

Memoranda of evidence on matters of fact submitted on behalf of the Council and of the Board to The Inter-Departmental Committee on Dentistry, 1943-1944.

Contributors

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General Medical Council
and
Dental Board of the United
Kingdom

MEMORANDA OF EVIDENCE

SUBMITTED ON BEHALF OF THE
COUNCIL AND OF THE BOARD TO
THE INTER-DEPARTMENTAL
COMMITTEE ON DENTISTRY

GUY'S HOSPITAL MEDICAL SCHOOL.
1943-44

.....Secretary

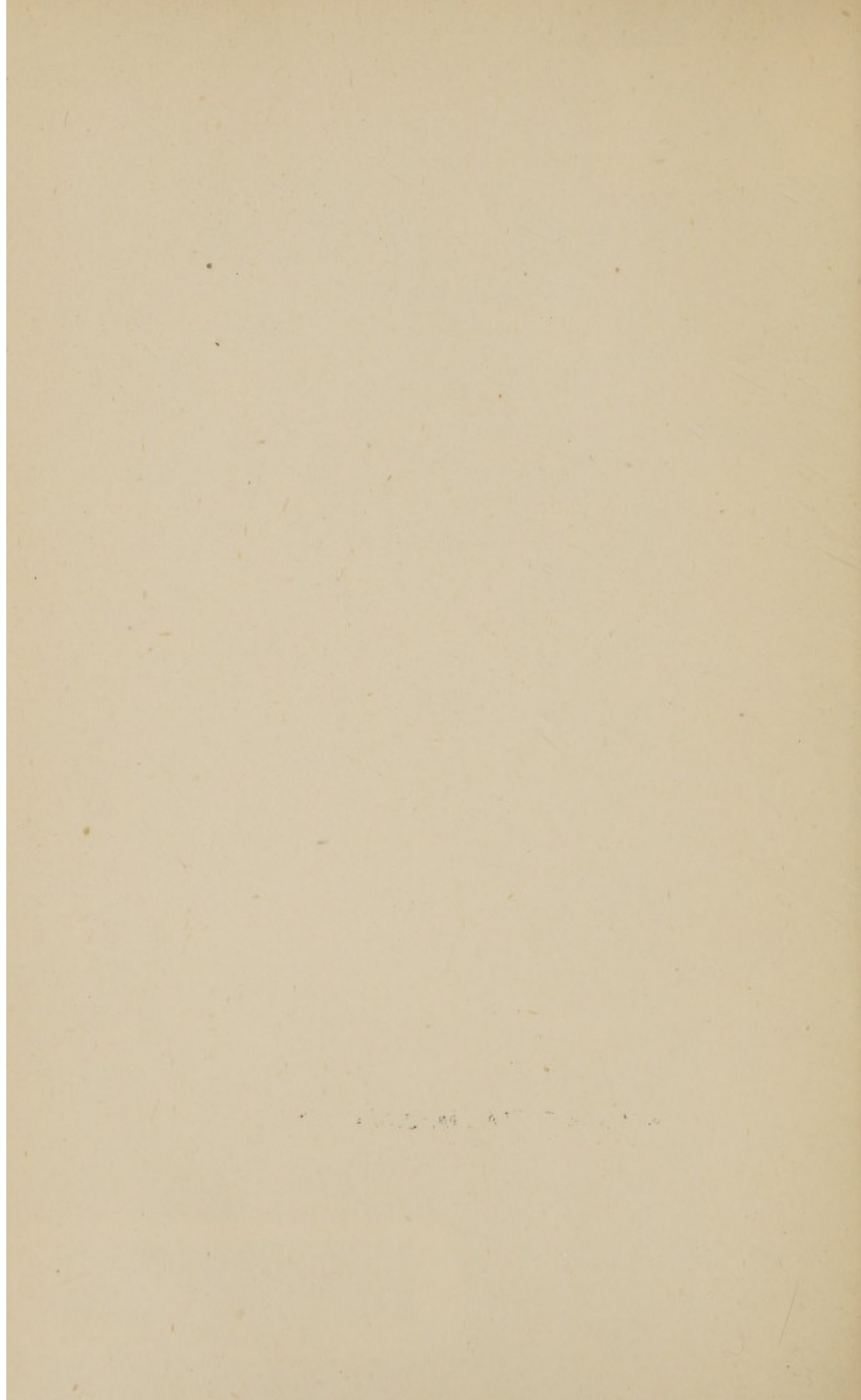
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General Medical Council and Dental Board of the United Kingdom

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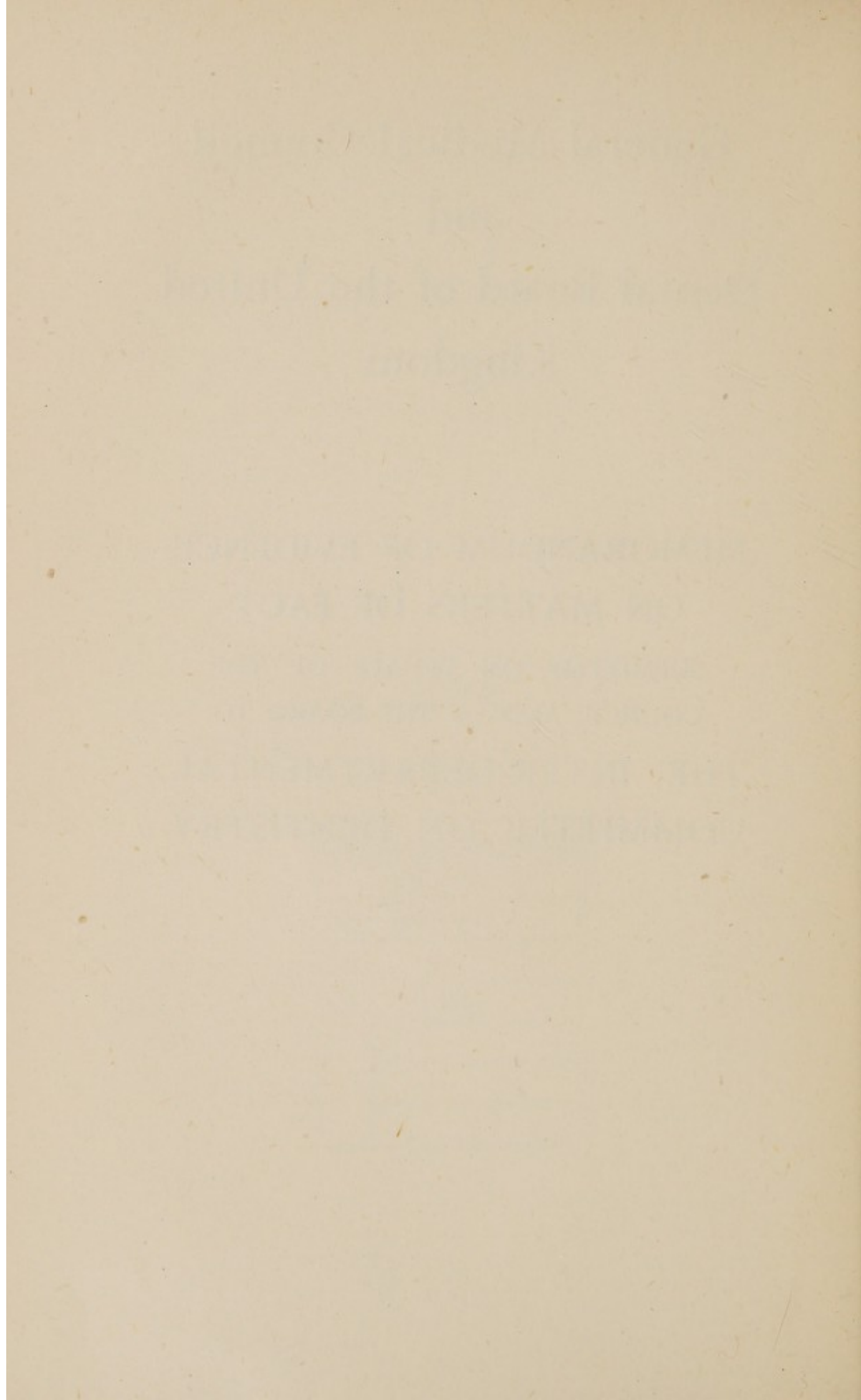
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General Medical Council
and
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MEMORANDUM OF EVIDENCE
ON MATTERS OF FACT

SUBMITTED ON BEHALF OF THE
COUNCIL AND OF THE BOARD TO
THE INTER-DEPARTMENTAL
COMMITTEE ON DENTISTRY



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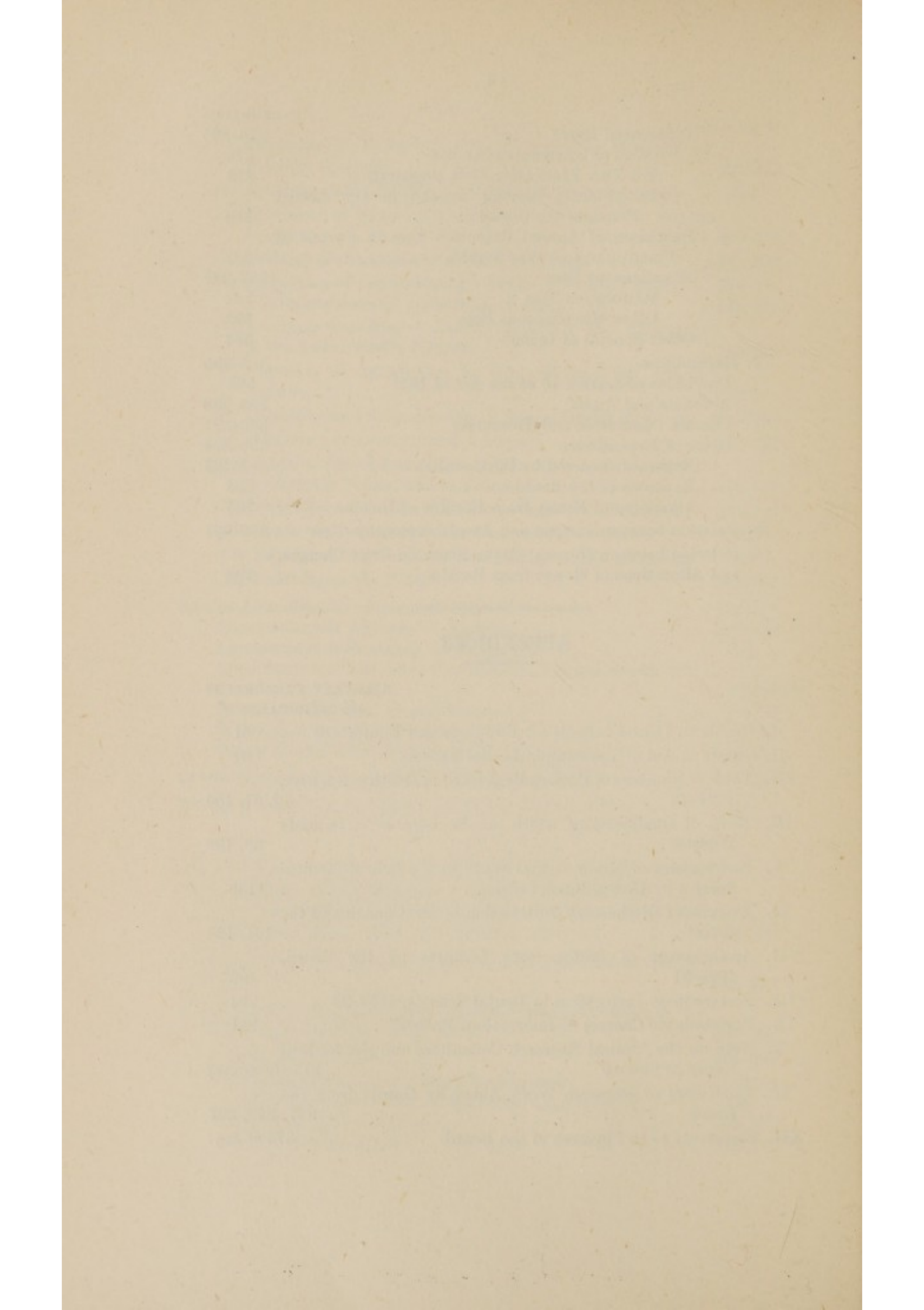
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GENERAL MEDICAL COUNCIL AND DENTAL BOARD OF THE UNITED KINGDOM

MEMORANDUM OF EVIDENCE ON MATTERS OF FACT SUBMITTED ON BEHALF OF THE COUNCIL AND OF THE BOARD

TO THE INTER-DEPARTMENTAL COMMITTEE ON DENTISTRY

INTRODUCTORY

1. By letters of May 12 and 10, 1943, the Committee were so good as to invite the Council and the Board severally "to submit for their consideration a memorandum of such information as would," in the view of each body, "be of assistance to the Committee in discharging their terms of reference."

2. The Council and the Board feel that having regard to (1) the distribution of functions between them under the Dentists Acts, 1878 to 1927, and (2) the short time between the dates on which they received the Committee's letters and the date on which they understand that the Committee desire to hear oral evidence on their behalf, they can at this stage best assist the Committee by submitting jointly a single memorandum of evidence restricted to matters of fact.

In this memorandum, unless the context otherwise requires—

"The Council" means the General Medical Council.

"The Board" means the Dental Board of the United Kingdom.

B

"The Act of 1878" or "The principal Act" means the Dentists Act, 1878.

"The Act of 1921" means the Dentists Act, 1921.

"The Act of 1923" means the Dentists Act, 1923.

"The Act of 1927" means the Medical and Dentists Acts Amendment Act, 1927.

"The Act of 1858" means the Medical Act, 1858.

"The Act of 1886" means the Medical Act, 1886.

"The Committee of 1917-19" means the Departmental Committee on the Dentists Act, 1878 (Chairman, The Rt. Hon. Francis (afterwards Sir Francis) Dyke Acland, M.P.).

I. CONSTITUTION OF THE COUNCIL AND OF THE BOARD

1. CONSTITUTION OF THE COUNCIL

3. The General Council of Medical Education and Registration of the United Kingdom, commonly known as the **General Medical Council**, were established under section 3 of the Medical Act, 1858.

4. From 1858 to 1878, when the profession of dentistry was first made subject to statutory regulation by the Act of 1878, and from 1878 to 1921, during which period the administration of the Act was assigned wholly to the Council, the membership of the Council did not include any persons who were required to possess qualifications in, or special experience and knowledge of, dentistry. In fact it included continuously from 1898 to 1921 one dentist nominated by the Crown with the advice of the Privy Council (Mr. (afterwards Sir) Charles S. Tomes, 1898-1920; Sir Norman Bennett, 1920-21).

5. Section 16 of the Act of 1921 provided that for the purpose of the exercise of their functions under the Dentists Acts, 1878

and 1921, the membership of the Council should include three "additional members" appointed by the Privy Council, who must be (1) members of the Board, and (2) registered in the Dentists Register as Graduates or Licentiates in Dental Surgery or Dentistry. Additional members were first appointed on November 1, 1921.

6. The constitution of the Council since 1921 has therefore been that the Council consist of the three "additional members," and of 39 other members described in section 16 of the Act of 1921 as "ordinary members," of whom, in accordance with the provisions of the Medical Act, 1886, and of subsequent legislation, 5 are persons nominated from time to time by the Crown with the advice of the Privy Council; 27 are representatives of Medical Authorities * (or Licensing Bodies), that is to say, Universities and Medical Corporations in the United Kingdom or in Eire † entitled to grant diplomas which confer the right of registration under the Medical Acts; and 7 are elected members of the medical profession.

7. (1) The term of office of an additional member of the Council, unless he previously ceases to be qualified for appointment as such (see paragraph 5 above) is such term not exceeding five years as the Privy Council may appoint.

(2) The term of office of members of the Council who are Crown nominees or representatives of Licensing Bodies is a

* Medical Authorities are defined by section 2 of the Act of 1878 as the Bodies (that is, Licensing Corporations such as the Royal Colleges of Physicians and of Surgeons) and Universities who choose members of the Council.

Licensing Bodies are the aggregate of the Universities and of the Licensing Corporations entitled to grant registrable medical diplomas.

† The Act of 1927, by which (in conjunction with the Dentists Act, 1928, of Eire) the agreement between Great Britain, Eire, and Northern Ireland as to the registration and control of medical practitioners set forth in Part I of the Schedule to the United Kingdom Act was confirmed, provided inter alia that the nominations of members of the Council by Universities and Medical Corporations in Ireland and the election of a member of the Council by registered medical practitioners in Ireland should henceforth be made and had in the like manner in all respects as the same were formerly made and had.

term not exceeding five years. Such members are capable of re-appointment.

(3) The term of office of members of the Council who are elected representatives of the medical profession is five years. Such members are capable of re-election.

2. CONSTITUTION OF THE BOARD

8. The constitution of the **Dental Board of the United Kingdom**, as determined by and under subsection (2) of section 2 of, and the First Schedule to, the Act of 1921, and by the Act of 1927,* is that the Board consist of 13 members, of whom seven are appointed members and six are elected members.

9. Of the seven appointed members

(1) One, who is designated by the Act of 1921 as the Chairman of the Board, is appointed by the Privy Council.

(2) Three, who must not be registered medical practitioners or registered dentists, are appointed by the Minister of Health, the Secretary of State for Scotland, and the Governor of Northern Ireland ;

(3) Three, who must severally be members of the Branch Councils for England, Scotland, and Ireland (who consist of the Crown nominees, the representatives of the Medical Licensing Bodies, and the elected representatives of the medical profession, on the General Medical Council for the three territories) are appointed by the Council.

* The Act of 1927, by which (in conjunction with the Dentists Act, 1928, of Eire) the agreement between Great Britain, Eire, and Northern Ireland as to the registration and control of dentists set forth in Part II of the Schedule to the United Kingdom Act was confirmed, provided inter alia that (1) the appointment of a member of the Board as constituted after the expiration of the term of office of the first members of the Board required to be made by the Lord Lieutenant of Ireland should henceforth be made by the Governor of Northern Ireland ; and (2) the appointment of the other appointed members and the election of the elected members of the Board should be made and had in like manner in all respects as the same were formerly required to be made and had respectively.

10. Of the six elected members

(1) Two are elected by Graduates or Licentiates in Dental Surgery or Dentistry practising in England and Wales ;

(2) One is elected by practitioners so qualified practising in Scotland ;

(3) One is elected by practitioners so qualified practising in Ireland ;

(4) Two are elected by practitioners admitted to the Dentists Register under the Acts of 1921 and 1923.

11. The Act of 1921 provides for a revision of the constitution of the Board at any time after the expiration of twenty-two years from the commencement of the Act, that is to say, after July 28, 1943, by Order in Council directing that separate elections by practitioners admitted to the Register under the Acts of 1921 and 1923 shall cease ; that elections to the Board shall be made by constituencies consisting of all registered dentists practising (a) in England and Wales, (b) in Scotland, and (c) in Ireland ; and that the constituency consisting of registered dentists practising in England and Wales shall elect four members of the Board.

12. The manner in which elected members of the Board are elected is regulated by Rules made by the Board with the approval of the Council under subsection (2) of section 2 of, and subparagraph (d) of paragraph 9 of the First Schedule to, the Act of 1921.

13. The term of office of members of the Board is five years. Members appointed or elected to fill casual vacancies hold office only for the residue of the term of office of the members whom they succeed ; and if the unexpired portion of any vacating member's term of office is less than one year, the vacancy is not filled. It follows that all members in office at the end of each quinquennial period go out of office simultaneously. Members ceasing to be members are eligible for re-appointment or re-election.

II. FUNCTIONS OF THE COUNCIL AND OF THE BOARD IN RELATION TO DENTAL EDUCATION

1. FUNCTIONS OF THE COUNCIL

Powers of the Council as to Dental Education and Examinations

14. The assignment of functions to the **General Medical Council** in relation to dental education, the practice of dentistry, and the government of the dental profession, can only be understood in the light of the circumstances prevailing when the Act of 1878 was passed.

It is sufficient for the present purpose to recall two passages in the Report (Cmd. 33 of 1919) of the Committee of 1917-19.

15. First, the Committee cited the opinion of Sir Donald MacAlister (a member of the Council from 1889 to 1933, and President from 1904 to 1931) that :—

“Dentistry was originally put under the Medical Council because there was no dental profession. We had the machinery and we had parallel problems to solve, and I take it, it was placed under the jurisdiction of the General Medical Council solely for the reason that that was the existing body, and that there was no corresponding existing body or constituency from which a body could be appointed for the dentists ” (Report, paragraph 166).

16. Secondly, the Committee put on record as follows the fundamental change in the composition of the dental profession which had occurred in the forty years between 1878 and 1918 :—

“The number of licentiates in dental surgery in 1878 was very few, and the first register compiled under the Dentists Act, 1878, was mainly composed of the names of persons who, on their own declaration, were stated to be engaged in the bona fide practice of dentistry at that date

or who were admitted by virtue of being dental students or apprentices.* The position at the present time is fundamentally different. Out of 5,524 persons whose names appear in the Dentists Register for 1918, no fewer than 4,214, or 76 per cent., were Licentiates or Graduates in Dentistry. The names of 1,274 persons admitted by virtue of practice without any additional qualification in 1878 still remained on the register, but many of these have doubtless retired from the active work of their profession. . . .

"The dental profession at the present time consists of about 5,500 registered practitioners of whom at least 75 per cent. are either Licentiates or Graduates in Dental Surgery after approved courses of instruction and training tested by examinations.

"The remaining 25 per cent. is a rapidly declining body of practitioners of long experience who were admitted to the profession in 1878. The number of Colonial and Foreign Dentists appearing in the Dentists Register is practically negligible, being only 29 in 1918" (Report, paragraph 11).

17. It was no doubt foreseen by Parliament in 1878 that the maintenance of a proper standard of dental education was of great potential importance, and provision was accordingly made by the Act for the exercise by the Council, as the only available professional authority, of certain powers directed to that end.

* *Note by the Council.* Of 5,289 practitioners registered in the first printed issue of the Dentists Register (1879) only 483 were Licentiates in Dental Surgery, and none was a graduate in dental surgery or dentistry of any University in the United Kingdom. Of the 483 Licentiates, 336 held the Licence of the Royal College of Surgeons of England, 11 the Licence of the Royal College of Surgeons of Edinburgh, 5 the Licence of the Faculty of Physicians and Surgeons of Glasgow, and 131 the Licence of the Royal College of Surgeons in Ireland.

The 16 Dental Licensing Bodies now (1943) are, in England, the Universities of Birmingham, Bristol, Durham, Leeds, Liverpool, London, Manchester, and Sheffield; and the Royal College of Surgeons of England: in Scotland, the University of St. Andrews, the Royal College of Surgeons of Edinburgh, and the Royal Faculty of Physicians and Surgeons of Glasgow: in Ireland, the Queen's University of Belfast, the University of Dublin, the National University of Ireland, and the Royal College of Surgeons in Ireland.

18. The relevant sections of the Act are as follows :—

18. Examinations in dental surgery.—Notwithstanding anything in any Act of Parliament, charter, or other document, it shall be lawful for any of the medical authorities (hereinafter referred to as colleges or bodies) who have power for the time being to grant surgical degrees, from time to time to hold examinations for the purpose of testing the fitness of persons to practise dentistry or dental surgery who may be desirous of being so examined, and to grant certificates of such fitness ; and any person who obtains such a certificate from any of those colleges or bodies shall be a licentiate in dental surgery or dentistry of such college or body, and his name shall be entered on a list of such licentiates to be kept by such college or body.

Each of the said colleges or bodies shall admit to the examinations held by them respectively under this section any person desirous of being examined who has attained the age of twenty-one years, and has complied with the regulations in force (if any) as to education of such college or body.

19. Board of examiners.—Subject to the provisions hereinafter contained with reference to a medical board,* the council or other the governing body of the Royal College of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, and of the Royal College of Surgeons in Ireland, and of any university in the United Kingdom respectively, may from time to time appoint a board of examiners for the purpose of conducting the examinations and granting the certificates hereinbefore mentioned.

Each of such boards shall be called the board of examiners in dental surgery or dentistry, and shall consist of not less than six members, one half of whom at least shall be persons registered under this Act, and such registration shall (notwithstanding anything in any Act of Parliament, charter,

* The reference is to section 28 of the Act (Provision for conduct of examination by medical boards, if established), which has not been brought into force.

or other document) be deemed the only qualification necessary for the membership of such board.

The persons appointed by each such council or other governing body shall continue in office for such period, and shall conduct the examinations in such manner, and shall grant certificates in such form, as such council or other governing body may from time to time, by byelaws or regulations, respectively direct.

A casual vacancy in any such board of examiners may be filled by the council or other governing body which appointed such board, but the person so appointed shall be qualified as the person in whose stead he is appointed was qualified, and shall hold office for such time only as the person in whose stead he is appointed would have held office.

22. General Council may require information as to examinations.—Every medical authority shall from time to time, when required by the General Council, furnish such Council with such information as such Council may require as to the course of study and examinations to be gone through in order to obtain such certificates as are in this Act mentioned, and generally as to the requisites for obtaining such certificates ; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any branch council, may attend and be present at any such examinations.

23. Representation to Privy Council of defects in examinations.—Where it appears to the General Council that the course of study and examinations to be gone through in order to obtain such certificate as in this Act mentioned from any of the said colleges or bodies are not such as to secure the possession by persons obtaining such certificate of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery, the General Council may represent the same to Her Majesty's Privy Council.

24. Powers of Privy Council, on representation, to make order.—The Privy Council, on any representation made as

aforesaid, may, if they see fit, order that a certificate granted by any such college or body after such time as may be mentioned in the order shall not confer any right to be registered under this Act.

Any such order may be revoked by the Privy Council on its being made to appear to them, by further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of the General Council, for the improvement of such course of study, or examination.

25. Consequences of order.—After the time mentioned in this behalf in any such Order in Council no person shall be entitled to be registered under this Act in respect of a certificate granted by the college or body to which such order relates after the time therein mentioned, and the revocation of any such order shall not entitle any person to be registered in respect of a certificate granted before such revocation.

26. Privy Council may prohibit attempts to impose restrictions as to any theory of dentistry by bodies entitled to grant certificates.—If it appears to the General Council that an attempt has been made by any medical authority to impose on any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of dentistry or dental surgery as a test or condition of admitting him to examination, or granting a certificate of fitness under this Act, the General Council may represent the same to the Privy Council, and the Privy Council may thereupon issue an injunction to the authority so acting directing them to desist from such practice, and in the event of their not complying therewith, then to order that such authority shall cease to have power to confer any right to be registered under this Act so long as they continue such practice.

19. It will be seen that section 22 of the Act provides that Dental Licensing Bodies shall from time to time, when required by the Council, furnish the Council with such information as they may require

(1) As to the course of study, and

(2) As to the examinations,

to be gone through in order to obtain dental qualifications entitling to registration ; and

(3) Generally as to the requisites for obtaining such qualifications.

20. The section further provides that any member or members of the Council, or any person or persons deputed for the purpose by the Council (or by any of the Branch Councils, whose constitution is described in paragraph 9 (3) of this memorandum) may attend and be present at any examinations required to be gone through in order to obtain dental qualifications.

21. If it appears to the Council that the course of study and examinations to be gone through in order to obtain any dental qualification are not such as to secure the possession by persons obtaining the qualification of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery, the Council may make a representation to this effect to the Privy Council.

22. The Privy Council may, if they see fit, order, upon any such representation from the Council, that a dental qualification granted by a Licensing Body after such time as may be mentioned in the order shall not confer any right to be registered under the Act, until the order is revoked by the Privy Council when it is made to appear to them, by further representation from the Council or otherwise, that the Body affected has made effectual provision, to the satisfaction of the Council, for the improvement of the course of study or examination in question.

23. It is further provided by section 26 of the Act that if it appears to the Council that an attempt has been made by any Dental Licensing Body to impose on any candidate offering himself for examination an obligation to adopt or to refrain from adopting the practice of any particular theory of dentistry or dental surgery as a test or condition of admitting him to examination, or granting a qualification, the Council may represent the matter to the Privy Council, and the Privy Council may

thereupon issue an injunction to the Body so acting, directing them to desist from such practice.

24. In the event of the Body not complying with the injunction, the Privy Council may order that the Body shall cease to have power to confer any right to be registered under the Act so long as they continue the practice in question.

Exercise of the Foregoing Powers of the Council

25. For the purpose of the exercise of the foregoing powers the Council, as a matter of internal administration, maintain two Standing Committees.

26. The relevant Standing Orders of the Council as to the constitution and functions of the Dental Education and Examination Committee are as follows :—

“ The members of the Dental Education and Examination Committee shall include, in addition to the President, the three members of the Dental Board appointed by the Council, and the three additional members of the Council appointed by the Privy Council under section 16 of the Dentists Act, 1921.

“ The duty of the Committee shall be to deal with and report on all matters relating to dental education and examinations, and with the inspection and visitation of such examinations. The Committee shall have power, under the control of the Treasurers, to print and circulate draft reports among the members of the Committee.”

27. The relevant Standing Orders as to the constitution and functions of the Dental Executive Committee, appointed and maintained in exercise of the power conferred upon the Council by subsection (4) of section 16 of the Act of 1921 to act for the purpose of the exercise of their functions under the principal Act and the Act of 1921 by an Executive Committee including at least one of the additional members of the Council, are as follows :—

“ The Dental Executive Committee shall consist of the

same members of the Council as the Executive Committee,* with the addition of one of the additional members appointed by the Privy Council under section 16 of the Dentists Act, 1921, who shall be elected in the same way and at the same time as the other members. The President shall be Chairman.

"The Council shall, for the exercise of their functions under the Dentists Acts, 1878 and 1921, act by the Committee, except for the purpose of erasing from the Dentists Register the name of a practitioner convicted of crime or guilty of infamous or disgraceful conduct in a professional respect, or for the restoration of a name so erased."

28. The Council have regularly exercised since 1878 their power to obtain information from Dental Licensing Bodies as to the course of study and examinations to be gone through in order to obtain registrable dental qualifications.

29. The Council have periodically exercised since 1894 † the power possessed by members of their own body or persons deputed by them for the purpose to attend and be present at any examinations required to be gone through in order to obtain registrable dental qualifications. Members of the Council or other persons who have attended such examinations have been designated either Inspectors or Visitors, and the function which

* The President of the Council as Chairman, and 12 other members of the Council, of whom 6 are members of the Branch Council for England, 3 are members of the Branch Council for Scotland, and 3 are members of the Branch Council for Ireland.

† In 1893-94 the Council had reason to suppose that the course of study to be gone through in order to obtain one of the four Licences in Dental Surgery then granted by Corporations was defective. The Council intimated to the Corporation concerned that unless the defect were removed before the next examination, a representation would be made to the Privy Council under section 23 of the Act.

The Council further adopted the view of their Education Committee that the time had come "for putting into force the powers conferred by section 22 of the Dentists Act for the Visitation and Inspection of the Examinations held by the Bodies conferring Dental Qualifications" (Council's Minutes, 1894, Appendix VIII and pages 97-8, 211-2, 222-3). The first Visitor deputed by the Council to visit Dental Examinations was Mr. (afterwards Sir) Charles S. Tomes, who in 1898 became the first member of the Council appointed as a member of the dental profession.

they have discharged has been described either as an Inspection or as a Visitation of Dental Examinations.

30. Between 1910 and the outbreak of war in 1939 dental examinations had been inspected or visited three times at approximately decennial intervals (1910-11, 1923-25, 1931-32). Arrangements made for another visitation were cancelled on the outbreak of war.

31. The Committee will observe that the functions assigned by Parliament to the Council in relation to dental education do not include any power either (1) to visit or inspect Dental Schools, or (2) to make grants in aid of dental education.

32. It is, however, the duty of the Council under sections 22, 23, and 24 of the principal Act to safeguard the maintenance of a standard of curriculum and examination to be required from candidates for dental qualifications which secures the possession by persons obtaining such qualifications of the knowledge and skill requisite for efficient professional practice.

33. It is obvious that this standard depends much more on the efficiency of teaching in Dental Schools than on any control which the Council can exercise by visiting or inspecting examinations of candidates whose undergraduate studies have been completed before the final examinations, and will not be resumed if the candidates pass.

34. In order, therefore, to indicate for the guidance of Licensing Bodies in what subjects and for what periods students should be instructed so as to reach the requisite standard of proficiency, the Council have from time to time since 1879 published recommendations as to the dental curriculum.*

* On March 21, 1879 (Council's Minutes 1879, 116), the Council resolved that it be referred to the representatives on the Council of the several authorities which proposed giving Licences in Dentistry to consider the curricula proposed by those bodies, and to report thereon to the Council.

The authorities in question were the Royal College of Surgeons of England (who in pursuance of section 48 of the Medical Act, 1858, had been granted power by Charter of September 8, 1859, to examine in dentistry, and to grant certificates of fitness to practise, a power confirmed by section 21 of the Act of 1878); the Royal College of Surgeons of Edinburgh; the

35. Copies of the recommendations, entitled Recommendations as to the Course of Study and Examinations to be Required of Candidates for Licences in Dentistry or Dental Surgery, in force since October 2, 1933, are sent with this memorandum.

They were framed by the Dental Education and Examination Committee of the Council, to whom four members of the Council specially conversant with dental matters had been added for the purpose, in the light of the Reports of the Visitors (the late Mr. C. F. Rilot, L.D.S., M.R.C.S., and the late Mr. Farquhar Macrae, M.B.) on the Visitation of Dental Examinations in 1931-1932, and after consultation with members of the Council (other than members of the Committee as enlarged) representative of Dental Licensing Bodies, and with the Bodies themselves (Council's Minutes 1933, 7-8).

36. The object of the Council in publishing recommendations of this nature is not to assert any right, which admittedly they do not possess, to prescribe a uniform curriculum to be imposed by Dental Schools and Licensing Bodies upon all students.

37. All that the recommendations purport to do is to indicate a minimum below which no particular curriculum should be permitted to fall by any Licensing Body which grants qualifications conferring the right of registration under the Acts of 1878 and 1927.

Faculty of Physicians and Surgeons of Glasgow; and the Royal College of Surgeons in Ireland.

On March 26, 1879 (Council's Minutes 1879, 146) the representatives of these authorities, now described as the Dental Curriculum Committee, made a Report to the Council with which they submitted a Curriculum "as being in their opinion what should be the minimum curriculum demanded from a student seeking a licence in Dentistry from any of the authorities authorized to confer such."

The Committee further suggested "that the examinations should, so far as possible, be of a practical character, and should include actual operations and the preparation of specimens of Mechanical Dentistry." The Curriculum (as amended on points about the examination of candidates who had not gone through any course of study) was forwarded by direction of the Council "to the several Bodies that confer Diplomas in Dentistry." The Curriculum (as further amended by the Council on the same points on July 19, 1879) is printed as a Table in Council's Minutes, 1879, between page 250 and page 251.

2. FUNCTIONS OF THE BOARD

Duty of the Board to Allocate Money to Purposes Connected with Dental Education

38. None of the powers as to dental education and examinations conferred upon the Council by the Act of 1878 was transferred to the Board by the Act of 1921.

39. But by subsection (1) of section 10 of the Act of 1921 a duty was imposed upon the **Dental Board**, after paying certain prior charges, to "allocate any money received by them, whether by way of fees or otherwise, to *purposes connected with dental education* and research or any public purposes connected with the profession of dentistry in such manner as the Board with the approval of the Council may determine."

40. The Committee of 1917-19, after discussing the causes of the shortage in numbers of registered dentists (Report, Section VII) concluded that, among other reasons, "the expense and length of time involved in qualifying for a registrable diploma are factors which cannot be disregarded as contributing to the shortage of dentists," and pointed out that "As regards expense to students, this can be lessened by shortening the length of the curriculum, increasing the State grants available for dental schools so as to secure a diminution of fees charged to students, and by a liberal provision of scholarships."

The Committee were "in favour of all three methods under certain conditions, which are specified elsewhere in the Report" (Report, paragraphs 94-5).

41. *Scholarships for Dental Students* were further dealt with in Section XXI (paragraphs 216-20) of the Report, from which the following extracts are material.

216. . . . "The dental schools for the instruction and training of dental students have attached to them very few scholarships. In this respect they compare very unfavourably with the schools of the sister profession of medicine. The result is

that it is rare for a lad, the son of humble parents in life, to enter on a course of training for a licentiate in dental surgery. We think that this is greatly to be deprecated, and that the profession of dentistry is the poorer in consequence. During the course of the next few years, probably for the next decade, we think it will be necessary to supplement the usual channels of recruitment of the dental profession by the aid of a considerable number of scholarships which should be of a value sufficient to cover all fees and provide for maintenance.

217. " In this connection we wish to refer to evidence given by Mr. Norman Bennett on behalf of the British Dental Association, and by Mr. Butterfield on behalf of the Incorporated Dental Society. Both these bodies were in favour of registered dentists paying an annual licence of from £3 to £5 per annum, the proceeds being devoted to aiding dental education and research. The Incorporated Dental Society desired that the proceeds should be used for bursaries for pupils of poor parents and for research ; Mr. Sidney Webb and Mr. Anderson, M.P., regarded a system of State scholarships as absolutely essential to maintain an adequate number of recruits for an increased dental profession . . .

218. " The Committee . . . think that the proposal of the British Dental Association and of the Incorporated Dental Society, that after the passing of an Act prohibiting unregistered dental practice, persons admitted to the dental register shall pay an annual licence fee in order to retain their names on the register, is one that has much to recommend it ; but they think that a person admitted with a registrable qualification after instruction and examination should not be liable to pay the annual licensing fee until the lapse of 5 years after registration. The first few years after registration are frequently a period of financial stringency for the newly qualified. Unregistered practitioners admitted to the register without examination, having been in practice for a number of years, might pay an annual licence fee from the time of admission. We are of opinion that the proceeds of annual licences should be shared equally between dental

education and research, after payment of the expenses of the Statutory Dental Board.

219. "In view of the urgent necessity of rapidly increasing the supply of dentists the moiety earmarked for education should be mainly expended during the next few years in providing scholarships for dental mechanics. The scholarship should provide for the payment of all school, hospital and examination fees with an adequate maintenance allowance depending on the circumstances of the individual scholarship holder. We think that the modified Statutory Dental Board of the General Medical Council suggested elsewhere would be an appropriate body to administer the licence fund. The regulations governing the administration of the licence fund should require the approval of the Lord President of the Council.

220. "A scheme of scholarships awarded from the licence fund would tend to reduce the shortage of dentists. It would operate quickly, and has much to recommend it; but it would only be a temporary measure put into operation owing to the quite exceptional position of the moment, and the Committee are not prepared to recommend it as a permanent method of recruiting a portion of the dental profession. The number of dental mechanics entering the dental profession by scholarships will not be sufficient to meet the needs of the case, and the Committee are of opinion that a number of scholarships should be provided by the State to enable scholars (boys and girls) from secondary schools to take up the dental profession. They urge that it would be wise economy on behalf of the State to make such scholarships available for a considerable period of years to a very large proportion of students entering upon professional studies, and that subject to suitable conditions being laid down by the Board of Education this proportion should reach one-half for the next five years. The scholarships should be sufficient to pay all necessary fees both for instruction and examination, together with an adequate maintenance grant. In view of the importance of elementary science the Com-

mittee think there would be advantage in scholarships only being awarded to scholars who had attended satisfactory courses of study in science with appropriate practical work in a laboratory. The course of study in elementary science should approximate to that suggested by the Board of Education as leading up to the 2nd school examination and should include some knowledge of biology. The scholarships should be awarded at the age of 17 or 18, to enable a student to complete his dental education on reaching the age of 21, the statutory age for registration as a dentist."

42. *Aid to Dental Schools* was further dealt with in Section XXIII (paragraphs 224-25) of the Report, from which the following extracts are material.

224. "Our attention has been directed to the difficulty in which teaching is carried on at dental schools and to the different financial position they are in as compared with the medical schools. It is to the financial advantage of a doctor to teach in a medical school attached to a hospital. The students when they enter general practice, send patients to their old teachers, as consultants. In dental practice consultative practice hardly exists, and we were informed that it does not pay a dentist to teach in a hospital. . . .

225. "We think that the proposal of the dental profession to tax itself so as to place dental education on a more satisfactory basis is a proposal that is greatly to the credit of the profession, and we do not wish to express any disapproval, but we understand that the Board of Education already makes grants to medical and certain provincial dental schools of university standing, and we think those grants might be extended in the light of the peculiar difficulties under which dental schools labour."

43. The Committee will observe that subsection (1) of section 10 of the Act of 1921 only requires the Board in general terms to allocate money "to purposes connected with dental education."

No provision was made by the Act for giving effect to the recommendations of the Committee of 1917-19 in favour of

(1) Exemption of Graduates and Licentiates in Dental Surgery or Dentistry from payment of fees for the retention of their names on the Dentists Register "until the lapse of 5 years after registration" (Report, paragraph 218).

(2) Allocation (after payment of prior charges) of only one half of the money received by the Board by way of fees for the retention of names on the Register to purposes connected with dental education (and of the other half to purposes connected with dental research) (Report, paragraph 218).

(3) Imposition of a limit of time after which scholarships should not be awarded to dental mechanics as a means of recruiting a portion of the dental profession (Report, paragraph 220).

(4) Award of State scholarships for the next five years after 1919 to one half of the dental students entering upon professional studies (Report, paragraph 220).

(5) Increase of Exchequer grants to Dental Schools of University standing (Report, paragraph 225).

Performance of the Foregoing Duty by the Board

44. For the purpose of the performance of the foregoing duty the Board, as a matter of internal administration, maintain a Standing Committee entitled the Educational Grants Committee.

45. The relevant Standing Orders of the Board as to the constitution and functions of the Committee are as follows:—

"The Educational Grants Committee shall consist of six members."

"At least one of the Treasurers shall ex officio always be a member" of the Committee.

"It shall be the duty of the Educational Grants Committee to consider and report upon the methods of the expenditure of the Board's income in connection with grants and loans to students to enable them to qualify, and to Schools of Dentistry for the improvement of teaching."

46. Grants to Students : (1) *Ex-Service Students.* In 1922 (Board's Minutes 1922, 72) the Board decided to make grants in order to enable ex-Service students who had been in receipt of educational grants from the Board of Education, but had been unable to qualify before those grants were discontinued, to complete the curriculum and to pass a qualifying examination.

Such grants were made until October, 1927, when 144 ex-Service students had been aided at a cost of about £7,550, and 128 had qualified (Board's Minutes 1934, 10).*

47. Grants to Students : (2) *Students under 23 at the Date of Commencement of the Act of 1921 (July 28, 1921).* In 1923 the Board and the Council collaborated in an attempt to mitigate the hardship imposed by section 3 of the Act of 1921 on certain applicants for admission to the Dentists Register by the requirement of the section that an applicant should have attained the age of 23 before the commencement of the Act on July 28, 1921.

48. With this object it was arranged that (1) the Board might issue, for production to any Dental Licensing Body, a certificate that any applicant affected by the statutory requirement was *prima facie* deserving of special consideration ; (2) Dental Licensing Bodies should be invited by the Council to relax their normal requirements as to the general education of dental students in favour of any applicant to whom the Board had issued a certificate under (1) ; (3) the Board would be prepared to make a grant to any applicant admitted to a Dental School as a student under (2), so as to enable him to pass examinations in Chemistry and Physics before proceeding to professional studies for a qualification, provided that he passed a special examination in dental mechanics arranged by the Board.

* Masterly surveys of the Board's administration were made by the late Sir Francis Dyke Acland (Chairman 1921-39) in his Addresses to the Board at the sessions next before the expiration of the term of office of (1) the first members of the Board in July, 1924 (Board's Minutes 1924, 30-6), and (2) the members of the Board in office quinquennially thereafter (Board's Minutes 1929, 17-24; 1934, 6-14; 1939, 5-12). Relevant facts and figures cited in the rest of this memorandum are so far as possible taken from these Addresses, which are authoritative sources of information about the origin and progress of the Board's activities from 1921 to May, 1939.

49. The attitude of the Dental Licensing Bodies towards these proposals varied, and the number of applicants whom the Board found it possible to assist financially, at a total cost of about £2,650, was small. The Council's correspondence with the Bodies is printed in Council's Minutes 1923, 183-90; and the recommendations adopted by the Board are printed in Board's Minutes 1923, 131.

50. **Grants to Students :** (3) *Bursars*. The scheme of the Board "for granting bursaries to students of slender means to assist them in taking a full dental course" (Board's Minutes 1924, 32-3) was inaugurated in 1923 (Board's Minutes 1923, 133) by a decision of the Board to authorize the Chairman and Treasurers of the Board (1) to deal with applications from persons eligible for admission to Dental Schools; and (2) to make grants in cases in which they were satisfied as to the suitability of applicants, with effect from the dates of admission or acceptance for admission to Dental Schools.

51. The importance of this scheme as the main contribution of the Board to the due recruitment of the profession was shortly afterwards explained by the Chairman of the Board as follows, on the assumptions that (1) the annual income of the Board would normally be about £45,000, and (2) it was expedient to devote about £20,000 of this amount to the provision of bursaries (Board's Minutes 1924, 34-6):

"I estimate that a bursar may cost £130 a year, and therefore £20,500 will maintain about 160, or an entry of 40 a year for a four years' course."

"I, therefore, cannot regard the sum of, roughly, £20,000 a year for bursaries as being in any way excessive."

52. In 1933 (Board's Minutes 1933, 129-30; 1936, 52, 201, 101) the Board decided that the increase in the number of eligible applicants for bursaries was such as to make it necessary to limit awards, with effect from January 1, 1936, to an amount of not more than £30 a year, with the addition, in cases of necessity, of the loan of books and instruments, and subject to a discretion to make awards of larger amounts to (1) sons of dentists or of deceased dentists, and (2) applicants who had received such

instruction in dental mechanics as to secure an exemption of one year from the course of study which they would normally have been required to go through in a Dental School.

53. In 1937 (Board's Minutes 1937, 139-41, 74) the scope of the scheme (which had originally been restricted to candidates for Licences, as opposed to Degrees, in Dental Surgery or Dentistry) was extended by a decision of the Board to authorize the award of not more than one-fifth of the bursaries awarded in any year to candidates for dental Degrees, provided that the amount of any such award should not be greater than the amount of any award to a candidate for a dental Licence.

54. By March 31, 1929 (Board's Minutes 1929, 118, 18) 348 bursaries had been awarded after personal interview of applicants by the Chairman and Treasurers of the Board, and 110 bursars had qualified.

By December 31, 1933 (Board's Minutes 1934, 9) 702 bursaries had been awarded and 355 bursars had qualified; and by March 31, 1939 (Board's Minutes 1939, 8) 1,094 bursaries had been awarded and 746 bursars had qualified.

The reduction of the income of the Board under war conditions enforced the general suspension of awards of bursaries with effect from September, 1939. By December 31, 1942, 1,096 bursaries had been awarded, and the Board had spent on bursaries over £217,000.

55. **Loans to Students.** In 1923 (Board's Minutes 1923, 19, 111, 8) the Board authorized the Chairman and Treasurers "to make loans to students in very exceptional cases," provided that such security were given as might be thought fit, in order to enable necessitous students to complete courses of instruction and examinations for qualifications.

56. By March 31, 1929 (Board's Minutes 1929, 18), loans amounting to nearly £3,000 had been made to 51 students, and over £2,300 had been repaid.

By November 30, 1934 (Board's Minutes 1934, 10), loans amounting to £4,250 had been made to 74 students, and over £3,000 had been repaid.

By December 31, 1942, loans amounting to £7,159 had been made to 120 students, and £5,911 had been repaid.

57. Grants to Dental Schools for Buildings and Equipment.—In 1923 (Board's Minutes 1923, 131, 51) the Board, in pursuance of their policy of contributing so far as possible to the due recruitment of the profession, decided to make grants to Dental Schools, "primarily for the purpose of increasing the power of the Schools to train students," in aid of the cost of schemes for (1) extension of the premises of Schools, and (2) improvement of accommodation and equipment in Schools.

58. The original conditions normally attached to such grants were as follows (Board's Minutes 1924, 184, 29):—

(1) That the balance of the cost of the schemes must be raised from other sources ;

(2) That payment of grants would be contingent upon the execution of plans and proposals submitted to, and approved by, the Board ;

(3) That expenditure out of grants must be accounted for to the Board by the authorities of Schools.

59. In 1934 (Board's Minutes 1934, 4, 121, 26) the Board decided to attach to all grants to be made to Dental Schools the further condition that dental treatment (including the supply of dentures) in Hospitals connected with such Schools should be under the supervision of an efficient Almoner's Department, so as to secure that such treatment, apart from that which might be necessary for the proper training of students, should be restricted to necessitous persons.

60. Offers of grants amounting to £16,000 were made to 8 Schools in 1924 (Board's Minutes 1924, 183-91, 29).

By May, 1929 (Board's Minutes 1929, 19), grants amounting to over £36,000 had been made to 12 Schools, and over £25,000 had been paid on account of the grants.

By May, 1934 (Board's Minutes 1934, 8), grants amounting to over £48,000 had been made to 15 Schools ; and by December 31, 1938 (Board's Minutes 1939, 6-7), grants amounting to £57,300 had been made to 6 Schools towards the cost of new premises,

to 7 Schools towards the cost of alterations or extensions of premises, and to 15 Schools towards the cost of equipment.

61. Details of grants made under this head from 1924 to December 31, 1942, which amount to over £78,000, are given for the information of the Committee in Appendix I to this memorandum.

62. **Grants in Aid of Teaching in Dental Schools.**—In 1927 (Board's Minutes 1927, 151, 58) the Educational Grants Committee came to the conclusion that the money already allocated by the Board to the purpose of providing grants to Dental Schools for buildings and equipment was sufficient to meet any charges which could be foreseen; and suggested that the Board had become free to consider "the desirability of making grants towards the cost of teaching, not merely with the object of assisting teachers whose remuneration is in many cases wholly inadequate, but also with a view to securing increased efficiency in the organization of the Schools."

63. The Committee were requested by the Board to prepare a scheme under which such grants would be made, on the understanding that (1) the period for which the grants were made would be limited; (2) the amount to be allocated to this purpose should be within the limit of the Board's income; and (3) the grants should not involve any increase of the annual retention fee (Board's Minutes 1928, 5, 125, 155-8, 80-1); and in 1928 the Board adopted the principle of assisting Schools by such grants, subject to reconsideration of the matter by the Board at intervals of not more than five years, and at shorter intervals if the conditions under which any grant was expended were so altered as to make this course expedient (Board's Minutes 1928, 155-8, 80-1).

64. In pursuance of this principle, grants were made for a period of five years to two Schools, subject to the conditions that they should be devoted specifically to the remuneration of teachers in dental subjects, and should not become operative until the Chairman and Treasurers of the Board were satisfied with the accommodation provided, or to be provided, for dental teaching (Board's Minutes 1928, 156-8, 81).

65. In 1929 (Board's Minutes 1929, 177-81, 89) the Board authorized the Educational Grants Committee

(1) To negotiate with the authorities of Schools with a view to providing teaching posts in Operative Dental Surgery, Orthodontics, or allied clinical subjects, on the basis that the Board would make grants not exceeding £500 a year in any School in aid of the salaries of not more than two such posts ; and

(2) To inform the authorities of Schools that the policy of the Board was to encourage the appointment of " whole-time teachers of University Professorial status," paid at the rate of not less than £1,000 a year ; and with this object to offer to make grants in aid of the salary of any such post, at such later date as the Board might determine, of not more than £500 a year to any University or School.

The further condition set out in paragraph 59 of this memorandum as to the supervision of dental treatment in Hospitals connected with Schools by an efficient Almoner's Department was attached to these grants in 1934.

66. Offers of grants for a period of five years were made in May, 1930, to three Schools (Board's Minutes 1930, 99-103, 38-9) and in November, 1930, to two other Schools for the same period (Board's Minutes 1930, 141-4, 72).

By May, 1934 (Board's Minutes 1934, 9), nine grants amounting to £2,950 a year had been made in aid of salaries of teachers under head (1) of the scheme of 1929 ; and three grants of £500 a year each had been made under head (2) of that scheme in aid of salaries of whole-time teachers of University Professorial status.

By December 31, 1938 (Board's Minutes 1939, 6-7), grants amounting to £42,300 had been made to all Schools in the United Kingdom except two.

67. Details of grants made under this head from 1929 to December 31, 1942, which amount to nearly £77,000, are given for the information of the Committee in Appendix II to this memorandum.

III. FUNCTIONS OF THE BOARD AND OF THE COUNCIL IN RELATION TO DENTAL REGISTRATION

68. The main object for which the Act of 1878 was passed was described in its preamble. The preamble has since been repealed by the Statute Law Revision Act, 1894, but it is nevertheless of importance as showing the intention of Parliament at the time.

69. The material words of the preamble were: "It is expedient that provision be made for the registration of persons specially qualified to practise as dentists in the United Kingdom."

70. With this object the Act of 1878 entrusted the **General Medical Council** with functions relating to the registration of dental practitioners of which some, but not all, were transferred to the **Dental Board** by the Act of 1921.

1. Registration in the Dentists Register of United Kingdom Dentists

TITLE TO REGISTRATION

71. United Kingdom dentists are defined by paragraph (a) of subsection (1) of section 11 of the Act of 1878 as being "all persons who are registered under this Act as having been at the passing thereof * engaged in the practice of dentistry or dental surgery, and all persons who are registered as Licentiate in Dentistry or Dental Surgery of any of the Medical Authorities of the United Kingdom."

72. The Act of 1927, by which (in conjunction with the Dentists Act, 1928, of Eire) the agreement between Great Britain, Eire, and Northern Ireland as to the registration and control of dentists set forth in Part II of the Schedule to the United Kingdom Act was confirmed, provided that the powers of granting qualifications entitling to registration in the Dentists Register

* On July 22, 1878.

formerly vested in the Medical Authorities in Ireland should be deemed not to have been affected by the establishment of the Irish Free State.

73. Section 6 of the Act of 1878, as amended by subsection (1) of section 11 of the Act of 1921, provides that any person who is a Graduate or Licentiate in Dental Surgery or Dentistry of any of the Medical Authorities shall be entitled to be registered under the Act.

74. Section 7 of the Act of 1878 provides that a person resident in the United Kingdom shall not be disqualified for being registered under the Act by reason that he is not a British subject ; and that a British subject shall not be disqualified for being registered under the Act by reason of his being resident or engaged in practice beyond the limits of the United Kingdom.

