



Welcome to the Health Histories resource

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We have created this pack to enable your class to explore the history of dentistry and pharmacy through source-based materials, drawn from the collections of the British Dental Association Museum and the Museum of the Royal Pharmaceutical Society.

How does it work?

There are separate sets of resources for pharmacy and dentistry. Each consists of:

Information and enquiry sheets – for students

These provide all of the sources in context with a short glossary and suggested questions and activities that use the material. The sheets each cover a different time period starting at the beginning of the 20th century.

Oral history extracts – for students

Download these short recorded memories to provide additional source material.

Source sheets – for students

All of the sources shown on the Information and enquiry sheets are reproduced in a large size, alongside a full transcript of the oral history extracts. Some of the sources are in landscape format and some in portrait format.

Teachers' notes

These provide background information and additional resources for each of the sources used in the Information and enquiry sheets.

You and your class can use the material in a number of ways:

- choose either pharmacy or dentistry, and work your way through the **Information and enquiry sheets** in order. You could pick and choose from the questions and activities, or work through them all.
- choose a topic and work through both the pharmacy and dentistry **Information and enquiry sheets** to allow the class to compare the two areas.
- choose activities from the sheets to suit your needs – some are suitable for individual study, some for small group work, and some for a whole class.
- use the **Source sheets** as inspiration to develop your own activities.



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Background information

You might like to make use of our web pages to supply additional information:

BDA Dental Museum www.bda.org/museum

Museum of the Royal Pharmaceutical Society www.rpsgb.org/museum

The resources also refer to British money prior to decimalisation. Here's a very useful website to help you interpret this:

<http://www.woodlands-junior.kent.sch.uk/customs/questions/moneyold.htm>

What do you think?

We are always keen to find out how our resources are being used. If you have any feedback, please get in touch:

museum@rpsgb.org or museum@bda.org



What was the condition of people's dental health in the early 20th century?

Source A: Survey into the condition of children's dental health by the BDA, 1893

Taken from the *Third Report of the Committee appointed by the Representative Board of the British Dental Association to conduct the Collective Investigation as to the Condition of the Teeth of School Children*.

In 1891 the BDA published the first of seven reports into the state of children's teeth. It had asked its members to visit local schools to collect the data. Children across different social classes were examined aged in range from five to 19 (but mostly from eight to 15 years old). There were very few children with 'good' teeth, even amongst the wealthier children who could afford toothbrushes and toothpaste.

Source B: Photograph of oral hygiene items for use at home, early 20th century

Dentists began making their own toothpastes in the 18th century and in 1780 the first mass-produced toothbrush appeared. Tongue cleaners have a long history in some cultures but seem to have appeared in the UK in the 19th century as did dental floss. However all of these items were still expensive in the early 20th century. The 6d cost of the toothpaste can be compared to the income and expenditure in Source A of 'How did people treat illness in the early 20th century'. The value of 6d today can be checked on websites www.nationalarchives.gov.uk/currency or www.measuringworth.com.

Source C: Survey into the condition of children's dental health by the BDA, 1891

Taken from the *First Report of the Committee appointed by the Representative Board of the British Dental Association to conduct the Collective Investigation as to the Condition of the Teeth of School Children*.

See Source A above. Many families did not see a toothbrush until their men folk enlisted for the First World War when the troops were issued with one (they were first issued in 1901). Even then families often used to share the one brush.

Source D: Photograph of a reconstructed dentist's surgery, early 20th century

This surgery contains some of the latest equipment. It includes a foot operated drill, invented in the 1870s, but also attached to a wall is an electric drill. This used a small electric motor to drive a cord which in turn made the burr, which did the drilling, rotate. The electric motor cord driven drill was in use until the late 1950s.

Source E: Advert, circa 1900

It appears that Mr. Oxley was not qualified as his advert doesn't use the word 'dentist'. A search of the Dentists Register, which records qualified persons, shows him to be absent. Much dentistry at this time focused on extractions and dentures. Anaesthetics were available but an additional charge was made. Mr Oxley worked in the Bristol area.

Source F: Advert from a catalogue for dentists, 1899

An interest in cross-infection began towards the end of the 19th century but methods to control it were ineffective. It wasn't until the spread of autoclaves in the 1960s, using steam to clean the instruments, that infection control became much more effective.



Did reforms in the early 20th century have an impact on dental health?

Source A: Records of Worthing School Dental Clinic, 1912

Worthing School Dental Clinic opened in 1912. In country areas the school dental service used village halls to carry out treatment.

Source B: Photograph of a school inspection, 1914

Millbank School, Westminster. According to photographic evidence inspections often took place in assembly halls and treatment in toilet areas, unless the council had their own clinic, as at Worthing (above). In 2007, after a study into the effectiveness of school dental inspections (or 'screening' as it has become known) the Department of Health issued guidance recommending that inspections cease.

Source C: Photograph of a toothbrush club, 1912

The board reads 'Shepperton Road School, April 19th 1912. "Spare the Brush and Spoil the Teeth". This was a well-known motto. The toothbrushes were designed with a flat end so that the child's name could be written on and with a hole in the end so it could be hung up outside to dry. Powdered chalk was supplied to act as an abrasive to remove plaque – it was also an ingredient in many toothpastes.

Source D: Plaque from dentist's surgery

If women worked they were able to join the Approved Societies.

Source E: Poster produced by a dental company, early 20th century

Produced by the Dental Manufacturing Company Ltd which was one of the leading suppliers of equipment to dentists. Although these early posters lack visual impact many of their messages were accurate and would be useable today. There was however more emphasis on the health of teeth rather than today's joint emphasis on health and appearance.

