

## **The dental profession / by Henry Sewill.**

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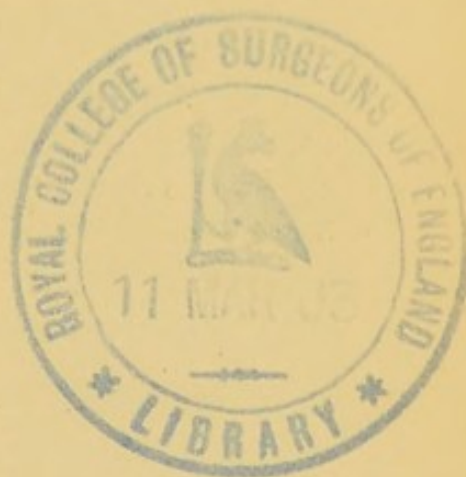


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# THE DENTAL PROFESSION.

BY  
HENRY SEWILL.



LONDON :  
BAILLIÈRE, TINDALL AND COX,  
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1893.



## PREFACE.

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THE laws which regulate the medical profession, which define its relations with the State and the public, and maintain its few and scanty privileges, are all modern, many recent ; and since no special means have ever been adopted to make their scope and character generally understood, ignorance on the subject widely prevails. The principal object of this pamphlet is to describe the development and present position of the speciality dental surgery—the branch of the medical profession most recently organized by Act of Parliament, and about which least is therefore commonly known.

The pamphlet is not designed for general circulation. The public will neither buy nor read literature of this kind. It is intended mainly for the use of the dental profession—for distribution by them, on occasion, among politicians and publicists, of whom some, when the necessity for discussion has arisen, have too often shown themselves imperfectly acquainted with the matter in hand.

It is hoped that these pages may serve to correct present misconceptions and to prevent future errors ; that they may help to promote further legislative measures which are unquestionably called for in the interests alike of the



medical profession and the public, and that they may tend to bring about more firm administration of existing laws—laws which, in some important provisions, are now virtually inoperative, less perhaps from inherent defect than from lack of any authoritative body or functionary specially charged with their enforcement.

*March, 1893.*

## THE DENTAL PROFESSION

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ALTHOUGH there had been for many years a considerable number of educated and qualified men engaged in the practice of dentistry, a dental profession cannot, perhaps, be truly said to have existed in this country prior to the year 1858. In that year the Royal College of Surgeons of England, after thorough discussion and deliberation, having become convinced of the necessity for the institution of a special education and diploma for dentists, obtained through the new Medical Act the necessary powers for creation of a degree, to be styled the Licence in Dental Surgery.

The urgent need for dental reform—for measures calculated to improve the education and status of dental practitioners—had been recognised long before, and much had been done to promote it. The complete success of these long-continued efforts towards professional advancement was in the end in great part due to the scientific qualifications and the distinguished personal position of leading dentists of the period—the pioneers of reform. Some of these men had gained the blue riband of science—they were Fellows of the Royal Society; others held degrees in medicine or surgery; many of them were known as serious workers in science, and contributors to scientific knowledge. A movement led by men of such recognised position could not fail to be regarded favourably by the authorities and



public bodies, whose assistance was indispensable in bringing it to a satisfactory issue.

The first preliminary step in dental reform was the organization of professional schools—schools at which students might be thoroughly educated in the science, art and practice of dentistry; for up to this time no such institutions had existed. The only dental instruction provided for students at general hospitals and medical schools—and this mostly restricted to extraction of teeth—was such as was given by the dentist on his bi-weekly visit; instruction in some cases supplemented by a short course of lectures on dental surgery during the year.

To obtain tuition and acquire competence for the efficient practice of dentistry, the only means was apprenticeship to a practitioner, and this is what most of the respectable dentists of the day had undergone. Some had supplemented their pupilage by study of physiology and surgery at schools of medicine; others—as just stated—had passed through a complete education, and become qualified as surgeons or medical men.

In London a dental hospital and school were established in the year 1858, and were soon in working order—the Dental Hospital of London and School of Dental Surgery. The National Dental Hospital and College was opened a year or two later. Lecturers and teachers were appointed, and ample provision made for education in the science of dentistry. Crowds of patients were attracted to the hospitals, and material was provided in the form of cases of dental disease in every variety, upon which the teaching staff might demonstrate the diagnosis and treatment of affections of the teeth.

A complete school of dentistry and fully equipped dental department are also now attached to Guy's Hospital, and establishments of the same kind are to be found at Edinburgh, Glasgow and Dublin, in association with the Colleges of Surgeons in those cities. Besides these, dental schools are carried on at Liverpool, Manchester, Birmingham and Bristol, in connection with the University Colleges and the



schools of medicine in those cities. All these schools are recognised by the examining bodies as teaching institutions, so that provincial students can undergo education without necessity of residence in London.

The Medical Act of 1858, although it enabled the College of Surgeons of England to establish a distinct diploma for dentists, conferred no power to compel practitioners of dentistry to obtain the qualification. As it had been previously, it remained still possible for any individual devoid of professional education of any kind to practise as a dentist; and such was the loose wording of medical law, that unqualified practitioners using the title 'surgeon dentist,' or other titles implying the possession of a valid diploma, could not be punished. No compulsion existing, it was left to the option of practitioners and pupils whether they would present themselves for examination, and obtain a diploma as voucher of their professional competency. It was arranged by the College of Surgeons that respectable dentists who had been in practice prior to the institution of a dental diploma should be admitted to examination without passing through a course of education; but those entering the profession in future were to be required, before admission to examination, to pass through a period of pupilage similar to that which is undergone by students in other departments of surgery.

It is impossible to understand the diseases of one organ or portion of the body without adequate acquaintance with the structure and functions of the whole, and accordingly the dental student was called upon to undergo, besides special training, education at a medical school in the fundamental scientific subjects upon which dentistry, as well as general surgical science and art, is based.

The course of education laid down for students has been somewhat modified since 1858, and now stands as follows: First, every candidate, if he do not possess a university degree in arts, is obliged, before entering as a student at a dental and medical school, to pass the examination in general education, now compulsory on all students enter-



ing the medical profession. This ensures a minimum of intellectual capacity in the student, and vouches for the general culture which forms the necessary foundation for a scientific education.

