid similar occurrences. In the matter of accumulated card records it was decided that, if not required, cards of over two years old should be destroyed.

7.3.1937. Messrs. Scarsdale-Brown and T.D. Wren were introduced as the two new appointees. The meeting was informed that the question of the name board had been deferred. I enquired as to what arrangements were available for the admission of urgent dental cases as,

owing to the general demand in the Wards for beds, these had been found difficult. Dr. Morse stated that there were normally twenty beds in reserve and these could always be used in emergency. The Council then recommended that there should be appointed two Honorary Anaesthetists for cases in the Dental department only.

2.2.1938. Resulting from a request it was agreed that orthopaedic cases would be seen and diagnosed only before being dispersed to panel dentists. There was a complaint about emergency school cases being dealt with in the MS53 hospital, this was to be pointed out to the Health Authorities but in the meantime urgent cases could be dealt with as at present. A request from the office was considered that due notice of holidays should be given as difficulties had been caused because substitutes were unable or unwilling to act at short notice.

10.5.1938. School children again were in the discussion. It was resolved to ask the House Committee to notify the Borough Council that they were not prepared to treat them except in cases of real emergencies, and that the Almoner should be asked to take particular care to see that only eligible cases were admitted. The senior mechanical apprentice would shortly finish his contract and it was recommended that he be given the status of improver at a wage of not less than £2 per week. For the information of members it was noted that the Head Mechanic's remuneration was £221 plus tea in 1934, and had in 1937 been admitted to the contributory scheme for superannuation 10% of his salary which was deemed to be equivalent to a rise of £22.2.0. per annum. It was also pointed out that the cash takings in the department were;

£1,048 in 1937

£1,163 in 1936.

Owing to the difficulty in getting resident house surgeons for anaesthetics it was suggested that they attend as a routine at 10 a.m. and 2 p.m. daily. This request never matured. There was a request to the H.C. that an extension to the Post Office Telephone be installed in the department at an early date.

3.10.1938. The Secretary was asked to have the leaflets dealing with the 3d per week amended as they now implied that dental treatment was free, whereas this was subject to special conditions. It was also suggested that an independent almoner should be instituted in order to prevent exploitation of the honorary staff. MS54

20.2.1939. The office sent a letter refuting the resolution of the previous meeting. As the mover of that resolution I stated that at present the contributory scheme applied to about half the population of Bournemouth and when the panel scheme was extended to include the so-called white collar worker it would then include about 75% the population. The B.M.J. of Feb 18 carried a statement that dental cases in hospital under any contributory scheme should be largely consultative. The Chairman was asked to attend the Finance Committee to explain the position to them more fully. Owing to the increase of surgical cases in the department a request for a large steam sterilizer was sent to the House Committee.

11.9.1939. War had been declared a few days before and this meeting was to decide how best we could be of service in the National Emergency. The Chair had not attended the Finance meeting but an almoner was about to be appointed thus we had gained the point without such a necessity. Some discussion led to the decision that the best interests of the

department would be served by keeping the department in working order in all branches. The two juniors in the workroom had joined the forces so it was recommended that a temporary appointment of an experienced mechanic should be made, at a salary of not more than £3.10.0. per week. A request was sent to the House Committee requesting that facilities should be provided for developing dental X-Ray films in the department, previously the films had to be taken to the X-Ray department and this entailed a considerable wait in most cases. This resulted a short time later in the construction by the Hospital Carpenter of a light tight box about 4 ft. square and about 7 ft. high to stand in the corner of the recovery room, which for many years served as a very efficient dark room and enabled us to process our films in a very few minutes for urgent cases. MS55

19.3.1940. The depletion of the Honorary staff caused shortages in the sessions and there was a request for the appointment of temporary dental surgeons to fill the vacancies. It was to be pointed out that these were for the time of the emergency only and did not carry any seniority or right to continue after the cessation of hostilities.

10.6.1940. Contact with the Public Assistance Committee had established that they would not press for special dental facilities at Fairmile House (now Christchurch Hospital). Further cases which were the responsibility of this committee should be treated by private dentists and not at Hospital, except in emergency. The Finance Committee had at last amended the contribution leaflet so that patients would not expect dental treatment free. The following dental surgeons had expressed their willingness to serve as temporary staff and were recommended for appointments:— Gosling, Speaks, Curle, Prior, Fletcher and Buist-Wells. It was announced that certain patients under the Ministry of Health were to be paid for treatment in hospital so it was agreed that an account in the name of the Dental Council be opened with Lloyd's Bank, Boscombe. The amount of this and exactly what it entailed was not known at that time.

24.7.1940. The war was still with us and nightly bombing was expected and sometimes received. The dental staff was organised into teams to work with the casualties officer if required. A number undertook special training under the anaesthetists. Personally my duties in this respect were on Saturday mornings at the Poole Road branch with Dr. Gautier-Smith (familarly known to his friends as the Goat) as anaesthetist and Humphrey Marriner as E.N.T. Surgeon giving ether through a bent lead tube placed in the mouth of children MS56 and adults. This form of anaesthetic ensured that the anaesthetist got nearly as much ether as the patient and reeked of it for hours later. The only other business at this meeting was to, arrange a visit to the Jaw Centre at Park Brewett hospital to get a little insight into fractures and their treatment in case of an emergency locally. The year 1940 saw three of our staff in the forces: G.L.Lawson-Brown, A.J.D.Gibbins and T.D.Wren. It also occasioned the loss of H.O.B.James who had been an Honorary Dental Surgeon for some 13 years. He was killed by a bomb on emerging from his air raid shelter after the all clear had sounded when an enemy 'plane dropped one of its load in his garden on being chased by the RAF.

17.8.1940. Eleven members of the staff met at Park Brewett Maxillo-Facial Centre near Basingstoke at 9 a.m. when we were entertained to a conducted tour of the establishment, which was one of several centres of a similar type set up in various areas to cope with maxillo-

facial work which was not adequately catered for in the general hospitals. This was at that time in the charge of Messrs. Killey and Rowe who later became well known for their work. One of their assistants some years afterwards, E.J.Dalling became the chief when the unit was moved to part of the new American Hospital just outside Salisbury at Odstock. This was a useful meeting and as a result many cases were referred which could not be given the efficient team work in a general hospital such as ours. It should be added here that operations performed there returned with some of the neatest suturing I have seen in some of the most difficult parts of the mouth.

17.3.1941. It was stated that the allocation of fees from the Ministry of Health was to date £8.8.11, this had been placed in the deposit account.

1.10.1941. The total from the Emergency Medical Services now amounted to £26.16.4. Another request was sent to the House Committee for the raising of the dental nurse's status to Sister. A request from the head mechanic for an increase salary was supported. and passed to the office. Dr. Broderick has resigned his post as Dental Physician, this had been accepted, but as nobody locally had any real experience of his theories it was decided not to request the further appointment of a Dental Physician, but that the members of the staff would continue to use his methods where necessary. This was sad as his ideas of colloidal dis-equilibrium as a basis of dental disease were being used in the dental department with good effect, and this loss was really incalculable. There had been some difficulty about the Walton Gas and Oxygen machine, which resulted in a resolution that this apparatus was available for any of the dental staff to use in any part of the hospital if so required; this was designed to restrict its use to the dental staff only.

1.6.1942. The E.M.S. fund had now reached £39.14.11. The appointment of a dental sister was approved at last and Sister D.M.P.Allen had now received the reward for a long service as controller of the department (to her friends she was known as Dolly Molly Polly). Reg Attridge had also been rewarded by an increase in salary. There was some talk of efforts on grounds of economy to close the clinic at Poole Road, but it was pointed out to the House Committee that this served a very useful purpose and was not likely to be a heavy financial burden. The secretary was asked to supply Reading with a list of the names of those who had qualified as anaesthetists. It was suggested that a suitable label should be issued for Windscreens - "E.M.S. (D)"

19.6.1942. At this meeting I outlined a scheme for obtaining data in tabulated form resulting from the administration of mineral salts for cases of rapid caries. For some time we had been getting very good results from this method and now it was thought that these should be tabulated and published. The members were asked to my house for a discussion of the basic theories and a demonstration of the ultra-microscope, this duly took place on .2.7.1942. A lecture on shock was arranged with Dr. Morse the pathologist at the hospital on 2.8.1942.

2.11.1942. The main subject was the arrangements for private patients, it was agreed that the office should collect fees and deduct a small portion to cover the costs. The fees should be arranged with the patients prior to admission or operation. Any medical treatment by the Residents above that necessary in emergency should be notified to the general practitioner. It was requested that one of the registrars should deal with any dental in-patient post-

operatively. During this year the contribution scheme at 3d per week had to be increased to 4d in order to try to reduce the deficit in working costs. The total costs of the Hospital had increased by nearly 100% in the last ten years.

In the Annual Report for 1942 the following note appears:

### **FUTURE OF VOLUNTARY HOSPITALS.**

*The place Voluntary Hospitals will take in the Health Service of the Nation in future is receiving much attention from the Minister of Health and other Authorities. Official pronouncements have made clear the fact that Voluntary Hospitals must in due course become part of a co-ordinated Hospital Service. , probably organised on an area basis, and closely linked with the Public Authorities Hospitals and Health Services. Discussions and surveys are at present in progress and through the Area Committee of the British Hospitals Association your representatives are keeping in close touch with the trend of development.*

MS59

29.3.1944. There were no meetings of the dental council during 1943. The EMS fund had now reached £71.8.9. If possible it was to be invested in War Saving Certificates.

23.5.45. The EMS fund was now £84.2.11. and it was impossible to invest in War Saving Certificates as, not being a charitable fund, it would not qualify for exemption of income tax. It was therefore determined to place £80 in the P.O. Savings Bank.

5.12.1945. Owing to the difficulties of investing in the P.O. Savings Bank, the monies had to be placed in the name of the Chairman alone. The recommendation was made for increases in wages: the head technician Reg Attridge to £6.11.0. and the assistant Hart to £5.16.0. both exclusive of war bonus. Permanent members of the staff had now returned to duty and it was recommended that the temporary officers be notified that they would no longer be required and thanking them for their services. The Dental waiting room was in a very dilapidated condition and a request for re-decoration was sent to the office. It was decided that all cases referred for X-Rays and report alone by dentists should be dealt with by the Radiographic Department, as the dental X-Ray machine was for the use of the dental staff only.

13.8.1946. The EMS fund allocated to the Dental Department had now reached the total sum of £570. It was agreed to distribute this money among the members of staff, namely £38 to each leaving £14 in the bank. It was also decided to request the appointment of three additional dental surgeons to the staff to cope with holiday and emergency work. In November the Health Act was passed by Parliament and thus it was certain that the Hospital would pass into the control of the government in a very short time. MS60

13.2.1947. Unfortunately I was unable to be at this meeting as I had to attend a meeting of the I.D.S.. It was decided that the request for additional staff should be left in abeyance for the time being owing to the uncertainties of the National Health Scheme. On an application for an increase in salary by Reg Attridge the Council resolved that they could see no reason for Mr. Attridge's salary or holiday period to be increased. They did, however, allow an increase to Mr. Hart of 4s per week to bring him up to the union scale of Grade II

mechanic. This was not exactly fair and eventually led to a great deal of trouble. I had requisitioned a "Sucker" (blood suction apparatus) for dealing with surgical cases, this was used to keep the area of operation free of blood and saliva and greatly reduced the time needed. Previously I had been in the habit of bringing my own but this was heavy and difficult to carry from the car to theatre. This request was turned down, but a filing cabinet was confirmed.

1.10.1947. At this meeting I pressed for a suction apparatus and this time it was successful, and the requisition was passed to the office. Further to the application of Mr. Attridge, Mr. Kempe read a report (?) of the proceedings of the National Tribunal which granted the application with full payment according to his grade with superannuation. As the Council had no official notice of these proceedings I put forward the following resolution which was passed unanimously: *'That the Dental Council having fully considered the case of Mr. Attridge deprecates the fact that the matter was allowed to go to arbitration by the Hospital Authorities without any further reference to this Council of a matter so intimately concerned with the working of this Department'*. The secretary was instructed to forward a copy to the Chairman MS61 of the Board of management. Then the Chairman A.M.Kempe read a letter from Gordon Saul, the Hospital Secretary, to W.A.Crane, the secretary of the Dental Council. I was then asked to withdraw while it was discussed, it mainly related to the letter I had written as a testimonial to R.Attridge. On my return I was asked for an explanation of my letter and figures, these I gave and requested time to reply in writing to a copy of Saul's letter. It was agreed to postpone the matter pending receipt of the reply at a later meeting. The other point in Saul's letter about the Council's comments on the future of the department could not be given till there was a more detailed idea of the form which the future service would take.

### THE ATTRIDGE AFFAIR.

To explain these proceedings it will be necessary to roll back the clock and quote the case verbatim as given in the documents relating here to.

*15.7.1947. Reference 2/1096 I.R.758/1947*

*NATIONAL ARBITRATION TRIBUNAL*

*Case to be heard on Tuesday, 15th July 1947 at 10.15 a.m.*

*Terms of Reference*

*The dispute arises out of a claim made by the workmen mentioned in the Schedule that as from 6th August 1945 Mr. R. Attridge should be paid the rate laid down by the National Joint Council for the Craft of Dental Technicians for Grade I Dental Technicians, ie. £6.10.0. per week, plus £1.0.0. war bonus.*

*Parties to the Reference*

*(a) Employers: Board of Governors,  
Royal Victoria and West Hants Hospital,  
Shelley Road, Bournemouth. MS62*

*(b) Workmen: Members of the Union of Shop, Distributive and Allied workers,*

*employed as Dental Technicians by the above mentioned employers.*

*Case for the Union presented by:*

*Mr. G. BEARDSWORTH*

*1209/47/30*

In discussing the merits of the present claim it is necessary to examine the background against which it is made. This is provided by the Wages Agreement concluded by the National Joint Council for the Craft of Dental Technicians. A copy of the Constitution and Agreement of this Council, which covers the vast majority of Dental Technicians employed in this country, is attached to this document. The hospital authorities who employ Mr. Attridge do not in any way deny that this agreement applies to its employees, and in view of the fact that hospitals in other parts of the country, including those run by the Ministry of Pensions, operate the Wages Agreement, the Victoria and West Hants. Hospital could not deny the applicability of the rate without running contrary to all established practice in the craft.

The hospital authorities employ three Dental Technicians. In the case of two of them, they have agreed to apply the National Joint Council rates retrospectively to the date of operation (or the date of commencement of employment), and they have never at any time denied that the Council Agreement applies with equal force to Mr. Attridge. The present claim arise from the fact that whilst accepting the Agreement reached by the National Joint Council, the hospital refuses to pay the Grade I rate to Mr. Attridge.

The Wages Agreement clearly defines a Grade I technician as “*a Dental Technician, who, in addition to being a good all-round craftsman, is specialised in, and is able to carry out crown and bridge technique of an MS63 advanced nature, advanced orthodontic work, or surgical appliances, or advanced ceramics.*” A further clause of significance in the present case is the second portion of clause 3: “*It is recommended that where a Dental Technician has administrative responsibility in a laboratory, he shall have special recognition in addition to the wages received as a craftsman.*” In support of its contention that Mr. Attridge is performing work which can be demonstrated as coming under the definition of a Grade I technician, the Union will call for the personal testimony of Mr. Attridge. Additional proof in support of the claim is supplied by the letter reproduced below, written by an independent person, namely, the Hon. Dental Surgeon under whom the applicant is working:

*ROYAL VICTORIA AND WEST HANTS. HOSPITAL*

*Shelley Road*

*Boscombe, Hants.*

*29th May 1947.*

*This is to certify that I have known Mr. R.J. Attridge for nearly 15 years in his capacity of Senior Dental Technician at the above hospital. During that time he has assisted me in specialised operative procedures in the surgery and theatre. This has on many occasions included the construction of delicate and complicated prosthetic and surgical appliances, both in metal and plastic materials, for the treatment of these cases. This theatre routine requires a*

*careful study and is an unusual technique for a technician, including as it does a knowledge of aseptic routine.*

*He has during that time been in charge of the prosthetic laboratory, usually with two junior assistants employed. The output of full dentures alone from this department averages nearly 600 per year. In addition MS64 to these onerous duties Mr. Attridge has assisted at the administration of anaesthetics. In many cases he has taken full charge of the administration of N<sub>2</sub>O and O. The number of cases which he has done this for my patients alone is in the region of 2,500 in the past ten years.*

*(Signed) R.G.Torrens*

*Dental Surgeon, B.A., B.D.Sc., T.C.D.*

It is clear from the statements made by Mr. Attridge, supported by those contained in the letter from Mr. Torrens, that Mr. Attridge is performing work of an advanced nature, far more onerous and requiring much more skill than that normally required of a Dental Technician. His work includes “*the construction of delicate and complicated prosthetic and surgical appliances*”, a skill which is specifically stated in the Agreement to be a qualification for Grade 1 status. A case could be made out for a claim that in addition to Grade I rates, Mr. Attridge is entitled to extra remuneration in view of his responsibilities resulting from his supervision of the laboratory generally. This, however, is not being pressed but is mentioned merely to reinforce, if that is necessary, the present application. It is perhaps relevant to observe that Mr. Attridge has been employed by the hospital for 20 years, and for most of that time has been in charge of the dental laboratory.

The Union claims that the evidence adduced is overwhelmingly in support of the contention that Mr. Attridge is entitled to Grade 1 rates as a minimum, but a further material fact is that the hospital authorities themselves have previously conceded this claim. In a meeting which took place between the hospital authorities, officials of the Trade Union, and the Ministry of MS65 Labour, the hospital offered to pay Grade I rate to Mr. Attridge if he would relieve them of their obligation to pay the sum of 14s 0d per week on his behalf into the superannuation fund. On the advice of the Union this offer was rejected, and it is on this issue that the parties failed to agree and recourse to arbitration has become necessary. The Union submits that participation in a superannuation scheme is a matter of private and mutual arrangement between an employer and an employee, and as such has no bearing upon the wages contract. Similarly, no account can be taken of any supplementary privileges enjoyed by an employee such as occasional meals on the employer's premises. Such facilities cannot be given as reasons for refusing to pay the correct rate of wages, and can only be the occasion of reductions from wages by mutual consent.

The agreement of the National Joint Council came into operation on the 6th August 1916, and application was made on the 19th November 1945 to the British Hospitals Association (of which the hospital party to this reference is a member) for the minimum terms to be observed. After a considerable delay and protracted correspondence, no satisfaction could be obtained either from the British Hospitals Association, or from the Governors of the Royal Victoria and West Hants. Hospital. Indeed, up to the time of reference of this dispute to the Ministry of

Labour no reply had been received by the Union to its repeated requests for the proper wages to be paid to its members. Following upon this reference to the Ministry of Labour, a Conciliation Meeting was held at which, as already stated, the hospital conceded its obligation to pay the rates laid down in the National Joint Council Agreement as and from August 1945.

**MS66** The hospital has paid the sum of approximately £590 to Mr. Attridge since August 1945, whereas the Union claims that his wages should be in the region of £650. If the present claim is successful the hospital will be called upon to discharge a liability of approximately £60.

The Union asks the Tribunal to award that as and from the date of operation of the National Joint Council Agreement, the hospital should be called upon to pay to Mr. Attridge the Grade I rate of wages, plus the relevant war bonus.

### *ROYAL VICTORIA & WEST HANTS. HOSPITAL, BOURNEMOUTH*

*Statement of Hospital Authority in the case of the dispute with the Union of Shop, Distributive and Allied Workers.*

*Mr. R. Attridge is employed at the Royal Victoria and West Hants. Hospital, Bournemouth, as a Dental Technician, and he is a member of the Union of Shop Distributive and Allied Workers. The employee's Union Representative claims on his behalf that the appropriate rate of remuneration for a Grade I Dental Technician, as stipulated by the National Joint Council for the Craft of Dental Technicians, is £6.10.0. per week plus war bonus, which in this case amounts to £1 per week, making a total of £7.10.0. per week, and should be payable from the operative date of 6th August, 1945.*

*The Dental. Council of the Hospital considers he is not fully qualified to be Grade I, and under the Charter conditions should be Grade 2, but recognising his past years of service and his help, he was placed in Grade 1 on compassionate grounds. He is not the supervisor of the other two **MS67** technicians employed at this Hospital, each technician being responsible to the Dental surgeon in charge of each patient. Mr. Attridge is being paid £7 per week, and the Hospital is paying in addition 14s 0d per week to a Superannuation Fund for his sole benefit. Tea is supplied to him daily, for which 2s 6d could be charged.*

*The Hospital Committee cannot accept the suggestion of the Technician's Union: it is considered that he is already on favoured terms, the aggregate of salary plus emoluments is in excess of his Union rate, and it would be unfair to other employees of the Hospital if Mr. Attridge is paid a salary of £7.10.0. per week, plus a Superannuation payment of 15s 0d and tea value 2s 6d, equalling £8.7.6. per week.*

**16.7.1947.** The result of this enquiry was published in 'The National Arbitration Tribunal.' Award no. 977 of this date. (Published by H.M.S.O.) It read as follows, after a brief resume of the case:- *"The Tribunal have given careful consideration to the above-mentioned statements and submissions made on behalf of the parties. They find in favour of the claim as set out in the Second Schedule in paragraph 1 above and award accordingly."* (This stated the terms of reference of the Tribunal notice.)

**11.9.1947.** It took some time before the hospital representatives recovered from the

shock, on the day they (ie. A.C.Kempe, Gordon Saul and probably one other) went to London by car, on arriving at Christchurch they discovered that they had left their papers behind and had to return for them. At the tribunal Saul tried to question the veracity of my letter and was severely reprimanded by the Chairman. The letter from Saul to the Dental Council contained the following:- At the meeting of the House Committee on Monday MS68 the Award of the National Arbitration Tribunal on the wages claim put forward by the National Union of Distributive & Allied Workers on behalf of Mr. Attridge, Dental Technician, was reported and it was also reported that one of the Honorary Dental Surgeons, Mr. R.G.Torrens, had supported Mr. Attridge's application which is reported as contrary to the findings of the Dental Council on this matter. It was agreed the matter be referred to the Dental Council for its comments, and to ask what action it is proposed to take in such considered improper procedure. Your Chairmen, Mr. A.M.Kempe, has very kindly helped the Committee in this case and will be able to report the particulars to your Council. [See 1.10.1947 resolution of Dental Council]

25.9.1947. The notice for the Dental Council meeting was sent out in due course and Item 3 stated. "Report on the National Tribunal's decision with regard to the wages of Dental Mechanics". But there was no note of the letter from Saul which was the major issue.

2.10.1947. This was the date of the letter from the Council Secretary to me giving the gist of the letter from Saul, as I had requested in the meeting.

6.10.1947. I had forwarded full details to the Secretary of The Medical Protection Society Ltd., for advice and the following were his comments:- "It was of course unfortunate that you were not at the meeting of the Dental Council when the Council decided to oppose Mr. Attridge's application for increased pay. Had you been present you would have been able to put your views forward and even, if they had not been accepted by the Council as a whole, you would have been able to say that you felt it your clear duty to support a loyal employee with a factual statement. Because one belongs to a MS69 Council which decides to oppose an individual's application for increased payment, it does not mean that one must refrain from doing justice. It was your duty, in my view, to give Mr. Attridge a recommendation, if you thought fit, and your duty to give a factual statement of the duties which he had fulfilled."

Then followed advice on how to reply to Saul's letter.

13.10.1947. Reg Attridge had a letter from his Union secretary which included "*I am very sorry indeed to hear that Mr. Torrens is having difficulties with the hospital about his letter - I can well imagine they were annoyed about it, but I hope Mr. Torrens will not let them get away with anything.*"

21.10.1947. A letter from Saul to Crane included the following:- "*I reported to the House Committee your letter containing resolutions from the Dental Council, (1.10.1947) with regard to the findings of the National Arbitration Tribunal. The Committee would remind the Dental Council it is the duty of the House Committee to employ and arrange conditions for the staff of the Dental Department. I am asked to add that the Chairman of the Dental Council had been present at discussions which took place, and kindly attended the Tribunal in London with representatives of the Committee, therefore no further reference to the Dental Council was needed.*"

I wrote to the M.P.S. giving the latest moves and suggested that, as in previous instances, the Minutes were not always an accurate record of what then took place, it would be better to put the reply into a letter. I also informed them that A.M.Kempe had given me a third degree for nearly two hours one evening to try to get me to change my mind and say I was sorry. His two main points were the accuracy of my figures about the number of gas cases and the allowing an unqualified person to give anaesthetics. The first was an MS70 accurate estimate, and the second was true but brought about by the inability of the hospital staff to supply the anaesthetists requested. I however stood firm, he did not know that I had the good advice of the M.P.S.. The result was that having discussed the draft of my reply (approved by the M.P.S.) he wrote a long letter to the Council secretary. Both letters are given below; the date of my reply was deliberately kept till a few days before the House Committee meeting, his reply is dated before that because he wrote this on a draft copy only.

7.11.1947. Dear Mr. Crane

*I have now considered your letter of the 2nd October containing the memorandum from the House Committee, in which they accuse me of improper procedure in connection with the National Arbitration Tribunal at which I "supported Mr. Attridge's application, which is reported as contrary to the findings of the Dental Council on the matter". In accordance with the wishes of the Dental Council, I now send you my reply.*

*Firstly, I wish to state most emphatically that no decision of that Council can cause me to refrain from doing what I consider to be my duty. Therefore the decision of that Council not to support Mr. Attridge's application for increased payments, which was reached because of insufficient or misdirected information, would not deter me from seeing that justice was done.*

*It is however possible that the House Committee may not be in possession of accurate information on this subject and therefore I wish to inform them that:-*

*(a) I was not present at the previous meeting of the Dental Council when it was decided not to support Mr. Attridge's request for increased payments. MS71*

*(b) I was not aware of this resolution until I heard of it at the meeting on October 1st.*

*(c) I felt it to be my duty, out of loyalty to a colleague who has worked very satisfactorily so far as I am concerned and also in my opinion so far as the hospital is concerned, to give a recommendation, which is all that I did.*

*The resolution passed unanimously at the October 1st meeting of the Dental Council, which should now be in the possession of the House Committee, shows that the Dental Council is now of the firm opinion that the matter should not have been allowed to go to such lengths and bring no little discredit upon the hospital authorities. As it is possible that the House Committee is not adequately informed on this matter, I would like to point out that in the statement of the hospital's case at the Tribunal, it was clearly admitted that Mr. Attridge had been placed in Grade 1 on compassionate grounds. Yet in view of this admission our Chairman was compelled to waste his time in going to London to contest a case which was hopeless from the outset. It should have been obvious that if it was admitted that Mr. Attridge had been placed in Grade 1, on whatever grounds and however slight, then there could be no valid reason for refusing to pay him the wages due to him, as agreed by the Joint Council for*

*the Craft of Dental Technician, composed as it is of members of all three dental organisations and trade unions.*

*It should be clear from these facts that the House Committee's suggestion of improper procedure is unreasonable. In conclusion I protest that our Chairman was put in a very embarrassing position in having to spring unfounded accusations at me suddenly and without prior notification at the last meeting of the Dental Council, which procedure I consider grossly unfair and unwarranted.* MS72

3.10.1947. *Dear Crane:*

*Many thanks for letting me see Mr. Torrens proposed reply. I would like to make one or two comments which I hope may be of some use, in this, to me very unpleasant business.*

*Para 1. (i) Mr. Torrens is quite at liberty to issue what I might call a "minority report" if he so wishes. That could be perhaps looked upon as a domestic matter between the Dental Council and himself, but that is not quite the format as I see it. In his reference he (i) grossly exaggerated the figures given for N<sub>2</sub>O cases and (ii) whatever the practise is in giving N<sub>2</sub>O he broadcast to the whole world that a dental technician was invited and allowed to take sole charge of the administration of N<sub>2</sub>O at the Royal Victoria and West Hants. Hospital.*

*Para 3 (i) It was just unlucky and too bad.*

*(ii) Possibly inaccurate as he was no doubt aware of what took place at the National Tribunal from private sources.*

*(iii) Refer to para 1 (i).*

*As I understand it, the Council decided to recommend that Attridge should be placed in Grade 1 for various reasons, and collect the wages due. This was sent to the House Committee and accepted but then the House Committee said they could not afford the superannuation sub. as well. Question, would he forego it? Reply, negative and his Union took it up and that was the only point at issue at the Tribunal which has to be decided: It was a matter for the House Committee and not the Dental Council: I was present more or less as MS73 an observer to support the Council's recommendation as to Grade A. It is very kind of Mr. Torrens to be so solicitous about my journey to London and also about the embarrassing position in which I was placed, and I appreciate it. It was most distasteful as I feel. everyone observed. I would not like Mr. Torrens to do anything to jeopardize his position in the Hospital Staff especially in view of coming events. I naturally do not know what line the House Committee will take but I feel that if the reply were of a softer nature it would help. If you think that I could do any good by having a personal chat with Torrens, I shall be pleased to meet him before Nov. 10. but I see no reason to refer his reply to the Dental, Council.*

*Use this letter as you see fit.*

*Yours sincerely,*

*A.M.Kempe.*

The above remark about 'coming events' is worth note in view of what happened subsequently and is described in the next chapter)

14.11.1947. Owing to the statement in Saul's letter of 21.10.1947 that no further reference to the Dental Council was needed, I left a sealed envelope in the department with a copy of the correspondence, and with the following note:- *"As a meeting of the Dental Council is apparently not being held to consider my reply to the House Committee, it is only fair that you should have some opportunity to see the true facts of the case. A copy of my reply is enclosed for your perusal (and if you care comments). Please seal for the next member of staff."* MS74

17.11.1947. The only reply was in the following terms: *'I feel you are quite justified in demanding a Dental Council meeting at which your letter should be read and discussed. When the facts are known it would somewhat justify your procedure, although I still feel the right and proper course was for your defence of Attridge to go through the Council even by letter, if you were not able to be present at the meeting. I think we all feel that Attridge is not getting a fair deal considering the value he is to the Department and we on the active staff would like to do more for him and see he got his just demands. The vote of censure passed against you was what appeared to be acting behind the backs of the Council. This is somewhat explained in your letter but the procedure was still at issue. A meeting would clear the air and perhaps justify your action. Yours sincerely, H.V.Vogt.*

22.12.1947. In due course I was invited to meet the Chairman of Committees (two of whom had been at the Tribunal). The atmosphere was hostile and no argument I could produce seemed to have the slightest effect, the main stress was laid on the second paragraph of my letter which was taken as an admission of guilt. Finally the Chairman, Sir Arthur Watson, plainly told me that I had misbehaved myself in giving a testimonial against the wishes of my colleagues, and that I should have resigned before doing this. I was then requested to retire and await a verdict. On my return I was informed that they had decided to minute the matter as follows: *"The Committee of Chairmen having explained their views on his action in the case of Mr. Attridge, and Mr. Torrens having expressed his regret that what he had done had caused offence, the Committee dismissed the case with a reprimand, Mr. Torrens having given the undertaking to act loyally towards the Hospital Employing Authority and his colleagues on the Hospital Dental Council."* MS75 I requested this in writing so that I could send a considered reply, but A.C.Kempe (Dental Chairman) advised me strongly not to press the matter, so I had little option but to allow the point without further argument. The whole procedure was arbitrary, prejudiced and biased. I did not receive the written details until 5.1.1948 and immediately sent the matter to the M.P.S..

7.1.1948. The Reply of Dr. Durrand, secretary of the M.P.S. was as follows:- *"From the point of view of principle there is something to be said for carrying this matter further and objecting to your reprimand, but quite frankly I do not think it would be in your interest to do so. If we were to take the matter up and demand a Ministry of Health Inquiry it would tend to*

*alienate the Hospital Management Committee against you, whatever the outcome. I think the best thing is to let bygones be bygones and forget the matter.*

*“As regards the constitution of the Hospital Management Committee, again I do not think it worth raising this at this juncture. The Hospital will pass into the hands of the State on July 5th this year and then a new Management Committee will be appointed under the auspices of the Regional Hospital Board.”*

**15.1.1948.** Mr. Beardsworth, Chief Organising Secretary, who had handled the case at the Tribunal sent the following:- *“I understand from Mr. Attridge that you have recently been called before the Board of the Hospital, and ‘Reprimanded’ for your action. I am writing this short note, because I feel that in writing the letter in which you set forth your own views to Mr. Attridge, you acted from a high principle, and with a disregard of any personal consequences. I hope you accept this expression of my appreciation of your action, and my firm belief that any ‘Reprimand’ by the Hospital Authorities is not only unjust, but it is deplorable.”* MS76

**13.1.1948.** The whole matter was mellowed in the minutes of the Council and recorded thus: *“Mr. Torrens’ explanation of his action with regard to Mr. Attridge’s appeal to arbitration for wage dispute had been accepted by the Committee of Chairmen.”* Thus the affair came to an end as it petered out. It was a lot of ado about very little and demonstrates the way in which personal animosity can destroy reason. There is no doubt that Attridge and Kempe (who before his hospital duties had employed the former in his workshop for most of the time at less than £1 per week, in a practice turning out several gold dentures each week) did not fully appreciate one another, hence any application for a rise in wages was taken personally.

**3.2.1948.** At this meeting the question of the takeover by the State was discussed and a small sub-committee was appointed of Messrs. Vogt, Samson and Torrens. The remit was to consider and report on action of Honorary Staff in relation to the Health Act.

The Committee having carefully considered the implications of the Health Act, as far as they are known, in relation to hospital services, came to certain conclusions involving principles, as explained hereafter.

1. In so far as the work of the dental staff has always been of a purely routine nature, its purpose has never been that which such a department should serve, except in a very few cases of absolute hardships. Too often treatment has been given which the patient could well obtain at the hands of a private practitioner. This has often been stressed by the Dental Council, and is a fact which must be borne in mind while considering the position of the Dental Staff in relation to the Health Act. MS77
2. In so far as the conditions in (1) have always concerned the Dental Council, and will in no way be altered by the Operation of the Health Act, the Committee sees no reason why the Dental Staff should continue to work under it. This view is strengthened by the fact that, while there may be genuine cases of hardship which should now be met by the Dental Department, the Act will provide for all persons, therefore the provision of routine treatment will be the obligation of the Ministry of Health, and

those private practitioners who elect to participate in the Act will be available to give the service now given in the Dental Dept.

If no private practitioner in the district is available for this purpose it will be the responsibility of the Minister of Health to meet the demand, and certainly not an obligation by the Dental Staff to do so.

3. If the Minister agrees to provide a specialist and consultant dental service, and when the conditions of such a service are known, it will rest with the individual dental surgeon to decide whether he wishes to work in it. But as, at this date, nothing is known of the Minister's intentions, and as indeed, it may be a long time before this desirable service will be established in the hospital, the Committee sees no reason for the Dental Staff to continue its present work while waiting for that doubtful event. The Committee would, however, stress the great value of a specialist and consultant dental service within the hospital, and would recommend that every effort should be made to create one. At the same time it is convinced that should this be the Minister's intention, the appointments ought to be advertised and applied for by individual dental surgeons, and that it would be most undesirable for the present staff to continue in its present position in the hope of all, or some of them being appointed. MS78
4. As the Dental Department is the only one which has always made a substantial profit (the actual figures have never been disclosed, though often applied for) the Committee sees no reason for the Dental Staff to continue earning the same profits for the Ministry of Health, even if a commensurate fee were paid for the services.
5. Since the Dental Service under the Health Act claims to be a comprehensive one, and since (as stated in (1)) the present work of the Dental Department is almost entirely routine, the Committee would propose that no benefit can be derived either by the public, the profession or the hospital from the Dental Staff, as now constituted, continuing its work, it therefore recommends that its members tender their resignation.

In support of the above views the recently published Regulation No.60.48 in which the functions of the Regional Hospitals Board as related to specialist services are clearly stated, leaves no doubt that dental treatment, as now supplied at the hospital will form no necessary part of its service.

While the Committee expresses these recommendations as the best and only course for the Dental Staff to pursue, it would place on record the hope that such a course, if followed, will in no way be allowed to create hardship for the paid staff of the department, especially for Mr. Attridge, whose loyal devotion to his duty over many years is fully appreciated.

9.3.1948. The report of the adhoc committee was received and discussed, it was generally recommended that the staff tender their resignations, later it was decided to await receipt of contracts before making final decision. MS79

30.6.1948. A letter from the Secretary asking for names of those willing to act as specialists. It was decided to continue to give service on a voluntary basis till full details were

available. Interim payments were to be made from 9.8.1947 to 5.7.1948 and the Chairman agreed to present claims to the proper quarter. The question of the laboratory after the appointed day was discussed and the following resolution was accepted:

That Mr. Saul be asked to inform the Town Clerk that, owing to the possible reduction of work in the Dental laboratory at this Hospital, the Health Committee might consider the possibilities of the Dental Laboratory and Technicians by utilizing them for the construction of dental appliances as required by the Municipal Authority.

That was the last meeting of the old Dental Council which had been in action for about 22 years. It was replaced by a committee which had little or no authority, and the whole of the dental services became changed. It was intended that dental treatment was for in-patients only and that the general dental treatment for the masses were to be catered for by the National Health Services with free dental treatment for all, the dental department was to become mainly a specialist and consultative one. The interim payments were calculated at 4 guineas per session and most of the members received about 40 credits.

The reader may wonder how I came to be in possession of some of the documents quoted above. After the N.H.S. took over the hospital I was appointed as the Chairman of the Dental Council, to replace A.M.Kempe. But that is another story. MS80

**the Royal Victoria Hospital, Boscombe**  
**The Dental Advisory Committee 1948 - 1969**

After the 'appointed day' i.e. July 5, 1948, the Dental Council virtually ceased to exist. It then assumed the title above which covered Group 21 the Bournemouth and East Dorset Hospital Management Committee area, that was roughly bounded by Swanage, Blandford and New Milton; and the Group 28 which was contained roughly by Poole and Milford-on-Sea, the Bournemouth & Poole Sanatoria Group Hospital Management Committee. These areas had just under 2,000 beds in all, and were governed by the South West Metropolitan Regional Hospital Board, who were the final arbitrators over the area. The great difficulty in the early days was that information was incomplete and inadequate, consequently a great deal of doubt existed in the staff about conditions, in fact the whole system had yet to be organised and adapted. The assets of the old institutions were taken over by the Ministry as voluntary systems became obsolete overnight.

The dental staff at Boscombe was no exception, preliminary application forms which were sent out to all dental and medical officers of the Hospitals were not sent to the dentists at Boscombe. This was due entirely to a lapse on the part of the previous hospital secretary who later admitted that he had mislaid them. Therefore there was no offer of a contract and the staff decided to carry on as usual, but the health services now was to be of a specialist nature and no ordinary dental work was intended to be undertaken, as this was to be catered for by the then free dental service for all, at least it was free for some time till the Government found out that it cost too much. It is certain with hindsight that the Secretary, owing to the recent MS81 row about the mechanic's wages had deliberately chosen not to send out the offer of contracts in spite. The curious part of the matter is that his obvious target, myself, was by an unforeseen stroke of luck, to be the only member of the dental staff to get a contract. This came about because I was at that time also an honorary dental surgeon at the Royal National Sanitarium and received my offer of contract through this channel. The form was sent out by the Regional Board some weeks before the appointed day. Thus the laugh was on the other-foot and the one person which the old committee presumably would have liked to prevent obtaining a contract was the one and only who did.

Before recounting the discussions of the new committee it will be advisable to take a close look at the intent of the Health Act 1946 in regard to the dental treatment in hospitals, this was amply laid down in a pamphlet issued in the series of periodic instructions issued by the Regional Hospital Board, and printed by H.M.S.O.

**Extract from RHB (48) 1**  
**XI DENTISTRY IN HOSPITALS**

*84. The value of dental treatment as an adjunct to certain forms of medical treatment is not sufficiently appreciated and it is only rarely that a hospital provides adequately for dental care. Those hospitals which do provide dental treatment too often limit it to emergency measures.*

*85. The hospitals service should in future provide a wider range of dental care of in-*

patients. Full dental treatment is not practicable for all cases admitted to a general hospital, especially when the duration of stay is short, but it should be provided in all long stay hospitals. Where time allows, however, and particularly when the health of the patient is directly affected MS82 by his dental condition, it is desirable that a state of dental fitness should be achieved while he is under treatment. For such patients, facilities for full conservative dental treatment and not merely for extractions should be provided.

86. With a fully equipped department able to deal with all ordinary forms of dental care, one whole time dental surgeon should be available for each 500 beds to ensure adequate dental care, for all patients. He should be assisted by one or two dental house-surgeons, one of whom in the larger hospitals should be resident.

87. In addition to this provision for routine dental care, two or three beds should be provided in every hospital centre for patients needing major dental operative treatment; in a general hospital of 1,000 beds, three should be set aside for each sex for this purpose. It is advisable that a dental surgeon specialising in oral surgery should be available in a large centre or for a group of smaller centres. One such specialist, working whole-time, would probably meet the needs of a population of about 300,000; he might supervise generally the work of the resident staff (dental), some of whom might be specialists in training.

88. Within each region facilities must be provided for dealing with facio-maxillary injuries and diseases and injuries in which close collaboration between dental surgeon, general surgeon and plastic surgeon is needed. Further reference to this will be found in the section dealing with Plastic Surgery. MS83 15.9.1948. The first meeting of the old/new Council was attended by H.V.Vogt, E.J.B.Curtis, W.G.Daniels, A.J.D.Gibbins, G.A.Lawson-Brown, Edward Samson W.A.Crane and myself, R.G.Torrens. Vogt took the chair as the oldest member present. I stated that it was evident that the House Committee were uncertain about the future of the dental laboratory, the Council agreed that everything should be done to secure the future of the technicians. It was decided that the amount outstanding on the Emergency Medical Service fund should be ascertained and distributed. Samson then proposed and Crane seconded that the present Council should be dissolved, this was put to the meeting and lost. The meeting then voted on the question of a Chairman when the decision was R.G.Torrens, with J.W.Kingston as secretary. The meeting closed after a hearty vote of thanks to W.A.Crane who had been Secretary of the old Council for 22 years.

17.11.1948. I reported to the meeting the trouble that had occasioned the non-delivery of the offers of contracts. Saul was officially retired and was only helping the new Secretary to settle in, he had admitted that the contracts had been misplaced and the new secretary would procure others. In the meantime most members agreed to accept temporary contracts for the time being, S.C.S.Brown specified that routine dental treatment should be discontinued other than emergencies, E.Samson was not prepared to undertake work of a routine nature which could be done in a private practice. The figures for the interim payments were on the E.M.S. verified at 493 sessions at a figure of £2,024.8s.0d. this would be distributed in accordance with the number of sessions worked. The future of the laboratory seemed assured as it had appeared on the list of hospitals providing prosthetic facilities. The council then approved the following document: MS84

**OF DENTAL TREATMENT FOR GROUPS 21 & 28**

Memorandum from the Dental Council of the  
Royal Victoria and West Hants. Hospital

*Owing to the advent of the National Health Services last July, the normal charitable work of the Dental Department has virtually ceased. The apparent negative attitude of the dental staff in the last few months has been unavoidable owing to the lack of reliable information and the uncertainty of the position generally. As a consequence we were placed in the difficult position of not being able to offer any suggestions for cooperation in the hospital services.*

*Recently the position has improved, and the shape of future development of the Services begins to appear. We now feel that the latest information together with our suggestions should be available to other members of the Hospital staff, dental and medical professions and other interested bodies. A number of these points are set out below and we trust that they may be of assistance in helping to develop the Health Services.*

**1. Specialist Services**

*For over 20 years the Dental Department has undertaken the treatment of cases requiring oral surgery referred to it by practitioners and hospitals from a wide area. The South West Metropolitan Regional Hospital Board has recently recognised this. Friday afternoon has been allocated in the theatre routine for Dental Specialist cases, and a specialist anaesthetist available for this session. Appointments for this service are made by the Dental Sister on presentation of a letter from the Dentist or Doctor or Specialist recommending the case. In cases of urgency contact may be made quickly by phone - Boscombe 201 Extension 20. MS85*

*It is not the intention of the act, that simple cases of dental and oral surgery should be dealt with in hospital. These are fully covered by the General Dental Services and should be the subject of a special estimate. The case may be referred to any other practitioner who is prepared to undertake this type of work. Separate forms are used with a note about the reference. The patient then can return to his own dentist for completion of routine work.*

**2. Consultant Services**

*There are twelve dental surgeons in attendance. advice and diagnosis is freely available at all sessions when required by general practitioners, dental or medical or specialists in this area. Dental Radiology has been available in this department for nearly 20 years.*

**3. Elimination of Sepsis**

*The department is available for the rapid elimination of sepsis in mouths, where this is a matter of urgency prior to treatment of in-patients or out-patients. This concession is only to be used in emergency where the usual delay in obtaining treatment from a private practitioner would prejudice the health of the patient, and must be indicated as such by the specialist in charge of the case. These facilities could be available to other institutions.*

**4. Ward Rounds**

*The members of the Dental Staff are willing to make regular rounds of the wards for the examination and report on all admissions. Out-patients are examined on request of the Specialist in charge of the case. MS86*

### **5. Orthodontics or correction of irregular teeth in children**

*It has recently been suggested that there is a great need for some centre which could be used for diagnosis and if necessary for treatment of regulation cases. This is a highly specialised branch of dental science and several dental surgeons on the staff have indicated their willingness to undertake work along those lines. The department is willing to advise on all cases referred to it by dental practitioners. On the staff of the hospital we have a dental surgeon who has a specialised knowledge of orthodontics.*

*The need for the appointment of an Orthodontic Specialist should not be overlooked.*

### **6. Research**

*The late Dr. F.W. Broderick, the only Dental Physician ever appointed to a provincial hospital, instituted an original line of research with far aching results in diagnosis and treatment. These principles have been constantly applied to cases, since his death, with good results.*

*7. Demonstrations and Instructional Film Exhibitions Material illustrating the advanced methods of oral surgery, and scientific approaches to dentistry is available for dental, medical and nursing and other interested bodies.*

### **8. Prosthesis, or the provision of dentures and similar appliances**

*The Dental laboratory associated with the department is fully equipped and staffed by capable technicians. Many advanced types of splints, radium apparatus, oesophageal plugs etc. etc. have been undertaken. With a little MS87 further organisation its output could be in the region of about 1000 appliances per year.*

*The Ministry of Health has recently added this laboratory to the list of workshops in Hospitals available to other institutions for the supply and repair of dental appliances as outlined in leaflet H.M.S.O. (48) 29. Contact has already been established with several other hospitals and a number of cases undertaken.*

*The possibility of handling the prosthetic work for the local authority is already under consideration by the appropriate committees.*

### **9. Dental Centre**

*This is one of the very few fully staffed and completely equipped dental departments attached to any provincial hospital. Most of the other hospitals in this area are not so fortunately placed. It is therefore suggested that department is ideally situated at the centre of groups 21 and 28, to be a focal point of all dental treatment in this area. The management and House Committees concerned are requested to consider this fact carefully so that the dental treatment of their patients can be amplified by the facilities offered.*

*In the case of early admission of a patient to an institution arrangements frequently do not allow sufficient time for adequate dental treatment to be completed. The result is discomfort and possible loss of one or more teeth, with often more far reaching results generally. The use of the Dental Department and an occasional ambulance would obviate this defect in the MS88 Health Services. Urgent treatment could be carried out to the ultimate benefit of the patient's health. Priority cases could receive urgent treatment unable to obtain it elsewhere.*

**10. Emergency Treatment**

*By means of a Rota of Dental Surgeons already in operation, the Resident Medical Officers have the assistance of a Dental surgeon at all times to enable them to treat emergency cases of a dental nature, for example: haemorrhage following Dental extraction; fractured teeth due to accident, etc. The Dental Surgeon on duty will, during his session, treat all cases for relief of pain, and refer the patient appropriately for the continuation and completion of treatment. This facility is of invaluable service to the General Public.*

**11. Mobile Unit**

*The suggestion has been made that at a later date a mobile unit should be obtained. By this means remote and isolated institutions which have no facilities for dental treatment could be visited regularly, and modern treatment would thus be made available quickly and effectively where most needed.*

*In presenting this memorandum on the potentialities and the facilities of the Dental Department at the Royal Victoria and West Hants Hospital, the Dental Council hope that they will prove to be of some use in organising MS89 and conducting the dental treatment as a useful and important part of the Hospital Services in this area. To maintain those services already instituted, the present staff is just sufficient. However, as the demand and usefulness of the service develops, it is possible that further re-organisation may be necessary.*

*(Signed) G.A.Lawson Brown, L.D.S., R.C.S.Eng.  
 W.A.Crane, L.D.S., D.D.S.  
 E..J.B. Curtis, L.D.S., R.C.S.Eng.  
 W.G.Daniels, L.D.S., R.C.S.Eng.  
 G.W.Dibble, L.D.S., R.C.S.Eng.  
 A.J.Gibbings, L.D.S., R.C.S.Eng.  
 J.W.Graham, L.D.S.  
 J.W.Kingston, L.D.S., R.C.S.Eng. (Hon. Secretary)  
 R.G.Torrens, B.A., B.Dent.Sc., T.C.D. (Chairman)  
 P.A.Tucker, L.D.S. , R.C.S.Eng.*

**20.1.1948.** We had now become the self-styled Dental Advisory Committee for Groups 21 & 28, and sent a recommendation to the Management Committee with the Memorandum, and a request that the contracts be forthcoming for the staff. We also suggested that a dental department should be set up at Wimborne Hospital but no notice was taken of this. There was a strong recommendation that an Orthodontic Consultant should be appointed to Boscombe. This was because W.A.Crane had taken a degree in this subject at an American Dental MS90 School and would have been on hand if required. However the Board took very little notice of the memorandum as a whole but really went to town on the orthodontic bit, which resulted in the appointment of John Hooper as Consultant Orthodontist in 1951, which was a provincial first and became a model for many other departments later.

**8.2.1949.** A letter from Commander T.S.Jackson, the new Group secretary, stated that the Board had requested a list of all dental surgeons employed by Group; at last the matter of

the missing contracts was being investigated.

11.3.1949. The waiting room was invaded by another department and I had occasion to protest vigorously because patients were being compelled to sit in the corridor and there were among these several who had active T.B. and others were small children. This eventually resulted in the waiting room being returned to its proper purpose.

6.1.1951. By now most of the dental staff had received their temporary G.P. contracts and it came as a shock that the Board sent a letter to the Hospital Secretary in the following terms:-

### Out-Patient Dental Treatment

*The Hospital Management Committee has now decided to give three months formal notice to the non-specialist dental surgeons on the staff of the Royal Victoria Hospital to terminate their present contracts, and letters to this effect have been sent to each of the men concerned.*

*This has come about in accordance with the policy of the Committee to restrict out-patient dental work to:*

- 1. Consultations for cases referred from general medical and dental practitioners.* MS91
- 2. Surgical work in respect of cases referred from general dental practitioners.*
- 3. Cases of extractions only if for relief of pain, confirmed by letter from a dental practitioner that the patient has been unable to be seen by dental practitioners in the district.*

*The above work in the out-patient department will be carried out only by consultant dental surgeons, that is to say, at the Royal Victoria Hospital by Mr. Torrens, and the other dental surgeons of course, will not be eligible to carry out such treatment.*

*The ten existing non-specialists having been given notice, it will be necessary for the Committee to appoint dental surgeons to undertake the in-patient work, and it is proposed to publish an advertisement inviting applications from dental surgeons to enter into contracts up to four half-days per week. It is hoped that these appointments will be made before the termination of the contracts of the existing dental surgeons. In any case just before the change-over is made, a circular letter containing the information set out in Nos. 1, 2 and 3 will be sent to all doctors and dentists in the Town regarding the type of case that may be referred to Hospital for treatment.*

This was in accordance with the terms laid down in R.H.B. (48) 1. but the real meaning had not been appreciated by the members although there had been, on the whole, a substantial diminution of work of a routine dental nature.

The Royal National had no longer any need for a specialist. Consultative and Surgical work at Boscombe was increasing rapidly. MS92 So I transferred my one session to the Royal Victoria, thus giving me three sessions weekly, two for operative procedures with my own specialist anaesthetist.

26.2.1951. Under this cloud the next meeting was held. The main issue was to agree the wording for Reg Attridge's testimonial which was to be given by the dental staff to commemorate his 26 years of devoted service and loyal cooperation to the old regime. It was

resolved 'that this committee views with dissatisfaction and regrets the action of the Management in terminating the present hospital arrangements'. A vote of thanks was passed to W.G.Graham and H.V.Vogt for their 26 years of service to the dental department. It was then agreed that in view of dismissal of the staff it was necessary to maintain continuity in the dental committee. As most of the members were retiring, it was resolved that Mr. John Hooper who had recently been appointed as Orthodontic Consultant should be the secretary.

20.3.1951. The new appointees had been notified and a short history of the department was given by the Chairman. They were warned to scrutinise their contracts closely, and their duties were in the main clearly laid down in the committee's letter of the 8.1.1951. The allocation of sessions was decided as follows:-

|           | AM                      | PM                           |
|-----------|-------------------------|------------------------------|
| Monday    | R.P.Hancock             |                              |
| Tuesday   | A.J.D.Gibbins           | W.G.Daniels                  |
| Wednesday | R.G.Torrens (operating) |                              |
| Thursday  | R.G.Torrens             | J.W.Kingston (Christchurch)  |
| Friday    | Donald                  | R.G.Torrens (operating) MS93 |

A duty rota was adopted in which each general practitioner was responsible for emergencies, the time of change being 9 a.m. on Tuesdays, R.G.T. being at all times available for surgical calls. There was one new feature about the staff structure, Christchurch Hospital was to have one session of its own, previously when it was necessary to treat a patient dentally a visit was made from Boscombe. At that time the institute was mainly geriatric and had a large proportion of old and infirm, consequently it was considered that it should have a session on its own.

29.5.1951. The new staff met to discuss the general running of the department. Christchurch had a reasonable amount of equipment but it was a year or two before a room was procured and arranged as a surgery. The treatment of in-patients was not satisfactory and it was agreed to send the following resolution to the House sub-committee;- That it is the considered opinion of the dental staff that all in-patients should be dentally examined with a view to the early elimination of gross oral sepsis. It is suggested that this would be best effected by regular ward rounds. The Dental Staff feel sure that the elimination of oral sepsis would reduce the period of hospitalisation in many cases. Patients in pain were frequently presenting for relief as they thought that this was the primary function of the hospital. They did at yet realise that the relief of pain was now covered by the National Health Service which in those days was free of any payment by the patient. A serious collapse under anaesthetic during Hancock's session caused an expression of dissatisfaction with the present arrangements. The doctor concerned had been an inexperienced houseman. A resolution was sent to the House Committee 'that the dental staff deplores the lack of provision for MS94 the administration of general anaesthetics in the dental department and feels the in the event of a fatality grave discredit might reflect on the hospital'. This had little effect, in fact the difficulty of arranging for anaesthetics on call during a dental session was one that could never be overcome owing to the demand on house surgeons' time which became greater as the hospital services expanded. The notice of members was drawn to the M.O.H. Circular R.H.B. (51) 34

which introduced new arrangements for the payment for dentures.

27.11.1951. The medical committee had accepted our resolution about ward rounds, and more definite arrangements were made about anaesthetics. A letter from the hospital secretary was read indicating that the responsibility for the laboratory should be shared between Torrens and Hooper.