Source F: Oral history interview

Betty Severn was born in 1922 in Birmingham. She was interviewed for this resource in May 2009, aged 87.

Daisy Moore was born in September 1928 in Lambeth, London. She was interviewed for this resource in March 2009, aged 80.



Did the establishment of the National Health Service change dentistry in Britain?

Source A: *British Dental Journal*, 2nd July, 1948

The *British Dental Journal* is the main scientific and political journal of the British Dental Association. This quote is taken from its editorial in the last issue before the start of the NHS. In 1948 dentists had a choice whether to join the NHS or whether to remain a private practitioner, charging their patients as they had done before 1948. Dentists were worried that under the NHS Act the government could set up health centres and pay dentists as employees, the 'salaried State Dental Service' referred to. If this had occurred dentists may not have been able to run their own surgeries (as they had done pre 1948), taking on some NHS patients alongside private ones. They did not want to lose their autonomy. Today although some dentists work in hospitals or health centres as salaried employees the vast majority run their own practices as their own businesses and essentially contract with government to see a certain number of patients under the NHS.

Source B: Dental Estimates Board form, 1948

The Dental Estimates Board caused a lot of resentment. Dentists did not like having their clinical judgment questioned by a mere clerk. It was designed to ensure only necessary treatment was provided. The system continued until 2006. Today spot checks are carried out to ensure fraud isn't taking place.

Source C: Photograph of oral hygiene items for use at home, mid 20th century

The toothpaste shown here was a hard cake of paste, often shared by the whole family. Toothpaste in tubes was introduced into the UK in the early 20th century but didn't take off until the 1960s, when fluoride also started to appear in toothpaste .

Plastic for toothbrush handles was introduced in the 1920s. Woolworths managed to sell brushes with brightly coloured plastic handles for just 6d, meaning they started to spread amongst the working-class. Before their ownership had been restricted to the more prosperous upper and middle classes who were also comfortable with visiting a chemist to purchase a brush. Nylon bristles were introduced in 1938 and this made the brushes much more hygienic. However the use of a toothbrush was not universal: a survey as recently as 1998 found that only three-quarters of Britons brushed their teeth twice a day or more.

Source D: Letter to the *British Dental Journal*, 1953

See Source A. The dentist refers to his income from National Health Insurance and private work.



How has dental health changed since 1948?

Source A: List of NHS charges, 1961, altered 1969

For a list of charges today go to www.nhs.uk/chq/Pages/1781.aspx?CategoryID=74&SubCategoryID=74

For a list of people who are exempt from charges go to www.nhs.uk/chq/Pages/1786.aspx?CategoryID=74&SubCategoryID=74

Source B: Photograph of students at Guy's Dental School, London, 1947

For further details on gender breakdown in dentistry today see the annual report of the General Dental Council whose website is www.gdc-uk.org

Source C: Surveys of children's dental health

For further information on the 2003 Child Dental Health survey see

www.statistics.gov.uk/children/dentalhealth

The most recent Adult Dental Health Survey was carried out in the autumn of 2009 and the results should be published in 2010.

Source D: Oral history interview

Daisy Moore was born in September 1928 in Lambeth, London. She was interviewed for this resource in March 2009, aged 80.

Source E: Reconstructed dental surgery, 1950s

This colour co-ordinated surgery contains desirable equipment to the 1950s dentist. Despite this the dentist is still using a cord driven drill, powered by an electric motor, an idea first developed in the late 19th century and which really took hold in the first few decades of the 20th century. This method of drilling was still very slow compared to today. It was not until 1957 that the air turbine was introduced. However as with many inventions it took some time before it caught on and dentists in the 1960s were still using the cord driven drill.

X-ray machines had been developed at the end of the 19th century but due to their expense they took a long time to become standard. The hazards of frequent exposure to radiation were not known at this time.

Source F: Survey of children's dental health

Taken from the *2003 Children's Dental Health Survey*, commissioned by the four UK health departments.

For further information on the 2003 Child Dental Health survey see

www.statistics.gov.uk/children/dentalhealth

The most recent Adult Dental Health Survey was carried out in the autumn of 2009 and the results should be published in 2010.



Biographical outlines of the oral history interviewees

Betty Severn

Betty was born in 1922, as the youngest of four daughters. She grew up in Birmingham, in an area that was not as poor as some, about two miles from the centre of the city. They lived in a terraced house with three bedrooms. Their grandmother lived with them as well. They didn't have a bathroom, and simply had a bath kept in a cupboard off the kitchen which had to be lifted out and filled with water from the boiler, a container over a fire which had to be fed with coal.

Betty's father was a skilled craftsman making gun parts in a factory in Birmingham. However, during the Depression in the 1930s he lost his job and there wasn't enough food for the whole family. Her mother took a job to pay for her elder sister's school uniform. She served in a shop, and took in washing. She died when she was 49 and Betty was nearly 11.

Betty left home aged 15, as soon as she was able to earn her own living. Her first job was in an office. Once she was married, she had two children, the first when she was aged 20.

Daisy Shannon

Daisy was born on 19th September 1928. She has spent her life in Lambeth in London, although she moved with her family for a short period at the beginning of the Second World War to Yeovil in Somerset and she was also evacuated to Rutland for a year towards the end of the War.

Her father worked in a police station during the War, but used to roam the streets looking for work at other points. Her mother had to work as she had three children. She worked as an office cleaner. They had one big room and all slept in the same room. Daisy's parents had one bed and the children slept in the other bed. There were much poorer families than hers in the area, as her parents were always in work.

Daisy left school at 14, and worked at W.H. Smiths until she got married aged 20. She had two children.