Before presenting himself for final examination, a candidate for the dental diploma is required to produce the following certificates :

Of having received instruction in Chemistry, including Chemical Physics, Practical Chemistry, and *Materia Medica*.

Of having attended at a recognised Medical School :

(a) A course of lectures on Anatomy during not less than six months, or one winter session.

(b) A course of lectures on Physiology during not less than six months, or one winter session.

(c) A separate practical course of Physiology during not less than three months.

(d) A course of lectures on Surgery during not less than six months, or one winter session.

(e) A course of lectures on Medicine during not less than six months, or one winter session.

Of having performed dissections at a recognised school during not less than twelve months.

Of having attended, at a recognised hospital or hospitals in the United Kingdom, the Practice of Surgery and Clinical Lectures on Surgery during two winter sessions.

Of having attended, at a recognised school, two courses of lectures upon each of the following subjects, viz., Dental Anatomy and Physiology (human and comparative), Dental Surgery, Dental Mechanics, and one course of lectures on Metallurgy, by recognised lecturers.

Of having been engaged, during a period of not less than three years, in acquiring a practical familiarity with the details of Mechanical Dentistry under the instruction of a Registered Practitioner.



Of having attended at a recognised Dental Hospital, or in the Dental Department of a recognised General Hospital, the practice of Dental Surgery during the period of two years.

Of being twenty-one years of age.

As the apprenticeship in mechanical dentistry may be undergone concurrently with lectures and hospital work, the whole course of education after preliminary examination might possibly be carried out in four years; but to do this work within that time being beyond the powers of an ordinary student, it is generally spread over five or six years. The scheme of education is admirably devised to produce dental practitioners thoroughly grounded in the scientific principles of their profession, as well as skilful operators. After mastery of the science upon which his art is based, the next essential for the surgeon, in whatever department he engage, is that he be an accomplished handicraftsman; and the best surgeons are those who, while not neglecting other parts, have devoted most attention to this branch of their training. Dentistry forms a special and highly complex department of surgical handicraft, and calls for more mechanical skill than any other. Nothing, therefore, could be better fitted to prepare the dental student for the practical work of operation upon the teeth than pupilage in the delicate manipulations of mechanical dentistry, calling for the nicest finger training, and deftness in use of tools. Upon the surgical part of his education which is carried out at the chair-side in the dental hospital, the student comes with fingers so trained, that the simpler operations appear easy to him. He has already carried out closely similar procedures at the workbench, and acquired the mastery of tools, and the facility and sureness of touch which early mechanical training rarely fails to produce. Proceeding by gradual steps from operations on extracted teeth fixed in a vice—by which all the processes of ‘stopping’ can be practised—to the simplest operations on the living subject, the student is led gradually throughout the practice of dentistry, till at the end of his



career he is made into an accomplished practitioner, able to recognise and apply the proper treatment to every phase of disease which he may encounter.

On completion of the prescribed education, the student may present himself for examination. The examination for the Licence in Dental Surgery occupies several days, and is partly written, partly *vivâ voce*, and partly practical. That is, the candidate has to satisfy the Board of Examiners of his proficiency in the sciences which he has been taught, and to demonstrate his ability as a mechanic and operator by performance of difficult mechanical and surgical operations under their supervision. That the examination is made a sufficiently severe test is shown by the fact that a large proportion of candidates are on every occasion rejected. These are referred to their studies, and allowed to present themselves again after a period—usually six months.

Between the years 1858 and 1878, although (as already stated) no compulsion existed, a very considerable number of dentists presented themselves for examination and obtained the diploma; and many students voluntarily went through the educational course, and became qualified dentists. A considerable minority of students proceeded further and became fully qualified surgeons; others took degrees in arts or science. These extra qualifications, which a proportion of dental students still prepare for, although they may not make a man a better dentist, give him a somewhat better professional position. The existence from the first of a fair number of dentists holding, besides a dental diploma, high academic degrees, has tended to bind the speciality closely to the medical profession, of which it has since become a legally constituted department.

The fact that the heads of the medical profession, the great medical corporations and governing bodies, after due deliberation, were agreed that dentists ought to be educated professional men, and the fact that the majority of leading practitioners voluntarily underwent a lengthened education,



and submitted themselves, without compulsion, to examination, ought surely to be alone sufficient to satisfy the public of the correctness of this view ; and these facts ought to be also enough to prove the imperative necessity of an education such as just described for those who would honestly pursue dentistry as a calling. Members of the public sufficiently interested in the subject, legislators and journalists, to whom fuller knowledge may be necessary, can perhaps best examine into the scope and character of scientific dentistry by attending a dental hospital. It may be there learnt how vast an amount of human suffering is caused by diseases of the teeth ; that although it is common to make light of these diseases, because they do not involve questions of life and death, they are often enough in themselves to make life as wretched as it can be made by any form of physical suffering ; and that if these are extreme cases, yet so great is the amount of tooth disease, and of suffering and injury to general health arising therefrom among all classes, that these maladies really deserve the attention which particularly in late years they have received from scientific men. The inquirer at the outset will perceive that in a minority—albeit an important minority—of cases dental diseases are associated with disorders of the general health ; are either the cause or effect of morbid conditions of the general system. In another equally important minority of cases affections of the teeth are in similar relation with more or less grave surgical diseases of the mouth and jaws. To treat maladies other than those strictly dental falls beyond his province ; but if the dentist be a mere mechanic, ignorant of the processes and phenomena of disease, he must often ignore conditions the early recognition of which would have averted serious or disastrous results. Of this fact illustrations will be seen among the patients of every large hospital—among the poor and ignorant, whose cases are too often badly treated or neglected altogether until too late. The inquirer may learn, moreover, that the morbid conditions which arise immediately within and around the teeth present in miniature forms of surgical disease precisely



similar to those which occur in other parts, and that they cannot be understood or properly treated without adequate acquaintance with those fundamental sciences upon which all knowledge of disease is based.