17.11.1952. There had been difficulties about treatment of in-patients who were on many occasions discharged without informing the dental department, thus wasting time. It was recommended that a local division of the EDA hospitals group be formed, but unfortunately it never was. J.W.Kingston reported that there still was no surgery at Christchurch, although a considerable sum of money had been expended on equipment.

26.11.1952. W.G.Daniels reported a conversation he had with Com. Jackson, the Hospital Secretary, who said that some 75 patients a week were put on the waiting list for admission, and he was in favour of a scheme whereby these patients should be sent to the dental department for examination and if necessary treatment of oral sepsis. This was another good idea which was not found effective in practice owing to the difficulty of getting cooperation from the medical side. As a committee we became more or less redundant as an MS95 official Advisory Committee for the region was appointed. Consequently the old Dental Council faded out and there were only two further meetings. The general running of the department devolved on John Hooper and myself, the former as a whole time consultant had the larger part to play, as by now the major output of the laboratory was devoted to Orthodontics. The department ran very smoothly on this system and the next proceedings to report were not till 1963.

18.5.1963. The next political occasion was that the Regional Board wished to review the staffing structure in the area as a direct result of the H.M. (63) 25 which required this information as a basis for planning over the next five years. The staff at that time in the area was:

(a) Dental Staff

| <b>Name</b>          | <b>Grade</b>                     | <b>No of sessions</b> | <b>Hospital</b>                  |
|----------------------|----------------------------------|-----------------------|----------------------------------|
| Mr.J.Hooper          | Consultant                       | Fulltime (11)         | Royal Victoria orthodontics      |
| Mr.PB.Myers          | S.H.D.O.                         | 1                     | Poole General                    |
| Mr. Budge Preston    | Consultant<br>(Personal Grading) | 1 (S.H.D.O.<br>rate)  | Poole General                    |
| Mr.R.G.Torrens       | S.H.D.O.                         | 3                     | Royal Victoria                   |
| Miss Margaret McCall | SeN. Registrar                   | Fulltime (11)         | Royal Victoria<br>(Orthodontics) |
| Mr.P.A.Browne        | G.P.                             | 1                     | Royal Victoria<br>(Orthodontics) |
| Mr.P.J.Attenborough  | G.P.                             | 1                     | Royal Victoria                   |
| Mr.H.L Child         | G.P.                             | 1                     | Royal Victoria                   |
| Mr.A.J.D.Gibbings    | G.P.                             | 1                     | Royal Victoria                   |

## Chapter 6

## The Dental Advisory Committee - 1948-1969

|                             |      |   |                     |
|-----------------------------|------|---|---------------------|
| Mr.J.W.Kingston             | G.P. | 1 | Christchurch        |
| Mr.S.D.Bradley              | G.P. | 1 | Royal National      |
| Mr.M.F.Caton                | G.P. | 1 | Royal National MS96 |
| Mr.S.A.McCandlish           | G.P. | ‡ | Blandford           |
| Mr.P.C.Webb                 | G.P. | ‡ | St. Leonards        |
| Mr.A.W.Thorne               | G.P. | ‡ | Wimborne            |
| Mr.I.H.Fleming              | G.P. | ‡ | Swanage             |
| Mr.G.W.Lane                 | G.P. | ‡ | Milford             |
| Mr.D.J. and Mrs.A.F.P.Chant |      | ‡ | Christmas Close     |

‡ Available for emergency treatment

(b) Dental statistics - year ended 31st December 1962.

Royal Victoria Hospital

No. of In-patient Discharges 138

|                       | New Out-Patients | Total Attendances |
|-----------------------|------------------|-------------------|
| Consultant (S.H.D.O.) | 553              | 1,504             |
| G.P.                  | 681              | 1,472             |
| Orthodontics          | 991              | 8,940             |

M. Rudge Preston had a medical degree and consequently was graded on a personal basis as Consultant although he was employed as S.H.D.O. and paid accordingly. The six General Practitioners last on the list were employed at an occasional visit basis, and had no regular session. The request for a meeting in the summer months was hopeless as most of the members were on holiday so we pointed out that the R.H.B. (AB) 1 seemed to be appropriate. There was a feeling among the committees that a great deal of the simpler MS97 surgical duties should be handed over to the junior staff in order to free the senior staff for more difficult work.

3.10.1963. A letter from the Group Secretary intimated that the Medical Advisory Committee before making any recommendations about staffing wished to know if any Consultants wished to make an application for clinical assistants. This gave me an idea. Reg Attridge was due to retire at the end of November 1964 and if he did I would have no assistant in the operating theatre. Ever since the early days he had been my 'sucker'. He held the blood suction nozzle and helped in the operation, and because we had worked together for so many years was much more useful than a clinical assistant who would probably change every year or so.

11.10.1963. I therefore made formal application for a clinical assistant, In the meantime conversations with the powers did not produce any definite promise about retaining Reg Attridge's services on a part-time basis. As I was to retire in 1968 Reg had agreed to serve till the end if my time if allowed.

18.1.1964. *Dear Commander Jackson,*

*As you are no doubt aware our technician-in-charge is due to retire next November. As for the last 30 years he has been my clinical assistant in surgery and theatre, this means I shall be without skilled help. Would it be possible for your Committee to re-engage him on a 3 session a week basis so he can continue to help, or must I request the appointment of a clinical assistant, which would be more expensive, and less efficient?*

*In view of my own retirement in 1968, the re-engagement of Mr. Attridge would be for a limited period only, and should not have, any connection with the new officer appointed in charge of the laboratory.* MS98

16.4.1964. The Council recommended the House Committee among other things that Mr. Attridge be re-employed part time for 3 sessions a week to assist Mr. Torrens on his sessions at hospital. This arrangement to be subject to annual review. The services of a radiographer 3 sessions a week, this was necessary as Reg was doing all the radiographs for Hooper's orthodontic diagnostic work.

13.5.1964. I sent another letter to the secretary reminding him that I required a clinical assistant for the three sessions a week.

1.10.1964. A letter from Jackson stated that Mr. Attridge would be offered a part time appointment as dental Surgery Assistant for 3 sessions a week. The present technicians were to be re-graded as Maxillo-facial technicians, there being no status equivalent for the orthodontic technicians.

8.10.1964. A letter from P. Evans, the Hospital Secretary, informed me that he had received from Mr. Attridge notice of his intention to resign without re-employment on 28 November next. Would I let him know what should be done to replace him? This was not unexpected as the salary now offered was very much below what he was in the habit of receiving as Chief Technician in Charge.

22.10.1964. My reply to Evans, a copy was sent to Jackson, contained the following "*as your committee have offered an insulting rather than a reasonable salary to Mr. Attridge, on his retirement next month, he has, quite rightly, refused the unkind and unwarranted terms of the Committee. This, unfortunately, necessitates my now making a firm request for a clinical assistant to assist me on my 3 weekly sessions.*

*This request was originally made on 11th October 1963, and reiterated on 13th May 1963. I do hope that a rapid consideration of this request be MS99 made as without some assistance I will be unable to perform operative procedures with efficiency, which will undoubtedly mean a very large increase in my wait' I list fairly quickly.*"

24.11.1964. Getting a bit fed up, I had asked the Senior Administrative Medical Officer to the Group but he replied that the staff concerned were wholly in the jurisdiction of the H.M.C. and that he could take no part in the argument.

28.11.1964. We had planned a surprise for Reg Attridge on this, his retirement day. My wife and I then lived in the large Forest Hill House which had two big rooms each about 24 x 16 and on either side of the hall. The eastern one was used as a study and was apart. The other, used as a lounge, was connected to the dining room and kitchen. We had invited Reg

and his wife to spend the evening with us. They arrived about 7.50 and were seated in the study having a drink and quiet chat prior to supper. In the meantime Sister Smith and her helpers were preparing a feast in the lounge, when about 8 o'clock the door burst open to a procession of the dental staff and friends and retired practitioners, who had known Reg of old, entered the room. It really was a sort of 'This is Your Life' programme and lasted till over 70 guests completed the surprise. About 9 o'clock we retired to the other room where the ladies had prepared a very extensive buffet. When this had been disposed of there came the presentation of a Hacker portable radio and a substantial cheque, which was the result of the collection made on his behalf some time previously. For Reg, his wife and the rest of us this was a night to remember.

30.11.1964. Hooper and I addressed a letter to the Medical Staff Committee which gave a brief account of the negotiations with the Board. MS100

12.1964. There was a long letter from the Group Secretary containing a resume of the arguments, which ended with the words: "*My Committee would welcome your advice as to the eventual staffing of the Department as it should be on your resignation*"

23.12.1964. I sent the following to Commander Jackson:

*"The remarks in your last paragraph suggest a complete lack of understanding of the position, which has previously been communicated to you, both verbally and by letter in precise and certain terms. I have no intention of resigning, although retirement may be forced upon me as from 4th August 1968. Moreover I am unable to offer any better advice about the eventual staffing of the Dental Department after that date than has already been recommended by the Reviewing Body, and on the strength of which my post was upgraded to that of Consultant, with retrospective dating from June 1959.*

*"I am very disturbed by the substance of your letter, most of which is reiteration of previous communications. The problem is that my Clinical Assistant (unofficial) has been eliminated, thus reducing the efficiency of the teamwork which has been in action for the past 30 years. I am completely shaken by the inability of your numerous Committees to understand the position, which has been clearly delineated by letter some 9 months ago, i.e. to Mr. Evans, on 21st April 1964. It is therefore the problem of my Assistant in the 3 remaining years before my retirement which appears to have been treated with such a lack of understanding by the Establishment Committees. Whether this was through lack of proper briefing or intent to insult an old and faithful servant, I am at a loss to decide. The facts leading to the muddle are simple." MS101*

*"The House Sub-Committee recommended that Mr. Attridge be re-employed at his current salary which would be for 3 Sessions per week pro rata at £270 p.a. For some unstated, and probably stupid, reason he was offered a Grading as a Dental Surgery Assistant (a female post). You personally informed him that he would start on the lowest increment of the grade with a pro rata salary of £120 - less than the Old Age Pension! It is not surprising that he refused this insulting salary after 38 years service to the hospital. In an attempt to cover up the mistake the House Sub-Committee recommended a Clinical Assistant in Dentistry to take his place. Did the Committee realise that the cost of this pro rata would be £750 per*

*annum?*

*"In case the foregoing is too complicated, this is a summary:-*

- 1. That the services of Mr. Attridge be retained for 3 sessions weekly at £270 p.a.*
- 2. He was offered £120 p.a.*
- 3. He refused.*
- 4. Clinical Assistant authorised at £750 p.a.*
- 5. As his position was not being filled, the salary could easily have been covered out of the saving in his wages.*

*"My sole concern is the efficiency of the service I can render to my patients, and to replace an Assistant with whom one has worked for 30 years is almost impossible, and this, for a short term only of about 3 years.*

*"There is still time to save the situation before deterioration sets in. I am sure if Mr. Attridge was approached with a reasonable proposition, there is still time provided that quick action is taken."*

**30.12.1964.** Jackson corrected his last paragraph in his letter of the 23rd. He really meant retirement not resignation. Was this what he really meant or was it wishful thinking?

**4.2.1965.** Jackson to me " . . . and I have to inform you that in view of the tone in which the letter was written, they (i.e. the Committee) decided that they could not consider this subject and instructed me to write to you accordingly.

*"Would you therefore let me know:*

- 1) The establishment you recommend until such time as you retire.*
- 2) The establishment you recommend for the department after your retirement."*

**18.2.1965.** I replied that the information had already been given, and that Mr. Hooper had already given the suggested establishment. In view of this I requested that his committee again consider the matter of Mr. Attridge's re-employment to assist at my three sessions.

**7.4.1965.** Reg had a letter from the Hospital Secretary stating that permission had been given for his re-employment for three sessions a week at technicians rate. This still was a bit mean as he was previously paid as a Chief Technician in Charge and really was doing work equivalent to that of an assistant dental surgeon. So at last after nearly six months he was able to be my assistant till my retirement in 1969. Thus ended a stupid argument which amply demonstrates the difficulty of putting over to a committee a problem which, to say the least, is out of the ordinary.

**16.12.1965.** Since the directive by the board about the duties of the department the old staff had been working as usual. The new smaller staff had objected to the emergencies, which should have been dealt with by the NHS dentists in private practice. I therefore wrote to G.W.Davies, the new Hospital Secretary, pointing out the instructions in the H.M.C. letter of 8.1.1951., **MS103** and told him of the objections and that an analysis showed that some 200 cases of references from Casualty were mainly toothaches and bleeding which were not the responsibility of the hospital services.

**14.1.1966.** Further comments from the staff had prompted the further letter to the hospital Secretary containing the following:

### Emergency Dental Treatment

*The G.P. Dental Surgeons employed at this hospital have for some time past have been dissatisfied with their on-call duties. As you are aware, these arrangements were notified to the Executive Council on the 10th April 1951 and included a responsibility for the treatment of toothache. This was a hangover from the Pre National Health days and should not be included as part of the Hospital Services, it really being the responsibility of the Executive Council.*

*This is clearly laid down in H.M.54 (94) and demonstrates that the grievances of the G.P. Dentists is just. They have written to you separately that they are unwilling to treat cases which are the responsibility of the G. P. Dental Services.*

*If your Committee are not prepared to accept the notice given by the Dental Practitioners concerned you will be faced with the necessity of finding replacements. I would suggest that it may be nearly impossible to find practitioners today who would accept contracts including the present conditions.*

*I would therefore recommend that the Executive Council be notified of the cancellation of the 1951 agreement and be told of the present difficulties. This would be along the lines of paragraphs 5, 4 and 5 of my letter to you dated 16th December 1965. MS104*

*To obviate any difficulty a notice might be placed in Casualty to the effect that **“Patients with casual toothache and minor bleeding from post extractions should be seen by their own Dentist or Medical Practitioner. Holiday casuals should be referred by the Executive Council to find a Private Dentist”***

*As this matter has been regularly considered for a long time it would be appreciated if it could be treated as urgent.*

That was the last contact with committees in my service till my retirement at the end of August 1967, by request of the authorities my contract had been extended for one year longer than my retirement age, and thus my service for a further year to oblige the Authorities, who had not decided early enough to replace me by a full-time consultant and two assistants to cover Bournemouth and Poole. MS105

**Royal Victoria Hospital, Boscombe  
The fight for Status 1948-1969**

5.7.1948. On or before 'The Appointed Day' as it was called, each member of the staff should have received Form SD32 which supplied certain conditions relating to the superannuation scheme. It therefore was in effect an admission of willingness to consider a contract. Mine was received by virtue of my services at the Royal National, and not through Boscombe.

16.9.1948. I received the offer of a temporary contract as a Dental Specialist for 6 sessions a week at a salary of £600, Domiciliary visits at £4.4.0. and travelling expenses at 6d. per mile. This was an interim contract to run till 31.3.1949 in order to allow for adjustment and settling down of the system. This was accepted as conditions were to be worked out in the light of experience.

18.3.1949. There was a request to extend the interim contracts until 4.7.1949. The fixing of status and remuneration of all specialists had proved a more difficult task than anticipated. There would be a retrospective clause in all contracts taking effect from the appointed day.

9.8.1949. A letter from the Senior Administrative Medical Officer was received stating that I had been assessed as a Senior Hospital Dental Officer, and if I did not like this I could appeal. In the meantime the interim contract was being extended for another three months.

15.8.1949. I appealed against this decision and recounted my experience over the last 5 years at Boscombe where I had handled practically all of the referred surgical cases, that I had lectured extensively and my book on dentistry had been published in 1958, in addition I had made four technical movie films on MS106 dental subjects, including one of ultra-microscopic pictures of the blood.

6.9.1949. The Board sent a reneued form stating that the Appeals Committee had reaffirmed its decision, but that the grading would be reviewed in the next few years. In the meantime there was no preclusion from applying for any advertised vacancy in the Consultant grade.

5.10.1949. I had placed the matter before W.G.Senior who had recently taken the job of Chief Dental Officer at the Ministry of Health, and who had not long vacated his post as Secretary of the B.D.A. His answer was that there was nothing more that could be done as contracts were the responsibility of each Board, and perhaps I had failed to put forward evidence of the specialist dental work carried out.

20.10.1949. Three testimonials stating the type of work carried out were sent. The reply was that the appeal could not be re-submitted unless information is submitted of which the committee were previously unaware.

5.12.1949. Having written to Senior the reply was that the matter was entirely a matter for the Board and that the M.O.H. do not come into the picture.

6.12.1949. As the salary was agreed at £600 per year I had asked the Treasurer as early as 18.10.1948 why my cheque appeared short, and sent a reminder on 29.11.1949. The

reply was that it had taken some time to trace my letter as it was not known on what subject it was written. The salary had been computed as follows:-

5.7.1948 to 31.7.1948 26/31 sts. X £50 = £43.11.0.

1.8.1948 to 30.9.1948 2 months @ £50 = £100.0.0.

This sort of arithmetic did not give any room for argument.

15.12.1949. An appeal to the Management Committee about grading resulted in the Chairman sending a letter to the Board. MS107

15.6.1950. Another letter from the S.A.M.O. stated that my appeal had been carefully considered by the Appeals Committee, but they had decided to re-affirm their decision. A few days later this was regretted by the Management Committee.

15.6.1951. A belated contract predated to 1.6.1951 was received offering a salary of £1,750 per year basic, with three notional half days a week, this was calculated as £596.11.10. travelling time included. There were several clauses not to my liking, so these were questioned.

13.8.1951. The reply illustrated the inflexible attitude of beaurocracy:

*"I have to inform you that you have not been invited to undertake domiciliary visits in the Bournemouth area since Senior Hospital Medical and Dental Officers are invited to make such visits only where sufficient consultants are not available to meet the needs of any particular area. The Board considers that the Bournemouth Area is sufficiently well covered by consultants to obviate the necessity for calling in the services of the Senior Hospital Dental Officers.*

*Paragraph 4d should not be deleted from your contract since in your case the expression "medical examination" should be interpreted as "dental examination". You will appreciate, I am sure, that the contract is phrased in general terms to cover such services that may be required from practitioners of different specialties, any of whom may be under contract with the Board, and it is not practicable to make detailed amendments to cover each individual specialty.*

*I give below the answers to your remaining queries:-* MS108

*(i) All Senior Medical and Dental Staff are required, under the terms of their contracts to undertake without additional remuneration occasional visits to hospitals at which regular visits are not required. Such very occasional attendances would be insufficient to increase the assessment of hours per week above those quoted in the contract.*

*(ii) The clause regarding locum tenens arrangements is not one which the Board could agree to delete. It is a condition which has been accepted by all part-time Consultants and Senior Hospital. Medical and Dental Officers in the Region, and is in accordance with the agreement reached between the Minister and the Professions.*

*(iii) Regarding the clause which requires you to reside within a reasonable distance of your hospitals, the Board regards residence within the Area of the Group, or not more than 20 miles from the location of the hospitals quoted in the contract, as reasonable.*

*(iv) No refund will be claimed by the Board of monies paid in accordance with your interim contract where there are more than the salary to which you would have been entitled under the permanent salary scales.*

(v) *There is no objection to your contract being amended to agree with the hours quoted in your letter.*

(vi) *Under this contract you will be required, without additional remuneration, to undertake the treatment of patients admitted under the proviso to Section 5 (1) of the National Health Service Act.* MS109

vii) *A further review of the gradings of Senior Hospital Medical and Dental Officers will be held in the near future and a communication will be sent to you in this matter at an early date.*

*Your contract, duly amended, is enclosed for your further consideration and acceptance.”*

I had added further information to my letter that I was now called upon to perform a number of difficult surgical operations for the orthodontic consultant and this was further indication that a surgical consultant was required. I also complained that domiciliary consultations were eliminated from my contract.

3.10.1951. The Board had agreed that a new contract would be sent inviting me to undertake domiciliary consultations.

5.10.1951. Again an application was sent to the Regional Board.

19.10.1951. A claim for a domiciliary visit to the Herbert Home was disallowed, as the was alleged to come under the contract as one of the other places to be visited without further charge to the board.

30.10 1951. I stalled on the question of signing the contract as I had applied for s grading, and felt very disheartened by the Board's decisions. Further the claim for the domiciliary visit was made under the previous contract which did not include visits to other institutions in the area.

14.11.1951. The Board said that acceptance of the permanent contract would in no way effect the review committee's decision on an application for up-grading. MS110

They would be glad to have my acceptance of my contract. They allowed my claim for the questioned domiciliary visit although they could not do so for similar visits in future.

3.1.1952. The signing of the contract could no longer be avoided so I added a bit on my own, the bit in brackets. *(Having been engaged in consultant work on my own responsibility without supervision for many years I protest at the inadequate grading offered and reluctantly) accept the appointment as detailed in the letter to me dated 29.11.1951 from the Secretary of the South West Metropolitan Regional Hospital Board of which the above is a copy of the the and subject to the conditions referred to in that letter (and under the distinct understanding that I shall not be expected to carry out any duties except those of a consultant or specialist.).*

With his further application for re-grading was sent a certificate analysing the work undertaken by me in the Royal Victoria and West Hants Hospital during the first nine months of this year. This clearly proves that the type of cases and the number of same justify my claim to be graded as consultant. Moreover it further shows the need for a cons tent in general oral surgery in this area.

5.1.1952. *This is to certify that the following figures have been extracted from the*

*Dental Register and refer only to Mr. Torrens' work in the Dental Department from January 1st 1951 to September 30th 1951 inclusive:*

|  |  |                    |
|--|--|--------------------|
| <i>Total No. of Consultations</i>  | . . . . .  | 430                |
| <i>No. of Patients referred from outside doctors and Dental Surgeons</i> | . . . . .  | 215                |
| <i>No. of Patients referred from Hospital consultants</i>                | . . . . .  | 196                |
| <i>No. of Major Operation Cases (with intubation)</i>                    | . . . . .  | 51 . . . . . MS111 |
| <i>No. of Surgical cases (treated in surgery)</i>                        | . . . . .  | 112                |
| <i>Signed .</i>  | (C.Smith) <i>Sister-in-Charge</i><br>(R.Galton) <i>Assistant Secretary</i> |                    |

31.1.1952. A letter from the R.H.M.C. stating that they knew that I had not yet signed my contract but they wished to know my schedule of work. By this time there had been a dental surgery installed at the Royal National and staffed on a two-session a week basis and I had, owing to increase of work at Boscombe, transferred my whole time there.

18.2.1952. Further to my application for re-grading I was invited to attend a meeting of the Dental Surgeon's Review Committee in London on 18.2.1952.

21.2.1952. A circular from the Board stated that there was a rearrangement of staff and additional consultants were being appointed. Would I please let them have confirmation of the schedule.

6.3.1952. The Board reminded me that I had not yet signed my contract and that I was being overpaid; it would be adjusted to my present grading as from 1.3.1952. My acceptance of the contract sent on 23.1.1952 was awaited.

19.3.1952. Another roneoed letter from the S.A.M.O. told that further to my recent interview with the review committee the Board had after full consideration decided that my status should remain unchanged. Although this was a final review of gradings consultant status might be obtained by successful application for any consultant post.

21.3.1952. A request for payment of travelling expenses to London was turned down on the grounds that I had requested the interview to further my own professional standing and it was not at the request of the board, on these grounds the Board had no authority to bear the cost of expenses. MS112

27.3.1952. A sharp letter from the secretary of the Board reminded me that they would be glad to have my acceptance of the contract.

15.4.1952. This seemed like the end of the road so the contract was signed and sent back.

25.4.1952. As a last resort a letter was sent to the M.P.S. stating the whole case up to date, but after consulting their solicitors the reply was that from a legal point of view there was nothing that could be done.

18.5.1954. The local Executive Council had requested a report on a patient, and as I assumed this might be in the nature of being unhelpful to a colleague I requested information from the S.A.M.O. The reply was that, as I was a consultant (the word had been used inadvertently) in the employ of the Board, the provision of such a report was a necessity.

18.3.1957. The B.D.A. Hospitals Group which had been joined on its formation, promised to examine my case with a view to being paid on the consultant scale. It pointed out

that there were two types of case: (i) posts graded as consultant but occupied by S.H.D.O.'s and (ii) those irrespective of former grading involving duties and responsibilities of consultant.

10.2.1958. The B.D.A. had obviously had a number of cases as they enquired with a lengthy questionnaire about the duties, and stated that they knew from experience that cases had to be supported with verifiable statistics. In my reply there was detailed description of the fully equipped general surgery with office and recovery room attached, a laboratory with 5 technicians, X-Ray with dark room, Orthodontic department, my own two-bedded ward, use of a specialist anaesthetist, theatre sister and staff for operating. In addition I had supervision of four general practitioner dental surgeons. I had been MS113 authorised to do domiciliary visits since the commencement of the Service.

30.10.1959. For a long time there was no news. In answer to a reminder the reply was that a number of cases were under review and the Ministry were looking into the matter. Further they were trying to get the Ministry to allow the same rules of qualification for special allowances to apply to dentists in the same way that they applied to doctors.

16.2.1962. The next move was a report from the Review Sub-committee on the Consultant Dental Services of the Regional Hospital Board, which in its long report specifically recommended that there should be a full-time consultant dental surgeon at Bournemouth.

3.7.1962. The B.D.J. published a detailed memorandum on the requirements to provide a satisfactory hospital service, this has been drawn up by the Hospitals group Committee and was a possible argument.

15.1.1963. I had asked the secretary of the hospitals group to dig my details out of the files and reopen my case with vigour in the light of this new report. The position had now changed and there were three bases on which the additional allowance could be claimed. Moreover the Whitley procedure made it possible to take cases further than the Board. He suggested the proper course to adopt.

17.1.1963. I had requested the S.A.M.O. to reopen my case in the light of these further reports, and his reply was to the effect that the date for the appointment of a consultant for the Bournemouth area had not yet been settled, and that the Ministry were drawing up proposals for the staffing of hospitals, and under these circumstances I might wish to await the outcome of this review before presenting my case for upgrading. MS114

21.1.1963. I had no wish to wait so wrote and told him so, giving three good reasons why my case should be presented forthwith.

23.1.1963. This produced an immediate reply that he would bring my case before the Medical Advisory Committee for consideration. *"There is no machinery in being which allows for personal upgrading to Consultant and there are therefore, no means by which the Board can consider this. However, they can decide whether, in their opinion, the post you occupy is of consultant status. A decision to this effect would enable application to be made to the Ministry to recognise this fact by the payment of an allowance of £550 per annum"*. Then followed some advice on the method of application.

27.3.1963. A letter from the S.A.M.O. that there was little use in referring my case to the Advisory Committee and that it was likely to be heard by the Special Review Committee

set up by the Regional Board on the lines of the Medical Platt review.

28.3.1963. The claim was prepared with care and read:

*"In accordance with H.M. (59) 81 I claim that*

- 1) *I am undertaking work which will, after the present holders tenure of the post, be performed by a Consultant and*
- 2) *I am carrying out such work for all, or most, of the time covered by contract. I therefore am entitled to an allowance of the appropriate proportion of the £550 for a full time officer.*

*"The first requirement is obvious from the recommendation of the Review sub-committee report 16/2/62, section 5, last paragraph, which advises a Consultant Dental Surgeon for this area. MSI15*

*"He would naturally take the work which I now do, all of which is outside the scope of the general dental practitioners on the Royal Victoria staff.*

*"I have served as Consultant Dental Surgeon on the Royal Victoria staff since 1934 and on the Royal National Sanatorium since about 1945.*

*"Some years previous to the Health Service I was elected by my colleagues as chairman of the Hospital Dental Committee. The scope of the work of the department at that time is outlined in the memorandum (17.11.1946), a copy of which is sent herewith. Since then I have been in charge of the department. This includes supervision of the Prosthetic Laboratory which does work for several other Hospitals. In this latter capacity I have shared responsibility with Mr. Hooper since 1950 when he joined the staff as Consultant Orthodontist. The monthly returns to the Ministry from the laboratory are signed by me.*

*"When the Health Service was inaugurated, I was the only dentist in this area offered a permanent contract, and although promised a Consultant grading (see extract from H.M.C. dated 4/4/1951) I was only given S.H.D.O. status (15/4/52) with three sessions weekly.*

*"I have two operating sessions each week for my in-patients. I share a house-man with one of the Surgeons. I have a Consultant Anaesthetist appointed for one of my theatre sessions. I am the only Dental Surgeon in the area to do domiciliary visits, there being no Consultant available.*

*"I am on call at all times for urgent cases involving jaw injuries and dental emergencies (except toothache).*

*"I am in sole charge of all out-patients referred to the department, these are recommended by Dental Surgeons, School Dental Officers (Bournemouth, Hants & Dorset), Medical Practitioners and Hospital Consultants. MSI16*

*"Practically all these cases present special difficulties and are outside the scope of the practitioners who refer them, and I carry the ultimate and final responsibility for diagnosis and treatment, as there is no senior man to whom I can refer.*

*"Mr. Hooper, the Consultant Orthodontist, refers his surgical cases to me for operative procedure. His cases require special care and techniques as they usually involve buried teeth which lie adjacent to vital and valuable teeth in young mouths.*

*"Special appliances are made in collaboration with Dr. Marlborough for carrying radiotherapy sources for use in the mouth and adjacent parts. These cases require special*

techniques and have to be individually planned.

"The statistics about the type and number of cases I have treated in 1962-63 are attached hereto. These indicate the great variety of cases dealt with and were extracted from records by Sister Smith who is in charge of the day to day running of the department:

Royal Victoria Hospital, Boscombe, Bournemouth  
Dental Department

|   | 1961 | 1962 |
|---|------|------|
| 1. No. of new patients  | 509  | 485  |
| 2. Total no. of patients examined   | 1267 | 1211 |
| 3. Surgical cases in theatre under general anaesthetic (Intubation)   |      |      |
| (a) Unerupted and Impacted Wisdom teeth   | 78   | 62   |
| (b) Unerupted and Impacted Canines and other teeth  | 45   | 56   |
| (e) Difficult extractions apart from above  | 69   | 46   |
| (d) Exposing unerupted Teeth for Orthodontic Treatment  | 19   | 12   |
| (e) Dental Cysts, Odontomes, Fibromae etc.  | 6    | 10   |
| (f) Clearances, under G.A. for medical reasons  | 10   | 15   |
| (g) Supernumerary teeth   | 9    | 7    |
| MS117   |      |      |
| (h) Alveolectomies  | -    | 2    |
| (i) Fraenectomies   | 5    | 2    |
| (j) Buried roots  | 30   | .35  |
| 4. Major surgery under Local Anaesthetics<br>e.g. Wisdom & Other Unerupted Teeth, Biopsies, Buried Roots etc. | 64   | 63   |
| 5. Minor Surgery under Local Anaesthetics<br>e.g. Apicectomies, Papillae, Extractions"                        | 32   | 18   |

2.4.1963. The B.D.A. had written to one of the officers of the Ministry with a brief statement of the case and a veiled threat at the end: "We are particularly anxious that Mr. Torrens' application to be paid the additional allowance as from July 1959 shall not be prejudiced or unduly delayed and also that his right of appeal through the normal Whitley procedure shall be unaffected".

9.8.1963. The B.D.A. informed me that they had considered a number of cases of S.H.D.O.s doing consultant work and chosen 20 of them as evidence to hand to the Ministry to support the arguments for a general principle. Mine was one of these, but they were never accepted as formal applications for the up-grading of the individuals concerned.

22.8.1963. A letter from T.P.Bass reviewing the number of cases done for John Hooper was sent to the review board as supplementary data. Bass was doing post-graduate studies at the Royal Dental Hospital in London and had been registrar at Boscombe under

Hooper. The letter contained the following statistics; MS118

|  |     |
|--|-----|
| Total number of canines . . . . .        | 177 |
| Number of patients treated . . . . .     | 150 |
| Canines extracted . . . . .              | 71  |
| Canines exposed . . . . .                | 101 |
| Results following orthodontic treatment: |     |
| Good . . . . .                           | 77  |
| Fair . . . . .                           | 33  |
| Poor . . . . .                           | 9   |
| No follow up (removals etc.) . . . . .   | 39  |
| Still under treatment . . . . .          | 19  |

27.9.1963. At 11.45 the appeals committee was attended by John Hooper and myself in the Board Room of the Royal South Hants Hospital, Southampton. There were about 20 who put a great many questions to me. One member repeatedly enquired as to the type of work I performed, this did not please the Chairman who corrected him in saying that what I did in this interview was unimportant, it was what type of treatment was carried out in the department that was being investigated. The stupid part of this system revolved round the fact that it was the post that was being upgraded and not the individual doing the work. Splitting a tooth instead of a hair!

12.12.1963. The result was communicated in the typical official terms: "that the Board has now agreed that you should receive the special allowances payable to Senior Dental Hospital Officers who are filling posts graded as "Consultant" under Ministry of Health Circular R.H.B. (50) 96. The special allowance is payable from 3rd January 1964, at the rate of £625 per annum pro rata". . . . There MS119 was a further comment that the decision did not affect my personal grading.

7.2.1964. After a number of letters and some decisive action by the B.D.A. the Board somewhat reluctantly agreed to backdate the upgrading of the post to 1st July 1959. This meant an appreciable increase in salary but it still did not give me the status so long sought.

23.11.1964. The Board sent a circular giving details of the Platt report on Medical Staffing, and it was now open to me to apply for personal re-grading, and there were three months in which to do so.

4.5.1965. I duly filled in the special form and sent it with a long list of published papers etc., a list of appointments personal and dental that I had held. The interview was held and at last my grading was that of a consultant with effect from 1st July 1963. This raised the salary to a notional £4445 per annum, translated into a part-time the new wage was £1,232.11.10 per annum for three sessions per week.

Apart from the salary which was very welcome, here at last was the justification for a war against bureaucracy which had lasted nearly 20 years. In all that time there had been little or no change in the type of work done at hospital, except perhaps more of it as the department became better known as a dump for cases which were not suitable or difficult to deal with under the normal Health Services.

20.9.1967. I was invited to a meeting of the Medical Advisory Committee to be held in the Board Room of the R.V. Hospital, Boscombe to discuss the structure of the dental services on my retirement in 1968, when it had been decided to replace me by a full-time Consultant to cover Bournemouth and Poole. Another surgery would be required with improvements to the laboratory. There were inadequate facilities at Poole. It, was among other things, suggested that MS120 my appointment be extended on a year to year basis.

5.1.1968. The Board officially requested the extension of my services until at least 31st December 1968, but they should be in a position to be more definite by the middle of the year.

31.8.1969 Owing to the difficulties of arranging a successor and his increased accommodation, my term of office was extended until the end of August 1969. This was not quite all, however. I had in 1963 decided to take my pension and then rejoin the Executive Council list as was permitted, this meant that I could decrease the work load in the private sector. I was lucky to find a purchaser for my practice who was prepared to take over on the same day as my retirement from hospital, my assistant knew of this and left me a few months previously. The total result was that I had to finish up more work than usual and consequently my turnover was personally more than usual. There is a clause in the regulations which is somewhat complicated, but in short means that a practitioner cannot earn more than an amount which, with his pension, would be equivalent to his previous income before taking his pension. If this would be calculated on an annual basis it would not have mattered but because it is taken quarterly there was no way out. This in fact meant that I received no pension for one quarter and in all a deduction of £165.15.2. which I thought grossly unfair.

25.1.1970. *“The Board has approved a request by the Bournemouth and East Dorset group that you should be appointed Honorary Consultant Dental Surgeon to the Group following retirement.*

*“As implied in the title no duties are involved in this appointment, but it does entitle you if you wish:*

- a) to treat patients in section 5 pay beds in NHS Hospitals in the Group;*
  - b) to claim travelling expenses in respect of any exceptional consultations requested by Consultants in the Group involving MS121 NHS patients.*
- Fees for domiciliary visits are not payable.”*

Naturally I accepted this honour and added a slight enquiry.

11.2.1970. The reply stated that exceptional consultations under the terms of your Honorary consultant contract are defined as opinions for which you may be asked by any of your consultant colleagues in the Group. I did not have any contract, only a letter and I was never asked.

So ended a period of over 35 years service to the Hospital in which many changes had come about, from the old voluntary unpaid state to the new State highly organised service which I knew for 20 years and which will grow and modify over the coming years. Whether that is better or not time will tell, there is no doubt that modern technology is more applied and modern techniques will conquer more disease conditions. There is no doubt that there is more treatment available to the general public. MS122

## THE ROYAL NATIONAL SANATORIUM 1942 - 1948

The Royal National Sanatorium for Consumption and Diseases of the Chest was situated north of the Bournemouth Gardens and almost adjoining the Square. It was a rambling Victorian building, for some 95 in-patients, which had been founded in 1855, and had received patients from at least 12 Public Authorities in the Southern half of England. Although a charitable institution, its annual expenditure for 1942 was about £13,366 which was over £700 in excess of its income. The average weekly cost per in-patient was £43.13.6. In the main the treatment consisted of rest and exercise, with about 60 cases of artificial Pneumothorax, and gold therapy which was becoming short owing to the war. There was a surgical theatre and X-ray department. The Dental side was somewhat primitive.

In 1942 I was appointed to the staff to replace Dr. F.W.Broderick who had retired. It was lucky for me that the number of dentists then available was small, and that I was armed with four good testimonials; two of which were from members of the staff; extracts: **F.W.Broderick** - *“he has worked with me on certain research problems, and I can bear witness of his enthusiasm for his profession”*. **C.E.P.Markby**, Assistant Surgeon to the RV. & West Hants Hospital - *“he has a good scientific grasp of his subject and a sound clinical judgement. I have been associated with him over several difficult cases and have been impressed by his technical skill and dexterity”*. **Humphrey I. Marrine**, ENT consultant - *“he is most efficient and reliable in his work. He has given up considerable time to the study of metabolism and dental sepsis, and has gained considerable success when putting his theories MS123 into practice. In dental surgery he far surpasses anyone that I know in this area”*. **Dr. James Ewing** - *“I . . . have the highest opinion of his professional abilities. What has always struck me about Mr. Torrens has been not only his excellent work, but great keenness in research, the benefits of which my own patients have experienced”*. Thus backed it would have been difficult to fail.

The dental set-up at the Sanatorium was of the most primitive kind. There were absolutely no provisions for treatment, and no instruments of a suitable sort- The dental (?) chair consisted of a strange combination of a kitchen type chair and a buxom sister, the chair to seat the patient and the sister to supply her amply bosom to support the patient's head, this was very much appreciated in the male ward but was not so highly deemed on the female floor. The male wards were on the ground floor and the others on the first, the upper was reserved for staff. This procedure worked very well when it was only matter of examinations, but if extractions had to be done it was sometimes difficult. As for fillings these could not be undertaken, except for the occasional dressing for the relief of pain, more complicated procedures had to be dealt with in the private surgery, and this could only be arranged after the patient had become convalescent and was allowed out.

The reports for the years following the war were published in an abridged form as an economy measure, for even in those days there was considerable difficulty with rising prices and scarcity of commodities. In 1944 the charges to public authorities was raised from 50s 9d to 56s 0d per week.

My services at Boscombe Hospital were on a completely honorary basis; we did not even

get a petrol allowance. It therefore came as a very pleasant surprise to find that at the sanatorium we received an honorarium of £50 per year MS124 for our services, which consisted of one attendance each week of less than half-an-hour. The main duty seemed to be to examine each new admission, to see if there was any sepsis which might complicate their treatment while an in-patient.

Another advantage was that all the Medical and Dental staff had an invitation to the annual meeting of Governors usually held in May. After this was supplied a very good and tasty tea, which in spite of war-time restrictions was useful a social occasion in which to meet other members of the staff and the governors.

5.10.1946. By this time I had become a bit frustrated by the lack of facilities and sent a letter to the Medical Officer who was in charge of the institution in following terms, *“On several occasions recently patients of the institution have required extractions for the relief of pain. Many of these have oral conditions which contra-indicate local anaesthesia and under existing arrangements it is impossible to relieve the pain by any other means than by palliative measures. In these cases a nitrous-oxide-oxygen apparatus is required together with a suitable dental chair. Without these additions the institution will have to continue in a primitive way dentally. I would suggest that you ask the Committee of management to consider the supply of these two items. The cost would be in the region of £100-£150 and the services of the institution would be increased greatly.*

*“While on this subject it might be desirable for the committee to consider the establishment of a complete dental department as the need of the patients is very great. Many of them require a considerable amount of treatment, and it is certain that this must lead to an increase of the chances of a greater and favourable recovery in many cases.”* MS125 A week later I had a letter from Col. W. Roberts Thomson, Chairman of Committee of Management, which after the usual formalities stated *“As Patients are advised that essential dental treatment must be carried out prior to their admission, and in view of the fact that the Medical Superintendent (Dr. .E.H. Anson) expressed his willingness to arrange for a general anaesthetic, such as Evipan or Pentothal, to be given for essential extractions, the Committee do not feel that with other large financial commitments at present in hand, they could consider an extension of the present Dental Amenities”*.

This was final but somewhat biased. It tends to show how little the services of comprehensive dentistry were appreciated even among the medical profession. It was not till many years later that a properly equipped and staffed dental department was established at the Royal National.

In 1947 the Sanatorium closed from the end of July to the first of December as it would have been impossible to feed the inmates as the whole kitchen quarters had to be reconstructed. The wards were re-decorated and all-steel lockers replaced the old wooden ones; wardrobes had been painted to match the walls, fireplaces had been removed or built in, The old place was now freshened up after the delapidations of the war years. Quarters for staff and residents had also been changed. But nothing had been done to improve the dental environment except that someone had discovered an old barber's chair with armrests and a movable head rest which, even if antiquated, was very effective and this museum piece was in

use till the new surgery was installed some years later. The roof had to be re-slatted and many rotten timbers replaced. These were a few of the many improvements which were made at that time. There was, however, on account of these improvements an excess of MS126 expenditure over income of over £13,665, not that this made a great deal of difference as the whole institute was due to be taken over by the state on July 5th, 1948. At this time also the total assets in the form of investments to the tune of some £20,000, and not including the value of the main building and contents was appropriated by the Government.

Dental services continued for some time but were incorporated with the set-up at Boscombe Hospital where treatment could be arranged and transport made convenient by Hospital car. MS127

**THE INCORPORATED DENTAL SOCIETY 1942 - 1949**

The Dentists' Act of 1878 gave a right to use the title of Dentist or Surgeon Dentist, and restricted the usage to those on a register. In 1892 the number of licentiates on the register was 1,179 but the number of those who had been entered by virtue of being in practice on July 1878 was 4,877. The Act did not prohibit the practice of dentistry but only the use of the title. The same animosities existed between those qualified by degree and those who were not. In 1892 the conviction of James MacDonald of Manchester for the use of the description of 'dentorium' to his premises was the stimulus for the formation of a society known as '**The Incorporated Society of Extractors and Adaptors of Teeth**'. This was registered as a limited company in 1896 and was the forerunner of the Incorporated Dental Society Ltd., which was formed from the original in 1911. In the life of the Society its objects were to support the dentist qualified by other means than a degree, it endeavoured to improve the abilities of all its members by lectures and other ways, and protect their good name and professional integrity by all legal methods.

The second Secretary was Fred Butterfield who took over in 1897 and was the backbone of the society till his death in 1955. Fred was an active man and regularly visited branches. On one or two occasions he had heard me lecture to the locals and asked me to give a public lecture in London at the annual meeting of the I.D.S. This was held at the Imperial Institute, University of London, on Thursday October 15th, 1931 in the afternoon. There were over 800 members of the public present and it was quite a nerve-racking experience to use microphones for the first time. The subject was 'Good Health, how to acquire and maintain it'. Tickets had been distributed to London and district members MS128 of the I.D.S. and given to their patients. I had joined the Society soon after I came to Bournemouth with the object of acquiring patients for surgery and the more difficult types of dentistry. So this lecture with its fee of £5.5.0. with expenses was very much appreciated.

Early in 1939 there were set up Dental Emergency Committees all over the country. Their duty was to maintain a register of local practitioners within the area, to organise dental treatment within the various districts and to co-ordinate with adjacent areas under the main guidance of the Central Emergency Committee. This meant that the control of recruitment was mainly directed by these committees. Details as to numbers of dentists required were sent to the local bodies and they reviewed the local need and recommended the most eligible dentists for the call up. Of those called up arrangements were made to help to carry on the practices by asking the local men to spare some time each week to help keep the practice alive. This in the main worked very well, and saved a great deal of hardship among practitioners. The majority of the I.D.S. members were however over the age of call-up and were not subject to recruitment in the same way as the younger L.D.S.s.

Towards the end of 1937 the B.D.A. Representative Board had instructed the Council to consider in what ways the unity of the profession could be achieved so as to improve the political power as a whole, improve its status and protect it from exploitation. This crystallized an idea which had been kicked around for a very long time. The result in the I.D.S. was a Report to its Council on 13.9.1939 on the Unity discussions. This showed clearly some of the

difficulties to be ironed out before the three societies could come together as one. The chief objection was that the B.D.A. had canvassed the branches on the question as to whether they would receive Dentists 1921 into the B.D.A. This was not a popular question and avoided the main idea of amalgamation, and this was unfair MS129 to the Unity Committee. The matter of unity took over twenty years to accomplish. In the meantime the three societies had to work together in various joint committees to face the threat of social services.

For some years the various committees had been considering the shape of dentistry of the future. The public need was very great but the demand for the service was poor. There was little in the way of financial help for the majority of the population. The report by the Sir William Beveridge Committee on Social Insurance and Allied Services 1942 which had been working to advise the Government on how to tackle the problems and the dental societies were invited to submit their observations. The I.D.S. in June sent in its Memorandum. In this it explained the widespread nature of dental disease, pointing out that the causes are still the subject of scientific investigation but have not emerged positively and completely from the field of theory. [This is still true}. Most of the treatment is restorative and requires regular attention, and that if not done the result is to supply the patient with dentures. There was some treatment available but this was not coordinated and therefore not always available to the whole of the population. In short it was the demand by the public for dental treatment which was insufficient and not the present services. Cost and ignorance being the two main deterrents. The memorandum then laid down the principles which were considered necessary to provide an adequate service for all. This should be free of cost except that of the normal contribution to the service, and the patient should have free choice of dentist. Research into the causes should be continued.

Such was the state of the main arguments when in August 1942 I was elected Honorary Secretary of the Bournemouth and District Branch of the I.D. S. This made me a member of the Branch Representative Board which joined on the MS130 following day with the Head Council. The third day was the Annual General Meeting. The expenses were allowed at the rate of first class rail fare and £4.4s.0d. for attendance at the two days. The Secretary, A.H. Condry, who had taken over from Butterfield, used to book the accommodation at the Hotel Russell where the meetings were held. 30 Tavistock Square, which was the Society's home, was too small and during the war they had their temporary address at Wirksworth. The Russell was a Victorian type of hotel and I well remember the full breakfasts there, my favourite being fried whitebait, followed by bacon and eggs. Although this was near the end of the war, at night one frequently heard the big anti-aircraft guns in Hyde Park and elsewhere in action against the marauders. Occasionally one also heard the V1s and the V2s. The former one heard as it approached but the latter one did not hear as they approached because they travelled faster than sound. In other words if you heard them you were safe, if you did not hear one you were dead.

31.8.1942. When attending my first meeting I was the only man with a degree, and consequently wondered what my reception would be like. I need not have worried but it was possible to detect the old animosities between the two parts of the profession. Thomas Lever in his inaugural address pointed out that our programme for the future must include

- 1) Recruitment;
- 2) Post War Planning;
- 3) Statutory Dental Benefits;
- 4) Control of dentistry by the Dental Profession;
- 5) Amendments to the Dentists' Act 1921;
- 6) Equality for all on the dentists' register.

The secretary then spoke about the Recruitment scheme stating: *“The practice of non-diplomaed dentists is threatened with a severe blow in post-war days. That state dentistry will become a much bigger thing than it is today is at least a certainty. It meant the transfer of a large portion of the population from the private dentist to the Clinic. It means the employment of a much greater number of dentists by the State. There is a large and influential organisation of dentists who MS131 keep themselves aloof from the non-diplomaed practitioners, - an organisation which is strong and getting stronger every year. The history of its attitude in the past and the trend of its proposals for the future leave no doubt but that it will exert all its influence to prevent the participation of non-diplomaed dentists in the state service.”* This statement introducing the need for the recruitment scheme amply shows the old animosities which were such a deterrent to unity. Many other subjects were discussed at these meetings. Unfortunately the second day's agenda often required another discussion of the some subjects, maybe this was a good thing but it was to say the least of it on many occasions somewhat boring.

In the October of 1942 the Joint War Committee announced that it was dissatisfied with the small additional fee allowed for the use of acrylic material for dentures instead of vulcanite. This 10s 0d additional was not considered sufficient. The rubber used as a base for vulcanite had become increasingly difficult to obtain and was shortly to disappear from the market. The plastic acrylic had been introduced as a substitute and today is almost universally used instead.

Meetings were held about every three months. At the January session some concern was felt that the Army Dental Authorities had decided that they were unwilling to take Dentists 1921 although the dental committees had not been so instructed. In any case the age of most of the 21 men would not have made them eligible.

A report of the Secretary dated March 1943 commented at length on the N.H.S. and that if a health service was introduced it should have fees which were in no way related to the charity scale at present in use. There were many MS132 demands from various parts of the country for unity, and he pointed out that new meetings were making proposals which might lead to the formation of a fourth society, this was a patent allusion to the group movement which did not crystallize till about two years later. He warned the officials of the I.D.S. that they should not use their positions to create new societies. The Beveridge Report had been published and Condry's comments were brief. There was a need for a service but how could 15,000 dentists supply treatment for a population of 45,000,000. The society would have a lot of details to consider before long.

**4.6.1943.** Condry refused to publish in the Mouth Mirror (the official quarterly Journal of the I.D. S.) my speech to the Winchester meeting on 27.3.1943 which he had every

right to do.

**23.6.1943.** The question of unity was a long part of the deliberations. The Unity committee had not been active, but this was not the fault of the I.D.S. and in any case amalgamation which was demanded by the B.D.A. could not be considered except by the resolution of the association in general meeting, and on this there was considerable division of opinion in the society. While there are invidious divisions in qualifications no unity can exist. Recently some reference had been made to 'these fellows'. Amalgamation could only be achieved on equal terms. However a subcommittee was appointed to look into the effect of Clause 7 of the memorandum: this referred to the event of winding up of the society. This committee had reported that this subject was covered but added several recommendations to be considered in the event.

**14.7.1943.** The Council decided to renew for five years the insurance policy on professional risks for the sum of £1,400 p.a. This may seem a very small amount to cover claims by the public against dentists, but there is no **MS133** very diplomatic way of handling claims and they managed to resolve most of them before they went as far as the insurance stage. A decision from a Government Department stated that, if necessary, Dentists 21 would be used subject to the control of the Dental War Committee. The Teviot Committee, officially known as the Interdepartmental Committee on Dentistry, had been appointed to consider the future of dentistry. This was really an enlargement of the 1942 Committee and the I.D.S. together with other bodies had to submit its recommendations. This was circulated at the meeting and really was a very full report and recommendation.

**5.10.1943.** The report was received that the recruitment effort had resulted in 100 new members. The secretary stated that the B.D.A. had issued a referendum, on the question of admission of dentists 21, to its members. With this was an explanatory leaflet for and against. 'This piece of buffoonery left the impression that members of the I.D.S. could not safely unite with such amateurs in administration'. Some of these leaflets had reached the I.D.S. as many of the B.D.A. members were sons and daughters of I.D.S. members. At the annual meeting on the following days the matter of Unity was discussed but no action was taken.

**12.1.1944.** The scale of fees negotiations had broken down and there was considerable discontent among the profession. The offer was an increase of 25% including the 21½% already in being. The secretary stated that the scale represented an increase of 28½% and the Council recommended the scale to its members and advised them to provide a service under it.

**19.4.1944.** It was reported that the plate of the Society for Dental Anaesthetists had been lost in the blitz. The S.D.A. was an offshoot of the I.D.S. and issued a Certificate which looked very like a diploma and was usually hung in the Surgery together with the I.D.S. Certificate; the Society **MS134** was at this time restricted to I.D.S. members. It was found that the I.D.S. plate was very similar and could be used. There was however a question as to whether at this time further certificates should be issued as the society had been dormant for many years.

The secretary reported that at meetings held in many places the general opinion had been

expressed that any unity could not be considered by amalgamation unless the terms contained uniformity of title, this was to remove the invidious distinction between dentist and dental surgeon.

20.4.1944. The report of the Joint Committee on Dental Post-War Reconstruction had been issued at the end of 1943 and had reviewed the considered needs of dentistry in the provision of a dental service to the nation, recruitment, propaganda and education of students. This was in the main to give the profession's ideas in the hope of modifying any government proposals, and constituted a well documented report.

The secretary described the Yeovil scheme, this caused considerable discussion. It was stated that the agreement between a body of practitioners in any district to observe a code of ethics and a scale of fees is excellent and commendable, it may be done in certain rural districts but it would not be possible in large cities. The laying down of a policy for the profession is best left to the dental organisations, and the opinions of the practitioners who signed were their own and not those of the bodies whose names appear after their names. This was typical but did not show any indication of the effect which the groups were to have in a very short time.

12.7.1944. This meeting was held in the Midland Hotel, Derby, as a change of venue. The report on the B.D.A. Referendum about the admission of 21 men was received. There had been 2,066 for and 1,4188 against. Condry recalled that the I.D.S. had agreed to consider all suggestions about unity, but would not MS135 initiate any. He quoted that they were in the position of the nursemaid in nursery lore:

*"I cannot marry you my pretty maid,  
Nobody asked you to, Sir, she said."*

The recommendation that, among other points, the branches which had less than 40 members should not send representative to headquarters had been accepted; this may have been a method of getting rid of a troublesome member in the shape of myself. Later a letter from Condry said that as the membership was 33 we should recruit 7 more.

31.10.1944. The meeting preceding the A.G.M. was held at the Great Northern Hotel, Leeds. Many of the Branch resolutions expressed dissatisfaction with the failure of the J.A.D.G. to take any notice of resolutions being passed in various parts of the country regarding the inadequacy of the scale of fees. The A.G.M. did not accept the solution to disallow branches with less than 40 members representation. But it did allow those with over 200 to have an extra one.

24.1.1945. There was a report of the Unity Committee which had met the previous month. The I.D.S. pointed out that the previous Unity Committee had been appointed as far back as 1937 but had not met or concluded its business. The effect of the action of the B.D.A. had been to imply that the I.D.S. were suppliants and this was a gross error. Further negotiations were now being considered owing to the pressure applied by the Groups. The Secretary had a monthly contract and it was thought that, in view of possible amalgamation, this ought to be made such longer in order to safeguard his position. Negotiations with the Ministry of Health had been in hand for some time and discussions with them and other dental societies had continued. This was hoped to have some effect but the Government was adamant

and only allowed concessions where they did not materially alter the Ministry Plans. MS136

11.7.1945. Victory in Europe had taken place and we were feeling safer at the Russell Hotel in London. The I.D.S. discussion on comprehensive dental treatment by a National Service accused the B.D.A. of a campaign of showing the I.D.S. and P.D.S.A. in an unfavourable light. The summary was that it would be better to await the bill and then to act now. The bill followed in the next year and, although some minor amendments were obtained, the Bill went through Parliament in almost its original form. There was a resolution to the J.A.D.C. that the scale of fees was causing great dissatisfaction in the profession. This was the scale imposed by the Ministry and not the scale of the J.A.D.C. The Weymouth Group action was beginning to come to the notice of the authorities as many of the insured were unable to get dental treatment under the N.H.I.