ASCERTAINMENT OF TITLE

75. Section 7 of the Act of 1878, read with subsection (4) of section 6 of the Act of 1921,* provides that where a person entitled to be registered under the principal Act produces or sends to the Registrar of the Board the document conferring or evidencing his licence or qualification, with a statement of his name and address, and the other particulars, if any, required for registration, and pays the registration fee, he shall be registered in the Dentists Register.

76. Subsection (2) of section 11 of the Act of 1921 provides that without prejudice to the provisions of section 7 of the principal Act, any body being a Medical Authority within the meaning of the principal Act may from time to time transmit to the Registrar certified lists of the persons who are Graduates or Licentiates of that body in Dental Surgery or Dentistry, stating the qualifications and places of residence of the persons included in the lists, and that the Registrar, on receipt of any such lists and

* Subsection (4) of section 6 of the Act of 1921 provided that on the appointment of the Registrar under that Act, the provisions of the principal Act should have effect as though for references therein to the General Registrar or the Registrar of the General Council there were substituted references to the Registrar.

on payment of the registration fee in respect of each person to be registered, shall duly register those persons in accordance with Regulations made by the Board.*

* The power of the Board to make Regulations is conferred by section 7 of the Act of 1921, which is as follows :—

7. Power of Board to make regulations.—(1) Subject to the provisions of the principal Act and this Act, the Board may make regulations—

- (a) generally with respect to the form and keeping of the register and the making of entries and erasures therein, and in particular for the registration of the description of persons entitled to be registered by virtue of this Act ; and
- (b) with respect to proceedings before the Board in connection with the removal from or restoration to the register of any name ; and
- (c) prescribing the fee, not exceeding five pounds, to be charged in respect of the retention on the register of the name of any person registered after the commencement of this Act in any year subsequent to the year in which that person was first registered ; and
- (d) for any other purpose for which regulations are to be made under this Act.

(2) Regulations made by the Board under this Act shall be submitted to the General Council for their approval, and shall, after being approved by the General Council, whether with or without modifications, be submitted for the approval of the Privy Council, and no such regulations shall have effect until they have been approved by the Privy Council :

Provided that, where the General Council propose to approve any such regulations with modifications, the Council shall inform the Board of the proposed modifications and give to the Board a reasonable opportunity of making any observations with respect thereto, and the Council shall, before proceeding to approve the regulations, take into consideration any observations which may be made by the Board.

(3) Every regulation made and approved under this section shall be laid before each House of Parliament as soon as may be after it is approved by the Privy Council, and, if an Address is presented to His Majesty by either House of Parliament within the next subsequent twenty-one days on which that House has sat next after the regulation is laid before it, praying that the regulation may be annulled, His Majesty in Council may annul the regulation, and if annulled it shall thenceforth be void, but without prejudice to the validity of anything previously done thereunder.

Subsection (1) of section 14 of the Act provides that in the Act, unless the context otherwise requires, the expression "prescribed" means prescribed by Regulations made under the Act.

77. The only other particulars required for registration as a United Kingdom dentist are those to be entered by an applicant in his own handwriting in a form of application (Form D.R.1) prescribed by the Regulations of the Board. Copies of the form are sent with this memorandum.

78. Section 16 of the Act of 1878 provides that there shall be payable in respect of the registration of any person who applies to be registered under the Act a fee not exceeding £5. The fee for first registration now (1943) prescribed by the Regulations of the Board is £2.

79. The numbers of persons registered in the Dentists Register as United Kingdom dentists in each year from 1921 to 1942 are shown in the Table prefixed to the printed issue of the Register for 1943 at page xv. The Table is reproduced in Appendix III to this memorandum for convenience of reference by the Committee.

2. Registration in the Dentists Register by Virtue of Imperial or Foreign Qualifications

TITLE TO REGISTRATION

80. Section 6 of the Act of 1878 provides that any person who "is entitled as hereinafter mentioned" to be registered as a "Colonial dentist" shall be entitled to be registered under the Act.

81. The section also provides that any person who "is entitled as hereinafter mentioned" to be registered as a "foreign dentist" shall be entitled to be registered under the Act.

82. The subsequent provisions of the Act to which the section refers are those of sections 8, 9, and 10, which are as follows.

8. Registration of colonial dentist with recognized certificate.—Where a person who either is not domiciled in the United Kingdom, or has practised for more than ten years elsewhere than in the United Kingdom, or in the case of persons practising in the United Kingdom at the time of the passing of this Act for not less than ten years either in the

United Kingdom or elsewhere, shows that he holds some recognized certificate (as hereinafter defined) granted in a British possession, and that he is of good character, such person shall upon payment of the registration fee be entitled, without examination in the United Kingdom, to be registered as a colonial dentist in the dentists register.

9. Registration of foreign dentist with recognized certificate.—Where a person who is not a British subject, or who has practised for more than ten years elsewhere than in the United Kingdom, or in the case of persons practising in the United Kingdom at the time of the passing of this Act for not less than years either in the United Kingdom or elsewhere, shows that he obtained some recognized certificate (as hereinafter defined) granted in a foreign country, and that he is of good character, and either continues to hold such certificate or has not been deprived thereof for any cause which disqualifies him for being registered under this Act, such person shall upon payment of the registration fee be entitled without examination in the United Kingdom, to be registered as a foreign dentist in the dentists register.

10. Recognized certificates of colonial and foreign dentist.—The certificate granted in a British possession or in a foreign country, which is to be deemed such a recognized certificate as is required for the purposes of this Act, shall be such certificate, diploma, membership, degree, licence, letters testimonial, or other title, status, or document as may be recognized for the time being by the General Council as entitling the holder thereof to practise dentistry or dental surgery in such possession or country, and as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery.

If a person is refused registration as a colonial dentist or as a foreign dentist, the general registrar shall, if required by him, state in writing the reason for such refusal, and if such reason be that the certificate held or obtained by him is not such a recognized certificate as above defined, such person

may appeal to the Privy Council, and the Privy Council, after hearing the General Council, may dismiss the appeal or may order the General Council to recognize such certificate, and such order shall be duly obeyed.

83. The administration of these sections was not transferred from the Council to the Board by the Act of 1921.

ASCERTAINMENT OF TITLE

84. Section 7 of the principal Act (see paragraph 75 of this memorandum) applies to an applicant for registration as a Colonial dentist or as a foreign dentist.

85. Article 4 of Chapter I of the Regulations of the Board provides that if a person applies to the Council under section 8 or section 9 of the principal Act for the recognition of any certificate as defined by section 10 of that Act which is not recognized for the time being by the Council under that section, the Registrar shall require from the applicant such information as may be necessary to enable the Council to determine whether the certificate held or obtained by the applicant is one which may properly be recognized by them under that section.

86. The particulars required for registration as a Colonial dentist or as a foreign dentist are : (1) those to be entered by an applicant in his own handwriting in a form of application (Form D.R. 2 or Form D.R. 3, as the case may be) ; and (2) those to be entered in a schedule designed to enable the Council to determine whether the certificate held or obtained by the applicant is one which may properly be recognized by them under section 10 of the Act.

Copies of the forms and of the schedule are sent with this memorandum.

87. The numbers of persons registered in the Dentists Register by virtue of Imperial or foreign qualifications in each year from 1921 to 1942 are shown in the Table prefixed to the printed issue of the Register for 1943 at page xv, and reproduced in Appendix III to this memorandum.

88. Another Table prefixed to the printed issue of the Register for 1943 at page xiv, and reproduced in Appendix IV to this memorandum for convenience of reference by the Committee, shows that certain qualifications granted in the British Empire (elsewhere than in the United Kingdom or in Eire*), but no qualifications granted in foreign countries, are now (1943) generally recognized by the Council under section 10 of the Act of 1878.

89. The effect of such general recognition is that an applicant for registration by virtue of any qualification so recognized is not required to complete the schedule referred to in paragraph 86 above.

90. In dealing with all other applications for registration by virtue of Imperial or foreign qualifications, the Council act, and have acted since 1879, on the principle briefly stated as follows in the schedule now in use in relation to applications by foreign dentists :—

“ This schedule has been prepared for the purpose of assisting applicants to furnish in a convenient form the particulars necessary to enable the Council to perform their duty under the Act of determining, on each application made to them for registration as a foreign dentist, whether any certificate held by the applicant complies with the condition specified under head (2) (b) above,† that is to say, whether such certificate is a diploma or degree granted in a foreign country after a course of study and examinations substantially equivalent to the course of study and examinations which candidates for licences or degrees in dental surgery or dentistry granted by the medical authorities in this country are required to go through.”

* The position as to the registration of qualifications granted in Eire (1) in the Dentists Register and (2) in the Dental Register of Ireland is explained in paragraphs 72 and 118 of this memorandum.

† That is to say, the condition imposed by section 10 of the Act of 1878 that a “ recognized certificate,” as defined by the section, shall be such certificate as may be recognized for the time being by the Council “ as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery.”

91. In the application of this principle, the Council in 1893 (Council's Minutes 1893, Appendix VII, and pages 43, 84) withdrew the only general recognition (of two foreign qualifications) which had been accorded by them since 1879, on grounds stated by the Education Committee as follows :—

“ It appears . . . to the Committee that a greater injustice is done to the Licentiates of the British Bodies by placing them on the same level as the Diplomates of the two recognised American Colleges whose curricula are manifestly inferior to those enjoined in this country. The Council, being possessed by Sec. 22 of the Dentists Act of full power of visitation and inspection, can assure itself of the character of the teaching and examination of the home Licensing Bodies ; and can exercise discipline in order to maintain or raise the standard. The Council has no such power over Foreign Colleges.”

92. The Council explained their policy as follows in a Report on an appeal to the Privy Council under section 10 of the Act of 1878 adopted by them in 1908 (Council's Minutes 1908, 302) :—

“ The General Medical Council has always been guided in the determination of questions of this class by the principle that recognition of a foreign or Colonial qualification should only be accorded where there is good reason to believe that the courses of study and examinations are in general terms the equivalent of those prescribed in this country. Exact correspondence is of course not to be expected, and it would not be fair to exact it ; on the other hand, the requirements laid down in this country are such as are believed to be the minimum which will secure adequate knowledge, and it would be unfair to the practitioners of this country to accord registration—that is to say, equal legal status—to those whose qualifications had been obtained upon easier terms in another country.”

93. The Council further explained their policy as follows in a memorandum on an appeal under the section adopted by

them in 1940, in which they said that the schedule which the appellant had been required to complete "sets out the curriculum incorporated in the Recommendations adopted by the Council in 1933 as to the course of study and examinations to be required of candidates for licences in dentistry or dental surgery granted in the United Kingdom or in Eire, and provides for the insertion by the applicant of particulars showing whether the curriculum which he went through in a British possession or in a foreign country, as the case may be, was substantially equivalent to the curriculum incorporated in the Recommendations.

"That curriculum is in the view of the Council the minimum curriculum which candidates for qualifications granted by Universities and Licensing Corporations in the United Kingdom or in Eire should be required to go through, in order to ensure that certificates of fitness to practise dentistry or dental surgery granted to such candidates under section 18 of the Act guarantee that the course of study and examinations gone through by holders of such certificates secure the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery. Under sections 23 and 24 of the Act, the Privy Council may, on any representation made by the Council, order that any certificate which does not furnish this guarantee shall not confer any right to be registered under the Act."

3. Admission to the Dentists Register under the Dentists Acts, 1921 and 1923

94. Section 3 of the Act of 1921 conferred upon certain persons other than (1) Graduates or Licentiates in Dental Surgery or Dentistry of any of the Medical Authorities, or (2) any person entitled under the Act of 1878 to be registered "as a foreign or Colonial dentist," a right to be admitted to the Register.

95. The section was as follows :—

3. Right of certain persons to be admitted to register.—

(1) The Board shall admit to the dentists register kept under the principal Act—

(a) any person who makes an application in that behalf within the interim period and satisfies the Board that he—

(i) is of good personal character ; and

(ii) was for any five of the seven years immediately preceding the commencement of this Act engaged as his principal means of livelihood in the practice of dentistry in the British Islands, or was admitted to membership of the Incorporated Dental Society not less than one year before the commencement of this Act ; and

(iii) had attained the age of twenty-three years before the commencement of this Act ; and

(b) any person who makes an application in that behalf within the interim period and satisfies the Board that he—

(i) is of good personal character ; and

(ii) was for any five of the seven years immediately preceding the commencement of this Act engaged as his principal means of livelihood in the occupation of a dental mechanic in the British Islands ; and

(iii) had attained the age of twenty-three years before the commencement of this Act ;

and who within ten years from that date passes the prescribed examination in dentistry.

(2) Any person who satisfies the Board that he was at the commencement of this Act engaged as his principal means of livelihood in the practice of dentistry in the British Islands, and within two years from the commencement of this Act passes the prescribed examination in dentistry, shall, for the purposes of this section, be treated as having been engaged for five of the seven years immediately preceding the commencement of this Act in the practice of dentistry in the British Islands as his principal means of livelihood.

(3) Any person who is a duly registered pharmaceutical chemist or duly registered chemist and druggist shall, if he proves to the satisfaction of the Board that he had immediately before the commencement of this Act a substantial practice as a dentist and that his practice included all usual dental operations, be treated for the purposes of this section as having been engaged for any five of the seven years immediately preceding the commencement of this Act in the practice of dentistry in the British Islands as his principal means of livelihood.

(4) The Board may, on such conditions as they may consider proper dispense in the case of any person with any of the requirements prescribed by this section, other than the requirements as to character or age, if they are satisfied that that person is unable to satisfy those requirements by reason of having served in His Majesty's forces, or of having been engaged during the war in some work of national importance, and that it will not be prejudicial to the public interest to dispense with those requirements.

(5) Regulations may be made under this Act for prescribing the manner in which applications under this section are to be made, and generally for carrying this section into effect.

96. It will be observed that the right to make applications under subsection (1) of the section was subject to a limit of time described as the interim period. This expression is defined by subsection (1) of section 14 of the Act as follows :—

The expression "interim period" means the period between the commencement of this Act and the date on which the provisions of this Act prohibiting the practice of dentistry by unregistered persons come into operation, or such longer period as the Board may, on an application made at any time within two years after the date aforesaid, allow in the case of any person as respects whom the Board are satisfied that there were valid reasons for the failure to make an application before that date.

It was provided by Order in Council of July 14, 1922, that section 1 of the Act (which prohibits the practice of dentistry by

unregistered persons) should come into operation on November 30, 1922. No application under subsection (1) of section 3 could, therefore, be entertained by the Board after November 30, 1924.

97. The Board were advised that the right to make applications under subsection (3) of the section, and the power conferred upon them by subsection (4) to dispense with requirements of the section, were impliedly subject to the same limit of time ; and it will be observed that the right conferred by subsection (2) of the section was subject to a limit of time within which the prescribed examination in dentistry must be passed, namely, two years from the commencement of the Act, or July 28, 1923. In pursuance of subsection (3) of section 1 of the Act of 1923, this period was extended by the Board to April, 1926 (Board's Minutes 1925, 85).

98. The Regulations made by the Board under subsection (5) of section 3 of the Act of 1921 for prescribing the manner in which applications under the section were to be made, and generally for carrying the section into effect, have accordingly been revoked as being spent, but without prejudice to any right acquired thereunder.

99. By section 1 of the Act of 1923, section 3 of the Act of 1921 was extended so as to require the Board to admit to the Register any person who—

(1) Made an application in that behalf within six months from the commencement of the Act (on August 2, 1923) or, in the case of any person as respects whom the Board were satisfied that there were valid reasons for the failure to make an application within the said period of six months, within such further period not exceeding six months as the Board might allow ; and

(2) Satisfied the Board that he—

- (a) Was of good personal character ; and
- (b) Had before November 11, 1921, attained the age of 21 years ; and
- (c) Served " during the late war " (1914-18) in His Majesty's Forces ; and

- (d) Was on November 11, 1921, engaged, as his principal means of livelihood, in the practice of dentistry in the British Islands ; and

(3) Within such period, not being less than two years from the commencement of the Act (on August 2, 1923), as the Board might allow, passed the prescribed examination in dentistry for which provision was made by section 3 of the Act of 1921.

100. The numbers of persons admitted to the Dentists Register under the Acts of 1921 and 1923 in each year from 1921 to 1942 are shown in the Table prefixed to the printed issue of the Register for 1943 at page xv, and reproduced in Appendix III to this memorandum.

4. Appeal against Refusal to Register

101. An appeal against any refusal to register his name in the Register may be made by the person aggrieved in accordance with the following provisions of section 9 of the Act of 1921 :—

9. Appeal against . . . refusal to register.—Any person aggrieved by . . . any refusal or failure to register his name in that register, may, . . . within six months after the date on which he applied to be so registered, . . . appeal against . . . the refusal or failure, . . . in manner provided by rules of Court, to the High Court, and on any such appeal the High Court may give any such directions in the matter as they think proper, including any directions as to the costs of the appeal, and the order of the High Court shall be final and conclusive, and not subject to appeal to any other Court :

Provided that nothing in this section shall apply to a refusal to register a person as a colonial dentist or as a foreign dentist if the reason for the refusal is that the certificate held or obtained by that person is not a recognized certificate within the meaning of section ten of the principal Act.

102. The Committee will appreciate that the exception made by the proviso follows from the provision made by section 10 of the Act of 1878 (reprinted in paragraph 82 of this memorandum)

for an appeal to the Privy Council against any refusal to register a person as a Colonial dentist or as a foreign dentist for the reason that the certificate held or obtained by him is not a recognized certificate within the meaning of the section.

5. Contents and Form, etc., of the Dentists Register

103. Subsection (1) of section 11 of the Act of 1878, read with subsection (4) of section 6 of the Act of 1921, is as follows :—

11.

(1.) A register shall be kept by the registrar to be styled the dentists register ; and that register shall—

(a) Contain in one alphabetical list all United Kingdom dentists, that is to say, all persons who are registered under this Act as having been at the passing thereof engaged in the practice of dentistry or dental surgery, and all persons who are registered as licentiates in dentistry or dental surgery of any of the medical authorities of the United Kingdom ; and

(b) Contain in a separate alphabetical list all such colonial dentists as are registered in pursuance of this Act ; and

(c) Contain in a separate alphabetical list all such foreign dentists as are registered in pursuance of this Act.

104. The powers and duties of the Council under the subsection were transferred to the Board by subsection (1) of section 6 of the Act of 1921 ; and subsection (2) of the section provided that on the establishment of the Board the Register should be delivered to them.

105. Subsection (3) of section 11 of the Act of 1878 is as follows :—

11.

(3.) The General Council shall cause a correct copy of the dentists register to be from time to time and at least once a

year printed under their direction, and published and sold, which copy shall be admissible in evidence.

106. Subsection (4) of section 11 of the Act of 1878, read with subsection (4) of section 6 of the Act of 1921, is as follows :—

11.

(4) The dentists register shall be deemed to be in proper custody when in the custody of the registrar, and shall be of such a public nature as to be admissible as evidence of all matters therein on its mere production from that custody.

107. The powers and duties of the Council under these subsections were transferred to the Board by subsection (1) of section 6 of the Act of 1921.

108. Paragraph (a) of subsection (1) of section 7 of the Act of 1921 empowers the Board, subject to the provisions of the principal Act and of the Act of 1921, to make Regulations generally with respect to the form and keeping of the Register and the making of entries and erasures therein, and in particular for the registration of the description of persons entitled to be registered by virtue of the Act of 1921.

6. Correction of the Dentists Register

109. Section 12 of the Act of 1878, as amended by section 12 of the Act of 1921, and read with subsection (4) of section 6 of that Act, is as follows :—

12. Correction of dentists register.—(1.) The registrar shall from time to time insert in the dentists register any alteration which may come to his knowledge in the name or address of any person registered.

(2.) The registrar shall erase from the dentists register the name of every deceased person.

(3.) The registrar may erase from the dentists register the name of a person who has ceased to practise, but not (save as hereinafter provided) without the consent of that person ; and the registrar may send by post to a person

registered in the dentists register a notice inquiring whether or not he has ceased to practise, or has changed his residence ; and if no answer is returned to the inquiry within six months from the posting thereof it shall be lawful to erase the name of that person from the register.

(4.) In the execution of his duties the registrar shall act on such evidence as in each case appears sufficient.

The first paragraph of section 13 of the Act of 1878 made it the duty of the **Council** to cause to be erased from the Dentists Register any entry which had been incorrectly made.* This duty was transferred to the **Board** by paragraph (a) of subsection (1) of section 8 of the Act of 1921.

110. Section 9 of the Act of 1921 (see paragraph 101 of this memorandum) confers upon any person aggrieved by the removal of his name from the Register a right of appeal to the High Court within three months after the date on which notice is given to him by the Registrar that his name has been so removed.

111. Paragraph (c) of subsection (1) of section 7 of the Act of 1921 empowers the Board, subject to the provisions of the principal Act and of the Act of 1921, to make Regulations prescribing the fee, not exceeding five pounds, to be charged in respect of the retention on the Register of the name of any person registered after the commencement of the Act (on July 28, 1921) in any year subsequent to the year in which that person was first registered.

This fee is described in the Regulations and in the rest of this memorandum as the "annual retention fee."

112. Under the Regulations so made a form of application to be retained on the Register for the following year is sent annually to every practitioner liable to pay the prescribed fee. The form includes particulars, extracted from the printed issue

* By section 15 of the Act (cited in paragraph 153 of this memorandum) the Council were required, for the purpose of exercising in any case the power of erasing an entry from the Register, to ascertain the facts by a Standing Committee (the Dental Committee); and the section provided that a report of the Committee should be conclusive as to the facts: see also paragraphs 158, 170, and 173 of this memorandum.

of the Register, of the name, address, date of registration, and qualifications or status, of the practitioner, and many alterations are inserted in the Register in the light of corrections made by practitioners in the forms.

113. The erasure from the Register of the names of practitioners who have died is facilitated by the provision of section 36 of the Act of 1878, read with subsection (4) of section 6 of the Act of 1921, that every Registrar of Deaths in the United Kingdom, on receiving notice of the death of any person registered under the Act, shall forthwith transmit by post to the Registrar a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expense of his office.

114. The Committee will observe that section 12 of the Act of 1878 contemplates the erasure from the Register of the name of a person who has ceased to practise, but that the name of such a person must not be erased without his consent unless he has failed to return an answer to an official inquiry under the section within the statutory period.

The Regulations made by the Board therefore provide (Chapter IV) for the removal of the name of a practitioner from the Register at his request if the Board are satisfied that (1) he is not liable to the penal erasure of his name from the Register or to deprivation of any title to be registered in or admitted to the Register ; (2) valid objection to the removal is not entertained by any Licensing Body which granted him a qualification ; and (3) the grounds of the request are acceptable.

115. The Regulations further provide (Chapter V) for the restoration to the Register, on fulfilment of the prescribed conditions, of the names of practitioners removed therefrom either (1) under section 12 of the Act of 1878 as amended by section 12 of the Act of 1921, or (2) in default of payment of the annual retention fee, or (3) at the request of the practitioners. Specific provision was made by the third paragraph of section 14 of the Act of 1878 for the conditional restoration to the Register of the names of practitioners in category (3).

IV. PRIVILEGES OF REGISTERED DENTAL PRACTITIONERS

116. Since the privileges of registered dental practitioners are dependent upon the entry and retention of their names in the Dentists Register, it may be convenient to the Committee that a section of this memorandum which relates to these privileges should here be interposed between the sections which relate to (I) the constitution of the Council and of the Board; (II) their functions in relation to dental education; (III) their functions in relation to dental registration, and sections V-IX which relate to their other functions.

1. TITLE TO PRACTISE

117. Section 5 of the Act of 1878 provided that any person registered under that Act should be entitled to practise dentistry and dental surgery in any of Her Majesty's dominions. But by section 26 of the Medical Act, 1886, these rights, in any part of Her Majesty's dominions other than the United Kingdom, were made subject to any local law in force in that part.

118. The Act of 1927, by which (in conjunction with the Dentists Act, 1928, of Eire) the agreement between Great Britain, Eire, and Northern Ireland as to the registration and control of dentists set forth in Part II of the Schedule to the United Kingdom Act was confirmed, entitled persons registered in the Dentists Register to registration, on payment of the prescribed fees, in the Dental Register of Ireland.

119. Section 27 of the Act of 1878 provides that a dental qualification shall not confer any right of registration under the Medical Act, 1858, nor any right to assume any name, title, or designation implying that the holder of such a qualification is by law recognized as a licentiate or practitioner in medicine or general surgery.

2. PROHIBITION OF PRACTICE BY UNREGISTERED PERSONS

120. Section 1 of the Act of 1921 is as follows :—

1. Prohibition of practice of dentistry by unregistered persons.—(1) No person shall, unless he is registered in the Dentists Register under the Dentists Act, 1878 (in this Act referred to as “ the principal Act ”), practise or hold himself out, whether directly or by implication, as practising or as being prepared to practise dentistry.

(2) Any person who acts in contravention of the provisions of this section shall, in respect of each offence, be liable on summary conviction to a fine not exceeding one hundred pounds.

(3) Nothing in this section shall operate to prevent—

- (a) the practice of dentistry by a registered medical practitioner ; or
- (b) the extraction of a tooth by a duly registered pharmaceutical chemist or duly registered chemist and druggist, where the case is urgent and no registered medical practitioner or registered dentist is available and the operation is performed without the application of any general or local anaesthetic ; or
- (c) the performance in any public dental service of minor dental work by any person under the personal supervision of a registered dentist and in accordance with conditions approved by the Minister of Health after consultation with the Dental Board to be established under this Act.

(4) This section shall come into operation on the expiration of one year from the commencement of this Act or on the expiration of such further period not exceeding two years as His Majesty may by Order in Council direct.

121. "The practice of dentistry" is described, but not defined, by subsection (2) of section 14 of the Act of 1921 as follows :—

14. Interpretation.—

(2) For the purposes of this Act, the practice of dentistry shall be deemed to include the performance of any such operation and the giving of any such treatment, advice, or attendance as is usually performed or given by dentists, and any person who performs any operation or gives any treatment, advice, or attendance on or to any person as preparatory to or for the purpose of or in connection with the fitting, insertion, or fixing of artificial teeth shall be deemed to have practised dentistry within the meaning of this Act.

122. Subsection (4) of section 1 of the Act of 1921 provided that the section should come into operation on the expiration of one year from the commencement of the Act on July 28, 1921, or on the expiration of such further period not exceeding two years as His Majesty might by Order in Council direct. An Order in Council of July 14, 1922, directed that the section should come into operation on November 30, 1922.

123. Subsection (3) of section 6 of the Act of 1921 empowers the Board to institute a prosecution for any offence under section 1 of the Act ; but subsection (1) of section 17 of the Act provides that in the application of the Act to Scotland this provision of section 6 shall not apply. In Scotland, prosecutions for offences under section 1 of the Act are instituted by the Procurator Fiscal.

124. In exercise of their power the Board, in the period from January 1, 1934, to June 30, 1943, issued 231 summonses in England and Wales which were dealt with by the Courts as follows :—

Defendants convicted and fined for—

First offences	132	
Second offences	38	
Third offences	15	
Fourth or subsequent offences	10	195

Defendants dealt with under Probation of Offenders Act, 1907	22
---	----

Summonses—

Withdrawn or dismissed on payment of costs or undertaking not to practise	5
Not proceeded with	6
Dismissed	3

3. EXCEPTIONS TO THE FOREGOING PROHIBITION

125. The Committee of 1917-19 contemplated only one exception, described as follows in paragraph 195 of their Report, to the prohibition of the practice of dentistry by unregistered persons :—

“ The only exception which we think it desirable to make is to permit the extraction of a tooth by an unqualified person on the representation of the person applying that he is suffering from toothache and also that there is no dentist or medical practitioner available within a reasonable distance. The fee to be charged for such an extraction should be limited to 1s., and no anaesthetic, either general or local, should be permitted.”

126. But by section 1 of the Act of 1921, Parliament provided for three special exceptions to the rule of prohibition.

(1) PRACTICE BY REGISTERED MEDICAL PRACTITIONERS

127. First, paragraph (a) of subsection (3) of the section provides that nothing in the section shall operate to prevent the practice of dentistry by a registered medical practitioner.

128. The expression “ registered medical practitioner ” is defined by section 27 of the Medical Act, 1886, as meaning any person for the time being registered under the Medical Acts ; and every such person is required by section 2 of the Act of 1886 to

have passed a qualifying examination in Surgery as well as in Medicine and in Midwifery.

129. Dental Surgery was historically a branch of Surgery, and was not legally recognized as a separate speciality until Parliament provided by section 48 of the Medical Act, 1858, that it should "be lawful for Her Majesty, by charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations for the purpose of testing the fitness of persons to practise as dentists who may be desirous of being so examined, and to grant certificates of such fitness"; and a Charter was granted to the Royal College on September 8, 1859 (see the provision made by section 21 of the Act of 1878 for the continuance of examinations in Dental Surgery by the Royal College).

(2) EMERGENCY EXTRACTIONS (WITHOUT ANÆSTHETICS) BY PHARMACISTS

130. Secondly, paragraph (b) of subsection (3) of the section provides that nothing in the section shall operate to prevent the extraction of a tooth by a registered pharmacist, without the application of any general or local anaesthetic, where (1) the case is urgent, and (2) no registered medical or dental practitioner is available.

(3) PERFORMANCE OF MINOR DENTAL WORK IN PUBLIC DENTAL SERVICES BY UNREGISTERED PERSONS

131. Thirdly, paragraph (c) of subsection (3) of the section provides that nothing in the section shall operate to prevent "the performance in any public dental service of minor dental work by any person under the personal supervision of a registered dentist and in accordance with conditions approved by the Minister of Health after consultation with the Dental Board to be established under this Act."

132. The Committee of 1917-19 did not regard a provision of this nature as an exception to the general prohibition of the

practice of dentistry by unregistered persons which they recommended.

It was perhaps on grounds of expediency rather than of logic that they also recommended that persons whom they described as "suitably trained and competent dental dressers or nurses" (1) should continue to be employed in the School Medical Service established under the Education (Administrative Provisions) Act, 1907; and (2) should be employed in the future in the public dental service whose establishment they contemplated for the treatment of the teeth of adults.

133. (1) *Dental Dressers in the School Medical Service.*—The Committee of 1917–19 found as a fact that "Local Education Authorities object to pay for the provision of dentists, even if available, for the performance of the more routine work."

They were of opinion that the Education Act, 1918 (which had made it obligatory upon Local Education Authorities to provide for the dental treatment of children in attendance at public elementary schools) "must remain, for many years, practically a dead letter, so far as dental treatment is concerned, unless there is a great increase in dentists, or unless dental dressers are permitted to undertake minor work under the supervision of dentists."

134. The Committee of 1917–19 were satisfied that there could not be an immediate increase in the number of dentists to the extent needed. While, therefore, they recognized the objection of many members of the profession that "under the present state of the law" the proposed employment of "a class of minor dental operators" might lead to "the creation of large numbers of unregistered dental practitioners," they were of opinion that "suitably trained and competent dental dressers or nurses acting under the effective supervision of a dentist may be usefully and safely employed in school dental work" (Report, Section IX, sections 119–21). They thought (1) the persons to be so employed, (2) the nature of the work they should perform, and (3) the arrangements for supervision by a registered dentist, should require approval by the Board of Education.

135. The Committee will observe that Parliament provided by paragraph (c) of subsection (3) of section 1 of the Act of 1921

that unregistered persons might only perform minor dental work in any public dental service (1) under the personal supervision of a registered dentist, and (2) in accordance with conditions approved by the Minister of Health after consultation with the Board.

136. The only public dental service in which such conditions have at present been approved is the School Medical Service.

The conditions approved for this purpose by the Minister of Health after consultation with the Board are set out for the information of the Committee in Appendix V to this memorandum.

137. (2) *Dental Dressers in Other Public Dental Services.*—The Committee will observe that no provision was made by Parliament in the Act of 1921 for the establishment of a public dental service for the treatment of the teeth of adults such as was contemplated by the Committee of 1917–19 in the following recommendation (Report, Section XII, paragraph 142):—

“Your Committee are strongly of 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.”

138. No occasion has therefore arisen for exercising the power conferred by paragraph (c) of subsection (3) of section 1 of the Act to give effect to the opinion of the Committee of 1917–19 that “Dental dressers, working under the effective supervision of a dentist, may usefully form a part of some public dental services” (Report, Section XII, paragraph 145).

(4) CARRYING ON OF THE BUSINESS OF DENTISTRY BY COMPANIES

139. The provision made by Parliament in section 5 of the Act of 1921 for the carrying on of the business of dentistry by com-

panies may logically be regarded as a further exception to the rule established by the Act that the practice of dentistry by unregistered persons should be prohibited.

140. The Committee of 1917-19 pointed out that if a dental operator were the servant of a company, (1) the normal relation between the operator and his patients, (2) the normal responsibility of the operator to his patients, (3) the normal professional status of the operator, and (4) the observance of an ethical professional standard by the operator, could hardly be maintained.

141. They recited what they called "gross abuses . . . associated with the practice of dentistry by Incorporated Companies," and expressed the opinion that these abuses were of the nature both of malpraxis and of fraud, and that an alteration of the law was needed to remedy them.

After making a full summary of the evidence offered to them in favour of the prohibition of dental practice by companies, and of the evidence offered to them on behalf of one company in favour of such practice, they reached the following conclusion (Report, Section III, paragraph 25) :—

"If the evils that have undoubtedly become associated with company dental practice can be prevented by means other than by total prohibition of such practice it is better to adopt this course than to suggest an alteration of the Companies Act for which there is no precedent. It would probably be difficult to confine prohibition of company practice to dentistry alone. A precedent of this nature would be quoted for use in other professions and trades, and would require to be considered by Parliament from a wider standpoint than that of dentistry. The Committee have, therefore, approached the problem from the point of view of control rather than from that of total prohibition."

142. The Committee accordingly recommended that dental companies should not be prohibited from practising dentistry, but should be controlled, all the operating staff, all the directors, and the manager (if any) of any such company being required to be registered dentists. They also recommended that special

provision should be made to meet the case of existing companies, and that companies practising dentistry should not carry on any other business or trade (Report, Section III, paragraphs 28-9).

143. Section 5 of the Act of 1921, which provides for the carrying on of the business (not for the practice) of dentistry by companies, is as follows.

5. Dental Companies.—(1) A body corporate may carry on the business of dentistry if—

- (a) it carries on no business other than dentistry or some business ancillary to the business of dentistry ; and
- (b) a majority of the directors and all the operating staff thereof are registered dentists :

Provided that—

- (a) a body corporate which was carrying on the business of dentistry before the passing of this Act shall not be disqualified for carrying on the business of dentistry under this section by reason only that it carries on some business other than dentistry or a business ancillary to that business, if that other business is a business which the body was lawfully entitled at the commencement of this Act to carry on ; and
- (b) where any director of any body corporate which is carrying on the business of dentistry at the commencement of this Act satisfies the Board within the interim period that he has for any five of the seven years immediately preceding the commencement of this Act been acting as director of any such body corporate, he shall be entitled to be entered as such a director in a list to be kept by the registrar for the purposes of this section, and if so entered shall, for the purposes of this section, be treated in relation to that body corporate or any other body corporate formed for the purpose of reconstructing that body corporate or of amalgamating it with any other such body carrying on the business of dentistry at the commencement of this

Act as being a registered dentist, but shall not by virtue of being so entered be entitled to practise dentistry.

(2) Save as aforesaid, it shall not be lawful after the date on which the provisions of this Act prohibiting the practice of dentistry by an unregistered person come into operation for any body corporate to carry on the business of dentistry, and, if any body corporate carries on the business of dentistry in contravention of the provisions of this section, it shall for each offence be liable on summary conviction to a fine not exceeding one hundred pounds.

Where a body corporate is convicted of an offence under this section, every director and manager thereof shall, unless he proves that the offence was committed without his knowledge, be guilty of the like offence, and the court may, in addition to a fine, order that the name of any director convicted under this provision shall be removed from the list aforesaid.

(3) Every body corporate carrying on the business of dentistry shall in every year transmit to the registrar a statement in the prescribed form containing the names and addresses of all persons who are directors or managers of the company, or who perform dental operations in connection with the business of the company, and, if any such body corporate fails so to do, it shall be deemed to be carrying on the business of dentistry in contravention of the provisions of this section.*

(4) The list to be kept under this section shall be published in the prescribed manner.

(5) Nothing in this section shall operate to prevent the carrying on of the business of dentistry by any hospital of any description (including an institution for out-patients

* The annual returns for 1942 received by the Board on or before January 15, 1943, showed that 40 companies with an operating staff of 158 registered dentists were then carrying on the business of dentistry under the section. One company, the Co-operative Dental Association Ltd., had 46 branches and an operating staff of 49 registered dentists.

only), or any dental school, which is approved for the purposes of this section by the Minister of Health after consultation with the Board.

144. It will be observed that Parliament did not give effect to the recommendation of the Committee of 1917-19 that all the directors, and any manager, of such companies should be registered dentists, and made special provisions in favour of (1) companies carrying on other businesses in addition to dentistry before the passing of the Act on July 28, 1921, and (2) persons who had been acting as lay directors of dental companies for any five of the seven years immediately preceding the commencement of the Act on July 28, 1921.

4. USE OF TITLES AND DESCRIPTIONS

145. The Committee of 1917-19 pointed out that one object of the Act of 1878 was to reserve for the exclusive use of the registered practitioner certain titles descriptive of his profession, and to prohibit any unregistered person from using any title or description implying that he was registered or that he was "a person specially qualified to practise dentistry" (section 3); but that the effect of the decision of the House of Lords in the case of *Bellerby v. Heyworth* (1910) was that these words imported a professional qualification entitling its holder to registration under the Act, and not merely professional skill and competence, and that there was nothing in the Act to prevent a person "from doing dentist's work, and informing the public that he does such work, without being registered under the Act" (Report, Section I, paragraphs 5-7).

146. In addition to their main recommendation that the practice of dentistry by unregistered persons should be generally prohibited, the Committee of 1917-19 recommended that every registered practitioner should be entitled to describe himself as "Dentist" or "Dental Practitioner," these being the two titles specifically protected by section 3 of the Act of 1878 (which was repealed by subsection (2) of section 18 of, and the Second

Schedule to, the Act of 1921 as from the date, November 30, 1922, on which the prohibition of the practice of dentistry by unregistered persons was brought into operation by Order in Council under section 1 of the Act); and that "no other letters or titles of any kind should be used by a registered practitioner except titles registrable in Great Britain, or letters purporting to represent them, describing or arising out of any diploma, degree, or licence he may have received from a Dental Licensing Body or from a Medical Licensing Body, and which constitutes a title for registration." (Report, Section XVIII, paragraphs 209-10).

147. Effect was given by Parliament to the foregoing recommendations by section 4 of the Act of 1921, which is as follows.

4. Use of titles and descriptions.—A person registered under the principal Act—

- (a) shall, by virtue of being so registered, be entitled to take and use the description of dentist or dental practitioner ;
- (b) shall not take or use, or affix to or use in connection with his premises, any title or description reasonably calculated to suggest that he possesses any professional status or qualification other than a professional status or qualification which he in fact possesses and which is indicated by particulars entered in the register in respect of him.

148. In 1931 (Board's Minutes 1931, 78-81) the Court of Appeal decided in the case of *Attorney-General v. Weeks* that a person admitted to the Register under section 3 of the Act of 1921 who did not possess any Degree or Licence in Dental Surgery or Dentistry was prohibited by paragraph (b) of section 4 of the Act of 1921 from using the title or description of "Dental Surgeon."

149. The notices (entitled "Warning Notice" and "Important Notice"), issued by the Board from time to time since 1922 and 1924 for the information and guidance of registered dental practitioners, both draw attention to section 4 of the Act of 1921,

and point out that contraventions of the section by practitioners may be held by the Board and by the Council to constitute infamous or disgraceful conduct in a professional respect within the meaning of the sections of the Acts of 1878 and 1921 by which disciplinary jurisdiction over members of the profession is regulated (see section V of this memorandum, which relates to Professional Discipline).

150. In 1923-24 (Board's Minutes 1923, 70-2; 1924, 42-3), a practitioner admitted to the Register under section 3 of the Act of 1921 was charged with professional misconduct in that he (1) had used certain titles or descriptions with a professional connotation, other than the professional status by virtue of which he was registered, on notepaper and professional cards; and (2) had used the words "Dental Surgery" on notepaper and professional cards in contravention of paragraph (b) of the section.

5. EXEMPTIONS FROM DUTIES AS CITIZENS

151. Registered dental practitioners are exempted from the performance of certain duties as citizens by section 30 of the Act of 1878, which is as follows.

30. Exemptions of registered persons.—Every person registered under this Act shall be exempt, if he so desires, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices; and the name of any registered person shall not be returned in any list of persons liable to serve in any such office as aforesaid.

V. FUNCTIONS OF THE BOARD AND OF THE COUNCIL IN RELATION TO PROFESSIONAL DISCIPLINE

1. PENAL ERASURE FROM THE DENTISTS REGISTER, 1878-1921

152. Disciplinary jurisdiction over members of the dental profession was conferred upon the **General Medical Council**, in whom a similar jurisdiction over members of the medical profession had been vested by section 29 of the Medical Act, 1858, by section 13 of the Dentists Act, 1878.

The relevant provisions of the section as administered by the Council from 1878 to 1921, when it was amended by section 8 of the Act of 1921, were as follows :—

13. Erasing from dentists register name of practitioner convicted of crime or guilty of disgraceful conduct.— . . .

Where a person in the dentists register has, either before or after the passing of this Act, and either before or after he is so registered, been convicted either in Her Majesty's dominions or elsewhere of an offence which, if committed in England, would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, that person shall be liable to have his name erased from the register.

The General Council may, and upon the application of any of the medical authorities shall, cause inquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and, on proof of such conviction or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register.

Provided that the name of a person shall not be erased under this section on account of his adopting or refraining from adopting the practice of any particular theory of

dentistry or dental surgery, nor on account of a conviction for a political offence out of Her Majesty's dominions, nor on account of a conviction for an offence which, though within the provisions of this section, does not, either from the trivial nature of the offence or from the circumstances under which it was committed, disqualify a person for practising dentistry.

Any name erased from the register in pursuance of this section shall also be erased from the list of licentiates in dental surgery or dentistry of the medical authority of which such person is a licentiate.

153. By section 15 of the Act of 1878 the Council were required, for the purpose of exercising in any case the power of erasing from the Dentists Register the name of a person, to ascertain the facts of the case by a Standing Committee of their own body with a maximum membership of five and a quorum of three; and the section provided that a report of the Committee should be conclusive as to the facts for the purpose of the exercise by the Council of their power of erasure.

The section was as follows :—

15. Committee of General Council for purpose of erasure from and restoration to the register.—The General Council shall for the purpose of exercising in any case the powers of erasing from and of restoring to the dentists register the name of a person or an entry,* ascertain the facts of such case by a committee of their own body, not exceeding five in number, of whom the quorum shall be not less than three, and a report of the committee shall be conclusive as to the facts for the purpose of the exercise of the said powers by the General Council.

The General Council shall from time to time appoint and shall always maintain a committee for the purposes of this section, and subject to the provisions of this section may

* As to the erasure from the Register of entries incorrectly made, see paragraph 109; and as to the erasure of entries fraudulently made, see paragraph 173, of this memorandum.

from time to time determine the constitution, and the number and tenure of office, of the members of the committee.

The committee from time to time shall meet for the despatch of business, and subject to the provisions of this section, and of any regulations from time to time made by the General Council, may regulate the summoning, notice, place, management, and adjournment of such meetings, the appointment of a chairman, the mode of deciding questions, and generally the transaction and management of business, including the quorum, and if there is a quorum the committee may act notwithstanding any vacancy in their body. In the case of any vacancy the committee may appoint a member of the General Council to fill the vacancy until the next meeting of that Council.

A committee under this section may, for the purpose of the execution of their duties under this Act, employ at the expense of the Council such legal or other assessor or assistants as the committee think necessary or proper.

2. RECOMMENDATIONS OF THE COMMITTEE OF 1917-19

154. The Committee of 1917-19 considered the exercise of the disciplinary jurisdiction over members of the dental profession then vested in the Council in two Sections of their Report, that on Control of the Dental Profession (Section XIV, paragraphs 163-85), and that on Ethical Standard for Dentists (Section XV, paragraphs 186-93).

The following extracts from Section XIV of the Report of the Committee are material.

" 168. The question of the future control of the dental profession is one which has presented considerable difficulty to us. We are agreed that under ordinary circumstances, subject to adequate safeguards for the public, every profession should be self-governing. The social status of a profession and its individual members is intimately connected with its government, and it can hardly be disputed that the

government of one profession by another tends to lower the status of the former. The position is, however, very far removed from the ordinary, and in present day dental politics there is, perhaps, no subject on which there is more controversy or divergence of opinion.

“ 169. Sir Donald MacAlister informed us that the General Medical Council had not had before them officially the question of the government of the dental profession by a body distinct from the Council. He stated: ‘There have been many conversations with representatives of the dental profession, and, so far as I am aware—except for one or two expressions of doubt or dissent—the opinion I have heard expressed by members of the Council has been in favour, sooner or later, of a distinct body being established for the government of the dental profession.’ In reply to a suggestion that an oculist and a dentist were equally specialists in the science of medicine, Sir Donald explained that the speciality of the former came after his general training and qualification in medicine, whereas he did not regard a medical qualification as an essential preliminary to dental work. He regarded a dentist who did not take the medical qualification as a person who qualified for his profession in a different way from a doctor, and he saw no reason why dentists should not be governed in a different way.

“ Again expressing his personal opinion, he had the impression that if the establishment of a separate Dental Council for the control of dentists emerged from the report of the Committee he did not think the General Medical Council would be likely to object. The general view would be that dentistry is now a profession with regard to which such a change might be made.

“ 170. Sir Donald informed us that he was not satisfied with the control which the General Medical Council was able to exercise over the dental profession. This control he regarded as imperfect in regard of dental practitioners who had been admitted to the dental register without any special qualifications in 1878. . . .

" He agreed that if any change was made in the present dental register comparable with that of 1878, the General Medical Council would have to begin all over again the experience of the twenty years following the Dentists Act of 1878, though he admitted the task would be different if the Council had power to prohibit a man from practising. At present the removal of a man's name carried with it no disability.

" 171. To remove such a difficulty, he suggested that the General Medical Council would require to be armed with more drastic powers over those whose practices have hitherto been conducted in a different way from that which the General Medical Council think proper. The Council had suggested to the Lord President of the Council a system of annual licences as a suitable method of control in place of a lifelong registration, as it would be simpler to withhold renewal of an annual licence from a practitioner for failing to come up to a proper standard than to exercise the powers of the Medical Council by judicial inquiry and sentence.

" 172. Pressed as to whether it was desirable for the Committee to recommend the government of the dental profession by the General Medical Council, increased by dental representation, rather than by the establishment of a separate Dental Council, Sir Donald agreed that in present circumstances, in view of the probable disposition of Parliament, it would probably be the wiser course, but he added that he did not regard it as necessarily the final one, but rather as a step in the evolution which he regarded as ultimately inevitable."

" 180. We have found it difficult to reconcile the different views that have been placed before us and to frame the constitution of a satisfactory body for the control of the dental profession. In this connection we have strongly in mind the probable constitution of the dentists' register after an Act prohibiting unregistered dental practice. **We are not in the present circumstances in favour of immediately severing the control of the dental profession from the General Medical**

Council. We recommend that the control of the Dental Profession shall be kept within the orbit of the General Medical Council for the present, but that as much self-government of the profession by dentists should be effected as is practicable, and we are of opinion that the public should be represented on the controlling body by laymen.

“ 181. With a view to securing control in the above sense we suggest that :—

“ The control of the dental profession and the custody of the Register should be entrusted to a Statutory Board under the General Medical Council, of which the General Medical Council should appoint 3 of its own members, the registered dentists should elect 5 (3 for England and Wales, 1 for Scotland and 1 for Ireland), and 3 should be appointed by His Majesty in Council of whom 2 should be persons not upon the Medical or Dentists' Register.

“ Any person aggrieved by a decision of the Board to remove his name from the register should be entitled to apply to the General Medical Council for leave to appeal and, if leave is granted, the appeal should be heard by the General Medical Council.

“ The Dentists' Board should be empowered to frame rules regulating its own proceedings, but the rules so framed should be valid only if approved by the General Medical Council.”

3. PENAL ERASURE FROM THE DENTISTS REGISTER, 1922-43

155. Parliament did not give effect in detail to the amendments of section 13 of the Act of 1878 recommended by the Committee of 1917-19, but the relevant provisions of the section were amended by section 8 of the Act of 1921 as follows :—

8. Amendment of ss. 13 and 14 of Dentists Act, 1878.—

(1) Section thirteen of the principal Act (which provides for erasing from the register the name of a practitioner convicted

of crime or guilty of disgraceful conduct) shall be amended as follows :—

- (b) The following shall be substituted for the third paragraph thereof (but not including the proviso to that paragraph) :—

“ The Board may, and on the application of any medical authority shall, cause an inquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and, if the Board on any such inquiry are satisfied that the name of that person ought to be erased from the register, they shall forward a report to the General Council setting out the facts proved at the inquiry and the finding of the Board.

“ The General Council, after receiving any such report, and after hearing any observations which the person affected or the medical authority may desire to make with reference to the report, may make an order directing the registrar to erase from the register the name of the person affected :

“ Provided that the General Council, if they are of opinion that further inquiry into the case is necessary, shall not themselves take any evidence for the purpose, but shall remit the case to the Board for further inquiry and report.”

156. The statutory provisions regulating penal erasure from the Dentists Register (section 13 of the Act of 1878 as amended by section 8 of the Act of 1921) are, therefore, now (1943) as follows :—

“ Where a person registered in the dentists register has, either before or after the passing of this Act, and either before or after he is so registered, been convicted either in Her Majesty's dominions or elsewhere of an offence which, if committed in England, would be a felony or misdemeanour, or been guilty of any infamous or disgraceful conduct in a

professional respect, that person shall be liable to have his name erased from the register.

“ The Board may, and on the application of any medical authority shall, cause an inquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and, if the Board on any such inquiry are satisfied that the name of that person ought to be erased from the register, they shall forward a report to the General Council setting out the facts proved at the inquiry and the finding of the Board.

“ The General Council, after receiving any such report, and after hearing any observations which the person affected or the medical authority may desire to make with reference to the report, may make an order directing the registrar to erase from the register the name of the person affected :

“ Provided that the General Council, if they are of opinion that further inquiry into the case is necessary, shall not themselves take any evidence for the purpose, but shall remit the case to the Board for further inquiry and report.

“ Provided that the name of a person shall not be erased under this section on account of his adopting or refraining from adopting the practice of any particular theory of dentistry or dental surgery, nor on account of a conviction for a political offence out of Her Majesty's dominions, nor on account of a conviction for an offence which, though within the provisions of this section, does not, either from the trivial nature of the offence or from the circumstances under which it was committed, disqualify a person for practising dentistry.

“ Any name erased from the register in pursuance of this section shall also be erased from the list of licentiates in dental surgery or dentistry of the medical authority of which such person is a licentiate.”

157. The Committee will observe that under the foregoing provisions the division of functions between the **Council** and the **Dental Board** is as follows :—

(1) Any inquiry into the case of a dentist alleged to be liable to have his name erased from the Register is made by the Board.

(2) If the Board on inquiry are satisfied that the name ought to be erased from the Register, they must forward a report to the Council setting out the facts proved at the inquiry and the finding of the Board.

(3) The Council must hear any observations which the dentist may desire to make with reference to the report of the Board.

(4) The Council may direct the erasure of the name from the Register.

(5) The Council may decide, notwithstanding the finding of the Board, that the name is not to be erased from the Register.

(6) If the Council are of opinion that further inquiry into the case is necessary, they must not themselves take any evidence for the purpose, but must remit the case to the Board for further inquiry and report.

4. DISCHARGE OF THE FOREGOING FUNCTIONS BY THE COUNCIL, 1878-1921

(1) *The Statutory Dental Committee*

158. For the purpose of the exercise of their power to erase names from the Register, the Council from 1878 to 1921 maintained a Standing Committee, entitled the Dental Committee, constituted in accordance with section 15 of the Act of 1878.

The Standing Orders of the Council in force in 1921 provided that (1) the Committee should be appointed annually by the Council; (2) the Committee should consist of the President of the Council, who should ex officio be Chairman of the Committee, two members of the English Branch Council, a member of the Scottish Branch Council, and a member of the Irish Branch

Council * ; (3) any question before the Committee should be decided by a majority of the members present ; and in the case of an equality of votes, the Chairman should have a second or deciding vote.

(2) *Warning Notices to Dentists*

159. *As to Covering.*—In 1892 (Council's Minutes 1892, 142) the Council adopted and issued to every registered dental practitioner a warning against the employment by the practitioner of any unqualified assistant "to treat professionally on his behalf in any matter requiring professional discretion or skill any person requiring operations in Dentistry of a surgical character."

Such employment constitutes on the part of the practitioner an example of the form of professional misconduct commonly known as "covering" ; and the Council had published a similar warning to the medical profession in 1883 (Council's Minutes 1883, 91).

In 1899 (Council's Minutes 1899, 218) the Council supplemented the foregoing warning to dentists by the publication of the following warning to registered medical practitioners :—

"Any registered Medical Practitioner who knowingly and wilfully assists a person who is not registered as a Dentist in performing any operation in Dental Surgery, either by administering anæsthetics or otherwise, will be liable, on proof of the facts, to be dealt with by the General Medical Council as having been guilty of infamous conduct in a professional respect."

160. *As to Advertising.*—In 1894 (Council's Minutes 1894, 105-6, 216) the Council adopted and communicated to the Dental Schools and to the professional journals the following resolution :—

"That, the attention of the Council having been called to the practice of advertising by certain Dentists, it is hereby resolved : ' That the issue of advertisements of an objection-

* For the constitution of the Branch Councils see paragraph 9 (3) of this memorandum.

able character, and especially of such as contain either claims of superiority over other Practitioners, or depreciation of them, may easily be carried so far as to constitute infamous or disgraceful conduct in a professional respect.' "

The resolution was issued by the Council to every registered dental practitioner in 1900 (Council's Minutes 1900, 78-9).

(3) *Number and Nature of Penal Cases, 1878-1921*

161. Particulars of the number and nature of penal cases heard and decided by the Council between 1878 and 1921 are given for the information of the Committee in Appendix VI to this memorandum.

5. DISCHARGE OF THE FOREGOING FUNCTIONS BY THE BOARD AND BY THE COUNCIL, 1922-43

(1) *Standing Discipline Committee of the Board*

162. For the purpose of the discharge of their functions under section 13 of the Act of 1878 as amended by section 8 of the Act of 1921, the Board, as a matter of internal administration, maintain a Standing Committee entitled the Discipline Committee.