The inquirer may see that the art of treating and preserving diseased teeth has been brought to great perfection, so that extraction has become a barbarous resource, except in a minority of extreme conditions. It will be found that operative dentistry is a highly technical and elaborate system of surgical handicraft, calling for, besides scientific knowledge necessary in the recognition of the varying phases of disease, a high degree of manual training. It will be found that, in what at first might seem purely mechanical processes, such as extraction of teeth, a vast amount of scientific thought has been brought to bear, and that the operator lacking such knowledge must often inflict unnecessary pain and injury; and that this equally applies to what looks at first sight the most purely mechanical of all the operations of dentistry—the manufacture and insertion of artificial teeth. The operation of extracting teeth calls for considerable diagnostic knowledge. Toothache is very commonly neuralgic in character, and when of local origin, the pain arising from one tooth is often reflected on to another. An operator who indiscriminately extracts teeth which the patient points to as the source of suffering must, in a large proportion of cases, draw a wrong tooth, and often will sacrifice a sound one. In the vast majority of cases needing artificial teeth, some diseased teeth are present in the mouth, and, unless the patient is to be condemned to constant pain and discomfort, these must be brought by treatment into a healthy state before the artificial teeth are inserted. The dental surgery of infancy and early childhood calls for a large amount of scientific knowledge. Without this, a rule of thumb operator must be led into many a deplorable mistake. What were the sufferings of nervous and delicate children under the hands of ignorant operators before the era of scientific dentistry many a living witness can recall.



In verifying the foregoing statements, and in finding further evidence to illustrate and exemplify that which is here insisted upon—and that which is insisted upon by all those individuals and public bodies who have valid claim to speak with knowledge and authority—namely, that a dentist ought to be an educated professional man, the inquirer will need no technical skill, only ordinary intelligence, especially if he pursue his investigation in the best field—that is, among hospital dental patients. It is in this field that inquiry will most quickly and most fully establish the fact that ignorance in dentistry, as in every department of surgery, is closely allied to cruelty ; and that, although the uneducated dentist does not, like the surgical operator, deal with issues of life and death, he must, however honest and well intentioned, constantly (through lack of necessary knowledge) inflict pain and injury which might be avoided and very often will, by improper treatment, aggravate the mischief which he seeks to relieve.

It was considerations such as have been suggested and set forth in preceding paragraphs which gave impulse to the movement for dental reform ; which led conscientious candidates, before any obligation existed, to undergo voluntarily a lengthened course of education, and submit themselves to examination for the dental diploma, and which induced, first medical authorities, and secondly statesmen, to give to dentistry the professional status it had been shown to deserve.

In confirmation of the opinion previously arrived at by all authoritative bodies which had investigated the subject, a highly significant fact may be mentioned. The governors of Guy's Hospital—one of the most ancient and renowned of medical schools—recognising that dentistry forms an integral part of surgical practice, and a part which should be by no means neglected, have, at great pains and cost, established within the last few years a complete dental department, modelled on the lines adopted for separate dental hospitals, and with the same accommodation. This accommodation includes a ward where fifty chairs are provided with full



equipment for performance of all operations in conservative dentistry, and a room for the extraction of teeth under anæsthetics. Besides, there is provided, as at all dental schools, a laboratory where the students may prepare instruments for 'regulating' teeth; apparatus needed in treatment of injuries and disease of the jaws in conjunction with surgeons; and may make artificial teeth—all these being arts, as already stated, calling imperatively for a combination of surgical knowledge with mechanical skill. A full staff of dental surgeons has also been appointed at Guy's, as well as lecturers on the subjects special to the curriculum for the dental diploma.

That the first steps towards dental reform had been taken long prior to 1858—the year of the recognition of dentistry as a profession by the Royal College of Surgeons—has been already stated. Journals in which politics and science could be discussed were founded and actively carried on, and societies were established on the plan and with the same aims as other learned societies of the day for the promotion of knowledge by means of meetings, at which papers could be read and new theories and problems be examined and criticised. The years following 1858 were devoted most assiduously to professional advancement. In this the dental societies proved most useful. They formed rallying grounds, where all that was reputable in the profession could assemble. Membership was not restricted alone to those possessing a valid diploma. It was open to every practitioner vouched for by his brethren as worthy to be considered a professional man. Of those who possessed no qualification, more and more went up for examination as time passed on, until within a very few years the number of qualified dentists had risen from scores to hundreds. Thus, when the time arrived to claim from the State the recognition which had already been willingly accorded by the College of Surgeons—the most competent of authorities—there existed a compact body of educated men able to urge with proper weight upon statesmen the expediency or necessity of con-



firmation by statute of their professional position. The influence of the profession was very much increased by the circumstance that a fair percentage of its members, as indeed had been the case all along, held high academic degrees, and a considerable proportion were honourably distinguished in the world of science. Fellows of the Colleges of Surgeons were numerous, and a few dentists of the day (as in earlier times) had gained the Fellowship of the Royal Society.

It was, however, not until 1878 that legislative sanction was given to dental reform. By the Dentists Act of that year dentistry received final recognition as a branch of the medical profession, was affiliated to that profession, and placed under the same direction and control. Introduced by Sir John Lubbock, the Act received the support of the Government, and was passed without material amendment through both Houses of Parliament.

Examination of the scope and character of the various Acts of Parliament which have been passed in late years for the regulation and government of the medical profession clearly reveals the fact that the Legislature has had in view promotion and protection of the interests of the public as its sole aim; that it has conferred upon the profession very few and very slight privileges, and none which did not contribute to advance that aim. In framing laws the utmost care has, moreover, been invariably taken to avoid infliction of disability or injury upon any individual in practice prior to passing of new Acts which might affect him, or upon anyone desirous, after passing of the Acts, to practise in any department without submitting to professional rules, regulations and discipline. The Dentists Act was constructed in the strictest accord with these principles.

The Dentists Act became law on July 22, 1878. The College of Surgeons of Edinburgh, the Glasgow Faculty, and the College of Surgeons of Ireland were severally empowered to institute a licence in dental surgery similar to that of the English college. In the hands of these



colleges, in conjunction with the General Medical Council, was vested control over the dental speciality precisely the same in kind and degree as is exercised over the rest of the medical profession by the medical corporations and the Council. The colleges devise and arrange the educational courses through which they require candidates for the various degrees to pass; and they recognise only such professional schools and hospitals as fulfil their requirements as educational institutions. Each of the colleges appoints and maintains a board of examiners for the purpose of conducting examinations and granting diplomas. In the performance of these functions, the colleges act under the supervision of the Medical Council. The Council has the right—which it constantly exercises—of appointing visitors to attend examinations at the colleges, and report thereon. Should it appear that the course of study and examinations to be gone through in order to obtain the diploma are not such as to secure the possession by the candidate of knowledge and skill requisite for the efficient practice of dentistry, the Medical Council may represent this to the Privy Council, and the Privy Council may declare the diploma of the college invalid until such time as it shall have raised its standard of education and examinations to a satisfactory level. This is a safeguard which is not likely to be called for so long as the colleges remain true to their honourable traditions.