23.10.1945. The Main Office had returned to 50 Tavistock Square. On the previous evening the war-time Presidents Messrs. Leaver, Thomas, Henderson and Liggins had entertained the Council and Branch Representatives to dinner at the Dorchester Hotel. Each member had been presented with a special token of remembrance; a cocktail tray made from the side of a Wellington bombers auxiliary petrol tank, suitably engraved and anodised. A most unusual memento of a unique occasion.

The Scale of Fees had been rejected by the B.D.A. and this caused some recriminations. The resolutions adopted were to acquaint the Ministry of the dissatisfaction of the profession and that a meeting of the J.A.D.C. should be called as soon as possible. In order to avoid confusion it was decided that the B.D.A. suggested scale should not be circulated to branches. Resolutions from the Finchley Group were considered with some indignation. The Secretary was instructed to reply that the I.D.S. had every confidence in its members MS137 appointed to the J.A.D.C. and the DCC and the Interdepartmental Committee on Dentistry. The Unity committee had not met owing to the increased number of meetings which had been held regarding the National Health Service.

16.1.1946. This was the first meeting with an elected Council and no Branch Representative Board. I was here as an elected representative and not as ex officio. All branches had elected their members with the exception of Liverpool and East of Scotland. The matters of the Scale of Fees, Unity and the Groups had been activated by the groups. The I.D.S. had accepted the J.A.D.C. Scale and the other bodies had rejected it. Senior, the B.D.A. Secretary, attended the meeting much to the surprise of the members, this has been described in the chapter on the J.A.D.C. The election of committees followed and I was appointed to the Journal and Education Committee, I was also appointed to the Joint Advisory Dental Committee, this was probably to place me where opposition to the revolutionary views was greatest and to keep me in order. The result of this is also given elsewhere. It was on this occasion I met Dr. K. Malik for the first time. He was another rebel and some ten years later he formed another society, the General Dental Practitioners Association, which was intended to be the dentists' trade union. At this meeting there was also W.J.Wild from the Southampton Branch. He was, with me, a member of the Hampshire Joint Committee and also a rebel. We did succeed in getting a resolution passed to get the J.A.D.C. to make an application for the revision of the Scale of fees. This brought the I.D.S. into line with the other dental societies. A

resolution from the A.G.M. requesting the Council should meet members of the Group movement to put the I.D.S. views on Unity was accepted. The resolution from the Bournemouth Branch was again deferred until after this meeting. This resolution was in effect the substance of the Dorchester and Yeovil Scheme, which the Council did not wish to consider. The report from the Consultative Committee indicated **MS138** that the Government had already formulated its plans for the Health Service and would take very little notice of the profession, and its views.

**14.3.1946.** The General Purposes Committee met the following members of the Group movement:- for London Messrs. J.H.Duckworth, J.W.Gilbert, A.R.Manning, H.C.Scott and for the Provinces Messrs. J.H.Gibson-Smith, S.W.Ingram, G.R.Smith and S.J.Stevens. The prepared statement was read and at first the representatives were reluctant to go beyond the remit, but a discussion rapidly developed which did a great deal of good. The I.D.S. agreed that the Groups could help Unity but they were not inclined to associate on a national basis. The London Branch could communicate with the London Group. At a later meeting it was decided that the branches should be the first line of communication between the I.D.S. and the Groups.

**10.4.1946.** At this time many committees were working overtime to consider the new act which had not yet even been published. The Consultative Committee had been given rough details. There would be a central organisation covering:

- 1) Hospitals and Specialist Services;
- 2) Domiciliary and Clinic services;
- 3) Family practitioners services.

These would be controlled by various bodies appointed by the Minister, in fact there were to be appointed over 2,000 committees acting unpaid to oversee these services.

The Dental Services would be a general practitioner service available to all and a local authority service with priority to mothers and children. The local arrangements to be under the jurisdiction of Local Executive Councils who would be the legal employers of the practitioners. A Spens committee would be set up to fix remuneration. For certain more elaborate work was required a 'Grant in aid' would bear part of the cost. This however did not mature and **MS139** was never a part of the service. The whole of the service arrangements were later covered by Ministry regulations, the only part of the service directly covered by an act of Parliament was the amount of cash to be paid by the patient when the Government found that Dentistry was too expensive for it.

One piece of good news was that there was no intention of controlling the sale of dental practices as had been stated in connection with medical ones. At this meeting also the I.D.S. considered the B.D.A. Proposals for a Health Service, an eleven page document. For this meeting copies of the bill had been considered, and it was stated that it would be passed substantially in its present form. In fact it did and very little in the shape of amendments were accepted. Copies of the I.D.S. views on Unity had been circulated to members of Council and delegates. As it contains a very good account of the unity movement it is given in full, the author was undoubtedly Condry

“NOT FOR PUBLICATION.

### I.D.S. VIEWS ON UNITY

*The Annual General Meeting of the Incorporated Dental Society resolved as follows:-*

*That this meeting expresses the view that the Council should without delay promote opportunities to meet the Group Movement and allied Groupings to put the I.D.S. view on Unity.”*

*Consequently, Group representatives have been invited to meet the General Purposes Committee of the Society for this to be done.*

*If by “Unity” is meant unified effort, then the Society holds the view that everything possible should be done to achieve unified effort in representation of the profession. For many years the Society has endeavoured worthily to achieve this and it can be said that its efforts have not been without success. In the passing of the Dentists Act of 1921 the first MS140 cooperative effort was made and it is certain that, had disunity at that time occurred between the British Dental Association and the Incorporated Dental Society, the Act would never have reached the Statute Book, whilst it is equally certain that the prior activity of the I.D.S. brought about the existence of the Bill which was later enacted.*

*Round about 1923, dental benefit in National Health Insurance (under the provisions of Mr. Lloyd George’s Act of 1912) began to operate and the need for a measure of unity in the dental profession, in order that administration of the benefit should not entirely be left to outsiders, became apparent. At about this time the Public Dental Service Association came into the picture and it will be recalled that one of the objects for which it was founded was to provide a bridge between the two sections of the profession - Licentiates and Dentists 1921. Many members of both the B.D.A. and the I.D.S. joined it, and it is true to say that they were encouraged to do so by these organisations. It was realised by that time that the natural consequences of the 1878 Act were not being followed in respect of the 1921 Act and that there was not to be one organisation for all Registered Dentists.*

*The 1878 Act safeguarded the title “Dentist or Dental Practitioner” which Registered Dentists were alone entitled to use but it did not prohibit dental practice to unregistered persons. This safeguard was nullified to some extent by the House of Lords Judgment in the case of Bellerby, Heyworth and Bowen in 1919 brought to the Courts by the Incorporated Dental Society when the latter was flourishing under a name since discarded. No one can contend that it was other than right and proper for the British Dental Association before the passing of the Dentists Act of 1921 which prohibited practice to those who were not Registered, to continue its membership alone to those who were Registered Dentists. MS141*

*It will be noted that membership was confined to the then Registered Dentists and not merely to Licentiates in Dental Surgery. Many of the old type of dentists registered under the Act of 1878 are thought to have obtained Registration by dubious means, some of them by having been declared to have been in practice at an age when they must still have been at school; or even earlier. This finds some confirmation in the fact that there still appear in the Dentists Register the names of some still living who were registered on the ground that they*

were "in practice on July 22nd 1878" that is to say some 68 years ago. The B.D.A. included all those in eligibility for membership. Some of them greatly justified the position and rose to the Presidency or other high office in the Association. But when the Dentists Act of 1921 was passed and a closed profession was secured, the B.D.A. did not have the wisdom to do other than continue differentiation. Instead of fostering unity within the profession, schism was practised. There were attempts to belittle the Dentist 1921 and to belaud the Licentiates and this found expression in the absurdity that within a closed profession there still continued to be an executive body which paraded its exclusiveness even to those who did not want to join it.

In 1926 when dental benefit became more widespread, many Approved Societies adopting it, recognition came of the necessity to band together against outside influences and control. A Standing Committee which was purely dental, was formed, and the Dental Benefit Joint Committee consisting of dentists and Approved Societies came into existence. The latter was the predecessor of the Dental Benefit Council set up by Regulations in 1930.

The Standing Joint Committee did not last long and was later succeeded by the Joint Advisory Dental Council. During the years it became the procedure for Joint Committees of the three Dental Organisations to be set up MS142 on many subjects of interest to the whole profession. In these efforts the I.D.S. has always taken its part and is ready to continue to do so, in the belief that none of the three Dental Organisations by itself can adequately represent the whole profession or should try to do so until the membership of any of them is large enough and inclusive of all sections to justify such a procedure.

The type of Unity the I.D.S. approves is that whilst there are three Organisations all questions affecting the whole profession should be dealt with by the Joint Committee method, and the I.D.S. is willing to participate in such Joint Committees wherever they may be found necessary. But it must be insisted that it is an anachronism for an Association to exist in the profession aspiring to represent and to lead the profession whilst confining its membership to one section alone. This fact, in our view, does violence not only to those who are debarred from entrance to the Association but also to the interests of the whole profession. It is a bar to Unity made worse by the action in opposing in the Courts the right of dentists to use the title "Dental Surgeon" arrogated by Licentiates to themselves to perpetuate the difference they sought to institute since the passing of the Act of 1921. Despite this the Incorporated Dental Society values the method of unified effort by Joint Committees and is ready, anxious and willing to participate in them to the utmost extent.

Amalgamation. The profession, torn and bewildered, sought to bring about corporate unity. In 1934 the P.D.S.A. by then no longer regarded as a bridge having entered, perhaps not unreasonably, upon a line which brought it into some measure of competition with the other Associations, asked the I.D.S. to consider fusion with them. The I.D.S. entered into conference and the two Associations decided to, ask the B.D.A. to join the conference. An outright refusal was received and the I.D.S. at Cheltenham Annual General Meeting MS143 decided that any discussions must include all three or not take place at all. Three years later the B.D.A. invited the other two to form with them a Unity Committee to go into the whole position. Much progress was made and an interim report was issued. At this stage the I.D.S. representatives were left wondering whether the B.D.A. was the kind of organisation to which

*the affairs of I.D.S. members could sensibly be committed, for the committee was left abruptly by the B.D.A. ostensibly to consult their membership upon the question of altering its Articles of Association to admit Dentists 1921. The unfortunate fact is that no direct communication was sent to the I.D.S. (or so far as we are aware to the P.D.S.A.) for failure to renew deliberations. Whilst in the attempt to obtain the views of their members, the B.D.A., despite a pledge to refrain from publication until a joint statement could be issued, sent to its members a pamphlet setting forth arguments for and against the admission of Dentists 1921. It is doubtful whether or not the arguments "for" were less objectionable than those "against" but certainly the former were patronising and unlikely to commend themselves to those with whom the B.D.A. had been in conference and with whom it was hoped to unite.*

*There is little doubt that unless the Articles of Association of the B.D.A. are altered, it has no power to amalgamate, but even if alteration is effected, the other two organisations would have to alter their Articles also.*

*Having regard to the history of the matter the I.D.S. decided that it would willingly examine any proposals put forward but it would not initiate them. This attitude is justified by the belief of the I.D.S. that whilst it is in the interests of the whole profession that the utmost unity of thought, purpose and action should be secured, the I.D.S. must not, and will not appear to be made as supplicating for a kind of Unity which others will not and cannot concede. Moreover, it is not certain that amalgamation would provide the MS144 measure of unity which is claimed for it.*

*In the meantime, the position of all three Dental Organisations is recognised by the Authorities. The Ministries call for all three when consultation is needed and they are all given representation on Joint Committees such as the Dental Benefit Council and the Dental War Committee. All have facilities of approach to the Ministries also. It must be realised that as long as each has separate entity this position will continue and there is the point that it provides some advantage to the whole profession.*

*The position of Dentists 1921 needs special consideration and protection, and the I.D.S., which has always filled the needed role of conserving the interests of Dentists 1921, would not accept any kind of corporate unity which might fail to carry this into effect. The fact is that the Dentists Act intended to make one profession, but owing to the short-sightedness of Licentiates this has never fully been realised. Attempts have been made to differentiate and these cannot too severely be condemned. So long as there are Dentists 1921 the I.D.S. intends to see that they are protected, and if Unity by amalgamation or otherwise could not be trusted to secure it, the I.D.S. would prefer to go on alone.*

*The I.D.S. does not lose sight of the wider subject of the interests of the profession and for many years now there has been an increasing proportion of Licentiates in its membership. Their interests do not suffer by attachment to the I.D.S.*

*With the publication of the Beveridge proposals which envisaged a National Health Service implicating a possible National Dental Service there arose from the profession itself a demand for Unity of the Dental Organisations. Even non-members of the organisations joined in this demand. On this point it must be said that whilst all the Dental Organisations work in what they MS145 believe to be the interests of the whole profession and, in their capacity as*

*representatives, approach the whole profession from time to time, it cannot be conceded that any of them, have direct responsibility to that body of dentists, thought to number some 5,000, who have held aloof from membership. Many of them could, and in our view should, have joined one of the Dental Organisations, in some cases as long as 30 years ago, and they should have taken part in the onerous tasks which the Organisations have unselfishly performed for the good of the whole. When the District Dental War Committees were formed it was realised that, owing to the operation of the National Service (Armed Forces) Act, it would not be right for non-members of Organisations not to have representation, especially having regard to the fact that it would be the duty of these bodies to recommend the calling up of dentists whether or not they were members of Dental Organisations. This in itself led to better contact at practitioners in the localities.*

*Neither this nor any other factor, however, justifies forgetfulness of the fact that the Organisations belong to their membership. Non-members have no right whatever to attempt to influence either the policy or the administration of any of the Dental Organisations. If they wish to do so, they should do it by entering into membership and by exerting their influence as members through the only medium in which it can have any effect - the General Meetings of the Organisation - at which their votes and influence and their ability to persuade their colleagues to provide the necessary majorities to alter conditions would properly be employed.*

*The same applies with lesser force, but equal justice, to members of one Organisation who are not members of others. whilst all are anxious to join together in advancing the good of the whole profession, it must not be thought that the members of one Organisation have the right to dictate to another MS146 organisation what its policy should be or how it is to be administered.*

*Despite these conditions, the B.D.A., in response to the demand of the profession to which reference has been made, very wisely in our view, issued a new invitation to the I.D.S. and P.D.S.A. to consider Unity. The I.D.S. and P.D.S..A. accepted the invitation. Some progress was made but this Committee has not now met for a very long time, though there is some possibility of a resumption of its deliberations. Meanwhile, the demand for Unity by amalgamation has lost some of its force and this is possibly explained by the failure of the B.D.A. at its Extraordinary General Meeting (held after the commencement of the present Unity Committee) to obtain the necessary alteration of Articles of Association to enable it to enter into Amalgamation.*

*When, if ever, the Unity Committee is called together again, the I.D.S. will be ready to take its part in considering any proposals that are put forward. It will, as stated, make no move to initiate them.*

*The Society has not yet been called upon to state its views on the kind of conditions it would accept in amalgamation, but if it lost its separate entity, it would necessarily make some requirements. It is not bound by any conditions except that the question of a common Title and equality of membership of the profession must be considered. We believe very strongly that differentiation which has been practised, is a menace to the profession, that it has led to internecine strife, and has diverted effort which should have been directed to the real*

*opponents outside the profession to imaginary ones inside the profession. We believe that the profession should stand as a united whole against outside interests and that its members should not be engaged in battle with each other. For this ideal to be reached something more than change of administration is needed; there should be change of heart, a reversion to one MS147 cohesive administration in which all the members of the profession have a right to take part, and a recognition that all those on the Dentists Register need to be known to the public by a common title as is the case in the medical profession.*

*Other than this the Society, in the event of changes, has reservations which it is believed can be met. As an instance, we believe that every dentist should be covered by insurance against professional risks and we think it is in the interests of the profession that this should be encouraged. We would also like to see continued some of the features of this Society which we value. But the Society very definitely are not acting as an obstruction to Unity.*

*Meanwhile, signs are not wanting that even before the profession has to face the anxiety of changes occasioned by new legislation upon a National Dental Service, the British Dental Association are attempting to override the other Organisations by posing as the leaders of the profession with absolute and exclusive right to speak for the whole. They seem, if we may put it with restraint, a little in need of Unity among themselves and they appear to be in danger of being rushed by some of their members into a position in which the interests of the rest of the profession may be overlooked. We hope this phase will pass.*

*The action of the Groups in promoting Unity in the localities is appreciated, but we would stress that in order to bring this into actual administrative effect, it must find expression at the General Meetings of the Organisations. If the Group Movement does not put itself into active Opposition with the Organisations, it can in cooperation with the Organisations be an immense power for good. In this connection, whilst the views of our members as expressed in the Groups are worthy of, and will receive, great consideration, it must not be thought desirable that they should forget that MS138 they are members of the I.D.S. and put forward views which are in conflict with those of their colleagues in the accredited Branches of the I.D.S. It should be remembered that whilst there is no objection to their attachment to. Groups, they have no special power to represent the Society there.*

*To sum up, therefore, the views of the Society on Unity are that they believe that everything possible should be done to achieve unified effort in representation of the profession, that to bring this to fullest effect there should be a common title which would remove differentiation, and that adjudication of questions affecting the whole profession should be at all times the duty of Joint Committees in order to avoid their being prejudiced by decisions made by one sectional body alone.*

*In the matter of Organisations the Society with the greatest respect, take the view that it is a source of weakness to the profession and indeed an anachronism that the senior Organisation should hamper itself in its otherwise proper claim to represent the profession, by confining its membership to one section alone of the profession, thus heightening the attempt to continue an out of date differentiation. As long as this is the case, there is not only justification, but necessity for duplication of Organisations.*

*In the event of Unity by amalgamation, Federation or any other important change, it*

*rests with the memberships of the Organisations by constitutional means to make the necessary alterations to the Articles of Association. These changes would inevitably involve sacrifices by all the interests concerned, but the I.D.S. will, we are sure, be ready to make them so far as they are concerned, if it be understood that the interests of 1921 Dentists are properly protected.*

*Failing any changes, the I.D.S. which suffers not at all from disunity within its ranks and carries on its work with efficiency, will continue its task of representing the profession without regard for sectional interests.* MS149

**14.6.1946.** A deputation of the London members of the D.C.C. met the Minister. Through this committee pages and pages of amendments had been suggested to the Standing Committee dealing with the Bill. The Minister replied at length to each of the points and subjects raised. It was obvious from his statements that he considered some of the matters would be best raised on the Regulations and he warned against requiring the Bill to be too precise. It was made clear to the deputation that when the Regulations came to be framed there would be ample possibility of negotiation. The Minister was not prepared to accept outright any of the amendments to the Bill which were brought to his notice, but he pointed out that the reception of the deputation was unusual and he was glad of the opportunity to explain the points which had arisen though, as he good humouredly put it, he could not carry on two Committee stages of the Bill, one in his own room and the other in the House of Commons. The meeting lasted about two hours but only showed how the Bill, which amply demonstrated the dictatorship of Government by Legislation by Regulation, was impervious to suggestion from the very dentists who at a later date had to provide the service.

**17.7.1946.** The meeting was at 30 Tavistock Square. The discussions on unity had been neglected on account of the N.H.S. negotiations. The Committee had decided that the best method was by amalgamation, but while the B.D.A. would not admit dentists 21, there could be no unity. In any event the rights of these practitioners must be protected at all costs. The scale of fees discussion produced a recommendation for acceptance of the J.A.D.C. scale. This was passed with the only dissenter being myself. The General Purposes Committee were requested to draft evidence to be produced to the Spens Committee.

**8.10.1946.** Condry reported on the D.C.C. the Bill was progressing with little change recommended by the profession. Even if passed in its present form, he did not shrink from it, so far as dentistry was concerned it was permissive, MS150 it places no requirement on any dentist nor does it place any prohibition on any dentist. This was certainly the understatement of the year. The J.A.D.C. had come up against the Ministry in trying to obtain an increase in fees. The Council took exception to the fact that the Ministry of National Insurance had sent out a leaflet with his own scale purporting to be issued by the D.B.C. without being authorised by that body. A resolution was passed unanimously that a satisfactory service could not be provided on that scale and advising all dentists to refrain from accepting dental letters until the present dispute is settled.

**8.1.1947.** The matter of Professional Risks was discussed. In the courts a sum of £2,850, with costs, had been awarded to a patient. This was not an I.D.S. case; but there was

another in which £2,000 with costs had been given. As these sums were over the amount insured, the dentist had to provide a large part himself. In both these cases fractured jaws were cited. There was no doubt that claims were increasing as well as the risks. The scale of fees entailed considerable discussion. Following a long history of the negotiations a resolution that this Council support the decision of the J.A.D.C. on the settlement of the dispute. This was carried by 20 votes to 6. This time the antis were Messrs. Cooke, Cullin, Lucraft, Malik, Torrens and Wild, the Group effort had spread. An amendment to refrain from coming to a conclusion until the A.G.M. or a referendum was lost. This discussion lasted well over 4½ hours. The Government had promised that the Spens Committee having reported they would enter into negotiations with the profession to agree a scale of fees for the dental benefit and another scale to apply to the National Health Service to follow, moreover the Government would take steps to ask Parliament for any necessary monies required to cover the additional costs. Those of us who had had dealings with the Ministry previously did not entirely trust these promises. MS151

A complaint had been received about a broadcast on Sunday 24th November 1946 by Binnie and Sonnie Hale which was calculated to bring the profession into disrepute, and it was thought that the references to '21 men had been inspired from within the profession. Representations had been made and legal advice had been requested.

25.1.1947. A resolution from the London & Counties Branch, inspired by the Groups, calling an extra-ordinary meeting to ascertain the views of the members following the decisions made by Head Council. Condry was artful enough to obtain Council's opinion which stated that any request for an extra-ordinary General Meeting must contain details of matters to be discussed there at, and this resolution did not therefore qualify. He did however send round to Council Members a questionnaire to cover himself.

18.2.1947. The Dental Consultative Committee together with the three dental associations sent round notices that as the National Health Act had came into existence last year and was soon to be implemented, Local Dental Committees were to be set up in each Executive Council area, there were to be about 120 of them. The main purpose was to elect three members to each Executive Council which was to be the actual employing agency for the new services. The dental members were to act with representatives of the doctors, opticians, and local health authorities on these official bodies. Each local dental committee was to be appointed to represent the dentists in each area and this election had to be carried out by an official officer returning.

6.3.1947. At the General Purposes Committee it was reported that the result of the postal ballot on the Questionnaire (25.1.194?) was 22 for no action and 5 to the contrary. On the previous day another request for an Extraordinary General Meeting had been received. This time although one sheet had a date MS152 defect it was considered to be in order and was referred to the Head Council for action. This resolution signed by 33 members was a request to consider the action of Head Council accepting the advice of the J.A.D.C. without giving the branches an opportunity to discuss it, the other two resolutions were in similar vein. This was officially an emanation from the Bournemouth Branch of which I was then the Secretary.

10.4.1947. A letter was sent to all members by Thomas Leaver, the President, which

reviewed the resolutions received and went on: *“Yet before the actual notice of meeting from Head Office was ready, an announcement of the time and place of the meeting appeared as accomplished fact in the Group Circular, and the London and Southern Counties Branch of the Society sent a notice to all members of that Branch urging attendance at that meeting.*

*“The Resolutions submitted by the requisitionists come from members of the Branches which are in the minority upon the subjects concerned, and they must be regarded as challenging to, and showing lack of confidence in, the majority of the Branches and the Head Council which you elected in October last through the various Branches.*

*“In order to support the Head Council and the majority of the branches against the unreasonable attack instigated, it is believed, from outside the Society, and in order to vindicate the rights of members to settle their own affairs through the Head Council as Governing Body, it is hoped that you will endeavour to attend the meeting.”*

**25.4.1947.** The Extra-Ordinary General Meeting was convened at the Queen’s Hotel, Birmingham, as this was considered more central than London. The purpose of the meeting having been declared, the first resolution from London Branch disapproving of the recent action of Head Council accepting the J.A.D.C. scale did not find a proposer and was therefore not put. The second from **MS153** Bournemouth deploring the delegation of negotiating powers to the Consultative Committee was after a heated discussion rejected by 98 votes to 16. The next, also from Bournemouth, disapproving of the recent scale of fees and requesting Head Council to rescind same was, after some heated exchanges, carried by 94 for with 70 against. The third was from London demanding the statement from the government that the same conditions should be given to the dentists as to the medicals in the acceptance of the Spens Committee findings, failing which negotiations should be broken off. This was lost on a show of hands by a substantial majority. That was the end of the requisitions. The next and probably the most important decision of the day was to authorise the Head Council to take steps to enter into amalgamation with the B.D.A. and the P.D.S.A.. This was proposed by Mr. Sutcliffe and seconded by Mr. Hudson Keep, both strong Group supporters, and carried by an overwhelming majority only 9 voting against. The voice of the Groups had at last begun to overcome the resistance and the first step towards unity had been taken. The Council met on the same day at 9.30. The report on the ‘All Hale’ broadcast had produced the name of the author as Loftus Wigram, but no undertaking had been given not to repeat. Some of the series had been repeated but the offending one had been omitted. The legal opinion was that no libel could apply to a class of people. The secretary stated that the B.D.A. was now accepting Dentists 21 and he expressed wonder that *‘Dentist 21, particularly members of the I.D.S., should want to join a body from which they had been debarred for so long throughout their professional lives’*. In short, dissatisfaction was expressed with the action of the B.D.A., and concern, not unmixed with what was amounted to contempt, was felt with the Dentist 21 applicants. This remark was not in the spirit of unity, but again illustrates the mutual antagonism between the two sections of the profession at that time. **MS154**

**25.4.1947.** The Ministry circulated its reaction to the report of the Teviot Committee and requested a reply from the dental societies. This dealt with the new shape of the Dental Board and the disciplinary committees, and the general application of the committee’s report.

The reply included requests that repair shops should be dealt with efficiently. This even now is still a sore point as the dental act does not exclude any mechanic from doing dental work provided that he does not work directly in the mouth (is. take impressions). It asked quite categorically that in the new Act the title Dental Surgeon should apply to all those on the dentists' register.

3.6.1947. The time was now ripe for many committees to be set up to coordinate action in furtherance of amalgamation, in addition to those already in being dealing with mutual political efforts in many directions.

4 & 5.6.1947. The Health Service Act had passed its third reading the previous year and was now law. As the Bill contained some 240 clauses giving the power to make regulations, the Bill was not so much an Act as an Enabling Bill. These regulations were now being framed by the Ministry allegedly in consultation with the dental bodies, but as time went on the dictatorship of the powers that be were more and more in evidence. Therefore, in order to present a united front before it was too late, a joint meeting of the governing bodies of the three dental societies was convened at 13 Hill Street to debate the method of remuneration and any progress report concerning draft regulations. There were 125 members present of whom 25 represented the I.D.S. The varying strength of the three bodies gave some cause for concern but in the main the voting was fairly consistent and not too controversial. The main points discussed produced recommendations. It should be required of the patient that they undertake complete treatment as a condition of benefit. Prior approval did not give a sufficient degree of clinical freedom. The MS155 items of scaling and polishing should not be delegated to dental hygienists. A grant-in-aid should be introduced. No dilution of the profession should be allowed. Repair shops should be made illegal. All this may have had a little effect on the regulations but these were introduced almost in their original form and the profession had little or no say in their shaping.

16.9.1947. At the Hotel Russell the report of the combined meeting was confirmed. The General Purposes Committee had recommended that the General Secretary should have included in his contract the payment of £350 per annum on his retirement and that if possible he should have employment of a suitable character in the new amalgamated body. The committee also recommended that the professional risks insurance should be included for I.D.S. members on amalgamation. The Dental Consultative Committee was given a lengthy report and full discussion. It appeared that at this time the committee was beginning to realise what a hard job it would be to influence the Government to change any of its predetermined regulations. They wanted a complete control over dentistry and were well on the way to getting it. I suggested that the Local Dental committees should seek to get representation on the various Health Committees as we had in our area. There were many resolutions from branches: Sheffield recommended that the Minister be requested to ensure that prosthetics and repairs should receive expert and prompt attention. This was referred to all branches and the resultant action may help to explain why on the health service repairs of fractured dentures are still free of payment by the patient. It was further recommended to the Minister that repair shops should be abolished. This was not done and even today there are many of these repair shop where patients can get their dentures repaired, in many cases more expensively and often

badly executed. MS156

**25.11.1947.** The resolutions passed at the June meeting had, with others, been sent to the Dental Consultative Committee which was called to meet the Minister to discuss them. The dental members soon found out whose Service it was. The Government had no full contractual liability to the public in dentistry as they had in medicine. It was not to be an insurance scheme, and not related to the payments, it was a health scheme. To allow complete clinical freedom would be to allow unlimited expenditure of money. One point was expressed very firmly and that was that their faces were set firmly against grant-in-aid. In short the profession had now to realise that the Ministry would not give way on points.

**7.1.1948.** Many committees had been introduced to consider remuneration and terms of service etc. amalgamation consultations were reaching some sort of agreement. The Unions had introduced a Bill in Parliament to regularise the craft of Dental Technicians, as they now had been termed. This meant that their wages were now £8 per week for a 44 hour week, nearly double pre-war.

**7.4.1948.** The Secretary stated that there was a movement to form a joint committee with the other societies to consider remuneration. Dr. Mahoney who was the Chief Dental Officer at the Ministry had consulted two members of Council to give his views on the future as he was about to retire. His job was taken by Dr. W.G.Senior who had been the Secretary of the B.D.A. There was read a letter from the B.D.A. stating that their nominees on the J.A.D.C. had been withdrawn. The I.D.S. however thought that, to protect their members, their nominees should remain. I pointed out to Council that the J.A.D.C. was not a negotiating committee, whereupon the Council gave full authority to its five representatives to negotiate remuneration with the minister of National Insurance upon retrospective payment in the present dental benefit. By this MS157 time the two bodies had been well infiltrated by Group members and their opinions were at last having effect. The amalgamation drafting committee had almost completed its work and the report was awaiting presentation and approval of the three societies. There was considerable discussion about two Polish women who had applied for membership, these had been referred from the Branches as they were uncertain about the position, it was agreed that they should be admitted if the local branches concerned had no objection. A special committee was set up consisting of Messrs. Cooke, Hall, Lucraft and Samson to report on the recognition to be accorded to members of Head Council for special services they had rendered.

**8.7.1948.** at the previous meeting a requisition for an extra-ordinary General meeting had been received but as it did not conform nor did it have any resolutions and the date given was too soon it was impossible for arrangements to be made. After a long discussion it was decided that it was 'Bad' and therefore no action was to be taken. In view of pending amalgamation this was fair enough. The recommendations of the special committee were considered and it was agreed to raise the Secretary's salary to £1,500, strangely there is no mention in the Minutes of the £100 grant to each of the following: Messrs. F.J.Ballard, A.H.Condry, T.H.Flitcroft, T.Hindle, J.F.Henderson, A.J.Liggins, T.Leaver and A.W.Thomas which was recommended by the committee. No doubt this did not prevent the award being given. Additionally it was recommended that all members of Council should be made Life

members. This was largely because the B..D.A. had a lengthy list of life members and the I.D.S. had none, so it was thought that it was time we equalised in view of amalgamation. The main idea was that life members did not pay any subscription and it would suitably reward those who had served the I.D.S.

19.10.1948. The report of the special services committee was considered MS158 and this time confirmed. The main issue was however the consideration of the report of the Amalgamation Drafting Committee which, although only a preliminary one, was a very comprehensive one of some 10 foolscap pages. This reviewed the nature of the requirements of the members which needed to be safeguarded in the event of one society arising out of the ashes of the three. There was a request for nominations to the Central National Health Advisory Committee which resulted in the following names being recommended: Flitcroft, Hindle, Lucrsft, Lunt, Morgan and Torrens. This was voted on by a postal ballot and in the final event the Minister only required one and that was Hindle.

12.1.1949. The last year in the life of the I.D.S. had arrived. The policy of the Groups in infiltrating the three dental societies had at last paid off and the need for a unified structure in the profession had overcome the objections of the old prejudices. Besides the Dentists 21 were now getting on in age and there was now no way in which entry to the profession could be obtained except by examination and degree. It was a time of many and more or less emasculated committees, the joint bodies were acting fairly well in unison but they found that the powers on the Government side were in the position of having the last word and usually did not accept many suggestions from the dental side. Amalgamation therefore took a large part of the discussions in Council. The general feeling of the members is clearly shown by a resolution carried, now by unanimous vote, *'That the General Secretary be requested to send a letter to the Minister protesting in the strongest possible terms against his action in introducing the Regulations without consultation with the Dental Profession'*. From the I.D.S. Council this would have been considered blasphemy only a few years previously. The Council confirmed the creation of Life Members. Of which I became one. MS159

4.5.1949. Most of the Council meetings were of two days' duration and the long sometimes boring discussions were largely concerned with the details of the amalgamation format. It was an endeavour to make sure that the members would have the same privileges in the new body as they had in the old, and that the rights of the 21 men would be safeguarded. The National Health Service had been running since July 5 and already the Minister was concerned about the cost of the dental treatment which had, owing to the free treatment, created a terrific demand from the public which had not been able to obtain dental treatment for many years owing to the cost and general low wages prevalent at that time. The Council again showed its teeth by a resolution *'That the I.D.S. will not enter into discussions with the Minister of Health upon the proposed reductions of the Scale of Fees until the report of the Time Factor Committee had been received'*. This resolution was to be sent to the two other societies as well.

13.7.1949. The last out of town meeting of the I.D.S. was held at the Royal Hotel, Princes Street, Edinburgh. The final details of amalgamation had been almost completed, but the Health Service gave some cause for concern. The Minister had recently made regulations

which meant that if a dentist had a turnover of more than £400 per month, the Executive Councils were instructed to deduct half of the excess. As the demand for dentistry, especially free dentures, was much more than anticipated, most dentists were working many hours overtime and this imposition was greatly resented. The dental services committees, sub-committees of the Executive Councils, had 'fined' dentists as much as £1,000 for alleged breaches of the regulations, and it was felt that these committees on which the dentist was not allowed legal representation, but only an appeal to the Minister, were wrong. Representations, however, did not eliminate this dictatorship element. The Minister had criticised adversely **MS160** an article in the Mouth Mirror, and the Secretary had suitably replied. This article had made trite comments on the recent regulations which made deductions on the earned remuneration as described above. This showed how the Minister resented any attempt by the profession to stand up for its rights, and demonstrated how near to dictatorship the whole service was in its organisation. There were a number of resolutions to be considered from branches dealing with amalgamation and the health service.

**18.10.1949.** The penultimate meeting of the Head Council was mainly a tidying up operation before the Extra-Ordinary General Meeting. One strange matter which transpired was the appointing of a sub-committee to answer questions from the Monopoly Omission which had recently been set in operation. A strange result from this Commission was that they ruled that there was not a monopoly in the dental trading. At that time there were several small local dental supply companies. Obviously someone was well aware of the potential in this particular sphere of business. Strangely, since that time most of the smaller houses have been absorbed by the larger and have disappeared. So the Monopolies Commission did not appear to reduce the monopoly in dental supplies, perhaps it was not meant to. It increased it. Moreover one of the members later joined the board of one of the major dental supply houses.

**30.11.1949.** The final meeting of Head Council was held at 10 o'clock in the morning and was followed by the Extra-ordinary General Meeting at 2 p.m. the same day. Similar meetings had been held about the same time by the British Dental Association and Public Dental Association. All these three bodies were therefore liquidated and all members thus became members of the new British Dental Association with amended structure and rules which gave all members similar rights. so the successor to the Incorporated Society of Extractors and Adaptors of Teeth came to an end in the interests of unity in the dental profession. **MS161**

Unfortunately the new society, although it had political success, did not attract the interest of the old 21 men who, in many cases, would not attend meetings as they feared being belittled by the degree men. On the other hand many who did participate enjoyed a new found friendship which enriched the life of the new society. **MS162**

**THE JOINT ADVISORY DENTAL COUNCIL 1945-1947**

This body was instituted by the three dental associations to advise on all aspects of the dental health services in 1923. It was an attempt towards unity in the early days, but it did not always work in this direction as the views of the members were often opposed to one another. I was appointed a member by the I.D.S. Head Council on 17.1.1946, but as my opinions were not in accordance with most of the others on that committee it was not long before I was removed.

22.11.1945. The minutes of this meeting recorded that there was considerable discussion about the scale of fees. All three societies had diverging views, and so had the Government. The latter wished for a scale related to what the Insurance Societies could pay from their surplus funds, the B.D.A, had, through its Insurance Acts Committee, taken as a basis the ability to earn by each dentist the net sum of £1,200 per year, working a 30 hour week, 48 to the year. This gave a gross of £2,400 assuming expenses of about 50%. There resulted a sub-committee to consider the question of a balanced scale.

The secretary reported that the Minister was not likely to consult with the profession with regard to the Health Service Act, but negotiations could take place when the Bill was in the Committee stage of the House.

There was considerable discussion about the refusal of dental letters in many districts, and the general opinion was that there should be a scale of fees which would be acceptable to all dentists. There was a suggestion that the MS163 D.B.C., which had been working on an emergency basis, should be re-instituted again on a peacetime footing.

6.12.1945. The sub-committee met to agree a balanced scale which would produce an adequate income for a dentist working a 40 hour week, 48 to the year, i.e. about £1,200. Some confidential information had been obtained from the B.M.A. that 3,000 medical practitioners at the height of their earning capacity, i.e. from 40 to 50 years of age, had an average income of £1,300 per year. An average of 46 dental incomes before 1930 gave a figure of £1,100. Acting on these assumptions they agreed a scale which was presented to the next meeting.

17.1.1946. This was the first meeting of this body that I attended, and was held as usual at 13 Hill St., Berkley Square (the old B.D.A. Headquarters). The main business was to consider the report of the sub-committee on the scale of fees. This was generally similar to the Yeovil scale with dentures at £10.0.0. It was resolved to send this to the constituent organisations, with notice to be given to terminate the existing agreement and to negotiate for a new scale. It was also agreed that the secretaries of the three associations should request that refusals should be discontinued so that negotiations be given a reasonable opportunity.

16.7.1946. The D.B.C. brought forward a new scale, which was confidential. It was similar but had the maximum for dentures at £9.9.0. and several other limitations.

The J.A.D.C. did not meet again till July but in the meantime there was a great deal of dental political activity, which can be best described in the following memorandum which I prepared for the Group Circular, but as it was too inflammatory it was not published.

## THE FIVE POINTS OF NON-FELLOWSHIP

OR

PARLIAMENTARY PYORRHOEA MS164

The following extract is taken from the current issue of the B.D.J. 15.2.46. page 143 under the heading:-

*“Other Business”*

*Scale of Fees*

*“The Dental Secretary reports that the scale of fees which was approved by the Insurance Acts Committee had been, in the main, approved by the Joint Advisory Dental Council. Notice had already been given to the Dental Council or their meeting on February 14th, asking that the present scale should be made the subject of revision. The Ministry of Health and Insurance had indicated that they were prepared to negotiate a re-valuation, but they were not prepared to do so while what had been termed a ‘dental strike’ continued. The other two dental organisations and the Council of their Association had agreed a statement to be sent to Hon. Secretaries of Branches and to the London and Provincial Groups.*

*“Mr. C.H.Oliver said that, by accepting the report, they were confirming their action of June 29 last year. He asked them to accept the report from the Joint Advisory Dental Council.*

*“Mr. J.J.Gillard Bishop, seconding, said that it was necessary for their nominees on the Dental Benefit Council to know that they had the confidence of the Board behind them.*

*“The Report was accepted.”*

*The sentence which is underlined above bears no suggestion of importance in the dental press, but a deeper insight into its real implications and true meaning will indicate how the Dental Profession is being bamboozled by its so-called leaders under the mystifying but unreasonable excuse of “confidential”.*

*The London Group Circular treats the matter under this veil of “confidential” on page 5 of issue dated February 1946 in just the following words:- MS165*

*Consultations with the Minister*

*“These took place at short notice on Monday January 14th 1946. At the request of the Minister the proceedings of this meeting are confidential to the Central or Executive Committee of the three dental organisations. We are therefore unable to give you the facts of this meeting until this ban is released.”*

*The ultimatum delivered to the three Dental Secretaries may have been reported verbally to the I.D.S. Council, B.D.A. Representative Board, P.D.S.A. Council and the J.A.D.C. But why should these alleged reasons for the calling off of the so-called “strike” be the subject of so much secrecy? The only possible explanation is that the whole affair is a huge bluff. Possibly also, our three secretaries are afraid of the mood of the groups and fear that their pleasant afternoon tea parties at Whitehall would become endangered. As the matter is of great importance to I.D.S. members and to the profession generally we are able to give a true statement of fact taken from the Incorporated Dental Societies Report of Meeting of the Council of the Society at the Hotel Russell, London ON 16.1.1946. Section 3 of this report reads as follows:*

## NEGOTIATIONS UPON THE SCALE OF FEES.

*“At this point Mr. H.G.Senior, L.D.S. Dental Secretary, British Dental Association, was welcomed by the President. He had kindly undertaken himself to deliver papers arising from a meeting between the Minister of Health and the Dental Consultative Committee two days before, and Mr. Senior also took the opportunity to report upon discussions which had taken place with permanent officials of the Ministry and himself, Mr. Condry and Mr. Atkins upon the action of dentists in various parts of the country in concerted refusal of acceptance of Dental Letters in National Health Insurance, and in particular those Dental letters containing items of the scale relating to dentures, remakes MS166 and the like.*

*“The permanent Officials had indicated that:-*

*“The attitude of the Ministries of Health and National Insurance on the concerted refusal of dentists in certain parts of the country to give treatment involving the provision or remake of dentures under the National Health Insurance Scale, is as follows:-*

*“(1) A ”Spens” Committee to report generally on the remuneration of general dental practitioners in a public service is required in any event, for long term reasons and steps to set it up will be taken at once.*

*“(2) The application of the Committee’s recommendations to any particular service, such as National Health Insurance, would be a matter for negotiation with the interested national organisations and discussions to that end would be initiated as soon as the report had been received and considered.*

*“(3) The Ministries will not enter into any negotiations On scales of fees until satisfied that the policy of the dentists referred to above has been abandoned and they are no longer discriminating in accepting dental letters according to the kind of treatment required by the patient.*

*“(4) Apart from (1) and (2) above, it is still open to the national dental organisations, in accordance with the understanding reached when the present National Health Insurance scale was introduced in 1944, to apply for a revision of that scale, or of the relation between different parts of the scale, on the ground that economic conditions MS167 have changed since 1944, but the Ministries would take no action on such application unless satisfied as in (3) above.*

*“(5) Unless the Ministries are satisfied under (3) by the date of the next Dental Benefit Council meeting - Thursday 14.2.1946 - it will be necessary to consider at once the setting up of Dental Clinics in appropriate places for the provision of treatment to insured persons.*

*“A letter has been prepared to go the the Dental Organisations, their Branches and officials, and to those known to be engaged in the concerted refusal mentioned. The letter would be signed by Messrs. Senior and Condry and an official of the P.D.S.A., probably the new secretary, Mr. Robertson Ritchie. It was made clear that there still existed the right of individual dentists to take part in the provision of dental benefit in N.H.I. but it was the concerted refusal and the selection of items which constituted a breach of the Regulations, against which the Ministers were protesting.*

*“Approval of the. Organisations for the officials to send the letter was sought. The General Secretary also explained the matter to the Council. At the earlier meeting with the Ministry they had been told that what appeared to be the acceptance of the scale by the profession in 1944, notwithstanding the known objection to the Scale, constituted an agreement to. work it. The Ministry felt that if the profession could not honour this agreement it was no use entering into another agreement which might also not be observed.*

*The position clearly is that negotiations will not be commenced unless something is done in the matter and this would prejudice not only those engaged in concerted refusal, but also that great mass of dentists who have the right to look for a revision of the present Scale. MS168*

*Mr. Senior was thanked heartily by the Council for his attendance. After his withdrawal the Council authorised the General Secretary to append his name to the proposed letter.”*

Now let us examine the very instructive details which are available in this heart-rending document which really reads like the unsettled vapourings from Hitler’s unhallowed grave.

First the preamble - why should Senior bring these papers, which by the way are not given in the report, in person to the I.D.S. Council. Was Condry afraid? The main points there seem to be that the Ministry called Condry, Senior and Atkins at about an hour’s notice to give them the ultimatum regarding concerted action. There seems to be some confusion about the Dental Consultative Committee and “The Three Musketeers” (ie. Secretaries). This confusion suggests questions - is the consultative committee the three secretaries? Are they consultative or executive? Are they for or against the profession? At any rate this trio seem to be assisting the negotiations but the profession has no right to know the facts. The permanent officials of the Ministry had indicated that they were very worried about this concerted refusal and they are making no bones about it so they issue this five point ultimatum which should be studied very carefully by every member of the profession.

Point 1. A “Spens” committee is to be set up to investigate Dentists’ Incomes in the Public Service. Why all this palaver when the public Dental Officers Salaries are already available through various channels? If it means panel practitioners these figures should be available from the Income Tax Offices. We all know how the Government actually works, it can prove anything costs what it wishes - take the cost of living actual MS169 and according to Government statistics, you all know how he treated the panel fees in the past. There is no doubt that a “Spens” committee applied to dentistry will not be to our good. Furthermore the Chairman of the “Spens” medical committee requested six months’ rest before taking another similar job.

Point 2 Is a veiled threat that the negotiations will only take place with the national organisations (via, no doubt, the three musketeers) but - and mark this - negotiations would not be initiated until the “Spens” committee report had been received and considered which would take about two years at least. It is obvious from this we may hope for no immediate success in our negotiations through the D.B.C., there is also no doubt that the Group Movement is giving someone a headache.

Point 3 Calls for a ‘call off’ of the strike, put in rather cute but unconvincing language. If all dental letters were refused that would be easy, then he would have the excuse for starting

clinics, but dentures and remakes!!! That seems to trouble the officials. Note that here there is no question of concerted action but it specifically mentions 'the policy of the Dentists referred to above'. This seems to suggest that as long as there are dentists refusing N.H.I. letters in any area he will not negotiate. Yet we were only asked to suspend concerted action by the Joint Committee of Dental Associations. On the other hand a Society only pays Dental Benefit out of surplus, i.e. profit. If there is no profit there is no Dental Benefit. Surely it is wrong for the dentist not to be able to refuse a case that he cannot undertake without a loss? The wording of this paragraph is dangerous and should be examined with especial care. MS170

Point 4 Gives expression to the statement that our Societies or their instruments could have asked for a revision of the recent imposed scale of fees, at any time in the last two years. Their negligence in this respect is a betrayal of the profession's hopes and wishes so often expressed by their members. The nasty part of this paragraph shows that the Minister will not budge from the present scale unless we can show that economic conditions have changed since 1944. Verily an improbable talk seeing that a Government actuary will be the yard stick of comparison.

Point 5 Says no negotiations on February 14th unless satisfied under (3) and further he will consider setting up clinics in the affected areas. Point 3 refers to 'Policy of dentists' yet the J.C.D.A. letters of 25.1.1946 refers to the 'concerted refusal of dentists'. Two totally different aspects. The latter is a declared policy by a group or body of practitioners who have apparently lost the right to refuse a dental letter by some regulation or other as yet unpublished.

The rest of the quotation above is comment by the I.D.S. secretary and shows a biased view of the ultimatum emanating from what would appear to be a benevolent Ministry. On this we refrain from further comment as the kindly disposition to aggressive dictatorship is clearly shown.

All groups should go through this matter very carefully, as there is much therein which clearly indicates the difficulties that beset the profession at the present juncture. Therein is a real reason for Group formation and unity [on group levels. Already we are a force to be feared and we must gain strength unless we are to become nationalised slaves or form fillers in the near future. MS171

18.7.1946. The meeting considered the report of the negotiating committee. This was to be treated as confidential till it had been agreed by the D.B.C. It was not to be regarded as relating to a National scheme under the Health Act. I Although the scale was considered inadequate it was decided to recommend it to the constituent organisations.

24.7.1946. A meeting of the D.B.C. considered the scale of fees and a report was sent to the Ministry, but it could not be published till the Ministers had considered it.

9.8.1946. I received a telegram:- URGENT SPECIAL MEETING J A D C WEDNESDAY 14th AUGUST 5 PM STOP MINISTRY REJECT PROPOSE SCALE STOP MEETING TO CONSIDER ALTERNATIVE STOP URGENT YOU SHOULD BE THERE. SENIOR.

A few days later the negotiators, Bishop, Condry and Lever accompanied by Atkins, Flitcroft and Senior were called at short notice to meet the Minister of Health with several

members of his department. He announced that he was not prepared to accept the report of the Negotiating committee, but he proposed as an interim measure an increase of 50% on the pre-war scale, and that he would ask the Spens Committee to examine a more permanent settlement until the end of the present insurance arrangements. The dental side protested and told him that they saw no way of the profession accepting the proposals. This information was included in a note of explanation to members, and the date of the next meeting was chosen because many of the members would be in London in connection with the Unity meeting earlier in the day.

14.8.1946. This matter was reported in detail to the J.A.D.C. and a letter setting out these terms was read by the Chairman, J. Lauer, the debate resulted in a reply objecting to the Spens findings being applied to the present scale MS172 and refusing the 50% increase. Then they passed a mild resolution advising constituent organisations to examine their attitude towards participation in Spens. Further discussion resulted in a decision to take no action but to await further information from the Minister.

The next morning I had a letter from Duckworth who said

*"I have had tonight a short verbal account of the J.A.D.C. meeting. I am so ruddy mad that I can hardly write coherently. What the hell are we to do with a body like the J.A.D.C.? As far as I can see, there is only one way - to get someone to spill the beans as to exactly who are the flies in the ointment. But that is easier said than done. I am so sick of the whole business that I wish I had never taken up this political game.*

*"The fools cannot see that they are playing straight into the Minister's hands especially for the State Service. I consider that, by taking up a negative attitude, they have let the profession down once more . . .*

*Yours, fed to the impacted molars"*

My reply was that the J.A.D.C. had done a good job in its refusal, and as an advisory body with no legal standing in the N.H.S. could hardly be expected to do more, therefore it was up to the Groups to take the next move.

11.9.1946. The J.A.D.C. really got busy at this meeting and advised its constituent organisations to ask their members not to participate in the D.B.C. or Spens or not to accept dental letters at a lower fee than had already been suggested by the D.B.C., whose scale had been turned down by the Minister. This recommendation and the scale were circulated to all dentists, together with large notice to be placed in the waiting room. The real difference in the two scales was the denture fee, J.A.D.C . £9.9.0. and the Minister £7.15.0. for full upper and lower, MS173 most of the other items were similar on both scales. About the same time the D.B.C. sent around a booklet with the new scale and conditions of service, this was obviously at the direction of the Minister as there had been no notice of agreement by the dental side; many notices were flying about and a series of meetings were arranged so that the members of the profession could be informed fully on the position in various parts of the country.

25.9.1946. I wrote to the Secretary of the D.B.C. asking why the council had circulated these instructions which had not been approved by them. The reply was that James Griffiths had so instructed the D.B.C.. Further pointed enquiries about the legality of the issue were avoided with a statement that this was a constitutional matter and should be raised at a

meeting of my professional organisation. And that was as far as I could get.

26.11.1946. This was the most disturbing meeting that I have ever attended. On arrival at 13 Hill Street there was, on the table, a document of six foolscap pages which we were given twenty minutes to read. At the end of the meeting these pages were carefully collected by officials as they were headed STRICTLY CONFIDENTIAL. I refused to hand in my copy which is now in the B.D.A. Library. This document was headed '**Statement of Government Proposals**'. It was heavy reading. Briefly it referred to a meeting on 18th November with representatives of the dental profession. (These were Condry, Lauer and Senior whom I termed The Three Musketeers and according to the special Group Circular on the J.A.D.C. at other meetings in the following days included Attkins, Bishop and Flitcroft who were the executives of the D.B.C.). There was no mention of the other meetings. It appeared that both sides were willing to find a solution to the impasse. The Government's difficulties were two: i) they could not agree to an increase of 100% in the rate of remuneration without clear evidence; MS174 ii) that the surplus funds would not be sufficient to raise the money, which would have to be found by the Government or by the patients. They had therefore made regulations giving a 50% increase over pre-war fees. The difficulties on the professional side were understood to be i) That the scale could not provide an adequate service or equitable income. ii) They did not see why they should submit to some form of enquiry other than the D.B.C. iii) It would be unjust to await such an enquiry before receiving an increase in remuneration. iv) They felt a lack of confidence in the Government. The Spens Committee was to proceed as soon as possible and its findings would be used to decide what was a proper remuneration now in the N.H.S. and later under the Health Act. Although it was a difficult matter to arrange the appropriate additional income it could be calculated, and a statement would be made in Parliament as an assurance of fair treatment, and to obtain from the Exchequer sufficient monies to cover the deficiency.

At 2.20 the meeting opened and Sir Arthur Rucker, Deputy Secretary to the M.O.H. was introduced. His address, which was much more conciliatory than the document already mentioned, was in milder of dictatorship and was circulated with the minutes of the meeting. This was to explain the offer and questions were invited. There was a very general discussion. I asked two questions of our visitor, relating to impositions and dictatorship but was very firmly shot down in flames by the chairman, Lauer, who obviously was protecting the Man from the Ministry. The meeting then had a further discussion after Sir A. had retired, this was very heated and only Hebling and myself appeared to be against the motion that we accept the offer subject to approval of the public statement and advise the profession to cease refusal of dental letters MS175 forthwith. The matter was to remain confidential till the statement in Parliament and the issue of a letter on the 5th December. This letter caused consternation among the dental profession and meetings were held by the Groups all over the country which showed that there was no general acceptance of the offer. The letter is reproduced in toto to show the full details of the J.A.D.C. attitude at that time.