The relevant Standing Orders and Regulations of the Board provide that (1) the Committee shall be appointed annually by the Board ; (2) the Committee shall consist of six members in addition to the Chairman of the Board *ex officio* ; (3) the Chairman of the Board, if present, shall act as Chairman of the Committee ; (4) the Committee shall consider and deal with all cases in which a person who has been registered in the Register has been convicted, or in which infamous or disgraceful conduct in a professional respect has been alleged against such a person, and which have been referred to the Committee in accordance with the Regulations ; (5) the Chairman may require the attendance of the Legal Assessor (a barrister-at-law) and of the Solicitor to

the Board for the purpose of the consideration of cases by the Committee ; (6) the Committee shall decide in each case whether there is prima facie evidence on which an inquiry ought to be held by the Board, and the Chairman shall direct the Solicitor to take the necessary steps in any case in which the Committee decide that such an inquiry ought to be held.

(2) *Regulations of the Board and Standing Orders of the Council*

163. The Regulations of the Board and the Standing Orders of the Council make detailed provision for the conduct of inquiries by the Board, including the procedure under which, after deliberation in private on the conclusion of a case, the Board are to arrive at their decisions, and the form in which the report and finding of the Board are to be forwarded to the Council in any case in which the Board are satisfied that a name ought to be erased from the Register ; and for the procedure of the Council on consideration of any such report and finding.

(3) *Warning Notice and Important Notice to Dentists*

164. The Board have from time to time since 1922 issued both to registered dental practitioners generally, and on occasion to particular practitioners, the document commonly known as the "Warning Notice" as to certain forms of professional misconduct, of which copies are sent with this memorandum.

165. The Committee will observe that the Notice, which is in part based upon the separate Notices of like purport issued by the Council to members of the profession between 1878 and 1921, is not intended to be exhaustive. The Notice as settled by the Board in 1922 was approved by the Council in that year (Board's Minutes 1922, 91, 151-4 ; Council's Minutes, 1922, 141-3, 375-8, 86) ; and in 1932 the Council approved the addition to the Notice proposed by the Board of a paragraph (VI) especially relating to the professional offence of falsification or procuring the falsification of certificates required for the purposes of the administration of dental benefit under the National Health Insurance (Dental Benefit) Regulations (Board's Minutes 1932, 49-51 ; Council's Minutes 1932, 207).

166. In his Address to the Board in May, 1923 (Board's Minutes 1923, 20), the Chairman indicated as follows the grounds on which, in the special circumstances arising under the Act of 1921, it appeared to be desirable to supplement the information and guidance afforded by the Warning Notice to practitioners :—

“The Discipline Committee have given much consideration to problems which have arisen in the interpretation of the Board's Warning Notice. Many inquiries have been received as to the circumstances under which it was allowable to insert a notice in a newspaper as to change of address or hours of attendance at a particular address, to use the words ‘dental surgery’, and to use illuminated signs. Without committing the Board on the subject the Committee have given provisional rulings on these points. I suggest that they should be considered by the Board during this session, and if approved should be published for general information. The subjects referred to, and several others which will no doubt arise, are full of difficulties, and we may be sure that in each of them some will think that we have gone too far in allowing what should be prohibited, and others will try to prove that they may safely go further. There would be a smaller field for criticism had we taken refuge in vagueness and waited for case law to accumulate gradually. But, as I have already stated, I am very much impressed by the evident desire of the vast majority of those newly admitted to the Register to maintain honestly and honourably a standard of conduct which shall accord with the Board's wishes ; and we owe it, I think, to them to give as clear a ruling as we can upon points which may be genuinely in doubt. I trust that the Board may support me in this view, and that illumination and guidance may emerge from our action both upon the Discipline Committee's report and upon the cases which will come before us to-day.”

167. In pursuance of this policy the Board in 1924 (Board's Minutes 1924, 175-8) issued to every registered dental practitioner, and have since from time to time amended and re-issued,

the document commonly known as the "Important Notice," of which copies are sent with this memorandum.

(4) *Number and Nature of Penal Cases, 1922-43*

168. Particulars of the number and nature of penal cases heard by the Board and decided by the Council between 1922 and 1943 are given for the information of the Committee in Appendix VI to this memorandum.

(5) *Appeal Against Removal from Register*

169. An appeal against the removal of his name from the Register may be made by the person aggrieved in accordance with the following provisions of section 9 of the Act of 1921 :—

9. Appeal against removal from register . . .—Any person aggrieved by the removal of his name from the dentists register . . . may, within three months after the date on which notice is given to him by the registrar that his name has been so removed, . . . appeal against the removal, . . . in manner provided by rules of Court, to the High Court, and on any such appeal the High Court may give any such directions in the matter as they think proper, including any directions as to the costs of the appeal, and the order of the High Court shall be final and conclusive, and not subject to appeal to any other Court.

6. RESTORATION TO THE DENTISTS REGISTER AFTER PENAL ERASURE, 1878-1921

170. The following provision was made by section 14 of the Act of 1878 for the restoration to the Dentists Register by direction of the Council of the name of any person which had been erased therefrom by their direction under section 13 of the Act :—

14. Restoration of name to dentists register.—Where the General Council direct the erasure from the dentists register of the name of any person, . . . the name of that person

. . . shall not be again entered in the register, except by direction of the General Council * or by order of a court of competent jurisdiction.

If the General Council think fit in any case, they may direct the general registrar to restore to the dentists register any name . . . erased therefrom, either without fee or on payment of such fee, not exceeding the registration fee, as the General Council from time to time fix, and the registrar shall restore the same accordingly. . . .

Where the name of a person restored to the register in pursuance of this section has been erased from the list of licentiates in dental surgery or dentistry of any medical authority, that name shall be restored to such list of licentiates.

7. RESTORATION TO THE DENTISTS REGISTER AFTER PENAL ERASURE, 1922-43

171. Subsection (2) of section 8 of the Act of 1921 provided that the power of the Council under section 14 of the principal Act to direct the restoration to the Register of any name erased therefrom by the Council should not be exercised except upon a report made to the Council by the Board.

Subsection (3) of section 8 of the Act of 1921 provided that the amount of the fee to be paid on the restoration of any name to the Register should be such sum not exceeding £5 as might be prescribed by the Board ; but the Regulations of the Board do not provide for the payment of any such fee.

172. The Committee will observe that under the foregoing provisions the division of functions between the **Council** and the **Board** is as follows :—

* By section 15 of the Act (cited in paragraph 153 of this memorandum) the Council were required, for the purpose of exercising in any case the power of restoring a name to the Register, to ascertain the facts by a Standing Committee (the Dental Committee); and the section provided that a report of the Committee should be conclusive as to the facts: see also paragraphs 158, 170, and 173 of this memorandum.

(1) Applications for restoration to the Register after penal erasure are made to, and considered by, the Board.

(2) The Board make a report to the Council on each such application.

(3) The Council, having considered the application and the report of the Board thereon, decide whether to direct the restoration of the name to the Register.

(4) If the Council decide to direct the restoration of a name to the Register, the ministerial act of restoring the name to the Register is performed by the Registrar of the Board under the second paragraph of section 14 of the principal Act, read with subsection (4) of section 6 of the Act of 1921.*

8. ERASURE FROM THE DENTISTS REGISTER OF ENTRIES FRAUDULENTLY MADE

173. The **Council** were required by the first paragraph of section 13 of the Act of 1878 to cause to be erased from the Dentists Register any entry which had been fraudulently made.†

Paragraph (a) of subsection (1) of section 8 of the Act of 1921 provided that this function should be discharged by the **Board**.

174. Section 35 of the Act of 1878 made it a penal offence to obtain registration in the Register by false representations. The section was repealed so far as it applied to England by section 17 of, and the Schedule to, the Perjury Act, 1911, and so far as it applied to Scotland by section 8 of, and the Schedule to, the False Oaths (Scotland) Act, 1933, section 3 of which relates to false declarations, etc., made in order to obtain professional registration.

* See footnote * to paragraph 75 of this memorandum.

† By section 15 of the Act (cited in paragraph 153 of this memorandum) the Council were required, for the purpose of exercising in any case the power of restoring an entry to the Register, to ascertain the facts by a Standing Committee (the Dental Committee); and the section provided that a report of the Committee should be conclusive as to the facts: see also paragraphs 158 and 170 of this memorandum.

VI. FUNCTIONS OF THE COUNCIL AND OF THE BOARD IN RELATION TO ADDITIONAL QUALIFICATIONS AND POSTGRADUATE EDUCATION

1. POWERS OF THE COUNCIL AS TO REGISTRATION OF ADDITIONAL QUALIFICATIONS

175. Subsection (6) of section 11 of the Act of 1878 provides that the **General Medical Council** may, if they think fit, from time to time make, and when made, revoke and vary, orders for the registration in (on payment of the fee fixed by the orders) and the removal from the Dentists Register of any additional diplomas, memberships, degrees, licences, or letters held by a person registered therein, which appear to the Council to be granted after examination by any of the Medical Authorities in respect of a higher degree of knowledge than is required to obtain a certificate of fitness under the Act.

The degree of knowledge required to obtain a certificate of fitness to practise dentistry or dental surgery under the Act is, as the Committee will appreciate from section II of this memorandum on the functions of the Council in relation to dental education, that which is required by Dental Licensing Bodies, at the examinations held by them for the purpose, before they grant the certificates of such fitness which under section 18 of the Act make persons who obtain them Licentiates in Dental Surgery or Dentistry of the Bodies which grant them.

176. The only conditions imposed by subsection (6) of section 11 of the Act on the making of orders for the registration in the Dentists Register of any additional qualification are that the qualification should appear to the Council (1) to be granted after examination by a Medical Authority in the United Kingdom or in Eire ; and (2) to be so granted in respect of a higher

degree of knowledge than is required to obtain a Licence in Dental Surgery or Dentistry.

177. The question of the true construction of the subsection exercised the Council as soon as the Act had been passed. At a meeting on October 17, 1878 (Council's Minutes 1878, 155), summoned by the President primarily for the consideration of the Act, the Council decided to take Counsel's opinion "as to the interpretation" of the subsection, "so as to inform the Council whether . . . they are entitled to register in a separate column the qualifications in Medicine and Surgery under the Medical Act (1858), held by registered Dentists, or only higher qualifications in Dentistry."

178. The opinion of Counsel, Mr. Charles Bowen (afterwards Lord Bowen), was reported to the Executive Committee of the Council on November 8, 1878, and to the Council on March 26, 1879 (Council's Minutes 1878, 237; 1879, 199), and was as follows :—

"I am of opinion that Section 11, Clause 6, only gives the Council power to register higher qualifications in Dentistry. The knowledge referred to in that clause appears to me to be confined to knowledge in Dentistry."

179. In exercise of their powers under section 11 of the Act, the Council had decided in 1878 (Council's Minutes 1878, 153-4, 162), that the form of the Register should include a column headed "Additional Diplomas, Memberships, Degrees, Licences, or Letters."

180. The first printed issue of the Register had not yet been published in March, 1879, and on consideration of Counsel's opinion the Council decided (Council's Minutes 1879, 199) that (1) entries should not be made in the column, and (2) the column should be omitted from the forthcoming printed issue of the Register.

181. In his Address to the Council on April 26, 1881 (Council's Minutes 1881, 51), the President, Dr. (afterwards Sir) Henry Acland, summarized the effect of these decisions as being "to

exclude from the Register all titles other than those definitely stating a qualification in Dentistry."

182. At a meeting on February 3, 1881, described by the President as the first occasion on which the Council had been called together solely for the special purpose of business connected with the Act, the Council had before them (Council's Minutes 1881, 37) the following question put to Counsel and the following opinion of the Solicitor-General (Sir Farrer Herschell, afterwards Lord Herschell) and of the Council's standing Counsel (Mr. M. Muir Mackenzie) thereon :—

Question 2.C

"Can the Council require proof to be furnished of any additional Qualification required to be registered, such as the production of any Diploma, Degree, or Licence of any Medical or Surgical Body, College, or Institution ?"

Opinion

"We think that *the only additional Qualifications which should appear on the Register are those which express or imply fitness to practise Dentistry (Section 11, Clauses 2 and 6).** If a Candidate for registration desires to have such additional Qualifications registered, we think that the Council can certainly require proof of such Qualifications by the production of the necessary Diploma, Degree, or Licence."

183. On April 28, 1881, the Council had before them applications from 30 registered dentists (including Mr. (afterwards Sir) John Tomes), who also held medical or surgical qualifications, for the addition of such qualifications to their descriptions in the Register. In the Address cited in paragraph 181 of this memorandum the President had expressed the following opinion on the situation created by the action taken by the Council in 1879 in the light of Mr. Bowen's opinion :—

"It is not to be wondered at that persons such as

* Italics not in original.

Mr. Tomes, a Fellow of the Royal Society and an eminent Member of the College of Surgeons, or that they who are Fellows of the Royal College of Surgeons, should resent as a hardship, and even an injury, that a title so honourable as a Fellow of the College of Surgeons of England, implying without question surgical knowledge and education of real value for the purposes of the higher problems of Dentistry, should not have their Surgical Diplomas entered in the Dentists Register. On the legal advice we have received, such knowledge and such title are considered not to be higher in respect of Dentistry in the terms of the Act. If this be so, it is certainly a question for argument whether the Act should not be amended. I do not presume to offer the opinion that the Council would act illegally if it inserted such titles as higher titles, nor to say that a penalty would accrue if it did."

184. The Council passed the following resolution (Council's Minutes 1881, 82):—

"That every registered Dentist holding any of the Surgical qualifications recited in Schedule A of the Medical Act shall be entitled to have such Qualification or Qualifications recorded on the Dentists Register as evidence of the possession of a higher degree of knowledge."

185. The Council further decided (Council's Minutes 1881, 83) that additional diplomas, memberships, degrees, licences, or letters should be entered in the fourth column of the Register (then headed "Description and Date of Qualification"), and after the original entries.

186. In 1882 (Council's Minutes 1882, 119) the Council amplified the resolution set out in paragraph 184 of this memorandum by deciding that any or all of the qualifications described in Schedule (A) to the Medical Act, 1858 (that is to say, qualifications which then severally conferred the right of registration under that Act), should be registrable by registered dentists in the Dentists Register.

187. At the meeting of the Council on June 4, 1890 (Council's

Minutes 1890, 124-6) a member asked the President whether additional qualifications granted by Medical Licensing Bodies after the passing of the Medical Act, 1886, on June 25, 1886, which were not registrable in the Medical Register under the provisions of that Act, but were granted to registered dentists only after bona fide examination, were registrable in the Dentists Register under subsection (6) of section 11 of the Act of 1878.

In his answer the President referred to the decisions of the Council in 1881 and 1882 under which all qualifications described in Schedule (A) to the Medical Act, 1858, were regarded by the Council as being registrable under the subsection, and added :—

“ Seeing, therefore, that the entry of such Qualifications in the Dentists Register confers no right to practise Medicine or Surgery, but merely records the possession of a higher degree of knowledge, the provisions of the Medical Act (1886) do not restrain the Council from registering in the Dentists Register the titles specified in this Question.”

188. Apart from the foregoing general orders in favour of the registration of medical qualifications in the Dentists Register as additional qualifications, the Council have from time to time made orders under the subsection in favour of the registration in the Register of additional dental qualifications granted after examination by Medical Authorities in the United Kingdom or in Eire which have appeared to them to be so granted in respect of the higher degree of knowledge specified in the subsection.

189. Such additional qualifications are included in the Table showing qualifications registrable in the Register which is prefixed to the printed issue of the Register for 1943 at page xiv, and is reproduced in Appendix IV to this memorandum.

190. The Committee will appreciate that a Degree (as distinct from a Licence) in Dental Surgery or Dentistry may be registrable either as a primary qualification, that is to say, a qualification necessary for registration within the meaning of section 6 of the Act of 1878, by persons who have not already been registered, or as an additional qualification under subsection (6) of section 11 of the Act by persons who have already been registered.

2. DUTY OF THE BOARD IN RELATION TO POSTGRADUATE EDUCATION

191. The duty imposed by subsection (1) of section 10 of the Act of 1921 upon the **Dental Board**, after paying certain prior charges, to allocate any money received by them, whether by way of fees or otherwise, "*to purposes connected with dental education and research or to any public purposes connected with the profession of dentistry*" in such manner as the Board with the approval of the Council may determine, is not further delimited by the Act so as to establish a distinction between the duty of the Board in relation to postgraduate education, and their duty in relation to other types of professional education.

(1) Postgraduate Lectures, 1923-31

192. In the discharge of the former duty, the Board in February, 1922 (Board's Minutes 1922, 18), requested their Examination Committee, one of the Standing Committees appointed under their Standing Orders, to consider the steps to be taken to arrange lectures on dental science, on the lines of postgraduate study, primarily for practitioners registered, or persons desirous of obtaining registration, under the Act of 1921.

193. In May, 1922 (Board's Minutes 1922, 148, 64), the Board approved a Memorandum in regard to Post-Registration Study by the late Mr. W. H. Dolamore, L.D.S., F.R.C.S., and in pursuance of the policy indicated therein arranged between 1923 and 1931 for the delivery and publication of nine series of lectures in different centres (originally London, Manchester, and Edinburgh).

£5,000 was allocated by the Board to this purpose (Board's Minutes 1934, 7-8).

The Memorandum is reproduced, and particulars of the lectures are given, for the information of the Committee in Appendix VII to this memorandum.

(2) **Post-Registration Lectures, Demonstrations, and Classes,**
1923-33

194. The Board in December, 1922 (Board's Minutes (Camera), 45) requested their Examination Committee to consider the methods by which post-registration study for practitioners admitted to the Register under the Act of 1921 could be best encouraged.

195. In May, 1923 (Board's Minutes 1923, 148-50, 51), the Board adopted the following recommendations of the Committee, and authorized the Committee to make the necessary arrangements :—

“(a) That the Dental Schools be asked if they would arrange for a course of instruction on the following lines :—

“(i) The course to consist of twenty lectures or demonstrations, lecturers to be paid a fee by the Board of £3 3s. 0d. for each lecture. Two courses to be arranged in one year, provided an attendance of at least twenty students at each course is obtained.

“(ii) Students to pay a fee of £1 1s. 0d. for the course ; the fee to be retained by the School to cover the expenses incurred by the School.

“(b) That arrangements be made for holding short intensive courses of instruction in centres in which there is no Dental School, provided a minimum of twenty students enter ; consultations in regard to this matter to be held with the branch secretaries of the British Dental Association, the Irish Dental Association, the Incorporated Dental Society, and the National Dental Association.”

The Board also approved a syllabus prepared by the Committee of the subjects to be included in the course (Board's Minutes 1923, 148-9).

196. In November, 1923 (Board's Minutes 1923, 192-5, 90), the Committee reported that courses were being held in 9 Dental Schools, and that arrangements had been made for courses to be held in 5 centres (Birmingham and Manchester, where courses

could not be arranged in the Schools, Cardiff, Peterborough, and Dublin).

Similar courses were held in 1924-25 in 9 Dental Schools and in 5 centres (Board's Minutes 1924, 242-3 ; 1925, 131-2) ; in 1925-26 in 6 Schools and in 2 centres (Board's Minutes 1925, 155-6 ; 1926, 107) ; in 1926-27 in 3 Schools and 1 centre (Board's Minutes 1926, 107, 144 ; 1927, 99) ; in 1927-28 in 3 Schools (Board's Minutes 1927, 99, 128 ; 1928, 143) ; and in 1928-29 in 4 Schools (Board's Minutes 1928, 143, 196 ; 1929, 122-3).

197. By 1929 about 1,300 practitioners had attended courses (Board's Minutes 1929, 19) ; but in May, 1929 (Board's Minutes 1929, 123, 45-6), the Board adopted a recommendation of the Committee that in view of the reduction in the numbers of practitioners who were attending, further information should be obtained before courses for 1929-30 were arranged.

198. In November, 1929 (Board's Minutes 1929, 186), the Committee reported that they were trying to find out whether it would be possible "to provide post-registration study of a more practical nature in conjunction with the Dental Hospitals." As a result of these inquiries the Board decided in May, 1930 (Board's Minutes 1930, 116-7, 41), on the recommendation of the Committee, to approve arrangements for practitioners registered under the Acts of 1921 and 1923, preference being given to practitioners who had passed the prescribed examination in dentistry, to form classes, each consisting of 5 part-time students, in two Dental Schools (one in London and one in the Provinces). The classes were to meet on 3 half-days a week for 12 months, and the Board were to pay £50 to the Schools in respect of each member of the classes, and to provide foot-engines and cabinets for the classes. Members of the classes were themselves to provide such other equipment as the Deans of the Schools might think necessary, and were to pay a fee of £15 each to the Board before they were admitted to the classes.

199. Applications for admission to the proposed class in a Provincial School were not sufficient to justify the formation of the class, but the class in a London School was held and was

considered to have proved beneficial (Board's Minutes 1930, 149 ; 1931, 114, 146-7).

A further class consisting of 6 practitioners (the only applicants for admission to the class) was formed in the School in 1931-32 (Board's Minutes 1931, 114, 146), and was considered equally successful (Board's Minutes 1932, 90, 121).

A third class consisting of 7 practitioners which met on 4 mornings a week for 12 months was formed in a Provincial School in 1932-33 with a similar result (Board's Minutes 1932, 121 ; 1933, 98) ; but a proposal to form a further class in that School in 1933-34 attracted only one application for admission (Board's Minutes 1933, 98, 120).

(3) Postgraduate Courses of Instruction, 1930-39

200. In 1930 (Board's Minutes 1930, 150-1, 58 ; 1931, 105-7) a conference between members of the Board and members of the profession specially concerned with dental education was held with the object described by the Chairman of the Board as follows :—

“ At the suggestion of the British Dental Association I assembled a small conference of dentists mainly connected with our Schools to consider whether more definite and systematic provision could be made for postgraduate courses of study for dentists. The idea seems to be in many people's minds that the rapid advance in the technical and scientific aspects of modern dental practice requires the provision of postgraduate and refresher courses of a high standard to which dentists may come from all parts of the Empire, and which would also be valued by several different classes of dentists here.”

201. After further examination of the problem by a Special Committee of participants in the conference, the Board's Standing Committee recommended, and the Board agreed (Board's Minutes 1931, 107-11) that in the first instance (1) 4 “ extended ” courses each lasting 6 weeks, and 2 “ intensive ” courses each lasting a fortnight, should be arranged in London at 3 Dental Schools and

at the Eastman Dental Clinic ; (2) entrance fees of 8 guineas for each extended course, of 5 guineas for one, and of 10 guineas for the other, intensive course, should be payable ; and (3) the financial liability of the Board for the courses (which their Committee did not expect to be self-supporting) should not exceed £150.

The Board's Committee commented on the inauguration of the courses as follows (Board's Minutes 1931, 110) :—

“ They consider that the courses merit support as an experiment with a view to collecting information as to the extent of the desire for post-graduate instruction of a practical nature. The measure of the success of the courses will be of value if only as a guide to the Board and to teaching institutions in considering the provision of facilities for such instruction in future.”

202. On consideration of reports on the courses the Board's Committee were of opinion that the arrangements had been successful as an experiment (Board's Minutes 1931, 147-8) ; and a further intensive course was held at the Eastman Dental Clinic in 1932 (Board's Minutes 1931, 148 ; 1932, 89).

The cost of these courses to the Board was less than the maximum of £150 available (Board's Minutes 1932, 89).

203. In 1932 (Board's Minutes 1932, 89-90, 120) the Board, on the recommendation of their Committee and after consultation with the Special Committee of participants in the conference of 1930, decided (1) to extend the arrangements for courses to Provincial Dental Schools, and (2) to indemnify Schools against any loss incurred on account of courses. The reasons for these decisions were stated as follows by the Chairman in his Address to the Board in May, 1932 (Board's Minutes 1932, 14-5) :—

“ We have, as you know, organized and carried through some Postgraduate Courses at some of the London Dental Schools. These were definitely successful. You will be asked to decide the question of offering to assist similar courses if these are organized at Provincial Schools. It is certain that several of them quite understand what makes

for success in such courses—namely, that they must be given by first-class men, to a limited number only of members of each class, at times when it is convenient for them to attend, and, above all, that they must be thoroughly practical in their nature and have a direct bearing on the daily practice of dental practitioners. It would be right, I think, to encourage Schools which are willing to provide courses which answer to these requirements to do so, and perhaps the best way is to offer to make up within a reasonable limit any loss there may be on the course. I am not sure that it is desirable that all Schools should hold such courses, and it will probably be wise to proceed rather by experiment than by adopting a final policy, in the Provinces, as we have in London. I believe that several of the Schools, both in London and the Provinces, would be able to carry through courses of a very high standard without calling on our funds, and that they could in this way do really valuable service; and the main object of our present policy should be, by encouraging Schools to embark on courses, to enable them to demonstrate to themselves that this is so."

204. From 1932-33 to 1938-39 the amount which became payable to Schools by the Board under the indemnity against loss incurred on account of courses was about £280. In addition, the cost of advertising courses, which amounted to about £350, was borne by the Board. Particulars of the numbers of courses held, of the numbers of Schools which incurred losses thereon, and of payments by the Board under the indemnity, are given for the information of the Committee in Appendix VIII to this memorandum.

(4) Postgraduate Courses of Instruction, 1938-43

205. In 1938 (Board's Minutes 1938, 95-6, 24, 122-5) the Board, on a recommendation of their Standing Committee made after consultation with the Dental Education Advisory Council, circulated through the dental organizations questions designed to elicit the general opinion of the profession on the form in which,

and the conditions under which, postgraduate courses of instruction (particularly in recent advances in dental treatment) open to all practitioners could be most advantageously provided.

206. The questions were directed to ascertaining (1) the extent of the demand for such courses; (2) whether the fees previously charged for such courses had deterred practitioners from attending them; (3) whether "extended" or "intensive" courses were regarded as preferable; (4) whether each course should be devoted to one subject or to a number of subjects; (5) in what subjects courses could most usefully be given; and (6) what further comments practitioners had to offer.

207. On analysis of replies to questions (1) to (5) by a substantial proportion of the whole of the practitioners (nearly 2,000) who responded to this invitation, the Standing Committee reported to the Board that (1) 95 per cent. of the replies expressed a demand for courses; (2) fees previously charged for courses had been deterrent to a number of practitioners about 20 per cent. more than the number to whom they had not been deterrent, and a further 10 per cent. of the replies indicated that fees had been an element in deterring attendance; (3) there was a majority of nearly 3 to 1 in favour of "extended" as opposed to "intensive" courses; (4) there was a majority of between 2 and 3 to 1 in favour of courses devoted to a number of subjects as opposed to courses devoted to one subject; and (5) the most popular of the subjects suggested for courses were (a) Recent Advances in Dental Treatment (a generic rather than a specific expression), (b) Anæsthetics (Local or General), (c) Conservative Dentistry, and (d) Oral Surgery, in that order.

208. In November, 1938 (Board's Minutes 1938, 66), the Board approved, in camera, a Report in which their Standing Committee formulated, in the light of the foregoing information, preliminary proposals for the institution of courses open to all practitioners.

The proposals comprised the establishment of a Joint Committee on Postgraduate Instruction on which the following bodies should be represented: the British Dental Association,

the Incorporated Dental Society, and the Public Dental Service Association (one representative of each organization); the Dental Education Advisory Council of the Dental Schools of Great Britain and Ireland (two representatives); and the Dental Board (two representatives).

209. In May, 1939 (Board's Minutes 1939, 107-17, 40), the Board, on the recommendation of their Standing Committee, approved a Report of the Joint Committee in which a procedure for the organization of courses with financial assistance from the Board was described in detail.

210. The procedure devised by the Joint Committee is substantially identical with that set out in the Memorandum (first issued by the Board in 1939) for the guidance of practitioners desirous of organizing postgraduate courses eligible for assistance from the funds of the Board, of which copies are sent with this memorandum.

211. The Board, on the recommendation of their Standing Committee, decided in November, 1939 (Board's Minutes 1939, 131-2, 76), not to withdraw financial support, even under war conditions, from approved courses; and particulars of the courses held under the scheme with such support are given for the information of the Committee in Appendix IX to this memorandum.

VII. DUTY OF THE BOARD TO ALLOCATE MONEY TO PURPOSES CONNECTED WITH DENTAL RESEARCH

Recommendations of the Committee of 1917-19, and Provision of the Dentists Act, 1921

212. The Committee will have observed from the extracts quoted in paragraph 41 of this memorandum from the Report of the Committee of 1917-19 that in expressing the opinion

that under any legislation such as the Act of 1921 practitioners registered after the passing of the Act should "pay an annual licence fee in order to retain their names on the Register" (Report, Section XXI, paragraph 218), that Committee expressed the further opinion "that the proceeds of annual licences should be shared equally between dental education and research, after payment of the expenses of the Statutory Dental Board" (Ibid.).

213. This view of the high importance of dental research was justified by the Committee in Section XXII of their Report, which relates specifically to that subject, and they made the following statement on the urgency of the problem and the methods by which it should be investigated (Report, paragraph 223):—

"We are very strongly of opinion that a thorough investigation into the causes and effects of dental caries and other diseases of dental origin is long overdue. It is obvious that any research which resulted in dental caries being prevented either wholly or in part would relieve humanity of an immense amount of pain and subsequent ill health. The investigation should be conducted by the Medical Research Committee, who recognize the work as part of their functions and included it in their first programme of work.* They have made some progress with it already in spite of war difficulties, and we are confident that they are fully alive to the importance of the question.

"Side by side with researches on the medical aspect of the problem should go research as to all that pertains to the technique of the profession. We suggest that the Dental Board, strengthened possibly by some ad hoc representatives added for research purposes only, should conduct researches of this nature."

* *Note.*—This statement appears to refer to a study of the relations of oral sepsis to other diseases among industrial workers which was included in the first list of Research Schemes settled by the Committee in October, 1914 (see First Annual Report of the Medical Research Committee, 1914–15: Cd. 8101, pages 23, 29).

214. By subsection (1) of section 10 of the Act of 1921 a duty was imposed upon the **Dental Board**, after paying certain prior charges, to allocate any money received by them, whether by way of fees or otherwise, "*to purposes connected with dental education and research*," etc., in such manner as the Board with the approval of the Council might determine.

215. The Committee will observe that the Act only requires the Board in general terms to allocate money to purposes connected with dental research.

No provision was made by the Act for giving effect to the recommendations of the Committee of 1917-19 in favour of

- (1) The allocation to purposes of dental research of one half of the disposable income received by the Board by way of annual retention fees.
- (2) The administration by the Medical Research Committee (now the Medical Research Council *) of so much of this half as was allocated to "a thorough investigation into the causes and effects of dental caries and other diseases of dental origin."
- (3) The administration by the Board (with the possible addition of persons co-opted for this purpose only) of so much of this half as was allocated to "research as to all that pertains to the technique of the profession."

Performance of the Foregoing Duty by the Board

216. For the purpose of the performance of the foregoing duty the Board in December, 1922 (Board's Minutes (Camera), 44-5), on consideration of a memorandum by the Chairman on the allocation of money received by the Board, appointed a Research Committee (who have been maintained since 1923 as a

* A note on the Medical Research Committee and the Medical Research Council prepared for convenience of reference by the Inter-Departmental Committee is submitted in Appendix X to this memorandum.

Standing Committee of the Board *) (1) to communicate with the Medical Research Council with a view to the allocation by the Board to the Council of a sum, which it was suggested might be £3,000, over a period of years ; and (2) to communicate with the Department of Scientific and Industrial Research "as to certain branches of research work."

217. It appears to be convenient that the relations established by these communications between the Board and (1) the Medical Research Council on the one hand, and (2) the Department of Scientific and Industrial Research on the other hand, should be separately recorded.

(1) *Relations between the Board and the Medical Research Council, 1923-39*

218. In February, 1923 (Board's Minutes 1923, 117-20, 9), the Board considered a letter of February 8, 1923, from the Medical Research Council which (1) described the constitution and programme of work of the Committee on the Causes of Dental Disease first appointed by the Council in 1920-21 in consultation with the Ministry of Health (see the Report of the Medical Research Council for the Year 1920-21, 7, 91, 107) ; (2) stated that the Council would welcome the addition to this Committee of a member of the Board, who should, it was suggested, be a member of the Board's Research Committee, "whom he could keep informed of the programme and progress of work

* The relevant Standing Orders of the Board as to the constitution and functions of the Committee, now (1943) entitled the Education and Research Committee, are as follows :—

The Education and Research Committee "shall consist of five members."

"At least one of the Treasurers shall ex officio always be a member" of the Committee.

"It shall be the duty of the Education and Research Committee :—

"(a) To report on postgraduate and post-registration lectures and demonstrations.

"(b) To consider and report upon the expenditure of the Board's income in connection with, and to make recommendations for the conduct of, research into subjects bearing upon the practice of dentistry."

supervised by " the Council's Committee ; (3) stated that the work described in the programme was costing the Council about £1,400 a year (without taking account of parts of the work done by the Council's permanent staff) ; (4) stated that the Council would welcome an opportunity of extending the programme in new directions or of accelerating present work by increased financial support ; (5) stated that it was not the intention or desire of the Council to diminish the financial assistance given by them at present to the work if further assistance were given by the Board ; (6) undertook that any schemes for investigation prepared by the Council's Committee to which financial assistance by the Board was contemplated should be submitted to the Board for approval, together with the whole programme of work of the Committee ; and (7) suggested that any financial assistance given by the Board to approved schemes should take the form of a grant in aid to the Council towards the total cost, so that responsibility for making particular payments required within approved schemes would rest with the Council.

219. The Board, on the recommendation of their Committee, appointed a member of that Committee as their representative on the Committee of the Medical Research Council on the Causes of Dental Disease.

220. In May, 1923 (Board's Minutes 1923, 153-8, 52), the Board considered further letters of April 10 and May 2, 1923, from the Medical Research Council which (1) forwarded a scheme of work prepared by the Council's Committee on the Causes of Dental Disease, and approved by the Council, which the Council's Committee (including the representative of the Board appointed in February, 1923) proposed should be done under their direction in the immediate future ; (2) pointed out that the scheme would involve new expenditure of the order of £3,000 a year, and a non-recurrent charge of about £600, apart from the sum of about £1,000 a year which the Council were in any event continuing to provide for work done under the direction of their Committee ; (3) stated that the Council themselves did not see any immediate prospect of being able to allocate further money to this work ; and (4) stated that the effective promotion of the new items in

the scheme must depend on the amount of any financial support which the Board could give to the scheme.

221. The Board decided, on the recommendation of their Committee (Board's Minutes 1923, 159, 52), (1) to authorize the expenditure of £3,000 for the year 1923 in aid of dental researches by the Medical Research Council; and (2) to allocate £1,000 to the purpose of "other researches" during that year.

222. In November, 1923 (Board's Minutes 1923, 168, 179-88), the Board had before them interim reports from workers investigating the causes of dental disease under the scheme directed by the Medical Research Council's Committee, which had been forwarded by the Council to the Board for information.

223. The Board, on the recommendation of their Committee, decided (Board's Minutes 1923, 170, 89-90):—

"That a sum not exceeding £3,000 per annum be allocated for three years from January 1, 1924, for the investigations directed by the Committee of the Medical Research Council into the Causes of Dental Disease, subject to the submission of detailed programmes of work to be done, and estimates of expenditure to be incurred, in each year, and the rendering of interim reports every six months as to the progress made."

224. In November, 1926 (Board's Minutes 1926, 152, 158-73), the Board considered a letter of October 25, 1926, from the Medical Research Council with which the Council forwarded a summary and forecast of the work of their Committee on the Causes of Dental Disease containing (1) summaries of the reports of workers, and, so far as possible, of results obtained during the three years since January 1, 1924, and (2) proposals for the continuance and extension of certain investigations, and for the initiation of new work in certain directions. The Council's Committee estimated that the cost of carrying out the programme of work thus indicated would in 1927-28 be nearly £5,000.

225. The Board, on the recommendation of their Committee (Board's Minutes 1926, 152, 88), approved "the continuation of the grant to the Medical Research Council of a sum not ex-

ceeding £3,000 a year " for the period ending on March 31, 1930, " subject to the terms and conditions of the existing grant " (see paragraph 223 of this memorandum).

226. The end of one of the quinquennial terms of office of the Board fell in July, 1929. In order that the new Board might be in a position to give informed consideration in November, 1929, to the question of the continuation of the grant to the Medical Research Council on and after April 1, 1930, the Research Committee of the Board obtained from the Council and presented to the Board in May, 1929 (Board's Minutes 1929, 131-46, 46), a survey of investigations conducted by workers under the scheme directed by the Council's Committee on the Causes of Dental Disease from 1923 to 1928.

227. In the light of this survey the Board's Committee, whose report was approved by the Board on May 10, 1929 (Board's Minutes 1929, 46), expressed the opinion that the grants allocated by the Board to the Council had been justified, and the hope that they would be continued after April 1, 1930 (Board's Minutes 1929, 131).

228. In November, 1929 (Board's Minutes 1929, 186-9, 90), the new Board who had come into office in July, 1929, considered a letter of October 23, 1929, from the Medical Research Council with which the Council forwarded a progress report supplementing the survey furnished to the Board in May, 1929. In their letter the Council stated that the grants allocated by the Board had enabled the Council's Committee to promote many investigations of value and promise ; that many of these investigations were still in active progress ; that some of them called for much further work before full results could be obtained ; and that their Committee had in view further problems into which inquiry seemed desirable.

229. The letter further pointed out that the maximum grant of £3,000 a year from the Board was being fully utilized, while the amount provided by the Council had tended to increase ; and that expenditure at about the rate then prevailing was likely to be required to maintain the programme of work in view.

230. The Board, on the recommendation of their Committee, decided to "continue to make a grant at the rate of £3,000 a year for five years from April 1, 1930, to the Medical Research Council on the conditions previously agreed to."

231. The continuance of grants by the Board to the Council at the same rate, and on the same conditions, was again approved by the Board in November, 1934 (Board's Minutes 1934, 158, 81), for the period ending on March 31, 1940; but the reduction of the income of the Board under war conditions compelled them to suspend payment of grant to the Council in September, 1939 (Board's Minutes 1939, 65).

(2) *Relations between the Board and the Department of Scientific and Industrial Research, 1923-36*

232. As stated in paragraph 216 of this memorandum, the Board in December, 1922 (Board's Minutes (Camera), 44-5), appointed a Research Committee to communicate not only with the Medical Research Council, but also with the Department of Scientific and Industrial Research "as to certain branches of research work," that is to say, what the Committee of 1917-19 (see paragraph 213 of this memorandum) had called "research as to all that pertains to the technique of the profession," as distinct from research "on the medical aspect of the problem" of "the causes and effects of dental caries and other diseases of dental origin."

233. In May and November, 1923 (Board's Minutes 1923, 159, 52, 167-78, 88-9), the Board's Committee reported that a scientific Committee of eight members appointed by the Department on Research into Scientific Problems Bearing on Dentistry, who included three members of the Board, had advised a Dental Investigation Committee, who also included these members, constituted by the Department to supervise Research into Dental Problems, on the selection of subjects for research, and that the latter Committee had prepared a programme of work on

- (1) *Dental Alloys and Amalgams*, to be done in the Metallurgical Department of the National Physical Laboratory, at an estimated cost of about £1,100 a year;

- (2) *Substitutes (such as Bakelite) for Materials Used in the Preparation of Dentures and Adhesive Lutes*, to be done under the general supervision of an expert connected with a Research Association or other institution which had accumulated experience in this field ; and
- (3) *Vulcanizable Rubber*, to be done under general supervision of the same type as work under head (2).

The estimated cost of work of proper scope under heads (2) and (3), taken together, was about £900 a year.

234. The Department had submitted this programme to the Board's Committee, and had added the suggestions, which the Board adopted as conditions of grant, that

- (1) Interim reports on the progress of the workers concerned should be made to the Board at intervals of six months ; and
- (2) The results of the investigations should become the property of the Board for use at their discretion.

235. In November, 1923 (Board's Minutes 1923, 169-70, 88-9), the Board, on the recommendation of their Committee, decided

- “(1) That the Scientific Research work be undertaken by a Committee of the Department of Scientific and Industrial Research on which the Board is represented.
- “(2) That a sum of £2,000 per annum be allocated for a period of three years for this purpose, to date from January 1, 1924.
- “(3) That the items on which expenditure is to be begun be fixed by the Research Committee of the Board.”

236. In May, 1925 (Board's Minutes 1925, 119-20, 44-5), the Board's Committee reported that

- (1) Certain work on *Dental Alloys and Amalgams* done at the National Physical Laboratory was nearing completion ; the work already done had corrected some views previously held on the subject ; and it appeared

that the work would ultimately prove of great importance from the practical point of view.

- (2) Work on *Substitutes for Vulcanite in Dentures* done at Guy's Hospital Medical School was also within sight of results capable of immediate practical application; and the Department's Committee had thought it advisable, in the interests of the Board, to recommend that a provisional application for a patent should be made forthwith.
- (3) The Department had secured the co-operation of certain manufacturing firms in work on denture materials.

237. In November, 1925 (Board's Minutes 1925, 159-62, 85-6), the Board, on the recommendation of their Committee, decided to continue the allocation of a sum of £2,000 a year for the period ending on March 31, 1927, to the Department for the investigations directed by the Dental Investigation Committee of the Department, subject to the substitution of the following conditions for the condition attached to the grant made with effect from January 1, 1924, that the results of the investigations should become the property of the Board for use at their discretion :—

- (1) "That the results will be published in whole or in part by the Committee of Council* where they consider such a course desirable in the national interest, but before publishing any results, the Committee of Council will consult the Dental Board and give the fullest consideration to any representations which the Board may make in favour of withholding or delaying publication either in whole or in part.
- (2) "The Department will at its own expense take out patents to protect the results of the researches wherever

* The "Committee of Council" were (1925) and are (1943) a Committee of the Privy Council for Scientific and Industrial Research (conveniently described as a Ministerial Committee) whose Chairman is the Lord President of the Council, under whose direction the Department of Scientific and Industrial Research work (see Report of the Machinery of Government Committee, Cd. 9230, 1918, Chapter IV, paragraphs 45-54, pages 29-31).

that appears desirable in the opinion of the Department, after consultation with the Dental Board, and will, acting in the national interest and in consultation with the Dental Board, be responsible for any arrangements for the commercial or other practical application of the results."

238. In May, 1926 (Board's Minutes 1926, 123-6, 42), the Board, on the recommendation of their Committee, approved the initiation of investigations to be directed by the Department's Committee into

- (1) *Pigments* used in the Manufacture of Dental Rubber, and
- (2) *Plasters and Impression Materials* in Relation to Dental Work,

provided that no new financial liability was thereby incurred by the Board. The opportunity for undertaking new investigations arose because the work on *Substitutes for Vulcanite in Dentures* which formed part of the programme undertaken in 1923 had been completed.

239. In November, 1926 (Board's Minutes 1926, 146-51, 86), the Board considered a letter of October 26, 1926, from the Department forwarding a report which reviewed the progress made since the Department had constituted the Dental Investigation Committee in October, 1923.

240. The Board, on the recommendation of their Committee (Board's Minutes 1926, 151, 87), approved the continuation of the work of the Department's Committee on the lines indicated in the report, and allocated a sum of £2,600 a year for the period ending on March 31, 1930, to the Department for this purpose, subject to the approval of annual programmes and estimates.

241. For the reason explained (in relation to the grants allocated by the Board to the Medical Research Council) in paragraph 226 of this memorandum, the Research Committee of the Board obtained from the Department of Scientific and Industrial Research, and presented to the Board in May, 1929 (Board's Minutes 1929, 131, 149-157), detailed statements on the research into *Dental Amalgams* pursued at the National

Physical Laboratory since 1923, and on the research into *Dental Plasters* pursued at Guy's Hospital Medical School since 1926.

242. In the light of these statements the Board's Committee, whose Report was approved by the Board on May 10, 1929 (Board's Minutes 1929, 46), expressed the opinion that the grants allocated by the Board to the Department had been justified, and the hope that they would be continued after April 1, 1930 (Board's Minutes 1929, 131).

243. In November, 1929 (Board's Minutes 1929, 190-3, 91), the Board considered a letter of October 26, 1929, from the Department of Scientific and Industrial Research with which the Department forwarded a report by their Dental Investigation Committee supplementing the review of progress furnished to the Board in November, 1926. The Department's Committee stated that the present position of each of the researches (into *Dental Amalgams* and into *Dental Plasters*) had recently been carefully considered, and that they felt that, while the lines of investigation already followed should continue to be pursued, it was essential that they should at the same time concentrate their efforts "upon the attainment of results of immediate practical benefit" (Board's Minutes 1929, 191-2).

244. With this object two Sub-Committees, each including the three representatives of the Board on the Department's Committee, had been appointed to draw up revised programmes of research both into *Dental Amalgams* and into *Dental Plasters*.

245. The Board, on the recommendation of their Committee, decided to make a grant at the rate of £2,600 a year for the period ending on March 31, 1933, to the Department for the continuation of the work of the Dental Investigation Committee on the conditions already agreed to.

246. In May, 1932 (Board's Minutes 1932, 91-6, 10), the Board considered a letter of April 25, 1932, from the Department of Scientific and Industrial Research with which the Department, bearing in mind that the period of the grant made by the Board expired at the end of the financial year 1932-33, forwarded

statements of the results achieved and of the objects aimed at by the researches in progress.

247. In November, 1932 (Board's Minutes 1932, 125-9, 57-9), the Board considered a letter of October 26, 1932, from the Department forwarding a report by their Dental Investigation Committee in which the Committee made a further review of the progress of the researches since 1929.

248. In the light of the statements and the report, the Board's Committee, whose Report was approved by the Board on November 11, 1932 (Board's Minutes 1932, 57-9), expressed the hope that the Board would "continue to allocate funds for the investigation of problems connected with the mechanical aspects of the dental art"; and in February, 1933 (Board's Minutes 1933, 75-7, 3), the grant made by the Board was continued for the period ending on March 31, 1934.

249. In November, 1932 (Board's Minutes 1932, 129, 59), the Board's Committee represented to the Board that the responsibility of deciding upon new subjects for research in this field was onerous; and the Board approved a proposal by the Committee that a Special Committee should be appointed to assist and advise the Board in the selection of technical problems connected with dentistry requiring investigation.

250. In February, 1933 (Board's Minutes 1933, 75-80, 3), the Report of the Special Committee, who consisted of two professional members of the Board and five other members of the profession, was considered, approved, and published by the Board.

251. (1) The Special Committee stated that the methods by which the Board had hitherto assisted research had been explained to them; and expressed the opinion that these methods were the most satisfactory available. They accordingly recommended that the Board should continue to allocate money to the Department of Scientific and Industrial Research.

(2) They recommended that, in order to obtain results of immediate practical benefit to the dentist in his daily practice,

closer contact should be established between research workers and practitioners.

(3) They thought it undesirable to renew grants to individual research workers.

(4) They reported that the problems which called for investigation or for further research appeared to fall into the following categories comprising the following specific subjects :—

(a) *Problems Relating to Restoration of Natural Teeth*

- (i) Amalgams
- (ii) Lutes, adhesive, non-soluble, and translucent.

(b) *Problems Relating to Provision of Substitutes for Natural Teeth*

- (i) Soluble Plasters
- (ii) Impression Material for Partial Cases
- (iii) A Non-Metallic Denture Base
- (iv) Investment Materials for Cast Inlays and Plates.

(5) They recommended that the researches in progress in connection with some of these problems should be continued on their existing lines.

(6) They recommended that the Department of Scientific and Industrial Research should be requested to consider the institution of researches into the other problems indicated under head (4).

(7) They recommended that the results of the work on *Plaster of Paris* for impressions and models which had been concluded should be published.

252. In November, 1932 (Board's Minutes 1932, 133, 59–60), the Board, on the recommendation of their Finance Committee, and having regard to the industrial depression then prevailing, reduced the normal amount of the annual retention fee (which had been £4 for 1927 and subsequent years including 1932) to £3 for 1933 and to £3 10s. for 1934.

In November, 1933 (Board's Minutes 1933, 124–6), the Board's Research Committee, on consideration of the consequential

reduction of the income of the Board for 1933 as compared with that for 1932, which amounted to about £9,000, and the prospect of an income of less than normal amount for 1934, reported that they had come to the conclusion that it was proper for them to propose that the scope of the work carried out through the Department of Scientific and Industrial Research which the Board were to aid in future should be restricted. They accordingly recommended that

- (1) The investigations on *Adhesive Lutes* and *Dental Materials* should be discontinued.
- (2) The Department should be informed that the Board were prepared to defray any expenditure, subject to a maximum of £2,000, necessary to bring the researches in progress under the direction of the Dental Investigation Committee of the Department, including those on dental amalgams, to a conclusion before March 31, 1935.

253. The Board adopted the recommendations of their Committee on November 16, 1933 (Board's Minutes 1933, 46-8), and in his Address to the Board in May, 1934 (Board's Minutes 1934, 10-1), the Chairman made the following statement :—

“ The fluctuations in the Board's income during the years 1933 and 1934, and their commitments to expenditure already incurred in other directions, have compelled the Board, with great regret, to withdraw their support from these investigations. That this feeling is shared by the Department is shown in a letter which has been received from Lord Rutherford, from which the following is an extract :—

‘ We have always felt that the action of the Board in consulting the Department about the directions in which Dental Research would be most profitable, and in making financial provision to enable such research to be carried out, was a very generous instance of recognition of the value of research work to the community as well as an incitement to other professions

and to industry generally to copy the Board's example. For this reason we learnt of the Board's decision with very real regret. We quite appreciate, however, that the present position admits of no alternative, though I should like to express our hope that the Board may see its way at a future date to make renewed provision for a programme of investigation of dental problems, and that research upon such problems may be considered merely to be temporarily discontinued.' "

254. The Board also received from the Department of Scientific and Industrial Research in May, 1934 (Board's Minutes 1934, 136-9, 29-30), a report of the Department's Committee which included an account of the progress of the researches up to date, and the recommendations of the Committee as to methods of bringing the researches to a conclusion "in such a way as to minimize the loss involved through their non-completion, and to ensure that they could be re-started with the minimum amount of difficulty."

255. In November, 1934 (Board's Minutes 1934, 164, 81-2), the Board, on the recommendation of their Committee, made a final grant of £1,000 to the Department in order to enable the research into *Dental Amalgams* to be brought to a conclusion before March 31, 1936. In May, 1936 (Board's Minutes 1936, 152-4, 35-6), the Department forwarded to the Board the Final Report, to March, 1936, of the Dental Investigation Committee of the Department on this research; and in November, 1936 (Board's Minutes 1936, 186-7), the Board received from the Department a list of 24 publications relating to work carried out under the direction of that Committee.

(3) *Direct Grants to Workers in Dental Research, 1923-26*

256. The Committee will have observed from paragraph 221 of this memorandum that the decision of the Board in 1923 (Board's Minutes 1923, 159, 52), on the recommendation of their Research Committee, to authorize the expenditure of £3,000 for that year in aid of dental researches by the Medical Research

Council, was taken simultaneously with a decision to allocate £1,000 to the purpose of "other researches" in the same field during that year.

257. Grants amounting in all to £710 were made by the Board in pursuance of this decision to 4 research workers between 1923 and 1926. Particulars are given for the information of the Committee in Appendix XI to this memorandum (see also paragraph 264 of this memorandum).

258. In November, 1926 (Board's Minutes 1926, 153, 86, 88), the Board, on the recommendation of their Committee, decided that "the award of grants to individual research workers," that is to say, grants paid directly by the Board to such workers, "be discontinued for the present," on the ground that the Board had "agreed to support Research through the Medical Research Council and the Department of Scientific and Industrial Research."

(4) *Direct Grants under War Conditions, 1940-43*

259. (a) *To Universities.* In August, 1940 (Board's Minutes, 1940, 83-4), the Standing Committee of the Board sent the circular reproduced below * to 6 Dental Schools where facilities

*

28th August, 1940.

DEAR SIR,—I am desired by the Chairman of the Education and Research Committee of the Board to say that, as you will be aware, the Board have been compelled by the reduction of their income consequential upon war conditions to discontinue the allocation hitherto made by them of large sums of money to purposes connected with dental research.

2. The maximum sum of money which the Board have found it possible to allocate to these purposes for the year 1940 is £250.

3. The Committee and the Board have had under consideration the question how best to expend any sum within this maximum, and have come to the conclusion that it could most advantageously be used with the object of averting, if possible, the closure of institutions where dental research is still being pursued and investigators engaged in such research have not been dispersed.

4. It is recognized that in many instances work of this nature has already been suspended and grants to the investigators concerned have been terminated; but the Committee on behalf of the Board are prepared to entertain applications for grants (within the maximum sum of £250 available) from the authorities responsible for institutions where it is shown

for dental research were understood to remain in being and research workers were understood to be engaged. Grants of about £330 have been made by the Board, on the recommendation of their Committee, to the Universities of Birmingham and of Liverpool, under the conditions stated in the circular.

(b) *To Workers in Dental Research.* Between 1941 and 1943 the Board, on the recommendation of their Committee, made grants of £50 each to two research workers.

Particulars of the foregoing grants are given for the information of the Committee in Appendix XI to this memorandum (see also paragraph 264 of this memorandum).

(5) *Principles of Administration of Grants in Aid of Dental Research, 1923-39*

260. *Indirect and Direct Grants.* The Committee will observe that in the discharge of the duty imposed upon them in general terms by subsection (1) of section 10 of the Act of 1921 to allocate money to purposes connected with dental research, the Board

to the satisfaction of the Committee that facilities for dental research remain in being and investigators of suitable standing are now engaged.

5. Applications (which should be addressed to this Office) should be made by the governing bodies of institutions, and every application should specify :

(1) What sum within the maximum sum of £250 available is the least which could usefully be devoted by the governing body to the purposes in view.

(2) What steps have been taken since the outbreak of war to maintain the institution in being and to continue to afford facilities in the institution for dental research.

(3) The extent to which any facilities are now available in the institution for dental research.

(4) The number and names of any investigators now engaged in dental research carried on in the institution ; and the nature of the research in which each such investigator is engaged.

(5) The approximate annual cost of maintaining the institution on its present footing, and the approximate amount of the funds already available for this purpose.

Yours faithfully,

MICHAEL HESELTINE,
Registrar.