Perhaps the most important of the functions delegated to the General Medical Council by the Dentists Act was the compilation and maintenance of a dentists' register—a list 'of persons specially entitled to practise as dentists in the United Kingdom.' In the compilation of such a list, ample precaution was taken that injustice should be inflicted upon no individual. It was known that out of the thousands practising as dentists not more than a few hundreds possessed any diploma, and that the great majority were unable to produce any proof whatever that they had undergone anything like a professional education. To deprive these men as a body of their livelihood, by forbidding



them to further pursue their calling, would have been an act of gross injustice—the more gross, since an important minority of them were highly respectable men, honestly and honourably practising their calling; skilled craftsmen, with, at the least, knowledge sufficient to avoid the common errors of practice. In order that no hardship should be inflicted, the Act provided that every person who at the passing of the Act was *bonâ fide* engaged in the practice of dentistry should be entitled to registration. A considerable number of pharmaceutical chemists had been in the habit of performing dental operations. Some of them extracted teeth only; others engaged themselves more or less in different departments. All these were allowed to register. To obtain a place upon the list, there was alone needed a duly witnessed declaration, in proper form, that the applicant had been *bonâ fide* engaged in the practice of dentistry at the date of the passing of the Dentists Act. Fraudulent attempts to procure registration were made punishable by fine and imprisonment, but although suspicious cases were reported from time to time, the law was not in any instance put in action.

Another clause of the Act provided that persons duly articulated as pupils to a dental practitioner should, if their articles expired before January 1, 1880, be entitled to registration. It will thus be seen that the fullest precautions were taken to guard against infliction of any injustice, and to prevent interference with ‘vested interests.’ It was not sought to deprive unqualified practitioners of any privilege or right which long-established custom had conferred upon them. In interpreting and enforcing the registration clauses, moreover, the most liberal spirit was displayed, no individual being refused admission to the rolls on the mere ground of strong suspicion that the validity of his claim was questionable.

Proper means were taken to notify to all concerned the provisions of the new law, and a year was allowed within which claims for registration might be lodged.

The persons entitled to registration under the Dentists



Act are such as were in practice prior to legislation; articled pupils undergoing education commenced before 1878, licentiates in dental surgery, and foreign and colonial practitioners holding qualifications recognised by the General Medical Council. Of course, any legally qualified surgeon or medical man may practise as a dentist. He had always the right to practise in any speciality, and could not properly be deprived of that right in respect of dentistry. It may, however, be noted, in passing, that of the surgeons actually practising as dentists the great majority are registered licentiates in dentistry.

The penal section of the Act is so important that the substance of the principal clauses may be here given:

‘From and after 1st August, 1879, a person shall not be entitled to use the title of “dentist,” or of “dental practitioner,” or any title or description implying that he is registered under this Act, or that he is a person specially qualified to practise dentistry, unless he is registered under this Act.’

‘Any person who after 1st August, 1879, not being registered under this Act, takes or uses any such aforesaid title or description shall be liable on summary conviction to a fine not exceeding twenty pounds.’

The privileges which registration confers are: 1st, the right to adopt and use the professional titles just enumerated; 2nd, the right to recover any fee or charge in any court for professional services; and 3rd, exemption, if it be desired, from serving upon juries, and from ballot for the militia!

On completion of the first Register, it was found that no less than 5,289 names had been entered as of persons in the *bonâ-fide* practice of dentistry within the three kingdoms; and of these only about 10 per cent.—actually 533—had produced any evidence of either a dental or medical education. The 533 were the practitioners already referred to, who, having voluntarily undergone professional education and examination, had obtained a recognised diploma.

It is a popular belief that professions are governed



by a rigid written code of ethics—a minutely defined system of etiquette—violation of which certainly leads to infliction of severe penalties. This belief is far from the truth as regards any profession, and is least correct as regards medicine and its various branches. For some flagrant offences punishment is provided. The governing bodies of every profession have more or less power to deal with members guilty of disgraceful or infamous conduct in a professional respect; but in the main, and so far as it concerns all the minor details of conduct, professional etiquette is merely synonymous with humane, gentlemanly, and honourable behaviour. Professional etiquette is simply the expression of the professional spirit; and unless that spirit permeated the bulk of a profession, no written code of etiquette could have adequate effect in regulating professional conduct.

In the dental, as in the whole medical profession, the duty of enforcing discipline is entrusted to the colleges which confer degrees and qualifications to practise, and to the General Medical Council. Upon the application of any of the medical authorities, the Medical Council is obliged to make inquiry into the case of any individual charged with infamous or disgraceful conduct in a professional respect; and, on proof of the charge, has power to erase the name from the register. Over registered unqualified practitioners—practitioners on the register who do not possess a diploma—the colleges have, of course, no jurisdiction; and these men can, in case of need, be dealt with only by the Medical Council. Neither the colleges nor the Medical Council have since the passing of the Dentists Act interfered with or sought to punish any unqualified practitioner merely guilty of unprofessional behaviour; but in some few cases the Council has admonished offenders, and has erased from the register a few names of persons adjudged guilty of infamous conduct.

Among offences against professional law in which the public interests are concerned, advertising—touting for practice—is one of those most calling for explanation.



That advertising may be legitimate in many departments of trade, everyone can perceive; and so long as it is employed truthfully, and not for the purpose of puffing inferior goods or imposing upon credulous people, it cannot justly be objected to. Between the honest manufacturer, who desires to direct the attention of the public to his wares by every legitimate and honourable means, various grades of trade advertisers are to be discriminated, down to the lowest which is represented by such classes of gentry as the promoter of bogus companies, the benevolent capitalist who undertakes to make anyone's fortune by dealing in stocks, and the concocter and vendor of quack medicines—men who deliberately lay their plans to get money by cunning, falsehood and fraud out of that large section of the community made up of the simple, the credulous, and the ignorant. It is, however, not necessary here to discuss generally the ethics of advertising. Superiority of professional services depends upon superiority of talent and attainments. Between the trader and the professional man there is, therefore, the cardinal distinction that the one in advertising need only praise his goods, the other is obliged to praise himself; and this he cannot do without losing his self-respect, as well as the respect of his brethren. The man of superior qualifications in any profession is the one who has least need to puff himself, and this is strongly the case throughout the medical profession and in dentistry. From the beginning of his career the student has the opportunity of distinguishing himself; and if at the end he should have shown himself above the level of his compeers in abilities and acquirements, his success is, as a rule, assured. Success depends very largely upon reputation made in college and hospital. The cases are extremely rare where a man possessing personal and professional qualifications much above the average fails to attain the position he deserves. Beyond this, the man of gentlemanly instincts would rather fail—rather starve—than degrade himself. In crowded professions, where only a few can achieve worldly success, many individuals must fail; and



those who fail must bear their failure in silence. If advertising were to be recognised as a legitimate means towards professional success, success would be made to depend not upon real distinction, but upon impudence backed by capital.