**JOINT ADVISORY DENTAL COUNCIL**

British Dental Association  
 Incorporated Dental Society  
 Public Dental Service Association

13 Hill Street,  
 London W 1  
 5 Dec 1946

**DENTAL BENEFIT SCALE OF FEES**

*The Joint Advisory Dental Council met on Tuesday, 26th November when the following offer from the Government was considered:-*

*1. They will make an immediate statement in Parliament on the following lines:-*

- (a) As soon as the Spens Committee reports, the Government will immediately enter into negotiations with the dental profession with the object of arriving at an agreed scale of dental benefit fees for dental practitioners now engaged in health insurance practice and also, of course, with the object of settling remuneration under the new Health Service.*
- (b) This negotiation will take place whatever the nature of the Spens Report and even if there was not an agreed report. It is thought, however, that once the Spens Committee has reported, the negotiations will not take long. MSI76*
- (c) The Government will undertake as soon as a scale is agreed to ask Parliament for authority to pay out of the Exchequer any money necessary to enable dentists to be paid retrospectively the difference between what they will receive under the current scale and what they would have received had the now agreed scale been in force from a date to be agreed. It will be seen that this offer contains three guarantees to the dental profession.*

*First, that the Government's assurances will be made in Parliament and so carry implicit Parliamentary approval.*

*Second, that whatever additional remuneration may be shown by an impartial enquiry to be justified, the money for that remuneration will definitely be found. The dentists will not have to rely on getting it either from the approved society or the insured person.*

*Third, that the offer is a retrospective offer which means that the dentists will not lose financially by the inevitable delay in obtaining the Spens Committee Report and the payments under the current scale will be regarded as an instalment of any payments which are eventually agreed."*

*The Joint Advisory Dental Council was of the opinion that the offer went far to resolve the matters in dispute in that it would:-*

- (a) give dentists a voice in what remuneration they should obtain;*
- (b) restore confidence in negotiation;*
- (c) Provide a satisfactory service in the ultimate for insured persons;*
- (d) give a reasonable prospect of attaining in the final event total remuneration not lower than that which would have been produced by the rejected scale with the distinct possibility of a greater total remuneration; MSI77*
- (e) mean that the payment of any increase in remuneration as agreed will be guaranteed*

*irrespective of whether any funds are available from approved societies, i.e. it will be paid out of Exchequer Funds.*

*The Joint Advisory Dental Council therefore, resolved to recommend the profession to resume acceptance of dental letters as from the date of the circular.*

*The Ministry of National Insurance is requesting approved societies to keep details of dental letters accepted and cleared as from the date of this settlement and you are advised similarly to keep a list of dental letters which you accept from this date showing - (1) name of society; (2) name and number of insured person; (3) total cost of treatment.*

*Conditions of Service. In the course of the negotiations which led to the above settlement, the need for a review of the regulations and conditions of service was recognised and the Government will support a request to the Dental Benefit Council to set up a committee for that purpose.*

*Police! Public Assistance, Ministry of Pensions, Emergency Medical Service, Navy, Army, Air Force Dental schemes etc. The settlement relates solely to Dental Benefit patients and it is not automatically applicable to the various schemes mentioned above. Joint Committees are advised to initiate negotiations locally with Police and Public Assistance Authorities, centrally the Joint Advisory Dental Council will be glad to assist local effort. The Joint Advisory Dental Council will negotiate with the Government Departments in connection with the other schemes referred to. In the meantime dentists are advised to undertake service in connection with any scheme to which the Dental Benefit Scale of Fees is applied as the standard of remuneration only where there is provision made for retrospective payment on the lines of the settlement in connection with Dental Benefit patients. MS178*

*In conclusion the Joint Advisory Dental Council is satisfied that acceptance of the offer, which is tantamount to arbitration, is in the best interests of the public and of the profession and that the stand taken by the Joint Advisory Dental Council has been abundantly justified.*

*On behalf of the Joint Advisory Dental Council, we are,*

*Yours faithfully,*

*J. LADER (Chairman)*

*A. E. CONDRY*

*H. BROUGHON*

*W. G. SENIOR (Hon. Secretary).”*

**23.1.1947.** This was the last meeting of the .J.A.D.C that I attended. The Secretary, W.G.Senior, resigned and there were four other resignations also. Condry acted as temporary secretary for the meeting. The discussion about the decision was long and most of the members were adamant about their decision. I asked why no note of the questions I had put to Sir A. had been included in the minutes, but did not get a satisfactory answer. The reports from the constituent associations were: B.D.A. Representative Board against the settlement by 44 to 11, the I.D.S. for by 20 to 6, and the P.D.S.A. for by 20 to 2. There were varying comments from many districts but the reported ones were mostly in favour. The final decision was to reiterate the advice already given.

The J.A.D.C. did not send me any further notices of meetings although I was still voted

on the Council by the I.D.S. at the January Head Council in 1947. MS179 There is no doubt in my mind that I had been too outspoken against the settlement and that was not in accordance with the general feeling of the other members.

That was almost the end of the power of the J.A.D.C. which ceased to exist on June 5th in the following year with the commencement of the National Health Service under the 1946 Act. In the February circular some 9 groups were refusing Dental Letters and only 9 accepting, which illustrates the loss of prestige of the J.A.D.C. MS180

### The British Dental Association Representative Board 1944-1953

7.1.1944. The Editorial of the British Dental Journal carried a very favourable recommendation for acceptance of the new Scale of Fees which had Just been imposed by the Minister of Health, through the J.A.D.C.. This scale promised to increase the dental earnings by 28½% but that included the temporary increase of 25% but as a war time addition.

5.2.1944. I had been elected a member of the Representative Board by the Wessex Branch and this was my first meeting. In the discussion on the Scale of Fees I demanded why the official organ had been so enthusiastic about these fees and recommended their acceptance when the Representative Board had not even debated the matter. The soft answer was that the J.A.D.C. had recommended the Scale and this had been endorsed by the Council. Later, on a resolution to accept, I stated that the memorandum circulated to members had given a figure of 1. 3 fillings per dental estimate, and that with an increase of 3s 0d per filling, and a decrease of 7s 6d on a pair of dentures was not likely to produce an increase. Of the total of monies spent in the National Insurance work, 88% was spent on dentures. Thus the custom seemed to be that the Ministry increased the unpopular item and reduced the popular one thus creating an overall saving. In spite of this argument, a resolution of acceptance was carried (B.D.J. 18.2.1944).

On account of my obvious interest I was rewarded by being appointed on the Insurance Acts Committee. This gave me an insight into the workings of the Insurance Societies and the Government in its relationship to the eventual Health Service. MS181

The Board at this time held its meetings on Saturday, with the committee meetings on the previous Friday. The papers circulated on various topics came with the Minutes of the previous meeting and agenda; there were reports of various Joint bodies and negotiations which ensured that the meetings took most of the day.

22.4.1944. One of the items was the report of the witnesses to the Inter-departmental Committee. The Committee had refused a request to supply a verbatim report of the proceedings.

There was a manifesto by E.Samson on 'The Free Private Practitioner' which was referred back to Council for redrafting. The result of the Referendum on Unity was produced. There were two questions: one for the admission of 1921 men, this gave 2,066 for and 1,488 against. The other for the admittance of doctors not on the dental register gave 2,840 for and 706 against. This was accepted as a vote at the previous A.G.M. and they way was now open to negotiate with the other dental associations. There was a proposition to appoint a public relations officer which was passed to Council for action. The many reports from sub-committees were adopted, usually without comment. (B.D.J. 5.5.1944).

13 & 14.10.1944. The meetings had, owing to the amount of detailed business, been extended to cover two days. The early part of the proceedings were taken up with questions which were interesting but usually received the soft answer, but on occasions they were illuminating. A reply was received from the P.D.S.A. that they were ready to negotiate on the matter of Unity. The result of the referendum on Unity would require to be confirmed

by a vote at an Extraordinary General Meeting. The Trade Union stated that the present wage of dental mechanics was £4.10.0d including the war bonus of £1, this should now be agreed as a new minimum at £5.10.0d. The Insurance Acts Committee was about to consider the conditions of service. It was reported that some damage had been sustained to the top floor of Headquarters by a flying bomb which landed in Berkley Square. MS182

27.1.1945. The Secretary reported that, at the Request of the Ministry, Representatives of the three dental societies had been called to discuss the proposals for the new Bill. These were set out in a paper N.H.S.(44) 10 and there was little evidence that the views of the profession were much to the fore.

14.4.1945. The B.D.A. circulated, to all dentists on the register, a confidential memorandum on the discussions with the Health Ministers. This outlined the shape of the Government's proposals for the Health Service. This was a 7 page foolscap printed document and was fairly accurate in its forecasts.

28.4.1945. The Insurance Acts Committee had suggested a minimum scale of Fees and set of conditions of service which were to act as a basis for discussion. This was accepted by the Board. A statement was issued on the ministerial discussions. Objections were made to the procedure of embodying general principles in a Bill and leaving the Conditions to be defined afterwards by regulations. Free choice of dentist must be maintained. Whereas no form of treatment was excluded, the Minister did not contemplate a complete service as existed in private practice today. A scale of fees in an itemised service was bound to have a deleterious effect on the service as a whole. The J.A.D.C. had reported that, in response to the complaints in the profession, it had agreed to try to recommend an increase to the Ministry. This was with the scale suggested by the Insurance Act Committee.

29 & 30.6.1945. In accepting the report of the Insurance Acts Committee the Board agreed that, by so doing, they had rejected the J.A.D.C. Scale of Fees. There was a resolution to give financial assistance to any member who became a member of Parliament, but after discussion this was dropped. There was a suggestion that as the B.D.A. was the largest body of the dental representatives we ought to have a similar proportion on the Joint committees, this was agreed. Council recommended that in negotiations with the government, if the other bodies did not agree with our policy, we should dissociate ourselves so that our policies should be unfettered MS183 by them. It was decided that a grant-in-aid scheme should be the basis or remuneration for dentists in the Health Service. That the dental officer should be the administrator assisted by an advisory committee. At this stage this was just wishful thinking as these two principles never were admitted by the Minister.

28.9.1945. The Board heard that, owing to the recent Bill, it was now illegal to use the title 'Nurse' in reference to the dental attendant unless she was on the register. The Minister had not included the dental nurse in the list of persons entitled to use this name. By this time many members of the Group movement had been elected to the Board and the subject of the Groups came up for discussion. The Board agreed with the policy of the Groups and their method of disseminating information to the profession. J.E.H.Duckworth, the secretary of the London Group Committee, had become a member and was very active in the political discussions.

25 & 26.1.1946. Among some 30 items of business it was reported that the Scale which was approved by the Insurance Acts Committee had been accepted by the J.A.D.C., but the government was not prepared to negotiate while what was termed a 'Dental strike' continued.

4.5.1946. The committee on Research reported that they had under consideration some investigations of the possibility of establishing, through the British Standards Institution, specifications for high expanding types of dental investments and for dental hypodermic syringes. But no effort was being made to ascertain the cause of dental disease which was a matter of concern to all members of the public. The Council came up with a strong resolution against the new Bill. This was passed at a number of meetings of other bodies including a mass meeting of the Metropolitan Branch with about 900 members present. It stated that: "*The members of the Dental Profession here assembled while approving wholeheartedly the principle of a comprehensive health service for the Nation, within the framework of which dental treatment is to be included, consider that the proposals relating to dentistry* MS184 *contained in the National Health Service Bill are contrary to the public interest and so inimical to the profession. They, therefore, pledge themselves to support such amendments to the Bill as will ensure the provision of a dental service under conditions completely acceptable both to the public and the profession and will participate in the scheme on the appointed day only if the regulations to be made under the Act do in fact make such a service possible*". Such then was the attitude at that time but it was not proved realistic on the appointed day.

1.7.1946. There was some comment about the delay in getting agreement on the new scale of fees, but as usual very little action resulted owing to the fact that there were too many committees dealing with the matter. The new scale could not come into force until it had been incorporated into the regulations by the Minister.

25 & 26.10.1946. There was a complaint about a member who had demonstrated in his surgery to reporters of the Daily Mail his method of fillings under hypnosis. This resulted in an article on 24.3.1946 with photographs and a claim '*to have stopped a thousand teeth in the last twelve months with the complete absence of pain*'. For this a member was admonished and expressed contrition. The Board reported that action had been taken to secure consideration in the House of Lords of the amendments proposed to the Bill. This again was in fact wishful thinking. The Board recorded its complete approval of the action of the J.A.D.C. on its firm stand on the matter of fees. The Secretary referring to the debate in Commons on the previous day, the Minister had stated that the Spens committee which was discussing fees was held up because the dentists refused to serve on the committee. This was completely untrue and we would tell the Minister so. He had given the House a very different MS185 reason from that which he had given dentists for his refusal to accept the proposed scale.

21.12.1946. A special meeting to consider the position in the fees dispute put forward the following resolution: "*That the Representative Board of the British Dental Association desires to register its strong condemnation of the action of the Joint Advisory Dental Council in so far exceeding its remit as to come to an agreement with His Majesty's Government without first exercising the advisory function for which it was constituted.*" The voting was 25 for and 21 against. This showed that there was at this time a very divided

opinion in the ranks of the representatives of the profession. This in spite of the recent addition of a number of keen Group members on the Board.

3.1.1947. This was a special meeting of the Representative Board to consider the scale of fees position requisitioned under Article 33. There was a long and heated discussion, in which the recent meetings with the Government representatives were recounted. The resolution of the meeting of 21.12.1946 was repeated. This meeting did nothing to make the members feel comfortable with the attitude and actions of the Minister. This meant that the Association had now affirmed its previous advice to members not to accept dental letters.

24 & 25.1.1947. There were several questions about the J.A.D.C. action and the Scale of Fees but little further had transpired. I was relieved from my duties on the Insurance Acts Committee and put on the Defence Services Committee - this was an almost redundant body as the war was over.

The Board in the discussions of the Health Act carried a resolution on the proposal of W.Peebles and myself as seconder that *"Having received an outline of the Government's proposals for the provision of dental treatment under the National Health Service Act, the Board notes with grave concern the MS186 absence of many provisions which the policy of the Board requires precedent to participation in the scheme. The Board is of the opinion that the time has come to invite the Head Council of the Incorporated Dental Society and the Central Committee of the Public Dental Services Association to meet jointly with the Board to discuss the serious position which has arisen. For the purpose of such conference the Board now reaffirms its policy of non-participation in the absence of grant-in-aid and other such principles as will provide a full dental service for the public, and further requests the Council to prepare a considered statement for submission to the conference, explaining the aspects of the scheme to which the Board objects."*

There was discussion about the membership of joint committees and it was agreed that the B.D.A. should have an increased number which represented the relative number of members in the respective bodies, ie. B.D.A. 14, I.D.S. and P.D.S.A. 7 each. I lost an amendment to this resolution in which I wanted the members to advocate and support the policy of the Board at all times.

16 - 20.6.1947. The second Annual General meeting of the B.D.A. was held in Bournemouth and, with the restrictions of wartime somewhat eased it was very successful. At these Conferences the business of the board was usually kept to a minimum, so decisions were not in the fore. One recommendation was accepted and was to set up a Group within the Association for hospital Dental Officers, which is still flourishing. The national Dental Services Committee had supplied a very comprehensive memorandum at a previous meeting which laid down the principles which should govern the Specialist Services in the Hospitals

30.10.1947. The Inaugural meeting of the Hospitals Dental Group was presented with a memorandum based on the previous one. This dealt with the somewhat inadequate set-up at present in being in most Hospitals. To a large MS187 extent the work was then restricted to gas extractions with limited equipment and accommodation. The practice of the dentist having to give his own gas was all too common owing to the inexperienced house surgeon. The provision of dentures from the dentist's own workshop was sometimes supplied gratuitously or

at a reduced fee through the almoner's office. The whole service needed improvement particularly in the surgical approach.

**31.1.1948.** The Council, after considering reports from its representatives on the D.C.C., summarised the main principles without which a National Service could not be deemed acceptable. These were:

- i) The three freedoms, freedom of patient to select the dentist of his choice; freedom of the practitioner to participate in or remain outside the scheme and freedom to exercise clinical judgment. All of these have in some measure been curtailed.
- ii) Provision of a full and comprehensive dental service, coupled with a liberal expansion of educational facilities.
- iii) Grant-in-aid system.
- iv) If devaluation of private practices was occasioned, adequate compensation should be made.

In the absence of an assurance from the Government on these points the Association will not accept any proposal for a National Service.

- v) The patient to accept all necessary treatment as a condition of receiving benefit.
- vi) Terms of service should not perpetuate undesirable features of the old Dental Benefit Regulations, but the accepted features of private practice.

Discussions with the Minister had revealed that there would be limited clinical freedom. **MS188** No compensation would be considered. Comprehensive treatment would not be made a condition. There would be no concessions in the undesirable features. Thus at a very early stage there seemed to be a complete deadlock in the negotiations with the Ministry.

The other bodies had shown their intention of using the V.A.D.C. to Negotiate on remuneration and would not agree to a reconstitution of the B.D.A. requirement of numerical basis.

The Mechanics' wages were now £8.0.0., (the war bonus of £1 was included).

**20.6.1948.** A special meeting of the Board approved a report of the N.H.Services committee which stated, "*Having regard to:*

*1. The inadequate time allowed by the Ministry for the negotiations for remuneration of a dental practitioner in the National Health Service, resulting in many items of the scale of fees being arbitrarily determined by the Ministry without due discussion.*

*2. The statement by the Minister that the proposed scale of fees has not been based upon reliable figures but has been drawn up hurriedly to enable the service to start on July 5th.*

*3. The statement by the Minister that an immediate start will be made to collect evidence to review the time factors on which the proposed scale has been built, with a view to immediate amendment, if necessary.*

*"And further, that before the end of the first year the other enquiries will be completed into other variable factors in order that the scale may be further reviewed."*

*"The Remuneration Committee of the British Dental Association would state that it has not agreed in any way to the whole scale nor any individual item of it since the whole scale is temporary and affords no security to the **MS189** profession. In consequence, the Committee is quite unable to recommend the scale of fees to the Board or to the membership."* The general

policy previously agreed had not softened the Minister and as a consequence the Board stated categorically that the refusal of acceptance of these principles made it impossible to recommend its members to take part in the Health Service.

19.6.1948. Round about this time there were many meetings of committees, groups and other interested bodies, including an Extraordinary General Meeting of the B.D.A. at Birmingham, all passing resolutions against acceptance of the terms of service and scale of fees. There were many leaflets and instructions about the service which explained to members the complicated procedures if they were caught in the meshes of the Service with its many investigating committees, and against which the practitioner had very little redress. There was an article by H.Parker Buchanan, the Dental secretary, entitled. **‘Why dentists fight the Health Act’** (Daily Mail 7.5.1948).

All this activity did not however stop the steam roller effect of the Act itself, which came into being on July 5th when most of the protesters were tempted by the apparently high fees, which did not last, as within a very few months many savage cuts were made in the scale.

There was one more indication of changing times, the Board decided that the Annual subscription should be raised to £5.5.0. Inflation had started but at that time it was so mild as not to create much argument.

30.10.1948. A resolution was carried *‘That this Board recognises that a large proportion of the profession had undertaken service under the Health Act. The Association, however, having founded its policy on matters of high principle discussed over a protracted period and endorsed by an overwhelming majority of the members, adheres to the view that the present Service is detrimental to the welfare of the public and the profession. The Board desires to make it clear to every member, having given due weight to the advice of the Association, must judge for himself whether he can enter the Service. The Board instructs the Council to continue its efforts to obtain conditions of service compatible with the dignity of the Profession and the Welfare of the public.’* To this I put forward an amendment that the words *‘has undertaken service’* should be replaced by *‘has been forced to undertake Service’* but it was lost.

There were many other ramifications of the work in connection with the Act, the school services and the hospitals also took a great deal of argument. At this meeting we had to consider the first report of the Amalgamation Drafting Committee which reviewed the differences in the organisation of the three associations and recommended how these could be reconciled in the new body. There were at that time the following number of members:

|              |                       |                         |                           |
|--------------|-----------------------|-------------------------|---------------------------|
| B.D.A.       | 7024 members          | 6724 licentiates        | 300 dentists 1921         |
| I.D.S.       | 3524 members          | 600 licentiates         | 2921 dentists 1921        |
| <b>Total</b> | <b>10,548 members</b> | <b>7324 licentiates</b> | <b>3224 dentists 1921</b> |

The P.D.S.A. was not included in this list as most were members also of the other associations.

3.12.1948. The secretary received a shock, in the form of a letter from the Ministry, that some dentists in single-handed practices were earning total fees in excess of what could reasonably be expected. It was propose therefore that from 1st February next any payment which exceeded the rate of £400 per month would be reduced by half of the amount over that

sum. This was a most MS191 unreasonable cut when the dentists had been working overtime to overcome the backlog of dental neglect for which the public had demanded treatment. There were only about 100 dentists in the calculations. The Ministry promised that, in order to stem this abuse, they proposed further regulations and that a review of fees would be made in the light of the actual average times taken by dentists. This meant that a new, lower scale of fees was contemplated.

29.1.1949. The remuneration Committee reported a meeting at the County Hall, Westminster, about Public Dental Officers' salaries, which was attended by members of the National Association of Local Government Officers who were trade union representatives. The dental side made a strong protest about the non-professional representatives but to no avail. This added to the complication and confusion of the set-up. More sub committees and more discussion was added to the machinery. The Board registered a strong protest at the arbitrary nature of the Statutory Instrument 1948 No.2803 which incidentally omitted the words '*together with one half of any authorised fee in excess of that sum*'. This virtually made the regulation meaningless and had to be corrected by a further Regulation later (S.I. 1949 No.48).

29 & 30.5.1949. A question was asked if the Board knew that those practitioners who had not joined the service on the appointed day would lose their rights in pensions. This appeared to be a punitive exercise on the part of the Ministry and the Insurance Acts Committee would look into it. The Remuneration Committee had held several meetings and discussions with the Ministry. There were many and complicated matters. It appeared that the net income of the dentist was calculated as 48% of his gross, the 52% being his expenses. The former figure therefore was the one on which his pension would be calculated. There was some disagreement about the betterment factor which was the supposed rise in incomes since before the war. The B.D.A. MS192 calculated that the nett should be about £1,770. This was about what Spens had recommended, brought up to date. Thus the Committee had to calculate the items of treatment on a basis of time taken so that in a year of 1,500 hours at the chairside a dentist could earn this amount. This gave an average of £1.3.8. per hour plus 52% for practice expenses. To complicate matters further there was a different ratio in calculating the expenses of mechanical work. Eventually the Minister drew up a scale which was a reduction on the original scale by about 30%. The Health Acts Committee dealt with several points of procedure, and one that partial dentures could not now be supplied where a patient refused to have conservation work completed. At this point I resigned from the Defence Services Committee as it seemed to be useless now War was over.

20.6.1949. The Council had issued a statement to the press, the Journal and secretaries of Branches: "*That the recent decisions of the Ministry of Health which demonstrates the insecurity for a dentist in the National Health Service have resulted in many enquires from members of the Association as to the line of action they should take.*" It went on to state that it could only reiterate the official policy of the Association and it was up to members to decide as individuals whether to give service or not, but if a practitioner felt that he could not give the high standard of treatment which he could give in private practice he should give notice and have his name removed from the Executive Council lists. Enquiries had established that, for those who had not joined the service on the appointed day, there would be

an adjustment of their pension as only those who had so done were entitled to have their old age pension as well as their pension from the Service. There was a resolution from the Public Dental Officers Group stating **MS193** that they were concerned with the increase of oral sepsis and suffering among school children. This was a direct result of failure on the part of the Ministries to provide adequate facilities for treatment of these classes.

28 & 29.10.1949. The Health Acts Committee had produced a detailed plan for a grant-in-aid scheme, and were asked to investigate continental methods. As there was little hope of persuading the Minister to accept such an idea, this was a complete waste of time. The Dental Services Committee reported that a number of complaints had been received about the treatment accorded to members by the working of the Services Committees. The Amalgamation Drafting Committee had circulated its final report and discussions were now required to finalise the terms. The Monopoly Commission had requested some information on the state of the dental traders, the reply was that the Association was satisfied with the dental supply position and that a fuller answer would follow. Copies of the Penman Report had been circulated, this was the committee to work out the times of the various items of dental treatment. It was generally felt that these figures had justified the original scale for the major items of treatment, as far as dentures went the timings were considerably less. The Penman Committee insisted that at all events a balanced scale must be maintained. This idea of a balanced (sic) scale had been used in the past to increase the fees on the infrequent items and decrease those more common. The Government still felt that dentists were earning too much. The position with regard to the dual pension rights had been clarified: those who joined the scheme later would not be entitled to both pensions. In this matter I was lucky, although I had held out from joining the Service for some months I was in fact transferred as a Hospital Officer and thus **MS194** qualified for both. This was a flagrant case of the penalising techniques applied to force men to join a service in which many had no confidence. The Board decided to send a notice for display in waiting rooms that "*A dentist is not obliged to accept any individual patient, and if accepted the patient must sign the appropriate form, otherwise he will be regarded as a private patient and be liable to pay*"... The Estimates Board were now refusing to pay for plastic inlays, these were very satisfactory when used in the front of the mouth as they could be colour matched, and were much better looking than gold.

26.11.1949. The Extraordinary General meeting to adopt the new constitution and include the other two dental associations in its ranks, was held at the Kingsway Hall, London, at 10.30 a.m. There was a large attendance and, in spite of some opposition from the die-hards, the motion for amalgamation was carried by a very large majority. For legal reasons the effective date of Amalgamation was 30.11.1949.

10.12.1949. There had been press reports of a speech by the Minister in which he was alleged to have said that dentists had made a harvest out of the National Health Service but that he had taken 20% off their scale of fees and would shortly take more. Protests had been made by all three dental societies but were met with the reply that no credence could be placed on the newspaper reports. There had been overlapping in the work of some of the Committees so it was agreed that a General Dental Services Committee should be set up. It was announced that the Estimates Board was now allowing approval of acrylic faced inlays for

front teeth. They had also abandoned their ruling that only one fee was payable for conserving a deciduous tooth during the lifetime of that tooth. MS195

28.1.1950. The Health Acts Committee sent a lengthy memorandum to the Minister in which they pointed out some factors in the operation of the Services Committees considered to be oppressive. These committees often penalised a dentist, particularly if the local secretary happened to be officious, as did happen in some cases to my knowledge. A reprimand to a dentist, especially if undeserved, was likely to be very harmful to a reputation in the locality in which he practised. It is doubtful if the Minister took any real notice of this report.

Discussions on the Penman report were now beginning to bite, and the Remuneration Committee was having difficulty which they summed up in the words '*From the attitude adopted by the Ministry it was clear to the negotiators that the Ministry is under considerable pressure to reduce the earnings of dentists at as early a date as possible*'. There was a long report on the salaries of the Local Dental Officers, which were not considered to be adequate.

22.3.1950. The Council viewed, with grave concern, the failure of the N.H.S. to provide a guaranteed dental service for the priority classes, i.e. school and under school age children and nursing mothers. It sent out an urgent request to all members and the press that all dentists however over-worked should provide this service as a special effort. This was the only way to maintain a healthy population, as to date too much stress had been placed on the middle-aged and elderly. (Those were the voters and the non-voters were not so politically important).

21 & 22.4.1950. The Remuneration Committee produced two opinions:

- 1) That they could see no useful purpose in continuing negotiations under MS196 existing conditions;
- 2) That it was not advisable to enter the Whitley Council machinery owing to the danger of continued unilateral action on the part of the Ministry. (The Whitley Councils were set up to decide on the salaries in the Public Dental and other Officers section.) In an addendum to their report they produced a table showing the cuts imposed since the scheme began. A few are quoted for example:

|                    | Scale on  |        | Imposed  | Effect of this | Dental Benefit                               |
|--------------------|-----------|--------|----------|----------------|--|
|                    | 5.7.48    | Feb 49 | 1.6.49   | Deduction      | Scale  |
| Exam & report      | 10s 6d    | ¶      | 5s 0d    | 4s 6d          | 5s 0d  |
| Scaling            | 16s 6d    | ¶      | 12s 6d   | 11s 3d         | 10s 6d                                       |
| <b>Fillings</b>    |           |        |          |                |  |
| Amalgam            | £1        | ¶      | 15s 0d   | 13s 6d         | 10s 6d                                       |
| Max                | £1.10.0 ‡ | ¶      | £1.2.6 ‡ | £1.0.3 ‡       | £1.1.0 ‡                                     |
| Silicate           | £1.5.0.   | ¶      | 18s 0d   | 16s 3d         | 10s 6d                                       |
| Max                | £1.17.6‡  | ¶      | £1.7.6‡  | £1.4.9‡        | £1.1.0 ‡.                                    |
| <b>Extractions</b> |           |        |          |                |  |
| 1 or 2             | 10.0      | ¶      | 7s 6d    | 6s 9d          | Graded from 5s 0d plus 2s 6d per tooth up to |

|                             |           |   |         |          |                                      |
|-----------------------------|-----------|---|---------|----------|--------------------------------------|
| over 20                     | £2.7.6    | ¶ | £1.17.6 | £1.13.9  | £2.0.0.                              |
| <b>Dentures</b>             |           |   |         |          |                                      |
| Full upper &<br>lower       | £10.10.0. | ¶ | £9.9.0. | £8.10.2  | £7.15.0                              |
| Partial,<br>1, 2 or 3 teeth | £4.7.6.   | ¶ | £4.5.0. | £3.16.6. | £2.0.0. plus<br>5.0 per tooth over 3 |

‡ Maximum, per tooth

¶ A deduction of 50% on each monthly payment on earnings in excess of £400 was imposed.

The first scale was agreed but the others were imposed without consultation with the profession and caused serious misgivings. The 50% deduction was replaced in June by a much reduced scale. There were many ways of calculating the loss of earnings. The Committee produced a table to illustrate the MS197 cuts as follows:

Payment from July 1948 to June 1949 disregarding limitation of earnings in 1949.

| <b>Expenses</b> | <b>Income</b>                              | <b>Remuneration</b> |
|-----------------|--|---------------------|
| £52             | £100                                       | £48                 |
| £52             | £80  | £28                 |
|                 | after reduction of scale by 20% in June 49 |                     |
| £52             | £72  | £20                 |
|                 | after further reduction of 10% in May 1950 |                     |

Whatever way this scale of cuts is examined it resulted in a reduction of about 60% in the nett earnings of the average dentist. Expenses remained the same, so he was compelled to work harder, with the inevitable result that his work and often his health suffered. This in short meant that the public could not expect to get the same standard of service as they had been led to expect. In the old days the Insurance companies had only limited funds available for dental treatment, so there was a strong movement on the part of the Government to keep the fees low to spread the service as far as possible. Now it would seem that the Government was thinking along the same lines. The Health Service was costing far more than had been estimated and the Treasurer was applying pressure to reduce the open cheque required by the Services.

The Continental Grant-in-aid scheme was examined and reported on. There the patient was treated as a private patient and settled with the Dentist. He then took the receipt to the 'Assurance' when he was repaid about 80% of his expenditure. It was the patient who was controlled and not the MS198 dentist. This was based on a points system which was used to calculate the allowed fees. If he went to a more expensive dentist he had to pay accordingly.

**10.7.1950.** The members were still stinging from the cuts, and the Council was unsuccessful in getting a hearing before the Parliamentary Labour Party, but the Conservative side did see them. There was a request to investigate some method of limiting dentists' earnings as an alternative to the so-called 10% cut. There was advice that, if a dentist accepts a patient for treatment, he must complete all necessary work under the service, this meant that if a patient wished for some item of private treatment this should be done before the acceptance

of the dental letter.

20 & 21.10.1950. The Minister had proposed new regulations which would cause the patient to pay for repairs to dentures which had been caused by neglect or carelessness. This proved to be unworkable and the cases in which there was difficulty, usually a loss, were considered by a special section of the Services Committee locally. Discussions with the Minister about reduction of income occasioned by the Health Service was rejected as he claimed that practices were more likely to be more prosperous. The Remunerations Committee brought forward a scheme for a gradual reduction in earnings for these who were earning what was considered excessive. This never got very far however. The Priority Classes Committee brought forward a lengthy report which showed how neglected these classes were. The suggestion was that the Public Dental Services required drastic alterations.

19 & 20.1.1951. The Board spent considerable time suggesting amendments to the proposals of the Government for a new Dental Bill to give the profession a separate Dental Council and remove it from control by the Medical Council. I had been elected on the Reorganisation Committee in which MS199 we spent many hours concentrating on the branch boundaries, especially with reference to the effect of amalgamation in the near future. The general organisation also came in for a lot of discussion. The Remuneration Committee was recommended by Council to reopen negotiations with the Minister to consider what alternatives could be agreed to the cuts recently imposed. The Board was still labouring in discussing various committee reports. The Priority Classes Committee did a great deal of good work, but the grant-in- Aid committee wasted its energy because the Minister had set his face against any system like this. Part of the report of the remuneration committee was a memorandum of the Whitley Council settling the Local Authorities salaries for Dental Officers at £1.200 rising by increments to a maximum calculated on the basis of population. This was for Chief Officers, the other officers started at £800 with increments up to a maximum of £1.250. The Remunerations Committee had put forward resolutions that the payment of part of the fees by the patient violated the original concept of the Health Service and that if this were necessary it should not be the duty of the dentist to collect same. This, as it transpired, was again to a large extent wishful thinking because the Government soon brought in a Bill making the patient liable for part of the cost. These were maximum and calculated on a part of the total. It is noticeable that payments by the patient do not arise in the Health Act of 1946 but are imposed by a separate Act of Parliament.

The Health Acts Committee was considering many troubles which had arisen in various areas of the Service. These were often on matters of procedure as the workings had not yet settled down. There were numerous cases of difficulties with the Estimates Board which controlled the items on dental estimates. Delay in approval of orthodontic cases were frequent. A dentist who had taken an X-Ray for a colleague and submitted an estimate was informed that MS200 it should have been put on the first dental estimate. There were at this time numerous cases which arose out of interpretation of the regulations. Some were ironed out later as the understanding between the dentists and the Board became better. They could at times be very frustrating to a practitioner who wished to do his best for his patient and found that many of his treatments were not covered by the regulation.

Owing to Amalgamation it was found that many legal and other difficulties arose which required much discussion and considering of reports. The Reorganising Committee had to produce a completely new set of rules and standing orders for branches, and wasted a lot of time in defining boundaries.

The Advisory Committee on Research spent its time in considering standards of materials and did not even mention the basic requirement of research into the fundamental causes of dental decay.

10.5.1951. Parliament enacted a Bill to authorise the making and recovery of charges in respect of certain dental and optical appliances under the National Health Services Act 1946. The statutory instrument explaining this Act did not mention the amounts which were given in the schedule to the said Act but deal with the manner of receipts and forms and other obvious detail. The Schedule laid down the charges for dentures as 1, 2 or 3 teeth £2; 4 to 8 £2.5.0.; more than 8 £2.10.0. and spectacle lenses at 10s 0d each with frames at current rate. (S.I. 1951 No. 867).

2.7.1951. By this time I was getting very bored with the terrific mass of detail which was at times confusing. So I missed several meetings, and found that there were many more interesting things to do apart from sitting in a stuffy room listening to countless and fruitless arguments. It seemed that there was no way in which the oppression of the restrictions created by the MS201 Service could be reduced.

19 & 20.10.1951. The report of the Reorganising Committee, its last work, was now complete with its recommendations for the new format on the working of the association. It still stuck to the old system of branches as it had done in its early days, now we had over 10,000 members as a result of amalgamation and in my opinion we should have been organised as the Group Scheme recommended; that was sections to coincide with the Executive Council areas, and Branches which paralleled the Regional Hospital Board areas. This in effect would make it possible to create areas of difficulty against any chosen section if conditions required (the word strike was never allowed in dental politics). This scheme which had been devised by the Chairman of the Committee especially for the Group movement some time previously. Now that the Groups had been disbanded on the achievement of amalgamation in my opinion there was still room for this arrangement but the Chair would not allow it to enter the discussions. I never discovered the reason behind this, if there ever was one. On this point we were back in the old form and I could see little hope of ever being able to take on the Government and in my mind amalgamation was now an emasculated entity. So with 1951 coming to an end I severed my connection with the Representative Board and in consequence was enabled to enjoy an extra half day each week for my own interests. A change which I have not regretted.

The complications of being a member of the Board included not only attendance at main and sub-committee meetings, but reading and trying to understand the masses of minutes and reports which were circulated before listings. In the eight years that I served, my pile of B.D.A. papers alone was over six inches thick, these being usually duplicated on foolscap paper, and some MS202 were printed in small type. So the reader can understand that it has been difficult to decide what to include in this account, which therefore has been kept mainly to

National Health and amalgamation matters. The day to day business was extremely boring. From reports in the Journal it would appear discussions still go on in the same old way. MS203

## The Hampshire District Combined Dental Committee 19443 - 1944

Although the Yeovil Group started the Unity movement, there is no doubt that the Hampshire Group were earlier and moreover managed to get the three secretaries of the dental organisations together in one room to lay the foundation for amalgamation.

On 27.3.1943 the following local executive members of the three dental Societies, in accordance with widespread demands expressed by practising dentists, unanimously agreed to hold a meeting. It was our opinion that the interests of the Public and the Profession can best be served by achieving unity, and we strongly requested every Practitioner of dentistry to make an effort to be present. This was signed by: Dr. A.Livingstone (Acting Chairman, B.D.A. & P.D.S.A.); W.J.Wild (Acting Secretary, I.D.S. Southampton); G.S.Dingley (B.D.A. Southampton); E.H.Irish (I.D.S. Southampton) ; J.W.Kingston (B.D.A. Wessex Branch); E.W.Scott (P.D.S.A. Wessex); R.G.Torrens (I.D.S.& B.D.A. Bournemouth); P.Inge (I.D.S. Southampton); W.Murray Fisher (B.D.A. Southampton); F.H. Harris (B.D.A. Southampton).

MS204

This meeting was held at The Cadena Cafe, Winchester, and attended by 36 practitioners and with strong support from 12 who were unable to be present. This was very good as it was in wartime and with petrol rationing.

R. G. Torrens opened the meeting with the following address (which was published in a modified form in the Dental Gazette, July 1943). It was also read to the Bournemouth Branch of the I.D.S.

### Unity

*In the dental world today, there is chaos of thought, yet the object this afternoon is to obtain unity in the profession. Let me first then analyse, without prejudice, the factors involved. By so doing we can at least make some attempt at the construction of a new age. The Agenda suggests the words "combined action" yet this is already possible and even working reasonably satisfactorily by a mutual arrangement of the three principal dental organisations. This is definitely combined action, although one cannot call it unity as its efficient working is too often hampered by insufficient backing of the individual members of the profession, and by having to refer back many items to various committees of these three components. Complete unity would create one voice of authority and would speak for the dentist, by the dentist and on behalf of the dentists.*

*Before asking why we cannot achieve unity, it might be as well to inquire boldly - "What's wrong with dentistry?". The answer to that question should help to formulate the fundamentals by which unity can be achieved. There are two basic sides to the questions: the dentists and the public we serve. Considering the latter first, we find some staggering statistics. A recent issue of the British Medical Journal (March 20th or 13th) states that 50% of industrial workers are edentulous on reaching the age of 30. The armed forces MS205 give figures of the AI men needing treatment in the region of 98%. If the rejects together with the C3s are also included, this figure would probably reach 99% of the whole population. Your*

own experience in practice will confirm these statements. The need of the whole population for dentistry is therefore apparent and does not require further comment.

In spite of this only 7% to 10% demand treatment and two reasons for this have been put forward - fear and cost. I would go further however and state quite definitely that the great deterrent to accepting treatment in the minds of the public is - fear of cost. The average cost of dentistry is too great for the working class family, especially the younger ones. Yet we must, by some means or other, provide efficient dentistry for all classes of the population, if we are to fulfil our functions as professional men. Furthermore, the public must be rendered dentally conscious, so that they will demand good dentistry, and by good dentistry I do not mean "no-good" dentures. Summing up, it can be emphatically stated that 99% of the population require dentistry and 90% do not seek it, until desperate with pain.

The other side of the picture is more complex and it will again be necessary to quote some figures, to illustrate some weaknesses of the profession, in order to discuss "What's wrong with the present conditions and scale of fees". I suggest the only thing wrong with the scale of fees is the gross inequity of it. A little analysis should make that clear. There is no need to point out that there are 365 days in the year. Deduct for:

|                                   |   |
|-----------------------------------|---|
| Sundays . . . . .                 | 52 days   |
| Saturdays (% day) . . . . .       | 26 days   |
| Vacation . . . . .                | 21 days <span style="background-color: #FF00FF; padding: 2px;">MS206</span> |
| Bank & General Holidays . . . . . | 8 days  |
| Possible illness . . . . .        | 8 days  |
| <b>Total</b> . . . . .            | <b>115 days</b>   |

Subtracting 115 from 365 days leaves a possible 250 working days in each year. Multiplying this figure by 8 gives a possible number of working hours at 2000. Briefly, this means that during these 2000 hours the dentist has to provide for:

- a) running expenses.
- b) personal and family requirements.
- c) savings and capital replacements, unoccupied hours, illness, old age, etc.

Surely the primary function of dentistry is to save teeth and not to replace them. Thus, allowing ½ hour for a filling or scaling it should be possible for any dentist, working at the N.H.I. or any other reasonable scale, to do 4,000 items at 10/-. This represents an income of £2,000 gross per year. The expenses of a practice of this type should be £1,100, leaving a net income of about £900 per annum. These figures should be reached at 10 to 15 years after graduation, the intervening period needing a large expenditure of capital. So now I can ask again, "What's wrong with dentist?". In view of these statements it is obvious that dentists are not, as a whole, working to capacity and, under the present cut rate scale, are operating under very uneconomical conditions. These facts prove, most emphatically, that there is nothing wrong with dentistry except the people in it and the methods they use, politically and economically, which allow sweated labour under a cut price scale dictated by industrial interests without a thought for the best that modern dentistry can offer. Without a realisation of these facts, it is difficult to get down to a rational argument, and these points are not quoted, for obvious reasons, in the dental press which has been squeamishly shy about

*publishing the truth.* MS207

*It should be obvious by now, that unity cannot be achieved by demands for an increased scale of fees alone, although these may be used as an incentive to bring men together. What the situation needs is a strong purge in the mentality of the members of the profession. How then, can this be achieved? The three organisations and their activities are hampered by lack of support and the three groups, or should I say three strata, of status, must be considered in each discussion and moreover approximately 50% of the dentists on the register do not belong to any organisation whatever.*

*To bridge the gap between the Licentiate and the Dentist (1921) the Public Dental Service Association was formed, but this failed undoubtedly in its main duty, which might be put right by absorption or otherwise, but for the fact that in some districts in the Midlands it is most active and the other two are not. The Incorporated Dental Society offers a protective scheme to members, included in a lower subscription than the British Dental Association. The B.D.A. is the senior organisation, and justly feels that it should not greatly alter its rules to absorb the other two organisations. Yet it is becoming increasingly necessary that all three will have to sacrifice something of their pride and privileges in order to achieve the vitally necessary unity. The I.D.S. has a most comprehensive black list, and is far more particular in choosing members than is the B.D.A. in admitting newly qualified licentiates who have not yet proved either capabilities or ethics: however, the right of membership can always be withdrawn or with-held in the case of a back-slider by any Society. Previous negotiations have always broken down owing to these or other points which friendly discussion and tolerance could prevent becoming impassable barriers. Unending bickering leaves the profession open to abuse by practitioners and public alike.* MS208

*To achieve unity is absolutely necessary. How then can we establish it? Absorption is impracticable. Amalgamation then is the obvious course. We have a precedent in the Royal Society of Medicine where sixteen Medical Societies and one Dental Organisation amalgamated to further the scientific aspects of medicine and to work in friendly harmony. There are now twenty-three individual sections of this great parent organisation. Why then, cannot we form an amalgamation with the title of "The British Dental Society"? Its main objects would be to maintain the learning, standards, ethics, ideals, independence and economic status of the profession and at the same time to ensure that an adequate service of sound dentistry was available to all the general public.*

*The following points would need careful consideration:*

*1) All organisations would still retain their old privileges and rights as sections or branches of the main organisation, with a unified subscription of say 3 guineas.*

*2) The unified control should be administered by a well-paid, and properly trained company secretary, who would be capable of maintaining firm but unbiased argument in the face of opposition in negotiations. A retired dentist cannot be qualified to deal adequately with the usage of industrially trained minds, or with Treasury Officialdom, or other bureaucrats. The present secretaries have done their best for us, but they have been somewhat in the same category as the men who were in charge of our Army in France: meeting with tactics strange to them, the result was in the evacuation at Dunkirk, and a pause of nearly three years, while a*

*complete re-organisation and re-adaptation to new circumstances was necessary. Our three secretaries could retain their functions MS209 in control of various branches of activity, such as science, publishing, etc. and act in advisory capacities. We have a man who is probably capable of this organisation. He is now in charge of a 'dead end job'*

*3) A public relations department should be maintained to increase the consciousness of the man in the street for the benefit and need of dental treatment. This, needless to say, is our old friend ethical publicity in a new disguise. This function should not be prostituted by the toothpaste purveyors.*

*4) To establish and maintain independence of control, Parliamentary action should be instituted with a view to eliminating that unnecessary body, the Dental Board and its over-riding General Medical Council. That fact that it exists maintains a constant and definite insult, that we are unable to manage our own affairs. But it is altogether intolerable that our affairs should be in control of a more than partially non-dental body, (even the chairman is a foreigner, being a good Irishman, like myself).*

*5) The administration of N.H.I. benefits should be taken over and administered by the State and Profession jointly as a complete contract, and we should promise to procure a complete service for an adequate fee. Only dentists who are willing and capable of cooperating should be allowed to rank as full members.*

*6) A disciplinary council should be set up, whereby the control of misdemeanours of members against public or private interests could be adequately maintained.*

*7) A comprehensive course of professional improvements and economics should be encouraged for all dentists, to ensure a high standard of work, organisation MS210 of practice, methods and finance, which would maintain a reasonable fee structure and an efficient service. Controlled clinics should be encouraged under this category for the benefit of those who prefer clinic practice.*

*8) All dentists 1921 should be given the opportunity of obtaining a diploma of some kind if they so desire in order to eliminate this infernal lowering of status by the term "Dentist 1921". The examination could be mainly of a practical nature, and I am sure these men would welcome a title such as Registered Dental Surgeon.*

*9) We have allowed lay bodies to organise and exploit our mechanics and mechanical work and shortly the term 'nurse' cannot be applied legally to a dental nurse, unless she is State Registered, or in charge of children. It will therefore be necessary to organise an associate membership available to nurses and mechanics employed by the profession. The functions of these sections would be to raise status and ability by the organisation of technical courses and examinations for these good people so that they will cooperate with instead of being outside and even in competition fit the dental profession.*

*Some of these points may be startling at first sight but I offer them as a basis for discussion. They are inadequate and incomplete, but in any case I hope they may help in some small way to bring about unity.*

There followed a lively discussion which resulted in the passing of the following resolutions unanimously, with instructions to forward them to all concerned so as to present a

united front. (In reading this address it must be remembered that money had a different value in those days, cigarettes were 10d. for 20, petrol was 10½d per gallon and one could stay in a good class MS211 hotel for 10s 6d. per day all found, including a 5 course lunch, afternoon tea and a 7 course dinner.)

1) We, Members of the Dental Profession, having the earnest conviction that the best interest of the Public and the Dental profession can only be served best by unity of policy, unity of action and unity of existing Dental Organisations, do hereby call upon the Dental Organisations to initiate discussions with a view to achieving these objects. Furthermore we do pledge ourselves to give loyal and unwavering support to those Dental Organisations, or Organisation prepared to further this cause.

2) In order that young adolescents especially shall have Conservative Treatment, the Approved Societies shall pay 10% of the cost of Conservative Treatment. If Dentures are required they shall pay a basic grant towards the provision of same, the balance to be obtained from the patient on the basis of the revised scale given below.

It is considered desirable that adolescents should be entitled to Dental Benefit immediately they begin to contribute to N.H.I.

3) That local Dental Benefit N.H.I. Committees should be formed in each centre of population, to act as local Regional Dental Advisors, and special Estimate Assessors, on which Committees the present Regional Dental Officers would be welcome.

4) It was strongly affirmed by the Meeting that there will be an inadequate Dental Service for the public in the near future, unless the conditions of service and remuneration are made sufficiently attractive to ensure adequate and suitable recruits to the profession.

It was agreed that the gross basic remuneration should be at a minimum rate of One Pound per hour, MS212

5) It was agreed that the present arrangement, whereby the profession is treated as though it used mass production methods, is entirely wrong; also the 25 years old insult of using a decreasing scale of payment for an increasing amount of work should be abolished.

6) A. EXAMINATION FEE. 7s 6d in every case.

B. SCALING & POLISHING. 7s 6d Upper or Lower; 15s 0d both Upper & lower; Scaling Fee to be payable in connection with multiple Extractions.

C. FILLINGS. 10s 6d per carious cavity filled; maximum 20s 0d per tooth.

D. ROOT FILLINGS. 15s 0d in addition to any filling fees; maximum fee for filling and root filling 1 tooth 35s 0d.

E. CROWNS & INLAYS. £3 or Special estimate, to include all preparatory treatment and materials.

F. EXTRACTIONS. First tooth 5s 0d; each subsequent tooth 3s 0d.

G. GENERAL ANAESTHETIC FEES. 1 to 4 teeth 10s 0d; 5 to 10 teeth 20s 0d; over 10 teeth 30s 0d; or special estimate; an Anaesthetist to be present if 5 or more teeth are to be extracted.

H. DENTURES. For Acrylic materials (Vulcanite is now considered obsolete and is unobtainable): Fee, 1 or 2 teeth £2.10s 0d plus 7s 6d for each additional tooth to a maximum of £10.10s 0d per full upper and lower, and £6 for a full upper or lower.

- I. REMAKES. After 12 months same fee as for a new Denture.
- J. REPAIRS. First item 15s 0d; each subsequent item 7s 0d.
- K. EMERGENCY TREATMENT. To be available up to a cost of 11s 0d, OR 21s 0d to include gas anaesthesia if necessary.
- L. TEMPORARY FIXTURES To be allowed entirely at the Patients' own expense and request, at the above scale of fees.
- M. Dentures may be supplied immediately where not more than 3 roots are removed.

In accordance with the first resolution contact was made with the secretaries of the three dental societies and a meeting was arranged. MS213 between representatives of the Hampshire Joint Committee, Dr. A. Livingston, Messrs. Dingley, Torrens and Wild, and the Secretaries of the Dental Organisations, Mr. L.G. Atkins (P.D.S.A.), Mr. A.H. Condry (I.D.S.), and Mr. W.G. Senior (B.D.A.), was held at 13 Hill Street, Berkeley Square, London W1 on Thursday 8th July 1943 at 11 a.m.

Dr. Livingston, in introducing the members of the deputation, explained that the meeting had really arisen in consequence of the initial work of the Southampton Practice Protection Committee. These who had served on that Committee had formed fast friendships and a feeling of good fellowship permeated all their works. Various items of dental interest had been discussed and in consequence the Winchester Meeting had been held which had resulted in a policy set out under five main headings and a scale of fees which had been circulated to the Dental Organisations and which it was the desire of the deputation to discuss quite informally and without any prejudice.

With regard to Item (1) of the policy, which consisted of an expression of opinion concerning unity, Dr. Livingston suggested and the meeting agreed that as this had been so recently the subject of an expression of opinion by the Annual Business Meeting of the B.D.A., further time need not be expended on its consideration by the deputation.

On Item (2) which related to the provision of conservative treatment for adolescents and which required that "approved societies shall pay 100 per cent of the cost", considerable discussion took place, and in view of the fact that the present scheme being administered under Additional Benefits, it was agreed that the wording of the paragraph was anomalous but that it was desirable that the Dental Organisations should press, not only under the present Additional Benefit Scheme but also under any future statutory benefit scheme, that adolescents MS214 should have completely free treatment, at any rate in so far as conservative treatment was concerned. To this end the paragraph was amended so as to read "... *young adolescents especially shall have without any additional payment complete conservative treatment in any scheme of Dental Benefit*".

With regard to Item (3) which dealt with local administration and control of Dental Benefit, the analogy of the medical scheme was discussed and it was agreed that representation on the Statutory Insurance Committees of County and County Borough Authorities with a Dental Services Sub-Committee in precisely the same manner as Statutory Medical Benefit, would meet the desire expressed in the paragraph. The deputation felt that there were many aspects such as the advice to practitioners concerning special estimates or the

conduct of an appeal, informal consultations between the examining officer of the Ministry, the dentist concerned and members of the local committee, or investigation of complaints against local dentists of unethical practice in connection with Dental Benefit, which might all be dealt with as an experiment on a voluntary basis by a local Committee. It was suggested to the deputation and agreed that the possibility of instituting such an experiment in the area of the Committee might well be considered, it being understood that, administered as it would be on a voluntary basis, the results achieved would only be made possible by goodwill on both sides.

On Item (4) which related to recruitment and remuneration of the profession, it was agreed that in the first Section it was not entirely correct to suggest that there would be no dental service for the public in the future but that the service would be inadequate unless conditions of service and remuneration were made MS215 amended so as to read that the gross basic remuneration should be a minimum rate of £1 per hour. The rest of the paragraph relating to the net income calculated on the basis of 60 per cent. of costs, was deleted as it was felt so wide was the variation under the heading overheads that it would be undesirable to hazard any opinion.

On Item (5), which related to the method of arriving at variations in the scale of fees, i.e. negotiations previously carried out on behalf of the Profession, Mr. Condry explained in detail the stages in negotiations, and with regard to the present scale due to terminate at the close of 1943, he told the deputation that the dental representatives had given notice to terminate that scale, that a new scale was being considered and that the assurance given by the Joint Advisory Dental Council that steps would be taken to afford the Profession a reasonable opportunity of signifying its agreement with any new proposals before they become operative, could be accepted. He dealt at some length with the position which might arise in the event of a breakdown and suggested that the position of those representing the Profession would be extremely difficult if practitioners, who at present attended meetings and claimed that the scale of fees was too low but who continued to accept dental letters, took the same line of action in the event of agreement on the present negotiations not being reached. The deputation agreed that to a great extent the solution of the problem lay with the individual members of the Profession. It was, however, felt that joint meetings and the opportunity of considering any advance in proposals for a new scale, should do much to secure united action. The draft scale was then considered and the deputation gave much useful information regarding the method by which the various items had been arrived at. MS216

The only amendments suggested in the scale related to Items L and M. In the case of L. "Temporary Dentures"; it was pointed out that the regulations did permit of temporary dentures being provided. It was, however, felt that particular reference should be made to the fact that a practitioner should be entitled to arrange for temporary dentures without reference to the approved society and it was therefore agreed that the item in question should be amended by the addition of the words "without prior reference to the society" the fee for dentures being deleted from the dental letter". With regard to the other clause, M, relating to the proposed abolition of the waiting period of three months, it was pointed out that this three months clause did constitute a valuable protection for the practitioner who might be faced with

the request for remake free of charge or refund where an R.D.O. had reported that impressions had been taken before the completion of absorption, since he could say, by reference to his records, that the three months period had elapsed and he was satisfied that absorption was complete. Onus then lay on the society to prove that he was wrong. The difficulty of meeting the case of the patient requiring dentures after the removal of two or three roots was admitted and it was finally agreed to retain the three months waiting period but to insert after the word "abolished" the following- "in cases involving the provision of a new denture or the remaking of an existing denture, the extraction of not more than two or three roots being involved". With regard to the last point following the scale of fees, the secretaries of the Dental Organisations reaffirmed that the advice given by the Joint Advisory Dental Council to the constituent organisations, namely that no new agreement should be entered into unless the members had had an opportunity of giving their approval to any draft scale, could be accepted by the deputation as meeting the requirements MS217 as out in the statement of policy.

In conclusion the members of the deputation expressed their appreciation of the discussion and in turn the secretaries of the Dental Organisations thanked them for their attendance. The meeting terminated at 2.15 p.m.

15.1.1944. A mass meeting of practitioners convened at Winchester to hear and discuss the new scale of fees laid down by the Ministry was addressed by R.G.Torrens.