(who at all material times after the first elections to the Board in 1924 included 6 elected members of the dental profession out of a total membership of 13) did not in any year from 1923 to 1939 give effect to the recommendation of the Committee of 1917-19 that so much as half of the disposable income of the Board from annual retention fees should be allocated to these purposes, and did not in any year between 1926 and 1941 themselves pay directly to research workers any grants out of money so allocated.

261. Apart from the sum of £710 appropriated to direct grants in the period from 1923 to 1926, the allocations made by the Board for payments of indirect grants through the Medical Research Council and the Department of Scientific and Industrial Research were as follows in the period from 1923 to 1939.

<i>Years</i>	<i>Allocations to</i>	
	<i>Medical Research Council</i>	<i>Department of Scientific and Industrial Research</i>
1923-38	£3,000 a year	
January 1, 1924, to March 31, 1927		£2,000 a year
April 1, 1927, to March 31, 1934		£2,600 a year
April 1, 1934, to March 31, 1935		£2,000
April 1, 1935, to March 31, 1936		£1,000
1939, to September	At rate of £3,000 a year	

The total amounts appropriated to payments of indirect grants were (1) over £46,000 to the Medical Research Council, and (2) over £26,000 to the Department of Scientific and Industrial Research.

262. *Conditions of Indirect Grants: Representation of Board on External Bodies.* The Committee will further observe, first, that the allocation of these sums by the Board for payments of indirect grants through the Council and the Department was throughout the material periods conditional on the representation

of the Board on the executive bodies established by these authorities, each of whom agreed from the outset that such representation should be arranged (Board's Minutes 1923, 118, 167-8).

263. Under these arrangements the following members of the Board, who at all material times after the first elections to the Board in 1924 were elected members of the dental profession, served as representatives of the Board on

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| <p>(1) <i>The Committee on the Causes of Dental Disease (Medical Research Council)</i></p> <p>1923-35 The late Mr. W. H. Dolamore, L.D.S., F.R.C.S.</p> <p>1935-39 Mr. E. L. Sheridan, L.D.S., F.R.C.S.Irel.</p> <p>1936-39 Mr. J. A. Woods, M.D.S. (in addition to Mr. Sheridan)</p> | <p>(2) <i>The Dental Investigation Committee (Department of Scientific and Industrial Research)</i></p> <p>1923-26 The late Mr. W. H. Dolamore, L.D.S., F.R.C.S.; the late Emeritus Professor W. H. Gilmour, M.D.S.; Mr. W. Guy, L.D.S., F.R.C.S. Edin.</p> <p>1926-29 The late Mr. W. H. Dolamore, Mr. W. Guy, and Mr. W. R. Ackland, M.D.S., M.R.C.S.</p> <p>1929-35 The late Mr. W. H. Dolamore, Mr. W. R. Ackland, and Mr. Sheridan</p> <p>1935-36 Mr. Sheridan, the late Mr. F. Butterfield, and Mr. Woods</p> |
|---|---|

264. *Conditions of Indirect Grants: Periodical Reports to Board on Progress of Researches.* The Committee will further observe, secondly, that the allocation by the Board of the sums specified in paragraph 261 of this memorandum for payments of indirect grants through the Medical Research Council and the Department of Scientific and Industrial Research was throughout the material periods conditional on the regular provision by these authorities, as the primary recipients of the grants, of reports which should keep the Research Committee of the Board, and the Board as a whole, continuously informed of the progress of researches aided by the Board. This condition also was accepted from the outset by each of the authorities, and reports which go

into detail and fill many pages of the Board's Minutes were furnished by them during the periods for which the grants were made, normally at intervals of six months. Particulars of work covered by the reports, extracted from surveys of the aided researches made by the Council and by the Department at longer intervals, are given for the information of the Committee in Appendix XI to this memorandum.

(6) *Proposals as to Post-War Administration of Dental Research, 1941-43*

(a) *Clinical Investigation Committee Appointed by the Board*

265. In May, 1941 (Board's Minutes 1941, 24-5), the Board appointed a Special Committee entitled the Clinical Investigation Committee, of whom the late Emeritus Professor W. H. Gilmour, M.D.S., was Chairman, and Dr. E. W. Fish, L.D.S., M.D., was a member and Hon. Secretary. Mr. Ballard, Professor Bradlaw, and Mr. Bryan Wood were also members of the Committee, and the terms of reference of the Committee were as follows :—

- “ 1. To formulate investigations which could advantageously be made the subject of clinical research with a view to the simplification of methods for the conservation of the teeth and the maintenance of the associated dental tissues in good health.
- “ 2. To consider and report to the Board upon the way in which such a clinical investigation could be carried out.”

266. In May, 1942 (Board's Minutes 1942, 5-6), the Board received the Report of the Committee. The question of its publication was under consideration by the Board, in the light of observations on it made in confidence by Dental Licensing Bodies and Schools at their invitation, when the appointment of the Inter-Departmental Committee was announced. The Board postponed a decision on the question of publication, but copies of the Report are sent with this memorandum for the information of the Committee, on the understanding that it remains a confidential document.

(b) *Memorandum on Provision for Individual Investigation of Scientific Problems*

267. In February, 1943 (Board's Minutes 1943, 2, and Appendix II), the Board, on the recommendation of their Research Committee, adopted a memorandum on this subject of which copies are sent herewith for the information of the Committee.

VIII. DUTY OF THE BOARD IN RELATION TO PUBLIC INSTRUCTION IN QUESTIONS OF DENTAL HEALTH

Recommendations of the Committee of 1917-19, and Provision of the Dentists Act, 1921

268. Section XXIV of the Report of the Committee of 1917-19 is entitled "Education of the Public in the Need for Dental Treatment." The Committee recorded that the evidence taken by them both from registered and from unregistered practitioners was unanimous "as to the failure of the population to regard dental disease and its effects on health as in any way a serious matter."

269. They then expressed the opinion that it might be possible "to affect very materially the health of the nation by a properly directed educational propaganda designed to impress upon people the importance of looking after their own and their children's teeth" through various organizations which had been established "during the last 10 years" (1909-19) (Report, Section XXIV, paragraph 226).

270. The agencies enumerated by the Committee in the next paragraphs (227-34) of their Report, not all of which had been established during the preceding 10 years, were Health Visitors; School Agencies; Welfare Supervisors; Insurance Societies ("The health insurance organizations of different kinds by advocating locally the establishment of public dental services

will be aiding the creation of machinery by which sickness will be diminished": Report, paragraph 230); School Dental Certificates (to be issued to all children and young persons leaving school); Medical Practitioners; a Public Dental Service ("Perhaps the best educator of the public in dental matters is an efficient dental clinic": Report, paragraph 233); and the Press.

271. Although in the Conclusion to their Report (page 56) the Committee of 1917-19 stated that "every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth," they did not, either in Section XXIV of the Report (which related to the education of the public in this matter), or in the Summary of the Principal Recommendations made by them (Report, pages 55-6), recommend that it should be a function of the statutory Dental Board whose establishment they contemplated either to provide or to arrange the provision of public instruction in questions of dental health.

272. The duty imposed by subsection (1) of section 10 of the Act of 1921 upon the **Dental Board**, after paying certain prior charges, to allocate any money received by them, whether by way of fees or otherwise, "*to purposes connected with dental education and research or to any public purposes connected with the profession of dentistry*" in such manner as the Board with the approval of the Council may determine, has been assumed to include a duty to provide or to arrange the provision of the service described first as "Propaganda" and later as "Dental Health Education" (which, if it is not "dental education," is presumably a public purpose "connected with the profession of dentistry").

Performance of the Foregoing Duty by the Board

273. In his Address to the Board in November, 1923 (Board's Minutes 1923, 56), the Chairman drew attention in the following terms to a motion before the Board to the effect that (1) the question of "Propaganda for the education of the

public in the need for dental treatment" was one requiring immediate consideration; (2) the question should be referred to a Committee of the Board; and (3) the Committee should be requested to report to the Board in February, 1924 :—

"A Notice of Motion also appears upon the programme in connection with propaganda for instructing the public in the great importance of having their teeth properly attended to at regular intervals, and of taking care to prevent decay. From the point of view of the health of the nation this matter is one which requires earnest consideration, and if the Board can take steps to carry out some of the suggestions made in the Report of the Departmental Committee, of which I had the honour to be Chairman, I feel sure that it will be to the public advantage."

274. The motion was carried, and in February, 1924 (Board's Minutes 1924, 179–81, 28–9), the Board, on the recommendation of their Committee (then entitled the Propaganda Committee *), took the six decisions enumerated under the following heads. Particulars of action afterwards taken are added under each head.

(1) *Provision of Instruction in Oral Hygiene in Schools*

275. Under this head the Board decided :—

"That the Educational Authorities be approached with a view to ascertaining whether instruction in Oral Hygiene can be given in Primary and Secondary Schools."

* In November, 1924 (Board's Minutes 1924, 255, 138–9), the Committee were made a Standing Committee of the Board entitled the Dental Health Propaganda Committee. Since 1926 (Board's Minutes 1926, 103, 5) the title of the Committee has been the Dental Health Education Committee. The relevant Standing Orders of the Board as to the constitution and functions of the Committee are now (1943) as follows :—

The Dental Health Education Committee "shall consist of five members."

"At least one of the Treasurers shall ex officio always be a member" of the Committee.

"It shall be the duty of the Dental Health Education Committee to consider and report upon the best methods of instructing the public in the necessity for the care of the teeth, and advising educational authorities on the necessity for the care of the teeth of children."

*Pamphlet on Oral Hygiene : Book on Hygiene of the Mouth
and Teeth*

276. In November, 1924 (Board's Minutes 1924, 251, 254, 137), the Committee reported that after a conference with Medical Officers of the Board of Education a pamphlet on *Oral Hygiene* appended to the Committee's Report (Board's Minutes 1924, 256-8) had been approved by that Board for (1) use by lecturers at Teachers' Training Colleges as a basis for lectures; (2) distribution to Student Teachers; and (3) distribution to teachers in Secondary Schools.

The Dental Board, on the recommendation of the Committee (Board's Minutes 1924, 255, 137), approved the pamphlet and the steps to be taken as to its distribution.

In May, 1925 (Board's Minutes 1925, 137), the Committee reported that over 130,000 copies of the pamphlet had been distributed through nearly 350 Local Education Authorities to teachers in Primary and Secondary Schools.

277. On the same occasion, the Board (Board's Minutes 1925, 138-42, 47), on a recommendation of the Committee made after consultation with the Advisory Committee appointed at the beginning of that year (see paragraph 352 of this memorandum), made financial provision for printing and publishing a book on the care of the mouth and teeth for the use of teachers and students.

278. The book, *Hygiene of the Mouth and Teeth*, was published in 1927 (Board's Minutes 1927, 131, 39-40), and was in the first instance sent free of charge to all Head Teachers in Public Elementary and Secondary Schools in the British Isles. By May, 1928 (Board's Minutes 1928, 129), 35,000 copies had been printed, and 31,000 copies distributed. The book was also placed on sale (price 1s. 6d.).

Dental Chart for Use by School Dentists

279. In November, 1934 (Board's Minutes 1934, 151), the Committee reported that, in response to representations that a

pictorial explanation of the structure and growth of the teeth and the process of decay would assist School Dentists in promoting oral hygiene among children and parents, a *Dental Chart* had been published, primarily for this purpose, on behalf of the Board. The Chart had also been placed on sale (price 2s.).

By May, 1935 (Board's Minutes 1935, 97), over 550 copies had been bought by 104 Local Education Authorities.

*Demonstration of Dental Health Exhibits to Student Teachers
in Training Colleges*

280. In November, 1933, and May, 1934 (Board's Minutes 1933, 115; 1934, 119), the Committee reported that, with the approval of the Board of Education, demonstrations of the exhibits originally (see paragraph 318 of this memorandum) formed for the purposes of Health Weeks and exhibitions, and since 1931 (see paragraphs 281-6 of this memorandum) primarily used for demonstrations in Public Elementary Schools, had been arranged in 45 Training Colleges for Student Teachers.

Dental Health Exhibits for Demonstration in Schools

281. As stated in paragraphs 318 and 320-1 of this memorandum, the Committee had between 1925 and 1928 formed two dental health exhibits for display and demonstration during Health Weeks and at exhibitions.

282. In May, 1931 (Board's Minutes 1931, 122), the Committee reported that a third exhibit suitable for demonstration to the elder children in Public Elementary Schools was being formed, and that an additional demonstrator was being trained.

283. In November, 1931 (Board's Minutes 1931, 135-7), the Committee reported that the experiment had been most successful; that Local Education Authorities had been much impressed with the value of the demonstrations; and that School Dentists had co-operated fully with the demonstrators. Since April, 1931, demonstrations of the exhibit had been given or arranged in Public Elementary Schools in between 40 and 50 areas.

284. In May, 1932 (Board's Minutes 1932, 81-2), the Committee reported that two more exhibits had been formed, and that on March 25, 1932, demonstrations of exhibits to be given during 1932 had been arranged with the Local Education Authorities of 70 areas (including the whole of the County of London, where demonstrations had been given in 1931 in selected Schools).

285. In May, 1933 (Board's Minutes 1933, 81-2, 85), the Committee reported that of 6 dental exhibits "held by the Board" one was in continuous use in London County Council Schools, and 5 were in almost continuous use in Schools elsewhere during term-time. On March 31, 1933, demonstrations of exhibits to be given during 1933 had been arranged with the Local Education Authorities of about 80 areas.

In May, 1935 (Board's Minutes 1935, 97), the Committee reported that demonstrations of exhibits to be given during 1935 had been arranged with the Authorities of 96 areas.

286. The report of the Committee to the Board in May, 1936 (Board's Minutes 1936, 147-150), was entirely devoted to this service, and was a justification of the expenditure on it of "more than half of the sum allotted annually for Dental Health Education" (which the Board (Board's Minutes 1925, 47) had fixed at a maximum of £5,000 a year with effect from 1926). It was shown in an appendix to the report that the total cost (including that of a small proportion of demonstrations given elsewhere than in Schools) had been as follows (to the nearest £) during the material period:—

1931	1932	1933	1934	1935
£1,269	£2,554	£2,292	£2,261	£2,317

The money allocated by the Board to the purpose of Dental Health Education during the material period had been as follows:—

1931	1932	1933	1934	1935
£4,000	£3,797	£4,000	£4,000	£4,000

The expenditure had enabled demonstrations of exhibits to be given in Schools in the following numbers of areas, and

the numbers of days' work on the demonstrations were as follows :—

	1931 (April-Dec.)	1932	1933	1934	1935
Areas	46	106	86	89	93
Days' work	224	582	772	796	916

287. The view of the Committee was that "Direct lessons to the children, who incidentally are most efficient propagandists in the home, appear, from reports received from Health and Education Authorities throughout the country, to arouse definite interest in the care of the teeth, and to result in a higher percentage of acceptances of treatment."

288. In support of this view they cited the following statement by the School Medical Officer of the London County Council, which had been quoted in the Report on the Health of the School Child for 1933 by Sir George Newman, K.C.B., M.D., as Chief Medical Officer of the Ministry of Health and of the Board of Education :—

"London.—Much dental propaganda has been undertaken in connection with the schools by the Dental Board of the United Kingdom. The Board at their own expense have supplied travelling exhibits which consist of a series of models showing the development and eruption of the teeth, their structure and the diseases to which they are prone. Permission has been given for the Board's demonstrators to visit schools in certain selected areas of London during school hours. It has now been arranged that, so far as possible, the demonstrations shall take place just before dental inspections are due to be held by the inspecting dental surgeons in particular schools. It is found that the children are extremely interested both in the lectures and in the exhibits; and it was thought that, by following up with dental inspections immediately after the demonstrations, a considerable number of additional children would subsequently attend the centres for treatment. During the year these demonstrations have been held in four divisions of London; but, from the evidence which has been obtained, no marked increase in the numbers treated at the centres in these divisions has been apparent. It would almost appear that in London all persuadable people have already been converted to the practice of dental hygiene, and that a cohort of angels even would fail to make an impression on those who obstinately remain outside the scheme. Nevertheless the useful purpose served by these demonstrations in propagating knowledge relating to the care of the teeth and dental hygiene generally cannot be gainsaid, even the faithful require re-

inforcement of their faith from time to time, and the demonstrations are continuing."

Leaflet for School Leavers : " What About Your Teeth ? "

289. In November, 1932 (Board's Minutes 1932, 116), the Committee reported that a leaflet entitled *What About Your Teeth ?* for children leaving Public Elementary Schools had been published and offered to Local Education Authorities for distribution.

By May, 1933 (Board's Minutes 1933, 82), over 250,000 copies had been supplied to 161 Authorities in England ; and in Northern Ireland the central authority had distributed 22,000 copies among all schools, with a circular pointing out to head teachers the importance of the provision of instruction in oral hygiene.

In May, 1935 (Board's Minutes 1935, 97), the Committee reported that nearly 300,000 copies had been supplied to 178 Authorities for distribution during the coming year ; and in May, 1938 (Board's Minutes 1938, 91), that 113,000 copies had been supplied to Authorities for distribution during that year.

Pamphlet : " The Story of a Tooth "

290. In May, 1937 (Board's Minutes 1937, 120), the Committee reported that a pamphlet entitled *The Story of a Tooth* had been published in 1936, and that nearly 1,200,000 copies had been distributed to Local Education Authorities in England and Wales and in Scotland. By May, 1938 (Board's Minutes 1938, 91), over 250,000 more copies had been distributed to Authorities for use in that year ; and by November, 1938 (Board's Minutes 1938, 109), a total number of 1,650,000 had been distributed.

(2) *Provision of Dental Benefit for Juvenile Members of Friendly Societies*

291. Under this head the Board decided in February, 1924 (Board's Minutes 1924, 179-81, 28-9) :—

" That measures be taken to impress upon Friendly Societies having juvenile members the advantages attaching to the provision of dental benefit to juvenile members."

292. In November, 1924 (Board's Minutes 1924, 252), the Committee reported that letters in this sense had been sent to 780 Friendly Societies ; that a small proportion of the recipients had replied ; that a large majority of those who had replied were not prepared to take any action, usually on the grounds that dental treatment was provided for children at school through the School Medical Service ; that children became adult members of Societies very soon after they left school ; and that voluntary insurance for dental benefit during the short intervening period could not be organized.

293. A few Societies out of the small minority who had replied had asked for estimates of appropriate rates of contribution and of the cost of the benefit, but the Committee considered that "such statistics" were, "unfortunately, not available."

(3) *Provision of Dental Clinics in Industrial Establishments*

294. Under this head the Board decided in February, 1924 (Board's Minutes 1924, 179-81, 28-9) :—

"That the advantages of dental clinics in large works or factories be impressed on employers of labour."

There appears to be nothing in the Board's Minutes to show that effect was given to this decision. The reason, it may be assumed, is that later in 1924 (Board's Minutes (Camera), 107, 143, 146, 152) the Board were asked questions about the establishment of clinics by Approved Societies which they felt precluded from answering by reason of their position as a body entrusted by statute with judicial functions in relation to professional discipline.

(4) *Provision of Dental Treatment for Necessitous Young Persons*

295. Under this head the Board decided in February, 1924 (Board's Minutes 1924, 179-81, 28-9) :—

"That the Ministry of Health be consulted as to whether there is any possibility or prospect of providing dental treatment for necessitous young persons between the ages of fourteen and eighteen years."

296. In November, 1924 (Board's Minutes 1924, 202), the Committee reported that, since it had been ascertained that the administration of dental treatment in Primary and Secondary Schools was in the hands of the Board of Education, a letter conveying the view of the Dental Board had been sent to that Department, and the Committee had enlisted the support of the School Dentists Society.

(5) *Delivery of Broadcasts on Care of the Teeth*

297. Under this head the Board decided in February, 1924 (Board's Minutes 1924, 179-81, 28-9) :—

“That the British Broadcasting Company be advised that it would be expedient to include in their programme ‘talks’ on the importance of the care of the teeth.”

298. In November, 1924 (Board's Minutes 1924, 252-3, 138), the Committee reported that through the good offices of Sir George Newman, K.C.B., M.D., then Chief Medical Officer of the Ministry of Health and of the Board of Education, provision had been made for the delivery of a broadcast by the Chairman of the Board.

(6) *Exhibition of Cinematograph Films on Oral Hygiene*

299. Under this head the Board decided in February, 1924 (Board's Minutes 1924, 179-81, 28-9) :—

“That inquiries be made regarding existing films bearing on Oral Hygiene and the possibility of procuring their exhibition.”

300. In May, 1924 (Board's Minutes 1924, 203-4, 67), the Committee reported that the few suitable films in this country belonged to a dental manufacturing company, and that other suitable films might be obtained from the United States of America.

The Board, on the recommendation of the Committee (Board's Minutes 1924, 204, 67), authorized an initial expenditure of not more than £50 on the purchase of suitable films.

301. In November, 1924 (Board's Minutes 1924, 253-4, 138), the Committee reported that two films had been bought for the Board; and submitted proposals for bringing the films to the notice of the public through School Dentists, Medical Officers of Health, and cinematograph theatres.

The Board (Board's Minutes 1924, 254, 138), approved the proposals, and, on the recommendation of the Committee, authorized further expenditure of not more than £350 on the purchase of films.

302. In May, 1925 (Board's Minutes 1925, 137-8), the Committee reported that further copies of the films bought in 1924, and copies of a third film, had been bought for the Board.

303. In November, 1925 (Board's Minutes 1925, 174), the Committee reported that arrangements had been made for the display in cinematograph theatres, as a subsidiary service, of lantern slides which drew attention to the importance of the proper care of the teeth.

304. In February, 1926 (Board's Minutes 1926, 102), the Committee reported that they had approved the preparation, in conjunction with the National Baby Week Council, of a film dealing with the care of the mouth of the expectant and nursing mother and of the infant.

305. In November, 1926 (Board's Minutes 1926, 141), the Committee reported that the preparation of this film had been completed, and that copies of a film entitled "Don't Wait Till It Hurts" had been bought for the Board.

306. In May, 1927 (Board's Minutes 1927, 102), the Committee reported that the technical part of a film bought from Germany had been combined with new non-technical matter so as to make a complete film.

307. In May, 1931 (Board's Minutes 1931, 122), the Committee reported that a new film had been completed.

308. In May, 1933 (Board's Minutes 1933, 83), the Board had 9 films in use, and between October, 1932, and March, 1933,

loans of films had been arranged to Local Authorities and other bodies in nearly 200 areas.

309. In May, 1935 (Board's Minutes 1935, 98), the Committee reported that 3 old films had been withdrawn from regular use, and that arrangements had been made for the production of 3 new films. In November, 1935 (Board's Minutes 1935, 121), the new films had been completed, and the Board had in use 21 35-mm. copies and 17 16-mm. copies of 7 films.

310. In May, 1937 (Board's Minutes 1937, 119), the Committee reported that arrangements had been made for the production of another film, and in November, 1937 (Board's Minutes 1937, 129), that it had been completed.

311. In November, 1938, and May, 1939 (Board's Minutes 1938, 109-10 ; 1939, 99), the Committee reported the preparation and completion of a new film entitled "Nature Shows the Way," for which photographs of animals had been secured with the help and advice of the authorities of the Zoological Society.

Arrangements for Exhibition of Films

312. The possibility of procuring the exhibition of suitable films was found by the Committee (Board's Minutes 1928, 168) to be limited by the prohibitive expense of exhibition in the programmes of cinematograph theatres.

313. The cinematograph theatre and the music hall were, however, utilized by the Committee (Board's Minutes 1928, 168) for the exhibition under contract, during intervals in programmes, of slides and of maxims of dental health.

314. Further, the Committee reported in November, 1924 (Board's Minutes 1924, 253), that films acquired by the Board which were suitable for the instruction of mothers and children were being brought to the notice of School Dentists and of Medical Officers of Health through their organizations and official journals ; and copies of all films acquired by the Board were from the outset lent free of charge to suitable applicants (Board's Minutes 1925, 144).

(7) *Adequate Provision of Dental Inspection and Treatment in the School Medical Service*

315. In May, 1925 (Board's Minutes 1925, 141, 144), the Advisory Committee appointed at the beginning of that year (see paragraph 352 of this memorandum) had expressed the opinion that it was desirable "to prosecute the campaign for the education of the public in Oral Hygiene through Education Authorities and other existing organizations"; and had specifically recommended that the Board should send a letter to all Local Education Authorities "explaining in some detail the ideals and aims of the School Dental Service, and the comparative futility of partial and incomplete schemes of dental treatment."

316. In November, 1925, the Board's Committee (Board's Minutes 1925, 175) reported that the Board's views as to the importance of providing adequate dental inspection and treatment for school children had been brought to the notice of all Local Education Authorities in Great Britain.

(8) *Provision of Instruction in Oral Hygiene by Health Visitors*

317. In November, 1929 (Board's Minutes 1929, 174), the Committee reported that a set of dental charts had been prepared on behalf of the Board for the assistance of Health Visitors in giving instruction in oral hygiene in the normal course of their duties.

(9) *Formation and Augmentation of Dental Health Exhibits*

318. In November, 1925 (Board's Minutes 1925, 174), the Committee reported that (1) a dental health exhibit which would remain the property of the Board was being formed for display and demonstration during Health Weeks and at exhibitions; and (2) health exhibits which were the property of the Central Council for Infant and Child Welfare were being augmented on behalf of the Board.

319. In November, 1926 (Board's Minutes 1926, 141), the Committee reported that the Board's exhibit had been sent to about 30 Health Weeks.

320. In May, 1927 (Board's Minutes 1927, 102), the Committee reported that the exhibit, which was now complete, had been sent to 7 Health Weeks since Christmas, 1926 ; and that a duplicate exhibit had nearly been completed.

321. In November, 1928 (Board's Minutes 1928, 161), the Committee reported that the exhibits had been sent to 15 places since the middle of September, 1928.

322. In May, 1930 (Board's Minutes 1930, 113), the Committee reported that the exhibits had been sent to 21 places in November and December, 1929, and the first five months of 1930.

323. In November, 1931 (Board's Minutes 1931, 135-7), the Committee reported that during the year demonstrations of the exhibits had been given or arranged in over 40 places.

324. The demonstrations of dental exhibits in Schools which were organized in and after 1931 have been dealt with in paragraphs 281-8 of this memorandum.

(10) *Provision of Lectures and Addresses*

325. In May, 1925 (Board's Minutes 1925, 140-2, 47), the Board, on a recommendation of their Committee made after consultation with the Advisory Committee appointed at the beginning of that year (see paragraph 352 of this memorandum), made financial provision for the preparation of material for lectures and addresses to be given by persons other than members of the dental profession ; for the purchase of illustrative lantern slides and cinematograph films ; for the arrangement of lectures and addresses through Local Education and other public Authorities ; and for the payment of lecturers.

326. In November, 1925 (Board's Minutes 1925, 174), the Committee reported that lectures had been arranged at Health Weeks and for special audiences ; a model lecture had been prepared for delivery by lay persons in rural areas ; lantern slides had been provided for use with this lecture ; and charts and diagrams had been provided for use with this lecture or on other suitable occasions.

327. The following further particulars of lectures delivered were given in subsequent reports of the Committee :—

May, 1926 (Board's Minutes 1926, 119).

24 lectures given in February, 31 in March, 6 in April: material supplied to many other lecturers.

Dental talks given at Welfare Centres in Bristol and Paddington. Material supplied to British Red Cross Society and National Federation of Women's Institutes.

Dental talks arranged at educational classes held in Juvenile Unemployment Centres.

November, 1926 (Board's Minutes 1926, 140).

Number of lectures on dental health given during second half of 1926 estimated to be over 1,000.

May, 1927 (Board's Minutes 1927, 101-2).

About 1,000 more lectures arranged since Christmas, 1926.

May, 1930 (Board's Minutes 1930, 110-3).

Over 100 lectures given, and British Red Cross Society Tours made, in addition, in 7 Counties, since November, 1929.

May, 1933 (Board's Minutes 1933, 83).

Over 100 lectures given between October, 1932, and March 31, 1933, in addition to 150 lectures given in 5 Counties in conjunction with the British Red Cross Society.

May, 1937 (Board's Minutes 1937, 120).

71 lectures arranged during the first quarter of 1937, compared with 45 during the first quarter of 1936.

328. *Lecture : " A Talk on Teeth," etc.* In May and November, 1937 (Board's Minutes 1937, 120, 129-30), the Committee reported the preparation and publication, with the approval of the Ministry of Health and of the Department of Health for Scotland, of a lecture entitled "*A Talk on Teeth and Their Relation to the Health of Mothers and Children.*"

(11) *Distribution of Pamphlets and Leaflets to Educational and Other Bodies, and to Dentists*

329. In May, 1925 (Board's Minutes 1925, 140-2, 47), the Board, on a recommendation of their Committee made after consultation with the Advisory Committee appointed at the beginning of that year (see paragraph 352 of this memorandum), made financial provision for the distribution of suitable pamphlets

and leaflets free of charge to educational and other bodies on request.

330. The following particulars of the preparation and distribution of leaflets were given in subsequent reports of the Committee :—

November, 1925 (Board's Minutes 1925, 174).

About 150,000 leaflets distributed.

February, 1926 (Board's Minutes 1926, 102).

About 80,000 more leaflets distributed.

Leaflets sent to about 500 dentists for distribution to patients.

November, 1926 (Board's Minutes 1926, 140).

Over 3,000,000 leaflets distributed through Approved Societies.

May, 1930 (Board's Minutes 1930, 113).

240,000 leaflets distributed since November, 1929.

November, 1930 (Board's Minutes 1930, 138).

50,000 copies of a translation of a leaflet into Welsh distributed.

May, 1933 (Board's Minutes 1933, 82).

Over 500,000 copies of leaflets in use (9) distributed between October 1, 1932, and March 31, 1933.

May, 1935 (Board's Minutes 1935, 97).

About 890,000 leaflets distributed during 1934.

331. *Pamphlet* : “ *Children's Teeth and How to Use Them.* ” In November, 1929 (Board's Minutes 1929, 175), the Committee reported that a pamphlet entitled “ *Children's Teeth and How to Use Them* ” had been published on behalf of the Board and sent to every dentist with a covering letter from the Chairman of the Board inviting the co-operation of the profession in arousing interest in the provision of instruction in oral hygiene. The pamphlet had also been placed on sale (price 1s. for 25 copies).

332. *Pamphlet* : “ *Your Teeth, Your Health, and Your Baby's Teeth.* ” In November, 1937 (Board's Minutes 1937, 130), the Committee reported the publication of a pamphlet entitled “ *Your Teeth, Your Health, and Your Baby's Teeth* ” suitable for distribution at Maternity and Child Welfare Centres. By May, 1938 (Board's Minutes 1938, 91), about 300,000 copies had been distributed to the appropriate Authorities.

(12) *Exhibition of Posters in Factories and Workshops, etc.*

333. In May, 1925 (Board's Minutes 1925, 140-2, 47), the Board, on a recommendation of their Committee made after consultation with the Advisory Committee appointed at the beginning of that year (see paragraph 352 of this memorandum), made financial provision for the preparation of posters suitable for exhibition in factories and workshops.

334. In May, 1927 (Board's Minutes 1927, 102), the Committee reported that 7 posters specially designed for the Board had been placed on sale.

In November, 1927 (Board's Minutes 1927, 131), the Committee reported that some of the posters had been shown on the London Underground Railways.

335. In May, 1928 (Board's Minutes 1928, 130), the Committee reported that more posters had been shown on these Railways and in London omnibuses; and that arrangements had been made to show posters at stations on two main line systems, and at other stations in Scotland. Further (Board's Minutes 1928, 130) a contract had been made for the exhibition of "transparencies" prepared from the Board's posters in trams and omnibuses in the English Provinces and in Scotland.

336. In May, 1929 (Board's Minutes 1929, 116), the Committee reported that 3 posters had been reproduced on plaques for distribution, through Local Education Authorities, as prizes to children who had given particular evidence of taking proper care of their teeth.

337. In May, 1930 (Board's Minutes 1930, 107), the Committee reported that a contract had been made for the display on prominent sites in important railway stations of "a series of large paintings conveying lessons on dental health"; and that 4 new posters had been published.

338. In November, 1930 (Board's Minutes 1930, 137), the Committee reported that over 2,000 posters a month were being distributed through the National Safety First Association.

339. In May, 1931 (Board's Minutes 1931, 122), the Committee reported that several new posters had been published,

and that the prices of posters not distributed free of charge had been reduced.

340. In May, 1934 (Board's Minutes 1934, 119), the Committee reported that a special series of posters had been printed for display in over 300 poster frames which had been transferred from the Empire Marketing Board to Local Authorities for use by the Authorities in exercise of their powers under the Public Health Act, 1925, to arrange for the display within their areas of pictures in which questions relating to health or disease were dealt with.*

The posters were displayed for one month in each of the years 1934 and 1935, and a new series was printed for display in 1936 (Board's Minutes 1935, 122).

341. In November, 1934 (Board's Minutes 1934, 151), the Committee reported that 3 new posters had been published for distribution free of charge.

342. In November, 1935 (Board's Minutes 1935, 121), the Committee reported that 2 new posters had been published, and 2 old posters re-drawn; and that in response to a circular to Health and Education Authorities inviting attention to new material (both posters and films) available, 3,000 posters had been supplied on request in September, 1935, alone.

343. In May, 1937 (Board's Minutes 1937, 119), the Committee reported that 2 new posters were being prepared in conjunction with the National Safety First Association, and 2 more new posters for general use.

344. In May, 1938 (Board's Minutes 1938, 91-2, 24), the Board approved proposals by the Committee that when posters for which a charge was made went out of stock, they should be replaced by posters of new design for which no charge was made; and that in future limited numbers of all posters should be distributed free of charge to responsible applicants in the United Kingdom. By November, 1938 (Board's Minutes 1938, 109), 10,000 posters were being distributed free of charge to Local Authorities in pursuance of this policy.

* See also footnote to paragraph 361 of this memorandum.

(13) *Gramophone Record by the Chairman of the Board*

345. In November, 1929 (Board's Minutes 1929, 174), the Committee reported that the Chairman of the Board (the late Sir Francis Dyke Acland) had made a gramophone record entitled "The Care of the Teeth," and that arrangements had been made for the record to be placed on sale (price 4s.) and for copies to be lent by the Board for short terms.

(14) *Imprint on Railway Tickets of Maxims on Dental Health*

346. In May, 1931 (Board's Minutes 1931, 122), the Committee reported that a contract had been made for the imprint on railway tickets issued by the London Midland and Scottish Railway of maxims of dental health. The Committee had undertaken this experiment in the belief that advantage should be taken from time to time of "any novel forms of advertisement likely to strike the public eye."

(15) *Publicity in the Press*

347. In May, 1925 (Board's Minutes 1925, 142, 47), the Board's Committee, after consultation with the Advisory Committee appointed at the beginning of that year (see paragraph 352 of this memorandum), expressed the opinion that "a Press Campaign on a sufficiently extensive scale would be fruitful of results." They did not, however, recommend the Board to take the initiative in allocating money to this purpose, because they did not consider that the Board should bear the whole cost. They anticipated that if the profession and dental manufacturers "could raise a fund of say £5,000 for this purpose" the Board might make a substantial contribution.

348. In November, 1925 (Board's Minutes 1925, 174-5), the Committee reported that (1) a contract had been made for a limited period with a Press agency to conduct dental health propaganda in the Press under the supervision of the Committee; and (2) articles had been written for periodicals in which it appeared that such propaganda would be effective.

349. On the same occasion, the Committee (Board's Minutes 1925, 177), stated that they concurred with three views expressed by the Executive Committee who had recently been appointed (see paragraph 355 of this memorandum), namely, that

- (1) The contract with a Press agency should be continued "for a period";
- (2) It did not appear to be possible at that time "to carry on with combined and representative support an extensive campaign of announcements on matters concerning dental health in the advertisement columns of the Press"; and
- (3) A majority of the Executive Committee believed "that a considerable and continued campaign of announcement through the advertisement columns of the Press could be conducted without conveying any impression of being promoted on behalf of the dental profession or advertising its members, and that it would have a most beneficial effect in emphasizing and reinforcing the appeals made in the other propaganda work" of the Board.

350. It was perhaps to such ethical doubts as those adumbrated in the second and third of these statements about the allocation by the Board of money to propaganda of this type as a public purpose connected with the profession of dentistry that the Chairman alluded in the following passage in his Address to the Board in November, 1925 (Board's Minutes 1925, 56):—

"Difficult questions of policy, upon which we may not all agree, may come before us for consideration with regard to possible extensions of propaganda work, but we have not yet failed to find a way through difficulties, and I trust we may not fail in the future." *

* Cf. the following passages in the report (published with the approval of the Board in Board's Minutes 1928, 163-73) by the Secretary for Education (see paragraph 354 of this memorandum) on the work of the Board's Committee from 1924 to 1928:—

"There is no doubt that a considerable body of professional opinion viewed with alarm the initiation of a publicity campaign by the very

351. In their report to the Board in November, 1927 (Board's Minutes 1927, 133), the Committee mentioned that the Board had "decided that no wide campaign is to be carried out through the Press or by advertisement, but that the methods employed should lean rather towards providing educational material for existing organizations."

Special Administrative Measures, 1925-43

352. *Appointment of Advisory Committee.* In May, 1925 (Board's Minutes 1925, 138-42), the Board's Committee reported

Body charged with suppressing any undue forms of publicity indulged in by individual dentists. There was a fear that the campaign, though itself justified, would, if the methods employed were to be effective, tend to lower the status of the profession in the eyes of the public and render the carrying out of the Board's disciplinary duties open to criticism.

"Assurances that educational announcements, though taking the form of advertisements, could be framed in a dignified manner, and without offending the ethics of the profession, were received with scepticism, and it has been due mainly to the policy practised by the Board of proceeding step by step and by careful experiment that this prejudice has been overcome. . . .

"This attitude of mind which at first prevailed reacted indirectly on the question of finance. The dental manufacturers were prepared to subscribe liberally towards a comprehensive advertising campaign in the papers. They felt, however, that members of the profession should themselves contribute to the fund in addition to any grant the Board might make. At that stage of the campaign, however, the possibilities of advertisements in the Press filled dentists with alarm, and it was thought unlikely that even those dentists who pay no annual registration fee would offer to help forward dental health work to any material extent.

"An examination by the Executive Committee of the cost of any wide scheme of advertisement in the Press led them to the conclusion that to be successful it would involve very large sums of money, and that it was at least doubtful whether educational advertisements as distinct from the advertisement of a commercial article would provide good value for the money expended.

"These various considerations led to the abandonment of the proposal to employ display advertisements in furtherance of the campaign, but the Committee decided to engage the services of an agency to distribute articles dealing with dental health to the editorial and news columns of the papers. The cost of this method of publicity was considerable, and after a trial extending for several months it was felt that the results obtained did not warrant the expenditure involved."

that after a conference in January, 1925, with representatives of bodies concerned with public instruction in questions of dental health, they had established an Advisory Committee consisting of nominees of the Board of Education (1), dental organizations (2), the Dental Officers Group of the Society of Medical Officers of Health (1), an association and firms of dental manufacturers (6), an organization of employers (1), the National Association of Insurance Committees (1), and the Food Education Society (1).

353. In February, 1925, the Board's Committee agreed with the Advisory Committee to appoint Sub-Committees on (1) Education ; (2) General Inquiries ; (3) Use of the Cinematograph ; (4) Publications ; (5) Ways and Means ; (6) Publicity ; and (7) Business.

Reports by the Sub-Committees had been considered jointly by the Board's Committee and by the Advisory Committee.

354. *Appointment of Secretary for Education.* In March, 1925 (Board's Minutes 1925, 40), the Board appointed an officer designated as Secretary for Education whose duties in practice related solely to Dental Health Education.

355. *Appointment of Executive Committee of Dental Health Education Committee.* In November, 1925 (Board's Minutes 1925, 173), the Board's Committee reported that an Executive Committee including both members of the Board's Committee and members of the Advisory Committee had been appointed "with a view to arriving at decisions as to methods of publicity and putting such decisions into practice."

356. *Pamphlet : "Dental Health Education."* In May, 1927 (Board's Minutes 1927, 103), the Board's Committee reported that an illustrated pamphlet entitled "*Dental Health Education*," giving details of the material made available by the Board for instruction in questions of dental health, had been published.

Copies of the latest edition (January, 1939) of the pamphlet are sent with this memorandum.

In May, 1930 (Board's Minutes 1930, 108), the Board's Committee reported that the pamphlet had been sent to Local Educa-

tion Authorities and School Medical Officers. A new edition was similarly distributed in 1931 (Board's Minutes 1931, 121-2).

357. *Propaganda in Particular Areas.* In November, 1927 (Board's Minutes 1927, 132-3, 40), the Board's Committee reported that special action had been taken to stimulate interest in dental health education in Northern Ireland (through collaboration with both central and local authorities), in Wales (through Medical Officers of Health), in the County of Durham (through Health and Education Authorities), and in the City of Leeds (through the Education Authority).

The Committee reported progress in Northern Ireland and in Wales in May, 1928 (Board's Minutes 1928, 130-1); and the institution of similar action in the City of Birmingham (through the Education Authority) in November, 1929 (Board's Minutes 1929, 174). Progress in Birmingham was reported in May, 1930 (Board's Minutes 1930, 108).

358. *Dental Health Education under War Conditions.* In November, 1939 (Board's Minutes 1939, 127), the Board's Committee reported that owing to the reduction of the income of the Board under war conditions the provision of public instruction in questions of dental health would for the time being inevitably be restricted to (1) loans of cinematograph films in the hands of the Board; and (2) compliance with requests for leaflets and posters of which copies were in stock.

359. In November, 1940 (Board's Minutes 1940, 81), the Committee reported that the Dental Services in the Armed Forces of the Crown were using material provided by the Board such as posters, leaflets, cinematograph films, and lectures or matter for lectures. These requests from the Services were maintained during 1941 and 1942 (Board's Minutes 1941, 67; 1942, 54). The possibilities of measurement of the effect of propaganda in the defined communities of the Armed Forces were borne in mind by the Committee when in 1942 (Board's Minutes 1942, 54; 1943, 2) they undertook a review of the experience of the Board in providing or arranging the provision of dental health education.

Co-operation between the Board and External Bodies

360. In November, 1925 (Board's Minutes 1925, 175-7), the Board's Committee reported that they had "deemed it advisable to concentrate chiefly on educating special classes of the public by co-operating with, and supplementing, the efforts of public authorities and philanthropic associations whose organizations form convenient channels for reaching the public"; that this policy had justified itself; and that a definite increase of interest in dental health among those who had an opportunity of influencing the public had already been aroused.

361. In the application of this policy to various types of propaganda the Committee received assistance then or later from such external bodies as the

National Union of Teachers	British Red Cross Society
College of Nursing	Rural Community Councils
Queen Victoria's Jubilee Institute for Nurses	Industrial Health Education Council
National League for Health, Ma- ternity and Child Welfare	Industrial Welfare Society
Central Council for Infant and Child Welfare	Young Men's Christian Association
National Federation of Women's Institutes	Women's Co-operative Guild
	National Association of Insurance Committees *

362. In particular, the Committee reported in November, 1932 (Board's Minutes 1932, 116), that they were in co-operation

* In 1911 Insurance Committees were empowered by section 60 of the National Insurance Act (which was substantially re-enacted by section 50 of the consolidating Act of 1924) to "make such provision for the giving of lectures and the publication of information on questions relating to health as they think necessary or desirable," and for that purpose to "make arrangements with Local Education Authorities, Universities and other institutions."

In 1925 County Councils and other Local Authorities were empowered by section 67 of the Public Health Act which became law on August 7, 1925, to arrange for the publication within their areas of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures in which such questions were dealt with, subject to any conditions or restrictions prescribed by the Minister of Health.

The section, with the addition of a reference to cinematograph films as a means of display, was substantially re-enacted by section 179 of the consolidating and amending Act of 1936.

with the Central Council for Health Education (established in 1927) with the object of providing Medical Officers of Health engaged in the organization of Health Weeks with "suitably balanced and comprehensive health exhibits."

363. In November, 1937 (Board's Minutes 1937, 129), the Committee reported that they were collaborating actively on behalf of the Board in a movement organized by the Central Council, under the general supervision of the Minister of Health, to increase the knowledge and use by the community of Public Health Services. The special object of the Committee was to ensure that due weight was attached to oral hygiene as an element in general propaganda on questions relating to health or disease.

Money Allocated by the Board to Dental Health Education

364. Apart from the sums of (1) £50 and £350 specifically allocated by the Board in 1924 (Board's Minutes 1924, 67, 138) to the purchase of cinematograph films, and (2) sums of £50 and £1,000 specifically allocated by the Board in that year (Board's Minutes 1924, 138) to expenditure on printing pamphlets and on the exhibition of films and "other forms of publicity" in 1925, the allocations of money made by the Board to the general purpose of dental health education have been (1) a further sum not exceeding £4,000 for the year 1925, and (2) thereafter annually a sum not exceeding £5,000 (Board's Minutes 1925, 47). Allocations (normally of £4,000) within the maximum of £5,000 were made annually until the outbreak of war. For the years 1940, 1941, 1942, and 1943 allocations of £400, £200, £200, and £300 were made.

IX. FINANCES OF THE COUNCIL IN RELATION TO DENTAL BUSINESS (1878-1921): FINANCES OF THE BOARD AND FINANCIAL RELA- TIONS BETWEEN THE COUNCIL AND THE BOARD (1921-43)

1. FINANCES OF THE COUNCIL IN RELA- TION TO DENTAL BUSINESS (1878-1921)

365. The finances of the **General Medical Council** in relation to dental business under the Act of 1878 were regulated by section 32 of the Act, which was as follows.

32. Application of fees.—All moneys arising from fees paid on registration or from the sale of copies of the registers, or otherwise received by the General Council under this Act, shall be applied, in accordance with such regulations as may be from time to time made by the General Council, in defraying the expenses of registration and the other expenses of the execution of this Act, and subject thereto, towards the support of museums, libraries, or lectureships, or for public purposes connected with the profession of dentistry or dental surgery, or towards the promotion of learning and education in connexion with dentistry or dental surgery.*

* The provision as to the application of moneys remaining after the expenses of the execution of the Act had been defrayed (which does not appear ever to have become operative) was inserted in the Bill, originally a Private Member's Bill promoted by Sir John Lubbock (afterwards Lord Avebury), as a Government amendment, in pursuance of a policy of bringing the Bill into conformity with the Government Medical Bill of 1878, which included a clause enabling the Council to submit to the Privy Council a scheme for the examination, licensing, and registration of dentists under the control of the Council. The object of this policy was "to place the Dentists in the same position as they would be in if the Government Bill passed with the Dentists Clause in it" (Letter of July 1, 1878, from Mr. (afterwards Sir) Henry Jenkyns, Parliamentary Counsel, in Council's Minutes 1878, 120). The provision of the Government Medical Bill of 1878 had also appeared in a Government Medical Bill of 1870 which had as one of its main objects the

366. Section 32 of the Act of 1878 was repealed, as from the date of the establishment of the **Dental Board** (December 1, 1921), by subsection (2) of section 18 of, and the Second Schedule to, the Act of 1921, and subsection (3) of section 10 of the Act of 1921 provided that

(1) All securities representing moneys received by the Council, by way of fees or otherwise, under the principal Act which were, at the date of the establishment of the Board, vested in the Council or in any other person should, by virtue of the Act of 1921, be transferred to and vest in the Board ; and

(2) All sums representing any such moneys which were at the said date held by the Council should be transferred by the Council to the Board.

367. Under the provisions of the subsection securities valued at cost at approximately £4,600, and other assets in the balance

establishment of Medical Examining Boards for England, Scotland, and Ireland which should have the exclusive right of granting legal qualifications for practice. The ground on which the provision was made was explained as follows by Mr. (afterwards Sir) John Simon, then Medical Officer of the Privy Council, in a Departmental Memorandum on that Bill (see Papers relating to the Medical Profession, in Appendix No. 3 to Thirteenth Report (C.349) of the Medical Officer of the Privy Council, 1870) :—

“The proposal of the bill, that, when a candidate has satisfied his examiners, his right to be registered shall not be contingent on the further fact of his being admitted as member by some medical corporation or university, is one so intimately related to the main principles of the bill that even its form could not easily be varied. But as some of the bodies concerned, and especially some of the medical corporations, are understood to attach importance to privileges which this proposal seems to touch, some collateral proposals of the bill are intended to secure those privileges against any unnecessary interference. In the first place, as regards the financial interests concerned, the principle is accepted that the fees of persons entering the medical profession may fairly be expected, not only to pay the expenses of the divisional examining boards, and of the council and branch councils by which these boards are superintended, but also to a reasonable extent (as measured by what has heretofore been done in the same matter) to supply a surplus out of which various of the bodies may be enabled to support museums and libraries for the general professional advantage, and to promote higher professional culture in their respective departments of practice.”

The question whether a provision of this kind was equally applicable, *mutatis mutandis*, to the circumstances of the dental profession in 1878 does not appear to have been specifically considered.

sheet of the Dental Fund at December 31, 1921, were transferred from the Council to the Board. The surplus remaining in the Fund on January 1, 1922, was the difference between the total assets (£5,019) and the debt (£1,442) due to the Council by the Board, that is to say, a surplus of £3,577 (Council's Minutes 1922, 372-3; Board's Minutes 1922, 138-9).

2. FINANCES OF THE BOARD AND FINANCIAL RELATIONS BETWEEN THE COUNCIL AND THE BOARD (1921-43)

(1) SOURCES OF INCOME

368. (1) **Registration Fees for First Registration.**—Section 7 of the Act of 1878 makes registration in the Dentists Register conditional on payment of "the registration fee"; and section 16 of the Act provides that there shall be payable in respect of the registration of any person who applies to be registered under the Act a fee not exceeding £5.

369. A further provision of section 16 of the Act which was repealed by the Statute Law Revision Act, 1894, made £2 the maximum registration fee payable by any person who applied to be registered under the Act before January 1, 1879.

370. The Council (Council's Minutes 1878, 155, 162), in exercise of their power under section 17 of the Act (repealed by subsection 2 of section 18 of, and the Second Schedule to, the Act of 1921 as from the date of the establishment of the Board) to make orders regulating the fees to be paid in respect of "the practice of registration" under the Act, fixed the fees at the maxima of £5 for dentists who applied for registration on or after January 1 1879, and £2 for dentists who applied before that date. In 1913 (Council's Minutes 1913, 16-7) the maximum fee of £5 was reduced to £2 in favour of dentists who were already registered in the Medical Register when they applied for registration in the Dentists Register.

371. On the transfer to the Board, on their establishment, under subsection (2) of section 6 of the Act of 1921, of the rights

and liabilities of the Council arising out of or acquired or incurred in connection with the functions of the Council with respect to the keeping of the Register transferred to the Board by subsection (1) of the section, the Board, by Regulations adopted by them on December 9, 1921, and approved by the Council on December 15, 1921, and by the Privy Council on January 16, 1922, maintained the normal amount of the fee at the maximum of £5, but (no doubt in consideration of the new liability of practitioners to pay annual retention fees) provided that the amount of any fee paid after June 30 in any year should be only £2 10s.

372. In 1928 (Board's Minutes 1928, 5, 10-1, 147-8, 44, 108) the normal amount of the fee was reduced to £2, and a fee of this amount, in lieu of £2 10s., was made payable at whatever time of year the application for registration was made.

373. (2) **Fees for Registration of Additional Qualifications.**—Subsection (6) of section 11 of the Act of 1878 makes the registration of additional qualifications in the Dentists Register (see sections 175-90 of this memorandum) conditional on payment of "the fee" fixed by the orders for the registration.

The Council (Council's Minutes 1878, 155, 162) fixed the fee at 5s. In 1903 (Council's Minutes 1903, 82, 239-40) the fee was increased to £1 consequentially on a similar increase in the fee payable for registration of additional qualifications in the Medical Register; and a fee of £1 is now (1943) payable under the Regulations of the Board for every qualification or status registered subsequently to first registration.

374. (3) **Annual Retention Fees : Normal Rates.**—The Board were empowered by paragraph (c) of subsection (1) of section 7 of the Act of 1921 to make regulations, subject to the provisions of the Acts of 1878 and of 1921, "prescribing the fee, not exceeding five pounds, to be charged in respect of the retention on the Register of the name of any person registered after the commencement of the Act" (on July 28, 1921) "in any year subsequent to the year in which that person was first registered."

375. In exercise of this power the Board, by the Regulations adopted by them on December 9, 1921, and approved by the

Council on December 15, 1921, and by the Privy Council on January 16, 1922, prescribed a fee at the maximum rate of £5 for the year 1923. As shown in the Statement as to the Finances of the Board which forms Appendix XII to this memorandum, this maximum was maintained as the normal rate for the years 1924-25-26, and has since been varied from time to time as follows :—

Normal Rates of Annual Retention Fees

Year	1927	1928	1929	1930	1931	1932	1933	1934
	£4	£4	£4	£4	£4	£4	£3	£3 10s.
Year	1935	1936	1937	1938	1939	1940	1941	1942
	£3 10s.	£3 10s.	£4	£4	£4	£2	£2	£2 2s.

376. Annual retention fees are payable so as to reach the Office of the Board at the latest by December 31 of the year preceding the year for which they are paid ; and the Regulations provide that an intimation that the fee is payable by that date shall be sent in every year to each practitioner liable to pay it.

377. The names of persons, except persons for the time being affected by disciplinary proceedings, by whom the fee has not been paid by the prescribed date are required by the Regulations to be removed forthwith from the Register.

378. (4) **Annual Retention Fees : Differential Rates.** (a) *Cases of Interrupted Studies.*—In 1923 (Board's Minutes 1923, 49-51, 92) the normal rate of fees was reduced to £1 in favour of practitioners whose studies had been interrupted by the war of 1914-18. A fee of this amount is still (1943) payable by such practitioners.

379. (b) *For Two Years After First Registration.*—In 1928 (Board's Minutes 1928, 5, 10-1, 147-8, 44, 108) the normal rate of fees payable by practitioners for each of the two years immediately subsequent to the year of first registration was reduced to £2 ; and in 1939 (Board's Minutes 1939, 59-60, 74-5), when the normal rate of fees for the year 1940 was reduced to £2, the differential rate was proportionately reduced to £1. It was increased to £1 1s. for the year 1942, when the normal rate was increased to £2 2s. (Board's Minutes 1941, 78-9, 31).

380. (c) *Practitioners Serving Abroad in the Armed Forces of the Crown.*—In 1930 (Board's Minutes 1930, 126–7, 42, 60), the normal rate of fees was reduced to £1 in favour of practitioners serving in the Armed Forces of the Crown who were abroad on January 1 in any year.