It cannot be denied that popular notoriety and success—here synonymous with acquisition of a large professional income—are occasionally to be achieved by surreptitious methods not less shameful than systematic, open vulgar puffery; but invariably as such notoriety grows, professional reputation wanes; and so long as the great bulk of professional men continue imbued with the proper spirit, so long will the highest success, the positions in every way most worth striving for, be within reach only of the men whose claims have been recognised and acknowledged by those alone competent to appraise their value—their professional brethren.

In giving their decision in a recent action against the General Medical Council, the judges of the Court of Appeal unanimously expressed an emphatic opinion that the use of advertisements by a professional man (*e.g.*, a dentist), with the object of attracting business, was an offence which might be rightly deemed disgraceful, and would in itself sufficiently justify the expulsion of the offender from his profession. This judgment is in accordance with universal professional feeling—a feeling which is acted upon in every organized body of professional men. A barrister or a solicitor found guilty of touting in any form would meet with speedy punishment from the constituted authorities of his profession; and an artist, an architect, or an engineer, being a member of any professional corporation or institution, would be surely expelled if he persevered in conduct which, even in its least objectionable form, is incompatible with gentlemanly instinct and gentlemanly custom.

Although a great number of registered unqualified dentists advertise, some of them in very vulgar fashion, the Medical Council has never interfered with one of these men



on account of that offence alone. The Council has taken action only in advertising cases where the offence was aggravated by additional misconduct. For instance, the Council interfered in a case where an advertiser had persisted, in spite of repeated remonstrance, in publicly announcing himself as the incumbent of a distinguished professional post to which he had no valid claim; and in another instance in which a practitioner, having given a solemn written undertaking that he would not advertise, had persisted in advertising extensively in spite of reiterated warnings and admonitions. The question whether it would have been for the public advantage that unqualified dentists, registered in virtue of having been in practice prior to legislation, should have been brought more strictly under professional discipline may be open to argument; but it is not difficult to perceive the reasons which in this regard have influenced authorities in leaving these men alone. These men did not ask to be registered—they were compelled to register. They had conducted their practice in the past by advertising, and they would have had good cause for complaint if through registration they had been prevented from doing so in the future.

In considering the gravity of advertising as an offence against professional law it would be unfair to judge all of the older school of dentists by too high a professional standard—men who for decades had employed advertisements, and who had perhaps inherited an advertising business; and it would be unjust to suggest that there are not advertising dentists against whom no charge could be made more grave than that they display a lack of professional feeling. There are among these not only capable men, but men so far imbued with the essential of professional spirit that they may be trusted in their dealings to make every consideration subordinate to the duty of doing the best thing for their client. It would be wrong to confound these honest and respectable men with the unqualified, and often unregistered advertising pretenders whose sole aim is plunder, and who callously pursue that aim without regard to the misery and suffering their mal-practices may inflict.



Another form of misconduct in respect of which it has become necessary for the Medical Council to take action is that which is now technically known as 'covering.' This offence has been extensively committed by practitioners in other departments besides dentistry. It consists in a registered practitioner employing—acting as 'cover' to—unqualified assistants in such a manner that the public are led to place themselves in the hands of the unqualified men under the belief that they are duly qualified; and this is precisely what the Medical and Dental Acts were in this direction designed to guard against. Qualified medical men have opened numerous 'branches' or establishments under their own name, and, as it was impossible they could work them unaided, have carried them on with the help of unregistered assistants. A like system has lately grown to vast dimensions among a certain class of dentists. Some firms, each consisting of a few registered men, have opened a large number of establishments worked by unqualified assistants. Unqualified assistants have always been obtainable in every department of medical practice. These are men who have had more or less of a professional education, but for one reason or another have either not completed their pupilage, or have failed to pass an examination and obtain a registrable diploma. It is quite evident that if the law is to be of the least service, in one of its most important provisions intended for the protection of the public, a group of registered practitioners cannot be allowed to constitute themselves into what is virtually a private professional licensing institution, and assume the power to set up in practice any number of unqualified men under the cloak of registered names. The General Council has for a long time visited with punishment (striking them off the register) medical men found guilty of 'covering,' and it is now about to mete out similar treatment to dental offenders. The Council at its meeting in November last (1892) resolved to issue the following warning, and to cause it to be conveyed to every dentist on the register, so that the plea of ignorance might not be advanced if further proceedings should subsequently become necessary:



‘Any registered dentist practising for gain who knowingly and wilfully deposes a person not registered or qualified to be registered under the Dentists Act, to professionally treat on his behalf in any matter requiring professional discretion or skill any person requiring operations in dentistry of a surgical character, will be liable to be treated as having been guilty of infamous or disgraceful conduct in a professional respect, and to have his name erased from the Dentists’ Register.’

The offence of ‘covering’ has been seen in its worst form where dental establishments have been conducted with the aid of assistants furnished with American dental diplomas not recognised by the Medical Council, and when these assistants have dubbed themselves ‘doctor’ in virtue of the fact that the diploma they held was that of an American doctorate in dental surgery. American dental degrees of only two colleges are held equal to the British dental diploma, and are admissible to registration in this country. In the United States there exist a large number of dental colleges which issue diplomas. Of these dental (doctors’) diplomas several are to be obtained without serious educational or examinational tests; and it has, moreover, commonly been possible to purchase an American diploma in arts, medicine, or dentistry in this country for a few pounds without production of any voucher whatever of professional education or status. The known laxity in enforcing the law—to which reference will be shortly made—has further encouraged a certain class of unqualified practitioners in the belief that they might with impunity assume professional titles, and particularly the title of doctor.