### Squander Bacteriology

(This was published in modified form in The Dental Gazette, April 1944)

*Recently the Dental profession has had a serious setback and by the time this short, yet biased comment appears in print, it may be too late to administer the required emetic. The dose of bugs (squander, to wit) to which I refer, which threatens to become a new dental occupational disease is, as you no doubt will know, the new scale of fees to be imposed by the Ministry of Health. This new scale of fees, disguised very carefully to appear like an increase, is seriously contaminated with a virulent form of financial sepsis far more deadly than any to which we are accustomed. If we accept this sugar-coated scale we are virtually selling the soul of the dental profession to the vested interests.*

*Why do the J.A.D.C., who previously could not agree a scale, now turn around and blandly yet firmly recommend this mockery to the dental profession? Why was the Dental Press giving the new scale a very elaborate blessing even before any of the executives of the Dental Organisations had officially discussed the matter? I presume the Dental societies are governed by some executive council or other - or are they? Why was the promise that we should have the scale to discuss long before Christmas not kept? Why were we then MS218 told in no uncertain terms that the matter should be left to our representatives, and that we should not discuss it. I fear that we are being imposed upon or perhaps the word imposed is unkind - or is it? Anyway I do not like it!*

*Taken as a whole, with all the items added together, there may appear to be an increase of 28½ per cent as alleged on one or other of the previous scales. But, I ask you, do we always work in the same proportion on the individual items on the scale? The answer is NO! a*

*thousand times NO! Some official figures quoted as emanating from the Ministry of Health gave the figure of 1.3 fillings per dental letter. Extractions are on 68 per cent of the letters and more important is the fact that 88 per cent of N.H.I. expenditure is for dentures.*

*So what do we get? A slight increase on the infrequent items and a cut on the common ones. To me that looks extremely like a definite cut in the incomes of N.H.I. practitioners. Furthermore it will be at least three or four generations before preventative dentistry can bring about a state where dentures will be the exception rather than the rule. In the meantime it will be necessary to make many dentures for the public.*

*Last March the B.M.J. editorial stated that, in industrial populations, 56 per cent of the workers were completely edentulous before reaching the age of 30. All the altruism in the world cannot attend this unhappy fact for many years to come, and in the meantime it will still be necessary to make many dentures.*

*The D.B.C. sent around a questionnaire some months ago. To date no statistics have been published yet I am sure these intimate details of practices given in good faith by dentists throughout the country have been tried and abused by the statistical officers of the insurance societies and are MS219 now being used as evidence against us. Thus the reduction is upon us, imposed by the Ministry of Health and we are advised like naughty boys to accept it by our leaders.*

*Let me give you some figures for the year 1930. Figures like these are not often published for reasons too obvious to mention. If my figures do not meet with approval in certain quarters I would be grateful to have them corrected by publication of the true ones - if they dare! Anyway the allocation, for that year, from surplus funds to Dental benefit is £2,000,000. 2½ per cent is deducted for administrative costs. A miserable £50,000 to wit. The R.D.O. service costs £36,000 (every dental letter costing in the region of 13 to 14 shillings). The D.B.C. costs another £8,000. This august body comprises about 30 members. Let us assume that the overhead expenses of this latter body are about 25 per cent. This would leave £6,000 or £200 for each member in "travelling and subsistence" allowances. Has this startling deduction any connection with the enthusiasm of our members of the D.B.C. for the new scale I wonder? But then my arithmetic was always very bad - so what!*

*To return for a moment to authentic figures; of the £2,000,000 available from the societies, approximately 5% is lost for expenses. This is only a miserable £100,000. Dividing the remainder between say 12,000 active dentists. the average share out amounts to about £150 per annum. Now my point here is that the contribution of the insurance societies is not nearly so large a portion of practice turnover as many dentists believe. Besides, this money is first obtained from the insured persons and is really their money, except the very large proportion (30% to 40%) shown by the Beverage report to be deducted as expenses. So that the amount of the insured persons contribution allocated to dentistry is not very much. In fact according to the Beverage MS220 report there are somewhere about 16,000,000 insured persons in England, so that if the Dental allocation of 2,000,000 were fairly distributed each insured person would be entitled to a miserable half crown per year. Often too those who can afford private fees take advantage of the N.H.I. scale and some who could not find the balance go without treatment. In other words **THE POOR IN MANY CASES PAY FOR THE RICH.** That is*

*a very wrong position and needs serious contemplation. To me it smells very like a racket. The B.D.J. editorial (Jan 7th) is full of praise about this new scale which if accepted will reduce still further the already slender incomes of dentists doing N.H.I. work. This in a time when so many of our profession are away in the forces. These men, if we let them down by accepting this scale now, will return to civilian life as slaves of the great Insurance combines. We owe it to them to look after their interests. Please do not let them down.*

*The time is now ripe to act and let these official bureaucrats and insurance societies know what we think of their methods. A large proportion of the public are now having dental treatment at His Majesties' expense, and those who are left at home are earning good wages. They can therefore well afford to have any dentistry they require at the present time. We may never get another chance like this one. Later, when normality returns, high wages will not be so common and then we could not rightly turn down N.H.I. work without causing serious public inconvenience. Let us therefore take advantage of this timely moment and refuse the scale.*

*A study of Dental Benefit Handbooks previously in use will show that in practically every case the filling fees have been increased while the denture fees have been reduced. Once more we are asked to consent to an alteration of MS221 the figures, but this time we are told that it is an increase. I challenge the dentist to think before accepting misleading statements about this scale. There will be a considerable drop in insurance practice turnover if the scale is enforced upon us. We know that dental benefit is an additional one and is paid for out of surplus funds. The sum is, as already stated, £2,000,000 per year and has probably been the same for many years. Now how can statements that this scale shows an increase be justified unless this surplus be augmented from other reserves? At this time, when the greater portion of the insured public are in the forces, how can there be a greater surplus? In any event we have not been informed that such is the case or is likely to be in the future. After the war we will find the same old cunning arguments brought forward to our detriment. Why cannot we sell our dentistry direct to the public instead of allowing these insurance middlemen to take a large commission for themselves?*

*The leader in the Dental Gazette (January) clearly indicates that Dental Benefit is restricted to funds which are surplus from Medical Benefits, and also that if there is an increase in fees allowed there will be a smaller portion available for each insured person. The Doctors recently have had an increase, which should decrease the aforementioned surplus. Since we know of no increase in these surplus funds - how can we be given an increase on the scale. I fear that this scale has been once more the subject of adjustment. The situation is like the tall Irishman who was cold in bed, so he cut a length off the bottom of the blanket and sewed it on to the top. We too will get cold feet if we allow this scale to be imposed upon us.*

MS222 *Soon we will have a considerable increase in the number of patients demanding N.H.I. rates, when the £400 income limit comes into full operation. This will mean that a still larger number of our new private patients will demand dentistry at cut rates.*

*The N.H.I. scale was originally agreed by the Pensions Board as a charitable measure and accepted as such by the Profession for the treatment of wounded after the last war. If we are not very careful at this stage we may need some charity ourselves after this war.*

*Previously I mentioned a questionnaire of the D.B.C. the results of which have been very hush-hush. At this point I would advise any reader of this article that, if he wants a true account of the feelings of the profession in the matter of N.H.I. Dentistry, he should read the report on the questionnaire recently issued by the Coordinating Committee for district 5 (3). The authors of this little brochure are to be congratulated on a fine job of work. A perusal of this pamphlet will amplify many of the points raised in this short article. Copies may be had (price 6d. postage) from Mr. R.R.Course, 15 Agincourt Road, London N.W.3.*

*In fairness to our representatives on the D.B.C. I must admit that they have had a very tough nut to crack, and they have won a number of points for us. In the main, my objections to the scale are directed towards cut price rates for extractions and dentures. It would appear that contracting out is the only solution to the impasse, and the officials do not appear to like that. If there is not enough money available to give full dental treatment to the public there seems no other way than to let the patient make his own arrangements for the balance. Many patients, now, would like to have the opportunity of a private contract. MS223*

*In conclusion I must state that on points I do not like this scale of fees, nor do I like all the political hocus-pocus that accompanies it. However infected the Dental Profession may be, it is obvious that the societies hate been inoculated against the Squander Bug very successfully.”*

January 1944. This was a well attended Meeting convened jointly by the B.D.A. I.d.S. and P.D.S.A., in conjunction with the Hampshire District Combined Dental Committee. The Proposed Scale of Fees for N.H.I. Dentistry was discussed and rejected: 38 Practitioners voting against the Scale and 14 voting in favour thereof. Dissatisfaction was expressed in particular with the fees proposed for full and nearly full dentures.

The Meeting unanimously expressed itself in favour of the Scale which was accepted last March by the Hampshire Combined Committee and the Southampton Section, B.D.A., and only four men abstained from voting.

The Meeting also approved the formation of a Regional Dental Advisory Committee (by a vote of 37 for and 4 against) which would in the first instance comprise a panel of say 30 practitioners acting in a rota of about 5 at any one time and place, with a Central Secretary. The Meeting pointed out, and it was agreed, that the Scheme would be entirely a voluntary one, and would depend on the good will of the dentists and the Approved Committee. Thus the minister of Health would be assured that over prescribing, if any, would be investigated by the practitioners themselves at its source and very probably be prevented. The Combined Committee was empowered to proceed with the formation of such an Advisory Committee.

MS224 The meeting also pointed out that it still remains on our Agenda that adolescents shall have without any additional payment complete conservative treatment in any scheme of Dental Benefit immediately they begin to contribute.

The Meeting considered, but did not arrive at any formal conclusion respecting, the advisability of sending a deputation to the Minister of Health. This would comprise one representative from each Dental District in the County, together with our own representatives. The object would be to lay before the Minister the point of view of the ordinary Dental Practitioner, the above matters, and our Scale of Fees which does not embody diminishing

mass production rates, and especially to point out to the Minister that it is not a small minority of unethical dentists who must be deterred from fitting full dentures after wholesale extractions, but that it is the state of the patients as we find them that necessitates such treatment and for which we request an adequate fee.

Several other meetings were held but with the growing activity of the Group movement and the difficulties of war time very little more was achieved. The Group movement was in active mood and the Hampshire Combined Committee faded away.

In retrospect at least we can claim that we got the three dental secretaries together in an effort to stimulate unity. Which eventually brought about Amalgamation of the three Dental societies. MS225

### Bournemouth & District Group of United Dentists.

This started on 16th February 1944 when the United Dentists - Yeovil District - sent out a statement of Policy, a simple Code of Ethics and System of Practice, together with a minimum scale of fees for private patients. In the main this stressed that the troubles in the profession were due to apathy and divisions. Consequently there was distrust and undercutting, as well as three different dental organisations acting for dentists who needed Unity for their salvation. This material was circulated widely around the country and resulted in the formation of groups of local practitioners.

4.5.1944. Having circulated the Yeovil material to all dentists in the Bournemouth area, a meeting was called at which only 12 local men attended, as well as J.H.Gibson-Smith (Yeovil Secretary) and C.L.Nomandale (Yeovil Chairman) who came to outline their principles. As a result it was agreed to form a local group with the following committee: Chairman J.Speak, Secretary R.G.Torrens, Treasurer E.W.Scott and numbers Peter Packer and Ebdon Machon. The object was to get as many local practitioners interested as possible. Various ideas were put forward, the whole scheme was in fact an extension of the Hampshire Joint Committee on a broader basis. It differed in a minimum scale of fees whereas in the past we had worked to a maximum, and that the dentists should agree not to undercut. Ever since the passing of the 1921 act there had been many attempts at uniting the profession but all efforts had been unsuccessful. There was an encouraging letter from H.W.Normans (Chairman of the Public Dental Association). Only one grumble from F.W.Dunman who disliked anything which might later resemble a "strike".

16.15.1944. About this time a Tarot Divination was done for the Group movement, with the question 'What are the likely results of the United Dentists MS226 Movement as started at a meeting to be held on May 4th?'

Significator - Knight Swords.

|                  |               |   |
|------------------|---------------|---|
| 1. Cover         | Ace Pentacles | Contentment   |
| 2. Cross         | 3 Pentacles R | Mediocrity, pettiness                                     |
| 3. Crowns        | Hanged Man R  | Selfishment, the crowd                                    |
| 4. Beneath       | 3 Swords      | Established strength, enterprise, trade, discovery etc.   |
| 5. Behind        | 8 Pentacles   | Skill in craft and business, craftsmanship etc.           |
| 6. Before        | 3 Swords R    | Mental alienation, disorder                               |
| 7. Self          | 2 Wands       | Either riches, fortune or chagrin, madness, mortification |
| 8. House         | 3 Cups R      | Dispatch and achievement                                  |
| 9. Hopes & Fears | 5 Wands       | Strenuous competition, struggle in search for riches      |
| 10. Sure to Come | Fool          | Madness, inebriation (2)                                  |

For those who wish to know the further details of divination with Tarot Cards, the details are explained in my book '**The Golden Dawn - its Inner Teachings**' published by Spearmann

Ltd. 1969. The above are key words but, if considered carefully, give a very good forecast of the whole development of the health services during the following thirty years. In Bournemouth in the early years of the Health Service coming into force there were two suicides of dentists, further, the first census after the war gave dentists the highest death rate of all the professions.

**5.4.1945.** The year 1942 had produced the Beveridge Report and the Teviot Interim Report. The profession was becoming bewildered with rumours of a state dental service. The Secretary sent out a notice to all dentists in the district calling a mass meeting. This suggested that the proposed plans if MS227 carried out would mean the end of private practice, under a virtual dictatorship by the Ministry. There was a call to unity and to action through the three dental societies.

**14.4.1945.** The meeting at the Empress Hotel, The Square, Bournemouth, which was demolished by an enemy bomb shortly afterwards, accepted the following solutions:

*“That this meeting protests at the unconstitutional methods by which the Committee was appointed to discuss State Dental Service with the Ministry of Health, and that they feel that this Committee is already contaminated by the majority of members appointed therein already being members of several of the bodies who have already let us down by advising us to accept an unwelcome scale of fees for N.H.I. work. Furthermore, the Committee is not representative of the Profession which retains the right to disown any action which this Committee may take at a later date.”*

*“This meeting is resolved that no scale of fees, regulations or conditions of service should be accepted until members of the profession have had ample opportunity of considering them by means of a referendum to the whole of the profession, including those members now serving in the forces. Moreover, many reasonable scales of fees and conditions of service have been suggested by various Groups throughout the Country and the schemes put to the Profession should be based on a survey of these and not on the semi-charitable scales which have been used for National Health work at various times.”*

There was plenty of discussion at this meeting with an attendance of 22 - which was quite good for war time.

**10.5.1945.** A special meeting called to discuss the report of the Discussions on National Health Services resulted in a resolution *‘That the Report on the Proposed National Health Services is entirely unacceptable to this meeting.’* It MS228 agreed that members should be appointed to stimulate and convene members in the various districts as follows:

|               |                                     |
|---------------|-------------------------------------|
| Cpt. Wakeford | New Forest and New Milton           |
| Mr.Hunt       | Winton and Chaminster               |
| Mr. Packer    | Poole and Parkstone                 |
| Mr. Speak     | Bournemouth Central                 |
| Mr. Machon    | Boscombe, Pokesdown and Southbourne |

This meeting was also held at the Empress with 22 members present.

**1.12.1945.** The Yeovil Group sent round a reminder that the Dorchester & Weymouth Group had been 100% successful in refusing to make or repair dentures at less than the Yeovil scale (£10.10.0 and 10s 6d). The societies had been getting over this difficulty by

giving an additional benefit to the patients on presentation of the receipted bill, but the Ministry had become aware of this practice and had threatened to surcharge them. As the meetings in this area had been poorly attended, a form was sent to each member in the area, which he was asked to sign, promising not to accept patients for items which were costed lower than the Yeovil Scale. If a dental letter was refused the dentist was asked to use his rubber dam punch to make a small but scarcely noticeable hole in the top right-hand corner. Thus bringing into use a much neglected instrument. When a marked letter was presented, a dentist could always see if a patient had been turned down elsewhere.

2.2.1946. The result of the replies to the questionnaire was reported as follows:

|                         | Sent out   | Signed     |       |
|-------------------------|------------|------------|-------|
| New Forest              | 21         | 17         |       |
| Winton & Charminster    | 21         | 19         |       |
| Dorset                  | 48         | 38         |       |
| Boscombe & Christchurch | 21         | 17         |       |
| Bournemouth Central     | 18         | 18         |       |
| <b>Totals</b>           | <b>129</b> | <b>109</b> | MS229 |

Nominations were made for the County Committee , R.G.Torrens and E.J.B.Curtis.

After a discussion on the J.A.D.C. scale of fees it was agreed to stick to the Yeovil Scale.

Mr. E.W.Scott spoke against the stand we had taken and proposed “*that we withdraw our concerted action in the refusal of dental letters*”. There was no seconder to the motion. A letter from the Joint Committee of Dental Associations was read requesting that concerted action in the refusal of dental letters should be withdrawn pending negotiations. As the Group had not made any public statement about the refusal it was considered that the Group did not consider that the request applied in it. It was also pointed out that the dentist had a right to refuse any dental letter if he so wished.

17.2.1946. A Committee meeting held before the County meeting at Salisbury decided to put forward the following points to assist the deliberations:

1. That a strict mode of procedure be laid down to prevent overlapping.
2. Coordination of all groups on a National level is essential.
3. That a common policy be agreed, to be formulated in accordance with the wishes of the individual groups
- 4- That unity of policy and action should be achieved.
5. That the Digest and the Circular be issued as a joint publication.
6. That groups be encouraged to put forward resolutions to achieve complete unity.
7. That the J.A.D.C. Scale be approved and recommended subject to a revision of conditions of service at a later date.

These resolutions were to form the basis of the discussions at the Provincial Groups meeting at Salisbury the following week-end. MS230

11.4.1946. In the notice of this meeting members were invited by the I.D.S. to hear a lecture by Mr. W.A.Crane on ‘Regulation Helps in General Practice’. About 8 p.m. the Group took over to discuss the National Health Services Bill 1946 (H.M.S.O. 1s 3d). Members were also reminded to obtain a copy of ‘**Socialised Dental Services**’ (Socialist Medical Assn. 3d).

In the bill there were about 250 references to what the Minister may or may not do by regulation. In other words the bill would make civil servants of all within a very few years. The following resolution resulted:

*“That this meeting deplores the spate of lengthy reports which have appeared from various sources in recent months, all apparently with the sole object of diverting the profession’s attention, and establishing an external administration of Dental Practice thus restricting the freedom of the dentist and patient by a departmental dictatorship.*

*“We heartily disagree with the frequent insinuations that all dentists are dishonest and suggest that, if the profession were given the opportunity of organising and administering on its own a scheme of Dental Health, an efficient and workable scheme would result.*

*“We object to the National Health Service Bill on the grounds that it will introduce numerous officials and administrators of a non-practising category the result of these will be to harass and restrict the skill and professional ability of the dental practitioner, to the ultimate detriment of the patient.*

*“The shortage of dental personnel to administer a full national scheme is manifest, and we feel that a further restriction of freedom in practice will entirely eliminate the necessary entrants for the dental schools to maintain an adequate and efficient service. MS231*

*“We object strongly to the control of the profession by Regulation as in Section 40 of the Bill, and feel that this completely eliminates the established right of the practitioner to do his considered best for his patients.”*

Section 40 put the duty on the Executive councils to control the service by making arrangements with dentists to supply treatment under regulations to be made later by the Minister and an overall control of treatment by the Estimates Board, also under later regulations. Objections from all over the country could not stop the steam roller which became law soon afterwards. Only some minor changes were made on the instigation of the Dental Societies.

Similar resolutions were being passed in many groups all over the country, but ours was a bit more elaborate. For all the effect they had on the authorities we need not have bothered. The overall resistance did however have great effect when the first scale of fees was offered in an attempt to discourage dentists to join the Service.

**13.6.1946.** A meeting at the Bourne Hall Hotel with 13 present was told of the progress in the organisation of the Group movement with the London Central Committee as the head and the Provincial Groups Committee for our area. The New Forest Group had requested the P.D.G.C.. to protest very strongly to the Dental Benefit Council to bring to an immediate conclusion the protracted negotiations about the scale of fees. We were in complete agreement with this protest.

Various amendments to the act had been suggested by the dental societies but very few had been considered.

A proposition was accepted that unity should be urged with all possible speed. MS232(Page 233

is missing MS233

Early in September the J.A.D.C. had agreed a scale of fees which was similar to the B.D.A. one. The Minister then took the matter into his own hands and said that to allow these

fees would prejudice the service under the Health Bill and offered a small interim increase of 18% on the present scale. The J.A.D.C. was told officially and replied that they could not accept this and that they were of the opinion that a satisfactory service could not be given. Thus the J.A.D.C. representing all three dental societies had taken a firm stand and it was now up to the members of the profession to back up this action by refusal of all dental letters.

19.9.1946. The next meeting of the local group did just that by a resolution ‘*affirming its resolves to implement to the full the advice of the J.A.D.C. and congratulates the Council on the stand it is making for a high standard of treatment for Dental Benefit Patients, and for the vindication of negotiations as opposed to Ministerial Imposition*’. In view of the small numbers present it was decided to contact the three local secretaries of the dental organisations to call an open meeting to discuss the matter.

29, 30.11.1946 & 1.12.1946. Central Groups Committee had recommended previously to the J.A.D.C. a number of points without which the Groups were unlikely to accept dental letters. There had been no satisfactory answer from the authorities and a long week-end meeting was arranged by the Provincial Groups Committee to take place at Leamington Spa. To explain the discontent and bewilderment, my address to that meeting is given in full. It is strictly a personal view, but it does give an insight into the curious and inexplicable behaviour of our so-called leaders at that time.

### **Address to the Provincial Group Committee Meeting**

(not previously published)

*As many of my professional friends have christened me “the J.A.D.C. rat” I <sup>MS234</sup> feel that it is necessary to make some excuse for my presence on a body which has recently undertaken executive action contrary to the wishes of the vast majority of the individuals of the profession. I was elected to that body as one of the members from the I.D.S. Council nearly a year ago. At the last meeting of the J.A.D.C., after the minutes were taken and on hearing that the major business would be the acceptance of the Minister’s terms, I questioned the Chairman as to who had made the first move towards settling the dispute. The Chairman admitted that the Committee had first approached the Minister through Mr. Baird (M.P.). I then accused those Members of being rank traitors to the profession in making this move and was interrupted by Mr. Condry (Secretary I.D.S) who explained that the approach was mutual.*

*I next protested that we had had placed before us at 2 p.m., for our consideration, a six page foolscap statement of the Government proposals and were informed that “a very high official of the Ministry” was to attend the meeting at 3 p.m. to discuss the details. My protest included remarks to the effect that it was wrong that a high official from the Ministry with a halo round his head should be able to attend this meeting in an attempt to hypnotize the J.A.D.C. The Chairman’s reply was that he had no help, but that he was fully capable of having brickbats thrown at him and would be well able to return these in the form of answers to questions. However Mr. Senior then read through the document. As far as Mr. Hebling (a B.D.A. representative) and I could see from the subsequent discussion, the whole matter seemed to have been accepted as a “fait accompli”. No arguments of ours seemed to have the slightest effect. In short, our impressions were that the whole matter had definitely been settled*

previous to the meeting. MS235

Sir Arthur Rucker was introduced to the meeting which was adjourned for a short time at 3 p.m.. Incidentally he was referred to by one member as Sir Arthur "Rocker" but the slip was quickly amended. When he finished his speech I purposely did not rise until a more enthusiastic member had proposed a vote of thanks. I then sought the Chairman's permission to put five questions to Sir Arthur. Permission having been granted, I proceeded to ask "Can the present system of prior approval be abolished, with its submission of professional judgement to another party, often a Clerk with no special knowledge?". On receiving a negative reply I pressed this point stating that this assumed all dentists to be dishonest and was further assured that the matter could be gone into during negotiations on the regulations under the new Bill.

My second question was "whether the grant in full can be made available to the patient although the fees agreed with the practitioners might be more or less than the scale?". A firm "No" was the reply and on pressing for a reason it was obvious that the official was not too happy about committing himself further along these lines. Whereupon Mr. Flitcroft (I.D.S.), seeing the official's embarrassment, jumped up to protest that these questions were out of order and did not in any way relate to the matter which Sir Arthur had come to discuss, notably, the confidential paper about the Government's proposals. The Chairman, who appreciated Sir Arthur's discomfort and Mr. Flitcroft's tactful handling of the situation, was very quick to rule me out of order and I had therefore no opportunity of putting any questions to the official.

After some further discussion, in which acceptance of the terms was taken very much for granted, Sir Arthur retired and the J.A.D.C. reopened its meeting. Mr. Condry, in speaking for acceptance, gave a number of alleged reasons for his attitude. These misleading comments are embodied in the circular to the MS236 profession as the opinion of the J.A.D.C. under the headings A, B, C, D and E, but as far as I am aware they were not in any way adopted in the form of a resolution. It is notable that these comments, biased as they are, have been carefully omitted from the report to the constituent organisations which were circulated prior to this meeting. Furthermore, the statement to the profession and the report also vary considerably in the addenda. These differences should give rise to serious thought that J.A.D.C. officials are not too happy about their Circular to the profession or else the wording in both would have been similar.

Another curious point is that the member voting is given in the Official document as 20 to 2 but there were 26 persons present at the meeting and therefore the voting was in the order of 24 to 2. This slight error in fact needs some explanation from our worthy Secretary (W.G.Senior).

The Members of the J.A.D.C. cannot say that they did not consider the matter of "recommending to the profession direct" before acceptance, because in the minutes it is admitted that the resolution for "advising the profession direct" had an amendment tabled. This was proposed by Mr. Hebling and seconded by myself to the effect that the matter be referred to the constituent organisations for further consideration. Unfortunately however there were only two in favour of this and in the report the matter is barely mentioned.

*No words of ours seemed to have the slightest effect in altering the attitude of most of the members in their zeal for acceptance. It is somewhat regrettable to find that both in the J.A.D.C. Minutes and in the Report the resolutions to “accept the Minister’s offer and advise the profession direct again to accept Dental Letters” over the heads of the constituent societies is recorded as being passed “nem.com”. This, as you are no doubt aware, means without contradiction. My recollection on this point is that the voting was MS237 definitely not unanimous, there being at least two to the contrary. Therefore to circulate this statement is a deliberate lie.*

*The feeling that these negotiations were agreed beforehand and presented to the J.A.D.C. in the form of a very secret document should damn the activities of the J.A.D.C. in the mind of any member of the profession who prefers the honour and virtue of a professional life to the attractions of rank and fortune in a Government Service. This secret document, by the way, I was assured by the chairman of the J.A.D.C. in reply to a direct question, would be published to the profession with perhaps a few minor alterations. Yet most of the members of the representative board of the B.D.A. have not yet had a copy of this document, which would enable them to obtain a true understanding of the treacherous action which has taken place in their name. The Minister had recently cast aside a fair and just negotiation, and yet the J.A.D.C. have accepted on your behalf a so-called settlement of this dispute which entails exactly the same terms as previously, with one slight exception. This exception, when analysed, shows that instead of standing firm for one negotiation already completed in a legally constituted body, the profession will now have substituted at least four lots of negotiations before it can receive the alleged retrospective payment. In the secret document the Minister admits that it would be easy to calculate the total amount due under these negotiations but he also states most definitely that it would not be so easy to calculate the amount that each individual should receive.*

*Gentlemen, you have been let down with a bump by the J.A.D.C. and if this meeting allows them to remain in power unchallenged, your negotiations under the Health Service will be a farce. If you allow this body to speak for the profession and get away with this type of secret and unscrupulous negotiation MS238 with the Government, then all I can say is ‘God help Dentistry’*

MS239 and MS240 have been edited out

Then followed a reading of the full text of the minutes which have been previously given in Chapter 10 on the Joint Advisory Dental Council.

Finally, the summary:-

*“Gentlemen, the vast majority of our profession are bewildered by this mass of secret documents and negotiations which threaten the free life of our noble profession. Those men whose voice is now clamouring for justice look today to the Representative Board to give a lead for freedom. Do not allow a few men to sell your birthright - show the world that you intend to fight for freedom to do your best for your patients at all times, in the hope to receive a just reward for faithful service.”*

I remember well the tense excitement at that meeting when we deliberately kept the reporters waiting, of whom several were hanging about in the hotel anxious to let their papers know the decision of the meeting. As this was the time of the so-called dental strike the public were a bit worried that it was difficult to find a dentist to give treatment under the Service.

**MS241** At 2 p.m. on the Saturday afternoon the committee issued the following statement in time for the reporters to get the news to their editors for the Sunday papers:

*"A meeting of the Provincial Dental Groups Committee considered the recommendations of the J.A.D.. that the dental profession should accept the terms of the Minister of National Insurance, and was unanimously of the opinion that the offer will prove unacceptable to members of the dental profession.*

*"The Provincial committee also felt that time was not given for the profession to consider this offer before it was agreed that the minister should make a statement in the House of Commons implying that the dispute is ended."*

*"The dispute in National Health Insurance Dentistry is by no means ended - members of dental groups are not likely to accept dental letters until the conditions of service and remuneration in National Health Insurance Dentistry are altered so as to provide a satisfactory dental service for the insured population."*

**23.1.1947.** The profession was in a state of shock owing to the bewildering reports and rumours which were circulating. At a local meeting to discuss the situation the following resolutions were passed: 'That members of this Group will. continue refusal of dental letters, and recommend the the early adoption of the principle of grant-in-aid in any future Health Service' and: 'That this Group deplores the action or the J.A.D.C. in capitulating to the Ministry without reference to the profession. and expresses a vote of no confidence in the J.A.D.C. as at present constituted'. **MS242**

**10.3.1947.** In an attempt to activate unity, an unofficial meeting of the committees of local branches was held at 85 Wimborne Road, Bournemouth‡. This was to seek uniformity in the recommendation of members for election to various committees to be set up under the Health Acts. For liaison purposes a Joint Committee was chosen of Messrs. Donald, Torrens, Chapman, Fletcher, Gibbings, Preston, Daniels, Samson, Kempe A.C., Hancock, Hunt, Potter and Ebdon Machon.

**20.3.1947.** A questionnaire had been sent out and the report to the meeting was that, of a total of 61 sent, 40 had been returned as not in favour of accepting dental letters, 5 were in favour of acceptance. 34 disagreed to suspend concerted refusal, 5 agreed to suspend, 6 were not recorded. The committee considered this and circulated the members 'that in view of the numbers who wish to suspend concerted refusals it was felt that the Group could not maintain its previous position. It accordingly asks that you use your discretion in accepting only those dental letters which you feel you must'.

At the same time the Health Services were in the process of being formed and the following members had been elected to the Local Dental Committee: Samson (Chairman), Torrens (Vice Chairman), Hancock (Secretary), Gibbings, Kingston, Daniels, Donald,

‡ The author's surgery

Chapman, Hunt, Bowler, Curtis, Gosling, A.C.Kempe, Beck and Toby. At a subsequent meeting of this Committee the following were elected to the local Executive Council: Samson, Chapman and Torrens.

4.3.1948. The committee had heard from various local groups and the general picture was not very comforting.

11.5.1948. A meeting at the Grand Hotel, Bournemouth (now demolished) was called to consider local reaction to the National Health Service and decide on policy. There were 13 members present and the discussion did not result in any resolutions, the general view was that economic pressure would force most practitioners to participate sooner or later. MS243

2.3.1950. This meeting was held to wind up the Group. The three dental societies had now been amalgamated and most practitioners had joined the Service and it was now up to the new B.D.A. to look after the interests of the profession. As there was a sum of about £30 in the funds, the meeting decided that this be given to the Bournemouth Section of the B.D.A. towards the purchase of some sort of projector for use at meetings.

So after about five years the Bournemouth and District Group came to an end. There is no doubt that the Ministry won the last round, but it can be stated quite categorically that, if the groups had not put up such a good fight, the first scale of fees would have been much lower. After the strike the Minister was somewhat uncertain and had to tempt the dentists into the service, and he did this by what appeared to be an adequate scale. The fact that he reduced these very soon afterwards is however another story. Anyway it WAS fun while it lasted, and a number of good friends were made during the struggle. MS244

## Yeovil District Dental Group

This was the most active of the Provincial Groups and its circulated documents formed the basis of the work of most of the other groups in the country. On account of their importance they are here given in full:

**United Dentists - Yeovil District - A Statement of Policy.**

*We, the undersigned, being the United Dentists of the Yeovil Parliamentary Division, wish to record our belief that it is of the utmost urgency for our profession to become a United and Self-governing body; recognising, as we do that the Dental Profession exists as a minority within the State; and that MS245 therefore only by Unity and the adoption of a firm policy can it avoid the fate of the other minorities who have been at the mercy of National and Local Political Interests.*

*We believe that the Status of the Dental Profession must depend upon the standard of service that profession can afford the Public; and the conduct of the individual within the profession; and we have agreed that locally to abide by the simple code of Ethics and Minimum Standard of Private Fees which we have adopted in this district will immeasurably improve and strengthen our position.*

*We are convinced that the so-called 'Apathy' of the rank and file has been brought about by a long continued sense of frustration caused by a failure to attempt the achievement of Unity, and the unattractive conditions of service of the individual. But we note with satisfaction, that an impatient restlessness is now evident in the rank and file and we appeal to all men of Spirit and Goodwill to safeguard the future of their Profession by meeting with their colleagues in their own districts to discuss and formulate a plan for Local Unity. We would express our conviction that only from the example set by the achievement of Unity in each small district can a genuine National Unity be born - Strong in character and inspired by the true Brotherhood of its local elements.*

*We are only too well aware that the passing of resolutions has had but little effect in the past nor is likely to avail us in the future, unless we are prepared to make, each one of us, some effort and reinforce our resolutions by taking suitable action.*

*We sincerely believe that, if we fail to explore every possibility of achieving Unity within our ranks and prove our ability to assume the responsibility of self-government in a spirit of concord, then we must admit our failure as a profession to lay the foundations for the orderly development of an important and respected calling; and must deserve the censure and contempt of our successors. MS246*

*We herewith record our profound disgust at the prolonged continuation of the Scale of Fees for National Health Insurance, which, based as it was, on a scale suitable for CHARITABLE DENTISTRY, has remained, not as an expedient for the treatment of the WAR WOUNDED) (1914-1918), but become the governing factor in determining the totally inadequate recompense the majority of our brethren may expect.*

*We feel it pertinent to enquire why - since 1921 when the general standard of living has been increased and the value of our National Currency has decreased - the Dental*

*Practitioner is expected to meet his ever-growing liabilities out of fees almost identically the same as those originally formulated under very different circumstances? Indeed we know of no other section of society which has suffered so gross an imposition.*

*We have no hesitation in stating that were the present Scale of Fees to be increased innately by ONE HUNDRED PER CENT. then this increase would be insufficient to recompense those of our brethren who have laboured to the best of their ability for nearly a QUARTER OF A CENTURY for a financial reward which has remained as a living insult to them and their calling.*

*We wholeheartedly agree that Government should provide that no British Citizen should be denied dental treatment; but are convinced that if the State is to provide assistance towards the treatment of its humbler members, then it is not to the material advantage of the patient nor the self respect of the dentist that the latter should be not merely tempted, but by economic necessity, forced to supply an inferior service.*

*We greatly deplore the present unsatisfactory conditions under which the School Dental Officer is working and are of the opinion that the full support of a United Profession should be given to a movement to improve his status; both MS247 with regard to remuneration and general working conditions. A dignified and self-governing profession would not - we feel sure - tolerate the present situation where the School Dental Officer is expected to work under the direction of the Medical Officer; but would obtain for him a true recognition of the vital part he is ready to take in building the foundations of a Greater Service. His junior position and limited hopes of advancement can hardly encourage a state of mind that ensures he operates at his highest potential.*

*We feel that, as the practice of dentistry calls for the combination of craftsmanship, artistry and science with no little degree of skill and patience and that it is associated with a certain amount of unavoidable unpleasantness and a comparatively short earning life, it should afford its followers a reasonably high monetary reward.*

*We view with disquiet the possibility of any attempt that may be made to dilute the profession or cajole the misinformed lay public by the offer of bursaries; being convinced that an increase in numerical strength can only be. advantageously secured by an improvement in the standard of living of the present generation of dentists.*

*We are aware that the lack of some cohesive plan has resulted in the establishment of the so-called "repair shop" - often the venture of some more ambitious mechanic who has realised, only too well, that his original employer could not regard him in a manner commensurate with his services. It is our belief that the mechanic - that vital complement to our services - should receive a fair monetary reward and a recognised status in the skilled trades; but we are strongly of the opinion that such a technician should not be permitted to practice prosthetics.*

*We think it should be quite obvious that a material improvement in the condition of the profession will ensure that the right type of student will cane forward in ever increasing numbers who has inherited the qualities, matured in a MS248 contented environment, and obtained the full approval and recommendation of his father to embark upon such a career.*

*We support the prevailing opinion that the continued existence of the several*

*organisations in the profession must exert a harmful effect within our ranks and fail to afford us an authoritative voice in external deliberations; nor indeed, can the continuation of such a state of affairs be justified if we are successfully to shape a broad policy and negotiate the grave and difficult future that confronts us.*

*We feel that the profession should now emerge from its adolescence and, recognising that it exists in a grim and severely practical age, should put aside all questions of sentiment and privilege and demand the FUSION of the existing societies into a new organisation with a fresh title such as “THE BRITISH DENTAL UNION” or “THE UNITED DENTAL ASSOCIATION”.*

*We suggest that were this fusion to take place in the very near future a grateful profession would be happy to subscribe a fee equal to that already paid annually to the Dental Board, in order to form a fund for the re-establishment in Civil life of our colleagues in the Forces. In this manner a loan free of interest - could be granted to any Service Member, who upon re-entering civilian life, found it necessary to seek financial assistance.*

*We recognise the valuable work that has been done by the existing societies we do not hesitate to state that a true representation of the profession can only be achieved by the election of “men” not “names”; and that this principle of Democracy can only be observed where the candidates for election are prepared to publish their policy and disclose the proportions that State dentistry occupies in their individual practices.*

*We greatly deplore the fact that men who follow the same calling and who are so often found striving for the same ideals should continue to be so differently MS249 described; and are quite convinced that a common title whether it be “Dental Surgeon” “Dentist” or an agreed title, should be adopted by all who have the honour to be listed in the Dental Register. We feel that the continuation of this differentiation, which at its best is an anomaly and its worst an invidious distinction; is neither in the interests of the furtherance of Unity nor worthy of the true Spirit of Brotherhood which should be fostered in a Profession that is to flourish and follow the road of real progress.*

*A United and Autonomous profession can expect a brilliant and honourable future; when the student will receive an improved Dental Education; when a National Institute of Dental Research becomes an established fact; when the practitioner uses materials passed by a Bureau of Standards; and when all forms of unorthodox practice will have ceased to exist.*

*Only on such sure foundations as these can be built a fabric that will ensuring the highest form of service for the Nation, administered by a contented profession; and only thus can British Dentistry hope to secure a position of respect in the World.*

*In conclusion we wish to emphasize that this Statement does not emanate from a body of men who wish to inflict upon the profession yet another society or association. It is published by a group of practitioners who represent members of all three existing associations, together with men who belong to none. Indeed, the presence of the latter within our Group encourages us in our belief that the achievement of Local Unity will occasion a demand for National Unity that will ultimately become irresistible.*

**“ONE PROFESSION, ONE TITLE, ONE ASSOCIATION”**

**YEOVIL, SOMERSET.**

Wednesday, 16th Feb., 1943. MS250

Signed . . . . . Society

W.BLOCK, L.D.S. . . . . P.D.S.A. . . . . Yeovil

H.BROOKES . . . . . I.D.S. . . . . Yeovil

F.C.COLEMAN . . . . . P.D.S.A. . . . . Stoke-sub-Hambdon

H.COOK . . . . . P.D.S.A. . . . . Yeovil

W.A.DULY, L.D.S. . . . . B.D.A. . . . . Yeovil

G.W.GEEKIE, L.D.S. . . . . . Chard

J.H.GIBSON SMITH L.D.S. . . . B.D.A. . . . . Somerton

Hon. Secretary

W.G.HARVEY, L.D.S. . . . . Yeovil

Hon. Treasurer

J.J.HINTON L.D.S. . . . . B.D.A. . . . . Royal Air Force

A.G.HOSKING . . . . . I.D.S. . . . . Crewkerne

C.L.NORMANDALE . . . . . I.D.S. . . . . Yeovil

Chairman

R.LESLIE ROYAL, L.D.S. . . . B.D.A. . . . . Yeovil

E.A.SHEPPARD, L.D.S. . . . . Chard

R.WEAVER . . . . . I.D.S. . . . . Chard

The Hon. Secretary's name and address:

J.H.GIBSON SMITH

The Manor House

Somerton

Somerset.

Tel: Somerton 31 (Somerset).

### GROUP FORMATION

1. This is essentially a movement for the Rank and File. It is an effort to improve the lot of the WORKING DENTIST based on the knowledge and experience of the WORKING DENTIST. MS251

2. If you feel you are entitled to some opinion on the conditions under which you render your services to the community, or you have some doubts as to the future of dentistry, then treat the enclosed matter with serious and urgent consideration.

3. If you feel unable to launch the necessary propaganda in your district in order to achieve local unity, approach a colleague whom you think capable of the effort and possessed of the ability and enthusiasm to undertake this service.

4. It is advisable to circularise all the practitioners in the district well in advance of a proposed meeting and to obtain their answers to your invitation in sufficient time for you to call upon or telephone those that appear doubtful. Every effort should be made to get 100 per cent. attendance.

5. Do not be disheartened by cries of "Impossible" from those who quote as examples the "Diehard" and the "Fee-cutter", but politely point out that the attempt has not been made

ever before seriously to bring together all elements of the profession.

6. The enclosed "Statement", if read to the meeting, should command at least a sympathetic hearing; and the obvious benefits enjoyed by the Yeovil Group as evidenced in the "Scale of Fees and Simple Code of Ethics" should ensure that suitable action is at once taken by the meeting.

7. It should be clearly understood that the "Scale of Fees and Simple Code of Ethics" as agreed upon by the Yeovil Group is only enclosed herewith for purposes of guidance; and that any other meeting is expected to draw up conditions suitable to its own particular area.

8. The election of a Chairman, Secretary and Treasurer should be made when the purposes of the meeting have been explained; and a donation of a few shillings should suffice to cover the small expenses likely to be incurred. MS252

9. The advantages of Local Unity will soon become apparent, but, in order to bring about National Unity, neighbouring districts should be informed of your aims.

10. In the first instance it will be found desirable only to attempt Unity in a moderately sized district such as a Parliamentary Division. Local circumstances will govern this factor and the size of the area covered may be adjusted at a later date. The achievement of Unity in a Parliamentary Division does hold forth the promise of the sympathetic attention of your elected Member of Parliament.

The Yeovil Group does not presume to dictate a policy for the country as a whole, but is more than willing to act as a coordinating Committee, and, therefore, welcomes your suggestions and anticipates you will inform it of the results achieved in your particular area.

The members of the Yeovil Group wish to assist in every possible manner the furtherance of the aims of this movement and both the Chairman and the Hon. Secretary will be pleased to visit and address meetings held for the purposes of similar Group formation.

The Yeovil Group is bearing the cost of Printing and Postage, but donations - however small - will be gratefully received and used for the further publication of the matter enclosed.

Please direct any enquiries and requests for further copies of the enclosed literature to the Hon. Secretary, J.H.Gibson Smith, The Manor House, Somerton, Somerset. Telephone Somerton (Somerset) 31"

### **"YEovil DISTRICT DENTAL GROUP**

#### **A Simple Code of Ethics and System of Practice**

1. In the Temporary Absence of a Dentist from his practice a patient requiring urgent treatment, including extractions, dressings and the treatment MS253 of haemorrhage, shall be directed to any other Dentist (within the Group) whom he may choose. The dentist carrying out the treatment shall make no charge to the patient but will inform the patient's usual dentist, from whom he has been directed, of the treatment carried out, and the latter shall collect his usual fee for this operation. When a patient is so directed to another dentist he must be clearly instructed to inform the second dentist from whom he has been directed.

2. If a patient presents himself for treatment and the dentist, upon examination, suspects that another dentist has recently completed or partially completed a course of treatment, he should satisfy himself of the reason the patient has sought another dentist. He should

*communicate with the previous dentist and shall on no account continue treatment should he find that the previous dentist has not received payment for the treatment already given, unless he receives the express instructions of the previous dentist.*

*3. The names and addresses of unsatisfactory patients should be forwarded to the Secretary, who will transmit to all other dentists within the Group the details furnished.*

*4. The Limit of Credit should, in ordinary circumstances, not exceed the period of twelve months.*

*5. No dentist within the Group shall at any time use the terms “qualified” or “unqualified” when referring to dentistry as practised by any person whose name appears in the Dentists’ Register.*

*6. No dentist shall criticise before a patient any treatment carried out by a colleague; but when he believes a mistake may have been made by another dentist within the Group he should contact the original dentist with a view to a discussion of the case.* MS254

*7. Where a dentist experiences difficulty in the use of dental materials he should inform the Group through the Secretary, and if a remedy is not forthcoming either by the efforts or the experience of other members of the Group, then the Secretary will seek assistance from the Manufacturer.*

*8. When a dentist suspects a Dental Laboratory or mechanic to the Profession of dealing directly with the Public he shall at once inform the Secretary, who will undertake to investigate the case; and should the latter find the dentist’s suspicion confirmed he will at once inform the Group, whose members shall on no account forward any mechanical work of any description to that Dental Laboratory or Mechanic to the Profession.*

*9. Every dentist within the Group is expected to observe not only the letter of this Code, but also the Spirit, and always to hold himself in readiness to assist his colleagues.*

*This scale of Fees and Simple Ethical Code has been agreed upon unanimously by the Yeovil Group of United Dentists, and this Group represents 100 per cent. of the dentists practising in the Yeovil Parliamentary Division. The Group has, however, agreed loyally to abide by any policy passed by a 75 per cent. majority vote obtained at a meeting of the Group.*

*Any dentist who is not normally resident or whose main practice does not exist within the area specified as covered by the Group, is invited to join the Group, either by virtue of his possessing a branch practice within or close to the area; or solely upon his approval of the principles propounded by the Group.*

Signed: W.BLOCK  
H.BROOKES  
F.C.COLEMAN  
H.COOK  
W.A.DULY  
G.W. GEEKIE  
J.H. GIBSON SMITH

A.G.HOSKING  
C.L.NORMANDLE  
R.LESLIE ROYAL  
E.A.SHEPPARD  
R.WEAVER  
J.J. HINTON  
W.G. HARVEY

MS255

**YEOVIL DISTRICT DENTAL GROUP  
A MINIMUM SCALE OF FEES FOR THE TREATMENT OF PRIVATE  
PATIENTS.**

*A Private Patient is to be deemed one who is ineligible for National Health Insurance or Public Assistance.*

|  | £ | s  | d |
|--|---|----|---|
| <b>Scaling</b>                         |   | 10 | 6 |
| <b>Filling</b>                         |   | 10 | 6 |
| <b>Root Treatment and Root Filling</b> |   | 15 | 0 |
| <b>Extractions:</b>                    |   |    |   |
| <i>Local Anaesthetic per Visit:</i>    |   |    |   |
| <i>For each additional tooth</i>       |   | 5  | 0 |
| <i>Clearance: 17 teeth or over</i>     | 2 | 2  | 9 |
| <i>General Anaesthetic per visit:</i>  |   |    |   |
| <i>For the first tooth</i>             |   | 10 | 6 |
| <i>For each additional tooth</i>       |   | 3  | 6 |
| <i>Anaesthetist's Fee per visit</i>    |   | 10 | 6 |

*Where the dentist administers a General Anaesthetic and himself carries out the extractions, he shall charge both the Anaesthetist's Fee and the appropriate fee for extractions under a General Anaesthetic.*

|                              | £  | s  | d |
|------------------------------|----|----|---|
| <b>Dentures:</b>             |    |    |   |
| <i>One tooth</i>             | 2  | 2  | 0 |
| <i>Each additional tooth</i> |    | 7  | 6 |
| <i>Ten Teeth or over</i>     | 5  | 5  | 0 |
| <i>Full upper and lower</i>  | 10 | 10 | 0 |

|  |  |    |   |
|--|--|----|---|
| <b>Repairs:</b>                            |  |    |   |
| <i>For the first item</i>                  |  | 10 | 0 |
| <i>For the First additional item</i>       |  | 7  | 6 |
| <i>For each subsequent additional item</i> |  | 5  | 0 |

|   |   |    |   |
|---|---|----|---|
| <b>Remakes:</b>   |   |    |   |
| <i>For a denture up to six years old two-thirds of the Fee for new Denture:</i> |   |    |   |
| <i>One tooth</i>  | 1 | 8  | 0 |
| <i>Each additional tooth</i>  |   | 5  | 0 |
| <i>Ten teeth or over</i>  | 3 | 10 | 0 |

*For a Denture from six to twelve years old, approximately three-fourths of the fee for new denture:*

|                              |   |    |   |
|------------------------------|---|----|---|
| <i>One tooth</i>             | 1 | 11 | 6 |
| <i>Each additional tooth</i> |   | 6  | 0 |
| <i>Nine teeth or over</i>    | 3 | 18 | 0 |

*Except under very unusual circumstances a denture over twelve years old should not be remade.*

|   |   |    |   |
|---|---|----|---|
| <i>Crown 3</i>  | 3 | 0  |   |
| <i>Examination Fee where no treatment is carried out.</i> |   | 5  | 0 |
| <i>Radiographs</i>  |   | 10 | 6 |
| <i>Full mouth</i>   | 3 | 3  | 0 |
| <i>Haemorrhage:</i>                                       |   |    |   |
| <i>Treatment at the surgery</i>                           |   | 5  | 0 |
| <i>Treatment away from the surgery</i>                    |   | 10 | 6 |

**Broken Appointments:** Where no notice has been given and time consequently lost the Dentist is to charge for the time lost or the minimum fee for the operation that would have been carried out at that appointment. This charge should not be made to the patient who is ordinarily very punctual and considerate or who has been unable, through unforeseen circumstances to notify the dentist of his inability to keep an appointment.

It should be clearly understood that the above scale is to operate as a minimum only and that a dentist within the group is quite at liberty to continue to exceed these minimum fees, but should inform the Secretary if a case arises where, after his considered judgment, a reduction on the scale is warranted.

The comparatively low fees set as a minimum for certain items of conservative treatment were arrived at in order to assist members of the Group in encouraging the adolescent to undergo this treatment and maintain his mouth MS257 in a healthy state. This policy was agreed upon as it is realised by the general practitioner that it is the patient who needs to be inspired to undergo conservative treatment and not the dentist to be encouraged by a higher fee. It follows that should-one branch of dentistry be required to be subsidised by another then this should be at the expense of the patient who has disregarded his oral condition.

The above Scale will come into operation on and after 1st March, 1944." MS258

## Provincial Dental Groups Committee

To understand the growth of the Group Movement it will be necessary to look back in time to the gestation period of the old National Health Service as applied to dentistry. In 1922 or earlier the Insurance Societies had, each five years, a valuation of their assets and if there were any surplus funds these were distributed to their members as Additional Benefits. In the first scale of fees agreed by the D.B.J.C., the whole matter was treated more or less as a form of charity, because the scheme applied only to workers earning less than £250 per year. A comparison of the old scale, which ceased to operate in September 1926, with the new, which was in force until 6.7.1930, will show how the new scale was extended to apply to the so-called white collared workers (earning up to £450) in became entitled in the same way as their lower paid colleagues about that time.

| <b>Item of treatment</b> (only a few are included)       | <b>Old scale</b> | <b>New scale</b> |
|--|------------------|------------------|
| Scaling  | 5s 0d            | 7s 6d            |
| Fillings   | 7s 6d            | 7s 6d            |
| Extractions without anaesthetics                         | 1s 0d            |                  |
| with anaesthetics  | 2s 6d            | 2s 6d            |
| 4, 5, 6 additional teeth, each tooth                     | 1s 6d            |                  |
| over 6, each tooth                                       | 1s 0d            |                  |
| maximum  | £1 0s 0d         | £1 5s 0d         |
| General anaesthetic N <sub>2</sub> O                     | 5s 0d            | 7s 6d            |
| Maximum including extractions                            | £1 10s 0d        | £1 15s 0d        |
| Over 12 teeth  |                  | £2 6s 0d         |
| Dentures full (more than 10 teeth on each plate)         | £6 10s 0d        | £6 0s 0d         |
| Exam and report if patient does not return for treatment | 2s 6d            | 2s 6d            |

MS259

In the light of today's fees these may be shocking, but dentistry was in the doldrums and new dentists were only too anxious to accept them, in some cases even without asking for the patient's portion of the fee. This type of scale continued for over ten years until, in December 1943, the J.A.D.C. had agreed to incorporate, by arrangement with the M.O.H., into the N.H.I. Act Regulations, a new scale of fees. In view of the war and its accompanying inflation, this was the last straw as far as the profession was concerned, consequently new meetings were called all over the county. At last dentists were awakening to their responsibilities. This was a time when there were few dentists not in the forces and the spare cash in the pockets of the population enabled them to seek dentistry if they could find a dentist who was not too busy. The fees now imposed were the last straw and triggered off a violent reaction which the Minister had not expected. The Minister's difficulty was that, as the surplus funds were limited, he had to see that the total expenditure was constant. Thus he upped the items low in demand and cut the more popular ones with the result that filling and scaling fees were generally increased whereas those for dentures were cut. There was, at that time, a greater demand for dentures than for conservative work. A few selected items show how inadequate the scale was.

This scale was known as the 1944 scale of fees

|  |                   |
|--|-------------------|
| Examination fee (not chargeable if 6 or more natural teeth were present or by the same dentist within 6 months, but allowed even if no treatment was carried out.) | 5s.0d             |
| Extractions, first tooth, plus each extra, 2s 6d with a maximum of £1 10s.0d   | 5s.0d             |
| Anaesthetics, N2O from   | 7s.6d to £1 5s.0d |
| Fillings, each with a maximum of 17s 6d per tooth  | 10s.0d            |
| Dentures, full upper & lower   | £6 7s.6d          |

MS260

Other items were in proportion and equally out of step with the conditions prevailing. These fees were to come into operation on 1.3.1944 and were widely circulated to dentists, who at last began to discuss this new imposition among themselves.

An editorial in the Dental Gazette for January 1944 explained that the negotiations, which had broken down after five months, had resulted in the scale recommended by the J.A.D.C. as a matter of urgency. It pointed out that the scale was inadequate because of rising costs and would not provide the type of treatment required. The money to pay was only available from the surplus funds and therefore not sufficient to cover the costs of all the insured population if the demand increased. Further the return of the members of the forces to civilian life would increase the demand, as these persons had been able to appreciate the value of full comprehensive dental treatment which they had received in the services.

I had recently been appointed to the Head Council of the I.D.S. and to the Representative Board of the B.D.A. and was well known as a rebel, consequently an invitation to speak at a meeting of the North East Dorset Dental Group, which was called to discuss the latest scale, was not unexpected.

**8.2.1944.** My address to that meeting at Blandford gave a personal and irritated reaction to the political situation. It was practically the same as the account given under the title 'Squander Bacteriology', Chapter 12 page 160. The finish was: MS261 deleted MS262 Ms263 MS264

*"I can only conclude by saying that I do not like this scale of fees and neither do I like all the political hocus-pocus that accompanies it. I am against it to the full and I implore you to reject it this afternoon if you value your professional liberties and status. Vote against it if you value freedom. You have been warned!"*

There is a pencil note on my typescript that scalings appeared on 30% of dental letters, fillings 1.3%, extractions 68% and dentures 62%, so the general tendency was still to increase the item less common and decrease those which did not occur so often. The result of the meeting was that North Dorset was strongly in support of the Yeovil Plan which had been circulated a few days previously.