381. (5) **Remission of Annual Retention Fees in Favour of Practitioners on War Service.**—On the outbreak of war in 1939 the Board adopted, and the Council and the Privy Council approved, an amendment of the Regulations of which the effect is that no fee for annual retention on the Register is payable by any person engaged on January 1 in any year in war service, that is to say, whole-time service during the period of the present emergency in the Armed Forces of the Crown, or other service which the Board may think it right to treat in the same manner as whole-time service in the Forces.

382. (6) **Miscellaneous Fees :** (a) *Restoration Fees.*—Under the Regulations of the Board fees of £1 are payable for the restoration to the Register of the names of practitioners which have been removed therefrom either (i) under section 12 of the Act of 1878, as amended by section 12 of the Act of 1921, in the course of the correction of the Register (see paragraph 109 of this memorandum) ; or (ii) under section 12 of the Act of 1878, at the request of practitioners ; or (iii) in default of payment of the annual retention fee prescribed by the Board under paragraph (c) of subsection (1) of section 7 of the Act of 1921. The fee for restoration after removal for non-payment of the annual retention fee is payable in addition to the retention fee for the year.

383. (b) *Other Miscellaneous Fees.*—The Regulations of the Board also prescribe fees of 5s. for the registration of a change of name, and of 2s. 6d. for every certified copy of an entry in the Register.

384. (7) **Other Sources of Income.**—Other sources of income to the Board are sales of the Register and of other publications ; and interest on Bank deposits and on securities representing money received by them.

(2) EXPENDITURE

385. Provisions of Section 10 of the Act of 1921.—The application of money received by the Board is regulated by subsection (1) of section 10 of the Act of 1921, which provides that the Board shall

- (1) Pay any expenses incurred by the Council in the execution of their duties under the Acts of 1878 and of 1921 ;
- (2) Pay any expenses of the Board, including the salaries or remuneration of officers ; and thereafter
- (3) Allocate any money received by them, whether by way of fees or otherwise,
 - (a) To purposes connected with dental education ; and
 - (b) To purposes connected with dental research ; or
 - (c) To any public purposes connected with the profession of dentistry,

in such manner as the Board may with the approval of the Council determine.

386. Accounts and Audit.—From 1878 to December 1, 1921, the date of the establishment of the Board, the accounts of the Dental Fund were kept in the manner provided by section 33 of the Act of 1878, which was as follows.

33. Accounts to be published.—The treasurers of the General and Branch Councils shall enter in books to be kept for that purpose a true account of all sums of money by them received and paid under this Act ; and such accounts shall be submitted by them to the General Council and Branch Councils respectively at such times as the Councils may respectively require. Such accounts shall be published annually, and shall be laid before both Houses of Parliament in the month of March in every year, if Parliament be then sitting, or if Parliament be not sitting then within one month after the commencement of the next sitting of Parliament.

387. The section was repealed, as from the date of the establishment of the Board, by subsection (2) of section 18 of, and the

Second Schedule to, the Act of 1921, and subsection (2) of section 10 of the Act of 1921 makes the following provision for the keeping and audit of the accounts of the Board.

10.—(2) The Board shall keep accounts of all sums of money received or paid by them under the principal Act and this Act, and such accounts shall be audited in the prescribed manner and shall be submitted by the Board to the General Council at such times as the Council may require, and shall be published annually, and laid before both Houses of Parliament in the month of March in every year if Parliament is then sitting, or if Parliament is not then sitting, within one month after the next sitting of Parliament.

388. For the purposes of the performance of the foregoing duties of the Board

(1) The accounts of the Board have been audited by professional auditors in pursuance of arrangements made by the Council under Standing Orders which applied to the accounts of the Council at least since 1875 (Council's Minutes 1875, 154; 1880, 176, 87; and section 3 of Chapter VI of Standing Orders (1880) in Appendix to Council's Minutes 1880); and to the Dental Fund since 1879 (Council's Minutes 1879, 125).

(2) The accounts of the Board have been submitted to the Council, acting by the Dental Executive Committee (see paragraph 27 of this memorandum) at the meeting of the Committee regularly held in February in every year.

(3) The accounts of the Board have been published annually in the volumes of Minutes of the Board, etc.

(4) The accounts of the Board have been laid before both Houses of Parliament in March in every year by the Lord President of the Council.

389. Finance Committee and Treasurers.—Further, as a matter of internal administration, the Board maintain a Standing Committee entitled the Finance Committee.

390. The relevant Standing Orders of the Board as to the constitution and functions of the Committee are as follows :—

The Finance Committee "shall consist of five members."

"The Treasurers shall ex officio always be two of the members of the Finance Committee."

"It shall be the duty of the Finance Committee to report annually to the Board on the income and expenditure of the preceding year, and to direct the attention of the Board to such financial matters as seem deserving of notice. The Committee shall lay the audited accounts before the Board, and shall make a report thereon, at the meeting of the Board in February."

391. The Standing Orders of the Board also provide (sections 3 and 4 of Chapter VIII) that the Treasurers

- (1) "Shall superintend generally the details of income and expenditure"; and
- (2) "Shall submit annually to the Finance Committee a statement of receipts and disbursements, as a basis for the annual report to be drawn up by the Committee."

392. **Items of Expenditure.** (1) *Expenses Incurred by the Council.*—The expenses incurred by the Council which are payable by the Board under subsection (1) of section 10 of the Act of 1921 include

(a) Expenses incurred on the inspection or visitation of dental examinations under section 22 of the Act of 1878 (see paragraphs 18, 20, and 29–30 of this memorandum), and on the administration of sections 8, 9, and 10 of that Act (see paragraphs 80–93 of this memorandum).

(b) Fees and expenses payable to members of the Dental Executive Committee (see paragraph 27 of this memorandum) for attendance at meetings of the Committee (section 9 of Chapter VIII of Council's Standing Orders (1939)).

(c) So much of the fees and expenses payable to members of the Council for attendance at meetings of the Council as is proportionate to the time occupied by the Council in dental business as distinct from medical business (section 10 of Chapter VIII of Council's Standing Orders (1939)).

393. Section 11 of Chapter VIII of the Standing Orders of the Council provides that the standing charges of the Council (including rent, rates and taxes, salaries, house expenses, and incidental expenses), and any other expenditure of the Council which cannot be definitely charged, either wholly or partly, to the Council or to the Board, shall be apportioned between them as may be agreed, or, on failure to agree, as may be deemed fair and reasonable by the auditors of the Council.

394. (2) *Expenses of the Board.*—Expenses under this head, which are shown in Appendix XII to this memorandum as Administrative Expenses without separation from expenses (other than those incurred on inspection or visitation of dental examinations) incurred by the Council, include expenses under such sub-heads as salaries and wages, and provision for superannuation, of officers; Office expenses; law expenses; expenses of elections of elected members of the Board; expenses of meetings (including fees and travelling expenses payable to members of the Board for attendance); printing of the Register, etc.; and income tax.

395. (3) *Allocation of Money from Residue of Income.* The money allocated by the Board from the residue of their income, after defraying the foregoing prior charges, to purposes within the scope of subsection (1) of section 10 of the Act of 1921, is shown both in detail and in total in Appendix XII to this memorandum.

(3) RELATION BETWEEN INCOME AND ANNUAL RETENTION FEES

396. It will be seen by reference to Appendix XII to this memorandum that the amount of the normal retention fee for a year is preponderant in determining the amount of the income of the Board for that year.

397. In the 20 years (1923–42) for which retention fees have been paid, the variations in the amounts of the normal fee, and consequentially in the amounts of the annual income of the Board, have been as follows.

*Normal Retention Fee**Income of Board*

£	£000
5 (1923-4-5-6)	46·9-48-49·7-51·6*
4 (1927-8-9-30-1-2)	44·1-43·5-43·1-42·5-42·3-42·8
(1937-8-9)	44·5-45·2-46·2
3/10/-(1934-5-6)	38·6-38·6-39·2
3 (1933)	33·7†
2 (1940-1)	23·6-21·7
2/2/-(1942)	21·4‡

(4) **RELATION BETWEEN INCOME, EXPENDITURE ON PRIOR CHARGES, AND ALLOCATIONS OF MONEY FROM RESIDUE**

398. It will further be seen by reference to Appendix XII to this memorandum that

- (1) The relation between the income and the expenditure of the Board during the period from 1922 to 1942 was as follows :—

<i>Income</i>	<i>Expenditure</i>	<i>Net Surplus</i>
£000	£000	£000
838·1	812·2	25·8

- (2) The proportion of expenditure attributable to prior charges (acquisition of Office premises and administrative expenses in the sense explained in paragraphs 392-4 of this memorandum) was as follows :—

<i>Total Expenditure</i>	<i>Office Premises</i>	<i>Administration</i>
£000	£000	£000
812·2	31·6	240·3

* Highest pre-war annual income.

† Lowest pre-war annual income.

‡ Lowest annual income.

- (3) The principal allocations of money made by the Board from the residue of income after defraying prior charges were made to the following purposes :—

<i>Total Residue 1922-42</i>	<i>Grants to Students</i>	<i>Net Allocations for</i>			
		<i>Building, etc.</i>	<i>Dental Schools Teaching</i>	<i>Dental Research</i>	<i>Dental Health Education</i>
£000	£000	£000	£000	£000	£000
540·3	227	77·9	77	73·4	60·5

June, 1943.

APPENDIX I

(See paragraph 61 of Memorandum of Evidence)

GRANTS TO DENTAL SCHOOLS

	IN AID OF						
	1	2	3				Total
	New Buildings	Alterations, Extensions, and Equipment	Equipment				
	£	£	£	s.	d.	£	s. d.
A. ENGLAND							
Universities of							
Birmingham . . .	5,000	—	*2,500	0	0	7,500	0 0
Bristol	5,000	—	1,500	0	0	6,500	0 0
Durham	2,500	—	1,000	0	0	3,500	0 0
Leeds	5,000	—	1,500	0	0	6,500	0 0
Liverpool	—	2,950	1,000	0	0	3,950	0 0
London :							
Guy's Hospital . .	—	5,000	—			5,000	0 0
King's College							
Hospital	—	—	2,700	0	0	2,700	0 0
London Hospital .	—	*4,000	450	0	0	4,450	0 0
Royal Dental Hos- pital	—	1,000	1,250	0	0	2,250	0 0
University College Hospital (Na- tional Dental Hospital)	—	—	750	0	0	750	0 0
Manchester	5,000	—	1,000	0	0	6,000	0 0
Sheffield	—	—	1,312	14	3	1,313	0 0
B. SCOTLAND							
University of							
St. Andrews . . .	—	3,600	400	0	0	4,000	0 0
Edinburgh Dental Hos- pital and School .	—	*10,974	850	0	0	11,824	0 0
Glasgow Dental Hos- pital and School .	5,000	—	3,000	0	0	8,000	0 0
C. IRELAND							
Queen's University of Belfast	—	2,000	899	1	11	2,899	0 0
University of Dublin	—	—	—			—	
National University of of Ireland	—	—	—			—	
Royal College of Sur- geons in Ireland .	—	—	—			—	
Dental Hospital of Ireland	—	—	900	0	0	900	0 0
	£27,500	29,524	21,011	16	2	78,036	0 0

* Grants of £2,000 made to the University of Birmingham in aid of equipment, £5,000 made to the Edinburgh Dental Hospital and School in aid of alterations, extensions, and equipment, and £4,000 made to the London Hospital in aid of alterations, extensions, and equipment, have not yet been paid owing to difficulties in obtaining supplies and services under war conditions.

APPENDIX II

(See paragraph 67 of Memorandum of Evidence)

GRANTS IN AID OF TEACHING IN DENTAL SCHOOLS

AMOUNTS AND PERIODS OF ANNUAL GRANTS

	1		2		Total Amount of Grants now (1943) Payable*
	<i>In aid of Salaries of Whole-time Teachers of Professorial Status</i>	<i>Periods</i>	<i>In aid of Salaries of other Teachers in Dental Subjects</i>	<i>Periods</i>	
	Amounts] £		Amounts £		£
A. ENGLAND					
Universities of					
Birmingham . . .	500	1935-45	400	1931-35	
			250	1936-45	
			125	1937	
			250	1938-45	1,000
Bristol			250	1934-44	
			250	1940-44	500
Durham	500	1936-46	250	1931-46	750
Leeds	500	1931-46	250	1931-46	
			† 250	1934-46	1,000
Liverpool			325	1930-45	
			175	1930-45	500
London :—					
Guy's Hospital . . .	—		—		—
King's College					
Hospital			‡ 250	1938-43	250
London Hospital			300	1932-46	300
Royal Dental Hos-					
pital	£500	1939-44	250	1930-44	
			250	1930-44	1,000
University Col-					
lege Hospital					
(National Den-					
tal Hospital) . . .	—		—		—

* Subject to the exceptions stated in the following footnotes.

† *University of Leeds*.—The grant is reduced by £50 a year while the teacher is absent on war service and the post is held by a temporary substitute.‡ *King's College Hospital*.—Payment of the grant has been suspended owing to the occurrence of a vacancy in the post.§ *Royal Dental Hospital*.—The Professor is serving in the Army but retains his post. The grant payable is the amount by which £500 exceeds the proportionate part of his military pay.

A. ENGLAND—continued

	1		2		Total Amount of Grants now (1943) Payable
	<i>In aid of Salaries of Whole-time Teachers of Professorial Status</i>		<i>In aid of Salaries of other Teachers in Dental Subjects</i>		
	<i>Amounts</i>	<i>Periods</i>	<i>Amounts</i>	<i>Periods</i>	
	£	£	£		
Manchester . . .	500	1933-45	250	1935-45	1,000
			250	1936-45	
Sheffield . . .	500	1935-45	250	1937-45	750
B. SCOTLAND					
University of St. Andrews . . .	500	1938-48	500	1929-34	500
			350	1934-38	
Incorporated Edin- burgh Dental Hos- pital and School .	500	1934-43	250	1937-43	750
Glasgow Dental Hos- pital and School .	500	1936-46	250	1937-46	750
C. IRELAND					
Queen's University of Belfast			50	1929-34	350
			250	1930-44	
			100	1938-44	
University of Dublin	—		—		—
National University of Ireland . . .	—		—		—
Royal College of Surgeons in Ire- land	—		—		—
Dental Hospital of Ireland	—		—		—
					£9,400

Year	(b) (a)	22 248	1	2	264	3	7	241	251	201	...	301	198	3	703	14,388
1928																
1929	(b) (a)	25 253	1	...	274	3	19	270	292	140	...	427	3	3	573	14,381
1930	(b) (a)	27 249	2	1	283	4	7	295	306	146	...	378	19	5	548	14,422
1931	(b) (a)	35 242	4	...	288	...	8	261	269	135	...	357	8	7	507	14,472
1932	(b) (a)	6 283	2	...	250	3	11	268	282	168	...	301	2	5	476	14,528
1933	(b) (a)	5 280	6	2	296	3	1	249	253	187	2	330	128	5	652	14,425
1934	(b) (a)	276	2	5	287	...	6	230	236	143	...	355	3	8	509	14,439
1935	(b) (a)	2	3	56	337	2	7	244	253	187	1	332	...	4	524	14,505
1936	(b) (a)	355	7	107	470	2	...	249	251	181	...	324	3	12	520	14,706
1937	(b) (a)	1 299	6	29	334	7	2	212	221	174	...	295	2	10	481	14,780
1938	(b) (a)	384	7	15	408	3	3	171	177	218	5	320	96	4	643	14,722
1939	(b) (a)	2 418	6	12	438	6	4	200	210	168	...	190†	...	2	360†	15,010†
1940	(b)	2														
1941	(b) (a)	386	...	2	388	2	3	113	118	179	...	303	...	2	484	15,032
1942	(a)	333	...	2	335	1	...	86	87	163	...	193	...	2	358	15,096
1942	(a)	352	...	1	353	110	110	162	...	205	367	15,192

(a) Registered as Graduates or Licentiates.

(b) Registered under the Dentists Acts, 1921-23.

† Adjusted 1941.

APPENDIX IV

(See paragraphs 88 and 189 of Memorandum of Evidence)

TABLE SHOWING QUALIFICATIONS REGISTRABLE IN THE DENTISTS REGISTER
WITH ABBREVIATIONS USED TO DENOTE THEM

QUALIFICATIONS GRANTED IN THE UNITED KINGDOM OR IN EIRE	ABBREVIATIONS
The Royal College of Surgeons of Edinburgh; Licentiate in Dental Surgery, Higher Dental Diplomate	L.D.S., H.D.D., R.C.S. Edin.
The Royal College of Surgeons of England; Licentiate in Dental Surgery.	L.D.S. R.C.S. Eng.
The Royal College of Surgeons in Ireland; Licentiate in Dental Surgery	L.D.S. R.C.S. Irel.
The Royal Faculty of Physicians and Surgeons of Glasgow; Licentiate in Dental Surgery, Higher Dental Diplomate	L.D.S., H.D.D., R.F.P.S. Glasg.
The Universities of:—	
Belfast (Queen's University); Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., Q. U. Belf.
Birmingham; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., U. Birm.
Bristol; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., U. Brist.
Dublin; *Licentiate in Dental Science, Bachelor in Dental Science, Master in Dental Science	*L.Dent.Sc., B.Dent.Sc., M.Dent.Sc., U. Dubl.
Durham; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., U. Durh.
Ireland (National University); Bachelor of Dental Surgery, Master of Dental Surgery	B.D.S., M.D.S., N.U. Irel.
Leeds; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.Ch.D., M.Ch.D., U. Leeds.
Liverpool; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., U. Lpool.
London; Bachelor of Dental Surgery, Master of Surgery (Dental Surgery)	B.D.S., M.S. (Dent.), U. Lond.

Manchester (Victoria University); Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., V.U. Manc.
St. Andrews; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., U. St. And.
Sheffield; Licentiate in Dental Surgery, Bachelor of Dental Surgery, Master of Dental Surgery	L.D.S., B.D.S., M.D.S., U. Sheff.
<p style="text-align: center;">QUALIFICATIONS GRANTED ELSEWHERE IN THE BRITISH EMPIRE, OR IN FOREIGN COUNTRIES</p> <p>Except the qualifications granted elsewhere in the British Empire which are specified in the following part of the Table, qualifications granted elsewhere in the British Empire, or in foreign countries, are not registrable unless in any particular case they have been recognized by the General Medical Council under section 10 of the Dentists Act, 1878.</p>	
Adelaide, University of; Bachelor of Dental Surgery, Doctor of Dental Science.†	B.D.S., D.D.Sc., U. Adelaide.†
Malta, Royal University of; Diplomat in Dental Surgery	D.D.S. U. Malta.
Melbourne, University of; Bachelor of Dental Science, Master of Dental Science, Doctor of Dental Science	B.D.Sc., M.D.Sc., D.D.Sc., U. Melb.
New Zealand, University of; Bachelor in Dental Surgery	B.D.S., U. N. Zealand.
Sydney, University of; Bachelor of Dental Surgery; Doctor of Dental Science; Doctor of Dental Surgery	B.D.S., D.D.Sc., M.D.S., U. Sydney.
Victoria, Australia; Licentiate of Dental Surgery	L.D.S. Vict.
Witwatersrand, University of; Bachelor of Dental Surgery, Doctor of Dental Surgery	B.D.S., D.D.S., U. Witwatersrand.

* This qualification ceased to be granted in 1910.

† Registrable only subject to compliance with the Regulations which came into force in 1928.

**** Medical Qualifications granted in the United Kingdom or in Eire which are registrable in the Medical Register as primary or as additional qualifications in medicine, surgery, or midwifery are also registrable as additional qualifications in the Dentists Register.**

APPENDIX V

(See paragraph 136 of Memorandum of Evidence)

PERFORMANCE OF MINOR DENTAL WORK IN THE SCHOOL MEDICAL SERVICE BY UNREGISTERED PERSONS

BOARD OF EDUCATION CIRCULAR 1279 (REVISED) OF AUGUST 17, 1922,
TO LOCAL EDUCATION AUTHORITIES

BOARD OF EDUCATION SCHOOL MEDICAL SERVICE

Performance of Minor Dental Work by Persons who are not Registered Dentists

Local Education Authorities will find in the Appendix to this Circular the conditions which have been approved by the Minister of Health under Section 1 (3) (c) of the Dentists Act, 1921, for the performance, in connection with the School Medical Service, of minor dental work, under the personal supervision of a registered dentist, by a person who is not a registered dentist.

A few Local Education Authorities have, under conditions approved by the Board of Education, already tried the experiment of employing the services of dental nurses or dental dressers to undertake minor dental work. If such Authorities desire, after the receipt of this Circular, to continue to employ any person who is not a registered dentist in connection with their arrangements for the dental treatment of school children, an intimation to that effect should be sent to the Board of Education, together with an assurance that the work will in future be conducted in strict compliance with the conditions set out in the Appendix.

In the case of other Authorities desirous of employing on minor dental work under these conditions any person who is not a registered dentist, full particulars of the proposal should be submitted (on a Form 9a M.) for the approval of the Board of Education under Section 13 (1) (b) of the Education (Administrative Provisions) Act, 1907, before any appointment is made.

A. H. Wood.

APPENDIX TO THE FOREGOING CIRCULAR

CONDITIONS APPROVED BY THE MINISTER OF HEALTH UNDER SECTION 1
(3) (c) OF THE DENTISTS ACT, 1921, FOR THE PERFORMANCE OF MINOR
DENTAL WORK IN THE SCHOOL MEDICAL SERVICE OF LOCAL EDUCA-
TION AUTHORITIES, UNDER THE PERSONAL SUPERVISION OF A REGIS-
TERED DENTIST, BY A PERSON WHO IS NOT A REGISTERED DENTIST.

The conditions on which a person who is not a Registered Dentist may perform minor dental work in the School Medical Service of Local Education

Authorities under the personal supervision of a registered dentist are as follows :—

1. The approval of the Board of Education must be given to the employment in the School Medical Service of the person concerned, and such approval shall not be given unless the Local Education Authority undertake that the work done shall be limited to cleaning and polishing, applying or removing dressings or temporary fillings, charting, recording, or work of like responsibility.

2. The person concerned must be either :—

(a) a duly registered dental student who has received training for at least two years in dental mechanics and for at least six months in practical operative work ; or

(b) a person (called a Dental Nurse) who has received a course of instruction approved by the Minister of Health in a Dental School or Dental Clinic approved for the purpose by the Minister after consultation with the Dental Board ; or

(c) a person employed at the date of the approval of these conditions on minor dental work in the School Medical Service under arrangements approved by the Board of Education.

No dental student employed under paragraph (2) (a) of these conditions may be so employed for more than six months.

3. The registered dentist under whose personal supervision the work is performed—

(a) must always be present when operative work is being carried on ;

(b) must not supervise more than two persons at one time if he himself is performing operative work at the same time, or more than six persons at one time if he himself is not so performing ;

(c) must prescribe the treatment to be given and inspect every case after treatment and be responsible for the efficient carrying out of the treatment.

In 1931-32 the Board were consulted by the Minister under section 1 (3) (c) of the Act of 1921 on the question whether condition 1 of the foregoing conditions should be varied (a) so as to enable dental inspection to be carried out by dental nurses, and (b) so as no longer to enable dressings or temporary fillings to be applied or removed by dental nurses (Board's Minutes 1931, 69-78 ; 1932, 2-7, 54-5).

The Board informed the Minister that (1) in their opinion it was undesirable that dental nurses should be allowed to undertake the inspection of the teeth of school children, since diagnosis was properly the function of a dentist ; and (2) they approved a modification of condition 1 by which the application or removal of dressings or temporary fillings would be excluded from the scope of the work which might be carried out by dental nurses in the Service.

APPENDIX VI

(See paragraphs 161 and 168 of Memorandum of Evidence)

EXERCISE OF DISCIPLINARY JURISDICTION (1) BY THE COUNCIL, 1878-1921, AND (2) BY THE BOARD AND BY THE COUNCIL, 1922-43

A. CASES HEARD BY THE DENTAL COMMITTEE OF THE COUNCIL AND DETERMINED BY THE COUNCIL, 1878-1921*

Cases heard : 94 Names erased from Dentists Register : 54

B. SUBJECT MATTER OF CHARGES AGAINST DENTISTS HEARD AND DETERMINED, 1878-1921

Charges against dentists of infamous or disgraceful conduct in a professional respect included charges that dentists had been guilty of the following forms of professional misconduct :—

<i>Alleged Offence</i>	<i>Number of Cases</i>
Advertising	49
Covering	30
Canvassing	5

C. CASES HEARD BY THE BOARD AND DETERMINED BY THE COUNCIL, 1922-43

	<i>Cases Heard by Board</i>	<i>Cases Reported to Council</i>	<i>Names Erased from Register by Council</i>	<i>Names not Erased from Register by Council</i>	<i>Cases Re- mitted to Board by Council</i>
1922-23	36	3	3	—	—
1924-28	100	22	18	1†	3‡
1929-33	93	26	25	—	1§
1934-38	121	40	38	2	—
1939-43(May)	60	8	7	1	—
	—	—	—	—	—
	410	99	91	4	4

* Particulars from consolidated Indexes to Council's Minutes, 1858-86, 1887-1902, and 1903-39; and evidence (unpublished) of Sir Donald MacAlister, as President of the Council, before the Committee of 1917-19 as to cases heard and determined by the Council from 1878 to May, 1917 (Minutes of Evidence, November 14, 1917, pages A. 4-5).

† In this case the charge against the person affected was, in 1928, one of infamous or disgraceful conduct in a professional respect (canvassing). In 1929 the Board forwarded a further report to the Council setting out

D. SUBJECT MATTER OF CHARGES AGAINST DENTISTS HEARD
AND DETERMINED, 1922-43

1. Charges made in consequence of convictions of dentists by the Courts included charges relating to convictions of

<i>Offence</i>	<i>Number of Cases</i>
Drunkenness	22
False Pretences or Fraud	15
Embezzlement	11

2. Charges against dentists of infamous or disgraceful conduct in a professional respect included charges that dentists had been guilty of the following forms of professional misconduct :—

<i>Alleged Offence</i>	<i>Number of Cases</i>
Advertising	68
False certification in Dental Letters	56
Covering	34
Canvassing	32

the facts proved at an inquiry into the conviction of the person affected for fraudulently converting a cheque and for bigamy, and their further finding that the name ought to be erased from the Register. The Council directed the erasure of the name from the Register both on the ground of infamous or disgraceful conduct and in consequence of the conviction.

‡ In these cases, which related to (1) convictions of drunkenness, (2) alleged canvassing, and (3) alleged false certification, the Board on further inquiry did not find that the name of any of the persons affected ought to be erased from the Register.

§ In this case the charge against the person affected was one of infamous or disgraceful conduct in a professional respect (improper behaviour to patients at his surgery). The Board on further inquiry, at which they received further evidence, forwarded a further report to the Council, and their further finding that the name ought to be erased from the Register. The Council directed the erasure of the name from the Register.

APPENDIX VII

(See paragraph 193 of Memorandum of Evidence)

ARRANGEMENT OF POSTGRADUATE LECTURES BY THE BOARD 1923-31

I. MEMORANDUM (MAY, 1922) ON POST-REGISTRATION STUDY BY MR. W. H. DOLAMORE, L.D.S., M.R.C.S.

1. That it is expedient that the Board should initiate and pay for post-graduate teaching and research on matters appertaining to dental diseases and their treatment.
2. That pending a more exact knowledge than is at present available of the income and expenditure of the Board it is inexpedient to consider the evolution of a complete scheme.
3. That nevertheless it is desirable that the intention of the Board should be known.
4. That, therefore, a series of (? 4) post-graduate lectures be arranged to be given during the winter 1922 to 1923.
5. That each lecture be given by a different lecturer, but that each be in sequence dealing with and illustrating parts of one subject (e.g. Pyorrhœa (? Oral sepsis), its causes, local and general pathology and treatment).
6. That the lecturer be required to include as far as possible the results of his original observation and research.
7. That the course of lectures be given at different centres (? London, Manchester, Glasgow).
8. That admission to the lectures be free.
9. That the Board pay the expenses incidental to the giving but not to the preparation of the lectures, and the cost of blocks, if any, necessary to illustrate these lectures should it be deemed expedient to allow them to be reported in any journal or journals.

II. PARTICULARS OF POSTGRADUATE LECTURES, 1923-31

<i>Subjects</i>	<i>Lecturers</i>
1. The Diseases of the Periodontal Tissues due to Infection in their Relation to Toxæmia	Mr. J. H. Mummery, C.B.E., M.R.C.S., L.D.S. Mr. J. G. Turner, F.R.C.S., L.D.S., Sir William Willcox, K.C.I.E., C.B., C.M.G., F.R.C.P. Professor E. E. Glynn, M.D., F.R.C.P.

Subjects

2. The Growth of the Jaws, Normal and Abnormal, in Health and Disease
3. General Anæsthesia
4. Dental Alloys
5. Radiology and Radio-Therapy
6. Local Analgesia in Dental Practice
7. The Aetiology of Irregularity and Malocclusion of the Teeth
8. Abnormal Conditions of the Teeth of Animals in their Relationship to Similar Conditions in Man
9. Practical Points Connected with Dental Mechanics

Lectures

- Professor E. Fawcett, M.D., F.R.S.
 Professor J. C. Brash, M.C., M.D.
 Mr. G. Northcroft, O.B.E., L.D.S.
 Sir Arthur Keith, M.D., F.R.C.S., F.R.S.
- Professor Y. Henderson, Ph.D.
 Professor L. Hill, M.B., F.R.S.
 Professor D. N. Paton, M.D., F.R.S.
- Dr. W. Rosenhain, D.Sc., F.R.S.
- Dr. G. W. C. Kaye, O.B.E., D.Sc.
 Dr. R. Knox, M.D., D.M.R.E.
 Mr. H. M. Worth, M.R.C.S., L.D.S., D.M.R.E.
 Professor L. Hill, M.B., F.R.S.
- Mr. C. H. Howkins, C.B.E., D.S.O., M.R.C.S., L.D.S.
 Mr. F. N. Doubleday, M.R.C.S., L.D.S.
 Mr. F. St. J. Steadman, M.R.C.S., L.D.S.
 Mr. A. T. Pitts, D.S.O., M.R.C.S., L.D.S.
- Professor J. C. Brash, M.C., M.D.
- Sir Frank Colyer, K.B.E., F.R.C.S., L.D.S.
- Professor C. S. Gibson, O.B.E., M.Sc., F.R.S.
 Mr. W. Sims, M.Sc., L.D.S.
 Mr. W. Kelsey Fry, M.C., M.R.C.S., L.D.S.
 Mr. A. C. W. Hutchinson, M.D.S., and
 Dr. F. C. Thompson, M.Sc., D.Met.

APPENDIX VIII

(See paragraph 204 of Memorandum of Evidence)

POSTGRADUATE INSTRUCTION IN DENTAL SCHOOLS, 1932-39

<i>Years</i>	<i>Numbers of Courses</i>	<i>Numbers of Schools Incurring Losses</i>	<i>Payments (to nearest £) by Board under Indemnity.*</i>
			£
1932-33	11	2	48
1933-34	17	2	27
1934-35	13	5	80
1935-36	9	4	47
1936-37	9	3	35
1937-38	6	1	21
1938-39	9	2	17

* In addition, the cost of advertising courses, which for the years 1932-33 to 1938-39 amounted to about £350, was borne by the Board.

APPENDIX IX

(See paragraph 211 of Memorandum of Evidence)

POSTGRADUATE COURSES OF INSTRUCTION, 1939-43

<i>Year</i>	<i>Place</i>	<i>Subject and Duration of Course</i>	<i>Attendance Fees paid</i>	<i>Total Cost (to nearest £)</i>	<i>Maximum Grant from Board (to nearest £)</i>
				£	£
1939	Plymouth	Dental Prosthetics 6 sessions	12	75	30
	Truro	Orthodontics 4 sessions	8	32	13
	Truro	Cavity Preparation 4 sessions	8	28	12
	Plymouth	General Anæsthesia 6 sessions	6	40	16
1940	Truro	(1) Simple General Anæsthetics (2) Treatment of Fractures of Jaws (3) Treatment of Casualties 5 sessions	12	14	6
	Plymouth	General Anæsthesia 6 sessions	6	40	16
	Plymouth	General Anæsthesia 6 sessions	6	40	16
	Truro	Orthodontics 4 sessions	6	13	5
	Truro	Partial Dentures 4 sessions	6	23	9
	Birmingham	General Anæsthesia 6 sessions	8	40	12
	Birmingham	General Anæsthesia 6 sessions	8	39	11
1941	Birmingham	General Anæsthesia 6 sessions	8	39	11
	Birmingham	General Anæsthesia 6 sessions	8	39	11
	Plymouth	Orthodontics 4 sessions	8	29	12
	Truro	Orthodontics 4 sessions	6	14	4
1942	Truro	Fundamentals of Conservative Dental Surgery 4 sessions	7	29	12

APPENDIX X

(See footnote to paragraph 215 of Memorandum of Evidence)

NOTE ON THE MEDICAL RESEARCH COMMITTEE, 1913-20, AND THE MEDICAL RESEARCH COUNCIL, 1920-43

Provision for Exchequer Grant for Medical Research under the National Insurance Act, 1911

1. Paragraph (b) of subsection (2) of section 16 of the National Insurance Act, 1911 (a section which related generally to the administration of sanatorium benefit) provided that the sums available for defraying the expenses of the benefit in each year should include one penny in respect of each insured person resident in every County or County Borough payable out of moneys provided by Parliament, but that the whole or any part of the sums so payable might be retained to be applied in accordance with Regulations "for the purposes of research."

2. In 1913-14 the whole of the sums so payable, which amounted to about £55,000, were retained to be applied to the purposes of research not only into tuberculosis, but (in accordance with legal opinion taken at the time) into any disease to which insured persons were subject (Report for 1913-14 on the Administration of National Health Insurance, Cd. 7496, pages 19-21).

3. The application of the Medical Research Fund so formed was governed by Regulations made by the National Health Insurance Joint Committee of members of the several bodies of Commissioners appointed for the purposes of the Act, two other members, and a Chairman who was a member of the House of Commons and responsible to Parliament for the administration of the Fund.

The Regulations, entitled the National Health Insurance (Medical Research Fund) Regulations, 1914, were made as provisional Regulations in August, 1913, and as substantive Regulations in March, 1914.*

Establishment of Medical Research Fund, Medical Research Committee, and Advisory Council for Research

4. *Medical Research Fund.* The Regulations provided that all sums retained in accordance with the Act for the purposes of research should be paid into a fund to be called the Medical Research Fund under the control and management of the Joint Committee, and that any such moneys

* The substantive Regulations are reprinted in the Appendix to the First Annual Report of the Medical Research Committee, 1914-15 (Cd. 8101, 1915).

might be applied to those purposes in accordance with the Regulations at such times as the Joint Committee might direct during the financial year in respect of which they were provided by Parliament (or thereafter if the terms of the Parliamentary grant enabled any balance at the end of a financial year to be carried forward).

5. *Medical Research Committee.* The Regulations established a Committee for the purposes of research called the Medical Research Committee, consisting of 9 members designated in a Schedule to the Regulations. The first Chairman was the late Lord Moulton, and the first members included Dr. (now Lord) Addison, M.D., and Mr. Waldorf Astor, M.P. (now Lord Astor), afterwards (1919) the first Minister of Health and the first Parliamentary Secretary of the Ministry (*cf.* paragraphs 15-16 of this note).

6. *Advisory Council for Research.* The Regulations also established an Advisory Council for Research consisting of 42 members designated in a Schedule to the Regulations.

7. *Administration.* The main functions of the Medical Research Committee under the Regulations were

(1) From time to time to prepare schemes for research, including, if they thought fit, schemes for inquiries and the collection and publication of information and statistics ;

(2) To submit such schemes to the Chairman of the Joint Committee (see paragraph 3 of this note) for his approval ;

(3) To include in every scheme an estimate of the expenditure necessary for the carrying out of the scheme, and a specification of the period within which such expenditure was to be incurred ;

(4) On the approval of schemes for research by the Chairman of the Joint Committee (who was required to consult the Advisory Council for Research before approving any scheme) to apply to the purposes of such schemes such sums as the Chairman of the Joint Committee might from time to time direct to be paid to the Medical Research Committee out of the Fund.

Survey of the Constitution and Functions of the Medical Research Committee by the Machinery of Government Committee, 1917-18

8. The constitution and functions of the Medical Research Committee were reviewed in two Chapters of the Report (Cd. 9230, 1918) of the Machinery of Government Committee, commonly known as the Haldane Committee because the late Lord Haldane was their Chairman.

9. In a Chapter (IV, pages 22-35) on Research and Information, the Haldane Committee classified the work of the Medical Research Committee as an example of "Intelligence and Research Work for General Use," by which they meant (paragraph 29 on page 27) "Intelligence and Research services external to the organization of a particular Department, and available to meet the requirements of all Departments alike."

10. After summarizing the position of the Medical Research Committee under the Regulations of 1914, the Haldane Committee explained the principles on which the Medical Research Committee were appointed, and worked, as follows (paragraphs 38-39 on page 28) :—

" 38. The Medical Research Committee at present consists of a member of the House of Lords, two members of the House of Commons, and six men of science appointed by the Minister on account of their personal qualifications for the work of the Committee. The scientific members are men of eminence in the most important departments of medical science with which the Committee is concerned, namely, pathology, bacteriology, medicine, surgery, bio-chemistry, and public health. The principle of according representation to particular learned societies or scientific bodies has never been applied to the Medical Research Committee, but the representation of such bodies is provided for in the constitution of the Advisory Council.

" 39. As regards the scope of the Committee's work, we understand that legal advice was taken at the outset on the construction of Section 16 of the Act of 1911, and that an opinion was obtained to the effect that the application of the Medical Research Fund is not limited to research into any particular disease, but that the money may be expended upon any purpose which is covered by the words *medical research*. In accordance with this opinion, the work of the Committee has never been confined to the investigation of questions suggested by the current administration of the National Health Insurance Acts, but the widest view has been taken of the objects of the Fund, from which expenditure has in fact been made at one time or another in nearly all the varied branches of medical practice and theory."

11. In the paragraphs of their Report next following (paragraphs 40-43 on page 29) the Haldane Committee commented upon the practical working of the organization of medical research through the Medical Research Committee :—

" 40. It is important, also, to observe that, although the Minister in charge of an administrative Department is answerable to Parliament for the work of the Committee, we have of set purpose, and for two clear reasons, classified the Committee as a service of a general character, and not as a body engaged upon research for the immediate purposes of a single administrative Department.

" 41. The first reason is that, although the operations of the Medical Research Committee are within the province of the Minister responsible for Health Insurance, so that he would defend the proceedings of the Committee if they were criticised in Parliament, in practice, as we understand, the Minister relies, under the arrangements described in paragraph 37*, upon the Medical Research Committee to select the objects upon which they will spend their income, and to frame schemes for the efficient and economical performance of their work. The Minister has, of course, always received a full explanation of their schemes from the Committee before giving his approval, but he has never sought to control their work, or to suggest to them that they should follow one line of enquiry rather than another.

" 42. There is, therefore, an important distinction to be drawn between this research work and all other work within the sphere of

* As to the preparation, submission, approval, and execution of schemes for research (see paragraph 7 of this note).

the Department; and the judgement of the scientists who form the majority of the members of the Medical Research Committee as to the value of this understanding is clear. In their first Annual Report (1914-15, Cd. 8101, page 48) the Committee say that they 'venture to acknowledge their indebtedness to the three successive Chairmen of the National Health Insurance Joint Committee under whom they have worked, for having allowed them the most complete freedom, within their constitution, to bring flexible and rapid assistance to the national need on occasions of emergency with the least possible delay in the motion of constitutional machinery.'

"43. The second reason is that the Committee had not long been established before the outbreak of war in 1914; and that, as their four Annual Reports clearly indicate, they have, in consequence, from the first devoted almost the whole of their energies to the investigation of problems arising out of war conditions, and referred to them by administrative Departments, including the Admiralty, War Office, Air Ministry, Home Office, and Ministry of Munitions, for the purpose of concentrating the whole of the scientific forces available in the country upon the search for a solution."

12. In a Chapter (IX, pages 58-63) on Health, the Haldane Committee considered the position of the Medical Research Committee in relation to the recommendation which they made in favour of the establishment of a Ministry of Health for England and Wales.

13. After reviewing the functions of the Local Government Board and of the National Health Insurance organization (whose concentration in the new Department they proposed) the Haldane Committee recorded their conclusion and recommendation as to the work of the Medical Research Committee as follows (paragraphs 14-15 on page 60):—

"14. The operations of this Committee have never been limited, as would presumably be the case with the new Ministry of Health, to England and Wales, but have extended over the whole United Kingdom. We think that it is essential to make provision for enabling the work to be continued on the same lines, so as to secure the fullest dissemination of its results, and the best use of the limited funds available for it.

"15. For these reasons, and on the grounds which are set out in the Chapter of this Part of our Report dealing with Research and Information, we recommend that, on the establishment of the Ministry of Health, the Medical Research Committee should be reconstituted so as to enable it to act under the direction of a Committee of the Privy Council on the lines already followed in the case of the Committee of Council for Scientific and Industrial Research."

14. The Haldane Committee found (paragraph 67 on page 34) that among the advantages of such a form of organization were that:—

"(1) It places responsibility to Parliament in the hands of a Minister who is in normal times free from any serious pressure of administrative duties, and is immune from any suspicion of being biased by administrative considerations against the application of the results of research.

"(2) It gives any authority established under it a jurisdiction which not only extends over the whole United Kingdom, but also facilitates the establishment of relations with research bodies in the Dominions and Colonies, and in India, which find it not unnatural to look upon any organization under the Privy Council as a body affiliated to themselves."

**Reconstitution of the Medical Research Committee under the
Ministry of Health Act, 1919**

15. Before the Report of the Haldane Committee was published, the Government had introduced a Bill (Bill 108, 1918) providing for the establishment of a Ministry of Health for England and Wales and of a Scottish Board of Health in Scotland (see Note on Chapter IX of the Report on page 63). Both in that Bill and in the Bill of 1919 which became law on June 3, 1919, as the Ministry of Health Act, 1919, the Government adopted the recommendation of the Haldane Committee as to the reconstitution of the Medical Research Committee. The relevant provision of the Act (Proviso (i) to subsection (1) of section 3) is as follows :—

" Provided that

(i) the power conferred on the Insurance Commissioners by the proviso to subsection (2) of section sixteen of the National Insurance Act, 1911, of retaining and applying for the purposes of research such sums as are therein mentioned shall not be transferred to the Minister, but the duties heretofore performed by the Medical Research Committee shall after the date of the commencement of this Act be carried on by or under the direction of a Committee of the Privy Council appointed by His Majesty for that purpose, and any property held for the purposes of the former Committee shall after that date be transferred to and vested in such persons as the body by whom such duties as aforesaid are carried on may appoint, and be held by them for the purposes of that body."

16. In the course of debate on the Second Reading of the Bill it was suggested that it would be preferable to place the Medical Research Committee under the direct control of the Minister of Health rather than to reconstitute the Committee as proposed in the Bill. Dr. (now Lord) Addison, who was in charge of the Bill as President of the Local Government Board, accordingly laid before Parliament a Memorandum (Cmd. 69, 1919) on the relevant provision of the Bill which urged the following considerations, among others, in its support :—

" 9. . . . It might appear at first sight that when a Ministry of Health is set up, and a more advanced health policy is adopted, as we hope it will be as soon as the Ministry is established, the arguments for keeping the Medical Research Committee closely linked with the new Ministry would be strengthened; but I think that on closer examination the arguments to the contrary are stronger.

" 10. A progressive Ministry of Health must necessarily become deeply committed from time to time to particular systems of health

administration. The Minister of Health at any moment may be appointed by the Government on the ground that he is something of a scientist or takes a special interest in health matters. One does not wish to attach too much importance to the possibility that a particular Minister may hold strong personal views on particular questions of medical science or of its application in practice; but, even apart from special difficulties of this kind, which cannot be left out of account, a keen and energetic Minister will quite properly do his best to maintain the administrative policy which he finds existing in his Department, or imposes upon his Department during his term of office. He would, therefore, be constantly tempted to endeavour in various ways to secure that the conclusions reached by organized work under any scientific body, such as the Medical Research Committee, which was substantially under his control, should not suggest that his administrative policy might require alteration. The more active the administration of his Department the greater this danger becomes. It is essential that such a situation should not be allowed to arise, for it is the first object of scientific research of all kinds to make new discoveries, and these discoveries are bound to correct the conclusions based upon the knowledge which was previously available, and, therefore, in the long run to make it right to alter administrative policy.

"11. Accordingly, any body of men engaged upon scientific research in medicine or any other field should be given the widest possible freedom to make their new discoveries, and to make them available for the use of the administrative Departments. This can only be secured by making the connection between the administrative Departments concerned, for example, with medicine and public health, and the research bodies whose work touches on the same subjects, as elastic as possible, and by refraining from putting the scientific bodies in any way under the direct control of Ministers responsible for the administration of health matters.

"12. Further, it must be remembered that, even apart from direct interference by the Minister of Health, the Medical Research Committee, if it were specially attached to his Department, would tend to be too much absorbed in making researches into those problems which appeared at the moment to be of the most pressing practical importance. These problems must, of course, be effectively dealt with in the interests of the good administration of the Ministry of Health. It is for this reason that the Ministry must always conduct some researches through its own staff. The Department must also be in the closest touch with any body, such as the Medical Research Committee, which can give assistance in solving such practical problems. But, while it is essential that the administrative Departments should let the scientific body know what are the practical problems of the day calling urgently for enquiry, the scientific body should not be limited to dealing with the practical aspects of those problems. It has already been found in many cases that an enquiry started with a purely practical purpose has led scientific men into new enquiries, resulting in fresh discoveries which have been valuable for purposes quite distinct from the solution of the original problem. It has been found equally that the solution

of a particular problem has often come quite unexpectedly from scientific work in some other direction, that would have been thought at first sight to be wholly remote from it."

THE MEDICAL RESEARCH COUNCIL, 1920-43

17. The date appointed as that of the commencement of the Ministry of the Health Act for the purposes of the reconstitution of the Medical Research Committee was April 1, 1920. On and after that date the Committee ceased to exist.

18. By order in Council of March 11, 1920, a Committee of the Privy Council consisting of the Lord President of the Council, the Minister of Health, the Secretary for Scotland, and the Chief Secretary for Ireland, were appointed to direct the work hitherto done by the Medical Research Committee.

19. By Order in Council of March 25, 1920, which recited that the Committee of the Privy Council had represented to His Majesty "that for the purpose of securing the continued performance of the duties heretofore performed by the Medical Research Committee and with a view to facilitating the holding of, and dealing with, any money provided by Parliament for medical research and any other property, real or personal, otherwise available for that object, and with a view to encouraging the making of gifts and bequests in aid of the said object," it was expedient that the members of the Medical Research Committee should be created a body corporate, the draft of a Charter creating the said members such a body, under the style and title of "The Medical Research Council," was approved.

20. The draft Charter empowered the Medical Research Council, among other things, (1) to accept, hold, and dispose of, money or other personal property in furtherance of the objects of the Committee of the Privy Council, including sums voted by Parliament to that end; and (2) to accept any trusts, whether subject to special conditions or not, in furtherance of the said objects.

21. The draft Charter further provided that

(1) Vacancies in the membership of the Medical Research Council should be filled by appointment by the Committee of the Privy Council;

(2) Two members of the Medical Research Council should at all times be members of the House of Lords and of the House of Commons respectively;

(3) The other members of the Medical Research Council should be appointed after consultation with the President for the time being of the Royal Society and with the Council;

(4) The Medical Research Council should with the approval of the Committee of the Privy Council appoint one of their members to be Chairman of the Council;

(5) The Medical Research Council should so far as related to the use and expenditure of any moneys provided by Parliament act in accordance with such directions as might from time to time be given to them by the Committee of the Privy Council.

APPENDIX XI

(See Paragraphs 257, 259, and 264 of Memorandum of Evidence)

PARTICULARS OF RESEARCH WORK AIDED BY GRANTS FROM THE BOARD

I. THROUGH THE MEDICAL RESEARCH COUNCIL, 1923-39

(A) INTERIM REPORTS, 1923 *

<i>Subjects</i>	<i>Research Workers</i>
Effect of Diet on Structure and Resistance of Teeth	Mrs. (now Lady) Mellanby
Causes of Caries and Other Dental Condition in Twin Children	Miss F. H. Bachrach
Bacteriology of Dental Caries	J. K. P. Clarke
Structure of Human Enamel	H. C. Malleson
Calcium Content of Saliva	A. Ll. Spencer-Payne, P. P. Laidlaw
Structure of Teeth in Relation to Dental Caries	J. H. Mummery
Dental Examination of 4,000 Unselected School Children	N. J. Ainsworth
Anthropometrical Work on Skulls	Miss V. H. George (Mrs. Armytage)

(B) SUMMARIES, 1923-26 †

1. Causation of Dental Caries

(1) Bacteriological Investigations	L. Colebrook, J. K. P. Clarke and Mrs. (now Lady) Mellanby, I. H. Maclean
(2) Relation of Caries to Structure of Teeth	Mrs. (now Lady) Mellanby
(3) Effects of Diet on Development and Extension of Caries	Mrs. (now Lady) Mellanby, L. Pattison, J. W. Proud, Miss E. M. Killick and A. D. Marshall
(4) Histology of Enamel Caries	J. H. Mummery, H. C. Malleson

2. Relationship between Diet and Structure of Teeth

Mrs. (now Lady) Mellanby

3. Periodontal Disease

(1) Bacteriological Investigations	J. K. P. Clarke, I. H. Maclean
(2) Anatomical Investigations	—
(3) Experimental Investigations	Mrs. (now Lady) Mellanby

* See Board's Minutes 1923, 168, 179-88.

† See Board's Minutes 1926, 152, 158-73.

*Subjects**Research Workers***4. Clinical and Statistical Investigations**

- (1) Dental Examination of 4,000 Unselected School Children
- (2) Influence of the Hereditary Factor on the Dental Condition of Twin Children

N. J. Ainsworth

Miss F. H. Bachrach, M. Young

6. Investigations into the Composition of Saliva

- (1) Calcium Content of Saliva
- (2) Effects of Diet on the Calcium Content of Saliva

A. Ll. Spencer-Payne, P. P. Laidlaw

L. Pattison and Mrs. (now Lady) Mellanby

6. Investigations into the Structure and Properties of Enamel

- (1) Structure of Enamel
- (2) Permeability of Enamel
- (3) Chemical Composition of Enamel

J. H. Mummery, H. C. Malleson

A. Livingston

A. Ll. Spencer-Payne

7. Anthropometric Investigations

- (1) Measurement of Mediaeval Skulls
- (2) Facial and Palatal Measurements of School Children

Miss V. H. George (Mrs. Armytage), Sir A. Keith, T. W. Todd

Miss K. C. Smyth

8. Investigations into the Relationship of Bone Growth to the Development of the Jaws

- (1) Normal Growth of the Temporo-Mandibular Joint and its Influence on the Growth of the Mandible
- (2) Study of Bone Growth in Madder-Fed Pigs

S. W. Charles

J. C. Brash

(C) SURVEY, 1923-28 *

1. Investigations into the Structure, Composition, and Physiology of Normal Teeth

- (1) Structure and Composition of Enamel

J. H. Mummery, H. C. Malleson, A. Ll. Spencer-Payne, E. Sprawson, A. Livingston

* See Board's Minutes 1929, 131-46. A list of publications by research workers working on behalf of the Medical Research Council is at pages 144-6.

*Subjects**Research Workers***1. Investigations into the Structure, Composition, and Physiology of Normal Teeth—continued**

- | | |
|--|-----------------------------|
| (2) Structure of Dentine | Mrs. (now Lady) Mellanby |
| (3) Physiology of Enamel and Dentine | E. W. Fish |
| (4) Regional Anaesthesia and Nerve Supply of Teeth | D. Stewart and S. L. Wilson |

2. Investigations into Growth of the Jaws and Teeth

- | | |
|--|---------------|
| (1) Normal Growth of the Temporo-Mandibular Joint, and its Influence on the Growth of the Mandible | S. W. Charles |
| (2) Growth of Alveolar Bone and its Relation to Movements of the Teeth | J. C. Brash |
| (3) Evolution of Dental Structure | J. T. Carter |

3. Investigation into the Factors Influencing Dental Structure

- | | |
|---|--------------------------|
| Effect of Diet on Development and Structure of Teeth, Jaws, and Periodontal Tissues | Mrs. (now Lady) Mellanby |
|---|--------------------------|

4. Statistical Investigations

- | | |
|---|-------------------------------|
| (1) Dental Examination of 4,000 Unselected School Children | N. J. Ainsworth |
| (2) Dental Examination of Inhabitants of Tristan da Cunha | A. D. Marshall |
| (3) Influence of the Hereditary Factor on the Dental Condition of Twin Children | Miss F. H. Bachrach, M. Young |

5. Investigations into Factors Influencing the Calcium Content of Saliva

- | | |
|--|--|
| (1) Effects of Diet on the Calcium Content of Saliva | L. Pattison and Mrs. (now Lady) Mellanby |
| (2) Calcium Content of Saliva | A. Ll. Spencer-Payne, P. P. Laidlaw |
| (3) Relation between Calcium Content of Saliva and Dental Caries in Children | J. R. Marrack |

*Subjects**Research Workers***6. Investigations into Dental Caries**

(1) Histology of Caries

J. H. Mummery, H. C. Malleson,
P. P. Laidlaw, E. W. Fish, Mrs.
(now Lady) Mellanby

(2) Bacteriology of Caries

(a) General

L. Colebrook, J. K. P. Clarke,
I. H. Maclean

(b) Experimental Caries

Mrs. (now Lady) Mellanby, E. W.
Fish

(c) Artificial Caries

J. K. P. Clarke, I. H. Maclean

(3) Relation of Defective Tooth Structure to Caries

J. H. Mummery, Mrs. (now Lady)
Mellanby

(4) Relation of Diet to Development and Extension of Caries

(a) Dental Condition of About 100 Children in an Institution

Mrs. (now Lady) Mellanby, C. L.
Pattison, J. W. Proud

(b) Dental Condition of About 800 Children in Homes

Mrs. (now Lady) Mellanby, H. C. T.
Langdon, A. Deverall, Miss E.
Brinton, Miss M. Reynolds,
F. W. Ellis

7. Investigations into Other Pathological Conditions

(1) Periodontal Disease

J. K. P. Clarke, I. H. Maclean

(2) Apical Infection

A. Bulleid, V. G. H. Wallace

8. Anthropometric Investigations

(1) Measurements of Mediaeval Skulls

Miss V. H. George (Mrs. Armytage),
Sir A. Keith, T. W. Todd

(2) Facial and Palatal Measurements of School Children

Miss K. C. Smyth

(3) Excessive Overlap

D. M. Shaw

(D) PROGRESS REPORTS, 1930-39 *

1. Effect of Carbohydrate Diet on Incidence of Caries

W. R. Bett, Mrs. Lindsay

2. Relation of Malocclusion of Teeth to Strength of Muscle Groups

E. S. Friel

3. Permeability of Enamel to Dyes, etc.

G. E. S. Jeffery

* Subjects already mentioned under head (A), Interim Reports, 1923; head (B), Summaries, 1923-26; or head (C), Survey, 1923-28, are not mentioned again under this head.