It is sufficiently evident that the authorities and the General Medical Council, in putting in force the provisions of the Dentists Act, and in endeavouring to carry out the intentions of the Legislature, have acted throughout with the utmost consideration towards unqualified (albeit now registered) dentists. In the matter of ‘covering,’ there can be no doubt that but little notice would have been taken if



it had been confined within narrow limits—if, for instance, only one or two unqualified assistants had been employed by individual practitioners. What obviously could not on any terms be permitted was that a visit to the United States and submission to a more or less perfunctory educational course and examination test at an inferior dental college should, under any pretence, place a man on an equality with practitioners who had made the sacrifices called for in qualifying themselves as dentists in accordance with the spirit, as well as with the letter, of British law.

It is a common belief that practice for gain in any department of medicine or surgery is forbidden to those who do not possess a valid qualification (diploma), but this is an error. The Legislature has always shown itself solicitous to safeguard what is called the 'liberty of the subject,' and has acted apparently with the feeling that it were better some abuses should exist, or arise, than that liberty be in the least encroached upon. In framing Medical Acts the supposition has, therefore, always been kept in view that some honest individuals may prefer to educate themselves according to their own ideas and enter into practice without submission to professional regulations; and there is nothing in medical law to prevent such individuals from practising in any line they may choose, including dentistry. What the Legislature has striven to do has been to encourage practitioners to properly educate themselves by offering them afterwards a definite legal status; and to make it easy for the public to discriminate, by distinctive titles, between practitioners who possess, and those who do not possess, a voucher of professional competency. So long as he do not falsely pretend to be legally qualified, by assumption of definite titles restricted to legally qualified men, there is nothing to prevent any individual, educated or not educated, from practising, and of course nothing to prevent the public from employing practitioners of this class if they prefer them. It is not necessary to deny the possible existence of individuals sufficiently well educated for the honest



practice of their profession, who prefer to be without the voucher (diploma) which assures their brethren and the public that they have been so educated and found competent; but it is evident that the supposed existence of a class of *bondâ fide*, albeit legally unqualified, practitioners forms a source of weakness in constructing penal clauses of Medical Acts intended to prevent uneducated pretenders from palming themselves off upon the public as qualified men.

Medical Acts enumerate titles, and imply that an offence is committed only when these are assumed with 'intent to deceive.' And this encourages adventurers to adopt titles not specifically mentioned in the Acts, but sufficient to deceive the public, and by a system of chicanery to avoid infringing the letter while violating the spirit of the law. For instance, the title 'Dr.' is not one of those specifically enumerated in the Medical Acts as forbidden to the unqualified. A man may be a doctor of philosophy, or of music, or possess one of a score of similar degrees besides the doctorate of medicine; and it remains very difficult, under ordinary circumstances, to convict an unqualified medical practitioner who chooses to adopt this title. It is in most cases necessary to prove that he has falsely pretended to be registered under the Medical Act, and to do this is always difficult, often impossible.

The weakness of the law, or the laxity with which it is administered, was illustrated in a trial on the Northern Circuit whilst this pamphlet was being composed. A gang of quacks had for months pursued their calling in the great Northern towns, advertising themselves as 'German and American doctors and physicians,' and attracting great numbers of patients. Not the least attempt was made from beginning to end to interfere with those men on the ground that they were infringing medical law, and there was no reason why they might not have carried on their nefarious business, as many such quacks have done, for an indefinite period had they not displayed less of the usual cunning in laying themselves open to a



charge of fraud—of obtaining money under false pretences. On this charge one of the gang was convicted and sentenced to imprisonment. In his defence it was urged that he was really an American doctor, a diplomate of the 'Eclectic College of Cincinnati.'

Without assuming any title which might by a rigorous interpretation of the law bring him within reach of punishment, an unqualified quack may by other equally effectual means lead the public to mistake him for a qualified man. He may open a medical establishment, giving it a name which in itself may be enough to deceive the unwary, and may publicly announce that he gives medical and surgical advice, or treats any diseases he chooses to specially take up; and may publish advertisements in such terms that not only the ignorant but the better informed public will take him for a legally and highly qualified practitioner.

In a similar fraudulent fashion unqualified and unregistered pretenders are engaged in the practice of dentistry. It is among these men that are to be discovered examples of the more infamous class of quacks which are found attached to many other departments of the medical profession, particularly to those in which fraud and deception are easy, and in which the risk to life being remote, the danger of a charge of manslaughter is not likely to follow even upon the grossest malpraxis.

That the army of parasites which lives by preying by one or another method upon the body politic finds the great bulk of its victims among the merely foolish classes is a fallacy which deserves exposure. It need not be disputed that a large proportion of these victims are simpletons; but it cannot be denied that the victims of financial sharks and medical quacks are in a great number of instances by no means deficient in intellect. They are often very sensible, but too trustful folk who, until, perhaps, they have been fleeced and maltreated, have not suspected the existence of the cynical villainy, with the prevalence and the nature of which



every experienced man of the world is too well acquainted. The hard-working man who has accumulated some poor savings as a provision for his age, or the widow left with a small pittance, to whom high interest for their money might make a notable difference in ease and comfort, cannot bring themselves to believe that any human creature should be so cruel as to deliberately devise a cunningly concocted scheme with the set purpose of robbing them, or reducing them to beggary. In the same way a simple patient suffering from some real or fancied malady, or some physical discomfort or disability, cannot bring himself to suspect that men can be so vile as to devote themselves to amassing wealth by inveigling and plundering miserable humanity.

Of this class of victims, to say that the net is vainly set in their sight is far from the truth. Unless restrained by advice or authority, they will walk into the most clumsy trap, and, until badly injured, will not recognise their situation, or make the least effort to escape. Of the almost incredible gullibility of this class an exemplification has been lately afforded in the trial of a gang of travelling medical quacks. These men, on arrival in each large town, had in their advertisements offered gratuitous services to all comers during the first weeks of their stay; and yet it was shown that crowds of needy patients were induced at once to part with sums varying in amount from one to ten pounds for a few bottles of worthless medicine. In a precisely similar fashion patients are attracted by the coarse bait held out by dental charlatans. Once in his hands these patients will pay a quack—and pay in advance—the largest sum they can afford or can borrow; they will bear a vast amount of suffering, and in the end will, with the utmost patience, tolerate in their mouths for prolonged periods the presence of an ill-constructed apparatus which, although it may stop a gap, and to some extent remedy a deformity, will be a constant source of discomfort and annoyance.