At this meeting I had the pleasure of meeting C.L.Normandale, the Chairman, and J.H.Gibson-Smith (Gibby to his friends), the secretary of the Yeovil Group, and made arrangements for them to attend a meeting to get a Group going in Bournemouth a few months later. This story is told in Chapter 13, page 165.

**14.7.1944.** The Yeovil Group sent a letter to each of the dental organisations offering accommodation to wives and children of dentists in the areas affected by the flying bombs which were then devastating part of southern England. These cases were to be dealt with

through the L.R.D.C. which meant that the MS265 Groups at last had some recognition; a number of cases were successfully accommodated in the country away from trouble.

1.8.1944. A sixteen-page foolscap duplicated publication entitled “**The Dental Group Bulletin**” was circulated to all officers of groups. This wordy issue stressed the necessity for a regular means of communications between the various groups as the regular dental publications were not too keen in giving publicity to Group matters. It requested information to encourage other areas, and that unity would not come from an amalgamation of associations but from the spirit of the rank and file. There was an article by C.L. Normandale on the value of Local Groups. A note referred to an advertisement by a repair shop: Dentures at £9, our N.H.I. fee was £6.7.6. Another article suggested that local Groups ought to act in cooperation with neighbouring Groups, and link up on a basis of areas, forming County Committees. There was a warning not to accept patients at a fee lower than the scale suggested by the Yeovil Group. The Group when formed should make itself known to Local Chambers of Commerce and other local bodies. Each member should join at least one of the Dental Societies and fight for Unity from within.

1.12.1944. This Bulletin contained only ten pages and laid stress on Unity, there was an long article by F. Salomon M.D. (Berlin) on the history of dentistry in Germany which had many similarities to our own. But there were little or no reports from other groups.

10.2.1945. A special supplement was circulated with the following information:

**“URGENT**

*A Consultative Committee consisting of six members from each Dental Association has been formed. This Committee is meeting the minister of Health MS266 on February 18th for discussions of a preliminary nature on the subject of a State Dental Service.*

*The members of this committee are as follows:*

|                 |                                  |                            |
|-----------------|----------------------------------|----------------------------|
| <i>B.D.A.</i>   | <i>Sir Norman Bennett</i>        |                            |
|                 | <i>W.L. Boness</i>               |                            |
|                 | <i>W.B. Grandison</i>            |                            |
|                 | <i>Alec. McGregor</i>            |                            |
|                 | <i>Comm. H. Parker Buchanan.</i> |                            |
| <i>I.D.S.</i>   | <i>T. Hindle</i>                 |                            |
|                 | <i>A. Thomas</i>                 |                            |
|                 | <i>T. Leaver</i>                 | <i>J.A.D.C</i>             |
|                 | <i>J.P. Henderson</i>            | <i>D.B.C. &amp; Teviot</i> |
|                 | <i>T.H. Flitcroft</i>            | <i>D.B.O. &amp; Teviot</i> |
| <i>P.D.S.A.</i> | <i>L.C. Atkins</i>               | <i>D.B.C. &amp; Teviot</i> |
|                 | <i>H.T. Roper-Hall</i>           |                            |
|                 | <i>T. Rankin</i>                 | <i>D.B.C. &amp; Teviot</i> |
|                 | <i>F.J. Ballard</i>              | <i>D.B.C. &amp; Teviot</i> |
|                 | <i>J.B. Coventry</i>             | <i>J.A.D.C.</i>            |
| <i>J.A.D.C.</i> | <i>W. Senior</i>                 |                            |
|                 | <i>A.H. Condry</i>               |                            |
|                 | <i>J. Lauer</i>                  |                            |

*It will be observed that the B.D.A. has wisely elected men who are not connected with the*

*Joint Advisory Dental Council nor with the Teviot Committee. But the Committee as a whole consists of EIGHTEEN MEN, TWELVE of whom are members of the Joint Advisory Dental Council who recommended to us the adoption of the 1944 Scale of N.H.I. fees.*

*The position is further seriously aggravated by the presence of FIVE MEMBERS of the Teviot Committee which exists in order to report to the Minister of Health."*

This also recommended that action by protest resolutions should be taken at once and these to be sent to the various societies concerned. This did produce results from any parts of the country and was instrumental in preventing this body from becoming a negotiating committee. MS267

1.4.1945. The Bulletin made a definite attack on the J.A.D.C. for accepting the 1944 scale, and warned that the new Consultative Committee could become a negotiating one if not prevented. The new scheme for National Health Insurance should be published for the profession to discuss, and should not be rushed. It was important for the Groups to meet and extend their influence by encouraging other Groups in adjacent areas. This was necessary as well as working through the three dental organisations.

14.4.1945. The Committee formed on 10.2.1945 circulated a report - Confidential not for publication - to each member of the profession giving details of the discussions with the Government on the proposed new Service. This six page document was very thorough and outlined briefly the shape of the Health Service which was later to follow.

1.5.1945. A personal letter from Gibson-Smith, which came with the Bulletin, recommended the holding of Joint meetings of the three societies in each locality. Each to vote on its own resolutions but the discussion was free for all. The Bulletin devoted some space to a detailed description of the Dorchester and Weymouth scheme, and informed all of the 100% success in that area in creating a minimum scale of fees for private patients. The Group had unanimously agreed to accept dental letters for conservative work but would refuse to supply dentures at less than their agreed minimum of £10.10.0. If a patient required treatment including a denture a private contract was made, and on completion the receipted account was sent to the Society by the patient who applied for assistance towards the cost. Some societies actually paid more than was allowed under the N.H.I. rules. This was in fact Grant-in-aid until the Ministry threatened to surcharge them. MS258

8.5.1945. There was appointed s committee of 22 (called the Teviot Committee) to report on the provision of an adequate and satisfactory dental service for the nation, to secure adequate entrants, existing legislation and the government of dentists, and research into causation prevention and treatment of dental disease.

The May bulletin also had a comprehensive commentary on a recently circulated report on the discussions, it concluded with the warning: *'Unless the state scheme permits the continuation of the patient/practitioner relationship and allows for the difference in skill, personality and conscientiousness of different operators, then the service will not be used by the patient who seeks regular treatment and will thus fail to obtain the cooperation of that type of practitioner whose willing service is absolutely essential to the success of the plan as a whole.*

*'The immense difficulty of establishing a state service exists in the obvious need for*

*some compromise that aims for the protection of the individual patient but permits at the same time, of attractive conditions of service. Without the cooperation and the competition of the progressive practitioner the service is doomed to become a shoddy one, eventually leading dentistry to new depths of mediocrity'.*

These were wise words; the final advice was to refrain from too much condemnation of the legislative proposals but to demand the completion of the work of the Teviot Committee which did publish its report partly in July 1944 and its final in February 1946. This was followed in a few months MS269 by the Act itself.

1.7.1945. The Editorial pointed out that Victory in Europe meant that there would soon be a lot dentists returning from the forces, and indicated that these should be told of the Group ideals and encouraged to join. The Government idea was no less than an attempt to Nationalise the Profession and turn the practitioner from an independent individual into a civil servant. It would require strong bonds of UNITY to avoid this. Further that the masses cannot afford luxuries and the necessities of life, they choose luxuries and therefore the state has to provide the necessities. The main object of the Groups was to produce Unity locally and nationally so as to be strong enough to resist attack on our integrity. The Government was inclined to produce propaganda in order to gain its ends, this must be discouraged by fighting the members of committees who spoke on the side of the suppression.

A number of reports from other Groups were included and showed that the movement was growing. Resolutions were flying all around the handful of the administrators who were planning what was thought to be an assault on the freedom of dentistry.

17.7.1945. A supplement was circulated giving a factual view of the possible decisions of the Consultative Committee (of 10.2.1945) warning that the views of a few members of this committee may not prevail, but that the wishes of the majority of the profession should be made plain to the Authorities at once by all groups. It commented on the apathy of the B.D.A. who had left the negotiations to a few members on this committee and the Representative Board would not meet again until the end of September. MS270

1.8.1945. This was a time of uncertainty in the profession. Many scales were being disused. This issue of the Bulletin was mainly concerned with scales. There were other ways of calculating payment but none seemed to be as useful as the itemised scale. Many groups wanted a scheme of Grant in aid, which had been in use in Austria and other places before the war, but the Authorities would have none of it. The idea was that the dentist charged what he thought fit and the patient would collect whatever allowance was determined by the powers that be. J.J.Gillard Bishop had suggested a points scheme which was a roundabout way of calculation and was never accepted.

There was a notice that the B.D.A. Insurance Acts Committee had drafted a basic scale, the examination fee to be 7s 6d and apply in each case, even if the patient had no treatment, and the Denture fee was put at £5.10.0. for full dentures. Remakes same as a new denture, after eighteen months rebases at half the new denture fee.

13.10.1945. The Yeovil Group held a meeting and amongst other things were annoyed by a sticker that the societies were putting on their dental letters to the effect that the dentist should decide on the first examination that the dentures to be supplied should be specified as either vulcanite or the new plastic acrylic resin. This was answered by a slip

which pointed out that the dentist was expected to employ a proper degree of skill and attention and could not decide which material would be suitable until the impression stage.

The societies were in trouble by the Ministry's threat to surcharge them if they paid over the scale. So they advised patients that they could travel MS271 to Yeovil or elsewhere when reasonable travelling expenses would be reimbursed. As a demonstration of unity this group agreed not in any circumstances to accept patients from Dorchester.

There was also some concern about the growth of repair shops and many groups had noticed this. In spite of the Bulletin there was some confusion of discussion, but this was to be taken care of in the near future.

1.11.1945. There was a note of the active work being done by various Groups. The London Regional Committee was in the process of being reorganised and this became the London Group and eventually the Central Dental Group. Some groups had been formed without assistance and adjacent Groups were asked to help, and encourage.

The main issue was a review of the political scene and to show that the Bulletin in its present form was inadequate to deal with the situation. There was a strong comment on the 'Office holders' who were pushing the government side and ignoring the profession's reactions in the Group movement. The success of the Dorchester Group was an example to follow as it has 100% success in its stand. There was some talk that returned prisoners were unable to get dental treatment, so the Dorchester group offered to provide this free for repatriated prisoners of war and others serving. They asked their M.P. to investigate this lie and contradict it.

The final point was that a Conference was to be held at Salisbury in December to which all established Groups were invited to send representatives, to discuss Group coordination.

MS272  
14.11.1945. I had a letter from Normandale that he had heard from Condry (Sec. I.D.S.) stating that a resolution from the Bournemouth Branch of the I.D.S. *'That this Branch approves of the principles laid down by the Dorset and Yeovil Group and commends them to the council (of the I.D.S.) for their consideration with a view to recommending them to other Branches as a possible basis for Unity'*. The manifesto of the Yeovil Group was obviously too much and Condry wanted a short summary to include in the agenda for the next Council meeting. The Group Idea was at last penetrating the I.D.S.

1.12.1945. An urgent Notice was sent to all Group Secretaries pointing out that it was necessary to have a clear idea to give to the public. Thus there was no Dental Strike but some dentists were not prepared to work on dentures at the charity rate dictated by the Government. The public had no reason to expect dental treatment as a right as this was primarily an additional service and paid out of surplus funds and by the patients. With this came a note that the need for some body to co-ordinate the growing numbers of groups was very necessary and this was to be decided by the meeting in a couple of weeks at Salisbury. There were now 31 Groups in active mood against the impositions of the Ministry.

15 & 16.12.1945. The big mount had come when a well attended meeting at the County Hotel, Salisbury, was held to consider nearly 30 resolutions to co-ordinate the Group movement and determine a consistent policy. The representatives came from many Groups

from Land's End to Middlesborough. The first object was to regularise the Provincial Group Committee and suggest that county committees be formed, and the request for a minimum capitation fee of MS273 5s 0d with a further 15s 0d later to defray the cost of meetings, Bulletin, etc. Many other subjects were dealt with including the matter of refusal of dental letters. The conference had an 8inch column in the Southern Daily Echo 18.12.1945. About this time the London Group was in process of formation and as the conditions there were quite different to the Provinces it was decided first they should be kept separate as the two sections had different potentials.

16.1.1946. A letter from Gibson-Smith informed me that the following counties were affected by Refusals of Dental letters: Essex, Kent, Sussex, Surrey, Hampshire, Dorset, Somerset, Devon, Cornwall, Gloucestershire, Monmouth, Hereford and Yorkshire. P.O.W.s were receiving free treatment in most Groups, and the M.O.H. had now said that they had no complaint on that score against Dorchester.

25.1.1946. A letter from the J.A.D.C. to all secretaries of branches, sections and groups stated that they were in a position to negotiate a new scale of fees, and a meeting of the J.A.D.C. would be held on 14.2.1946. Unless by that time the concerted refusal of dental letters ceased they would be precluded from doing so.

29.1.1946. Gibby sent round a circular (confidential as usual) that all Groups should forthwith resolve that concerted action on the refusal of dental letters would cease, although each individual was still free to refuse any dental letter he wished. Decisions were to be sent to the Provincial Group Secretary as soon as possible. Dorchester and Yeovil did not like the fact that no idea of what fees were likely to be allowed was indicated and they were reluctant to alter their previous decision until they had more information. MS274

1.2.1946. The Bulletin carried a ¾ page cartoon after the well-known style of Chad looking over the wall saying "*Wot! No Dentures?*" with the reply "*No! Only blinkin' 'oles.*" There was criticism of some of our leaders who did not appear to stick together to get the best terms for the profession, and had been known to make detrimental and derogatory remarks about the state of the dental services. There was some comment on the letter from the J.A.D.C. and the reply to it. Groups would suspend concerted action but would review the matter frequently so that there would be no delay in arriving at a satisfactory conclusion, and that they would give every assistance to achieve those ends. There was general dissatisfaction in the profession with the conditions of service and that many individual dentists would tend to refuse dental letters either in part or whole, even in areas not covered by groups.

23 & 24.2.1946. This meeting, again at the County Hotel, Salisbury, was to consolidate the Provincial Group Committee. The following were present:

| <b>County</b> | <b>Representatives</b> |
|---------------|------------------------|
| Cornwall      | E.J.Perks              |
| Dorset        | S.J.Stevens            |
| Hampshire     | L.A.Wakeford           |
| Kent          | 8.W.Ingram             |
| Somerset      | A.Edwin Parrott        |

|               |                  |
|---------------|------------------|
| Surrey        | G.Richards-Smith |
| Sussex        | F.Hudson Keep    |
| Chairman      | S.W.Ingm         |
| Vice-chairman | H.Hunt           |
| Hon.Sec.      | J.G.Gibson-Smith |
| Hon.Treasurer | W.F.G.Harvey     |

with the following co-opted members:

A.Ashworth, D.Gent,  
C.L.Normandale, H.S.Phillips, J.B.Reed,  
E.S.Tait, R.G.Torrens.

Amongst other items considered, the following are worthy of note:

Keep, Torrens & Gibson-Smith pressed for a close can-operation with the London MS275 Groups through the L.R.D.C. provisional arrangements were made to meet and discuss. A committee of The Chairmen, Secretary, Stevens, Riehardcs-Smith, Torrens, Nomandale, Reed, Wakeford, Tait, Perks and Hunt were elected for this purpose.

As a basis for discussion. R.G. Torrens brought forward a number of points which had emanated from the Bournemouth Group.

- 1) That coordination of the Groups on a National Basis is a vital and urgent necessity. To this end, early meetings between representatives of the Provincial and London Groups are required to level mutual differences and formulate a single group voice and achieve unity of action.
- 2) That a strict and detailed mode of procedure regarding individual group action, county action and national action be formulated to avoid waste of energy and overlapping of effort.
- 3) That a common policy must be agreed between the London and Provincial Groups. This policy is to be formulated in accordance with the general wishes of the Groups.
- 4) That, having achieved unity of policy, an agreement on common policy should be achieved - let. us plan together where we are going and how we are going to get there. This in turn must be translated into a technique for future action on a national scale with variations to suit local requirements.
- 5) That all Groups be urged to put forward resolutions which will force the three dental associations to achieve complete unity of the profession.
- 6) That the J.A.D.C. scale of fees be recommended to all groups as an absolute minimum for the time being, subject to the revision of the conditions of service at an early date. MS276

These points were accepted as they were in conformity with the general ideals of the groups and that members should continue to infiltrate into the associations to press for unity, and avoid the idea of the Group movement becoming a fourth society.

An invitation from the I.D.S. to hear their views on Unity was accepted for March 14th.

The J.A.D.C. letter of 25.1.1946 caused a lot of discussion and resulted in a number of resolutions. R.G. Torrens stated that there was little likelihood of negotiations on scale of fees before the Spens committee had reported. This was a confidential matter and should be

discussed with the L.R.D.C.

The Committee then produced a number of points for the guidance and discussion. This was followed by reports from Groups. It was agreed that a list of spare equipment should be made; to be sold or lent to returning dentists or those bombed out. A. Edwin Parrott agreed to act as a collector of information.

12.3.1946. The confusion in the dental minds was growing, VE day (Victory in Europe) had come and gone, difficulties of post war years, shortages; returning dentists were wondering about their future. Then came a circular letter from the Dental Consultative Committee stating:

1. That two meetings had been held with the Minister of Health, the first to hear the proposals which were to be included in the Heath Bill, and the second to discuss them.
2. The absence of any exposition by the committee had been due to the pledge of confidence imposed by the Ministers. MS277
3. There had been in no sense negotiations, the Government made it clear that there would be none of these, although they would discuss or consult with the profession except on matters arising out of Spens.
4. Details of Remuneration and conditions of Service would be settled at a later date. (This was to be done by enabling legislation). An offer of a Spens Committee on remuneration was accepted by the Committee.
5. The Committee was aware of the apprehension in the profession and put forward the following points without which no scheme could succeed:
  - (i) The profession accepts the principles of a comprehensive Health Service in which dental treatment shall be available.
  - (ii) Freedom of the patient to choose his own dentist, freedom of the dentist to participate in his surgery or a health centre, and freedom of clinical judgment.
  - (iii) Although clinics might be necessary, private practice could be excluded only to the detriment of dentistry.
  - (iv) The right to sell practices or compensation for goodwill etc. should be maintained.
6. Dentistry should have autonomy as it differed materially from medicine and it was to lack of executive authority that the undeveloped state of School and H.M. Forces was directly due.

It then asked for support in pressing for these views in future developments. Naturally this communication did little to ease the confusion, it was a typical example of governmental tactics. Issue a complicated report or White Paper or similar document, while the profession as arguing about MS278 the many complicated detail therein, the main issue lies obscured. The London Regional Dental Committee, which had been formed from the old Coordinating Committee for District 5 (3), was doing good work and under the Secretaryship of J.E.H.Duckworth was spreading its influence. The Provincial Group Committee had some fears that they would lose heir original leadership if arrangements were not made. For some time there had been contact between the two and a Conference had been arranged for a get together. Unfortunately, although I was elected on that body, I was not able to be present.

13.3.1946. At 13 Hill Street, London, twenty-two representatives of the Provincial

and London Group Committees met to co-ordinate their activities. H.Hunt of Taunton was appointed chairman. The resolutions after the formal business crystallized the ideals. "That this Dental Group Conference recommends that a Central Committee of Dental Groups shall be formed, with its own Secretary, which body shall have power to act in support of Group principles.' Then, to determine the constitution of this committee, it was agreed 'That the Central Committee of Dental Groups shall consist of the Chairman and Secretaries of the Provincial Groups Committee and of the London Regional Dental Committee, with a separate Secretary.' Many of the details of organisation were to be left to the Committees but there were other resolutions of importance to be accepted. 'That this Conference recommends that all Group members not members of an Association be urged to join one or more of the Associations.' ' That this Dental Group Conference believes that Groups should remain autonomous regarding their local affairs but that any contemplated action likely to affect other groups should be placed before their District, regional county or coordinating Committee before action is taken.' MS279

The recent J.A.D.C. circular was then discussed and Duckworth, who had been appointed Secretary, gave a forecast of what was likely to come. The meeting authorised the Committee to draft a letter to the entire profession giving the Group reaction. The scale of fees then came in for discussion and Gibson-Smith, in a summary of the position, said that, if the J.A.D.C. did not produce a new and satisfactory scale by 1st May, it was likely that concerted refusals would be again in vogue. Unity was again mooted and resulted in a resolution that the views expressed in the Groups, if expressed in the three dental Associations, would lead to a unity of organisation which would be ideal. The broad principles outlined at Salisbury were detailed by Normandale and the meeting closed having laid the foundations for future action.

1.4.1946. The Digest carried notices of meetings arranged by the B.D.A. all over the country to discuss the Bill which was published in draft early in March. Speakers had been arranged to visit Newcastle, Carlisle, Liverpool, Manchester, Brighton, Bournemouth, Plymouth, Bristol, Cardiff, Leeds, Hull, Norwich, Cambridge and Birmingham, ending with a big meeting in London. These were to be open to the profession and were to discuss the reaction to the Bill. This Bill was a shock to the dentists, it contained some two hundred and fifty references to '*The Minister can . . .*' or '*The Regulations may provide . . .*'. Thus it was an enabling Bill, which enabled the Minister to do what he wished with the detailed running of the Service. This treacherous Bill amply demonstrated the reason why the so-called negotiations were secret and the Bill had been foisted on the profession entirely without its cooperation. MS280

14.5.1946. The digest, among other items of political importance, published a copy of a letter from the P.D.G.C. to the J.A.D.C., pointing out that the profession was expressing the profoundest alarm and disgust at the delay in bringing out a suitable scale of fees and that, if not done soon, further action in regard to concerted refusals might result.

25.5.1946. The Digest announced that the D.C.C. had engaged a Parliamentary Agent to assist with amendments to the Bill. There was an urgent request to all members to turn out all surplus equipment for the use of demobilized and blitzed practitioners. It reported the resentment aroused by the recent questionnaire issued by the J.A.D.C. Then it is strongly

suggested that individual Groups DO NOT at this stage take any action. The main reason was that the well-being of the whole Group movement should be considered:

THUS The J.A.D.C. agreed to a scale and referred this to the D.B.C. The small sub-committee, elected to open negotiations, should have stood by that scale and NOT agreed to any form of Questionnaire. The latter is quite irrelevant. This committee has failed in its task

BUT The threat by the Minister presumably still stands. This was to the effect that no negotiations would be opened if concerted refusals were continued.

AND If Groups adopt concerted refusals, any failure in the real or fancied negotiations which are supposed to be under way will quickly be laid at the door of the Groups.

THE BLAME should be brought to light and borne by those who are responsible. MS281

TO FORCE THE ISSUE. It is suggested that - at this present stage - each Group should consider the advisability of framing a resolution expressing its disgust at the inordinate delay in the issue of information and the completion of negotiations.

Resolutions were to be forwarded to the proper quarter and should be sent to the Provincial Group Secretary in duplicate to save time. There then followed a list of members of the Standing Committee of the House of Parliament with additional members. Some fifty in all set up to consider the Health Service Bill.

15 & 16.6.1946. This two-day meeting at the County Hotel, Salisbury, was attended by twenty-three members including Gilbert and Duckworth from the L.R.D.C.. Under the Chairmanship of S.W.Ingram there were present C.W.Pimlot, S.J.Stevens, H.Radin, L.A.Wakeford, S.White, A.Edwin Parrett, G.Richards-Smith, F.Hudson Keep, F.J.Cutmore, E.R.Irish, A.G.Mockridge, C.L.Normandale, J.E.Reed, E.S.Tait, R.G.Torrens, W.F.G.Harvey, J.H.Gibson-Smith.

Never have I known such unanimity in ideas at the long discussions on those two days. There was however a general opinion that it was too early to consider the major issues, as the best time to do this would be when the regulations governing conditions of service were published. There was some concern on the part of the Treasurer as many Groups had not sent in their subscriptions. A long discussion was resolved by requesting a further donation from each member via the individual Groups. The London Representatives said that their finances were covered by subscriptions to the Circular.

The report of the Sub-committee to meet the I.D.S. was considered and it was agreed that no further comment was of use at the moment, this meeting was MS282 to press the matter of Unity. There were many reports from County Representatives showing that many areas had consolidated their positions. The debate on the scale of Fees gave rise to the following Resolution:

*“THAT this meeting of the Provincial Dental Groups Committee has considered the present arrangements for negotiation concerning the N.H.I. scale of fees for dental benefit in the light of the most recent information. It regards as most unsatisfactory the explanations put forward for the delay in arriving at an acceptable conclusion, and considers that at an early date it will no longer be justified in using its influences to restrain individual groups from taking whatsoever action they may think fit.”*

This was soon circulated to all Group secretaries, with the comment that, if an acceptable

conclusion was not reached at an early date, there was no reason to restrain individual Groups from taking whatever action they may think fit.

**29.7.1946.** The Digest reported that some amendments to the Bill had been made while in the Committee Stage of the House of Commons. It also reported that there had been a notice from the J.A.D.C. that their views on the scale of fees had been reported to the Minister, but they must remain confidential until the Minister had considered than.

The Annual Report of the London & Counties Medical Protection Society contained the following (p.8): *“There have been some cases arising from the Dental Benefit Regulations and we feel very strongly that the scale fee for dentures allowed under the Regulations is quite inadequate and one can sympathise with dental surgeons who have quite wrongly departed from the Regulations. In doing so they cannot be defended, but the remedy is that representations should be made for an adequate increase in the scale of fees laid down.*

*‘There are, in many districts, local associations of dentists and in certain cases members of the association have collectively refused to abide by the authorised scale. Though we cannot advise the deliberate refusal or avoidance of the Regulations, if a number of associations throughout the country could combine to make representations to the Authorities, good results might be obtained.’*

**10.8.1946.** Confusion and agitation were hotting up in the profession so the C.C.D.G. sent around a summary of the dental political position to date to clarify the air. Briefly it stated that the J.A.D.C. had adopted a scale similar to the B.D.A. one (including £10.0.0 for full dentures), the D.B.C. agreed the scale but with dentures at £9.9.0 and remakes abolished. The Ministry called a meeting of the Dental negotiators - Bishops, Gondry, Lauer, Atkins, Flitcroft and Senior - and told them that they could not consider this scale at the present time because:

- 1) the inability of the insurance societies to finance it;
- 2) that if accepted it would prejudice the situation of the National Health Service Act.

They suggested a complicated percentage increase as an interim measure, and that the Spens Committee would have its results for consideration to take effect from April 1947 to 1948 and the presumed appointed day of the NHS. The dental representatives did not accept this offer. The Central Committee advised that all Groups were free from their undertaking to refrain from concerted refusals of dental letters and urged a united front in the light of possible future action.

**11.9.1946.** The C.G.D.G. sent a letter to all Group secretaries giving a statement for the press, this was so that all Groups should be consistent as the papers were at that time eager to publicise anything to do with the so-called dental strike. It also requested local cuttings be sent to the C.G.D.G. to keep it informed of the position. It reported that the JADC had met and decided:

- 1) To write to all members of the profession and call on them to refuse all dental letters forthwith;
- 2) That our representatives on the should refrain from attending meetings of that Council until the D.B.C. scale of fees is granted;
- 3) That our representatives on the Spens Committee be asked to refrain from attendance

until the present impasse is resolved.

24.10.1946. This Circular stressed that the C.G.D.G. was successful in its campaign for the scale of fees, and that there was a very wide non-acceptance of dental letters and a large number of new groups were being formed. It was hoped that there would be a large increase in the subscribers to the 'London Group Circular' which from the January 1947 issue was to become the 'Dental Group Circular' and would keep more in touch with the latest developments.

12.11.1946. The broadsheet sent to Group Secretaries warned of a dangerous situation developing, and that Groups should meet immediately to discuss matters. As the fight for a scale of fees had been predominant in the minds of negotiators, there was a likelihood of the conditions of service being forgotten. The regulations which would be introduced were certain to formulate MS285 these in view of their experience in the past. As refusals had been going well there was now almost complete deadlock with the negotiations and there was a grave danger that, if the government gave way on the scale suddenly, the conditions of service would be neglected and these were more important for the future. A London Mass meeting had put forward a recommendation for a complete revision of the conditions of service and it was necessary to get the Groups to follow this up immediately. There were four special points which needed consideration:

- 1) Prior approval and estimation.
- 2) Grant in Aid as Opposed to a fixed scale
- 3) Widening of the term 'Dental Fitness'
- 4) Consultant standard of Dental Officers.

In the meantime the notice advised the treatment of private patients (Insured) at the J.A.D.C. scale. N.A.L.G.O. was making Grant in Aid to its members.

29, 30.11.1946 & 1.12.1946. The most important meeting was held at Leamington Spa. The first business was the discussion of the serious circumstances and reports from the County representatives. There were thirty-two members present and on the second and third days we were joined by three members from London; Dickworth, Gilbert and Godden. There were now about seventy-five accredited Groups in the Provinces. There was considerable discussion about the consolidation of the movement as a whole. The scale of fees took some time, as the J.A.D.C. had recently agreed with the minister in requesting the acceptance of dental letters without asking the profession first, it had betrayed the dental profession in secret collusion and it was necessary for this meeting to issue a press statement to the effect that the MS286 dispute was by no means over. This was left to the Central Committee with the addition of Torrens and Godden. The Press were anxiously awaiting in the wings and at 5 p.m. on the Saturday the following statement was issued:

**Central Committee of Dental Groups, Leamington Spa 30.11.1946. 5 p.m.**

At today's meeting of the above Committee the following resolution was carried unanimously:

*"That this meeting of the Central Committee of Dental Groups is of the opinion that the Joint Advisory Dental Council failed in its duty to the Profession when, without consulting the profession generally, it agreed to the terms of the Minister of National Insurance on such an*

*important issue, and decided to recommend practitioners again to accept dental letters; and believes that members of Dental Groups will be unable to comply with the recommendations of the Joint Advisory Council, among the main reasons being:*

*"That the present offer of the Minister is identical with that previously rejected by the J.A.D.C. except for a vague promise of nebulous retrospective payment dependent upon further negotiations between the profession and the Minister.*

*"That until the negotiations upon the findings of the Spens Committee are satisfactorily concluded the profession would be providing treatment at the Scale of Fees imposed by the Minister and previously rejected by the J.A.D.C. itself as being incapable of providing a satisfactory service for the insured population.*

*"That there is no guarantee that the findings of the Spens committee will be applied in full to the N.H.I. Dental Benefit; the offer being merely one of further negotiations comparable to that which recently resulted in deadlock".* MS287

This statement was comparatively mild compared with the opinions expressed by many members in the privacy of the meeting, but nevertheless it had the effect of showing that the profession was consolidating its attitude, and could no longer be treated as a ragged body with three associations which could be used against each other.

**14.12.1946.** The result of the P.D.G.C.'s deliberations was circulated to all Group Secretaries with the suggestion that a meeting should be called immediately to discuss the position; full details were given in the London Group Circular which was also sent. The decisions that were taken throughout the country had a profound effect on the fixture negotiations with the Government, as it showed that the profession was solidly behind its leaders in the Groups.

**9.1.1947.** The P.D.G.C. broadsheet informed about the forthcoming Spens Committee, which was to examine and report on the financial expectations of the dental profession, and that it was important to supply any information requested. An investigation on behalf of the Provincial and central Groups was being made.

**12.1.1947.** Duckworth sent a notice to all Group Secretaries about a meeting that day held at 13 Hill Street, by the Metropolitan and Southern Counties Branch of the I.D.S. to discuss the dispute in N.H.I.dentistry. Condry and Ballard were on the platform to support the Head Council in acceptance of the Recommendations of the J.A.D.C.. The meeting however decided by a majority of 150 votes to 6 to reject the proposition. Further the meeting took the unprecedented steps to call an MS288 Extra-ordinary General Meeting of the whole Society to 'Thrash the matter out' this to take place within thirty days. Groups were urged to canvass their I.D.S. members to show that the membership is not supporting its Head Council. The London I.D.S., B.D.A.and Groups **'ARE SOLID FOR REJECTION OF THE J.A.D.C.'S RECOMMENDATIONS'**.

The resolution was officially signed by forty-six members of the I.D.S. and duly forwarded to the Secretary in accordance with Art. 21. Condry's reply was to obtain Council's reply (J. Pennycuick) who advised *'That the request should state the objects of the meeting and the business to be transacted thereat'* the requisition in his opinion was deficient in this respect and was invalid.

23.1.1947. The General Purposes Committee accordingly turned down the requisition. Naturally as member of Head Council I had early warnings of this rejection and sent the following carefully worded request, signed by thirty-three members, to the I.D.S. Secretary:

**REQUISITION FOR AN EXTRAORDINARY GENERAL MEETING.**

We the undersigned, members of the Incorporated Dental Society, do hereby request and require the General Secretary of that body to convene an Extra-ordinary General Meeting of the Society in London, at a convenient time and place; the Meeting to be held within six weeks of the 13th February 1947 for the purpose of:

1. Giving full consideration in open discussion to the action of Head Council in accepting the recent Joint Advisory Dental Council recommendations, without previously giving the Branches an opportunity to discuss the situation and express their views.  
MS289
2. To receive a resolution: that this meeting of Incorporated Dental Society members strongly disapproves of the action of Head Council in accepting the recent advice of the Joint Advisory Dental Council concerning the acceptance of Dental Letters, which action is considered to be prejudicial to the best interests of members and insured persons.
3. To receive a further resolution: that this meeting deplore and objects to the action of Head Council in delegating powers of negotiation to members of Dental Consultative Committee without allowing members an opportunity to express their views through the Branches. In spite of Clause 23 of the Articles of Association we feel that the delegation of such wide and important powers to a few members under the present circumstances may vitally effect the best interest of the patient and the profession.

This did have the desired effect and the meeting was called for at Birmingham, Queen's Hotel, on 23.4.1947 at 2.30 p.m.

23.4.1947. The official notice of the meeting was accompanied by a letter from T.Leaver, the Vice-President, in which he complained that this attempt to disrupt the society was from the minority within and under the influence of an outside attack. The Group Circular had announced the time and place of the meeting even before the final details had been arranged. It was therefore necessary for the members to turn up to vindicate the Head Council. The resolution about deploring the action of the Head Council was voted out MS290 by 96 to 46. The resolution to rescind Head Council advice was carried by 94 to 70 although the Chairman had warned that it was impracticable. There was one further resolution of note. That was to give the Council power to take initial steps to enter into Amalgamation with the other two associations, provided that the final arrangements would be approved by all members. So at last the Group movement was beginning to put the wheels of Unity into motion. During this particular incident the secretaries of the provincial and London Group were most helpful in advice which enabled me to act in conformity with the real purpose of the movement.

18.2.1947. At this time Local Dental Committees were being formed under the N.H.I. Act 1946 and the C.C.D.G. sent round a circular showing the need for strong action so that all dentists elected on those committees should be members of the Group movement. This

had already been dealt with by the Provincial Committee.

21, 22, 23.3.1947. There was a well-attended meeting at Newcastle-Upon-Tyne including representatives of the London Committee.

The advent of the Health Service under the 1946 Act was now an accomplished fact and the whole force of the groups were directed to urge amalgamation on the three associations, and the drive for this came mainly from the London Committee, but it was several years before this became an established fact.

4.7.1947. The Annual Meeting of the Provincial Group Committee was held at the Imperial Hotel, Birmingham, and the main issue was to recommend a consideration of the organisation of the movement on a national basis. There was some discussion about the National Health Service which was to be introduced next year. This was the last of the Provincial Committees that I attended. MS291

The confusion and bewilderment in the profession, caused by so many reports, committees and arguments, could scarcely have allowed a victory in the battle for the scale of fees, but there is no doubt whatever that the consolidated attitude of the Group movement indicated to the Ministry that the profession was not in a mood to be pushed around. Therefore the fight was useful in making the government offer a better scale of fees at the inception of the Health Service than would otherwise been possible.

The FOOTNOTE which was written about that time will illustrate how many frustrations were encountered in the National Health Insurance work, this is quite typical:

### PER ARDUA AD BENEFICIUM

Some time in November 1945 a Dental Letter was presented, and in a moment of temptation was filled in estimating for 14/14 dentures and duly returned for approval. In January the "Strike" started and work and pay were so scarce that I had time for thought - or had I? Anyway with the lifting of the ban on concerted action a letter was sent to the Senior Secretary<sup>†</sup> of the Dental Benefit Council. Enquiries resulted in a reply stating that the Society had not received any Dental letter of the type in question and a duplicate form was forwarded by the Senior Secretary in charge. This was attended to and filled in from our files. Unfortunately my secretary who dealt with the matter and is naturally well accustomed (!) to filling in these forms, struck out "is not!" in the section of the reverse relating to dentures forsooth! But did not add any comment thereto - why should she anyway? MS292

Now you would have thought that a Society, in an area where Dental letters were being selected, would have been glad to have a D.L. returned for Dentures. But no - back come the D.L. with a letter reading as follows:

*"I am returning herewith Dental Letter in respect of the above named member.*

*"I note you have estimated for a complete new set of dentures in this case, although you indicated that the member is already in possession of dentures. Before approving this estimate I shall be glad if you will inform me whether or not the member's present dentures are fit for re-make."*

Here a Dental equivalent of a Gremlin intervened and asked that right have they to that

<sup>†</sup> Dr. W.G.Senior was the Secretary.

information anyway! O.K. “Gremlin” says I and forthwith replied as follows to the aforesaid Society.

*“If you will be good enough to let me know under what section of the Dental Benefit Regulations you are empowered to demand the information required in your letter, I shall be pleased to furnish same.*

*“I would point out that this case has already been delayed for some months through someone losing the previous Dental Letter and has already been before the Dental Benefit Council.”*

A cheeky fellow in dire need of another case to pay his wages should not expect any mercy and sure enough the reply came as follows:

*“In reply to your letter, the Society (not unreasonably I think) wishes to be satisfied that the treatment specified on a Dental letter is necessary. MS293*

*“Where a member is stated to be already in possession of dentures and full dentures are prescribed without any extractions there may be a possibility that the existing dentures can be remade. Our experience is that most dentists insert a note on the estimate to the effect that the old dentures are unsuitable for remake and this opinion is invariably accepted by the Society.*

*“The question of remakes in similar circumstances has been raised from time to time by the Treasury auditor when the Society’s accounts have been under examination and to save trouble to all concerned it is our practice to ask the dentist (where no information on the point has been given by him) to confirm the question of unsuitability of the existing dentures.*

*“This is a such simpler and less autocratic method than to refer the case to the Regional Dental Officer under paragraph 23 (5) of the Regulations.”*

This was really too much! The idea of a Benevolent (sorry, Approved) Society writing under the lashes of a cruel Treasury auditor was really pathetic, and tears almost came to my eyes. Then I suddenly noticed the last little comment or rather threat of the R.D.O. Frankly this made me a bit wild so I replied in a somewhat restrained fashion as follows:

*“In reply to your letter, it should be evident that any dentist of repute would be unlikely to estimate treatment that was unnecessary. It is the assumption that the professional men are generally dishonest to which I take exception. MS294*

*“Under the circumstances I am returning the dental letter for your consideration. You can approve it or refer it to the R.D.O. as you wish.”*

Believe it or not the Dental Letter was back by return and approved without the- R.D.O.’s help after all.

Now all this may seem a trifle funny but seriously it is no joke and the whole incident shows how we have been bamboozled into putting notes on D.L.’s regarding filthy old dentures and thus wasting our time.

The Societies have no legal right to this information at all from us. If they wish it they can refer the case to the R.D.O. and that will cost them about 15s 0d per case; it also shows how the Societies take the line that all dentists are dishonest, all this apparently at the instigation of Tight Fisted Treasury and other officials.

That is no doubt why the B.D.A. comment on the “facts” !!! of the consultative

committee printed in the B.D.J. March 15th 1946, p. 210 (4):

*“Details of remuneration, conditions of service and the everyday work of the proposed scheme, will all fall to be settled at a later stage. As a preliminary, however, the Government has offered a Dental Spens Committee to examine and report on the range of remuneration in a publicly organised dental service. This proposal the Committee has accepted”.*

Yet in paragraph (3) above it stated that ‘in no sense of the word has there been anything in the my of negotiations.

Possibly a consultative committee had no option. MS295

**The Bournemouth Executive Council 1947-1958**

The Executive Council was a body set up under the N.H.S. Act 1946 Section 31. There was one for each county or county borough area. Half the members were appointed by the Ministry and the local authority, the other half by the professional committees also set up by the act. Although the details of their working was governed by regulations, the main function was to be the actual employing body of the medical, dental and other practitioners functioning in the non-hospital side of the service.

5.17.1947. So at its first meeting I found myself a member of the Bournemouth Executive Council with R.J.Chapman and E.Samson, all three of us elected as representatives of the Local Dental Committee. At this meeting the general business was the appointment of officers and allocation of duties. The representatives to the local Health Committee of the Bournemouth Borough Council were appointed as Councillor H.C.Brown and myself. On this committee I served for some ten years. The early date of this Council was to ensure that the whole machinery would be ready for the appointed day, almost one year later. In the following account only some of the items likely to be of interest from a dental point of view will be recorded. At first the meetings were held monthly, at the offices near the top of Boscombe Hill.

5.7.1948. On the appointed day, although the dental profession in the shape of the B.D.A. and the Groups had advised the dentists to keep out of the service, many were attracted by the fairly high scale of fees offered. Before that date the Executive Council had sent out forms of contract to all practitioners; MS296 however copies of these were reproduced in the dental journals previous to this. Even before the 'day' the Council was surprised to receive several of the application forms, cut from dental journals duly filled.

11.10.1948. Most meetings at this time were dealing with formal business of the early stages of the Health Services. One point of interest here was that the approval of the estimates for the year ending 31st March 1950 included the item for dentistry at £99,700. Services committees had been set up to consider complaints from patients and dentists and the Dental Estimates Board. There was a report from one about a doctor, but this had been resolved *'the matter having been ventilated did not call for further action.'*

30.11.1948. The Finance and General Purposes Committee reported that they had received notice of the General Dental Services Fees (Amendment No.2) Regulations 1948, with which was E.C.L.126 dated 31 December 1948. This explained that for any dentist earning more than at the rate of £400 per month, the excess over this amount would be reducible by half. These provisions would operate from 1st February 1949. This was the first cut of note that the dental services had and it caused a great deal of discontent, especially when dentists were working very hard to overcome the backlog of neglect which the service had to overcome.

25.1.1949. On the confirmation of the cut in dentist's remuneration I reported that the Dental Committee (of which I was also a member) had lodged a protest with the Ministry of Health as to the manner in which the revision of the terms of the dentist's contract had been decided upon. Not that this did any good but it was one of many protests which were voiced in

many parts of the country.

22.3.1949. The Dental Services Sub-Committee reported on three cases which it had considered, they mainly dealt with the complaints about dentures and were **MS297** decided on their merits.

24.5.1949. I had previously brought forward a recommendation from the Local Dental Committee that there was a great need for an orthodontic specialist in this area. This had been supported by the Medical Officer of Health. The result was that a strong recommendation was sent to the Hospital Management Committee of the need for an appointment of an orthodontic specialist in this area. At the previous meeting I had supported a recommendation from the I.D.C. that the qualifications of dentists should be printed after their names in the official lists published. The clerk had ascertained that this was a matter for local decision, and a resolution was accepted that in future lists these particulars be included. The I.D.C. had considered a special N.H.S. form which had been introduced and recommended that dentists should make use of this to facilitate the treatment of emergencies (toothache and post-operative bleeding) and if the practitioner could not deal with the case he should send it to a colleague instead of sending it to the hospital dental department. There were several cases of disagreements about dentures which were considered and decided, not always in favour of the patient.

26.5.1949. The Hospital Management replied that the matter of the Orthodontist was under consideration.

26.7.1949. A patient complained that he was offered a N.H.S. appointment for relief of pain in three weeks' time, but could be seen in three days as a private patient. The Council stated that the dentist had a right to refuse to see a patient if he so desired, but expressed regret that he had not told the patient that emergency treatment could be obtained at the hospital. There were several denture cases; in one the patient had appealed against the decision of **MS298** the Executive Council to the Ministry.

27.9.1949. There was discussed an interesting case where a doctor went on the dental list as well as the medical. The Regional Dental Officer had examined his premises and reported not too favourably on them. As the amount of dental work was small it was left to the clerk to discuss the matter with him and see if improvement could be obtained.

The annual estimates contained an amount for dentistry of £239,000 which was quite an amount larger than the previous estimate. Some dentists had wished their consultation times recorded in the E.C. lists as 'by appointment'. It was decided that the dentists' hours shall be stated in the lists.

24.5.1950. The revised estimates were again considered for the year ending 31st March 1950. General dental services were at £262,700 which was a large increase of £163,000 on the original. In fact the whole services in the Bournemouth area had been underestimated by nearly £200,000. Cases which were still being considered by the services committees were mainly about dentures; sometimes the dentist, sometimes the patient was at fault, often it was a case of misunderstanding.

23.5.1950. A Circular E.C.L. 48/50 dated 24th April 1950 was received from the Ministry announcing the interim revision of the current scale of fees on or after 1st May. This

was due to the very large sums being paid to some dentists, the Minister was prepared to consider a sliding scale of reductions related to the higher earnings and this would result in no less a saving if and when such a scheme could be worked out, with, he hoped, the profession's agreement.

The clerk had heard from the Hospital that the services of an Orthodontist Consultant had been engaged, to start not later than 1st September. This was **MS299** Mr. J.B.Hooper.

There were several denture cases considered and one where the R.D.O. had reported on a case, it was decided that the dentist had committed a breach of his agreement, and that he should be paid only for the work approved by the R.D.O. That he be required to submit all cases for prior approval to the D.E.B. for a period of six months.

26.9.1950. A case was considered in which the dentist claimed for a scaling which he had not done. This was discovered when another estimate was submitted and he was seen by the R.D.O. The Dentist was reprimanded and the patient was allowed to go to the other dentist.

27.3.1951. I announced that the present dental emergencies arrangements at the Hospital would cease when the contracts of the general dental practitioners would cease on 7th April. After that date the hospital would only be concerned with cases referred to the dental department by dental practitioners for special treatment, and that emergencies would in future have to be dealt with by the dental practitioners themselves. This alteration did not appear to be known to members of the Hospital Management Committee present, although it had previously been circulated to practitioners (this was in accordance with the Ministry directive of 8.1.1951 - see Ch. 6).

22.5.1951. Further discussions about the hospital decision took place, correspondence with the hospital had resulted in getting details confirmed, the purpose was intended to bring the service into line with the intentions of the Act. The debate emphasised that this meant the removal of a service which, had been available for the last 20 years.

There was a circular letter **MS300** E.C.L. 32/51 which intimated that there would in future be a charge to patients for dentures which would range from £2 to £4.5.0 according to the number of teeth on the denture.

Two cases were reported where the R.D.O. alleged that the treatment was not up to expectations. The dentist, who did not attend the hearing, was warned that future complaints might be taken more seriously, the council withheld the cost of treatment in each case. There were a number of denture cases considered at most meetings.

4.12.1951. Complaints were not always against professional men. A patient had obtained two pairs of glasses under false pretences, he had been apprehended by the police in Herefordshire on another matter, it was decided that, if found guilty of the charge there, the Bournemouth case should be taken into consideration but if the prosecution failed, the Council's case should not be further considered. R.H.Chapman raised the question of Priority classes and suggested that the Council should pay the patients half of the treatment. This was stated to be illegal. The clerk said that he had been in touch with the Ministry, but at the moment there was no way to overcome the difficulty. The matter required discussion at high level. It was some years before the priority classes were considered in this respect.

22.1.1952. There was a directive from the Ministry E.C.L. 6/52 which said that as National Identity Cards were no longer required, the holders would continue to use their numbers in the Health Service but babies and others who had no number would be allocated one. This number is necessary as all cards are filed at the Estimates Board under it. This is because of the large number of persons who have the same name and in many cases the same forenames. MS301

29.3.52. A doctor brought to the notice of the Committee the case of a very heavy patient who had fallen out of bed and could not be returned by the doctor and his wife, so the ambulance was called. They charged 10s 0d and it was a question as to who should pay. The Clerk was instructed to write to the Ministry.

27.5.1952. The case that fell out of bed was again discussed as arising out of the minutes, and it was held that the doctor's disclosure had exposed a deficiency in the service and the Clerk was told to pursue the matter with the Local Authority.

Circular E.C.L. 54/52 announced that patients would have, from 1st June, to pay £1 towards any course of dental treatment.

The services committee had to consider a case where a dentist had placed an inlay in a front tooth, but it had to be extracted two days later. The Estimates Board declined to pay as they claimed the treatment was not satisfactory, the dentist did not agree. There had been some considerable time due to the R.D.O. examination etc. This case was resolved by the clerk having a word with the dentist and agreeing that half of the cost should be paid by the Executive Council.

23.9.1952. The minutes of the Finance & General Purposes Committee contained the following: In this case the Dental Estimates Board suggested to the Executive Council that they might refer for investigation by the Dental Services Committee a case in which a dentist had filled a patient's tooth in February, but some weeks later the tooth had been extracted and an appropriate addition was made to a partial lower denture.

It was suggested that the filling had not been of reasonable permanence, and that consequently the dentist might be in breach of his terms of service.

In the ensuing discussion it was noted that the dentist in question was MS302 of the highest repute, and it did not appear reasonable to call his professional judgement into question in such a case, which was understood to be the first of the kind which he had. Furthermore, any allegation of failure to exercise proper skill and judgement would be difficult if not impossible to substantiate after a lapse of nine months, and it was resolved - That the matter be not referred to the Dental Services Committee for investigation.

This was the first time I had been investigated, and the allegations show how easy it was for a dentist to be summoned before a tribunal and given the third degree. The question here was how long should a filling last. If a tooth which was filled, which the dentist hoped he might save, should give trouble later, could he be blamed for trying?, and how long was satisfactory? The alternative was extraction and in this case patients would lose many teeth which might be worth a try. It was this ever suspicious attitude of the D.E.B. that was so frustrating to the ordinary honest hard working dentist.

28.5.1953. About this time the service had settled down and the Council was in the

habit of meeting every other month only. The large number of dental cases considered by the Dental Sub-committee were relating to the general fit of dentures and the Council received instructions to set up a conciliation committee of the Chairman and two dentists to consider these cases and save the time of the full committee. As we had been using such an arrangement for some time it was considered that there was no need to change.

25.5.1954. There was an interesting case before the Dental Sub-committee. A patient had a wisdom tooth extracted under gas on 19.3.1954 when, owing to some difficulties with the anaesthetic when a root broke, it was left. The patient consulted her doctor instead of her dentist so there was a delay of about a MS303 fortnight before he could see her. He then sent her to hospital where I saw her, X-rayed her and admitted her two days later. The area was extensively covered with granulation tissue (soft healing tissue which bleeds easily). When opened in the theatre the root could not be found in the bone which was very soft and carious, as it was loose in the soft tissue. The area was cleaned and sutured; healing was uneventful. Naturally this became the object of a complaint and resulted in a long hearing. The findings were:

- a) That there was an error of judgement on the part of the Complainant in consulting her doctor instead of reporting back to the dentist, and this contributed to her unfortunate condition.
- b) That on the 5th April the Complainant conveyed to the Respondent's receptionist that she was in pain and the matter was urgent.
- c) That the receptionist failed to convey the sense of urgency to the Respondent, for which negligence the latter must be held responsible.
- d) That the aforesaid negligence constituted, in the particular circumstances, a breach of Paragraph 4 of the Respondent's Terms of Service, which the Committee regard as technical.

Recommended - that, taking into account the apology which had been tendered by the Respondent and that the Complainant did not complain of negligence in the actual treatment which she had received, the Respondent be warned.

This is another example of rather unnecessary waste of time on a case which really was no fault of the dentist. No dentist can guarantee not to break a tooth. This is very easy to do if the conditions are difficult, as MS304 they can be under gas. My old tutor in Dublin used to say that any dentist who boasted that he had never broken a tooth had in fact never taken a tooth out.

24.5.1955. Circular letter E.C.L. 24/W55 was received stating that the reduction in dental fees of 10% would cease as from 1.5.1955. In addition a new scale was being negotiated and would be introduced as soon as possible.

24.9.1957. The following case illustrates the degree of time wasting and frustration that could be caused by the severe interpretation of regulations imposed under the service. In the February of the previous year I had engaged an assistant in our practice, whose work was very good in all branches. The minuted account has been shortened as much as possible Without removing the important points:

#### **Question referred by Dental Estimates Board.**

A communication was received from the Dental Estimates Board inviting the attention of the Executive Council to a case in which it appeared doubtful whether a dentist had employed a proper degree of skill and attention and had satisfactorily completed the treatment necessary for a patient's dental fitness as required by paragraph 3 (1) of the Terms of Service for Dental Practitioners.

The accompanying papers showed that the patient, a child of about 14 years, had received from the assistant of a dentist treatment which included ten fillings and a 4-tooth upper denture, the treatment having been concluded on the 26th May 1957. The patient was examined on the 19th August 1957, by the Regional Dental Officer of the Ministry of Health, who reported that he considered six fillings to be defective, and of these, one appeared not to have been mixed or condensed properly. In addition, the denture had been repaired MS305 since it was supplied and could not be inserted, it being considered, moreover, that it was too thin for adequate strength. A new one was advised.

The Dental Estimates Board suggested that the matter was one which the Council might wish to refer for investigation to the Dental Service Committee under Regulation 4 (5) of the Service Committee and Tribunal Regulations, and it was

Resolved - That the matter be referred for investigation, to the Dental Service Committee.

26.9.1957. The assistant wrote to the D.E.B. stating that "*Apart from some inaccuracy there are statements in the report with which I do not agree. I understand that it is usual in these cases for the Dental Practitioner to be asked for his comments*". A meeting with the Regional Dental Officer whose report started the action was suggested.

3.10.1957. I received a letter from the Executive Council which contained the details of the D.E.B.'s case and a last paragraph which said:

*As you may be aware paragraph 1 (b)(ii) of the 1st Schedule to the Service Committees and Tribunal Regulations provides that, where a complaint concerns an assistant of a Dental practitioner, he or she will be treated as a party to the investigation if within 14 days he or she applies to be so treated.*

5.10.1957. A letter from the Executive Council to the parent of the child stated '*With reference to the question of dental treatment of your daughter . . . in view of the report of a dental officer of the Ministry of Health, the matter is to be considered by the Dental Services Committee of the Executive Council.*' MS306

The wording of this letter seemed to be calculated to cast aspersions on the good name of the dentist in the eyes of the patient and started my bile to circulate.

7.10.1957. The solicitor to my assistant wrote to the Council a long letter of protest. '*I do not quite understand how the Council is in a position to make a decision as to whether or not to refer the matter to the Dental Services Committee unless it has before it from the Board the case not only of the Regional Dental Officer but also of the Dental Practitioner concerned.*' He naturally was shocked that the procedure should apparently not conform to the normal processes of law. The regulations were not concerned with law, but keeping control over the wicked dentists!