<i>Subjects</i>	<i>Research Workers</i>
4. Permeability and Structure of Cementum	H. H. Stones
5. Measurement of Abnormal Jaws	Miss E. M. Bennett (Mrs. Johnson) and Miss E. M. Still, M. Young
6. Chemical Composition of Hypoplastic Dentine and Enamel	Miss M. M. Murray, Miss M. Barrie, Miss J. H. Bowers, Miss F. Lowater, Miss G. E. Glock
7. Treatment of Pulpless Teeth	W. S. Ross
8. Relations between Dental Lesions and Neuralgic Pain	R. V. Bradlaw
9. Distribution of Lymphatics Draining the Pulp and Parodontal Tissues	A. B. MacGregor
10. Nature of Organic Matter Associated with Enamel	P. Pincus
11. Cultivation of Embryonic Teeth	Miss S. Glasstone (Mrs. Hughes)
12. Causes of Hare Lip and Cleft Palate	R. A. Broderick
13. Effect of Carbohydrates on <i>B. Acidophilus</i> Content of Mouth	R. Whyte

II. THROUGH THE DEPARTMENT OF SCIENTIFIC AND INDUSTRIAL RESEARCH, 1923-36

1. Dental Alloys and Amalgams	W. Rosenhain: Board's Minutes 1924, 205-7*, 259, 261*; 1925, 119-20*, 159-60, 167-8; 1926, 123, 146-9† W. Rosenhain and A. J. Murphy: Board's Minutes 1927, 108-9*, 136*; 1928, 139-40*, 187-8*; 1929, 146-7, 149-57‡, 191; 1930, 120-1*, 154*; 1931, 118-9*, 151*; 1932, 92*, 94-5§, 127-8*; 1933, 104*, 124-5; 1934, 136-8, 159-60; 1935, 102, 128-30 C. H. Desch and M. L. V. Gayler: Board's Minutes 1936, 152-4, 186-7
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* Reports treated as confidential at the request of the Department.

† Review of progress from October, 1923, to October, 1926.

‡ Review of progress from October, 1926, to May, 1929.

§ Summary of results to April, 1932.

<i>Subjects</i>	<i>Research Workers</i>
2. Vulcanizable Rubber	E. E. Walker: Board's Minutes 1924, 259, 261* ; 1925, 119-20* ; 1926, 149-50†
3. Substitutes for Vulcanite	E. E. Walker: Board's Minutes 1925, 119-20*, 159-60, 167-8 ; 1926, 124 E. E. Walker and W. K. Fry: Board's Minutes 1926, 149-50† ; 1934, 138, 159, 162-3 ; 1935, 102-7
4. Dental Plasters	C. S. Gibson, W. H. Sodeau, and W. K. Fry: Board's Minutes 1927, 109-10*, 136-8* C. S. Gibson, R. N. Johnson, and S. Holt: Board's Minutes 1928, 140*, 188-93 ; 1929, 147-8, 191 ; 1930, 121-2, 154 ; 1931, 119*, 151* ; 1932, 93*, 95-6‡, 127-8* ; 1933, 104-5*, 125 ; 1934, 138, 159-62 ; 1935, 103, 107

III. TO RESEARCH WORKERS DIRECTLY

(A) 1923-26

1. Orthodontic Research	E. S. Friel: Board's Minutes 1923, 169 ; 1924, 260, 268-9 ; 1925, 121, 123, 127, 162-3 ; 1926, 125, 129, 145-6, 156 ; 1927, 107-8§
2. Relation between Dental Sepsis and Diabetic Conditions	E. E. Glynn: Board's Minutes 1924, 207 ; 1927, 150
3. Structure and Development of Enamel in Modern and Pre-historic Mammals and Reptiles	J. T. Carter: Board's Minutes 1925, 103-4, 165 ; 1926, 145-6, 157

* Reports treated as confidential at the request of the Department.

† Review of progress from October, 1923, to October, 1926.

‡ Summary of results to April, 1932.

§ In their Progress Report to April, 1930 (Board's Minutes 1930, 118-9), the Committee of the Medical Research Council on the Causes of Dental Disease stated that Mr. Friel had received a grant from the Council to enable him to continue research work in this field.

|| The Progress Report of the Committee of the Medical Research Council on the Causes of Dental Disease to October, 1927 (Board's Minutes 1927, 142), included particulars of research work by Mr. Carter in Comparative Anatomy aided by the Council.

*Subjects**Research Workers*

4. Nutrition of Dentine during Adult Life in Man and Rabbit

E. W. Fish : Board's Minutes 1925, 122-3, 164 ; 1926, 125-6, 145-6, 154-5 ; 1927, 105-8*

(B) 1940-43

1. Growth of Jaws and Teeth

S. Wilson Charles : Education and Research Committee Minutes, May 13, 1941

2. Behaviour of Tissues of Mesenchymal Origin and of Dental Occurrence from the Biochemical and Physiological Point of View

N. M. Hancox : Board's Minutes 1943, 63-4

IV. TO UNIVERSITIES DIRECTLY

1940-43

*Subjects**Universities and Research Workers*

1. Problems in Development of Enamel and Dentine

University of Birmingham : E. B. Manley and Mrs. Manley : Board's Minutes 1940, 85-6 ; Education and Research Committee Minutes, May 13, 1941 ; Board's Minutes 1941, 85-6 ; 1942, 51, 55-6

2. Effects of Various Filling Materials on Human Tooth Pulp

3. The Epithelial Attachment to the Tooth

4. Bacteriology of the Mouth Before and After Onset of Dental Caries, and Methods for Prophylaxis

University of Liverpool : H. L. Carruthers : Board's Minutes 1942, 56

* In their Progress Report to April, 1927 (Board's Minutes 1927, 112), the Committee of the Medical Research Council on the Causes of Dental Disease stated that Dr. Fish was taking up work for the Committee in continuation of his former investigations into the metabolism of dentine and the circulation of lymph in dentine and enamel.

APPENDIX XII

(See paragraph 375 et seq. of Memorandum of Evidence)

STATEMENT AS TO FINANCES OF THE BOARD

	1922	1923	1924	1925	1926
	£	£	£	£	£
Normal Retention Fee	Nil	5	5	5	5
Income	30,243	46,911	48,060	49,731	51,619
Expenditure	29,385	44,702	45,295	41,933	48,166
Surplus	858	2,209	2,765	7,798	3,453
Deficit	—	—	—	—	—
ITEMS OF EXPENDITURE :—					
Administrative Expenses	12,700	11,943	11,182	10,325	10,251
Money allocated for :—					
Office Premises	15,850	15,390	429	—	—
Grants to Dental Schools for Extension and Equipment	—	8,000	16,300	10,000	8,600
Educational Grants (Grants in Aid of Teaching in Dental Schools and Grants to Students)	835	4,450	9,000	14,000	18,000
Loans to Students	—	2,000	—	—	—
Grants for Research	—	1,936	6,000	5,000	5,000
Dental Health Education	—	—	80	1,159	5,000
Postgraduate Instruction	—	—	941	152	566
Post-Registration Lectures	—	338	940	1,195	749
Visitation of Dental Examinations (expenses incurred by General Medical Council)	—	278	423	102	—

	1927	1928	1929	1930	1931	1932
	£	£	£	£	£	£
Normal Retention Fee	4	4	4	4	4	4
Income	44,110	43,587	43,122	42,532	42,283	42,862
Expenditure	40,903	42,155	41,688	41,372	42,720	41,166
Surplus	3,207	1,432	1,434	1,160	—	1,696
Deficit	—	—	—	—	437	—
ITEMS OF EXPENDITURE :—						
Administrative Expenses	10,255	11,439	10,970	10,726	10,710	10,263
Money allocated for :						
Office Premises	—	—	—	—	—	—
Grants to Dental Schools for Extension and Equipment	—	—	—	—	—	—
Educational Grants (Grants in Aid of Teaching in Dental Schools and Grants to Students)	21,000	21,000	21,000	21,000	21,000	21,000
Loans to Students	—	—	—	—	—	—
Grants for Research	5,000	5,000	5,000	5,219	5,396	5,495
Dental Health Education	4,000	4,000	4,000	4,000	4,000	3,797
Postgraduate Instruction	247	476	428	231	1,140	611
Post-Registration Lectures	401	240	290	196	224	—
Cost of Visitation of Dental Examinations (expenses incurred by General Medical Council)	—	—	—	—	250	*898

* Charged to Accumulated Surplus Account.

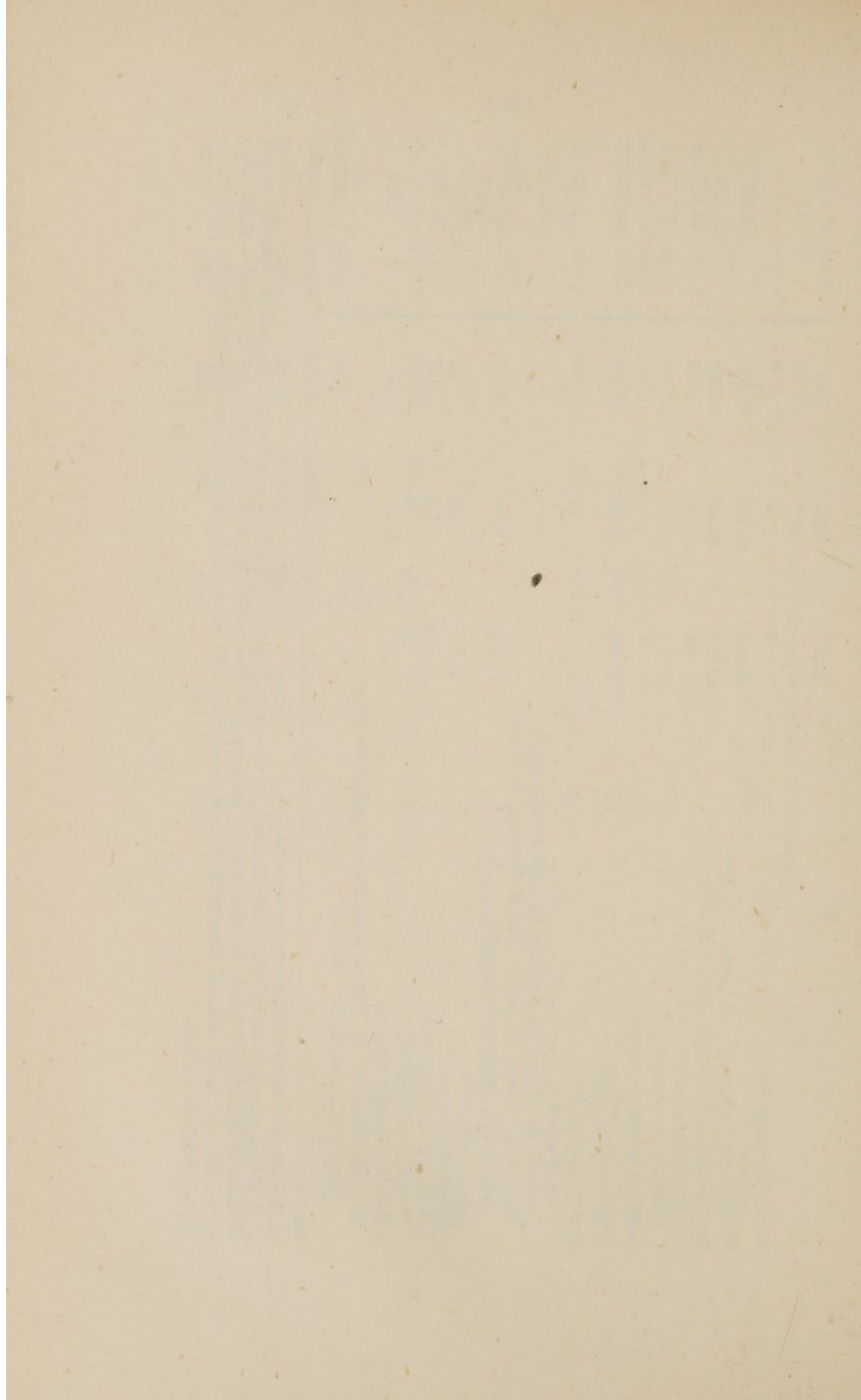
	1933	1934	1935	1936	1937	1938	1939
	£	£ s. d.	£ s. d.	£ s. d.	£	£	£
Normal Retention Fee	3	3 10 0	3 10 0	3 10 0	4	4	4
Income	33,785	38,662	38,593	39,224	44,497	45,255	46,276
Expenditure	43,083	42,077	41,487	41,330	41,246	44,183	34,839
Surplus	—	—	—	—	3,251	1,072	11,437
Deficit	9,298	3,415	2,894	2,106	—	—	—
ITEMS OF EXPENDITURE :—							
Administrative Expenses	12,174	11,991	11,867	12,380	12,204	13,115	13,062
Money allocated for :—							
Office Premises	—	—	—	—	—	—	—
Grants to Dental Schools for Extension and Equipment	—	—	—	—	—	4,000	2,368
Educational Grants (Grants in Aid of Teaching in Dental Schools and Grants to Students)	21,000	21,000	21,000	21,000	21,000	19,000	13,807
Loans to Students	—	—	—	—	—	—	—
Grants for Research	5,600	5,000	4,498	3,000	3,000	3,000	2,252
Dental Health Education	4,000	4,000	4,000	4,878	5,000	5,000	3,239
Postgraduate Instruction	309	86	122	72	42	68	110
Post-Registration Lectures	—	—	—	—	—	—	—
Cost of Visitation of Dental Examinations (expenses incurred by General Medical Council)	369*	—	—	—	—	—	—

* Charged to Accumulated Surplus Account.

	1940	1941	1942	TOTALS, 1922-42
	£	£	£ s. d.	£
Normal Retention Fee	2	2	2 2 0	—
Income	23,653	21,709	21,408	838,127
Expenditure	23,170	21,127	20,229	812,256
Surplus	488	582	1,179	25,871 <i>net</i>
Deficit	—	—	—	—
ITEMS OF EXPENDITURE:				
Administrative Expenses	11,493	10,972	10,317	240,339
Money allocated for:				
Office Premises	—	—	—	31,669
Grants to Dental Schools for Extension and Equipment†	—	—	—	49,268†
Educational Grants (Grants in Aid of Teaching in Dental Schools and Grants to Students)†	11,280	9,750	9,625	340,747†
Loans to Students	—	—	—	2,000
Grants for Research†	—	221	83	75,700†
Dental Health Education†	309	139	197	60,798†
Postgraduate Instruction	88	45	7	5,769
Post-Registration Lectures	—	—	—	4,913
Cost of Visitation of Dental Examinations (expenses incurred by General Medical Council)	—	—	—	{ 1,053
				{ 1,267*

* Charged to Accumulated Surplus Account.

† £28,768 has been transferred to the Account for Grants to Dental Schools for Extension and Equipment from the money allocated to Educational Grants, and the following amounts have been transferred to the general fund of the Board:—£7,534 from money allocated to Educational Grants, £2,377 from money allocated to Grants for Research and £264 from money allocated to Dental Health Education.



Dental Board of the United Kingdom

Memorandum of Evidence on Policy Submitted on behalf of the Board to the Inter-Departmental Committee on Dentistry

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SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

1. *Experience of the Board.* The Board have already submitted (jointly with the Council *) a Memorandum of Evidence on matters of fact describing the discharge of their statutory functions and their relations with the Council. It was recorded in that evidence that the Board have had considerable experience in the last twenty years of the registration and disciplinary control of the dental profession, and have discharged the responsibility of safeguarding the interests of the public. In addition, the duty assigned to the Board of allocating the bulk of the large annual income collected from retention fees to dental education and research has provided exceptional opportunities for observing and encouraging the development of the Dental Schools. The Board are, therefore, happy to accept the invitation of the Inter-Departmental Committee to make such suggestions as to future policy as seem indicated by their experience on matters within the scope of the Committee's inquiry.

2. *Terms of Reference (a).* This head of the terms of reference of the Committee, which relates to the provision of an adequate and satisfactory dental service for the population by progressive stages, appears to touch upon the experience of the Board most directly in connection with the Board's activities in seeking to raise the standard and to add to the efficiency of the profession by increasing and improving educational and research facilities (see Sections II and III of this Memorandum).

3. *Terms of Reference (b).* The means whereby the numerical strength of the profession could be augmented calls for comment by the Board on their experience concerning the duration of the course of study, its attractiveness to prospective students,

* In this Memorandum, unless the context otherwise requires, "The Council" means the General Medical Council, and "The Dental Council" means the separate Dental Council whose establishment is proposed in this Memorandum.

the responsibilities in this matter of the body charged to keep the Register and maintain discipline, the provision of bursaries and scholarships, and the operation of ancillary services (see Section IV of this Memorandum).

4. *Terms of Reference (c).* The legislative control of the profession is dealt with in Section VII of this Memorandum, and Section VIII includes recommendations relating to a separate Dental Council. But since the constitution of such a Council must form the framework into which the recommendations of the Board will fall in relation to other aspects of the matters to be referred to in earlier Sections, the essential implications of this question are considered in Section I, and the details left for Section VIII, when the proposed duties of such a Council have been considered.

5. *Terms of Reference (d).* The encouragement and co-ordination of research are considered, together with postgraduate education, in Section III of this Memorandum, but the subject is intimately related to undergraduate Education (Section II), and the two questions cannot be adequately considered separately. There is, therefore, no clear dividing line between these Sections.

6. *Section V* contains suggestions related to Dental Health Education, but it is not recommended that this service should remain an executive function of the proposed separate Dental Council.

7. *Section VI* deals with the Finance of the proposed Dental Council, and with the financial provision which it is suggested should be made for assisting dental education and research.

I. A SEPARATE DENTAL COUNCIL

8. *A Separate Dental Council.* In his Address to the Board on November 9, 1938, an extract from which is reproduced in the Appendix to this Memorandum, the late Sir Francis Acland recalled that by the provisions of the Act of 1921 the Council were called upon to exercise a very considerable degree of super-

vision over the activities of the Board ; but that these provisions were regarded by the Departmental Committee of 1917-19, over which he presided, as representing only a transitional stage in the evolution of the dental profession, and as leading ultimately to the establishment of what was called in the Report "a separate Dental Council." The Board feel that the case cannot be expressed more effectively than it was stated by their late Chairman ; and, having reflected on the problems, as he requested them to do, and having considered the matter in conference with the Council, they have come unanimously to the conclusion that the time has arrived when a separate Dental Council should be established.

9. *Functions of the Board and Council.* It has been shown in the evidence already submitted that the statutory duties of the Board include keeping the Register, maintaining discipline, safeguarding the interests of the public by instituting prosecutions under the Act of 1921, and allocating money to purposes connected with the profession of dentistry. In matters of discipline and the expenditure of money the decisions of the Board have required the approval of the Council. In addition, the Council have been solely responsible for the admission of Colonial and foreign dentists to the Register, for making recommendations as to courses of study, and for the standard of examinations for dental students. To assist the Council in the discharge of these duties three additional members have been appointed to the Council from the Board.

10. *Registration.* The responsibility for keeping the Register was transferred to the Board by the Act of 1921, but not the responsibility for admitting to the Register those seeking registration as Colonial or as foreign dentists (sections 8, 9, and 10 of the Act of 1878). The duties of the Council connected with the registration of Colonial and foreign dentists have been discharged on the recommendation of the Dental Education and Examination Committee of the Council, who are required by the Standing Orders of the Council to include the three dental members of the Council, and the three members of the Board appointed by the Council. It is now proposed, in view of the experience of the

Board in keeping the Register since 1921, and of the experience in connection with the registration of Colonial and foreign dentists of those additional members of the Council appointed from the Board, that all functions relating to dental registration be transferred to the proposed Dental Council, including those under sections 8, 9, and 10 of the Act of 1878.

11. *Discipline.* The maintenance of discipline has been a most important aspect of the work of the Board since 1921, and there have been only 8 cases, out of 99 cases reported to the Council by the Board, in which the Council have not forthwith given effect to the finding of the Board that a name ought to be erased from the Register. It is the view of the Board that this function, and that of restoration to the Register after penal erasure, could safely be left to the proposed Dental Council without reference to the Council.

12. *Finance.* The Council have not found it necessary to modify the financial dispositions proposed by the Board, and it is suggested that the proposed Dental Council could properly be made independent of the Council in the disposal of money received by them.

13. *Education.* There remain the responsibilities for making recommendations as to a minimum course of study, and for maintaining the standard of professional education by visitation of examinations. The Board, both alone and in conference with the Council, have given very careful consideration to this matter, because they have felt that the efficiency of the profession, and therefore the value of the service it can render to the community, will depend to the greatest extent on the standard of education it receives.

It will be observed that :—

- (a) The Dental Education and Examination Committee of the Council need not, under the Standing Orders governing their constitution, include any person who is connected in any way with dental education, except that three of their members must themselves hold a dental qualification.

- (b) At the time of the passing of the Act of 1921 there was no recognised academic body in the dental profession. By the offer of grants to Dental Schools since 1929 the Dental Board have stimulated the formation of at least a nucleus of an academic body, and there are now eleven whole-time academic appointments of professorial standing in the Schools of the United Kingdom, as well as a number of whole- and part-time junior teaching appointments.
- (c) The dental curriculum includes, in addition to clinical subjects, such basic science subjects as Chemistry, Physics, Biology, Metallurgy, Anatomy, Physiology, and Pathology.
- (d) By the expenditure of over £450,000 on various aspects of education, the Board have gained some experience in promoting dental education.

It seems appropriate, therefore, that the authority who control the standard of dental education should include members representative of the Dental Licensing Bodies as such, and should also have a number of teachers from the basic science Schools included in their membership.

14. *Constitution of the Dental Council.* The considerations cited in the preceding paragraph lead to the conclusion that the Dental Licensing Bodies should be represented on any Council who are to maintain the standard of dental education, and that any such Council should be a continuing body arising as an expansion of the existing Dental Board. There are sixteen Dental Licensing Bodies in the United Kingdom and in Eire. If a separate Dental Council were formed to include representatives of the Dental Licensing Bodies as such, and also elected representatives of the dental profession, and representatives of the General Medical Council, with Crown nominees, such a body could deal adequately with the duties of registration and discipline, could safeguard the interests of the public, and would in their collective wisdom be well informed as to the requirements of the dental curriculum. It is, therefore, recommended that such a body be set up to supersede and take over the duties of

the existing Dental Board with respect to registration, discipline, and the institution (except in Scotland) of prosecutions for offences, together with those responsibilities in connection with dental education and registration which at present devolve upon the General Medical Council ; and that this body be independent of the General Medical Council in their decisions on matters of discipline and finance. The precise composition of the proposed Dental Council is discussed in Section VIII of this Memorandum after these proposed duties have been considered in greater detail.

II. EDUCATION

A. A Statement of the Problem

15. The extent of the financial aid given by the Board to promote the interests of dental education has been set out in Appendix XII to the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council). In making these dispositions the Board have had cause to study the problems of dental education with constant attention. They have placed before the Committee a record of the steps they have taken to promote dental education, and would wish to make recommendations as to its future development.

16. *The Royal Commission on University Education in London.* The Royal Commission on University Education in London in 1913 recorded their view that :—

“ We do not think a qualification of the standard of the L.D.S. of the Royal College of Surgeons ought to carry with it a University degree. Mechanical instruction and the acquisition of manipulative skill appear to us to predominate in the course, and the other subjects of study are regarded rather as an addition of useful and necessary information, than as the essential and scientific training which is to direct and control the professional work. . . . We therefore reluctantly come to the conclusion that, for the great majority

of dental students, dental education cannot be raised to a real university standard and therefore ought not to be marked by a university degree.

"But it does not follow that a first degree in Dentistry may not usefully and properly be conferred by the University; and unless there are valid objections we think such a degree should be given, for the sake of creating as large a class as possible of scientifically trained dentists." (Final Report, Cd. 6717, 1913, paragraphs 325-6.)

The Commission proceeded to advocate an additional qualification in Medicine for dentists.

17. *The Historical Background.* Owing to the intervention of the war of 1914-18 this was substantially the state of dental education when the newly created Board assumed office, charged with the responsibility of allocating money to the purpose of dental education, and it may be material to inquire how this curriculum had arisen. Contrary to the widely held view that Dentistry developed as a speciality of Medicine, Dentistry appears to have evolved quite separately as a craft, and only allied itself to Medicine when both were seeking a scientific background. The larger and more urgently important pursuit of General Medicine absorbed almost all the attention of the developing sciences of Physiology and Biochemistry, though Dentistry fared better with Anatomy, especially with Comparative Anatomy. The reason for this may perhaps hold the key to future development. It would appear that medical men were attracted to the study of Physiology and Pathology, and naturally explored those aspects of these sciences which were of more immediate importance to General Medicine. On the other hand the few men with any scientific training at all who espoused the study of Dentistry turned their attention, almost without exception, to research in Comparative Anatomy. The result is that the sciences of Biochemistry, Physiology, and Pathology remain still closely related to General Medicine, but very inadequately related to the constitution and reactions of the dental and parodontal tissues, whereas considerable headway was made in Comparative Dental Anatomy.

18. *The Origin of the Dental Curriculum.* It followed quite inevitably that when, at this juncture, a dental curriculum had to be devised, the greatest emphasis was laid on mechanical instruction and the acquisition of manipulative skill. The masters taught their craft to their apprentices. To this was added the findings of those scientific men in the dental profession who were engaged in anatomical research, and with proper foresight the rudiments of Chemistry and Physics were included, together with enough Physiology to maintain contact with this new and potentially important science, though its relationship to dental problems was not at that time very apparent, a view which was reflected in the scant attention that was paid to it. The course, therefore, consisted in a long apprenticeship in dental mechanics, a little Chemistry, Physics, and Physiology, with a reasonable grounding in Anatomy and undue emphasis on Comparative Dental Anatomy. Dental Surgery was taught, but almost solely as a mechanical craft, since little or nothing was known of Dental Pathology.

19. *The Evolution of the Dental Curriculum.* By the time that the Dental Board were established under the Act of 1921, Physiology, Biochemistry, and Pathology had made phenomenal progress, though they were not specifically related to the study of dental tissues, since no dental men had been trained for research in these subjects, and those others who had been trained in this kind of research were absorbed in the more general aspects of their subject. It would appear, therefore, that the lack of co-ordination between the scientific training and the clinical teaching in the dental curriculum which the Royal Commission deplored was essentially due to a hiatus in human knowledge rather than to failure in the design of the curriculum; and that the deficiency could not be made good by teaching a part or even the whole of the medical course in the basic science subjects. Medical science succeeded in pointing out grave defects in dental practice, but was powerless to prescribe a remedy other than wholesale extraction of teeth. Radiology had revealed the most serious faults in the existing purely mechanical approach to the surgery of the teeth, and attention was drawn to the widespread occurrence of septic processes in the supporting tissues of the teeth; but it

was the absence of any close application of the science of general Pathology to the study of dental disease that prevented any immediately effective and scientific attempt to remedy these grave shortcomings by conservative measures.

20. *The Policy of the Board.* In view of the diversity of the problems which confronted the newly created Board and the lack of precedent to guide their affairs, it is a remarkable tribute to the foresight and clarity of vision of their early members that by 1929 they had devised a policy which found expression in a scheme under which they offered to contribute £500 a year towards the salary of a whole-time teacher of professorial standing in any Dental School which was prepared to contribute the balance of his salary. This action may be said to mark the turning-point in the history of dental education, leading to the establishment in the Dental Schools of a real University standard of teaching, and creating the nucleus of an academic body in the profession.

21. *Further Requirements.* The rapid advance in dental education since the Board adopted this policy would appear to provide ample justification for it, and a good reason for its extension, but there are two obstacles to this. One is lack of adequate funds, for if the Board were to devote the whole of their income to the provision of additional staff in the Schools it might still be inadequate, whereas the Schools on their part would certainly not be able to contribute their share of the cost. The other obstacle is the absence of candidates suitably educated and trained for these posts.

22. *Maintenance of Academic Liberty of the Schools.* It is, however, most undesirable that any body, however constituted, should lay down regulations governing dental education in any but the most general terms, or should in any case interfere directly in greater detail than may be necessary to ensure a certain minimum standard of education for purposes of registration. It will be generally agreed that it is far better that the Schools should preserve their individuality and foster each its own particular genius. The objections to a uniform curriculum in Medicine, which in the opinion of the Board apply to the

curriculum in Dentistry, were stated as follows by the Medical Acts Commission of 1881-82 (Report C.—3259—I, paragraph 37) :

“ It would be a mistake to introduce absolute uniformity into medical education. One great merit of the present system, so far as teaching is concerned, lies in the elasticity which is produced by the variety and the number of educating Bodies. Being anxious not in any way to diminish the interest which the teaching Bodies now take in medical education, or to lessen their responsibility in that respect, we desire to leave to them as much initiative as possible. In certain matters of general importance, such as the duration of study and the age at which a student should be permitted to practise, common regulations ought, we think, to be laid down ; but we wish to record our opinion that nothing should be done to weaken the individuality of the Universities and Corporations, or to check emulation between the teaching institutions of the country.”

B. The Teaching Staff

23. *Provision of Teaching Staff for the Schools.* The necessary financial provision is dealt with in Section VI of this Memorandum. The most insistent demand of dental educationalists to-day is for the inauguration of adequately paid whole-time academic posts of varying grades in all the Schools on such a scale as to establish firmly an academic career in Dentistry. At present little more than half the Schools have been able to make a whole-time appointment of professorial standing, and the junior posts are often held only for a few years by young men who will have no opportunity of pursuing an academic career, so that they tend to leave the Schools just as they are becoming useful. The teaching in some Schools is still largely in the hands of members of the visiting staffs of the associated Dental Hospitals, but while this kind of teaching is most valuable in clinical subjects, it can never hope or be expected to provide systematic teaching of a true University standard. There is in addition one other particular disability under which dental education labours. Owing to financial stringency and the close association in most cases of

the Dental Hospital and School, it would appear that where whole-time teachers have been appointed to the Schools their time is unduly taken up with administrative duties, not only in the School, but often in the Hospital too, so that they have little time for teaching and hardly any leisure for research.

The training of suitable candidates for academic posts involves a short analysis of their duties. These may be described as (a) the teaching of basic science subjects, including the teaching of Pathology, both general and special, and (b) the clinical teaching of Operative Dental and Oral Surgery, including Orthodontics, Prosthetics, and Dental Radiology.

24. *Teachers in Basic Sciences.* It has been indicated that the relationship of such basic sciences as Physiology and Biochemistry to dental science has not been adequately defined, and no systematic account exists of the Biochemistry and Physiology of the connective tissues, and especially of the biological status and physical chemistry of their intercellular matrices and reticula, upon which the practice of Dentistry is largely carried out. There are isolated references disseminated throughout the literature, but the subject cannot be systematically taught until these have been collected, extended by research, and woven into a connected narrative. It follows that candidates for academic posts in basic dental science subjects will have to be specially trained themselves, and equipped not only for teaching, but for this kind of research, so that they may themselves collect and develop the material they will be expected to teach, for it cannot be expected that general workers in these sciences can be persuaded to carry out these specialized investigations, nor are they equipped to do so by special familiarity with the dental tissues. The Board would commend to the Committee a suggestion of Professor C. Lovatt Evans. It is to the effect that a watch be kept for the occasional and unusually brilliant student so that he may be singled out in his second year while studying Physiology and Biochemistry, and, if necessary, given a scholarship to enable him to suspend his dental studies for a year, and to continue at that stage to read Physiology and Biochemistry, possibly graduating to a first Degree in Science. He should then return

to his dental studies, which he would further extend by an additional year's study in general Pathology. He would ultimately emerge, on the completion of his extended course, well equipped for research on tissues of mesenchyme origin with special reference to the dental tissues, and would hold both a dental qualification, and, perhaps, the Master's Degree in Science. The problem is, of course, to select the right men at such an early stage in their career.

25. *Teachers in Dental Pathology.* In the meantime a more rapid, though less thorough, but much to be desired approach could be made by selecting young men who have already graduated in both Medicine and Dentistry, and providing them with postgraduate fellowships to enable them to study general Pathology and share for a time the routine of a general Pathology Department in a Medical School. During this period they should also make a special study of the morbid anatomy of the oral tissues. In this way it would be possible to overcome the disability that general pathologists are not familiar with the dental tissues, nor are men who have specialized in Dental Surgery trained pathologists. This disorganization has been quite as serious a handicap to dental practice, science, and research, though it may not be so fundamental, as the gap in our knowledge of Physiology and Biochemistry.

26. *Teachers in Clinical Subjects.* It is of the first importance that every clinical teacher should himself be given the greatest facilities for obtaining a sound scientific background, and should be enabled to preserve it by constant association with his academic colleagues. It is to be hoped that the dental pathologist whose appointment is recommended above (see paragraph 25 of this Memorandum) would spend much of his time in teaching clinical Pathology at the chairside, and would thus be in constant touch with the teachers of Operative Dental and Parodontal Surgery, to their mutual advantage. These clinical tutors should, in addition, have had the benefit, wherever possible, of travelling scholarships to enable them to observe and appraise the work of their colleagues in other Schools and Universities, at home, in the Dominions, or abroad ; and, as in the case of every other teacher,

the clinical tutor should be engaged in some branch of original research either in the laboratory, or in the form of clinical research.

C. The Curriculum

27. *The Standard of General Education.* Dental students should be required to attain the same standards in preliminary general education as other candidates for a University degree. It is further desirable that their education should be continued on the most liberal lines in order to develop a capacity for critical observation and abstract thought. Their analytical powers should be trained so that they form the habit of tracing effects back to their proximate causes ; they should be able to construct a hypothesis and test its accuracy, and be disciplined to eliminate prejudice, and maintain a receptive attitude of mind. In addition, a dental student should have innate mechanical aptitude, and his training should develop this characteristic to the utmost. Finally, the young recruit to the dental profession, at least as much as in any other calling, should develop the strength of character to perform each and every task to the best of his ability. This can only be brought about if the students are taught by men who are themselves sincerely engaged in extending the bounds of human knowledge in the subjects which they teach, and if social contact between students is fostered by the provision of hostels, and the establishment of collegiate life in its widest implications.

28. *Preliminary Science Training.* It may not be thought desirable that the courses in preliminary science should be specially designed for dental students. It may be held that the purpose of this training is simply to fit the student to understand the language of science and the fundamental principles on which all his later studies are based. If so, it might meet the case if these studies were taken with students preparing for the intermediate examination for a first Degree in Science, or with medical students. It may even be held that the courses in Chemistry, Physics, and Biology might be taken before entering the Dental School, but the value and interest of this training could hardly fail to be enhanced if it were possible for it to be conducted by

tutors who were familiar with the later requirements of dental students.

29. *Anatomy, Biochemistry, and Physiology.* The importance of relating these studies to the oral tissues has been already emphasized, and it must follow that special courses will gradually evolve for dental students if dentally qualified teachers are trained, encouraged, and given adequate leisure for research in these subjects. In the meantime, it would be a most valuable contribution to the efficiency of the curriculum if separate courses were arranged for dental students and conducted by senior lecturers. In Anatomy special attention should be paid to the head and neck. It would also appear to be desirable that special Dental Anatomy, including the relevant aspects of Comparative Anatomy and Embryology, should be related to this course and taught by experienced anatomists who had been specially trained. In Biochemistry and Physiology a solid grounding in basic principles is required which should form an introduction to the special study of the nature and reactions of the tissues which go to form the dental and parodontal structures. In addition, special reference to such aspects of Physiology as, inter alia, digestion, respiration, endocrinology, nutrition, and the cardiovascular and nervous systems, is required by dental students.

30. *Pathology.* The teaching in this subject might be divided into general, special, and clinical Pathology. It would be of great advantage to a Dental School if a whole-time pathologist trained as indicated in paragraph 25 of this Memorandum were to be responsible for all three aspects of this teaching. He should be in close touch with the Pathology Department of the associated Medical School, and have access for his students to the post mortem room and pathology museum. He would also teach clinical Pathology in the Dental Hospital, and have a teaching and research laboratory for special oral Pathology. It might be possible for him to teach Bacteriology in addition if he were appropriately trained.

31. *General Medicine and Surgery.* These subjects should be closely concerned with the general diseases which have oral manifestations, affect the oral tissues secondarily, or are them-

selves affected by oral disease. It would also be necessary to provide a foundation for such teaching by inculcating the principles of General Medicine and Surgery. It is of the highest importance that these classes should be conducted by senior members of the medical and surgical teaching staffs of a general Hospital who are prepared to take a particular interest in the requirements of dental students, and not by junior members who might regard the appointments merely as stepping-stones to other posts.

32. *Clinical Subjects.* In considering the clinical aspect of dental education it is necessary to meet the criticism that mechanical instruction, and the acquisition of manipulative skill, have been allowed to predominate. There can, however, be no doubt that, as in the case of General Surgery, whatever scientific knowledge the practitioner may possess, he can, for the most part, only use it for the benefit of his patient through the medium of his manipulative skill. Every effort must, therefore, be made to increase this skill, and any attempt to diminish the student's opportunity for acquiring it must be resisted. It does not however, follow that a long apprenticeship to Dental Mechanics is the best means for attaining this end, nor that the present facilities for teaching Operative Dentistry are the best or most scientific that could be devised.

33. *Clinical Material for Teaching Purposes.* It has been the custom to train dental students, as also medical students, in Hospitals which provided for the relief of the necessitous poor. In the case of general medical and surgical ailments the necessitous suffer from much the same diseases as the rest of the community ; but in Dental Hospital practice too great a proportion of the student's time is taken up in rendering the breakdown service which alone is possible when he is confronted with the later stages of total dental neglect. The result is that he is brought into contact with many cases where the teeth and their attachments have already been destroyed by disease to such an extent that remedial treatment is either actually or economically impossible, and the teeth have to be extracted and replaced. In this way the emphasis in the student's mind may well be placed on the

significance of these procedures rather than on the importance of conservation of the teeth. This bias is further accentuated by his having to devote most of his first two years of Hospital life to making dentures.

34. *Emphasis on Conservation.* The Board hope that a more determined attempt will be made to preserve the teeth of school children, and to extend this conservative treatment to adolescents and ultimately to adults, so that the coming generation will approach their dental treatment more conservatively. This would make it necessary to place increased emphasis in teaching on conservative practices, and less on extractions and prosthetics. This can be achieved in two ways.

35. *Reduction of Mechanical Training.* One method is to reduce the number of hours spent in the actual making of dentures, and to increase the time spent on the phantom head, and in the clinical teaching of Dental Prosthetics. The training in manipulative skill would in this way be much greater, more appropriate to the work the student will have to perform on his patients, and psychologically more conducive to a conservative approach.

36. *Teaching Clinics.* The other method is by the introduction of teaching clinics within the Hospital, into which only such cases would be admitted as the Director of the School required for teaching purposes. This method corresponds to the unit system in general Medical Teaching Hospitals. It is closely related to the American Dental Teaching Clinics system. The students would, of course, still follow the visiting surgeons on their rounds in the Hospital in order to benefit by their clinical teaching; but the routine repetition work of the Hospital could more profitably fall to junior qualified staff who wish to acquire additional manipulative dexterity than to students who require systematic instruction in every aspect of their professional work. The ultimate extension of dental benefit to all persons on a national scale might, in due course, render some provision of this kind essential for teaching purposes.

37. *Duration and Standard of the Curriculum.* It is becoming generally regarded as unnecessary for a dental student to practise Dental Mechanics for 2,000 hours. This work is properly regarded

as a craft, and is in practice carried out by mechanics who serve an apprenticeship. On the other hand the reduction of the number of hours at present devoted to Dental Mechanics would provide more time for clinical and scientific study, for Operative Dental Surgery, and for Pathology. If, in addition, the basic science courses were specially designed and as a result of organized research were related more closely to the study of the dental tissues in health and disease, it should be possible to provide in four years a sound scientific education of University standard which would include an improved clinical training. This course conducted by an efficient staff would be quite ample in scope for the requirements of general dental practice, provided that the student entered not before his seventeenth birthday, and had been continuously receiving a liberal education up to that time, with perhaps some scientific bias in the later years. This would be more easily arranged if instruction in Comparative Dental Anatomy were confined to its more relevant aspects, and there were some redistribution of the time recommended to be spent on General Medicine and Surgery in favour of Dental Surgery and Pathology.

38. *Diploma or Degree.* It may be that some Universities will be led to consider the abolition of the Licence in Dental Surgery, and, when satisfied as to the University standard of the proposed four-year course, will confer the Bachelor Degree at its termination. An obvious advantage of this procedure would be that graduates could at once proceed to the Degree of Master by continuing their studies for one or two further years, selecting Anatomy, Physiology, Biochemistry, or Pathology as their science subject, and attending an advanced course in Operative Dentistry. A Degree of Doctor in Dental Science would then seem to be a reasonable extension, but should be related to original research. It is, however, particularly to be desired that an adequate scientific foundation be laid in the first two or three years of the regular curriculum, not only because no useful purpose is served by attempting to build on an insecure foundation, but so that a student should not have to return to the basic science subjects again if he wishes to proceed to a higher qualification.

D. Additional Qualifications

39. *The Double Qualification.* The other suggestion of the Royal Commission on University Education in London (see paragraph 16 of this Memorandum) was that dentists should be encouraged to graduate in Medicine. It is recognized that at the time of the Commission's Report (1913) the medical course offered to the dentist the most convenient means of obtaining a liberal scientific training. It still remains invaluable in that respect, but it has been shown that some of those aspects of the basic sciences which are of particular importance to Dental Surgery have not in the past been included in either the dental or the medical curriculum, though it is most desirable to put on record that the gradual realization of the kind of scientific knowledge which will best serve the needs of dental practice is in part due to the close liaison between Medicine and Dentistry, for both must have their roots in Anatomy, Physiology, Biochemistry, and Biophysics. Nevertheless, it would appear from what has been said that an additional qualification in Science might now, in some respects, serve the dentist's purpose better, particularly if he intends to adopt an academic career. In practice the dentist will be in constant consultation with the general practitioner of Medicine over many of his cases, whether he himself be medically qualified or not; and it would appear to be better that he should have full expert knowledge of his own speciality than merely reduplicate the knowledge of his medical colleague without having his experience. In any case it is reasonable to suggest that either every practitioner should take the double qualification (medical plus dental), or that the dental course should be made quite adequate for all ordinary purposes, and that an attempt should then be made to define those departments of Dental Science and Surgery in which an additional medical qualification is necessary. The Board feel that a four-year course could be made quite adequate for all purposes in the general practice of Dental Surgery, provided that the recommendations summarized in paragraph 37 of this Memorandum be adopted.

40. *Liaison with Medicine.* Specially designed courses in

Biochemistry, Anatomy, and Physiology for dental students would, however, have the disadvantage that a joint medical and dental course would take longer than it does at present, but the reason is that medical teaching is not sufficiently directed to those tissues with which the dentist's life-work is specially concerned. As it becomes increasingly apparent that candidates for other specialities of Medicine also require special training in the basic science subjects, there may be a move to provide a shortened basic medical course on which the various specialities can build. In the meantime any loss of contact between the dental and medical profession which might ensue from the smaller number of doubly qualified men would be more than compensated by the very real community of interest in pure Science which would arise between the dental specialist and those other branches of Medicine and Surgery which study and treat bone and fibrous tissue in their more general distribution. Moreover, in this event the benefit would be reciprocal, and the additional study required for the double qualification would greatly enhance its value.

III. RESEARCH AND POSTGRADUATE TEACHING

41. *Experience of the Board.* The Board have had considerable opportunities of gaining experience in observing and co-ordinating research into subjects related to dental science and practice, and in the provision of facilities for postgraduate study. Particulars of the grants in aid of dental research made by the Board (1) as indirect grants to the Medical Research Council (1923-39) and to the Department of Scientific and Industrial Research (1923-36), and (2) as direct grants to workers in dental research (1923-26 and 1940-43), and to two Universities (1940-1943), are given in the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council): see in particular paragraphs 260-64 of that Memorandum.

42. *Three Kinds of Research.* A distinction may be drawn between the different kinds of research and investigation related to dental science and practice.

- (a) There is in the first place pure scientific research carried out in the laboratory by the individual or by a team.
- (b) There is also clinical research, which again may be carried out by an individual or a team, and may include "field" experiments. These latter may be conducted in an institution, be spread over a district, or may include the collection of data from amongst native races abroad.
- (c) In addition to these, there is a very important type of investigation which is of particular value to dental practice; it is the assessment of the relative value of different clinical procedures and methods in the treatment of dental diseases. So long as clinical procedures, or any material proportion of them, remain empirical, this form of investigation will continue to be of the greatest importance in the application of the best and simplest forms of treatment.

43. *Encouragement and Co-ordination of Research.* There are four aspects from which it may be convenient to consider the problems of encouragement and co-ordination:—

- (a) The training of research workers;
- (b) Research appointments;
- (c) The relation of research to teaching;
- (d) The direction of research and allocation of research funds.

44. *The Training of Research Workers.* This subject has been referred to in paragraph 24 of this Memorandum in so far as it relates to research in biological subjects, and the principle there defined, that dental graduates should themselves be trained in research method, is believed to hold good whatever branch of science the worker intends to explore. The experience of the Board leads them to believe that only in this way can a proper relation be maintained between the dental problem and the application of Science to it. It is, therefore, recommended that

scholarships should be held available for students with special aptitude to enable them to extend their studies in special sciences either during or at the end of their dental course.

45. *Research Appointments.* In view of the pressing need for teachers in the Dental Schools, it is desirable that as many as possible of the students who may be trained in research method be encouraged to take up academic appointments; but it does not follow that if a man be found with special aptitude for research, but none for teaching, he should not be given every opportunity of devoting his talents to the cause of Dental Science; and there should be adequate provision of fellowships for men of proved ability in research, some of them with emoluments of the order of a Professor's salary. Such appointments would in any case be necessary for men in charge of field experiments, which might not be connected with teaching Schools, though these experiments should also, as far as possible, be related to a teaching School or other research centre.

46. *The Relation of Research to Teaching.* The importance of this relationship has been stressed throughout Section II of this Memorandum, and its realization depends on the provision of appropriately trained staff, with adequate leisure and with research facilities, in all teaching Schools. These facilities would include research laboratories and funds for the payment of technicians and for the general expenses of the laboratories. In the case of clinical research, special materials have often to be provided which cannot properly be charged either to the patient or the institution. The importance of associating research with the Schools is evident from the consideration that research provides the material which the Schools teach, and that conversely the Schools must train the research workers; the only way this can be achieved is for the teachers themselves to be carrying out research.

47. *The Direction of Research and Allocation of Research Funds.* It is evident that a large measure of the responsibility for the encouragement and co-ordination of research must fall on the body responsible for allocating research funds. Nevertheless, over-direction is undesirable, and once a research worker has been trained he should be given the largest measure of

freedom in developing his own personal talent. For these reasons it is desirable that the Schools should be generously endowed, and that control should go little further than to see that the money is properly and profitably used. It would, however, remain a serious responsibility of the body controlling research funds to ensure that research was directed towards the application of the basic sciences to the elucidation of the reactions of the dental tissues in health and disease, and to securing that any hiatus in dental knowledge by which the educationalists might be embarrassed should be closed at the earliest moment. In addition it might become necessary to direct intensive investigation into any problem that exists or might arise in connection with the national dental health services. This necessitates the inclusion of expert dental opinion in the co-ordinating body, and might necessitate reference of special problems to such institutions as the National Physical Laboratory (Department of Scientific and Industrial Research). It might also involve the setting up of field experiments, and involve expenditure in ways which can at present hardly be visualized, as for example the collection of data amongst native races.

48. *An Institution for Research.* The further question arises whether an independent institution for dental research of types (a) and (b) (as described in paragraph 42 of this Memorandum) should be founded, and the Board are of the opinion that owing to the shortage of dental teachers the time is not yet ripe for an undertaking of this kind. There would appear to be a grave danger of depriving the Schools of the services of just those individuals who are most capable of establishing a scientific standard of education, if an untimely attempt were made to found such an institution either as an independent foundation or as a department related to an existing foundation.

49. *Clinical Investigation.* The third type of research (c), (see paragraph 42 of this Memorandum) which may more appropriately be called "clinical investigation" or "the assessment of clinical method" is particularly applicable to postgraduate institutions, and could usefully form the scientific background to the activities of any postgraduate School or institution designed

to provide "refresher" courses for graduates in practice, or for young men leaving the School Dental Service for the wider activities of practice amongst adults. The provision of an institution or institutions for postgraduate instruction would appear to be particularly important to further the concerted attempt which is being made to enlist the services of existing practitioners to the fullest extent in the provision of an adequate and satisfactory dental service for the population.

Any such institution would form the most likely channel through which clinical problems arising in relation to national dental health could be solved. In anticipation of this need the Board appointed in May, 1941, a Committee to inquire into these matters, and copies of the Report of the Committee have already been submitted to the Inter-Departmental Committee. The Board would wish the Report to be considered in relation to the present Memorandum and to a memorandum adopted by the Board in February, 1943, which relates to dental research of types (a) and (b) (as described in paragraph 42 of the present Memorandum). Copies of this latter document have also been submitted to the Inter-Departmental Committee. The Committee will appreciate that the memorandum of February, 1943, was drawn up in relation to the extent of the financial provision which the Board considered they themselves might be able to make, and was not drawn against the wider background envisaged in the Committee's terms of reference. The Clinical Investigation Committee were not called upon to consider themselves hampered by these considerations, and prepared a scheme which would inevitably require considerable outside financial assistance, and might have to await the provision of more trained teachers.

50. *Provision of Postgraduate Dental Education.* The Board do not necessarily identify themselves with all the observations and detailed recommendations made in the Clinical Investigation Committee's Report, but without wishing to imply that any limitation whatever should be placed on the right of the Dental Schools to pursue investigations of this kind, or to provide "refresher" courses for their old students or other graduates, they wish to emphasize the value of the provision of a postgraduate institution

or institutions. The Board are influenced in this by their desire that the undergraduate Schools shall not be hampered in the important work of preparing the maximum number of new entrants to the profession. Their opinion gains support from the following passages in Sir George Newman's "The Building of a Nation's Health," 1939, which referred to the British Postgraduate Medical School at Hammersmith, and in which "dental" may, perhaps, be read for "medical" where the context permits:—

"There must always be, at the option and need of the student, ample and continuous postgraduate education" (page 50).

"As the prescribed medical curriculum cannot be more than the minimum, both in length and content, some form of postgraduate education in which all Medical Schools may share is a necessity to English medical education. In the modern development of the minimum curriculum for registration and in postgraduate study a new and more liberal design has been provided, and the framework of English medical education is relatively complete" (page 51).

51. *Specialist Training.* In addition to the provision of an institution or institutions of this kind where practitioners could at any time become acquainted with recent advances in knowledge, or receive instruction to refresh their minds and increase their clinical efficiency in any branch of Dental Surgery, and where courses could be arranged at any time to suit their individual convenience, it would be necessary to provide for the training of specialists in such subjects as Orthodontics and Oral Surgery.

52. *Relation of Postgraduate Specialist Training and Undergraduate Teaching.* Postgraduate specialist training would naturally form a part of the activity of the Dental Schools, whether they undertook to provide "refresher" courses or not, and the development of highly specialized departments would seem likely to stimulate and raise the standard of undergraduate teaching. It would no doubt happen that different Schools would become famous for some particular speciality, and the friendly rivalry thus engendered would increase efficiency. It seems unlikely that the number of postgraduate students under-

going this type of training would be large enough to distract the staff from the requirements of the undergraduate students, as it is submitted might be the case if any large number of practitioners, each in search of some different kind of "refresher" course, were admitted to the Schools.

53. *Specialist Training and Higher Degrees.* The provision of postgraduate specialist training could usefully be combined with the award of higher degrees (see paragraphs 38 and 52 of this Memorandum). It would, however, appear to be desirable that there should be reciprocity between the Schools, so that a first degree in one should be a qualification to proceed to a higher degree in any other School. In this way a graduate would be free to broaden his general professional experience, as well as to select the institution in which he felt he could get the most valuable training in the speciality of his choice. It is not, however, intended to seek to trespass on what is recognized as the province of the University Authorities, and they would themselves severally arrive at their own conclusions on these matters. In this, as in all other matters, the independence of the Schools must be held inviolate, and every effort made to promote the expression of their individuality, provided only that they should be brought within the framework of University education.

IV. NUMERICAL STRENGTH OF THE PROFESSION

54. *Relation of the Problem to the Board's Duty.* The observations which the Board have to make on the numerical strength of the profession arise more directly out of their experience in relation to education and discipline than from their experience in keeping the Register. The responsibility of the Board for keeping the Register does not entail any statutory obligation on them to make recommendations as to means of maintaining the numerical strength of the profession. Nevertheless, in view of the constitution of the proposed Dental Council and their proposed duties

(see Section VIII of this Memorandum) they might, in the opinion of the Board, be regarded as a suitable body for consultation by the Minister of Health from time to time at his discretion as to means for maintaining or increasing the numbers of persons on the Register.

55. *Possibility of Increase.* There are various ways in which the amount of dental service available to the community might be increased.

- A. By increase in the number of students entering the Schools.
- B. By reduction in the length of the curriculum.
- C. By utilization of ancillary services.

The first of these methods is clearly the most difficult to achieve, and would take the longest time, but would effect the most lasting provision of expert service. The dividing line between a shortened course and an ancillary service might be very narrow, and it will be observed that shortening the course of study would only increase the number of practitioners available if it attracted more entrants to the Schools, or if the capacity of the Schools proved to be the "bottle-neck" in providing new entrants to the profession.