Of those who fall into the hands of the dental adven-



turer, by far the greater number are women; and of these, a large proportion are in straitened circumstances. The latter class of patients, either from dread of painful operations or from lack of means, are very apt to neglect their teeth until increasing disfigurement (a very serious consideration, apart from vanity, with women obliged to gain their livelihood) compels them to seek relief. Without experience and without guidance these women are easily attracted by the advertised promise of treatment at once rapid, painless, permanent, and inexpensive. In the end, they are usually supplied with inferior ill-constructed artificial teeth; and for these an exorbitant sum—considering the value of the services rendered—is in many instances exacted; a sum which, if paid to a respectable practitioner—one whose reputation, whose living, depends upon the quality of his work—would have ensured the provision of well-made artificial teeth, besides performance of the necessary preparatory operations which, as already mentioned, are always needed in neglected cases if artificial teeth are to be worn without discomfort, and without possible excitation of serious disease.

Another class of women, including many wealthy, who furnish numerous victims to dental quackery are such as are influenced by vanity. Once impressed with the belief that some blemish can be removed, or some feature beautified, and there is no sacrifice which some patients of this type will not make to attain their end. Although they may have never submitted under their ordinary dentist without protest to the smallest procedure involving pain, they will in the hands of a charlatan undergo the severest prolonged pain and torment, such as the extraction, or excision of the crowns, of blemished teeth, that more beautiful artificial substitutes may be put in their places.

In cases of this kind, and in all cases in which a few natural teeth remain in the mouth, it is the custom nowadays of a certain class of practitioners to undertake the insertion of artificial teeth without the frames



which are a source of discomfort to many patients. This plan of fixing artificial teeth is taught at every dental school, and practised by every qualified dentist; but it is properly applicable in only a very small minority of cases. The difficulties vary in different instances, but in all except a few the same objection is present—namely, that isolated natural teeth are not for long able to withstand the strain which rigid fixation upon them of a set of artificial teeth keeps up. Teeth subject to such a strain, even if sound and firm to begin with, are apt soon to become the seat of congestion. This easily leads to chronic inflammation, soon to be followed by an acute attack. When acute inflammation supervenes in these cases, it very often runs an exceptionally virulent course in consequence of the tension due to the rigid metal fastenings; and in some instances there results necrosis (death), not only of teeth, but of portions of the jaw bones—a sequel which is almost unknown in cases of simple dental inflammation under ordinary circumstances.

A practitioner, not grossly ignorant, who undertakes in all cases to affix artificial teeth on the method described, does so with full consciousness that only a few can turn out in any sense successful, and that the rest must sooner or later result in failure—in failure involving probably serious suffering, and possibly grave and permanent injury, which might easily have been avoided. Cases of this kind, which almost invariably return in the end to regular practitioners, render quackery so far a constant source of pecuniary gain to legitimate professional men.

In the worst forms of dental quackery, including mal-praxis and extortion, the law affords redress; but such redress is sought only in the rarest instances. There is no injury which a nervous woman would not, as a rule, endure without protest rather than expose her folly in a court of law. In the exceptional instances in which friends or guardians intervene and insist upon a demand for reparation it is never refused. Money is refunded, and reasonable damages are always paid to avoid the



shedding of the light of publicity on shameful methods with ruinous consequences.

It seems almost incredible, but it is, nevertheless, strictly the fact, that although elaborate laws have been devised from time to time for the protection of the public against certain gross forms of medical fraud, the Legislature has invariably omitted to make provision for the enforcement of these laws—has never appointed a public prosecutor, or delegated the duty into the hands of any existing authority. The General Medical Council takes cognizance only of offences committed by registered practitioners, and has never initiated or carried on the prosecution of an unqualified pretender. The medical corporations—the universities which grant medical degrees, and the colleges of physicians and surgeons—are merely educational and examining bodies, and have not the power, if they had the inclination, to assume any other function. The vindication of the law has been left to private enterprise; and prosecutions under the Medical and Dental Acts have been so far in most cases carried out by professional associations. Such prosecutions, which have been very few in number altogether, have almost entirely ceased in late years. The few which were undertaken shortly after the passing of the Acts served mainly to show the weakness of the law, and to demonstrate that the task of enforcing obedience was too odious and invidious for any professional body to undertake. That this condition of things encourages evil-doers needs no proof. Offenders are to be deterred only by the imminent danger of punishment, not by slight risk. It is the fear that at any moment an inspector may present himself and demand a sample for analysis which deters dishonest tradesmen from infringing the Adulteration Act; and a similar fear which deters landlords from allowing their property to fall into an insanitary state; and it is hardly questionable that violations of medical law would be very speedily reduced in number if offenders stood in constant danger of being haled before a magistrate and being obliged in the witness-box to justify their con-



duct. This latter is an ordeal the dread of which would be alone enough to check many of these men in their evil courses.

That the construction of laws, and the machinery for working them for the effectual protection of the public, is far from impossible is proved by the operation of recent sanitary legislation; and that the construction of laws for the protection of professions is also a task not beyond the power of statesmen is equally evident. An attempt of an unqualified man to practise as a solicitor, invariably meets with speedy condign punishment; and such a flagrant abuse as unchecked practice and assumption of titles by unqualified adventurers is, in the legal profession, virtually impossible.

The working of the Veterinary Act affords, again, an exemplification very much to the point.

This Act became law in August, 1881. It is modelled on the lines of the Dentists Act; but the functions exercised by the Medical Council under the latter are delegated to the Royal College of Veterinary Surgeons. The preamble of the Act states that its main purpose is to make provision 'to enable persons requiring the aid of a veterinary surgeon for the cure or prevention of diseases in, or injuries to, horses and other animals to distinguish between qualified and unqualified practitioners.' The penal clauses of the Act directed to this purpose differ little in their wording from, and are precisely the same in sense as those of, the Dentists Act already cited.