25.10.1957. The case was duly investigated and the following is a brief summary:

*The dentist who afforded the treatment was an assistant in the employment of a firm of*

*two dentists and elected to be treated as a party to the investigation.*

*The hearing was attended by both members of the partnership, the assistant (who was assisted by a dental colleague), a representative of the Local Dental Committee, the Dental Officer and the patient.*

*The dental members of the Committee proceeded to examine the patient's mouth, and on their return one of them stated that they were in agreement that as far as the completed treatment was concerned, it was quite satisfactory. They also considered the original denture was satisfactory, but this had in fact been replaced (free of charge) by a fresh one. The dental members observed that further cavities were present, indicating the rapidity with which the patient's mouth changed and showing a complete change of picture in MS307 about two months. A factor to be taken into consideration was the length of time taken by the treatment, which in a child of that age, lead to difficulties.*

*In reply to a question, the dental members agreed that it was to be implied from their statement that they considered that the fillings which were in dispute, were satisfactory at the time they were inserted.*

*In view of the dental members' unanimous opinion, the Committee decided that there was no case to answer, and that there was no necessity to call evidence. Written statements by the respondent assistant and the principals which had been tendered prior to the hearing and circulated, were accordingly not considered.*

### **FINDINGS**

- i. That the treatment shown on the Estimate Form in the Case was satisfactorily completed.*
- ii. That the respondents were not in breach of paragraph 3 (1) of the Terms of Service for Dental Practitioners.*

*Recommended - that the case be dismissed.*

**26.11.1957.** The gross unfairness of the case with its implications of faulty dentistry rather inflamed me and at the next meeting of the Council I read a prepared statement of how I felt. Really I should have kept my big mouth shut in view of the shower of antagonism that was released. The State (i.e. Council) can go no wrong.

A short discussion took place, the Chairman suggesting that owing to the impossibility of the members keeping in mind all the contents of the statement, consideration of it should be deferred to the next meeting.

The Council agreed, and decided that a copy of the statement should be circulated, and the matter placed on the agenda for the MS308 next Council meeting.

### **STATEMENT**

This is a case which should not have wasted the time of the Services Committee on account of the questionable nature of the procedure, and inaccuracy of the Dental Officer's report.

When the Clerk brought the matter before the Executive Council at its meeting of 24th September 1957, he stated that he had a request from the Dental Estimates Board for the case to be considered by the Services Committee. As a member of that Council,

I expressed the view that this was not a case for the Service Committee as there was difference of professional opinion. He then emphasized that, as the case was referred within the limit specified, that the Council has no option but to refer it. The matter was then agreed without further discussion. In his letter to me dated October 3rd he writes that the case was to be "*considered for possible investigation*" — A very different story. This unseemly pressure indicates bias against a practitioner and is a travesty of justice, as at no time was any explanation requested, either by the Dental Estimates Board or the Clerk, before the Executive Council meeting. This type of procedure has no precedent at law and incidentally, placed me personally as a party to the investigation in a very embarrassing situation. I was not given any opportunity to withdraw from the discussion. I therefore accuse the Clerk of unwarranted dictatorship.

Further it appears that the Clerk has requested a statement from the patient's Mother, in a manner which might have been prejudicial to the issue, but at no time was an explanation requested from any of the practitioners concerned. MS309

The Respondent is an assistant to the partnership but Mr. Torrens is treated as the accused, who up to that time had no reason to suspect that any accusations had been made, until he was surprised by the mention of the case at the Executive Council meeting. His partner in the firm, and also Secretary of the Local Dental Committee, was not cited as a respondent.

The whole approach to this case assumed the guilt and incompetence of two or three conscientious practitioners. It had caused considerable mental anguish and pillorying of the assistant who has attempted to do the best for a non-cooperative, careless patient, who appears to have a most difficult type of rapid caries.

Twelve further cavities were present in her mouth, only two months after her examination by the Dental Officer. At the time, a word or a note from that Officer (as is his usual custom) would easily have solved the problem, which is based on a difference of professional opinion. These different opinions being formed at different times, in a mouth which was constantly deteriorating.

Consider item 15 of the Minutes of the Executive Council for 24th September 1957. This is not consistent with the Clerk's letter to me dated 3rd October, which stated that the matter was referred for possible investigation by the Dental Services Committee. In paragraph 1 of the First Schedule (1956 No.1077) there is an option for the Chairman to decide if the matter should be brought to the Services Committee or not. This option was not exercised in spite of my remarks in Council. The case could easily have been solved at this stage, had not the overbearing attitude or the secretary compelled the Council to refer it for investigation. MS310

Paragraph 1,a, also gives the Chairman a further Option to consider and if he thinks fit to dispense with a hearing. This paragraph also appears to be unfamiliar to those to whom it should be known.

Paragraph 1,b,1 states very clearly the procedure to be followed in the event of a hearing, and lays down that a copy of the complainant's statement should be

forwarded to the respondent. It is obvious that when the Dental Estimates Board asks the Executive Council to consider the possibility of investigating, and the latter decide to refer the matter, that the Executive Council and not the Dental Estimates Board is the complainant. However no complaint was produced, all the respondent received was a notice of investigation accompanied by part, and part only of a report by the Dental Officer. A report which was later proved incorrect by no less than seven professional opinions against one. It is clearly obvious that no case for investigation should be based on such flimsy fantasy. Imagine any Court considering a case framed in such a fashion. As these Services Committees can recommend fines in the region of hundreds of pounds it is not pleasant for any practitioner to face such a trial without good and sufficient reason.

At the hearing itself the Chairman of the Services Committee turned out to be the Chairman of the Executive Council in person. There may be nothing in the regulations to forbid this, but nevertheless it makes comment in the Council somewhat difficult with the same Chairman in both positions. As far as I remember no minutes of the Services Committee have been before the Executive Council. Therefore the Council has no official knowledge of the election of a Chairman to the Services Committee in accordance with regulation 3,a (1956 No.1077). MS311

Paragraph 5,4 lays down the persons entitled to attend the hearing. In addition to the Committee there were present the Secretary and two other paid officers of the Executive, and we have no knowledge of their being duly authorised to attend in accordance with paragraph 5,2,b. Further the partner was allowed to attend although he was not cited as a respondent and did not attend as an accredited representative of the Local Dental Committee. He should have been a respondent also, as he is an equal partner in the practice whose assistant was the direct respondent. The Dental Officer for the Ministry was also present and, although I pointed out the regulations, he was not asked to leave. As a witness (he did not represent the Board) he should only have been called to give his evidence, and should not have been allowed to attend the hearing in accordance with 5,2,c.

The proceeding at the hearing was somewhat vague. No statement of complaint was introduced but the dental members were asked to examine the patient. Evidence was at this stage produced against the Chairman's wishes. As this was relevant I insisted. This evidence was the record card filled in by the Senior Dental Officer for Bournemouth who examined the patient on 10th July (treatment was completed by the respondent on 26th May). This card proved that the mouth and denture were in a satisfactory condition at that time, and there were no caries present. Had the Chairman exercised his option at the appropriate time, this fact alone would have shown him that there was no prima facie case to answer, and that the complaint was of a frivolous nature. This evidence moreover with that of the three practitioners concerned, and the three Dental members, gave an overwhelming contradiction to the Dental Officers' report of no less than six to one. MS312

Further no copies of letters to the Patient's Mother were produced or at any time

sent to the respondents. I question the regularity of obtaining evidence by an enquiry prior to the hearing from someone not directly concerned, and not called as a witness. Especially when some doubts as to the quality of the work is implied as in the Secretary's letter to the Mother dated 5th October 1957 which reads as follows:-

*"With reference to the question of dental treatment of your daughter, in view of the report of a Dental Officer of the Ministry of Health, the matter is to be considered by the Dental Service Committee of the Executive Council. The Committee will meet at 4.50 p.m. on Friday 25th inst., at these offices, and you are requested to be good enough to arrange for your daughter to be present, so that her mouth may be examined."*

In conclusion I would like you to hear a little from the Clerk to the solicitor of the respondent, dated 29th October. Five days after the hearing:

*"With reference to your letter of the 7th the document which Mr. Torrens read to the Executive Council on the 26th November 1957 instant and to the telephone conversation which we had concerning it, as you were not representing the respondent at the Dental Services Committee meeting last week the Chairman ruled that the letter should not be read to the Committee, but I was authorised to reply to it.*

*With regard to your suggestion that the Executive Council should ask the Dental Estimates Board for an explanation as to why they did not seek the respondent's observations before referring a matter to the Executive Council, the Council of course have no jurisdiction over the Dental Estimates Board and the explanation which you wish for should be sought from the Board. You may, however, like to know that when I pointed out MS313 to the Board that the respondent's letter to them dated the 27th ultimo apparently called for a reply by them, they stated in their reply to me that the Board reserved the right to refer a case to an Executive Council for consideration without making preliminary enquiries of the practitioner where such action was considered justified by the circumstances.*

*As far as the Executive Council are concerned, however, the duty is placed upon them to refer any prima facie case submitted to them by the Dental Estimates Board, to the Dental Services Committee for investigation"*

The last part of the second paragraph is very interesting and indicates one of the aspects of the Health Services which professional men dislike. The right to refer cases without making preliminary enquiries. These enquiries should be made by the Chairman, and it is iniquitous when he shirks his duties in this respect, and as a result causes a great deal of unnecessary mental anguish to a conscientious practitioner.

The last paragraph of this letter is even more illuminating. It carries a direct statement implying that this case was a prima facie one, which in fact was proved to be contrary.

The whole approach to this case suggests that this Executive Council and its members should become more familiar with the regulations. In future a little more humanity and understanding could prove more efficient in the working of this bureaucratic wonderland in which we live.

Naturally a statement by the Clerk was also circulated.

**STATEMENT**

The document which Mr. Torrens read to the executive Council on the 26th November 1957 is not arranged in exact sequence and it might be confusing MS314 attempt to comment upon it, paragraph by paragraph.

It appears, however, that the document may be divided under the following main heads:-

1. Suggested incorrect procedure in connection with the reference of the matter to the Dental Services Committee for investigation.
2. suggested irregularity in the appointment of the Chairman of the Dental Service Committee, and of the procedure, etc. in connection with the hearing of the particular case.
3. Personal attacks upon the Chairman and Clerk.
4. suggestion of lack of humanity and understanding on the part of the Executive Council.
5. Miscellaneous.

1. (a) Regulations are not infrequently capable of different interpretations, but it seems that the Service Committees and Tribunals Regulations are quite definite on the issues raised by Mr. Torrens, and are, briefly, as follows:

Regulation 4(5)(a) requires that "... the Dental service Committee shall investigate any matters referred to them by ... or the Dental Estimates Board

Regulation 4(5)(b) provides that a Council is entitled to request the Clerk to seek the comments of a practitioner before a matter is referred. (The Executive Council did not so request the Clerk in this case).

Regulation 5(3) makes it clear that the first schedule to the Regulations applied to the investigation of "complaints". (In this case there was no complaint, but a matter or question was referred for investigation by the Dental Estimates Board). The Chairman had neither the duty nor, MS315 indeed, the power, to request the Clerk to seek the comments of the respondents prior to the hearing. Even with the comments of the respondent and any number of witnesses of his choosing, adjudication on the case would have been no further forward, and independent dental opinion would still have been required, to enable the Committee to adjudicate.

- (b) If Mr. Torrens would read again paragraph 1(b)(i), from the First Schedule, to which he refers, he will see that the heading reads "Rules of Procedure under Regulation 5". As the case was one dealt with under Regulation 4(5) (see Executive Council minutes of 24th September 1957), it will be obvious that many of his statements are based on false premises.

- (c) On page 1 of his statement, Mr. Torrens implies that if a difference of professional opinion is involved, the Dental Service Committee is not the appropriate means of settling it. Any allegation relating to the quality of

treatment, whether by way of complaint or otherwise invariably involves professional opinions, and Executive Councils are instructed to obtain a report from the Regional Dental Officer in such cases. When adjudication by the Dental Service Committee takes place, differences of opinion of a technical character are resolved by the dental members of the Service Committee, who, by examination of the patient when necessary, function in a "referee" capacity.

It should not, however, be thought that the Respondents were denied an opportunity to voice their professional opinions about the patient's treatment before the question was referred to the Council by the Dental Estimates Board, since I am informed that the Regional Dental Officer notified the Respondent of the time and place of his proposed examination of the child about a week beforehand, but the Respondent did not attend. In all new cases received from MS316 the Dental Estimates Board dentists are asked whether they wish to be present at the examination, and if, exceptionally, their surgeries would be available for the examination, the Respondent replied in the negative to both enquiries. In spite of this, however, she was sent a further notification of the time and place of the examination.

- (d) The procedure, far from having no precedent at Law, has been part of the law relating to National Health administration for very many years, both prior to and under the present Acts. It has operated so successfully that the Committee on Administrative Tribunals and Enquiries (the Franks Committee) has recommended its continuance, with minor modifications.
- (e) If Mr. Torrens, as a respondent, and at the same time a member of the Executive Council, found himself in an embarrassing position, having knowledge that the case concerned his own practice, he could have asked leave to withdraw while it was under consideration. This might, however, have impaired the anonymity which it is desired to preserve, especially in the initial stages of a case. A Clerk would have no power to suggest to a member prior to a meeting of Council, that the member should absent himself in such circumstances.
- (f) I cannot say why the Dental Estimates Board, when assessing whether there was prima facie matter for investigation, did not invite the observations of the dentist in this case.

A Clerk. has no power under the Regulations to request an explanation from respondents in such a case.

- 2 (a) Those eligible to be Chairman of Service Committees are persons who are not practitioners, chemists or opticians, and Service Committees appoint their own, Chairman, subject to procedure for meeting a situation in which no Chairman is appointed by a Committee, or a Chairman is unacceptable to MS317 either the lay or professional side of the Committee (Reg. 3(3)). The

Chairman was appointed at a separate meeting of the Dental Service Committee held on the 10th September, and the Minutes were received and adopted earlier in the meeting of the Executive Council at which Mr. Torrens read his statement, viz: 26th November 1957.

This proves that the memory of Mr. Torrens was at fault, and his statement that the Council had "no official knowledge of the election of a Chairman to the Service Committee", a false one.

The objections to the Chairman which Mr. Torrens raises might equally apply to any non-professional member of the Council who was appointed Chairman of a Service Committee.

(b) With regard to the exception which Mr. Torrens apparently takes to the officers present at the hearing, the persons to be admitted include "such officers of the Council as they may appoint for the purpose." (Regulation 5(2)(d)).

The Council have never specifically appointed special officers for this work, and in the case of a small office, manifestly the number of officers suitable for it would be limited. It has always been the practice in this area for the Clerk to be present, with the Deputy Clerk (acting as an usher) and a shorthand writer (if necessary). This appears to be a practical interpretation of the Regulations, and it is difficult to understand what objection there could be to it, from a respondent's point of view.

(c) Mr. Torrens also refers to the presence of the Regional Dental Officer at the hearing. That officer did, in fact, enter the room when Mr. Torrens, his partner, the assistant, the assistant's "friend" and the representative MS318 of the local Dental Committee did so. Mr. Torrens questioned the Regional Dental Officer's presence during the opening moments of the meeting, being told that no discussion had taken place or was taking place, but that there was no reason why the Chairman should not ask the Regional Dental Officer to retire. Mr. Torrens then said that he did not desire this, and he had no objection.

(d) As for the attendance of Mr. Torrens' partner, he plainly came at the request of Mr. Torrens and/or the Respondent. The partner was aware of what was happening, and in fact was sent particulars of the case on the 9th October 1957. If it can be said that there was anything wrong about his presence, it indicates a degree of latitude in favour of the respondents.

(e) Mr. Torrens complains about letters addressed by the Clerk to the patient's mother.

The first of these was sent to ensure that the breakage of the denture, referred to in the Regional Dental Officer's report, was not due to lack of care on the child's part, as in such circumstances this aspect of the matter would fall to be considered by the Dental Sub-Committee under Regulation 25, and to be withdrawn from the matters to be considered by the Dental Service Committee. This action appeared to be a commonsense one, as the Dental

Estimates Board did not indicate whether they had satisfied themselves on the point.

The second letter, asking the parent to bring the child to the Committee meeting MS319 terms which would not, to a lay person such as the child's mother, give any indication of the functions of the Dental Service Committee, and did not in any way hint at or impute that the quality of the treatment was at issue, or imply anything derogatory from the dentists' point of View.

Copies of these letters were not circulated with the papers for the hearing as they had no bearing whatever upon the question being considered, i.e. whether the treatment had been satisfactorily completed.

(f) As the Committee, prior to the hearing, had decided that it was necessary at the outset to ascertain the opinion of the Dental members on the technical aspects of the case, the Chairman might, had he thought fit, have declined to allow Mr. Torrens to show them anything in the nature of evidence (which might have influenced their judgement). The Chairman did not object, however, and thus demonstrated again a measure of latitude in favour of the respondents.

3. (a) Mr. Torrens' accusation of "iniquitous" shirking of duty on the part of the Chairman, has, it is submitted, been proved beyond any doubt whatever, to have been completely without foundation.

(b) Whether the Clerk exerted "unseemly pressure" on the Executive Council to secure the reference of the case to the Dental service Committee, or whether there is any ground for the accusation of "bias against a - practitioner" must be judged by the Executive Council. The Council will, it is hoped, also indicate whether the Clerk's attitude regarding this particular case was permitted by them to be "overbearing" and whether they were "compelled" by the Clerk to refer it MS320 for investigation. It is trusted, moreover, that the Council will satisfy Mr. Torrens as to whether they allow their Clerk to exercise an "unwarranted dictatorship" over any of their activities.

4- In his final paragraph, Mr. Torrens not only suggests that the Executive Council should become more familiar with the Regulations, but apparently imputes a lack of humanity and understanding on their part. In this connection, it is perhaps pertinent to remind the Council of their record in the matter of Dental Service Committee references and hearings, viz:

(i) The last reference of a case to the Committee under Regulation 4(5) was over 3 years ago, viz: 1954

(ii) The last hearing of a case by the Committee (a complaint by a patient) took place nearly three years ago, viz: in January 1955.

The Council may consider whether Mr. Torrens has not, himself, shown a lack of familiarity with the Regulations, and moreover, that he had apparently omitted to read his copy of the Minutes, of which he, in one instance denied any knowledge, and which was actually on the table before him, while he

was reading his statement to the Council.

Members of the Council may not agree with Mr. Torrens' implication that they should be familiar with the Regulations, and may take the view that they are entitled to look to their officers to advise them on such matters, to the best of their ability.

5 (a) Mr. Torrens may now feel that the manner in which he chose to ventilate the matter had the unfortunate effect of focussing attention on a case which otherwise would have attracted little or none, and moreover that the anonymity which would otherwise have been preserved, was destroyed.

MS321

5 (b) Mr. Torrens stated that he was treated as the "accused", but he cannot but be aware that paragraph 12(5) of the Terms of service for Dental Practitioners, (which is the basis of his contract with the Executive Council), provides that "A practitioner shall be responsible for all acts and omissions of any practitioner acting as his deputy or assistant".

(c) It is a matter for regret that distress or worry should be experienced by anyone, but this is liable to happen in connection with any legal or quasi legal proceedings, whether the party involved is found "guilty" or not. In view, however, of the confidence of the respondents in their defence, it is hoped that their distress was minimal, that the conclusion to which the Dental Service Committee came, was regarded as satisfactory to the Respondents, and that they are satisfied that justice was in fact done.

(d) I apologise for the inclusion of the word "possible" (referred to in paragraph 7 of Mr. Torrens' statement) and acknowledge that this was a slip on my part. The word should have been omitted.

### CONCLUSION

It may be helpful to the Council to set down in as simple a form as possible, the situation with which it had to deal on receipt of the particulars of a case from the Dental Estimates Board. The Board submitted a report from a Dental Officer that in his opinion certain dental work, partly conservative and partly prosthetic, had not been satisfactorily performed.

Apart from the Dental Officers, to whom the Council have recourse in cases in which a professional opinion is required, the only means of resolving a difference of opinion on a technical matter of treatment is by an MS322 independent examination of the patient. As, in this case, the opposing opinions were derived, on the one hand from the Dental Officer, and on the other from the dentist who did the work, the only way to resolve the matter was for the patient to be examined by the dental members of the Dental Service Committee whom, it may be noted, are chosen and appointed by the representative of the profession, viz: the Local Dental Committee (of which Mr. Torrens is a member).

If their opinion supported that of the Dental Officer, then the respondents would

be asked to call evidence in rebuttal. If the Dental members found in favour of the respondents, the respondents would not have to offer a defence, and the matter would end.

Throughout such proceedings, both preliminary and otherwise, care is always exercised to secure the anonymity of the parties so that, whether vindicated or not, a respondent does not suffer from any publicity.

28.1.1958. The Chairman read a letter which had been received that day from Mr. Torrens, apologising for his non-attendance at the meeting, and stating that, in his present state of mind concerning the case, he felt that the matter would be more reasonably debated without him. He regretted very much that his remarks "*were framed in such a way as to be taken as a personal attack on the Secretary and Chairman. This was due to natural indignation*". The letter went on to explain why the Dental Officer's invitation to be present at the examination of the patient was not accepted, and to urge the Council to consider the necessity of ensuring that preliminary enquiries should be made in future case "*so as to avoid unnecessary proceedings*". MS323

In the course of the discussion the view was expressed that it was unfortunate that Mr. Torrens was not present. The question giving rise to the reference to the Dental Service Committee was initiated by the Dental Estimates Board, and not by the Executive Council, and the procedure was governed by Regulations, which had been followed. The suggestion of Mr. Torrens with regard to preliminary enquiries was already adopted in suitable cases where Regulations permitted.

Following the debate, in which practically all of the members present took part, the Chairman and Clerk were invited to address the Council.

The Chairman said that had Mr. Torrens been present, he (the Chairman) would have spoken, but in the circumstances he would simply observe that he accepted that in his public service, undertaken without reward, he was liable to criticism or attack, and he was free to retaliate as he thought fit, but he strongly deplored the unjustified attack upon a paid Officer, who was not in a position to defend himself. For his own part, the Chairman was content to leave matters to the Executive Council.

The Clerk thanked the Council for the expressions of confidence in him, which had been voiced, and said that above all he regretted that the incident had upset the pleasant atmosphere which generally prevailed at the Council meetings. In view of the personal nature of the allegations against himself, the Clerk asked the Council whether they would grant him access to the papers if certain action were necessary, and the Council granted the request.

### **Resolved**

(Nem. Con.) MS324

1 That the Council are satisfied that the procedure adopted in Case No.41 (D.S) 1957, was in accordance with the relevant Regulations.

2 That the Council dissociate themselves from the criticisms made by Mr. Torrens, of the Chairman and Clerk, and affirm their confidence in them.

3 That the Council consider that the implied criticisms of themselves in regard to this

case have been shown to be Without justification.

(Unanimously)

4 That the Council greatly deplores the accusations brought against the Clerk,

e.g. (a) “Unseemly pressure” on the Executive Council.

(b) “Bias against a practitioner”.

(c) “Unwarranted dictatorship”.

(d) “Overbearing attitude” ... “compelled the Council to refer” the case for investigation.

and considers that they are all completely without foundation.

4.2.1958. I was sent a copy of the resolutions by the Chairman which carried a veiled threat of further action by the Clerk, so I wrote a conciliatory letter.

10.2.1958. *“On careful reflection I can only express my agreement therewith, I am extremely sorry that my natural indignation at being involved in a case should have so activated my spleen, thus stimulating me into making a direct attack on you and the Chairman.*

*“Many years work on several committees connected with the Health Act have shown me that there are often several possible ways of interpreting regulations, and that divergent points of view are inevitable. This is however no justification that when I should have attacked the act itself, I MS325 allowed that natural indignation to stimulate into an unjustified personal attack on both you and the Chairman, thus placing you in an embarrassing position.*

*“It is well known to the profession locally, that your general fairness in administering the difficult regulations is so evident, that many dentists owe you a debt of gratitude for a helping hand in the past.”*

17.2.1958. *“In reply to your letter of the 10th instant, in view of your admission that your attack on the Chairman and myself was unjustified, I would have thought that a few simple words of apology would have been appropriate.*

*“Assuming, however, that the letter is proffered in that spirit, and since I have no wish to prolong the incident further, I accept your letter in that sense and will refrain from taking further steps which I contemplated.*

*“Perhaps I should add that if at any time you feel that Regulations are in need of alteration, the usual line of approach is to the body which negotiates with the Ministry of Health, viz. the British Dental Association, though your local Dental Committee.”*

Thus ended my association with the Executive Council, which over the last ten years had taken up a great many unpaid hours. It also suggested that I had been too keen on committee work generally. So then I resolved to shed the load and in the next few years I relinquished many posts that had occupied my time for years and in return made life a lot easier by having more time for myself. Whatever may be thought of the Executive Council Case I should MS326 have let sleeping dogs lie and taken the assault of the regulations on my assistant less seriously, but the general unfairness got under my skin. The N.H.S. machine was designed to eliminate fraud and inadvertently we had become enmeshed, and naturally it was resented. It was just over ten years till I was able to get out of the Service and be free of the shackles of Legislation by Regulation. MS327

## Tribulations by Tribunals

Ever since the nineteen twenties, when the dental benefit was applied to the insured, the filling in of a complicated form has been the basis of payment. Thus the net result of the service becoming more and more applied to the population has been that inevitably the filling in of forms has become more and more important than the filling in of teeth. The dentist has to be sure that the work carried out has been correctly recorded or else he does not get paid for his services. In short then this has meant that the estimates have become over the years much more relatively important than the dentistry. There is no doubt that the public is now getting more dentistry than they did in the bad old days before the 1921 Act but, judging by the look of many of the general public who appear before the T.V. cameras, there is some doubt about the quality. In addition to the pressure of the form filling the dentist has another worry which may not always appear on the surface, but is ever present in his mind, especially if he has had any experience of the possible proceedings. In an effort to control the service given to the public naturally there had to be some provision made for the supervision of the work done and the conditions relating thereto. As far as the establishment is concerned the first line of defence was the Services Committees (set up under Regulation 18). These considered the complaints of the members of the public who had considered they got a raw deal, and in the main they worked very well, but if there happened to be an official who was officious and impressed with a sense of his own importance then the dentist was in dire trouble.

As an adjunct to these committees which frequently had to consider too many complaints about ill-fitting dentures, there was a resort to Assessors, two of whom were MS328 chosen from a list of dentists put forward by the Local Dental Committees and finally selected by the Ministry. These Assessors were unpaid, except for minimum travelling expenses, and had to travel up to forty miles so as to eliminate any likelihood of local prejudice. From the inception of the Service I served on this list and was only called on less than a dozen occasions. On some cases I was the appellant and thus on the receiving end of the argument.

Further there were the Tribunals which considered the more important cases, such as fraud in which fines of £1,000 were not unknown and if the charge was sufficiently serious it led to the courts and the elimination from the General Dental Register thus depriving the practitioner of his right to practice dentistry. Of these I had no direct experience, but the more common Services Committees were enough to give dentists a sense of frustration and oppression which does not exist in other professions. There was a constant need for caution in submitting forms to the Board and their frequent and argumentative correspondence if an item were quoted which did not exactly fit the already itemised book of rules and stipulated fees.

10.8.1949. The first occasion my services were called appeared to be trivial enough. The dentist at Sherborne nearly forty miles away had appealed that the Estimates Board would not allow a fee of £2.2.0. for the surgical extraction of a lower wisdom tooth which he had explained to the Board had taken him three-quarters of an hour. He had included this fee on an estimate with other treatment, but they were only prepared to allow 10s 0d.

The trouble was that he had not described the clinical condition in detail and, as the two teeth in front were missing, the Board naturally decided that it was not a very difficult

extraction. The other Assessor and myself had been able to see the patient and there was no doubt that the extraction was MS329 difficult owing to the small working space in the mouth in that area and we allowed the appeal. There was another point in this case as the Board had stated that special estimates should be accompanied by radiographs and a detailed report. Cases were not always easy to describe in writing and dentists were not always clear in their summaries; often they tended to be sarcastic, which did not help their case with the overlords.

In all these cases the Ministry of Health sent the Assessors a detailed outline of the case with copies of relevant forms and letters. The next case was a bit more complicated and was decided in the same month. The dentist lived only a few miles away but the other assessor came all the way from Warminster. This case, which attracted a fee of over £50, concerned payment for gold inlays in three back teeth which the dentist claimed would reduce the periostitic condition by proper contouring. This he had done and achieved a very good result, in spite of the dental officer's unfavourable report. He had advised amalgam fillings and two extractions. The Board therefore would not pay for the inlays. There was a further complication because the patient had been asked to pay over £20 as the work was not considered clinically necessary by the Dental Officer and she had expected free treatment. Having seen this case we had no hesitation in recommending that the full amount should be paid out of public funds.

14.4.1960. This was an appeal by a patient of mine against the decision of the Board. The patient requested a small partial plate and the Board required some extractions before this was done on account of a Dental Officer's report. It was the patient who was difficult so it was suggested MS330 that he lodge the appeal. This was determined by the assessors '*that the decision of the Dental Board must be upheld, because it is essential that some teeth should be removed before dentures are constructed*'. As there was no indication of which should be extracted and the patient was a merchant seaman, a few short letters terminated the matter and a patient was lost.

25.8.1950. The dentist had removed one tooth as an emergency previously to making a decision on her final treatment. However he had included this item on the dental estimate. The Board would not allow the fee of 7s 0d as the extraction of some eleven teeth carried the same fee as for twelve. The assessor pointed out that the dentist should have used the special emergency form for the first visit and decided against the Board's ruling. This is a good illustration of the difficulties one could get involved with if one did not stick to the rules very accurately-

9.2.1951. A doctor had consulted his dentist who had estimated for several fillings and three extractions. He also quoted £2.2.0. for deep scaling and gum treatment, stating that at the moment it was impossible to give a final diagnosis which would depend on reaction to treatment, he also requested an examination by the Dental Officer, who advised a clearance followed by full dentures. The doctor appealed, no doubt prompted by his dentist. On the strength of this report the Board sent the case to appeal. The result was that the Assessors decided that the doctor's appeal should be upheld and his teeth saved. This was a tricky case as the radiographs showed a very much worse condition than a clinical inspection, thus demonstrating that a diagnosis on paper is useless in a difficult decision and that opinions can

differ according to the experience and skill of the operator. Strangely enough the three local cases were with the same dentist who in his keenness MS331 had found that the itemised scale of fees did not completely cover cases in which he could use his skills

19.3.1953. This case was mine and concerned a patient with two buried roots and a considerable amount of other treatment with a fee in excess of. £24. There was included in the estimate a special fee of £6.6.0. for the removal of roots, which the Board was reluctant to allow more than £2.2.0. as they considered that *'it presents little or no difficulty to attract a fee of more than allowed'*. An examination by two assessors confirmed that the case presented abnormal difficulty and allowed the fee claimed. The difference of £4.4.0 in the two fees was scarcely worth the extra time and correspondence required, except for the fact that it justified one's first opinion, which the Board seemed to doubt if it ever had the chance.

18.8.1954. As a result of a cycle accident this patient broke three front teeth and an estimate was sent for three gold inlays as being a considered opinion of the best way of saving them. The youth was eighteen years old. The Board sent the case to the Dental Officer who did not agree that the upper lateral required treatment. The assessors turned down my appeal as they considered the repair of the corner of this tooth unnecessary. This case I lost - you cannot hope to win them all.

27.4.1954. This patient had a submerged upper left deciduous molar for the removal of which I claimed a fee of £2.2.0. as this tooth required surgical approach and a great deal of care owing to the presence of adjacent permanent teeth which could easily be damaged if the gum overlaying should be carelessly handled. The assessors confirmed the case to be one of difficulty and allowed the requested fee. Once more this demonstrated that rule of thumb is no substitute for a proper diagnosis, but this was not easy to put MS332 on paper so that the dentists at the Board could understand. Further the dentists at the Board, although good men in general, had chosen to be non-practising dentists probably because they were fed up with the normal dental career and wished a more sheltered occupation which did not have the worries they chose to leave.

18.9.1959. A difficult un-erupted wisdom tooth which, owing to the small shape of the mouth, required surgical removal so was estimated for at £3.3.0. The Board's reply was that the radiograph *'did not show any degree of impaction to attract a special fee under Item 19 of the scale'*. The Assessors agreed and allowed the estimate. Once again there was a Justification in an appeal but the time wasted made one resolve to stick to the rules if at all possible.

24.11.1964. A short case at Wimborne in which the dentist was claiming a fee of 6s.6d for exam and report and 12s.6d for treatment of ulcerative gums. When we assessed this case we had some difficulty as there had been no treatment given directly as such, the patient had been given a prescription and advice. We knew from the grapevine that the Board allowed a fee of 7s.6d for writing a prescription, so all we could allow was the exam fee with prescription fee, a total of 14s.0d instead of the 19s.0d claimed. Which did not seem fair for two visits, but in assessing these cases we had to appear to be unbiased.

3.12.1964. Another case with a different dentist in Wimborne concerned an estimate for a chrome cobalt lower denture. The Board were unwilling to allow more than a stainless

steel bar which attracted a much lower fee. In cases where the lower gums are curved, as they very often are, the bar is more or less useless as it tends to slip down and consequently the denture gets out of place. In this particular case this was noticeable on examination so the **MS333** cobalt was allowed.

With a number of assessors there was not much call on the individual and in Bournemouth we were very lucky that we did not get many cases which were likely to hit the national press. The fact that was outstanding in the whole set-up was that, even if these cases and their consideration were necessary, most of them were basically caused by difficulties in communication and lack understanding on the part of the Board. As one became familiar with the methods, one became more careful to avoid conflict. Visits to the Board and conversations with one's colleagues provided many a hint as to how far the Board was prepared to go in the matter of special fees. There was a book of rules at Eastbourne which contained notes on fees which could be granted on special estimates. I know one dentist personally who offered £50 for a copy, but needless to say he did not succeed. **MS334**

**The General Dental Practitioners Association 1954 - 1961**

17.1.1954. The N.H.S. had been running for over 5 years and, because of cuts in fees and conditions of service, there had been a lot of discontent among dentists. The first meeting of the G.D.P.A. was held at the Russell Hotel, London, the address by Dr. K. Malik was a general and particular condemnation of the terms of service and fees in the Health service. This address was later circulated with an application form for joining with a subscription of £1.1s.0d. per year. This did produce a number of new members, and the G.D.P.A. was on its way.

9.12.1954. The G.D.P.A. circulated an open letter to the Minister giving the resolutions passed at mass meetings in Birmingham and Glasgow which had been sponsored by them. It clearly stated that the B.D.A. by virtue of its incorporation, could not legally organise or encourage strike action. It objected to:

- 1) Unilateral cutting of fees;
- 2) Reduction of clinical freedom;
- 3) Imposing of payments by patients;
- 4) Threatened dilution of the profession;
- 5) Delaying tactics in payments (some up to four years by enquiries about cases).

The letter went on to demand:

- a) No dilution by ancillaries;
- b) The 10% cut be rescinded with retrospective p74ayments;
- c) The 1949 Scale be restored, with elimination of certain injustices;
- d) Patients charges should be abolished;
- e) Assurance that there would be no further cuts or impositions. MS335

The General Dental Practitioners Association became the Dental Professionals Association

28.11.1954. The next circular carried the Chairman's address to a November meeting in the Russell Hotel. This circular was an eight-page issue. The meeting was the A.G.M. and Malik was made Executive Officer, and W.M.Fleming was made Chairman. The G.D.P.A. was growing and was thriving on the discontent felt in general by the severe actions of the Ministry.

3.10.1955. I had met Malik in January 1946 at the Head Council of the I.D.S. where he was a member for a short time, but owing to his outspoken manner he did not last long. He persuaded me to join the G.D.P.A. which had now become a Trade Union No. 2229T. In the December issue of the News-sheet I had a special mention and in his open letter of welcome he had added 'and its pillar of strength' so he had obviously noticed a kindred rebel spirit.

26.1.1956. I was elected to the Head Council. There was some considerable bickering among members and generally an untidy set-up. At that time there were about 760 members but there was little or no organisation and no real office facilities, most of the secretarial work was done by Malik from his home.

1.3.1956. The Broadsheets had become Monthly to keep members informed. The Chairman was now G.Armitage. Each member had been issued with a Union Membership card. Many meetings had been held in different parts of the country to encourage new

members. These dentists were mainly protesting about conditions and fees and there was a fairly good response among the discontent.

30.9.1956. I became Chairman of an open meeting at the Russell Hotel, at which there were the usual grumbles and resolutions, in addition the New Dentist's Act came in for some criticism. In the October news-sheet, which had now become The National Circular, I had contributed the following:

### Warning Notice!

*A few words about the political situation generally and the G.D.P.A. in particular. Have you really considered what a crazy mess dentistry is in today? A so called MS336 "Health Service" encourages the elimination of dental disease by a free forceps technique. Yet, prevention or cure is not a basic part of the set-up. A Health Service, to wit, that thrives on ill-health - unless fluoridation puts us all out of practice.*

*"How long must we permit ourselves to be kicked around in a panic-producing inflationary spiral? Are we a body of 'yes men' to HEIL the actions of dictators, and thank them for a few caries-producing crumbs?"*

*"Have you forgotten the 1948 Scale of Fees? This was properly agreed after negotiation based on the findings of a Government-sponsored enquiry (ie. Spens). To suit political ends that Scale was surgically removed without an anaesthetic, and as a dressing to control bleeding, a lower Scale was plugged into the aching socket in a true dictatorship manner, yet a toothless profession accepted this and further cuts without even a murmur.*

*"Even now a secret conclave has produced a 'Balanced Scale'. That is balanced against the poor practitioner so that overall Government expenditure will remain the same. Snake venom is an efficient haemostatic. The logic of a balanced Scale would be a huge joke if used by the Crazy Gang. Yet a learned and skilled Profession bleeds rather than spits! Now who is crazy? The Crazy Gang? Not b\*\* likely!"*

*"Apathy (a permanent Dental affliction) got you into this mess. The only way to get out is to get into the G.D.P.A., and fight tooth and gum for your rights. Retention of your apathy and indifference will surely push you further into the midden of financial decay.*

*"Can you afford NOT to join us?"*

*Think it over*

*ACT NOW." MS337*

25.11.1956. At the Annual General Meeting I was elected Chairman of the Association. At the Council Meeting on the same day it was obvious that there was too great a diversity of opinion to reach a united conclusion, and arguments as to the best methods of dealing with the situation were heated and diffuse. By this time the membership had grown to 853 and we had £600 in the reserve account.

3.2.1957. At this Council meeting I produced the following which was accepted:

### Plan for Action

Preamble. There has been in the profession for some time past a growing discontent with the conditions of service in the National Health Services.

In 1948, the British Dental Association was so apprehensive of the possibilities of the regulations that it advised its members not to enter the service. This advice has never been withdrawn. In spite of this and tempted by a reasonable and agreed scale of fees based on Spens, the profession disobeyed the association's advice. Shortly, an imposition by the Ministry of Health of a cut of 50% of all monthly cheques over £400, was made without warning or consultation. This led to some very unpleasant newspaper publicity and was followed by a new scale of fees imposed without agreement with the profession, which resulted in an overall cut of nearly 25% in turnover. Next followed an arbitrary cut of 10% off all monthly payments. This was recently restored - but only on condition that a new scale would be accepted which would not cost the Exchequer any more than previously. This means a rearrangement of items but no increase to compensate for the rise in cost of living.

The petty restrictions and rigid regulations are so frustrating and so extensively humiliating that the profession is too harassed to remember the major insults already received.

Letters to the Dental Press and communications between colleagues show MS338 clearly that the many minor details of earning a living obscure the overall picture, which has now become so complicated that it appears impossible to maintain a rational approach. The difficulties are so manifest that there would appear at first sight no easy solution to the problem.

Present Disorganisation. The Act of 1948 set up Local Dental Committees which have full legal status, representing all practitioners in each area, with the right of direct access to the Ministry of Health. These bodies were absorbed and Detoxicated by B.D.A., and their full political power almost completely neutralised by the setting up of central committees under the direct control of the Ministry. It is becoming a practice to farm out discussions on important matters to L.D.C.'s, B.D.A., branches and sections in such a manner as to befuddle the profession. The periphery finds it impossible to place its resolutions where they can produce any real result. Now, finding its work in the political field becoming increasingly complicated and impossible, the B.D.A. suggests the formation of a Dental Guild whose main object is to be concerted action (professional words for strike). Because its constitution does not allow, it must form another body to do its dirty work. The situation is almost immoral. The setting up of still another expensive and unwieldy committee will still further obscure the real political power of the profession. The guild has so far not produced any but mixed feelings and by no means offers a real solution to our problems. The overall organisation at present is costly and impracticable, and any extension thereof would only seem to worsen the position.

G.D.P.A. as a basis for future action. Ever since the formation of the G.D.P.A. we have grumbled about the inadequacy of the B.D.A. and its futile handling of the political situation; some comments have too been directed against the MS339 Ministry of

Health and the dictatorship created by the 1946 Act which holds the profession in bondage. So far our efforts have produced no action likely to improve the conditions of service. Furthermore it is evident that without considerable local effort we will not be able to produce this positive action. As a Trade Union we are legally qualified to undertake negotiations and support our demands for the betterment of our conditions with whatever pressure we deem necessary.

Local Organisation. This year therefore let us make a very determined effort to put our house in order and organise groups throughout the country. We must also combine these groups in regions as branches, all in direct and easy contact with Head Council. The failure of the B.D.A. has been in some measure due to its complicated working with numerous large committees attempting to control the individual members of the profession without any direct personal contact. The B.D.A. has acquired the responsibility, on no proper legal grounds, of negotiation (Sic) with the Minister. So far these alleged negotiations have been abortive and the discussions completely one-sided. The B.D.A. does not really represent the whole of the profession, that in fact is the legal right of the Local Dental Committees. In England and Wales there are 137 of these without coordination and they cannot do more than cry in the wilderness; moreover they are under the influence and guidance of the B.D.A. pressure group. Our purpose therefore in creating local sections of the G.D.P.A. each in the area of an Executive Council, is to build a parallel structure to the present N.H.S. framework. Each section when constituted should have as its main purpose to get its own members elected on to these Local Dental Committees in order to gain full control over the Health Services administration. MS340

Regionalization. The next step would naturally be the coordination of these areas in line with the Regional Hospital Boards. Thus would be constituted regional committees with one or two members from each section. This set-up would be convenient as it is based on population distribution, and would be useful in dealing with dental services in hospitals.

Each region would eventually appoint one member to Head Council, thus giving direct contact with the periphery, resulting in a rapid interchange of ideas, both ways, and convenience in formulating policy, and instituting strong action if required. This technique proved very successful in the old Group Movement some years ago and was the main source of their strength.

Infiltration. Assuming an active local organisation with regional coordination it would be simple to block out any given test area in a trial or strength if it came to a basic disagreement with the Ministry. This needs a continuous call for action by active members in each and every Executive Council area. Once a local Section is established it should immediately attempt to secure by personal contact a 100% membership, at the same time it should plan to infiltrate by active participation at all local meetings, and as quickly as possible have active G.D.P.A. members elected on all other local committees, including B.D.A. section and Branch Councils, Executive Councils, Local Dental Committees, Health Committees etc. By a concerted action

along these lines we could achieve a rapid power with which to control our future.

Power Politics. When we can exert our organized policy and power through other bodies we can re-vitalise these, and neutralise the present adverse political machine. Eventually we can produce pressure to take over negotiations with the Ministry regarding conditions of service. Section organization. as out-lined MS341 would enable us to control local dental committees. The regions would then be the concerted voice of the periphery and all would be coordinated by the Head Council. The G.D.P.A. would then have a complete legal framework to fight the dictatorship at present so powerful and insidious.

Workable Health Service. The next step will be to collect constructive ideas from all members as to the form in which they would like to see a Health Act working. A Health Service organised by the profession and operated by dentists would make the highest quality dentistry available to the public and obliterate the petty irritations which are prevalent in the present service. This could no doubt be worked out on a basis of the Spens and other reports together with some form of grant in aid and other basic principles. There is a precedent in the lawyers control of the free legal aid scheme.

Conclusion. While we are putting our plans into effect we must, through our monthly letters to members and through our national circulars, criticise and condemn the actions of others with whom we are in disagreement, and generally educate our colleagues in the real difficulties of the present system. As we grow in numbers and strength we must expand our secretariat and find offices, and employ properly trained personnel to press our case on a National basis.

Summary

1. Organise a group in each Executive Council area.
2. The groups to be coordinated in areas parallel to the Regional Hospital Boards, as branches.
3. Infiltration of our members on all other bodies.
4. Ascertain the real difficulties of the present system.
5. Work out a new scheme for a Health Service which would lead to a new act acceptable to the profession and public.

Addendum. In the light of experience it may be necessary to alter the MS342 suggested local areas or Regional coordination. This can be done at a later date. Wales may be difficult for Geographical reasons. A list of Executive Areas and Regional Boards in Scotland is not available and will need to be obtained later.

Then followed a list of Executive Councils

In England: . . . . . 125  
 In Wales: . . . . . 12  
 Regional Hospital areas: . . . . . 14

24.3.1957. I chaired a mass meeting at the Grand Hotel, Brighton, there was a good attendance and we had a number of new members. Seventy dentists attended.

28.4.1957. I chaired another meeting at The Grand Hotel, Bristol. This was also well attended and the usual resolutions were passed at both.

26.5.1957. The third meeting was at Birmingham and was followed by the Council meeting. At this it was decided to have the Economist Intelligence Unit Ltd., prepare our Memorandum for the Royal Commission on Doctors and Dentists Remuneration at a cost of £140. This body had recently been set up in reply to the many voices of discontent among the professions. These three meetings I used as a platform for my election to the Dental Council.

1.6.1957. The June National Circular No. 8 came out with the Monthly News-sheet No.13. These were supporting my candidature for the coming election. There were the usual grumbles including one about a Cardiff dentist who had not sent in his forms within the required time limits.

The result was that he was fined £1,202.6s.3d. in two years. This note appeared under the title 'Is this Justice?'. MS343

1.7.1957. The result of the Election had been announced:

|                   |          |       |
|-------------------|----------|-------|
| Swiss             | B.D.A.   | 4,595 |
| Torrens           | G.D.P.A. | 2,669 |
| Number not voting |          | 5,636 |

The B.D.A. had membership of over 10,000 and ours was about 1,200 so this was taken as a compliment to the G.D.P.A. I was also a member of the B.D.A. The only conclusion to be drawn was that this showed up the apathy in the profession as demonstrated by the number not voting.

12.7.1957. I wrote to Malik in the following terms: I am somewhat surprised at the memorandum you have produced. This is largely a statement of your personal opinion and contains little of factual matter presented as evidence. At the sub-committee at Bournemouth some months ago we considered a large quantity of material and I sent you a typed copy of the parts considered useful - some 9,000 words. This I understood was to be given to the unit of the Economist in order that they could prepare our case for presentation to the Commission. From your recent memo it appears that this is not being done.

WHY?

13.10.1957. We had an open meeting of about 70 dentists at which we produced the memorandum as a basis for discussion. This was proceeded by the Council meeting and we were informed that the Royal Commission requested 34 copies of our memorandum. This memorandum incidentally was not very good as the samples taken were too small and the arguments somewhat weak. The whole was about eleven pages 5" x 7&". This Open meeting passed a resolution 'that the power of the Minister in being able to cut fees and alter conditions of Service should be curtailed by Law'

24.11.1957. The A.G.M. at the Russell proceeded the Dinner and Dance at the Hanway Rooms, Tottenham Court Road, which was very successful and well MS344 attended. The membership had reached 1,093.

31.12.1957. I wrote to Malik requesting that he call a meeting of Council to consider the whole matter, also suggesting that it was time we had our part time secretary at meetings to keep accurate minutes as those we had up to the present were inadequate. I also enclosed a

memo for the newsletter outlining our plan of action (3.2.1957).

6.1.1958. About this time I sent an appeal to all the old Group secretaries, only about 12 replied and most were too disinclined to help, some disagreeing with the propaganda methods of the G.D.P.A. which were more anti-B.D.A. than anti-state service.

8.1.1958. Malik replied that he would not call a meeting as the Council had already told us what to say to the commission, the minutes were correctly recorded. The tone of this letter was most aggressive.

9.1.1958. My long reply was sharp, pointing out *'that as long as I act as Chairman the organisation must be run on democratic lines, so a little more cooperation and less dictatorship please ...'* *'... About the memorandum, I feel. that we have a number of vague and weak points in our introduction, which might make us look foolish'*.

10.1.1958. I had managed to get an extract from the minutes of the Council meeting for 25.11.1957 which stated 'The Chairman (Mr. Torrens) stated that there had been dissatisfaction about criticism of the B.D.A.. Dr. Malik replied that the B.D.A. had dodged the issue on the question of ancillaries and for that reason our main policy had to be to attack the leadership of the B.D.A. He asked members if they were satisfied with this policy. Mr. Barlow intervened to observe that mediation should be adopted rather than that we should antagonise our members who might also be members of the B.D.A. Mr. Brennan proposed that it should be stated that those in charge of negotiating on behalf of the profession MS345 have not represented the views of the profession. This proposal was seconded by Dr. Malik.' This is typical of the woolly minutes and grasshopper arguments at the time in Council.

11.1.1958. We had received a letter from Saunders complaining of the tone of National Circular No.9 which slandered the EB.D.A. and made wild statements which had little foundation in truth. This had given the Council doubts of the Editorship of the circulars. Malik wrote to me offering to call a council meeting for the week following the Commission appearance if I left out the question of editorship, he then accused me of untrue statements and said that without the editorship there was no fun for him.

14.1.1958. My reply was that to appoint an editor would give him more time for other activities in the Society. In view of his manufacturing serious difficulties and threatening resignation I wondered if I would be in a position to attend the Royal Commission, on account of unpredicted psychosis on his part. I suggested the circulation of Saunders letters to Council. I also commented that the 'Constitution' he sent recently was in many ways different to the Official Rules (printed) of our registered Trade Union. These irregularities might cause difficulties with the Board of Trade, and in any case we could not have two different sets of rules.

26.1.1958. The notice convening the Council read in part: *"Serious differences have arisen between Mr. Torrens and Dr. Malik and one or other may resign, enclosed were copies of the correspondence. At the Russell Hotel the Chairman (Mr. Torrens) asked Dr. Malik to open the proceedings but he declined. The Letter from Saunders was read, and was considered not to be offensive. Dr. Malik replied that as a small organisation we must employ shock tactics and MS346 reminded Council that he was subject to them in the matters of the circular. Mr. Torrens pointed out that we had at present two sets of rules, this was irregular. Malik pointed out that the solicitors advised that domestic matters need not appear in our registered*

*book of rules, and he did not want the job of Executive Officer without the editorship.”* The meeting became somewhat heated and I vacated the Chair to the Vice-Chairman. The situation was more or less at a standstill with a vote of confidence in both officers. It was then discussed as to who should attend the Royal Commission as Witnesses. In view of the fact that the memorandum we had presented was not in accordance with the recommendations of the sub-committee I declined to attend, three others also declined.

The same evening Malik wrote that he was extremely sorry we had a tiffle, and again asking me to attend the Commission. I replied that I was hurt and disappointed by the distorted way he had brought his case and the manner in which he had attacked other members of Council.

2.2.1958. A meeting of the members who were to appear before the Commission was held at the Russell Hotel. Dr. Malik took the chair. Brennan requested that the letter from the Secretary of the Commission should be read, Malik refused and insisted that Brennan should not state his views on ancillaries at the hearing. Brennan replied but Malik interrupted him demanding an answer yes or no. Brennan then started to read the letter but was interrupted by Malik who said the meeting could continue without him, turned his back and looked out of the window. Malik soon left the room and the meeting decided to proceed without him as he had given no indication of his return and it was necessary to discuss the memorandum before meeting the Commission. This was done and the meeting closed with a motion that they had no confidence in the Executive Officer. MS347

3.2.1958. Mrs. Thorburn, the Acting Secretary, wrote to Malik that “*we were placed in a very difficult position when you suddenly left the meeting. Your impulsive action was deeply regretted by all as we had given up our Sunday to attend.*” That they had decided not to attend the Commission on Thursday, and a Council Meeting had been called for the 23rd.

5.2.1958. A telegram came from Malik demanding my presence at the Commission. If I had not resigned as Chairman I should attend. If I had then I could not call a meeting. I had not in fact resigned but vacated the chair when a matter concerning myself was being discussed at the previous meeting.

The same day he wrote to Mrs. Thorburn that “*The implication that it was my fault I resent; as you will know I was subjected to insults and any rulings as Chairman were constantly ignored and I had no alternative, therefore but to terminate the proceedings.*” Further, as I had not withdrawn my resignation I could not call a meeting. “*He cannot have his cake and eat it.*” He warned her to be sure of her position before calling a meeting.

6.2.1958. The emission was attended and the account can best be given in the words of an impartial observer, dated 14.2.1958:

*“I promised to let you have a brief account of the proceedings at the Public Meeting of the Royal Commission on Thursday 6th February, which the Chairman and I attended, when evidence was received from the General Dental Practitioners’ Association.*

*“First of all, I should like to pay tribute to the excellent way in which the proceedings were conducted by the Chairman and other members of the Commission.*

*“My opinion following the meeting is that, when the official report is published, it is bound to be a matter of great regret and disappointment to MS248 many members of the dental*

profession that this Association, claiming to represent some 1,100 practitioners, ever contemplated giving evidence.

“As you probably know Dr. Malik circulated to most members of the profession well beforehand a memorandum, in booklet form, of evidence which he proposed to submit to the Commission, but it appears that he also presented a supplementary paper. At the hearing he was given every opportunity of justifying a long list of accusations which he made but, speaking as a member of the public, I must say I felt he failed hopelessly every time.

“I formed the impression that he had little, if any, knowledge of the regulations, and that he perhaps attempted to cover this up by making reckless statements, which could not possibly be substantiated, against the Ministry, the popular press, and the Board. For example, in a number of the cases he quoted, the facts appeared to be misrepresented; he criticised the Regulation 18 appeals procedure, seeming to infer that the referees appointed in these cases were specially selected as yes-men by the Ministry. In addition Dr. Malik made a number of what seemed to me to be very dangerous and unguarded remarks about certain members of the British Dental Association.

“He produced a certain amount of statistical information, and among his statements was one much to the amazement of members of the Commission to the effect that it was quite possible for practitioners under 30 to earn £3,000 a year. He quoted figures produced by the Economist Intelligence Unit and, when questioned about the size of the sample on which the figures were based and the value of the information, explained that a questionnaire had been sent to some 15,000 members of the dental profession by his organization, that approximately 130 replies had been received, of which 120 or so were from his our members. He was, of course, quite unable to satisfy the Commission on the MS349 validity of his arguments and was unwise enough to seek to justify his figures by an attack on the Spens Report in which he suggested that a questionnaire, sent out in connection with the Spens Committee, produced approximately the same number of replies as his had.

“According to the agenda of the meeting Dr. Malik was supported by the following representatives of the General Dental Practitioners’ Association:-

|                   |                  |
|-------------------|------------------|
| Mrs. J.D.Thorburn | L.D.S.R.C.S.     |
| F. Barlow         | L.D.S.R.C. S.    |
| D. Dacre          | L.D.S.R.C.S.     |
| R.C. Brenan       | Dental surgeon.” |

From time to time during the meeting, however, they were obviously embarrassed by Dr. Malik’s statements, even to the extent of asking to be dissociated with some of his remarks. An example in point is his view on the alteration of dates on estimates; you will, of course, have seen that this unfortunately received some publicity.

“I left the meeting feeling that an enormous amount of harm had been done to the dental profession by this appalling exhibition and hoping that the reporters would feel that there was insufficient news value to justify publication of many of his ill-judged and irresponsible statements.”

**7.2.1958.** The following day the Daily Telegraph carried a 7” column headed ‘Dentist backs false dates’ in which it explained that Malik had admitted and saw nothing wrong in

altering dates on forms for the Dental Estimates Board. This was the cause of considerable apprehension among Council members as also were his allegedly slanderous remarks about certain B.D.A. members.