A. Increase of Student Entry

56. *The Time Lag.* The Board have been furnished with the Government Actuary's figures, and wish to stress the significance of the interval which must elapse between a decision to increase the student entry and the actual entry of these proposed additional students into the profession. Up to an entry of the order of 500 students a year sufficient students could no doubt be found, and there should only be a four- to five-year interval for training. A larger intake up to approximately 700 would involve extension of the existing Schools, as well as an increased difficulty in finding the students. The expansion of the Schools might involve delay while funds were being found for expansion, but would in any case be held up while building operations were in progress, and while existing Graduates were being trained to become teachers. If, however, it were decided to increase the entry substantially above 700 a year, new Schools would have

to be built, or the present ones rebuilt, and a larger number of teachers provided than the existing body of Graduates might be able to produce, so that an even longer period of training for teachers would have to be allowed. If a well planned and determined policy were adopted, and the necessary financial support were found without delay, it would still no doubt take at least ten years before the new Schools were all producing Graduates or Licentiates.

57. *Effects of a Heavy Increase.* An increase of the pre-war graduate entry to substantially over 700 a year would involve an intolerable strain on the Anatomy and Physiology Departments of many of the associated Medical Schools. This might either result in the new students having less opportunity of gaining an adequate scientific background and relating it to their clinical studies, or the strain might be so overwhelming that new basic science departments had to be created specifically for the new Dental Schools. In this way, by the design of these new departments, great progress might be made in the application of these sciences to dental teaching, but considerable delay would be caused by the necessity for training the new teachers. Conversely, nothing could be more damaging to the future of the profession or to the services it may render to the community than to build and staff Schools in a hurry.

58. *A Controlled Expansion.* The note appended to Table V in the Government Actuary's Report (paragraph 12) calls attention to the fact that the number of new entrants to the profession required to maintain the higher target figures is much lower than the numbers required to reach these figures in a short space of time. It appears from these figures to be very desirable that the Schools should be enlarged as rapidly as may be compatible with the provision of a sound education, depending on adequate training of the necessarily enlarged teaching staff, and the purposeful evolution of basic science departments; but the Board do not consider that it would be a wise policy, even if it were possible, to enlarge the Schools to such an extent that it might subsequently become necessary to curtail the entry to the Schools again when the target figure had been reached prematurely.

59. *A Target Figure.* The Board have no special experience which would enable them to estimate a target figure for the numerical strength of the profession, but they would point out that while the advancement of human knowledge in its bearing on dental disease may disclose methods of prevention which would relieve Dental Surgery of some of its labours, all the indications go to show that it is equally likely, by disclosing possibilities of more efficient but more elaborate conservative methods, to increase those labours.

60. *The Provision of Students.* If adequate accommodation and appropriate teaching staff be provided, and the necessary funds for building and equipment were forthcoming (see Section VI of this Memorandum) there would still remain the problem of finding students to fill the Schools. In view of the considerable extension and rebuilding of Dental Schools since 1921, the output of Graduates and Licentiates, which averaged 317 a year during the ten years immediately preceding this war, would appear to represent little more than half the capacity of the Schools. The fact that young people are not attracted to the Schools would, therefore, appear to be a more immediate problem than the provision of further accommodation.

61. *Entry of Students on Demobilisation.* The entry figures on page xv of the Dentists Register for 1943 show that there was a heavy entry of students on demobilisation after the last war, and a similar application may be reasonably expected after this war, assuming that an attempt be made by the demobilisation authorities to attract educated young people with scientific leaning and mechanical aptitude into the profession, and that financial problems be solved for them. It is, therefore, necessary to prepare an enlarged teaching staff now to receive these entrants, if full advantage is to be taken of perhaps as many as a thousand additional entrants during the three years following the war.

62. *Provision of Staff for School and Adolescent Services.* At the present time, in view of the fact that large numbers of dental officers are temporarily serving with the Armed Forces of the Crown, an opportunity seems to present itself for securing the services of a large proportion of these officers in an enlarged

School Dental Service when demobilisation takes place. In order to effect this transfer it is, however, important that the future design of the School and Adolescent Services be determined at the earliest possible moment, and that the prospects these Services will offer be brought to the notice of dental officers serving with the Forces before these officers have made other plans for their return to civil life.

63. *Attraction of Students.* The Board are of the opinion that the improvement of social amenities and athletic facilities in Dental Schools, including the provision of hostels and full participation in the life of the University, of which the School should be an integral part, would tend to increase the entry of students.

64. *Approach to Headmasters.* The Headmasters' Employment Committee (Public Secondary Schools) of the Ministry of Labour might be kept constantly informed of details of the scientific, technical, social, and athletic amenities of the various Schools. They should be informed of the length and cost of the course, opportunities for scholarships, type of young man or woman who would be likely to be attracted and prove successful, and of the possibilities of employment after qualification and registration. This contact, which might be established through the Departments concerned, could be made by the proposed Dental Council.

65. *Employment in Public Dental Services.* The terms of service of public dental officers are clearly of importance in this respect. The Board consider that it is highly desirable that dentists employed by public authorities should have ample opportunities of attaining to administrative posts, and be given a full measure of responsibility for the conduct of the dental service of the authority.

In the absence of opportunities of this kind the right type of entrants will not be attracted to public dental service. Until Dentistry is accepted by public authorities as an important branch of the National Health Service, it will be labouring under a severe and unnecessary handicap, and will not attract recruits freely.

66. *Bursaries.* The Board have shown the extent to which they have provided bursaries for students out of the funds collected from the profession, and it would appear that the best interests of the profession and the public would be served by continuing to offer bursaries as an inducement to attract men and women to the profession. There can be little doubt that Dentistry should share in any general financial provision that may be made to enable young people to enter the professions generally, and the experience of the Board already at the disposal of the Committee may be of value in showing the average extent of the provision that was made by them in individual cases. It may, further, be observed that out of 1,284 applicants in the ten-year period 1928-1938, 766 applicants were successful, 12 did not accept the Board's offer, and 518 were refused. Of the 754 successful applicants who accepted bursaries, 707 have since qualified. Of the 47 who have not qualified, about 20 per cent. are known by the Board to be serving in the Armed Forces of the Crown. Of the 518 unsuccessful applicants, only 326 now appear on the Register, and it will be appreciated that many of these unsuccessful applicants were refused because they were held to be not in serious need of financial assistance. In view of the facts that some 10 per cent. of the existing body of active Graduates and Licentiates have been assisted by bursaries from the Board, and that a large percentage of unsuccessful applicants for bursaries have failed to enter the profession, it is suggested that prospective dental students should participate in any national scheme of University entrance scholarships, but that the proposed Dental Council should not be charged with the duty of applying money received by them to this purpose.

B. A Shortened Course

67. *Minimal Requirements.* The Board have considered the possibilities of a shortened course for the training of a subsidiary type of dental operator as a solution of the man-power problem, and are of the opinion that the course advocated in paragraph 37 of this Memorandum represents the minimal requirements for the responsibilities entailed in performing such delicate and exacting operations on the human subject as are involved in providing an

adequate and satisfactory dental service. Moreover, they do not consider that any great saving would be effected by a shortened course; for these dental operators would have to be trained in the clinical departments of the Dental Schools, thereby displacing regular students, and would in any case have to undergo at least three years of study. It does not appear that there is any well defined line which could be drawn between their permitted activities and those of a fully qualified practitioner, and if an attempt were made to draw such a line, it would be almost impossible to maintain any disciplinary control over partially trained operators to ensure that they adhered to the restrictions placed upon their professional activities. Incidentally the existence of such a class of operators would inevitably lead to great confusion in the mind of the lay public, and to a lowering of the status of the profession, and in this way further reduce the entry of regular dental students.

C. Ancillary Services

68. *Experience of the Board.* The experience of the Board as to the practice of dentistry by persons other than registered dentists is derived from

(1) Consultation held with them under section 1 (3) (c) of the Dentists Act, 1921, by the Minister of Health before approval by the Minister of conditions under which dental nurses are permitted to perform minor dental work in the School Medical Service under the personal supervision of registered dentists.

The Committee will appreciate that the responsibility of the Board under this head is secondary, since primary responsibility for the School Medical Service rests with the Minister under the Ministry of Health Act, 1919.

(2) Institution of prosecutions of dental mechanics and other unregistered persons for practising dentistry (as described in section 14 (2) of the Act) in contravention of section 1 (1) of the Act.

The Board's problem under this head has been that it is both difficult and costly to procure evidence on which a charge

can be successfully brought, and that the wide variation in the penalties inflicted by Courts of Summary Jurisdiction, by whom such charges are dealt with, has reduced the effect of prosecutions as a deterrent.

69. *Statutory Control of Any New Ancillary Services.* If it be assumed that in future schemes special attention will be paid to the dental care of children and adolescents, and that a large proportion of the new entry to the profession will be attracted into these services, it must follow that there will be a decrease in the number of practitioners available for the care of adults as existing practitioners retire, since the total strength of the profession cannot in any case increase proportionately for a number of years. In any wider application of dental benefit some supplementary provision of facilities may, therefore, have to be made.

If, therefore, it be decided that ancillary services are necessary, it will be essential, in the Board's view, that they should be controlled as to the training, supervision, and permitted activities of the persons engaged in them; and that these persons should be placed under the disciplinary control of a competent authority.

V. DENTAL HEALTH EDUCATION

70. *Effect and Limitations of the Board's Work.* The real value of the various forms of the Board's work in dental health education described in the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council) is very difficult to assess.

71. Authorities and persons concerned with the education of children have used the material provided by the Board in considerable quantity, and the demand has been steady. They have from time to time commended the material and the manner of its distribution. This is particularly marked in the opinion of the dental officers of the School Medical Service. They have singled out for special commendation the material that has been suitable for personal lessons in the schools, and the books and

pamphlets designed to assist teachers in elementary and secondary schools in the teaching of oral hygiene.

72. Work among adolescents and the adult population has not produced any very evident results.

73. There can be no doubt that the money available for the work has not permitted either concentration or persistence in propaganda in any part of the possible field. Success has been transient and therefore relatively very costly.

74. *Relinquishment by the Proposed Dental Council of Executive Functions of the Board.* There is reason to believe that the assumption by the Board of special responsibility for dental health education has hindered its full and necessary association with general health education.

75. It is the view of the Board that the development of a comprehensive dental service will require wide-spread and persistent propaganda.

So far as children are concerned, the Board are of opinion that instruction in the care of the teeth should be part of the ordinary health teaching in the schools, and associated particularly with the work of the dental officers. The inspection and treatment of children's teeth by, or under the personal supervision of, registered dentists afford further opportunities, which should always be taken, of impressing the importance of the care of the teeth on children one by one.

Actual instruction in the technique of personal oral hygiene can only produce the best results if it is given individually to the patient, and is accompanied by a personal demonstration of methods which not only have to be varied to suit each individual case, but which may have to be varied again as the patient gets older or as his oral health improves.

Whilst the ideas informing the special educational work must be those of dentists, the technical preparation of the material is a matter for experts, and the manner of its presentation one for teachers. The more difficult work among adolescents and adults might well form a part of the activities of the Central Council for Health Education. There can be no doubt that the most

effective propaganda lies in the provision of a satisfactory dental service. The experience of the Board has shown that there cannot be provided from an annual retention fee levied upon the profession sufficient moneys to enable the work of dental health education to be done adequately or economically. It would appear to the Board, therefore, that as the Government assume increasing responsibility for dental service, they must at the same time be responsible for the measures by which dental health education is carried out, and by which the service provided is commended to the public.

76. For these reasons the Board do not recommend that dental health education be a responsibility of the proposed Dental Council, except so far as they may act in a purely advisory capacity.

VI. FINANCE

77. *Provision for Meeting Administrative Expenses of the Proposed Dental Council.* The income of the Board has been derived mainly from (1) annual retention fees, (2) interest on investments, and (3) fees payable for first registration in the Dentists Register, and has been spent mainly on (1) the maintenance and publication of the Register, the enforcement of the prohibition of practice by unregistered persons, professional discipline, and the costs of administration of the Dentists Acts, and (2) grants in aid of dental education, dental research, and dental health education.

78. The Board see no prospect that the proposed Dental Council would be able to defray the expenses of the execution of the Acts unless their income included money received by them by way of annual retention fees such as are now prescribed by the Board under section 7 (1) (c) of the Act of 1921.

79. The Committee will observe from Appendix III to the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council) that if the Board had depended for their income mainly on fees payable for first registration, as

distinct from retention fees, they would in the last 10 years (1933-42) only have received the following sums from this source, even if fees for first registration (which were in fact £2) had been charged at the maximum of £5 fixed by section 16 of the Act of 1878 :—

	1933	1934	1935	1936	1937
Numbers added to Dentists Register by Registration .	296	287	337*	470†	334
Produce of Regis- tration Fees at £5	£1,480	£1,435	£1,685	£2,350	£1,670
	1938	1939	1940	1941	1942
Numbers added to Dentists Register by Registration .	408	438	388	335	353
Produce of Regis- tration Fees at £5	£2,040	£2,190	£1,940	£1,675	£1,765

80. On the other hand, the Committee will observe from Appendix XII to the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council) that during the last 10 years (1933-42) the administrative expenses of the Board have not in any year been less in round figures than £10,300 (1942), and in one year (1938) were in round figures as much as £13,100. The average annual amount of these expenses for the last 10 years has been £12,000 ; and in order to assure the proposed Dental Council of an annual income of this amount (assuming that other existing sources of income remained stable) the number of fees paid year by year for first registration at the maximum statutory rate of £5 would need to be at least 2,000.

81. The Board have no reason to anticipate that any process either of legislation or of administration is likely, within any period which can now be foreseen, so to increase the number of entrants to the dental profession as to enable the proposed Dental

* Including 56 foreign dentists. † Including 107 foreign dentists.

Council, whose membership would be larger, and whose functions would be more extensive, than those of the Board, to meet their administrative expenses without money derived from annual retention fees.

82. *Transfer to the Proposed Dental Council of Power to Prescribe Annual Retention Fees.* The Board therefore recommend that the power conferred upon the Board by section 7 (1) (c) of the Dentists Act, 1921, to make Regulations prescribing annual retention fees, should be transferred to the proposed Dental Council.

83. *Application of Money Received by the Proposed Dental Council.* For the reasons given elsewhere in this Memorandum, the Board think any money needed for the purposes of dental education (including awards of bursaries), dental research, or dental health propaganda, should not be a charge on the funds of the proposed Dental Council.

84. The Board therefore recommend that

(1) Subsection (1) of section 10 of the Dentists Act, 1921, should be repealed.

(2) The proposed Dental Council should be empowered to apply any money received by them, whether by way of fees or otherwise, in defraying the expenses of the execution of the Dentists Acts, including any expenses incurred by the General Medical Council in the discharge of their functions under the said Acts, and any expenses of the proposed Dental Council, including the salary or remuneration of any officers of the said Council.

85. *Provision for Meeting the Cost of Dental Education and Research.* The Committee will be aware that there is a very serious lack of money in nearly every School to carry out the designs and aspirations of their governing bodies, and in the opinion of the Board it is a first necessity for the provision of an adequate and satisfactory dental service for the population that there should be placed at the disposal of the governors of the Schools the requisite sums to enable rapid development to take place.

86. It has been shown that money has in the past been allocated by the Board towards the cost of salaries, equipment,

and accommodation in the Schools, and towards research. Considerable sums have also been spent on bursaries and on dental health education of the lay public. It has been recommended in paragraph 66 of this Memorandum that bursaries should be awarded as part of a general scheme, and in paragraphs 74-76 that the proposed Dental Council should only act in an advisory capacity in matters of dental health education of the lay public. It is not, therefore, proposed to include consideration of the cost of these items. Moreover, such capital expenditure as may be incurred in the building of new Schools or rebuilding of old Schools lies outside the scope of the present recommendations. It may, therefore, be a convenient approach to consider first those aspects of dental education and research which require continuous financial aid, then to indicate the source from which the required money might be made available, and finally to discuss the channels through which it should be administered.

87. *Grants in Aid of Undergraduate Education.* These would have to include provision for:—

(a) Salaries of senior and junior whole-time staff; training and travelling allowances; Sabbatical leave (see paragraphs 24, 25, and 26 of this Memorandum).

(b) The purchase and replacement of clinical apparatus and instruments and of teaching equipment of all kinds; and the equipment and maintenance of laboratories, museums, and libraries.

(c) The cost of clinical teaching units as defined in paragraph 36 of this Memorandum.

(d) Grants in aid of a special course in the basic sciences for dental students which might entail additional staff and special research in the basic science departments of the associated Medical Schools and Universities (see paragraphs 24 and 25 of this Memorandum).

(e) The maintenance of research laboratories in the Dental Schools (see paragraph 47 of this Memorandum).

(f) Internal scholarships to provide an extended course for students aspiring to an academic career (see paragraph 24 of this Memorandum).

88. *Grants in Aid of Research.* As shown in Section III of this Memorandum, the scope of dental research is wide and covers a variety of fields. Full provision for it would overlap the provision for undergraduate education as recorded in paragraph 87 (d), (e), and (f), as well as the provision for postgraduate education as recorded in paragraph 89. In addition there are other aspects of research for which provision would be required :—

(a) The special undergraduate training of prospective research workers (see paragraphs 23 and 87 (f) of this Memorandum).

(b) The establishment of research fellowships so that there would be a reasonable prospect of a career in research (see paragraph 45 of this Memorandum).

(c) Expenses grants and personal grants (by way of salary) to individuals working independently or, preferably, associated with institutions.

(d) Experimental investigations undertaken for the benefit of dental science at establishments such as the National Physical Laboratory (Department of Scientific and Industrial Research).

(e) Investigations in institutions or amongst the population of the British Isles or abroad.

(f) The collection and arrangement and publication of new findings on scientific and clinical matters of dental importance.

89. *Grants in Aid of Postgraduate Education.* The annual income required for the upkeep of a postgraduate institution or institutions as proposed in paragraph 49 of this Memorandum might be derived from several different sources, since any such institution would provide for the treatment of patients, for postgraduate "refresher courses," and would be concerned with the investigation and assessment of clinical methods ; but the Board are of opinion that the body which allocates funds to the other types of dental research should also contribute to any such institution.

90. *Estimated Cost of Adequate Provision :* (1) *Dental Education.* The Board are not in a position to present any estimate of the sums involved, and indeed feel that estimates could more

appropriately be laid before the Committee by the Schools themselves.

As the Committee are aware from Appendices I and II to the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council), the Board between 1924 and the end of 1942 made grants of over £21,000 to Schools towards the cost of equipment (apart from grants in which contributions towards the cost of equipment are not readily separable from contributions towards the cost of alterations or extensions of premises); between 1929 and the end of 1942 made grants of nearly £77,000 to Schools towards the cost of salaries of teachers; and are now (1944) making grants amounting to between £9,000 and £10,000 a year to Schools for the latter purpose.

91. The Board wish to emphasize that the amount of these grants has of necessity always been determined rather by the narrow limits of their powers to collect money applicable to the purposes of dental education, and the competing claims upon their income of other dental services eligible for grants from the Board, than by the extent of the ascertained needs of the Schools for assistance in the provision of equipment and the organization of teaching.

It must not, therefore, be assumed that the financial assistance which the Board have been able to provide has been, or has purported to be, adequate.

92. The Board think it reasonable to anticipate that an adequate number of entrants to the profession will not be secured within any such period as the Government presumably had in view in appointing the Committee unless steps are taken, at the latest immediately after the cessation of hostilities between Great Britain and Germany,

(1) To secure for the Schools a preferential claim on dental equipment now being used by the Dental Services in the Armed Forces of the Crown which will become surplus to the requirements of the Services on demobilisation; and, after making allowance for any assistance given to the Schools by this means,

(2) To make available to the Schools grants in aid of the provision of equipment and of the salaries of teachers, and generally of the purposes enumerated in paragraph 87 of this Memorandum, which will be very much larger in amount than any grants which have been made by the Board in the past or could be made by the proposed Dental Council in the future.

Although the grants need not reach their maximum in the first years after the war, but would probably increase in amount progressively as more trained teachers became available to staff the Schools, there appear to be good reasons for ensuring in advance that the finances of the Schools should be such as to enable them to deal with the influx of students which may be expected as soon as demobilisation begins. Pathologists and clinical teachers could then be trained as soon as dental officers eligible for such training were released from the Forces; and additional equipment would be needed immediately on the entry of larger numbers of students to the Schools.

93. (2) *Dental Research.* The Board are, again, not in a position to present any estimate of the sums likely to be involved in making adequate provision for the effective development of dental research in the future, but they wish to emphasize the following considerations which seem to them to be relevant.

94. As is pointed out in Appendix X (Note on the Medical Research Committee, 1913-20, and the Medical Research Council, 1920-43) to the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council), Parliament accepted responsibility for providing grants in aid of research (an expression comprising in this context both dental and medical research) so long ago as 1911; and under the National Insurance Act, 1911, and the Ministry of Health Act, 1919, the provision so made has been administered by the Medical Research Committee and their successors the Medical Research Council.

95. The growing concern of the State with dental research was recognized by the Government, in the appointment of the Committee, by the inclusion in the terms of reference of head (d), which makes it the duty of the Committee to consider and report

upon "Measures for the encouragement and co-ordination of research into the causation, prevention and treatment of dental diseases."

96. As was noted in paragraph 213 of the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council), the Committee of 1917-19 contemplated that the Board should contribute substantially to the cost of, but should not themselves conduct, "a thorough investigation into the causes and effects of dental caries and other diseases of dental origin," which that Committee described as "long overdue" nearly twenty-five years ago.

97. The Committee will no doubt be in a position to ascertain from the Medical Research Council what proportion of the moneys provided by Parliament to pay grants in aid of the expenses of the Council has been applied to the purposes of dental research in particular, as distinct from medical research in general. The total grant in aid of the expenses of the Council for the financial year 1943-44 is £215,000.

98. The amount of the grants made by the Board to purposes connected with dental research has always been subject to the limitations explained in paragraph 91 of this Memorandum in relation to grants made by the Board to Dental Schools; and, as the Committee are aware from paragraph 261 of the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council), the Board have not found it possible, within these limitations, to allocate more than £3,000 a year during the period from 1924 to 1939 to dental research conducted through the Medical Research Council; and the total amount appropriated to payments by the Board to the Council has been about £46,000.

99. Here again it must not be assumed that the financial assistance which the Board have been able to provide has been, or has purported to be, adequate.

100. The Board assume, on the contrary, that the Committee will find that the provision for dental research hitherto made out of public funds has been inadequate; that practical effect cannot be given to the view stated by the Committee of 1917-19, and implied by head (d) of the terms of reference of the Committee,

unless further provision is made ; and that adequate provision would involve grants in aid of such research very much larger in amount than any grants which have been made by the Board in the past or could be made by the proposed Dental Council in the future.

101. *Adequate Provision Should be Made out of Moneys Provided by Parliament.* In view of the importance of an adequate dental service to the health of the population, it would, in the opinion of the Board, be appropriate that Parliament should be asked to make the necessary provision for dental education and research. Additional funds for special purposes might be derived from voluntary sources such as benevolent foundations whose purpose it is to foster education and research.

102. *Administrative Authorities.* The proposed Dental Council would be well informed as to the needs of dental education and research ; but the Dental Schools would presumably be largely represented on the Council through the Dental Licensing Bodies. Such representatives would be parties interested in the allocation of funds to Schools for the purposes of dental education and research, and would therefore not be appropriate custodians of moneys provided by Parliament for these purposes.

It would, nevertheless, appear desirable that as close a contact as possible be secured between the proposed Dental Council and the bodies responsible for the allocation of funds for these purposes.

103. *Dental Education : The University Grants Committee.* As a Standing Committee appointed by the Treasury (1919) " To inquire into the financial needs of University Education in the United Kingdom and to advise the Government as to the application of any grants that may be made by Parliament towards meeting them," the University Grants Committee would be well situated to administer educational grants to those Schools which are affiliated with Universities. They allocate money, however, as block grants to Universities, and do not specify which Faculty shall receive the benefit of the funds so allocated. Two Dental Schools, those of Edinburgh and of Glasgow, are not affiliated to Universities, and would not therefore participate unless the procedure of the Committee were altered or the Schools became

affiliated. Moreover, it is not within the terms of reference of the Committee to advise on the allocation of funds derived from sources other than Parliament, or to receive or disburse such funds.

104. The Board are of the opinion that it is a matter of national importance that Parliament should be asked to vote the whole of the necessary additional funds for the effective development of dental education, and that dental education should be kept within the framework of University administration. They therefore recommend that the University Grants Committee should advise the Government on the allocation of these funds, but that a standing Dental Sub-Committee of the University Grants Committee should be established.

The Board further recommend that such funds as may be allocated to the Universities for dental education be specifically designated for that purpose, and that those Schools which are not attached to Universities be encouraged to seek an appropriate liaison.

105. *Dental Research: The Medical Research Council.* The constitution of the Medical Research Council has been set out in Appendix X to the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council). As stated in paragraph 19 of that Appendix, the Medical Research Council were established "with a view to facilitating the holding of, and dealing with, any money provided by Parliament for medical research and any other property, real or personal, otherwise available for that object, and with a view to encouraging the making of gifts and bequests in aid of the said object."

106. The successive decisions of the Government by which the Advisory Council for Scientific and Industrial Research, the Medical Research Council, and the Agricultural Research Council were constituted in 1915, 1920, and 1931, respectively, indicate a considered judgement that so far as the State becomes concerned with the establishment of any general organization to supervise research in any department of knowledge, the best form of organization is that of an expert body acting under the direction of a Ministerial Committee of the Privy Council.

107. The successive decisions of the Board in May and November, 1923, 1926, 1929, and 1934 (see paragraphs 218-231 and 261 of the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council)) to entrust to the Medical Research Council the direct administration of the greater part of the money which they were able to allocate to the purposes of dental research, indicate that no alternative method of administration presented itself to the Board during this period as preferable.

108. It is pointed out in a memorandum (1936) on the Constitution and Functions of the Medical Research Council that in the different fields of their work the Council are advised by specially appointed scientific Committees, each of which deals with a particular subject.

109. As stated in paragraph 218 of the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council), the Medical Research Council, in consultation with the Ministry of Health, had in pursuance of this policy appointed a Committee on the Causes of Dental Disease in 1920-21, before the Board were established.

The Council have maintained the Committee at all material times; and the Board are of opinion that the duties of co-ordinating and encouraging dental research should be entrusted to a Committee constituted in conformity with the policy of the Government to which reference is made in paragraph 106 of this Memorandum.

VII. EXISTING LEGISLATION DEALING WITH THE PRACTICE OF DENTISTRY

110. The Board submit the following recommendations in favour of the amendment of existing legislation dealing with the practice of dentistry.

111. *Extension of Time-Limit for Institution of Prosecutions.* The Dentists Acts do not prescribe the time within which prose-

cutions for offences under the Acts may be instituted before Courts of Summary Jurisdiction. The time-limit for such proceedings is therefore six calendar months from the time when the matter arose, by virtue of section 11 of the Summary Jurisdiction Act, 1848, so far as proceedings in England are concerned, and of section 26 of the Summary Jurisdiction (Scotland) Act, 1908, so far as proceedings in Scotland are concerned.

112. As stated in paragraph 68 of this Memorandum, the Board have experienced much difficulty in obtaining evidence sufficient to justify prosecutions for offences under section 1 of the Act of 1921, which prohibits generally the practice of dentistry by unregistered persons. It follows that a long time may be spent in attempts to obtain such evidence, and that alleged offenders may escape prosecution merely by reason of the lapse of time since the matter arose.

113. The Board therefore recommend that the Dentists Acts should be so amended as to provide that a prosecution for any offence under the Acts may be instituted either within one year from the date of the commission of the alleged offence, or within three months from the date on which evidence sufficient, in the opinion of the proposed Dental Council, to justify a prosecution for the offence comes to their knowledge, whichever is the longer; and that a certificate purporting to be a certificate under the hand of the Chairman of that Council as to the date on which such evidence came to their knowledge shall be conclusive evidence on the point.

A similar provision for the protection of the public is to be found in section 171 of the National Health Insurance Act, 1936.

114. *General Prohibition of Carrying on of Business of Dentistry by Bodies Other than Dental Companies, and by Unregistered Persons.* It was explained in paragraphs 139-144 of the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council) that in section 5 of the Act of 1921 Parliament gave partial effect to the recommendations of the Committee of 1917-19 in favour of the control of the carrying on of the business of dentistry by companies, and in particular provided that a majority of the directors, and all the operating

staff, of any company carrying on this business must be registered dentists.

115. The control exerted under the section does not extend either to (1) bodies which are not bodies corporate, or to (2) persons who may carry on the business of dentistry though they do not bring themselves within the prohibition of the practice of dentistry by unregistered persons enacted by section 1 of the Act.

116. This has in at least one instance led to the establishment of an institution posing as, or calling itself, a Hospital, when in fact it was a purely commercial enterprise seeking to gain credit and prestige by calling itself a Hospital.

117. The above experience, and the anticipation of further attempts at such nefarious commercial enterprises which may result from such incursions into the professional field, lead the Board to recommend that the Dentists Act, 1921, should be so amended as to prohibit (subject to the exceptions specified in the next paragraph of this Memorandum) the carrying on of the business of dentistry, whether for profit or not, either by bodies other than dental companies within the meaning of section 5 of the Act, or by persons who are not registered in the Dentists Register.

118. The exceptions to this general prohibition which the Board recommend are exceptions in favour of

- (1) The legal personal representatives, trustees of the will, legatees, or next of kin of registered dentists who have died ;
- (2) Mortgagees on whom loss would fall unless a business of dentistry were carried on for their benefit ;
- (3) The carrying on of the business of dentistry by employers who provide dental treatment for their employees, otherwise than for profit, in accordance with conditions approved by a competent authority ;
- (4) The carrying on of the business of dentistry by any Hospital of any description (including an institution for out-patients only), or any Dental School ;
- (5) The carrying on of the business of dentistry by bodies who have statutory powers to provide dental treatment.

VIII. EXISTING LEGISLATION DEALING WITH THE GOVERNMENT OF THE DENTAL PROFESSION

119. The Board submit the following recommendations in favour of the amendment of existing legislation dealing with the government of the dental profession.

120. *Description of Constituencies of Elected Members of the Board.* In the third sub-paragraph of paragraph 4 of the First Schedule to the Act of 1921, which, read with section 2 (2) of the Act, defines the constituencies of elected members of the Board, these constituencies are described as consisting on the one hand of "qualified dentists," and on the other hand of "dentists not being qualified dentists."

121. The experience of the Board shows that both these expressions are open to objection, mainly on the ground that they may give rise to a confusion of thought between the word "qualified" and the word "competent"; and their use has been discontinued in the Rules for the Conduct of Elections made by the Board under paragraph 9 (d) of the First Schedule to the Act (Board's Minutes 1938, 5-8, 11).

122. The Board think it undesirable to perpetuate statutory expressions which members of the profession regard as liable to cause misapprehension; and they therefore recommend that the expression "qualified dentists" in heads (a), (b), (c), and (d) of the third sub-paragraph of paragraph 4 of the First Schedule to the Act of 1921 should be repealed, and that the expression "graduates or licentiates in dental surgery or dentistry of any of the medical authorities" (which follows the wording of section 6 (a) of the Act of 1878 as amended by section 11 (1) of the Act of 1921) should be inserted in lieu thereof in each head of the sub-paragraph.

123. The Committee will observe that the recommendations made by the Board in Sections I to VI of this Memorandum involve the following amendments of existing legislation dealing with the government of the dental profession.

124. *Transfer of Functions to the Proposed Dental Council*
 (1) *From the Board.* The following functions now discharged by the Board under the Dentists Acts, 1878 to 1927, should be transferred to the proposed Dental Council.

Dentists Act, 1878

<i>Sections</i>	<i>Functions</i>
7, read with sections 6 (4) and 11 (2) of the Act of 1921	Registration of persons in Dentists Register
11 (1), (3), and (4), read with section 6 (1) of the Act of 1921	Maintenance, publication, and custody of Dentists Register
12, as amended by section 12 of the Act of 1921, read with section 6(4) of that Act	Correction of Dentists Register
13, first paragraph, read with paragraph (a) of subsection (1) of section 8 of the Act of 1921	Erasing from Dentists Register any entry incorrectly or fraudulently made
13, second paragraph, read with paragraph (b) of subsection (1) of section 8 of the Act of 1921	Making inquiry into cases of persons alleged to be liable to penal erasure from Dentists Register
14, second paragraph, read with subsections (2) and (3) of section 8 of the Act of 1921	Restoring to Dentists Register any entry erased by the Board
40, read with section 6 (1) of the Act of 1921	Recovery of penalties

Dentists Act, 1921

<i>Sections</i>	<i>Functions</i>
1 (3) (c)	Advising the Minister of Health as to approval of conditions for performance in any public dental service of minor dental work by unregistered persons
2 (2), and First Schedule, paragraph 9	Making Rules for (a) regulating the proceedings of the Board; (b) enabling the Board to constitute Committees; (c) authorizing the delegation of powers (except powers in connection with admission to, erasure from, and restoration to, Dentists Register) to Committees and regulating the proceedings of Committees; and (d) regulating the manner in which elected members of the Board are to be elected

Dentists Act, 1921

<i>Sections</i>	<i>Functions</i>
2 (3)	Making Regulations as to manner of authentication of common seal
2 (5) and (6)	Appointing, and fixing tenure and remuneration of, Registrar
2 (7)	Appointing, and fixing remuneration of, Assistant Registrar and other officers
3	Admitting to Dentists Register any persons who made valid applications within the interim period
5, proviso (b) to subsection (1), and subsection (4)	Making Regulations as to publication of list of certain directors of dental companies
5 (3)	Receiving annual statements in the form prescribed by Regulations from dental companies
5 (5)	Advising the Minister of Health as to approval of Hospitals and Dental Schools for the purposes of the section
6 (3), read with subsection (1) of section 17	Institution of prosecutions for offences under the Acts, except in Scotland
7 (1)	Making Regulations as to <ul style="list-style-type: none"> (a) Form and keeping of Dentists Register and making of entries and erasures therein, and in particular for registration of the description of persons admitted to the Register under section 3 of the Act; (b) Proceedings before the Board in connection with removal from, and restoration to, Register of any name; (c) Annual retention fees not exceeding £5; and Making Regulations for any other purpose for which Regulations are to be made under the Act
10 (2)	Keeping accounts and making Regulations as to audit of accounts
13	Making Orders varying or revoking Orders and Regulations made by the General Medical Council under section 17 of the Act of 1878

Dentists Act, 1923*Section**Function*

1

Admitting to Dentists Register any persons who made valid applications under the section

Medical and Dentists Acts Amendment Act, 1927*Section**Function*

2 (1), and paragraph 6 of agreement set forth in Part II of Schedule

Reciprocal action with Irish Free State Dental Board with a view to preventing the holding of simultaneous disciplinary inquiries

125. (2) *From the General Medical Council.* The following functions now discharged by the Council under the Dentists Acts, 1878 to 1927, should (subject to the conditions stated in this Memorandum as to functions in relation to dental education and examinations) be transferred to the proposed Dental Council.

<i>Acts</i>	<i>Sections</i>	<i>Functions</i>
1878	8	Registration of Colonial dentists with recognized certificates
	9	Registration of foreign dentists with recognized certificates
	10	Recognition of certificates held or obtained by Colonial or foreign dentists
	11 (6)	Registration of additional qualifications
	13	} Penal erasure from Dentists Register
1921	8	
1878	14	} Restoration to Dentists Register after penal erasure
1921	8	
1878	22	Requiring information as to courses of study and examinations; visitation of examinations
1878	23 & 24	Representation to Privy Council of defects in courses of study and examinations, and consequential action
1878	26	Representation to Privy Council of attempts by Licensing Bodies to impose restrictions as to theories of dentistry

126. *Discontinuance of Control by the General Medical Council of Dental Business.* The following provisions of the Act of 1921

which import a general control by the Council of the discharge by the Board of functions under the Act should be repealed.

<i>Sections</i>	<i>Provisions</i>
2 (2) and First Schedule, paragraph 9	Approval by Council of Rules made by Board
7 (2) (part)	Approval by Council of Regulations made by Board
10 (2)	Submission of accounts of Board to Council

127. *Repeal of Section 10 (1) of Act of 1921, and Proposed New Provision.* Section 10 (1) of the Act of 1921, which provides for the application of money received by the Board to (a) meeting administrative expenses, and (b) making grants in aid of purposes connected with dental education and research or any public purposes connected with the profession of dentistry, should be repealed and replaced by a provision empowering the proposed Dental Council to apply money received by them in defraying the expenses of the execution of the Dentists Acts.

128. *Constitution of the Proposed Dental Council.* The Board make the following recommendations as to the constitution of the Dental Council whose establishment has been recommended in Section I of this Memorandum.

129. On and after an appointed day which should be not later than the day appointed for the transfer to the proposed Dental Council of the functions of the General Medical Council in relation to (1) the discipline of the dental profession, and (2) dental education and examinations, the Dental Board of the United Kingdom should cease to exist, and should be replaced by the Dental Council, whose membership should be as follows :—

- (1) One person chosen from time to time by each University or Medical Corporation in the United Kingdom or in Eire which for the time being grants any Degree or Licence in Dental Surgery or Dentistry conferring the right of registration under the Dentists Acts.

There are now (1944) sixteen such Universities and Corporations.

- (2) Eight persons elected from time to time by registered dental practitioners practising in England and Wales, in Scotland, and in Ireland.
- (3) Three persons nominated from time to time by His Majesty with the advice of His Privy Council.
- (4) For the purposes of the exercise of the functions of the Dental Council in relation to dental education and examinations, six members additional to the ordinary members enumerated under heads (1), (2), and (3), the additional members being members of the General Medical Council appointed by the General Medical Council as additional members of the Dental Council.

130. *Election of Chairman.* The Board further recommend that the Dental Council should from time to time elect one of their ordinary members to be Chairman for a term not exceeding five years, and not extending beyond the expiration of the term for which he has been made a member of the Council.

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

The principal conclusions and recommendations on matters of policy which the Board submit to the Committee in this Memorandum may be summarized as follows.

SECTION I. A SEPARATE DENTAL COUNCIL

(1) A separate Dental Council should be established to discharge the functions of

- (a) The Board under the Dentists Acts, 1878 to 1927, except functions under section 10 (1) of the Dentists Act, 1921, which should be repealed and replaced by a provision empowering the Dental Council to apply money received by them in defraying the expenses of the execution of the Acts (paragraphs 14, 84, 124, 127);
- (b) The General Medical Council under the Dentists Acts, 1878 to 1927, except functions importing a general

control by the Council of the discharge by the Board of functions under the Dentists Act, 1921, which should be abrogated by legislation (paragraphs 14, 125-126).

SECTION II. EDUCATION

Teaching Staff

(2) Grants of an amount larger than could be provided from the income of the Board or of the proposed Dental Council should be provided in aid of dental education. These should include

- (a) Grants in aid of salaries of teachers in Dental Schools (paragraphs 21, 23) ;
- (b) Scholarships for specially selected second-year dental students who wish to pursue an academic career to enable them to proceed to a year's special study of Physiology and Biochemistry, and/or a year's postgraduate study in General and Special Pathology (paragraph 24) ;
- (c) In order to expedite recruitment to the academic body, grants in aid of postgraduate fellowships for Graduates qualified both in Medicine and in Dentistry to enable them to pursue postgraduate study in General and Special Pathology (paragraph 25) ; and in aid of travelling scholarships for teachers of clinical subjects in Dental Schools (paragraph 26).

Curriculum

(3) Dental students should be required to attain the same standards in preliminary general education as other candidates for a University degree (paragraph 27).

(4) The questions whether it may be advantageous, though not necessary, that courses in Chemistry, Physics, and Biology should be taken in a Dental School (as opposed to a secondary school) ; and whether the courses for dental students should be different from those for medical or for science students, are discussed (paragraph 28).

(5) The courses in Anatomy, Physiology, and Biochemistry for dental students should be separate and different from those for medical students (paragraphs 29, 40).

(6) The teachers responsible for the courses in Pathology (General, Special, and Clinical) for dental students should be qualified both in Medicine and in Dentistry, and have had such postgraduate experience as is indicated in paragraph 25 of this Memorandum. Such teachers might also give courses in Bacteriology for dental students, and should devote their whole time to teaching and research (paragraph 30).

(7) The courses in General Medicine and Surgery for dental students should be given by senior members of the staffs of General Teaching Hospitals (paragraph 31).

(8) It is not necessary or desirable that practical instruction in Dental Mechanics should extend over so long a period as 24 calendar months or 2,000 hours (paragraphs 32, 33, 35, 37).

(9) More emphasis should be laid on conservative treatment, as opposed to extractions and prosthetic treatment, by means of

- (a) The reduction of the period of practical instruction in Dental Mechanics ;
- (b) The establishment in Teaching Hospitals of clinics to which only such cases as were required for the proper training of students would be admitted (paragraphs 34, 35, 36).

(10) It is not in the public interest that the minimum period of professional study for candidates for Degrees or Licences in Dental Surgery or Dentistry recommended by the General Medical Council, namely, "at least four years, of which three years at least shall be spent at a School or Schools recognized for professional study by one of the Licensing Bodies," should in any event be reduced (paragraphs 37, 67).

(11) The reduction of the period of practical instruction in Dental Mechanics should be compensated by further study of clinical and scientific subjects (paragraphs 37, 67).

(12) No student should be admitted to a Dental School before he has attained the age of seventeen years (paragraph 37).

(13) So far as Universities are satisfied that the dental curriculum is of University standard, it is desirable that Degrees instead of Licences should be granted on the successful completion of that curriculum (paragraph 38).

Additional Qualifications

(14) The regular course, with the modifications suggested, should be adequate for general practice, but Graduates or Licentiates in Dental Surgery possessing exceptional capabilities should be encouraged to obtain additional qualifications either (a) in Medicine or (b) in Science (paragraphs 39, 40).

SECTION III. RESEARCH AND POSTGRADUATE TEACHING

(15) A distinction is drawn between three kinds of dental research and investigation, viz. :—

- (a) Pure scientific research ;
- (b) Clinical research ;
- (c) Assessment of the relative value of different clinical procedures and methods in the treatment of dental diseases (paragraph 42).

(16) Grants of an amount larger than could be provided from the income of the Board or of the proposed Dental Council should be provided in aid of

- (a) Scholarships for undergraduates or Graduates to enable them to pursue study in special sciences (paragraph 44) ;
- (b) Research fellowships (paragraph 45) ;
- (c) Facilities for research in Dental Schools, including
 - (i) Laboratories, (ii) General expenses of laboratories, (iii) Special materials, and (iv) Remuneration of technicians (paragraph 46).

(17) It is not desirable for the time being to establish a central institution for dental research of the types described in para-

graph 42 of this Memorandum as (a) pure scientific research, or (b) clinical research (paragraph 48).

(18) It is desirable to establish a central institution or institutions for postgraduate instruction and for clinical investigation of the type outlined under head (c) of paragraph 42 of this Memorandum (paragraphs 49, 50).

(19) Provision should be made for the postgraduate education of specialists in such subjects as Orthodontics and Oral Surgery (paragraph 51).

(20) It is desirable that provision for the postgraduate education of dental specialists should be made in Dental Schools (paragraph 52).

(21) Universities as Licensing Bodies, by reciprocal recognition of primary qualifications, might facilitate the grant of additional qualifications to dental specialists (paragraph 53).

SECTION IV. NUMERICAL STRENGTH OF THE PROFESSION

(22) The proposed Dental Council should be consulted by the Minister of Health as occasion requires on the question of maintaining or increasing the numbers of persons on the Register (paragraph 54).

(23) Measures should be taken to increase the numerical strength of the profession by attracting a larger number of entrants, of an order of not less than 500 a year, to the Dental Schools (paragraphs 55-60).

(24) Measures should be taken forthwith to train an adequate number of practitioners already on the Register as teachers for the large influx of students to the Dental Schools which may be expected on demobilisation (paragraph 61).

(25) Measures should be taken to bring the advantages of the profession to the notice of members of the Armed Forces of the Crown before they are demobilised (paragraph 61).

(26) Measures should be taken to bring the advantages of services for school children and adolescents as part of a comprehensive dental service to the notice of practitioners serving

in the Armed Forces of the Crown before they are demobilised (paragraph 62).

(27) The amenities of Dental Schools and their recognition as Schools of Universities are important elements in the attraction of entrants (paragraph 63).

(28) The proposed Dental Council should advise the Headmasters' Employment Committee (Public Secondary Schools) on the question of the measures to be taken to secure an adequate number of entrants to Dental Schools (paragraph 64).

(29) It is not desirable that Dental Officers should be subordinated to Medical Officers in public services such as the School Medical Service (paragraph 65).

(30) Bursaries for dental students should form part of the provision made by the Government for securing an adequate number of entrants to professions generally. It is not desirable that the proposed Dental Council should allocate any money received by them to this purpose (paragraph 66).

(31) It is not in the public interest to amend the Dentists Act, 1921, so as to authorize the performance of any dental operation by "a subsidiary type of dental operator" (paragraph 67).

(32) The experience of the Board as to practice by unregistered persons leads to the conclusion that any extension of the statutory limits of such practice should be subject to prescribed measures of control (paragraphs 68, 69).

SECTION V. DENTAL HEALTH EDUCATION

(33) The proposed Dental Council should not allocate any money received by them to the purpose of dental health education; and should only act in relation to this service as advisors of any body having special knowledge and experience of health education, including oral hygiene (paragraphs 70-76).

SECTION VI. FINANCE

(34) The proposed Dental Council should retain the power conferred upon the Board by section 7 (1) (c) of the Dentists Act, 1921, to make regulations prescribing an annual retention fee not exceeding £5 in order to enable them to defray the expenses of the execution of the Dentists Acts (paragraphs 77-82).

(35) Section 10 (1) of the Dentists Act, 1921, should be repealed and replaced by a provision empowering the proposed Dental Council to apply money received by them in defraying the expenses of the execution of the Dentists Acts, but not to apply money to any purpose connected with dental education, dental research, or generally (apart from other specific provisions of the Acts) with the profession of dentistry (paragraphs 83, 84).

(36) The subheads under which dental education and research require continuous financial provision from external sources, apart from provision for capital expenditure on building or rebuilding, are indicated under the heads of undergraduate education, research, and postgraduate education (paragraphs 85-89).

(37) The cost of adequate provision for the development of dental education and research is in excess of anything that could be provided from the income of the Board or of the proposed Dental Council (paragraphs 90-91, 93-100).

(38) The measures essential to secure an adequate number of entrants to the profession include (a) recognition of a preferential claim by Dental Schools on dental equipment which becomes surplus to the requirements of the Dental Services in the Armed Forces of the Crown on demobilisation, and (b) timely and adequate financial provision for undergraduate education (paragraph 92).

(39) Adequate financial provision for the development of dental education and research should be made wholly out of moneys provided by Parliament, except so far as any voluntary contributions may be made towards these purposes (paragraphs 101, 104).

(40) Moneys provided by Parliament for the development of dental education should be administered by the University Grants Committee (paragraphs 102-104).

(41) Moneys provided by Parliament for the development of dental research on the lines indicated in Section III of this Memorandum should be administered by the Medical Research Council on the advice of a specially appointed scientific Committee (paragraphs 105-109).

SECTION VII. EXISTING LEGISLATION DEALING WITH THE PRACTICE OF DENTISTRY

(42) Amendments of the Dentists Acts are recommended

- (a) To extend the time within which prosecutions for offences under the Acts may be instituted (paragraphs 111-113) ;
- (b) To prohibit under penalty the carrying on of the business of dentistry, whether for profit or not, by any body other than a dental company within the meaning of section 5 of the Dentists Act, 1921, or by any person not registered in the Register, subject to certain exceptions which are specified (paragraphs 114-118).

SECTION VIII. EXISTING LEGISLATION DEALING WITH THE GOVERNMENT OF THE DENTAL PROFESSION

(43) An amendment of paragraph 4 of the First Schedule to the Dentists Act, 1921, which, read with section 2 (2) of the Act, defines the constituencies of elected members of the Board, is recommended with the object of substituting an alternative expression for the expression "qualified dentists" in the paragraph (paragraphs 120-122).

(44) The functions which should be transferred from (a) the Board, and (b) the General Medical Council, and should be discharged by the proposed Dental Council, are specified (paragraphs 123-125).

(45) The repeal of provisions of the Dentists Act, 1921, which import a general control by the General Medical Council of the discharge by the Board of functions under the Act is recommended (paragraph 126).

(46) The repeal of section 10 (1) of the Dentists Act, 1921, and the enactment of a provision empowering the proposed Dental Council to apply money received by them in defraying the expenses of the execution of the Dentists Acts, are recommended (paragraph 127).

(47) The Board recommend that the Dental Council whose establishment they recommend in Section I of this Memorandum should consist of

- (a) One representative of each of the Dental Licensing Bodies in the United Kingdom and in Eire (of which there are now 16), that is, the Universities and Corporations which grant any registrable Degree or Licence in Dental Surgery or Dentistry ;
- (b) 8 persons elected by the profession ;
- (c) 3 Crown nominees ; and
- (d) 6 additional members, being members of the General Medical Council appointed by that Council, who will only be members of the Dental Council for the purpose of the discharge of functions relating to dental education and examinations (paragraph 129).

(48) The Board recommend that the Dental Council should from time to time elect one of their ordinary members to be Chairman for a maximum term of five years (paragraph 130).

March, 1944.

APPENDIX

EXTRACT FROM ADDRESS OF THE CHAIRMAN,
THE RT. HON. SIR FRANCIS DYKE ACLAND, BT., M.P.,
TO THE DENTAL BOARD,
NOVEMBER 9, 1938

(See paragraph 8 of Memorandum of Evidence)

During a period of enforced leisure I have been led to reflect upon the statutory relations between the Board and the General Medical Council which were established by the Dentists Act, 1921.

This difficult matter was attentively considered by the Departmental Committee on the extent and gravity of the evils of dental practice by persons not qualified under the Act of 1878, over which I had the honour to preside between 1917 and 1919.

It will be twenty years next February since the Report of the Committee was signed, and it will be eighteen years next July since the Act of 1921, which gave effect in substance to the recommendations of the Committee as to the future control of the dental profession, became law.

The main recommendation of the Committee was, in the words of the Report, that "the control of the dental profession and the custody of the Register should be entrusted to a statutory Board under the General Medical Council."

It is to be observed that Sir Donald MacAlister, then President of the Council, who spoke with unique authority, informed the Committee in evidence that he would regard the continuance of the control of the Council over the profession as "a step in the evolution which he regarded as ultimately inevitable," that is to say, a step leading ultimately to the establishment of what was described in the Report as a separate Dental Council.

The Report recalls that Sir Donald explained to the Committee that in 1878, when the first Act regulating the profession was passed, "dentistry was originally put under the Medical

Council because there was no dental profession." He added that the Council had been organised twenty years before, under the first Medical Act of 1858, and that the dental profession was placed under the jurisdiction of the Council solely for the reason that the Council were an existing body, and that there was no corresponding existing body or constituency from which a body could be constituted for the new purpose.

Members will also find in the Report of the Committee an interesting statement by Sir Donald that although the Council had not officially considered the question of the control of the dental profession by a body distinct from the Council, the opinion that he had heard expressed by members of the Council had been in favour of the establishment, sooner or later, of a distinct body for the government of the dental profession.

Ultimately, as I have said, the Committee arrived at a recommendation in favour of the construction of the kind of halfway house in which British people are generally comfortable for some time. They had been told that the preponderance of opinion in the British Dental Association was to the effect that control by the General Medical Council was for the time being preferable to the establishment of a Dental Council. But they had also received a resolution from the Irish Branch of the Association in favour of the dissentient view that no new legislation would be satisfactory unless it provided for administrative and educational control of dental affairs by the dental profession.

The essential part of the recommendation of the Committee (which appears in paragraph 180 of their Report) was that they were not in present circumstances in favour of immediately severing the control of the dental profession from the Council. They therefore went on to recommend "that the control of the dental profession shall be kept within the orbit of the General Medical Council for the present, but that as much self-government of the profession by dentists should be effected as is practicable."

You will notice that this recommendation, on which the relevant provisions of the Act of 1921 are based, was designed to meet "the present circumstances," and to keep the control of the dental profession within the orbit of the Council "for the present."

It seems to me that the time has now come when the Board, the profession, and the public may usefully make up their minds whether the present of 1919 and 1921 has not become the past, and if so, what should be done about the control of the profession for the future.

In order to clarify my own ideas on the subject, I have turned over in my mind such experience as I have of the practical working of the Act of 1878 in conjunction with the Act of 1921 in their bearing upon the relations between the two bodies.

The broad divisions into which the business falls are (1) disciplinary functions ; (2) the maintenance of the Register ; and (3) educational functions.

(1) We all know that under section 13 of the Act of 1878 the Board cannot direct the erasure of the name of a registered dental practitioner from the Register for professional misconduct, or in consequence of any grave conviction by the Courts. Under that section, as amended by section 8 of the Act of 1921, the Board hold an inquiry, and make a report to the Council setting out the facts proved at the inquiry, and the finding of the Board. The Council receive the report, and hear any observations which the practitioner may desire to make with reference to it. If they are of opinion that further inquiry into the case is necessary, they cannot themselves take any evidence for the purpose, but must remit the case to the Board for further inquiry and report. If the Council proceed to judgement, it is they who have the power to make an order directing the erasure of the name of the practitioner from the Register.

It is obvious that these provisions are complex and difficult to interpret, and that they might have proved a more fertile source than they have of diversity of opinion between the two bodies, at least in regard to questions of professional conduct.

The only disciplinary power of erasure of a name from the Register which the Board exercise independently is that of causing the erasure of any entry which has been incorrectly or fraudulently made. This power was originally conferred on the Council by section 13 of the Act of 1878, but was transferred to the Board by section 8 of the Act of 1921.

In the cognate matter of the restoration of names to the Register after penal erasure, there is again a division of duties.

The Council retain the power to direct restoration conferred upon them by section 14 of the Act of 1878, but section 8 of the Act of 1921 provides that the power shall not be exercised except upon a report to the Council by the Board, and transfers to the Board the ministerial function of restoring the entry of the name to the Register.

(2) I turn now to the provisions of the Acts in regard to registration in the Register.

Recruits to the profession, as the Board know, are now almost without exception graduates or licentiates in dental surgery or dentistry, and the entry in the Register of names of holders of degrees or licences granted in the United Kingdom or in Eire is entrusted to the Board.

But the Council retain the power conferred upon them by sections 8, 9, and 10 of the Act of 1878 to deal with applications for registration as Colonial or foreign dentists by persons holding qualifications granted elsewhere in the Empire or in foreign countries.

The Council also retain the power conferred upon them by section 11 of the Act of 1878 to recognise additional qualifications granted after examination in the United Kingdom or in Eire as being registrable by practitioners already registered in the Register.

The compilation of the Register is, therefore, another matter in which jurisdiction is divided between the Board and the Council, but the maintenance and publication of the Register is business transferred from the Council to the Board under section 6 of the Act of 1921.