The College of Veterinary Surgeons encountered no difficulty in enforcing the law. It had long been the custom for unqualified farriers to display a sign inscribed 'Veterinary Forge.' A number of these men were summoned under the Act on the ground that the use of the word 'veterinary' was calculated to lead to their being mistaken for qualified veterinary surgeons; and although it was pleaded that they had acted without intent to deceive, they were in every instance heavily fined. No attempt being made to reverse in the High Court these magisterial



decisions, the Veterinary Act was thus fully vindicated. There is nothing to hinder unqualified men from practising veterinary surgery, so long as they do not pretend to be legally qualified; but the unwary public are protected so far as is possible from mistaking unqualified pretenders for properly educated practitioners; and poor dumb brutes are also thus far safeguarded against the horrible torments which unscientific 'veterinary surgery' so often inflicts upon its victims.

The Medical Act, devised to provide for humanity the same protection as the Veterinary Act affords to brutes, dates from 1858; and the Dentists Act from 1878. Under neither of these Acts has any serious systematic attempt been made to check the evils they were intended to prevent. No prosecution has been attempted of unregistered proprietors of medical and dental establishments with deceiving names; no measures have been taken against proprietors of such establishments who by public advertisements have falsely pretended to be legally qualified; and in no instance have proceedings been taken under these Acts against the most infamous class of quacks, many of whom have been known to professional authorities—and often to the police—as individuals openly pursuing a career of crime—the systematic plunder and maltreatment of suffering humanity.

That the prosecution of offenders under the Medical Acts is a duty too odious and invidious to be voluntarily taken up by individuals or professional associations has been already stated. Such an undertaking lays professional men open to the imputation that their sole aim is to protect themselves and put money into their pockets. It may, however, be worth while to point out that it is at least extremely doubtful whether confined within the limitations, wide though these may be which at present restrict it, quackery—including the trade in quack medicines—is not ultimately a source of profit to the legitimate practitioner.

Quackery forms a potent factor in deterioration of the



public health. Proof of this may be found among the out-patients of any general hospital. Among these may be discovered numbers of wretched children with constitutions ruined through systematic drugging with quack teething-medicines; and hosts of adults with simple maladies rendered chronic, and serious diseases rendered hopeless through delay whilst relying upon fraudulent nostrums and panaceas. The victims of consumption and cancer curers, and rupture doctors, and of others among this large class of quacks, will be found in numbers; besides a host of nervous sufferers afflicted only with slight functional disorders, but who have been converted into *malades imaginaires*, or confirmed hypochondriacs through having their attention fixed upon their morbid sensations by the practice of quackery in one form or another. Although they will often sacrifice earnings, savings, and borrowings to satisfy the exactions of a quack, hospital patients yield no income to the profession. But similar classes of invalids are almost as numerous among the well-to-do as among the poor; ignorance of science, superstition, and credulity being common among all but the intellectual minority of society. Now, of these classes of invalids, with ailments manufactured or aggravated by quackery, the vast majority in the end gravitate into the hands of qualified men, and thus money, which would not otherwise be earned, is put into the pocket of the profession. The profit which often comes to qualified dentists through the effect of quackery has been already referred to.

If the unselfishness of the medical profession, in seeking to put an end to the more glaring of the abuses and evils which at present exist, cannot be proved, it can, at any rate, be demonstrated that enforcement of existing laws, and increased stringency where necessary, would act, if not alone, at least in the main, for the benefit of the public and of those classes—the weak, the afflicted, and the helpless—who have most claim upon the guardianship and protection of the State. Laws having been devised, it is surely incumbent upon the State to provide machinery



for their administration, and to insist that they shall be respected and enforced.

The most suitable body to undertake the duty of enforcing medical law must be surely the General Council. With this duty added to its present functions, its control over the profession would be complete. The eminence of the individual members of the Council—assured by its constitution—must always be a guarantee of its judicial capacity; and it is impossible to believe—even if public opinion might not be trusted to check abuse—that the Council would ever exercise its powers with any other aim than to safeguard the true interests of the public.

The progress of the dental profession under the stimulus of special legislation has been, on the whole, highly satisfactory. Since the year 1880, the number of names of unqualified dentists has steadily diminished, while the number of qualified has relatively more rapidly increased. The number qualified in 1879 was only 9·13 per cent.; in 1884 it became 15·12 per cent.; in 1887, 17·89; 1888, 19·94; 1889, 20·83; 1890, 22·41. There are now—January, 1893—on the Register about 1,500 licentiates in dentistry, to about 3,300 unqualified practitioners. Besides this, there are a considerable number of surgeons practising as dentists, who, being on the Medical Register, do not think it necessary, although they may possess a dental diploma, to enter their names on the Dentists' Register.

It is sufficiently obvious that, even at the present rate of increase, the proportion of qualified men entering steadily on the practice of dentistry would soon suffice to satisfy the public requirements; but it may fairly be expected that the present rate will be accelerated. Of this the rapidly-increasing number of students entering the dental schools each session affords the best surety. This progress is clearly the outcome of the improved status of dentistry as a profession. Dentistry must, no doubt, always remain an



inferior, if not the most inferior, department of surgery; and the title dentist, by which practitioners, however highly qualified, will always be known, can never give the prestige attached to the title physician or surgeon. Dentistry has, however, been already converted from a more or less disreputable trade into a respectable calling which a sensitive man need not feel shame in acknowledging; and as an individual's social position depends nowadays so much more on his personal qualities than upon the prestige of his professional denomination, there need be no doubt dentistry, as it further advances, will prove sufficiently attractive to the classes from whom the great bulk of the medical profession is recruited. Dentistry is never likely to attract men ambitious for wealth, and worldly and professional distinction; and if it do not, it will not differ much from the whole medical profession. Everyone who proposes to join the ranks of the medical profession does so in the full knowledge that its members, whatever branch of practice they may take up, can have, except in the rarest instances, no hope that they will derive from the profession itself anything beyond a very modest social position, and a very moderate competency.

It is not pretended that the arguments for and against further extension of State control over the medical profession and State supervision of practitioners in any way engaged in treatment of disease have been exhausted in these brief pages, nor is it insisted that there remains no room for difference of opinion as to the need for further legislation and more rigorous enforcement of present laws; but it is hoped that this pamphlet may at least suffice to show that dental institutions as at present organized deserve support and encouragement; that the progress of the profession on the present lines must conduce to the public advantage, and that this progress will be accelerated in proportion as the profession receives the measure of encouragement and support which is its due from the intelligent public—from the classes who, with the facts before them, have the capacity to form a correct judgment upon the matter.