23.2.1058. The Head Council met and before the meeting commenced, Malik objected to Torrens as Chairman. A vote eliminated this objection. Next the MS350 Minutes which Malik refused to accept. Then the Minutes of the Evidence before the Royal Commission which he also refused to accept. The letter (quoted p. 188, 6.2.1958) was read and followed by much heated argument. Malik then said that I was at fault by vacating the chair and, by my absence from the hearing, was to blame for the debacle at the Royal Commission. There was an item on the agenda to apply an exclusion on the member under Rule 5b and I vacated the chair for this which was to be taken after lunch. On resuming however Malik had offered to resign the office of Executive Officer, and the matter was not pursued as it should have been. I was then voted to resume the chair and the meeting continued. Malik then left the room. The question of an office address was discussed as, with Malik's resignation, we had to find other premises. It was also decided to find a part-time secretary. An executive committee was formed to look after these matters and to consider compensation for Malik for rent and other expenses he had incurred.

10.3.1958. I had occasion to circulate a letter to members of Council: "*Since our last meeting it has been reported that a cheque for £200 was drawn by our late E.O. This was unauthorised by Council and he has refused to repay. Instead he makes a somewhat wild claim for compensation. The Royal Commission verbatim report makes shocking reading and has damned us in the eye of the public. The comments in the recent B.D.J. were, under the circumstances, fair comment and deserved. It is difficult to see what we can do at this stage to justify ourselves against this damning criticism. Already we have had some resignations. This shows clearly that our late E.O.'s campaign of vilification and wild statements will get us precisely nowhere. I feel we must organise and plan slowly and deliberately. At first our new Journal - I suggest we call it 'The Probe' - should encourage publication of factual difficulties in the National Health Service. By focusing attention on these embarrassments MS351 we may make men realise what signing on the dotted line means. As we collect facts we can then try to find a solution . . . Was the resignation of our E.O. enough? In view of subsequent events do you wish to take further action?*"

23.3.1958. It was decided that a letter, expressing the Association's disagreement with the opinions stated by Dr. Malik, should be sent to the Royal Commission and to the B.D.A. We interviewed Hr. H.A.E. Valentine for the position of General Secretary part-time (8 hours a week) and engaged him at £200 per year on a monthly basis. We had an offer of accommodation, which we accepted, from Mr. Rosen at 5 Caledonia Road; the new secretary was instructed to arrange for the papers and other equipment to be sent there. The consideration of what action to be taken about the £200 cheque resulted in the decision to write to the E.O. for its return, no decision could be taken about the question of compensation for an officer who had resigned, until all the equipment was safely transferred. Other formalities were decided in order to make the association a workable one after the recent debacle. We should have taken action on the exclusion rule at that stage but were unwilling to

do so owing to the aggressive action which was taken by the late E.O. and the uncertainty of the legal position at that moment.

11.4.1958. A letter from Malik questioning the Chairmanship and criticising the action taken in calling a meeting of Council, and asking the Council to read the printed evidence of the Commission and to state which passages supported the case of his dismissal. It was an unbalanced and rambling letter.

18.4.1958. I had to circulate the members of Council with a reply which, having stated the case, went on to say that we had to organise as we had agreed over a year ago, and now with a paid secretary we could do so. The point was to request the Opinion of members as to their attitude to his exclusion. MS352

4.5.1958. The first meeting at our own premises with our own secretary was a matter of tidying up many loose ends. It was reported, on investigation, that the rules in the 'Blue Book' were the only rules that were valid and these had been lodged with the register of Friendly Societies. The decision was taken that we were not in a position to consider any claim for compensation from the E.O. until the £200 had been repaid. His letter was noted and he was asked to return our Certificate of Registration for display in our new office. Then I outlined a statement of Policy which I had prepared, which was accepted as a basis for action:

a) Primary objects of the G.D.P.A.:

i) To improve the condition of dentists working in the Health Service;

ii) To ensure a comprehensive service should be provided to the public, without unnecessary restrictions.

b) Organisation of association in Branches and Groups based on County and County Borough constituencies.

c) To fight the complete and absolute control of the Minister over the profession.

d) To consider the possibility of setting up clinics in under-manned areas.

e) To advise members to consider refusals of uneconomical items, under the Health Scheme (i.e. repairs etc.)

f) Advise members regarding shortening of hours on National Council lists.

g) Fluoridation, to investigate possible arguments against the introduction of this on a National scale by the M.O.H.

h) To campaign against the excessive amount of 'Prior approval' items.

i) To assist in the education of the public in matters of Dental Health and care by means of lectures, distribution of pamphlets etc. (Booklets to be obtained from the G.D.C. for distribution by Councillors) MS353

j) To advise members of business methods and organisation in general practice.

k) To advise members generally on complexities of Income Tax Returns as applied to the dental profession.

l) To promote exchange of views by having an open forum in the Probe, the views expressed not necessarily being the approved policy of the Association.

These objects were comprehensive but unfortunately not all of them got off the ground, and were forgotten in the turmoil which existed in the association in the next few years. It was also decided that a Library of periodicals and Government reports should be started.

1.6.1958. No reply had been received relating to the return of the £200 so the papers were sent to the solicitors with instructions to recover. In addition to the points of policy agreed at last meeting others were added:

- m) Adoption of a code of ethics (similar to the Yeovil ones).
- n) A minimum scale of fees.
- o) Limitation of work hours.
- p) No fee cutting for private work.

That the secretary should circulate the information collated by the sub-committee on the data to be sent to the Royal Commission. This had previously been ignored by Malik when he submitted his own ideas through the Economist Unit.

15.6.1958. Valentine told me that the E.O. had launched his attack in the form of a circular letter to members which was a direct accusation of falsehoods, persecution, that we wished to bury the G.D.P.A., and was an attempt to whitewash his actions and a notice of a meeting called by him.

6.7.1958. In view of the attack I circulated the Council members with a full copy of all the letters relating to the argument, extracts from the MS354 relevant minutes etc., together with the remark that, in my opinion, it would be dangerous to refrain from exclusion any longer. It was agreed that the Secretary should attend the meeting called by the E.O. and take notes. It was also determined that a letter be sent to him requesting him to attend the next Council meeting to state any reason why he should not be expelled under Rule 5b. There had been some difficulty with the second issue of the Probe, but it had carried comments in the Malik circular. At this time it was only a four-page pamphlet in size 8½" X 5½".

3.6.1958. At 3 p.m. Dr. Malik attended the Council meeting, the Secretary read the minute requesting his presence and to state any reason why he should not be expelled under Rule 5b. The minutes continue:

*"Dr. Mallik, in opening his remarks, agreed to refund the money belonging to the Association which had been drawn for the purpose of paying Mrs. Pratt's (Malik's secretary) salary. He said that the reason for his circular to all members in which he attacked the Head Council was his only method of defence since his request for an extraordinary general meeting had been refused. He went on to say that should he be expelled he would in all probability seek redress through the courts for the damage his reputation would suffer as a result of such a decision. In answer to a question he would be prepared to cancel the meeting he had arranged in September.*

*"A somewhat acrimonious discussion followed. Dr. Malik defended his behaviour vigorously and made attacks on several members but mainly confined his remarks to the Chairman, Mr. Torrens, and to Messrs. Barlow and Brennan.*

*"In answer to a question from the Chairman as to why Dr. Malik did not call for an extraordinary general meeting in accordance with the rules of the Association, Dr. Malik said that he had requested a meeting but that the Chairman must not be Mr. Torrens, Mr. Barlow or Mr. Brennan. MS355*

*"It was apparent that the Council was divided and in order to reach a decision the Chairman said he was prepared to accept an amendment to the resolution under discussion.*

*“It was proposed by Mr. Smith and seconded by Mr. Jones that:*

*“The matter be left on the table.”*

*“This was put to the meeting and the voting was as follows:*

*For: Mrs. Thorburn, Messrs. Armitage, Jonas, Smith.*

*Against:: Messrs. Barlow, Brenan, Trevanion.*

*Mr. Swift refrained from voting.*

*“The Chairman then declared the resolution that ‘the matter be left on the table’ was carried.*

*“Mr. Torrens then resigned both the from Chairmanship and his membership of the Association and left the meeting.*

*“Messrs. Barlow, Brenan and Swift also resigned and left the meeting. (It is not clear if these resignations were from membership or only from Head Council).”*

With such a crazy division of opinion what else could I have done, even if Swift had voted there would have been an almost equal vote and I would have won on a casting vote; but the result would only have been more confusion.

**8.8.1958.** I had a long letter from Valentine saying: ‘Isn’t it amazing how stupid some of your colleagues can be? Sunday’s meeting was a really shocking exhibition and I have every sympathy with you, Brenan and Barlow who are the only ones to come out of that meeting with a degree of honesty of thought and purpose.’ He went on to say that if Malik became leader he would resign. Malik had returned the money in question and was likely to take over the editorship of the Probe. He moreover had taken a dislike to our present premises and had offered one of his own properties at £3 per week. Caledonia Road was free. I also had a number of sympathetic letters from councillors regretting my MS336 resignation. I refused to reconsider as long as Malik was connected with it.

**1.9.1958.** Malik sent out a circular to all members stating that he had been badly treated, but those responsible had found it necessary to resign and calling a meeting for October 5th when he would be one of the speakers.

**30.9.1958.** Valentine wrote me to say that Malik was in the saddle but was having a rough ride; the Committee had refused to make him the Executive Officer but had made him Chairman of the Executive Committee. He was not having much support from any.

**3.10.1958.** I replied that, as long as our ‘friend’ was in, I was out. I had warned council of the trouble he was likely to make and I wished to have no part in it. During the few months we were free from dictatorship we had made some progress in building a real organisation. That work has now been in vain and, unless the A.G.M. could show a strong policy, that old system of ranting hypocrisy will continue. The third issue of the Probe was a relatively tame affair, it commented on the A.G.M. and not much else.

**5.10.1958.** The special meeting called by Malik was described to me by Valentine. Barlow let himself go as the audience of about 40 wished to hear all. At the Council meeting later Malik wanted Valentine and Jonas dismissed, but he was not well received. He had to stop a bout of fisticuffs in the toilet afterwards. This shows how overheated the state of the parties was. As I was not there it would appear that the probable cause of the trouble was one member who sided with Malik.

**9.12.1958.** An urgent letter from Valentine informing me that, at the AGM on the

previous Sunday, as a result of a resolution passed, Dr. Malik was expelled from the Association and requesting that I rejoin. If he had been less offensive at this meeting it is doubtful if this action would have been taken. The copy of minutes which I received later confirmed this. It appeared that MS357 Malik had started an attack on Barlow and other members of had Council on the question of expenses and other points. While not resigning he would not take active part in the affairs of the Association. In spite of the Chairman's appeal to keep to the question of policy and recruitment, the argument became heated. It was finally proposed that Malik should be expelled under Rule 5b, this was carried by 12 votes to 7. I replied that it was doubtful if this action was legal as Rule 5b stated that expulsion should be the duty of Council and did not delegate this power to the A.G.M.

5.1.1959. The council co-opted me to membership. The expulsion of Malik was rectified in order to confirm the action of the A.G.M. The Probe No. 5 was an eight-page affair stating that Dr. Malik was no longer a member of the Association. The other matter was about the A.G.M. and letters. And a newspaper report from the Evening News, 11.7.1958, giving a case of the Dentist, The Woman and False Teeth and described how he had made a set of dentures for 1d.

1.2.1959. I attended this meeting under the Chairmanship of A. d'A Fearn, the business went smoothly, the Probe was to be enlarged, the supplementary report to the Royal Commission was approved and it was left to the Executive Committee to tidy it up and present it.

12.2.1959. The meeting at Canterbury was somewhat of a shambles with only 16 present. The main discussion centred round the troubles we recently had. The Services were also in the debate. A proposal that a branch be formed in the Canterbury area found no seconder. In all it was a very abortive meeting.

1.3.1959. The Probe No. 6 contained a brief summary of the supplementary memorandum to the Commission, which was much better than the former. There was also a statement of our new policy. The Council was running fairly well and the formal business was dealt with efficiently. MS358

5.4.1959. Arrangements had been made with a commercial firm to issue the Probe six times a year at no cost to the G.D.P.A., with circulation to all dentists on the register.

31.5.1959. The firm dealing with the Probe attended to settling the final details. The B.D.A. had recently set up the Dental Guild and was proposing a levy of ¼d. in the pound on remuneration, the scheme was considered but no action was decided.

8.6.1959. I heard from Valentine that Dr. K.Malik had died on the previous Friday. Thus the end of a man who in the last few years had caused the Association which he founded considerable trouble. There is no doubt that the cause of it all was that he was a very sick man but nevertheless he had contributed much to- the dental political field in his time, by starting arguments, if in no other way, he made some dentists think.

5.7.1959. By this time I was getting somewhat tired of the general ineptitude of the Council. It seemed that we were getting nowhere very slowly. I referred to my memorandum of 3.2.1957 in which I suggested ways of overcoming our problems, yet 2½ years later we had forgotten. This I put in a letter and continued that the last Council meeting had its discussion

so far removed from fundamentality that I pitied our secretary in trying to minute it. I called for definite action. The result was that they suggested that I give more details of what I had in mind so that it could be discussed at the next meeting. This after a two page letter full of detail. The agendas were well framed by our secretary but no decisions were made. The Probe came out in its new format and had 16 pages about 7" x 10". The Council asked if I would stand for election to the C.D.C., this eventually I declined as I was beginning to have enough of dental politics.

6.9.1959. This was Valentine's last meeting. some difficulties had arisen MS359 about delay with The Probe on account of the printers' strike and the issue had to be circulated without proofs. Some other discontent was expressed with the publishers. My letter was read and noted.

7.9.1959. Valentine wrote that he would have to give up as secretary owing to having recently had an operation for cancer.

4.10.1959. The minutes, "*2d, Mr. Torrens' letter - It was proposed by Mr. Barlow seconded by Mr. Murray that a letter should be written by the General Secretary to Mr. Torrens asking him for his reasons for leaving the Association. Proposal carried.*"

This was their consideration of my letter of July 5th stating that I would be away on the Continent at the next meeting, that I had no intention of redrafting my memorandum which had already been accepted by Council. The long minutes did not record much more than that, there was very little about action. Actually I did not receive these minutes for some time.

6.10.1959. I had written to the secretary to say that I was fed up with the constant bickerings and lack of action in Council and that I did not wish to stand for re-election. He requested me to reconsider my decision.

24.10.1959. My considered reply was that my personal affairs would not allow me the time and further: *'There is another reason which adds to my reluctance. For many months I have tried to get the Council to formulate a general policy. My memorandum, which has never been fully considered, was designed to put forward some basic thoughts on policy. My recent letter, which was treated with some sarcasm, was designed to emphasise this. You can see from this that the conclusions I have drawn from recently received minutes give me no indication that the Council takes a serious view of my memorandum, or a similar document, I feel that it is a waste of time attending meetings to discuss trivialities. If I see that a serious attempt has been made to cure this MS360 ineffective attitude in Council has been made, I might be tempted to allow my name to go forward at the subsequent A,G.M.'*

8.11.1959. My letter was received and noted at the next Council meeting, but otherwise no action was taken by an unconscious body. At this meeting Brennan had sent a letter to Councillors which had a number of indictments about the action and lack of action and general ineptitude. This letter was then considered and a vote to let it lie on the table was 6 to 6 and on the Chairman's casting vote was rejected. Then the vote was on the reception of the letter and turn it down. This was carried by 8 for and 2 against. The recent meeting at Cardiff was then discussed and as only 5 had turned up it was decided that it should not be reported in the Probe.

19.11.1959. I sent a vigorous protest to the Secretary about the minute of 4.10.1959 and asked for its correction. IF the minutes had arrived promptly I could have attended the

meeting, but such was the inefficiency of the G.D.P.A. at that time. My resignation was not due till the following A.G.M. in December.

6.12.1959. Some difficulty was reported about the distribution of the Probe. The Vintage press had now taken over the publication of the Probe at no expense to the Association, previously we had to pay a small contribution, now the advertisements were sufficient to pay the publishers. A letter of resignation from; Brenan was received, he had also become disenchanted with the lack of action. There had been 11 nominations for Council for 11 vacancies. It was decided that no further nominations should be accepted, this was a bit irregular as it was up to the A.G.M. to accept or close the list.

10.1.1960. There was a nearly new Council which met for a chat but did very little of a constructive nature.

28.2.1960. There were resignations from the secretary and another member of Council, there had already been a change in the Chair. It was suggested that MS361 a publicity officer be appointed, one had already been approached and a salary suggested. It was then agreed that the member had acted in good faith but the matter should be dropped.

During the meeting I 'phoned the Secretary that the Association should not say too strongly at the moment where it stood as the Commission report had only just been published. In order to help I suggested that I would attend a future Council meeting. It was noted '*that Mr. Torrens was no longer a member of Head Council.*' This was followed by an open meeting.

About this time I sent the following short notice to the Probe but it was not published, it shows my personal feelings about the report of the Royal Commission.

### **“The Yellow Peril hits Dentistry.**

*“The Report of the Royal Commission is the greatest shock that ever hit dentistry. To read it is to get a headache. It would appear that the Commission heard about the Iron Curtain and said to themselves this will just about fit dentists. If you can read it and not be confused you will see that Dentists are earning too much, they are working too hard and their remuneration, whatever way considered, must be linked to time worked and not work done.*

*"Fees in future must be linked to hours worked and not to treatment provided. To ensure this two bodies will be set-up. A Review Committee to recommend to the Prime Minister the appropriate earnings. This will be formulated on the suggestions of a Dental Rates Study Group who will investigate time that ought to be taken on the items of work. These bodies are to be set-up independently of the Dental Profession and the dentist will have no say in their working. Could any curtain be more fiendishly yellow?*

*“The only useful recommendation made by the Commission appears to be that there should be no change for three years. The Report rightly points out that fees must be determined without disagreement. The poor dentist in future will MS362 have no hope of disagreeing, he will be told what he can earn. This is against all principles of demand and supply relationship.*

*“The Report shows that elderly dentists earn considerably less during their last ten years of practice. These poor fellows must continue to earn less. They should have earned enough to*

*put some cash away for their declining days. What iniquity!*

*“So! last months blue backed best seller seals the fate of dentistry. It is sealed so firmly that at present no way seems to be indicated in which a fair deal can be obtained for the profession.*

*“We have less than three years to decide what we can do about it. This will need careful planning and ideas are wanted urgently. Basically there would appear to be three alternatives:*

- 1) Accept and become a Slave for Life.*
- 2) Resign and sell your services at a fair price in a free expanding market.*
- 3) Join the G.D.P.A. and put up a fight.”*

**6.3.1960.** This was another chatty meeting. At the end there was a resolution that the G.D.P.A. rejects the dental proposals in the Royal Commission’s report as unworkable and unfair to both the public and the profession. It calls on the Minister to announce that he will give an assurance that he will at once enter into negotiations with this Association and other dental bodies. This was unanimously agreed and was to be put to the open meeting in the afternoon. Further discussions about a press officer were discussed and a motion to engage one was accepted. MS363

**15.7.1960.** In a reply to the secretary I said that ‘I had heard of certain changes in the G.D.P.A. which do not seem to be for its good. From this it would appear that bickering is still the only function of its Council. I would be glad to come back in the early part of next year if I could be assured that the members had a common purpose to further the interests of the profession, instead of useless argument. The Probe seems to be an established organ - yet it is never used to put over a policy or purpose. Not a word about Head Council appears therein. The adverse publicity we have had recently (see Executive Council, June and July and Today July 9th) needs something more potent than a silent G.D.P.A.

**2.10.1960.** This meeting was held in the Great Northern Hotel because nobody had told the owner so the key to 3 Caledonia Road was not available. The whole morning was wasted in discussing the agreement about the public relations officer’s terms and wages. £100 in advance was asked. The vote eventually was £20.16s.8d. per calendar month in advance, and in this a show of hands was 7 in favour with 2 abstentions. After lunch the meeting discussed a television broadcast which had been given by Barlow and Simson. This discussion was somewhat acrimonious and prolonged; there was a recording of the sound before the debate. A vote of censure on the two numbers was 5 for and 5 against and with the Chairman’s casting vote against, the matter was left. The discussion then veered towards the general uselessness of the Association and some members suggested it should be wound up. The Probe next gave cause for concern as the agreement was due for renewal, but as usual the matter was left to one of the members to discuss the terms with the firm. There was a resignation from the editorial committee which led to the decision being left till the committee met again.

**13.11.1960.** The Executive Committee co-opted me on Head Council but failed MS364 to tell me so I was not present at the next meeting.

**27.11.1960.** The editorial sub-committee had called an open meeting and this led to an argument. The secretary had resigned and it was a hopeless position to be without a

secretary. After a lot of disagreement Mr. Armitage was elected for the next two months. There had been a mishap in printing the Probe and 11,000 copies had been destroyed. This meant that the A.G.M. had to be postponed. There was to be an open meeting in the afternoon and one member suggested it was a glorious opportunity to protest about the Professional men being represented by the B.D.A., which is like a girl who can't say so.

2.10.1960. The only notes of this meeting report a discussion about the cost of telephone calls by various members.

15.12.1960. One of the trustees had gone to South Africa and the other was ill so no cheques could be signed. The acting secretary sent out an SOS and this rectified the matter.

16.12.1960. I had a moan from the Publisher that I had suggested that the G.D.P.A. should take over the Probe, and that their profits were in the region of £3,000 per year. This I quickly contradicted as I had confidentially spoken to one member on this point and the details he had heard were incorrect. One of the defects in the membership was too much chat.

29.12.1960. The P.R.O. we had been considered had proved quite unsuitable so we were again back to square one.

15.1.1961. At last I had been informed and attended. Arriving after lunch I raised the point were we to help one member who was suing the Dental Estimates Board; for fees for treatment to himself by his assistant. The member stated that he did not require financial help at this stage. The Probe agreement came up for debate, I suggested that we should see in writing the suggested terms. There was a proposal that we give a 5 year extension with three safeguards MS365 irrespective of any points raised in the debate. I was proposed as Chairman for 1961 but in view of past experiences declined. This position fell to Mr. Barlow. At the conclusion of the meeting I referred to my memorandum and outlined a number of steps which were necessary to make the Association function properly-

29.1.1961. The B.D.A. had circulated a large memorandum advising the profession to accept the so-called package deal offered by the Ministry in order to maintain the. Health Service in the dental field. It was a well argued paper but careful reading made it clear that an acceptance gave practically all rights to determine fees and conditions of service to the Government. Several groups of dentists including B.D.A. members issued contrary leaflets against the acceptance. This emergency meeting of Council was as usual full of ineffective argument, but the Editorial committee which was joined in the afternoon did put out a strong argument against acceptance which was distributed with the next issue of the Probe together with an application form to join.

26.2.1961. I circulated the following memorandum to Head Councillors before the meeting, but it was not considered at the meeting.

### **“Memo on the G.D.P.A.**

“Private and Confidential to all Head Councillors

*“Sheep without a shepherd - and not many sheep at that. Can anyone of you deny that continuation of the G.D.P.A. with its present constitution and non active, argumentative,*

*bickering Committee meetings will culminate in self destruction and in its route will become the laughing stock of the profession. This state camouflages the basic failure of the organisation which is non-implementation of resolutions.* MS366

*“For example: on November 25th 1956 we decided to study as a matter of policy - a comprehensive service run by the profession - grant in aid and independent arbitration.*

*“On February 3rd 1957 was presented a memorandum which outlined a scheme of organization of the Association - decentralisation and local branches to enable infiltration on many Health Services sub-committees. Consideration of present difficulties in working the Service to lead to suggestions for a new Health Service acceptable by the profession.*

*“On March 23, 1958 a revision of rules was agreed - this was confirmed in June.*

*“On May 4th, 1958 twelve items of policy were determined and a library of Publications of political importance was proposed.*

*“On May 31st 1959 we agreed to attack the Guild and its method of collecting finances through the Executive Councils.*

*“The A.G.M. for November 27th 1960 had to be postponed because ballot papers were not sent to members in accordance with the rules.*

*“These are just a few points determined by Head Council - but with many others they lie buried in the inadequate filing system maintained by our Secretariat. At a recent Council meeting a P.R.O. was appointed with a Salary (as indicated by minutes) of £100 in advance and £20.68.8d. per month expenses. Yet there is little or no definition of his duties (in the minutes).*

*“In an attempt to clarify the position a few suggestions are made below which should enable the G.D.P.A. to make some progress towards becoming a powerful body in the fight for freedom. If something along these lines cannot be rapidly waved it would be better to bury the dead, rather than become MS367 a stench in the nostrils of the profession.*

*“Central organization is essential and depends on the engagement of an efficient part-time trade union trained secretary, with a good shorthand typist as assistant, who should be full-time. The second essential is a full-time office easily accessible to committee members, which could be away from the centre of London with its high rents. One room with a minimum of 12 x 16 might be adequate to start. The cost of these services must be considered carefully and allowance made for increase with a growth in membership.*

*“In the reorganisation of the G.D.P.A. a new set of rules is of paramount importance. These should be constructed after a comparison of those of similar bodies and adapted to overcome difficulties we have already encountered. The name of the G.D.P.A. should be changed to include School, Hospital and other Officers. We also require standing orders to enable committees to function in an orderly and proper manner.*

*“The number of Head Council should be drastically reduced to a minimum - nine is suggested as a basis. Local branches should be set up with the idea of making progress on local lines and infiltrating on various committees to push the policy of the G.D.P.A. A private news sheet should be sent to members once a month to keep them in touch with headquarters and one another.*

*“Our main function is the betterment of conditions in the Health Service and we have achieved nothing in this respect since our inception. We have failed at the Royal Commission*

*and we have again failed in the present critical stage of debate about our fixture. We must, therefore, outline a strong action policy and back it up with numerical strength of membership. We should study how a comprehensive service might be run by the G.D.P.A. - a system of grant in aid - a system of priority. The difficulties of our present MS368 service must be analyzed so that we can produce an outline scheme which would be acceptable to the profession and the Public. We must fight for better conditions for the practitioner. We must know the regulations so as to be able to help our members in trouble, we must fight at all times the dictatorship of the M.O.H.*

*“The General Dental Council has inadequate representation of the general practitioner. We must fight for its reorganisation so that the power of the Dental Schools to control our lives is very much reduced. We must fight against the ancillary experiment.*

*“We must fight. Are you prepared to do this and stop petty bickering in committee and stick to the main issues without prevarication in Council. If you are prepared to work along these lines we any yet become an organization worthy of the name.”*

As I had purposely not attended this meeting because of a wish to see if there might be some life in the members, I awaited the minutes with curiosity. As was to be expected they were full of useless chatter. One member did not like the phrase in the minutes ‘*We must kick up as much possible stink*’ so the secretary said those words were actually used, and the Chairman added that they could not be removed but the point would be noted. Then there was some deliberation as to what an average dentist was. This arose because the Minister was calculating assistants’ pay in with the principals’ thus increasing the average remuneration for statistical purposes. There was later a great deal of talk about asking me to be Chairman which divided the meeting. One of the members ‘phoned me. I would be willing to come to the meetings to put my plan forward, but I must be assured that the plan would be put into operation for the furtherance of our objects. The A.G.M. was held in the afternoon, after which another meeting MS369 was held with the new council. This debated the package deal which was offered by the Minister accusing him of duress and that no deal was valid without agreement.

12.3.1961. I had previously heard from the Treasurer that our membership was now down to 420 and our bank balance was £738.6s.9d. We were now in fact spending our capital. We had a small committee to consider my plan, this consisted basically of the points already accepted on 4.5.1958 and subsequently. In addition I produced an omnibus resolution containing these principles, together with Standing Orders (previously we had no rules of procedure) these included the type of agenda and the order of business. With many secretaries and chairmen who had little or no knowledge of meetings the position was in most cases very confused. This was a very amicable meeting attended by Kingsford, Murray, Smith, Jonas and myself at the Russell Hotel, as a so-called Steering Committee.

19.3.1961. After the usual chatter we arrived at the report of the recent steering committee. I put forward the points clearly defined which were approved with very little debate.

**Omnibus Resolution relating to Re-Organisation**

That the Members of the Council of the G.D.P.A. now fully realise that they are unable to run the Association efficiently without capable secretarial guidance and background. They therefore unanimously resolve that, as soon as possible and without undue delay, full re-organising action should be undertaken on the following lines:-

1. That we rent a suitable office in London, accessible to our Officers and Members at all reasonable times.
2. That immediate steps be taken to find and engage a part-time General Secretary with Trade Union and legal experience to MS370 supervise the efficient running of the Association, subject to Council authority.
3. That a full-time capable shorthand-Typist be engaged as Assistant General Secretary to handle day to day business, and that she shall have access to the General Secretary and Council members at all reasonable times for advice.
4. That the Rules of the Association be re-written to eliminate any of the difficulties we have encountered in the past. That these be ready for the A.G.M. next November.
5. That Standing Orders be adopted by Council for the guidance and proper functioning of Committee Meetings.
6. That the Head Council be reduced to twelve as soon as practicable in conformity with our rules. That Sub-Committees be reduced to a minimum, or eliminated for the present, and all business be transacted at monthly Council meetings.
7. That minutes of all meetings be submitted to Councillors immediately after all meetings.
8. That local branches be formed to engage in discussion and expansion and to encourage infiltration on all the Committees engaged in Health Service work.
9. That we assist with advice and other help where possible to Practitioners who may be in difficulties with the regulations.
10. That we must concentrate by all means in our power on our main objective which is to obtain a betterment in the Health Service and conditions of service. MS371
11. That for the purposes of putting No.10 into practice, we must study and analyse the present Health Service and its difficulties. We must study the services of other countries and eventually produce a suggested format of a Dental Service which can be easily and efficiently run for the best interest of the public and the profession.
12. That we must cease pointless and unnecessary attacks on the B.D.A. or Ministry of Health and on professional colleagues, although the policy of the sister organisation may be the main butt of our publicity, if it offends our reasoned policy.

**STANDING ORDERS****MEETINGS OF COUNCIL AND ORDER OF BUSINESS**

1. (a) The meetings of the Council shall be held at such place and at such time as the Council shall from time to time determine, but so that meetings of the Council shall be held not less often than once in every three months.  
(b) The Chairman may, within his discretion, or, if he be so requested in writing by not less than 5 of the members of the Council, shall summon immediately a meeting of the Council. If the Chairman after such request does not within seven days call a meeting, any three members of the Council may, on the expiration of those seven days, call a meeting. The requisition must state the nature of the business to be transacted thereat and no other business shall be in order at such meeting.
2. At every meeting of the Council the Chairman, if present, shall preside. If the Chairman is absent from any meeting, the Vice-Chairman shall, if present, preside; and if the Chairman and Vice-Chairman are MS372 both absent, the members present at the meeting shall elect from among themselves a person to act as Chairman for that meeting.
3. Every question at a meeting of the Council shall be determined by a majority of the votes of the members of the Council present and voting on the question and, in case of equal division of votes, the Chairman of the Meeting shall have a second or casting vote.
4. Every member of the Council attending a meeting of the Council or of a Committee of the Council shall sign his name in the attendance book kept for the purpose.
5. The quorum of the Council shall be five and of each Committee one-half of its members.
6. If at the expiration of 30 minutes after the hour at which any meeting of the Council is appointed to be held, a quorum shall not be present, no meeting shall take place.
7. Minutes of the proceedings of every meeting of the Council shall be printed and circulated to the members of the Council, and shall, at the next ensuing meeting, be taken as read, and after confirmation, be signed by the Chairman.
8. Notices of all meetings of the Council shall be delivered or sent by post so as to reach the last known place of abode or business of each member of the Council 14 clear days before the day of meeting, except Emergency Meetings.
9. No business shall be transacted at any meeting of the council other than that specified in the summons, except business which the council may determine as competent to be raised. MS373
10. If during any meeting of the Council the attention of the Chairman be called to the number of members present, he shall count them, and if it be found that there is not a quorum present the Council shall stand adjourned.
11. Every member on rising to speak shall address himself to the Chairman and not

to any other member of the Council. During the time any member is speaking all other members shall remain seated. Whenever the Chairman rises to speak no-one shall continue standing, nor shall anyone else rise until the Chair be resumed.

12. Any number of the Council who, in the opinion of the Chairman, is guilty of persistent disorder, shall be suspended from the service of the Council for such period as the Council may determine.
13. Any motion and amendment shall, if required by the Chairman, be reduced to writing, and after being seconded, the same shall not be withdrawn without the leave of the Council. No motion or amendment shall be spoken upon, except by the mover, until it has been seconded.
14. A member who speaks shall confine himself strictly to the motion under discussion, or to a motion or amendment to be proposed by him, or to a question of order.
15. The mover of any original motion shall have the right of reply. In replying he shall not introduce new matter, but shall confine himself strictly to answering previous observations and immediately after the reply the question shall be put from the Chair without further debate.
16. Any member in seconding a motion or amendment may reserve his speech for a later period of the debate.
17. When an amendment is moved, no other amendment shall be taken into MS374 consideration until the previous one has been disposed of. If an amendment be carried, it shall then become substantive, and be put as an original motion upon which any further amendment may be moved. If any amendment be negated, other amendments may be moved to the original motion.
18. A member moving 'that the Council proceed to the next business' or 'That the debate be now adjourned' or 'That the question be now put' shall do so formally without a speech, and if the motion be seconded it shall be seconded without a speech, and put from the Chair without debate.
19. A motion 'to suspend standing orders' shall be made and seconded without a speech, and shall be carried by not less than a two-thirds majority of members present.
20. Any member may at any time address the Chair on any point of order arising during the debate, but shall not interrupt any other member's speech for that purpose unless the necessity arises out of such a speech, as to which the Chairman shall be the judge. The decision of the Chairman on every point of order shall be final.
21. Every Committee shall at their first meeting appoint from among their members a Chairman and Vice-Chairman. In case of an equality of votes the Chairman of the meeting shall have a second or casting vote. The Chairman and Vice-Chairman of a Committee shall hold office for a period of one year.
22. The reports and recommendations of Committees shall form part of the agenda

paper of the Council, but reports of the Committees which meet later than seven clear days before the meeting of the Council shall not be brought up to the Council at the meeting immediately succeeding MS325 that of the Committee, but shall be brought up at the following meeting, except in emergencies.

23. All matters dealt with or brought before a Committee shall be treated as strictly confidential, and no information whatever in relation thereto shall be disclosed previous to the confirmation of the proceedings by the Council.
24. The business of the Council meeting shall be brought forward in the following order, unless otherwise directed by the meeting:
  - i) The Minutes of the previous meeting shall be circulated with the Agenda and be taken as read, and signed if confirmed.
  - ii) Introduction of new members.
  - iii) Matters arising from the Minutes, or other adjourned business.
  - iv) Reports of Committees.
  - v) Question Time - which shall not occupy more than 15 minutes. Notice of questions must be given in writing not less than one clear day before the meeting of the Council. Unless such notice shall be given it shall be open to the person questioned to defer the answer to the next meeting.
  - vi) Ordinary routine business.
  - vii) Resolutions of which notice shall have been given.
  - viii) Any other relevant business.
  - ix) Approval of new members.

The first recommendation was now very urgent as we had notice to quit Caledonia Road. This was a dental supply house and the proprietor did not wish to be in any way connected with a political movement which he MS376 considered bad for business, the present secretary who lived in the north could not afford to come to London every month. The association was therefore left with a problem. Nobody wished to work and several threatened to resign.

16.14.1961. This meeting I was unable to attend because of some hospital commitments, besides it was a good opportunity to test if there was any reaction to the policy for re-organisation and standing orders recently adopted. The minutes, when they arrived, dissipated my hopes in this direction. There was the usual badinage and the order of business was not maintained, in fact the meeting was even more chaotic than usual. Much discussion and little decision, was the order of the day. The question of one member's telephone expenses caused some commotion, this was a frequent occurrence. There was another resignation. No effort had been made to get either a secretary or premises. There was some trouble about the terms of the Probe contract. There was also some debate about the adverse publicity we were getting in the Daily Express and other papers. One of our members had described some of the abuses which could be worked to increase fees in the Health Service, and the paper had made a good story of them. The minutes of this meeting make deplorable reading for a body which hoped to correct the state of dentistry.

7.5.1961. The state of the parties was much the same. The Council was reminded that the omnibus resolution had agreed to look for a secretary and offices. It was suggested that we could not afford one. A proposition that the matter be left on the table was accepted by 7 in favour, one against and one abstention. Office accommodation was suggested at £2.5s.Od. per week, this evoked no decision. Recently one of our members had been found guilty of causing *“to be published rash and ill-considered statements denigrating your professional colleagues”*. This caused a heated discussion. The application of Rule 5b enlivened most of the afternoon, eventually a vote for not MS377 applying the rule was 4 in favour and 4 against with the Chairman’s casting vote the rule was not applied and he remained a member. Thereupon there was another resignation. This case was reported in the Probe for July 1961 p.169. The last discussion was about policy. A Steering Committee had been formed but no meeting had been called. One was to be called soon. They had apparently forgotten that this matter had been decided months ago but no action had been taken.

25.6.1961. One member questioned whether it was in order for the person to whom the exclusion order had been attempted should have been allowed to vote. The Chairman said there had been a precedent and it was in order according to the constitution, and the Rules did not clarify the position. The member in question had been told by the Secretary of the Friendly Societies that, as long as a member was still on the Council, he had a right to vote. Then there were several resolutions altering the rules which were quite out of order. This was a very acrimonious meeting at which little was discussed of any use to the Association, it was bickering about one member’s conduct.

25.6.1961. This meeting was well up to the standard of others, and no action had been taken or decided. The members’ conduct led to a heated argument which caused the walking out of all the Council except the Chairman and the member in question.

7.7.1961. An appeal from the Chairman to help determined me to have one last effort. The society was at that time equally divided and the personal animosity between the two precluded any advance. However I sent the following appeal to all councillors.

*“The minutes of Council dated 25 June are an insult to common decency. Those members who cannot accept the legal decisions of the majority should resign. Continued personal bickering, instead of considering Rule 2 MS378 (this was about the objects of the Association) indicates a very low grade mentality. This conduct negates the primary objects for which the G.D.P.A. was founded. I trust therefore that at the next meeting you will each assist the Chairman to develop our Association into a truly democratic body worthy of the trust which we hope the profession has in us.”*

9.7.1961. I had armed the Chair with a correct agenda and the meeting went well. Accommodation had not yet been found which was deemed suitable. The bank balance was now at £557.12s.Od. There was little use getting a secretary till we had some office to put him in. The Steering Committee had confirmed the policy and the secretary had made a summary to put in the Probe. Congratulations were given to Mr. Ian Simeon who had just been elected to the G.D.C. which was taken to be in some measure due to the Probe publicity. There is a reference in the minutes of the suspension of the member in question, but there is no note of his suspension anywhere else and he was at the next Council meeting.

9.7.1961. The meeting was opened with the agenda drawn up as in the standing

orders. There was some difficulty when a member who had resigned at a previous meeting turned up. As he had not confirmed his resignation in writing it was taken that he had not. There was another resignation in writing which the member wished to withdraw as it had not yet been considered. There was some acrimonious comments on my '*non-attendance and my obnoxious letters*'. Other members came in for their share and it was evident that the division of the Council was not political but personal. The discussion about the member who had been reprimanded by the G.D.C. took up a great deal of time, eventually a vote for his suspension was six in favour and four against. He was asked to leave but would not. The Chairman terminated the meeting for thirty MS379 seconds. When the meeting re-opened the only item on the agenda was the ratification of the minutes which were taken as read. Standing orders were suspended and the minutes were passed. The member was then asked to leave. A lot of this was highly irregular and it is a wonder that some action did not result.

That was the last meeting I attended as the obvious divided nature of the members would never become a useful association. I was still a member and received news of the meetings.

5.9.1961. The usual chat without action. Some member suggested affiliation to the T.U.C.. Again it was a complete waste of time.

22.10.1961. One member brought forward a resolution to disband the Association which caused the usual diverging reactions. Subscriptions were slow and how to collect was a lively subject. Policy discussions resulted in a sub-committee being set up to determine a suitable scale of fees to recommend to members. Affiliation to the T.U.C. was the subject for long drawn out arguments.

19.11.1961. There was some discussion about the Health Service, which resulted in a resolution to arrange a conference with as many of the N.H.S. and allied professions as possible. There was another resignation. The publishers were concerned that the G.D.P.A. might pack up and there was some discussion about the Probe.

7.1.1962. These were the last lot of council minutes that I received. They were the usual comments with little or no action. By this time I had lost all hope of ever seeing a really active organisation come out of the chaos of the G.D.P.A, with its constant bickering and a Council which was divided on whatever motion that might be proposed.

5.9.1962. I wrote to the secretary asking why I had received no notice of Head Council meetings since January, and that my election MS380 was valid for three years. In his reply he stated that "your name does not appear on the list of paid up members which was compiled last July. Accordingly you are not entitled to receive any information of Head Council Business as technically you are no longer a member of the Association". This was indeed an easy way out for them and for me. There is no doubt that no notice of owing subscription ever reached me, but this was probably due to lack of secretarial efficiency - or was it due to malice aforethought? The Treasurer suggested that I send another cheque to the secretary and if it was not received to make an issue at the next A.G.M.. My reply was that, unless the present control could be changed, I would not waste my time. And so my association and waste of time with the G.D.P.A. came to an end. MS381

## Conclusion

There is no doubt that the Health Service did not really do a great good to dentistry in general. It must be realised that the public did obtain a very large amount of dental treatment as a result of the Act, but whether the type of work is of a better quality is a matter for argument. In the old bad days the treatment available was of two sorts, high quality craftsmanship and low class butchery administered by the uneducated unqualified. Now that service, by the nature of the necessity to fill in forms which are more important to the dentist's income than the actual work done, tends to be somewhat rough. This is in the main a result of the dentist having to maintain a high turnover in order to cover his practice expenses, and pay his way. Should he meet some unexpected accident in the mouth the present hospital department is always at hand to deal with same. In spite of this there are many occasions which confront him in his daily dealing with patients when he is faced with a case in the courts, and although he may be protected by membership of one of the medical Protection Societies, will inevitably cause a great deal of trouble and distress, and may even do some damage to his practice.

The 1946 Act brought a number of harassments to the average dentist, he has to watch his estimates and even his work may on many occasions come under the scrutiny of the various bodies who, although they are supposed to be impartial, may on occasions be prejudiced against him. Sometimes officials become infected by power and act as if they were demi-gods. In its very nature the present service has tended to fail, many men are leaving the service for abroad, or the school service where the hours are shorter and MS382 there is no pressure on the dentist to maintain his turnover by overwork and worry.

There is no doubt that the Government is a relentless master and this is shown by the many negotiations which have to be undertaken before a satisfactory payment structure can be agreed. The fault in my opinion is that the B.D.A., the only body which has access to the Ministry in matters of fees and conditions, acts with kid gloves and also, in my opinion, this state will continue until the profession wakes up and confronts the Government in a manner which has been demonstrated by the trade unions as the only effective method of obtaining justice in these hard times of Legislation by Regulation.

10.2.1962. At a meeting of the B.D.A. Wessex Branch combined with the Local Dental Committees of the area, I read the following memorandum which was discussed at length. The resulting vote was 15 for and five against.

### **Memorandum on Local Dental Committee Organization**

The National Health Service Act 1946, 9 & 10 Geo.6 Ch.81 (para.32, p.27) gives each L.D.C. the right of recognition by the Ministry. This right implies direct contact and negotiation and has never been utilized. At present each L.D.C. works through the G.D.S.C. which is virtually a standing committee of the B.D.A, In such a large body without any real powers, the force is taken out of resolutions presented to it. They are then passed to the B.D.A. representative Board where they are finally emasculated and eviscerated. The highlight of the G.D.S.C. is the talk by the Minister

or his minion which is hypocrisy idolised.

For efficiency in political power the L.D.Cs. require organization on trade union lines. The framework is already provided by the Executive Council areas, each one constitutes a section. These sections should be grouped in areas corresponding to the Regional Hospital Board Areas. Thus MS383 the format is already there to produce an organization as an absolute parallel to the Health Service set-up. It is suggested that two members be appointed from each L.D.C. to form a group in each R.H.B. area, to form a coordinating committee. One from each group should be appointed to form a head council and national coordinating committee. The motive power for this committee should be a highly paid secretary with trade union and political negotiating experience.

The G.D.C. elections and the recent cuts have indicated clearly that the B.D.A. has lost face and can no longer be considered capable of dealing with the Ministerial beaurocrats.

The political exigency of the time require immediate action, but unfortunately this is impossible as it would not be easy to organize the L.D.C.s nationally quickly. It is therefore suggested that the L.D.C.s in this area obtain the feelings of their members and constituents with a view to creating a Wessex Group Committee to ascertain whether there is sufficient support for action as indicated. The L.D.C.s concerned are Hants, Dorset, Bournemouth and Southampton.

NOTE: Some members of the B.D.A. may feel that this plan might divide the profession. This is neither intended nor likely. The B.D.A. has shown that its Victorian Construction and limited company status is inadequate to protect our livelihoods. It is therefore considered that a separate organization of the L.D.Cs. would enable the B.D.A. to concentrate on the academic interests and at the same time work in full cooperation with the suggested network of L.D.Cs. which could be suitably organised as a strong fighting machine to assert the status and rights of the profession - thus eliminating the frustrating and inefficient mess which exists at present. MS384

There is a difference between passing a resolution and taking action on it. This was as far as I remember the end of the matter. A few months previously I had severed any connection with the G.D.P.A. and as I had generally resigned my activities on various other committees I was not in a position to push the decision, and it was probably convenient to let it drop. Therefore no more was heard of the proposition. At this time I was beginning to consider retirement which then was only about six years ahead. Looking back there is no doubt in my mind that the only salvation for dentistry lies in its organization along trade union lines and development of a strength of purpose which will allow it to utilise its craftsmanship for the betterment of its treatment of the population at large.

Before concluding, there must be a reference to research. Over fifty years ago the Ackland Report stressed the necessity for research into dental disease, yet with all our modern technology we have not yet discovered the cause of dental disease and without a knowledge of cause we can never discover the cure.

Drs. J.E.R.McDonagh and Broderick were on the right track but they were regarded as charlatans. The former, starting as a specialist in venereal disease, worked on the blood chemistry and applied the ultra-microscope to a study of the colloidal system. Later researches showed that this was in fact a study of the protein mechanism in the blood serum and, by its use together with other physical tests, it could be ascertained in which manner the blood was lacking or otherwise in electronic energy. He wrote ten volumes describing his work and its application to health and disease. Long before penicillin was discovered some of his methods and drugs were used to great effect in the control of sepsis.

The latter applied these theories to dentistry and by theorising that MS385 dental caries and pyorrhoea were two antagonistic factors. He showed how to cure both. Unfortunately these two men did not find the acceptance or response to their work that it deserved and now the story is buried in the past till some research worker digs it up and continues.

For myself I tried to apply these theories in hospital and in private practice and found them most effective. That however is another story and must be continued elsewhere, brief accounts can be found in my articles and book published before the advent of the furious taskmaster, the Health Service, which did not admit any treatment but that which could be entered on an estimate form, and at the same time the pressure of work became such that experimental work was no longer profitable. My considered opinion of research today is that little or no progress will be made as long as men study the result of disease. The cause must be sought in the early chemistry before the disease is evident enough to show itself. In the colloidal mechanism of the blood serum can be found the indicators and there are many other pointers to the first steps of disease onset. This is the area in which the cause and eventually the cure can be found. The use of the ultra-microscope for these investigations is essential and dramatic, but owing to the discovery and development of the electron microscope its use was obliterated. The former shows the state of the blood chemistry and when interpreted properly can be a very valuable asset in diagnosis. The only requirement is a small amount of blood, about 1 cc., and the arrangement of the protein solids in active brownian movement can be studied in the liquid state. The ultra-microscope does lend itself in its present form to the study of living liquids and therefore can be applied to the examination of the colloidal system.

The proven theories behind these researches have for the present been MS386 lost, and it is not likely in the present state of research requirements that any worker will continue along these lines. This is a great loss to the world; my own small researches and application of these ideas in practical treatment have shown me that they have a basic use, although a great deal of work on them is still necessary.

The re-organisation of the Health Services which took place April 1st 1975 (possibly a very appropriate date) has made Government control of the professions easier, but it seems that the number of committees which have to be consulted has been increased, as if there were not enough previously. There is no doubt that the public is now getting treatment but whether this is enough or of the correct character is left for the reader to decide. MS387

## Initials used in the text

- A.G.M. Annual General Meeting
- B.D.A. British Dental Association, 64 Wimpole St., London W1M 8AL
- B.D.J. British Dental Journal, the twice monthly periodical of the B.D.A.
- B.M.A. British Medical Association; the controlling body of the doctors
- C.C. Consultative Committee; 26 members of the dental associations appointed to discuss future plans for a national health service.
- C.C.D.G. Central Committee of Dental Groups; an executive body set up at the Group conference 25.1.1947 after the Unity meeting.
- D.B.C. Dental Benefit Council; established under the N.H.I. Acts. About 30 members of the Approved Societies and M.O.H. and dentists, to consult and arrange the Scale of Fees and conditions of service. Originally known as the Dental Benefit Joint Committee.
- D.B.J.C. Dental Benefit Joint Committee; formed as a voluntary body in 1926 with 14 representatives of the Approved Societies and 14 the Dental Organisations (see Dental Benefit Handbook 1927. H.M.S.O.). Its remit was to act as negotiator to Scale of fees and conditions of service, and generally control the dental treatment of insured members.
- D.C.C. Dental Consultative Committee; appointed by the three dental organisations to advise and deal with matters of mutual interest, prior to the National Health Service Act in 1946.
- D.E.B. Dental Estimates Board; stationed at Eastbourne. It checks the estimates for treatment and authorises payment through the Executive Councils. It has about 1,000 clerical staff MS388 and a number of dental surgeons as overseers.
- D.L. Dental Letter. Acceptance of a dental letter was an individual contract between the dentist and the Ministries.
- E.C.(L.) Executive Council (Lists or Letter)
- E.M.S. Emergency Medical Services; were those given to civilian and military personnel during and after the war. These were paid for by the Ministry, the monies being put into a special fund and distributed by the dental and medical staffs after the war.
- G.D.C. General Dental Council
- G.D.P.A. General Dental Practitioners Association
- G.P. General Practitioner; either medical or dental.
- H.M.S.O. Her Majesty's Stationery Office, publishers of official documents issued by the Government.
- I.D.S. Incorporated Dental Society; absorbed into the B.D.A. in 1949.
- J.A.D.C. Joint Advisory Dental Council; a body set up by the three dental organisations to advise on all aspects of dental benefit. It comprised 14 members from each side. It often exceeded its remit.
- J.C.D.A. Joint Committee of Dental Associations; an advisory body and almost a

negotiating one, usually consisting of the three secretaries, W.G. Senior (B.D.A.), A.H. Condry (I.D.S.) and D. Robertson-Ritchie (P.D.S.A.).

- L.D.C. Local Dental Committee; set up in each area under the 1946 Act to voice the opinions of dentists. These bodies had direct access to the Ministry of Health if required.
- L.D.S.
- L.R.D.C. London Regional Dental Committee; eventually became the Central Committee of Dental Groups in 1947.
- M.O.H. Minister/ry of Health; controller of the service and general dictator by means of regulations which he/they was/were empowered to make under the Act.
- M.P.S. Medical Protection Society; originally known as the London and Counties Medical Protection Society. A voluntary body to protect the interests and good name of members medical and dental. MS389
- N.A.L.G.O. National Association of Local Government Officers.
- N.H.I. National Health Insurance; with the main Acts in 1924. and 1926 establishing the beginnings of the service we know today, which is organised by the M.O.H. who does what he wishes by means of regulations which he has been empowered to impose after making a show of consultation with the profession.
- N.H.I.J.C. National Health Insurance Joint Committee; forerunner of other similar committees.
- N.H.S. National Health Services (Act 1946 and many other Acts and regulations).
- P.D.G.C. Provincial Dental Groups Committee.
- P.D.S.A. .Public Dental Service Association; founded in 1922 in an attempt to unite the profession in the working of the Dental Service. Under Acts in 1943 was amalgamated into the B.D.A.
- R.D.O. Regional Dental Officer; appointed by the Minister to supervise and report on dental treatment, and check on standard of work.
- R.H.B. Regional Hospital Board.
- R.H.M.C. Regional Hospital Management Committee; our area was based at Winchester.
- S.A.M.O. Senior Administrative Medical Officer of the Hospital Board; the advisor on all dental and medical matters to the Regional Board.
- S.D.A. Society for Dental Anaesthetists
- S.H.D.O. Senior Hospital Dental Officer; a post next below that of consultant in the hospital services.
- V.A.D.C. MS390

**Robert George Torrens: Appointments**

- 1903 Born August 4th, 1.10 p.m. at Youghal, Co.Cork.
- 1915-20 Grammar School, Clonmel, Co. Tipperary
- 1920-24 Trinity College, Dublin University, degrees B.A. & B.Dent.Sc.
- 1924-5 Sub-editor of Dental Students Magazine of the Incorporated Dental Hospital.
- 1924-5 In practice at Youghal.
- 1926 Started practice in Bournemouth.
- 1927 Enrolled as a Freeman of the Ancient Borough of Youghal (20.12)
- 1929-33 Secretary to Bournemouth Section of British Dental Association
- 1932 Member of Organising Committee (Films) to the B.D.A. Conjoint Meeting of the Southern Counties, Wessex and Western Counties Branches
- 1934-48 Honorary Dental Surgeon to Royal Victoria & West Hants Hospital, Boscombe.
- 1935-36 Producer of plays for the Bournemouth Little Theatre Club
- 1941-42 Member of Council British Dental Association Photographic Society
- 1941-44 Member of Council of Odontology Section, Royal Society of Medicine
- 1942-49 Member of Head Council of Incorporated Dental Society
- 1942-48 Honorary Dental Surgeon to Royal National Sanatorium, Bournemouth
- 1942-48 Member of Provincial Groups Committee
- 1945-47 Member of Joint Advisory Dental Council
- 1947-48 Chairman of Bournemouth Section BDA
- 1947 Chairman of Demonstration Committee for the Annual Conference of the B.D.A. held in Bournemouth
- 1947-50 President of the Bournemouth Aquarists Society
- 1948-59 Senior Hospital Dental Officer, Boscombe Hospital
- 1948-58 Member of Bournemouth executive Council
- 1948-58 Member of Bournemouth & Poole Sanatorium Management Committee
- 1948-58 Member of Health Committee and the Medical & Mental Health Sub-Committee of the Bournemouth Corporation MS391
- 1949 Life member of the Incorporated Dental Society
- 1951 Life Member of the British Dental Association
- 1951 -52 President of the Wessex Branch of the B.D.A.
- 1956-58 Chairman of the General Dental Practitioners Association
- 1959-69 Consultant at Boscombe Hospital
- 1962-63 Vice-Chairman of Bournemouth and New Forest Cine Club
- 1966 Life member of Medical Protection Society
- 1969 Chairman of Demonstrations Committee of the B.D.A. Annual Conference held in Bournemouth in June. MS392

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## Chapter 22

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† Probably the magazine published by Provincial Grand Lodge of Hampshire & Isle of Wight Freemasons

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