(3) In the other main sphere which is of common interest to the Council and the Board, namely the control of the dental curriculum, and the development of dental education, there is once more a division of functions between the two bodies.

The Council retain the power conferred upon them by section 22 of the Act of 1878 to require information from the

Licensing Bodies as to the courses of study and examinations to be gone through by candidates for qualifications; the power conferred by the same section to arrange visitations of the examinations held by the Bodies; the power under section 23 to represent to the Privy Council that any course of study and examinations is defective; and the power under section 26 to move the Privy Council to prohibit any attempt to impose restrictions as to theories of dentistry on candidates offering themselves for examination.

It follows that in the exercise of these powers the Council, and not the Board, are the authority who exert an important influence on the progress of dental education by issuing from time to time recommendations as to courses of study and examinations with which, within reasonable limits, Licensing Bodies find it necessary to comply.

But concurrently, the Board as a spending body are devoting large sums, out of the money received by them, to the purposes defined in general terms by section 10 of the Act of 1921 as "purposes connected with dental education."

You are familiar with the amount of time and care and money which is devoted to the award of bursaries, to raising the standard of teaching in Dental Schools, and to facilitating the schemes of Dental Schools for the extension of their premises, and for the improvement of their equipment.

I think I can best conclude this survey by reverting to the final observation of the Departmental Committee on the whole question of the control of the dental profession, which was that they regarded the Board whose establishment they had suggested as giving place in time to a Council or Board independent of the General Medical Council, and consisting of elected members of the profession, of members of the profession chosen by the Licensing Bodies, and of a nominated element.

It is not for me to say now whether the time has come to regard as immediately pressing or practicable a redistribution of functions between the Board and the Council, either separately from, or in conjunction with, a revision of the constitution of

the Board. All that I have in mind for the moment is to encourage my colleagues to refresh their recollection of the views of the Committee, and to reflect upon the problem as it may have presented itself to them here.

But this I think can be said without fear of arousing controversy :—If the Council were to feel that the Board were sufficiently adult to be entrusted with an undivided authority on any or all of the three subjects, discipline, registration, and education, it would be wrong to continue by legislative enactment a connection which was always regarded as a stage in progress towards a more logical and satisfactory condition of things.

General Medical Council

MEMORANDUM OF EVIDENCE ON POLICY SUBMITTED ON BEHALF OF THE COUNCIL TO THE INTER- DEPARTMENTAL COMMITTEE ON DENTISTRY

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INTRODUCTORY

1. In order to expedite the preparation of this Memorandum the Council in May, 1943, appointed a Special Committee consisting of the representatives on the Council of the Queen's

University of Belfast, the Universities of Birmingham, Durham, Leeds, London, Manchester, Sheffield, Edinburgh, St. Andrews, and Dublin, and of the Royal College of Surgeons in Ireland. All of these authorities except the University of Edinburgh grant registrable dental qualifications, and most of their representatives on the Council are the Deans of the Faculties of Medicine in their Universities. The terms of reference of the Special Committee were (1) to confer with the Dental Board, and (2) to prepare a draft of this Memorandum for the consideration of the Council.

2. The conference between the Special Committee and the Board was held on June 18 and July 20, 1943, and though the parties to it were not in a position to bind either the Council or the Board, they were in agreement on a number of important points which are dealt with in this Memorandum.

3. Further, the parties to the conference agreed that the Council and the Board should exchange documents relating to the preparation of the evidence on policy which the two bodies are severally submitting to the Committee.

4. The Council have therefore been able to prepare this Memorandum in the light of knowledge of the evidence on policy which is to be submitted to the Committee by the Board.

I. EXISTING LEGISLATION DEALING WITH THE GOVERNMENT OF THE DENTAL PROFESSION

5. Head (c) of the terms of reference of the Committee requires them to consider and report upon this matter. It is dealt with first in this Memorandum because elected members of the Board, as representatives of their profession, emphasized its importance at the conference between the Special Committee of the Council, and the Board; and because any recommendations in favour of a redistribution of the functions discharged by the Council and by the Board under the Dentists Acts, 1878 to 1927, or of a reconstitution of the Board, or both, must affect recommendations made in relation to other heads of the Committee's terms of reference.

1. FUNCTIONS UNDER THE DENTISTS ACTS, 1878 TO 1927,
TO BE RETAINED BY THE DENTAL BOARD

6. For the purposes of this Memorandum the Council assume that the Board, whether reconstituted or not, will retain the functions under the Dentists Acts, 1878 to 1927, specified in the Appendix hereto.

2. ABOLITION OF CONTROL BY THE COUNCIL OF DISCHARGE
OF FUNCTIONS BY THE DENTAL BOARD

7. The Council recommend that the following provisions of the Dentists Act, 1921, which import a general control by the Council of the discharge by the Board of functions under the Act, be repealed whether the Board be reconstituted or not.

8. (1) *As to Rules Made by the Board under Section 2 (2) of, and Paragraph 9 of the First Schedule to, the Act.* The Committee will see from the Appendix hereto that these Rules relate to (a) the regulation of the proceedings of the Board ; (b) the constitution of Committees of the Board ; (c) the delegation of functions (except as to admission to, erasure from, and restoration to, the Dentists Register) to Committees, and the regulation of the proceedings of Committees ; and (d) the regulation of the manner in which elected members of the Board are to be elected.

9. Paragraph 9 of the First Schedule provides that Rules made by the Board for these purposes shall be subject to the approval of the Council.

10. The Council recommend that the words "with the approval of the General Council" in the paragraph be repealed.

11. (2) *As to Regulations made by the Board under Sections 2 (3), 5, 7 (1), and 10 (2) of the Act.* The Committee will see from the Appendix hereto that these Regulations relate to (a) the manner of authentication of the common seal of the Board (section 2 (3)) ; (b) the

manner of publication of a list of directors of companies carrying on the business of dentistry at the commencement of the Act (proviso (b) to subsection (1), and subsection (4), of section 5); (c) the form and keeping of the Dentists Register and the making of entries and erasures therein (section 7 (1) (a)); (d) proceedings before the Board in connection with the removal from, and restoration to, the Register of any name (section 7 (1) (b)); (e) annual retention fees not exceeding £5 (section 7 (1) (c)); and (f) the audit of accounts of the Board (section 10 (2)).

12. Regulations made by the Board are subject to the provisions of subsections (2) and (3) of section 7 of the Act, which are as follows :—

“(2) Regulations made by the Board under this Act shall be submitted to the General Council for their approval, and shall, after being approved by the General Council, whether with or without modifications, be submitted for the approval of the Privy Council, and no such regulations shall have effect until they have been approved by the Privy Council :

“Provided that, where the General Council propose to approve any such regulations with modifications, the Council shall inform the Board of the proposed modifications and give to the Board a reasonable opportunity of making any observations with respect thereto, and the Council shall, before proceeding to approve the regulations, take into consideration any observations which may be made by the Board.

“(3) Every regulation made and approved under this section shall be laid before each House of Parliament as soon as may be after it is approved by the Privy Council, and, if an Address is presented to His Majesty by either House of Parliament within the next subsequent twenty-one days on which that House has sat next after the regulation is laid before it, praying that the regulation may be annulled, His Majesty in Council may annul the regulation, and if annulled it shall thenceforth be void, but without prejudice to the validity of anything previously done thereunder.”

13. The Council see no advantage in a procedure under which Regulations duly made by the Board are inoperative until they have been subjected to a double process of approval by (1) the Council, and (2) the Privy Council; and they think approval by the Privy Council followed by Parliamentary scrutiny would provide ample safeguards against any abuse by the Board of their powers in this respect.

14. The Council therefore recommend that the words " be submitted to the General Council for their approval, and shall, after being approved by the General Council, whether with or without modifications " in subsection (2) of section 7 of the Act, and the proviso to the subsection, be repealed.

15. The Council recommend that the words " the General Council and " in subsection (1) of section 15 of the Act, which relates to prima facie evidence of any Regulations made by the Board, be consequentially repealed.

16. (3) *As to Accounts Kept by the Board under Section 10 (2) of the Act.* The subsection provides that the accounts of the Board shall be submitted by the Board to the Council at such times as the Council may require.

17. The Council recommend that the words " and shall be submitted by the Board to the General Council at such times as the Council may require " in the subsection be repealed.

3. FUNCTIONS OF THE COUNCIL UNDER THE DENTISTS ACTS, 1878 TO 1921, TO BE TRANSFERRED TO THE DENTAL BOARD

(1) FUNCTIONS IN RELATION TO PROFESSIONAL DISCIPLINE

18. The Council recommend that

(1) The functions of the Council under section 13 of the Dentists Act, 1878, as amended by section 8 of the Dentists Act, 1921, in relation to penal erasure from the Dentists Register ; and

(2) The functions of the Council under section 14 of the Dentists Act, 1878, as amended by section 8 of the Dentists Act, 1921, in relation to restoration to the Dentists Register after penal erasure,

be transferred to the Board whether the Board be reconstituted or not.

(3) The Dentists Acts be so amended as to give effect to the foregoing recommendations.

(2) FUNCTIONS IN RELATION TO DENTAL EDUCATION AND EXAMINATIONS

A. PROPOSED STATUTORY CONDITIONS OF ANY TRANSFER

19. The Council recommend that no transfer from the Council to the Board of functions in relation to dental education and examinations discharged by the Council under the Dentists Act, 1878, should be made unless the following conditions are secured by legislation, namely :—

(1) That the Board be reconstituted on the lines recommended in paragraphs 21–23 of this Memorandum.

(2) That the Board as so reconstituted shall, for the purpose of the discharge of any functions relating to dental education and examinations, include a statutory number of additional members who shall be members of the Council and shall be appointed by the Council to the Board for the said purpose.

(3) That the Board as so reconstituted shall be required to appoint and always to maintain a statutory Committee or Committees for the said purpose, and that the said Committee or Committees shall include the additional members appointed by the Council to the Board for the said purpose.

B. EXTENT OF PROPOSED TRANSFER SUBJECT TO STATUTORY CONDITIONS

20. Subject to the enactment of the foregoing conditions, the Council recommend that the following functions in relation to dental education and examinations discharged by the Council under the Dentists Acts, 1878, be transferred to the Board as reconstituted.

<i>Sections</i>	<i>Functions</i>
8	Registration of Colonial dentists with recognized certificates
9	Registration of foreign dentists with recognized certificates
10	Recognition of certificates held or obtained by Colonial or foreign dentists

<i>Sections</i>	<i>Functions</i>
11 (6)	Registration of additional qualifications
22	Requiring information as to courses of study and examinations ; visitation of examinations
23 and 24	Representation to Privy Council of defects in courses of study and examinations, and consequential action
26	Representation to Privy Council of attempts by Licensing Bodies to impose restrictions as to theories of dentistry

4. PROPOSED RECONSTITUTION OF THE DENTAL BOARD

21. The Council recommend that, on and after an appointed day which should be not later than the day appointed for the transfer from the Council to the Board of the foregoing functions (1) in relation to professional discipline, and (2) subject to the conditions stated in heads (1), (2), and (3) of paragraph 19 of this Memorandum, in relation to dental education and examinations, the Dentists Acts be so amended as to provide for a reconstitution of the Board as follows.

22. On and after the appointed day the Board shall consist of the following members, that is to say :—

- (1) One person chosen from time to time by each University or Medical Corporation in the United Kingdom or in Eire which for the time being grants any Degree or Licence in Dental Surgery or Dentistry conferring the right of registration under the Dentists Acts.*

* *Note.*—The Universities and Medical Corporations which now (1944) grant such qualifications are as follows :—

<i>In England (9)</i>	<i>In Scotland (3)</i>	<i>In Northern Ireland (1)</i>
The Universities of—	The University of	The Queen's University
Birmingham	St. Andrews	of Belfast
Bristol	The Royal College of	
Durham	Surgeons of Edin-	
Leeds	burgh	<i>In Eire (3)</i>
Liverpool	The Royal Faculty of	The University of
London	Physicians and Sur-	Dublin
Manchester	geons of Glasgow	The National University
Sheffield		of Ireland
The Royal College of		The Royal College of
Surgeons of England		Surgeons in Ireland

- (2) Eight persons elected from time to time by the registered dental practitioners practising in England and Wales, in Scotland, and in Ireland.
- (3) One person nominated from time to time by His Majesty with the advice of His Privy Council.
- (4) For the purposes of the discharge of the functions of the Board in relation to dental education and examinations, six members additional to the ordinary members enumerated under heads (1), (2), and (3), the additional members being members of the Council appointed by the Council as additional members of the Board.

23. The Council further recommend that the Board as so reconstituted should from time to time elect one of their ordinary members to be Chairman for a term not exceeding five years, and not extending beyond the expiration of the term for which he has been made a member of the Board.

5. FUNCTIONS UNDER THE DENTISTS ACT, 1921, TO BE RELINQUISHED BY THE DENTAL BOARD AS RECONSTITUTED

PROPOSALS OF THE BOARD AS TO RELINQUISHMENT OF FUNCTIONS

GENERAL

24. The Council observe from the Memorandum of Evidence on policy which the Board propose to submit to the Committee that the Board contemplate that certain functions discharged by the Board under the Dentists Act, 1921, should be relinquished by the Board as reconstituted on the lines recommended in that Memorandum.

25. The functions in question are part of the functions which the Board have only been able to discharge because they have

collected a large annual income made up predominantly (1) of annual retention fees paid by dentists registered after the commencement of the Act (on July 28, 1921), for the retention of their names on the Dentists Register in the years subsequent to the years in which they were first registered ; and to a less extent (2) of interest on investments, and (3) of fees paid for first registration in the Register, which the Board in 1928 reduced, with effect from the year 1929, from the statutory maximum of £5 to £2, and have since maintained at the lower amount.

26. Given that the Board had collected such an income, it became their duty, under subsection (1) of section 10 of the Dentists Act, 1921, after paying the prior charges described in the subsection, to allocate any money received by them, whether by way of fees or otherwise,

- (1) To purposes connected with dental education ; and
- (2) To purposes connected with dental research ; or
- (3) To any public purposes connected with the profession of dentistry,

in such manner as the Board might with approval of the Council * determine.

27. The principal services in aid of which the Board have allocated money out of the annual income collected by them,

* The Board remark in paragraph 12 of their Memorandum that " The Council have not found it necessary to modify the financial dispositions proposed by the Board " ; and the Council do not think it necessary to criticize this phrase. A dual responsibility for the policy which underlay the expenditure of the Board would clearly have been impossible to exercise ; and the " approval " by one body not responsible for policy of the " manner " in which another body responsible for policy propose to spend money cannot in practice amount to much more than a formal, if not perfunctory, satisfaction of the first body by the second that the proposed expenditure is regular. Regularity seems to the Council to be sufficiently safeguarded by the provisions of subsection (2) of the section for the audit, publication, and Parliamentary scrutiny of the accounts of the Board.

The Council therefore recommend that, if subsection (1) of the section be not repealed in accordance with the recommendation made by the Board (see paragraph 28 of this Memorandum), the words " with the approval of the Council " in the subsection be repealed.

primarily by imposing the payment of annual retention fees, and the approximate amounts allocated, have been

<i>Services</i>	<i>Amounts Allocated</i> £ 000
<i>Dental Education</i>	
Dental Schools	
Building and Equipment	77
Teaching	77
Grants to Students, including Bursaries	227
<i>Dental Research</i>	
Indirect Grants	
To Medical Research Council	46
To Department of Scientific and Industrial Research	26
Direct Grants to Research Workers and to Universities	1-2
<i>Dental Health Propaganda</i>	60

28. The Council note that the Board propose to recommend to the Committee that the Board as reconstituted should retain power to prescribe annual retention fees not exceeding £5; but that subsection (1) of section 10 of the Dentists Act, 1921, should be repealed, and should be replaced by a provision enabling the Board as reconstituted to apply money received by them in defraying the expenses of the execution of the Dentists Acts.

29. The effect of these amendments of existing legislation would be that (1) the Board would be placed in a position similar to that of the Council (under section 13 of the Medical Act, 1858), in applying their income; and (2) the Board would discontinue the payment of grants in aid of dental education, dental research, and dental health propaganda, and would consequentially be able to reduce the amount of the annual retention fees levied on members of the dental profession.

30. The Council agree with the foregoing proposals both generally and for the reasons set out in the following paragraphs in relation to the services hitherto aided by grants from the Board.

**A. PROPOSALS OF THE BOARD AS TO RELINQUISHMENT OF
FINANCIAL PROVISION FOR DENTAL EDUCATION (INCLUDING
BURSARIES FOR STUDENTS)**

31. The Board explain that the financial needs of Dental Schools for the adequate development of dental education cannot be met out of any income which the Dentists Act, 1921, enables the Board, either as now constituted or as reconstituted, to collect, and point out that the amount of the grants made by them in aid of dental education has of necessity always been determined rather by the narrow limits of their powers to collect money applicable to this purpose, and the competing claims upon their income of other dental services eligible for grants from them, than by the extent of the ascertained needs of Dental Schools.

32. The Board therefore recommend that adequate financial provision for the development of dental education should be made wholly out of moneys provided by Parliament (except so far as any voluntary contributions may be made towards this purpose); and that moneys provided by Parliament for this purpose should be administered by the University Grants Committee.

33. The Council agree with these recommendations, and only think it necessary to comment on three subsidiary recommendations made by the Board as to the administration of Parliamentary grants in aid of dental education.

34. (1) The first is that "a standing Dental Sub-Committee of the University Grants Committee should be established."

(2) The second is that grants to Universities in aid of dental education should "be specifically designated for that purpose."

(3) The third is that "as close a contact as possible be secured" between the Board as reconstituted and the University Grants Committee.

35. (1) The Council think a proposal to establish a special Sub-Committee of a Committee whose business it is to survey the whole field of University education, in a subject which is not, so far as they are aware, at present assigned to a separate

Faculty in any University in Great Britain, is wanting in sense of proportion. Specialized assistance, apart from that available to the Committee in the normal course through the Universities concerned, could if necessary be given to the Committee by less elaborate means, such as the appointment of dental assessors to the Committee.

36. (2) The Council believe that the earmarking of grants to any University for one subject of the many in which every University provides education would be contrary to the principle on which each University's share of the whole provision made by Parliament is assigned to the University in one sum, and divided among the several Faculties by the authorities of the University; and they see no reason why these authorities should be deprived of their normal discretion in the matter for the benefit (or what is assumed to be the benefit) of a single subject of University education.

37. (3) It is common ground that if the Board were reconstituted as the Board themselves propose, 13 out of 27 ordinary members who were representatives of Dental Licensing Bodies associated with Dental Schools would as such be parties interested in the provision to be made by Parliament in aid of dental education. The 6 additional members of the Board as reconstituted who were appointed by the Council would probably be subject to a similar disqualification.

The ordinary members nominated by the Crown (of whom the Board propose that there should be 3) would presumably be either (1) lay persons not specially familiar with dental education, or (2) persons who might have or have had an official connection with Dental Schools, and would as such be disqualified for the purpose in question.

It is a matter of opinion which the Council are content to leave for determination by the Treasury in consultation with the University Grants Committee whether the vicissitudes of election by the dental profession to the Board as reconstituted would be likely as a rule to result in the inclusion among the other 8 ordinary members of any person with whom close contact would be specially advantageous to the Committee. It must be remem-

bered that so many of these members as were dentists admitted to the Dentists Register under the Acts of 1921 and 1923 might be considered ineligible in face of the superior claims of those of their elected colleagues who were Graduates or Licentiates in Dental Surgery or Dentistry ; and that to the extent to which this contention prevailed, the field of choice would be still further narrowed.

38. *Bursaries for Students.* As regards this particular form of financial provision for dental education, on which the Board spent nearly £220,000 in the period between 1923 and 1943, the Board recommend that such provision should in future form part of the provision made by the Government for securing an adequate number of entrants to professions generally.

The Council agree with this recommendation.

B. PROPOSALS OF THE BOARD AS TO RELINQUISHMENT OF FINANCIAL PROVISION FOR DENTAL RESEARCH

39. The Board explain that financial provision for the adequate development of dental research cannot be made out of any income which the Dentists Act, 1921, enables the Board, either as now constituted or as reconstituted, to collect ; and point out that the amount of the grants made by them in aid of dental research has of necessity always been subject to the same limitations as the amount of the grants made by them in aid of dental education.

40. The Board therefore recommend that adequate financial provision for the development of dental research should be made wholly out of moneys provided by Parliament (except so far as any voluntary contributions may be made towards this purpose) ; and that moneys provided by Parliament for this purpose should be administered by the Medical Research Council.

41. The Council agree with these recommendations, and only think it necessary to comment on two subsidiary recommendations made by the Board as to the administration of Parliamentary grants and other funds available to the Medical Research Council in aid of dental research.

42. (1) The first is that "as close a contact as possible be secured" between the Board as reconstituted and the Medical Research Council.

(2) The second is that "the duties of co-ordinating and encouraging dental research should be entrusted to a Committee" constituted in accordance with the principle underlying the successive decisions of the Government in 1915, 1920, and 1931 to establish the Advisory Council for Scientific and Industrial Research, the Medical Research Council, and the Agricultural Research Council.

43. (1) The considerations stated in paragraph 37 of this Memorandum with respect to the question whether the members of the Board as reconstituted would be likely as a rule to include any appreciable number of eligible persons with whom close contact would be specially advantageous to the University Grants Committee appear to the Council to apply with added force to the question whether it is desirable to establish any special contact between any member of a reconstituted Board as such and the Medical Research Council.

In the opinion of the General Medical Council the Medical Research Council should be left free to establish such relations as they may from time to time think fit with such authorities and investigators as are in their view most competent to conduct research in specific subjects with assistance from the funds at the disposal of the Medical Research Council.

44. (2) It is not clear to the Council whether the Committee to whom the Board recommend that "the duties of co-ordinating and encouraging dental research should be entrusted" should in the view of the Board be

- (a) One of the numerous scientific Committees by whom the Medical Research Council are advised; or
- (b) A Committee on Dental Research having some measure of independence of the Medical Research Council; or
- (c) As the terms of the Memorandum of Evidence submitted by the Board suggest, a body which might be described

as a Committee but would in fact be a fourth Research Council entirely independent of the Medical Research Council.

A scientific Committee on the Causes of Dental Disease were appointed by the Medical Research Council in 1920-21, and there appears to be no administrative difficulty in reconstituting such a Committee as soon as the national situation permits.

But any proposal to establish an expert body which would in fact if not in name be wholly or partly independent of the Medical Research Council in the field of dental research raises wider issues of scientific demarcation and of general policy.

The precise nature of the proposal outlined by the Board will no doubt be stated by witnesses on their behalf; but on the assumption that the Board contemplate the establishment of an independent or quasi-independent body for this purpose, the Council desire to submit the following considerations as relevant.

45. Though doctors may be more prone than dentists to believe that dental research is of like nature, and largely of like substance, with medical research, the policy which the Board themselves followed from 1923 to 1939 in making grants of nearly £50,000 in aid of dental research to be administered by the Medical Research Council may indicate that the Medical Research Council were a competent authority for the purpose.

46. Public administration in this country in general, and the public administration of research in particular, is already complex. New authorities for the administration of particular forms of research should therefore not be multiplied beyond necessity; and it may still be useful on occasion to bear in mind the comment of Florence Nightingale on the establishment of a new "Central Philanthropic Agency" :—

"When Crosse invented a new insect, my grandmother was heard to exclaim, 'Are there not enough insects already'?"

C. PROPOSALS OF THE BOARD AS TO RELINQUISHMENT OF FINANCIAL PROVISION FOR DENTAL HEALTH PROPAGANDA

47. It has been assumed that dental health propaganda is a public purpose connected with the profession of dentistry within the meaning of subsection (1) of section 10 of the Dentists Act, 1921, to which, subject to the provisions of the section, the Board are to allocate money received by them (see paragraph 272 of the Memorandum of Evidence on matters of fact submitted by the Board (jointly with the Council)).

The Board recommend that the Board as reconstituted should not allocate any money received by them to this purpose ; and should only act in relation to this service as advisors of any body having special knowledge and experience of health education, including oral hygiene.

The Council have no observations to offer on this recommendation.

II. EXISTING LEGISLATION DEALING WITH THE PROFESSION OF DENTISTRY

REPEAL OF SECTIONS 8, 9, AND 10 OF THE DENTISTS ACT, 1878, AND PROPOSED NEW PROVISIONS

48. Sections 8, 9, and 10 of the Dentists Act, 1878, which relate to the registration in the Dentists Register of dentists qualified in the British Empire elsewhere than in the United Kingdom or in Eire (who are described in the Act as "Colonial dentists"), and of dentists qualified in foreign countries (who are described in the Act as "foreign dentists"), are administered by the Council. The purport of the sections and the policy of the Council in giving effect to them are described in paragraphs 80 to 93 of the Memorandum of Evidence on matters of facts submitted by the Council (jointly with the Board).

49. The Council are also responsible for the administration of the provisions of Part II of the Medical Act, 1886, which relate

to the registration in the Medical Register of medical practitioners qualified in the British Empire elsewhere than in the United Kingdom or in Eire (who are described in the Act as "Colonial practitioners"), and of medical practitioners qualified in foreign countries (who are described in the Act as "foreign practitioners").

50. Experience of the discharge of these functions leads the Council to draw attention to the inconsistency between the conditions which Parliament has attached to the registration in this country on the one hand of medical practitioners qualified elsewhere, and on the other hand of dentists qualified elsewhere.

51. Medical practitioners so qualified cannot be registered in the Medical Register without examination in the United Kingdom unless

- (1) The territory where they qualified is one which in the opinion of His Majesty affords to the registered medical practitioners of the United Kingdom such privileges of practising in that territory as to His Majesty may seem just (Medical Act, 1886, section 17);
- (2) His Majesty in Council has consequentially declared by Order in Council that Part II of the Act shall be deemed to apply to that territory (Ibid.);
- (3) The practitioners satisfy the Council that they hold qualifications granted in such a territory which are recognized for the time being by the Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of Medicine, Surgery, and Midwifery (Ibid., sections 11, 12 and 13);
- (4) The practitioners satisfy the Council that they are of good character (Ibid., sections 11 and 12);
- (5) The practitioners satisfy the Council that they are by law entitled to practise Medicine, Surgery, and Midwifery in a territory to which Part II of the Act applies (Ibid., sections 11 and 12); and
- (6) The practitioners have paid the prescribed fee for first registration in the Register (Ibid., sections 11 and 12).

52. Dentists qualified elsewhere than in this country are on the other hand entitled to be registered in the Dentists Register without examination in the United Kingdom if

- (1) They show that they hold (or, in the case of foreign dentists, have obtained) what is called in the Act "some certificate" * granted in the British Empire elsewhere than in the United Kingdom or in Eire, or in a foreign country, which is recognized for the time being by the Council (a) as entitling its holder to practise Dentistry or Dental Surgery in the territory where it was granted, and (b) as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of Dentistry or Dental Surgery (Dentists Act, 1878, sections 8, 9, and 10) ;
- (2) They show that they are of good character (Ibid., sections 8 and 9) ; and
- (3) They pay the prescribed fee for first registration in the Register (Ibid., sections 8 and 9).

53. The Council see no reason why dentists qualified elsewhere than in the United Kingdom or in Eire should be able to obtain registration, without examination in this country, on conditions more favourable than those which apply to medical practitioners so qualified.

54. The Council therefore recommend that sections 8, 9, and 10 of the Dentists Act, 1878, should be repealed, and should be replaced by provisions on the lines of Part II of the Medical Act, 1886, which relate to the registration in this country of medical practitioners qualified elsewhere.

* Section 10 of the Dentists Act, 1878, defines this expression as meaning "such certificate, diploma, membership, degree, licence, letters testimonial, or other title, status, or document" as may be recognized for the time being by the Council under the section.

III. PROGRESSIVE STAGES OF PROVISION FOR DENTAL SERVICE FOR THE POPULATION

RECRUITMENT OF THE DENTAL PROFESSION

EXTENT OF THE CONCERN OF THE COUNCIL AND OF THE DENTAL BOARD WITH HEADS (a) AND (b) OF THE TERMS OF REFERENCE OF THE COMMITTEE

55. Head (a) of the terms of reference of the Committee requires them to consider and report upon

“(a) The progressive stages by which, having regard to the number of practising dentists, provision for an adequate and satisfactory dental service should be made available for the population.”

56. Head (b) of the terms of reference of the Committee requires them to consider and report upon

“(b) The measures to be taken to secure an adequate number of entrants to the dental profession.”

57. The Committee will be aware from* Section II of the Memorandum of Evidence on matters of fact submitted to them by the Council jointly with the Board (Functions of the Council and of the Board in relation to Dental Education) that

(1) The Council as such have no statutory concern with head (a) of the terms of reference of the Committee ;

(2) The Council as such are not concerned with the quantity, as distinct from the quality, of entrants to the dental profession, because the only functions assigned to them by the Dentists Act, 1878, relate to the maintenance of a proper standard of dental education ;

(3) In the discharge of these functions the Council as such are therefore only concerned with head (b) of the terms of reference of the Committee to the extent that the maintenance of a proper standard of curriculum and examination

to be required from candidates for dental qualifications may affect the number of entrants to the profession ;

(4) The Board as such have no statutory concern with the maintenance of a proper standard of dental education except such as may have been implied in the exercise of their power to make Regulations prescribing annual retention fees, and the performance of their duty to allocate money from the surplus of their income to the purposes of dental education.*

Procedure of the Conference between the Special Committee of the Council, and the Board, in Relation to Questions of Dental Education

58. As stated in paragraph 5 of this Memorandum, the conference between the Special Committee of the Council, and the Board, held in June and July, 1943, made a redistribution of functions between the Council and the Board the first subject of their consideration in deference to the emphasis laid upon its importance by elected members of the Board as representatives of their profession.

59. At the meeting of the conference in June a preliminary discussion took place of parts of the Recommendations (1933) of the Council as to the dental curriculum, on the assumption that before a conclusion was reached on the difficult questions of (1) the transfer to the Board of any or all of the functions of the Council in relation to dental education and examinations, and (2) any consequential reconstitution of the Board, it was logical, and perhaps helpful, to ascertain what, in the opinion of the conference, should be the content of the curriculum. In other words, the conference addressed themselves to the question what the substance to be administered in this sphere should be, as a means of finding out what form of administration would be best.

* The fact that the three members of the Board who are additional members of the Council are also, as such, members of the Standing Committee of the Council on Dental Education and Examination, does not enlarge the statutory functions of the Board.

60. At the meeting of the conference in July this procedure was abandoned, again in deference to the view urged by elected members of the Board as representatives of their profession that the first or only business of the conference was to reach a conclusion on a form of administration of dental education and examinations, and that the question of the content of the curriculum in future was one neither for (1) the Council, nor even (2) the Board as constituted under the Dentists Act, 1921, but (3) for a dental authority as reconstituted in the light of any assumption by them of the responsibility in this sphere vested in the Council by the Dentists Act, 1878.

61. The conference accordingly turned to the consideration of the conditions of any transfer to the Board of the functions of the Council in relation to dental education and examinations, and arrived at substantial agreement on the recommendations in favour of such a transfer, subject to conditions, set out in paragraphs 19-20 of this Memorandum.

Observations on Proposals of the Board

62. The only importance of this recapitulation is that, as the Committee will observe, any attempt by the conference to arrive at recommendations in favour of a detailed revision of the dental curriculum was relinquished on the understanding, about which the Special Committee of the Council entertained no doubt, that any such attempt was the business neither of the Council as the statutory authority, nor of the Board as possible aspirants to that position, but of a third body who do not yet exist.

63. It is true that, as stated in paragraph 2 of this Memorandum, the parties to the conference were not in a position to bind either the Council or the Board. It is also true that the Board were and are at liberty, as was Locke in 1693, to excogitate *Thoughts on Education*, and to present them to the Committee.

64. Nevertheless the Council observe with some surprise, in view of the course of the proceedings of the conference, and with more concern, lest the position of the Board under the Dentists

Act, 1921, should be misinterpreted, that Section II (headed "Education") of the Memorandum of Evidence on policy which the Board propose to submit to the Committee not only purports to retrace (1) the position of dental education in London according to the Final Report of the Royal Commission on University Education in London (published in 1913); (2) the historical background of dental education; and (3) the origin and evolution of the dental curriculum; but also enunciates proposals as to teachers in Dental Schools in (1) Basic Sciences; (2) Dental Pathology; and (3) Clinical Subjects; and moreover includes 12 paragraphs specifically entitled "The Curriculum" which traverse that important subject by introducing the consideration of

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|---|--|
| (1) The Standard of General Education | (7) Clinical Material for Teaching Purposes |
| (2) Preliminary Science Training | (8) Emphasis on Conservation |
| (3) Anatomy, Biochemistry, and Physiology | (9) Reduction of Mechanical Training |
| (4) Pathology | (10) Teaching Clinics |
| (5) General Medicine and Surgery | (11) Duration and Standard of the Curriculum |
| (6) Clinical Subjects | (12) Diploma or Degree |

65. None of the present members of the Board except the Chairman was an additional member of the Council, and as such a member of the Standing Committee of the Council on Dental Education and Examination, when the last visitation of dental examinations was made on behalf of the Council in 1931-32, or when the Recommendations of the Council as to the dental curriculum were last revised in 1933.

66. It is not for the Council to say whether or to what extent all or any of the matters dealt with in Section II of the Memorandum of Evidence on policy which the Board propose to submit to the Committee, and in particular the matters specifically described as relating to the curriculum to which 12 paragraphs of that Section are devoted, may be within the knowledge of the Board as such.

But the Committee will no doubt be able to ascertain from witnesses on behalf of the Board how far these matters have come under the observation of the Board in the discharge of their sole

function in relation to dental education, namely, the allocation of money to that purpose.

Principle of the Proposals of the Council

67. The Council for their part, irrespective of the question whether any understanding reached at the conference between the Special Committee of the Council, and the Board, should be adhered to, conceive that their object in submitting this memorandum to the Committee is restricted, so far as head (b) of the terms of reference of the Committee is concerned, within narrow limits.

68. Neither the Council nor, as the Council understand, the Board, are aware of the grounds on which the Minister of Health and the Secretary of State for Scotland settled the form and order of the heads of the terms of reference of the Committee; but so far as the Council are concerned in the discharge of their statutory functions in relation to dental education, they are of opinion that the progressive stages by which, or the pace at which, dental treatment is provided as part of a comprehensive health service (head (a) of the terms of reference) should be regulated by the pace at which an adequate number of qualified entrants to the profession can be secured without sacrificing the safeguards to the public provided by the requirements of the Dentists Act, 1878, that a qualification must be a certificate of fitness to practise Dentistry or Dental Surgery, and that the curriculum which candidates for qualifications are required to go through must secure the possession by successful candidates of the requisite knowledge and skill for the efficient practice of Dentistry or Dental Surgery.

69. In the light of this principle the Council have decided to submit to the Committee the following conclusions and recommendations as to the present minimum dental curriculum, on the ground that such recommendations are directly relevant to head (b) of the terms of reference of the Committee.

Conclusions and Recommendations of the Council as to Dental Curriculum

70. *Duration of the Curriculum.* The Council are of opinion that it is not in the public interest that the minimum period of professional study for candidates for Degrees or Licences in Dentistry or Dental Surgery recommended * by the Council, namely, "at least four years, of which three years at least shall be spent at a School or Schools recognized for professional study by one of the Licensing Bodies," should be reduced.

71. *Standard of the Curriculum.* The Council are of opinion that it is not in the public interest that the standard of courses of study and examinations for qualifications conferring the right of registration under the Dentists Acts, as maintained through the issue of Recommendations by the Council to the Licensing Bodies (with the sanction of the power of the Council to visit examinations and to represent defects in courses and examinations to the Privy Council) should be lowered.

72. *Admission of Students to Dental Schools.* (1) *Age for Admission.* The Council are of opinion that no useful purpose is any longer served by the recommendation † of the Council that an applicant for admission to a Dental School "should furnish evidence that he has attained, or will within three months attain, the age of eighteen years."

73. (2) *Standard of Education for Admission.* The Council are of opinion that it is in the public interest that every applicant for admission to a Dental School should be required to pass a University Matriculation or Entrance Examination.‡

* Council's Recommendations (1933), Head B, paragraph 5 (iii).

† Council's Recommendations (1933), Head A, paragraph 3.

‡ The relevant Recommendations (1937) of the Council are as follows:—

(1) Dental students should be admitted to Schools under the same conditions with respect to preliminary examination in general education as medical students.

(2) The minimum standard of the preliminary examination in General Education required of applicants for admission to a Medical

74. *Practical Instruction in Dental Mechanics.* The Council recommend that any reduction of the period of instruction in this subject recommended * by the Council, namely "twenty-four calendar months or . . . 2,000 hours," should be treated as enabling the period of instruction in other subjects of professional study to be increased rather than as enabling the duration of the curriculum to be reduced.

Further Observations Relevant to Head (b) of the Terms of Reference of the Committee

75. The Council hope that it may be of assistance to the Committee that they should offer the following further observations on questions which seem to them to be relevant to head (b) of the terms of reference of the Committee.

76. These observations are on a different footing from the conclusions and recommendations set out in the preceding parts of this Memorandum, because they are offered from the experience of members of the Council in dental and medical education, in the administration of Dental and of Medical Schools, as members of the Board appointed by the Council, and as participants in

School "should be that of a University Matriculation or Entrance Examination in the Faculties of Arts or Pure Science."

"If in other Faculties the Examination should be of the same standard, and should include the subjects specified in section (1) of Recommendation 5" of the Recommendations.

(3) The subjects specified in section (1) of Recommendation 5 of the Recommendations are :

(a) English ; (b) Mathematics, Elementary ; (c) A language other than English ;

(d) A fourth subject, as defined in the regulations of the particular Examination, to be chosen from the following list, viz. : History, Geography, Botany, Physical Science, Natural Science ; Latin, Greek, French, German, or other language accepted by the University for the purpose of Matriculation or Entrance.

The authorities of Licensing Bodies and Schools are recommended to require evidence that applicants have passed in these four subjects "on the Matriculation or Entrance Standard."

* Council's Recommendations (1933), Head B, paragraph 5 (vii).

the conference between the Special Committee of the Council, and the Board, held in June and July, 1943.

77. *Encouragement of Applications for Entry to Dental Schools.* The experience of at least one Dental School, and of the Board in the administration of their scheme of bursaries for students, suggests that applications for admission to Dental Schools can be stimulated by the systematic circulation, to Headmasters and other persons in a position to influence the choice of a career by pupils about to leave school, of particulars of the dental profession.

78. *Association of Dental Students with Medical Students.* Experience suggests that (apart from the question whether or how far courses of instruction in particular subjects for dental students should be the same as those for medical students) a close association between dental and medical students and between Medical Schools and Dental Schools encourages applications for admission to Dental Schools.

79. *Access to Profession.* Admission to Dental Schools, within the limits of accommodation available, should be open to all applicants capable of profiting by professional study, irrespective of their means. The necessary financial provision should be made as part of the measures to be taken by the Government to secure an adequate number of entrants to professions generally, and not as a measure applicable to the dental profession in particular.

80. *Remuneration of Profession.* A condition precedent to securing an adequate number of entrants to the dental profession is that persons who go through courses of study and examinations for qualifications conferring the right of registration under the Dentists Acts should be assured that in any adequate and satisfactory dental service made available for the population as a whole or for any section of the population, adequate and satisfactory remuneration will be payable under statute to dental practitioners for work done in that service.

81. Recruitment to certain branches of public dental service (e.g. the School Medical Service) would be facilitated if provision

were made for payment of gratuities to practitioners on retirement from such branches after short-term engagements.*

82. Recruitment to the branch of public dental service now administered as an additional benefit under the National Health Insurance Acts would be facilitated if

(1) The scope of this branch of public dental service were extended by legislation so as not to be less wide than that of medical benefit under the Acts or of any public medical service by which medical benefit is extended or replaced.†

* Analogous problems were considered in 1931-33 by a Committee on the Medical Branches of the Defence Services under the Chairmanship of the Permanent Secretary of the Treasury. The Committee (who took evidence from medical students and made special inquiries through two of their members, Professor G. E. Gask and Dr. A. M. H. Gray) examined representations made to them as to (1) Lack of Professional Opportunity, (2) Lack of Economic Attraction, and (3) Inadequate Status, in the field of their inquiry. Their finding on the point immediately relevant was as follows (Report, Cmd. 4394, 1933, paragraph 116 (8)) :—

“(8) We consider that the best method of providing a margin of non-permanent officers in the Medical Services is to enter all officers in the first instance for short service. We recommend that officers should be entered, in the Army, for a period of five years' service, and, in the Navy and Air Force, for a period of three years' service, extensible, with the consent of the officers, to five years. The number of officers required annually for permanent commissions should be chosen from among those short service officers who desire retention for a life career, and we anticipate that a majority of these will be selected for such retention. Officers not desiring, or not selected for, permanent retention should be transferred to the Reserve on completing their short service period with a gratuity sufficient to enable them to enter civil practice under favourable financial conditions. We recommend a gratuity of £1,000 for officers transferred to the Reserve on completing five years' service and a gratuity of £400 for those who only serve three years.”

† The criticism of dental benefit and other additional benefits expressed to the Royal Commission on National Health Insurance was summarized in their Majority Report (Cmd. 2596, 1926, paragraph 81) as follows :—

“81. These benefits are not given by all Societies, and even among the Societies giving them there is, it is stated, not merely no uniformity in the additional benefits given, but there is also a wide and undesirable variety in the treatment, services and appliances included, and in the arrangements for part payment by the recipients. In other words, there is neither uniformity in the selection of benefits nor in the content of the same benefit as given by different Societies, with the result, it

(2) The remuneration of practitioners for work done in this branch of public dental service were weighted in favour of conservative work as opposed to extraction of teeth and provision of dentures.*

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations on matters of policy which the Council submit to the Committee in this Memorandum may be summarized as follows.

I. EXISTING LEGISLATION DEALING WITH THE GOVERNMENT OF THE DENTAL PROFESSION

(1) The Council assume that the Dental Board, whether reconstituted or not, will retain their functions under the Dentists Acts, 1878 to 1927, except the functions discharged by them under section 10 (1) of the Dentists Act, 1921, which will, the Council assume, be repealed in accordance with the recommendation made by the Board (paragraph 6 and Appendix : see also paragraphs 24-30).

is said, that there is widespread confusion in the minds of the members as to what precisely their rights are. Further, we are told that the arrangements made between Societies and professional bodies are wanting in authority and uniformity, and in some cases are accompanied by undesirable conditions.

Here we need only point out that the promotion of an additional benefit to the rank of a normal benefit would remove many of these features, since in that event its administration, as in the case of medical benefit, would be placed in the hands of the Insurance Committees or their successors."

The finding of the majority of the Commission (Ibid., paragraph 84), from which the minority did not differ (Minority Report, paragraph 84) was that "the evidence as a whole leaves no doubt in our minds that any system of public medical services cannot be regarded as complete until it includes the provision of adequate dental treatment in a generally available form."

* The Royal Commission recognized the advantages of a procedure on these lines in encouraging demand for treatment and securing the best return, in terms of health, for expenditure on the service (Majority Report, paragraphs 354, 357, 359); and recent experience in Eire of free provision of conservative treatment for insured persons confirms this view.

(2) The Council recommend the repeal, whether the Board be reconstituted or not, of certain provisions of the Dentists Act, 1921, which import a general control by the Council of the discharge by the Board of functions under the Act (paragraphs 7-17).

(3) The Council recommend the transfer to the Board, whether reconstituted or not, of the functions of the Council under the Dentists Act, 1878, as amended by the Dentists Act, 1921, in relation to penal erasure from the Dentists Register, and restoration to the Register after such erasure (paragraph 18).

(4) The Council recommend that their functions under the Dentists Act, 1878, in relation to dental education and examinations should not be transferred to the Board unless (a) the Board are reconstituted on the lines recommended by the Council ; (b) the Board as so reconstituted include six additional members, being members of the Council appointed by the Council, who will only be members of the reconstituted Board for the purpose of the discharge of these functions ; and (c) the six additional members are included in a statutory Committee or Committees to be appointed and maintained by the reconstituted Board for the purpose of the discharge of these functions (paragraph 19).

(5) Subject to the enactment of the foregoing conditions, the Council recommend the transfer to the Board as reconstituted of the functions of the Council under the Dentists Act, 1878, in relation to dental education and examinations which are specified (paragraph 20).

(6) The Council recommend that the Board be reconstituted so as to consist of

- (a) One representative of each of the Dental Licensing Bodies in the United Kingdom and in Eire (of which there are now 16) ;
- (b) 8 persons elected by the dental profession ;
- (c) One Crown nominee ; and
- (d) 6 additional members, being members of the Council appointed by the Council, who will only be members for the purpose of the discharge of functions relating to dental education and examinations (paragraphs 21-22).

(7) The Council recommend that the Board as reconstituted

should from time to time elect one of their ordinary members to be Chairman for a maximum term of 5 years (paragraph 23).

(8) The Council agree with the recommendations made by the Board that the Board as reconstituted (a) should retain power to prescribe annual fees not exceeding £5 payable by dental practitioners for the retention of their names on the Dentists Register ; and (b) should retain power to apply money received by them in defraying the expenses of the execution of the Dentists Acts ; but (c) should no longer be required or empowered to make grants in aid of dental education, dental research, dental health propaganda, or other public purposes connected with the dental profession (paragraphs 24-30).

(9) The Council agree with the recommendations made by the Board that adequate financial provision for the development of dental education should be made wholly out of moneys provided by Parliament (except so far as any voluntary contributions may be made towards this purpose) ; and that moneys provided by Parliament for this purpose should be administered by the University Grants Committee (paragraphs 31-33).

(10) The Council offer observations on three subsidiary recommendations made by the Board as to the administration of Parliamentary grants in aid of dental education (paragraphs 33-37).

(11) The Council agree with the recommendation made by the Board that financial provision for bursaries for dental students should in future form part of the provision made by the Government for the recruitment of professions generally (paragraph 38).

(12) The Council agree with the recommendations made by the Board that adequate financial provision for the development of dental research should be made wholly out of moneys provided by Parliament (except so far as any voluntary contributions may be made towards this purpose) ; and that moneys provided by Parliament for this purpose should be administered by the Medical Research Council (paragraphs 39-41).

(13) The Council offer observations on two subsidiary recommendations made by the Board as to the administration by the Medical Research Council of Parliamentary grants and other funds in aid of dental research (paragraphs 41-46).

(14) The Council have no observations to offer on the recommendations made by the Board as to dental health propaganda (paragraph 47).

II. EXISTING LEGISLATION DEALING WITH THE PROFESSION OF DENTISTRY

(15) The Council recommend that sections 8, 9, and 10 of the Dentists Act, 1878, which relate to the registration in the Dentists Register of dentists qualified elsewhere than in the United Kingdom or in Eire, should be repealed and replaced by provisions on the lines of those of Part II of the Medical Act, 1886, which relate to the registration in the Medical Register of medical practitioners qualified elsewhere than in the United Kingdom or in Eire (paragraphs 48-54).

III. PROGRESSIVE STAGES OF PROVISION FOR DENTAL SERVICE FOR THE POPULATION: RECRUITMENT OF THE PROFESSION

(16) The extent of the concern of the Council and of the Board with the relevant heads of the terms of reference of the Committee is indicated (paragraphs 55-57).

(17) The functions of the Council and of the Board severally in relation to dental education are considered in their bearing on certain passages in the Memorandum of Evidence on matters of policy submitted to the Committee by the Board (paragraphs 58-66).

(18) The Council recommend that the progressive stages by which dental service is provided for the population should be regulated by the number of entrants to the dental profession who can qualify after going through a curriculum of the standard prescribed in the public interest by the Dentists Act, 1878 (paragraphs 67-69).

(19) The Council are of opinion that it is not in the public interest that the minimum period of professional study now recommended by them for candidates for dental qualifications should be reduced (paragraph 70).

(20) The Council are of opinion that it is not in the public

interest that the present standard of courses of study and examinations for dental qualifications should be lowered (paragraph 71).

(21) The Council are of opinion that the recommendation made by them in 1933 in favour of a minimum age at which students should be admitted to Dental Schools might now be withdrawn (paragraph 72).

(22) The Council are of opinion that all applicants for admission to Dental Schools should be required to pass a University Matriculation or Entrance Examination (paragraph 73).

(23) The Council recommend that if the time during which dental students now receive practical instruction in Dental Mechanics is reduced, the time saved should be devoted to instruction in other subjects of professional study (paragraph 74).

(24) The Council offer observations in favour of measures to increase the numbers of applicants for admission to Dental Schools (paragraphs 77-78).

(25) The Council recommend that such financial provision should be made by the Government, as part of the provision for the recruitment of professions generally, as will prevent the exclusion from Dental Schools, owing to lack of means, of any applicants capable of profiting by professional study (paragraph 79).

(26) The Council offer observations in favour of

- (a) Statutory guarantees of adequate and satisfactory remuneration for dental work in any service made available by the Government for the population as a whole or for any section of the population ;
- (b) Payment of gratuities to dentists on completion of short-term engagements in certain public dental services ; and
- (c) Extension of the scope of dental benefit under the National Health Insurance Acts, and weighting of remuneration in the extended service in favour of conservative dental work

as measures conducive to securing an adequate number of entrants to the dental profession (paragraphs 80-82).

March, 1944.

APPENDIX

(See paragraph 6 of Memorandum of Evidence)

FUNCTIONS UNDER THE DENTISTS ACTS, 1878 TO 1927, TO BE RETAINED BY THE DENTAL BOARD

Dentists Act, 1878

<i>Sections</i>	<i>Functions</i>
7, read with sections 6 (4) and 11 (2) of the Act of 1921	Registration of persons in Dentists Register
11, subsections (1), (3), and (4), read with section 6 (1) of the Act of 1921	Maintenance, publication, and custody of Dentists Register
12, as amended by section 12 of the Act of 1921, read with section 6 (4) of that Act	Correction of Dentists Register
13, first paragraph, read with paragraph (a) of subsection (1) of section 8 of the Act of 1921	Erasing from Dentists Register any entry incorrectly or fraudulently made
13, second paragraph, read with paragraph (b) of subsection (1) of section 8 of the Act of 1921	Making inquiry into cases of persons alleged to be liable to penal erasure from Dentists Register
14, second paragraph, read with subsections (2) and (3) of section 8 of the Act of 1921	Restoring to Dentists Register any entry erased by the Board
40, read with section 6 (1) of the Act of 1921	Recovery of penalties

Dentists Act, 1921

<i>Sections</i>	<i>Functions</i>
1 (3) (c)	Advising the Minister of Health as to approval of conditions for performance in any public dental service of minor dental work by unregistered persons
2, subsection (2), and First Schedule, paragraph 9	Making Rules for (a) regulating the proceedings of the Board; (b) enabling the Board to constitute Committees; (c) authorizing the delegation of powers (except powers in connection with admission to, erasure from, and restoration to, Dentists Register)

*Sections**Functions*

	to Committees, and regulating the proceedings of Committees; and (d) regulating the manner in which elected members of the Board are to be elected
2, subsection (3)	Making Regulations as to manner of authentication of common seal
2, subsections (5) and (6)	Appointing, and fixing tenure and remuneration of, Registrar
2, subsection (7)	Appointing, and fixing remuneration of, Assistant Registrar and other officers
3	Admitting to Dentists Register any persons who made valid applications within the interim period
5, proviso (b) to subsection (1), and subsection (4)	Making Regulations as to publication of list of certain directors of dental companies
5, subsection (3)	Receiving annual statements in the form prescribed by Regulations from dental companies
5, subsection (5)	Advising the Minister of Health as to approval of Hospitals and Dental Schools for the purposes of the section
6, subsection (3), read with subsection (1) of section 17	Institution of prosecutions for offences under the Acts, except in Scotland
7, subsection (1)	Making Regulations as to <ul style="list-style-type: none"> (a) Form and keeping of Dentists Register and making of entries and erasures therein, and in particular for registration of the description of persons admitted to the Register under section 3 of the Act; (b) Proceedings before the Board in connection with the removal from, and restoration to, the Register of any name; (c) Annual retention fees not exceeding £5; and Making Regulations for any other purpose for which Regulations are to be made under the Act
10, subsection (2)	Keeping accounts and making Regulations as to audit of accounts

	<i>Section</i>	<i>Functions</i>
13		Making Orders varying or revoking Orders and Regulations made by the General Medical Council under section 17 of the Act of 1878

Dentists Act, 1923

	<i>Section</i>	<i>Function</i>
1		Admitting to Dentists Register any persons who made valid applications under the section

**Medical and Dentists Acts
Amendment Act, 1927**

	<i>Section</i>	<i>Function</i>
2,	subsection (1), and paragraph 6 of agreement set forth in Part II of Schedule	Reciprocal action with Irish Free State Dental Board with a view to preventing the holding of simultaneous disciplinary inquiries

Dental Board of the United Kingdom

Supplementary
Memorandum of Evidence on Policy
as to
Ancillary Services

Submitted on behalf of the Board
to the
Inter-Departmental Committee on
Dentistry

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Board of Education Circular 1136 of November 28, 1919.

INTRODUCTORY

1. The Memorandum of Evidence on Policy submitted on behalf of the Board to the Inter-Departmental Committee in March, 1944, includes, in relation to head (b) of the terms of reference of the Committee, under which it is the duty of the Committee to consider and report upon "the measures to be taken to secure an adequate number of entrants to the dental profession," considerations stated by the Board in the light of their experience as to the desirability and practicability of increasing "the amount of dental service available to the community" (1) by reduction in the length of the dental curriculum, and (2) by utilization of ancillary services.

2. In paragraph 55 of the Memorandum it is pointed out that "The dividing line between a shortened course and an ancillary service might be very narrow," and in paragraphs 67-69 of the Memorandum the conclusions of the Board as to (1) a shortened course for the training of a subsidiary type of dental operator, and (2) ancillary services in which unregistered persons would be permitted to practise dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921, are stated as follows:—

" B. A Shortened Course

" 67. *Minimal Requirements.* The Board have considered the possibilities of a shortened course for the training of a subsidiary type of dental operator as a solution of the man-power problem, and are of the opinion that the course advocated in paragraph 37 of this Memorandum represents the minimal requirements for the responsibilities entailed in performing such delicate and exacting operations on the human subject as are involved in providing an adequate and satisfactory dental service. Moreover, they do not consider that any great saving would be effected by a shortened course; for these dental operators would have to be trained in the clinical departments of the Dental Schools, thereby displacing regular students, and would in any case have to undergo at least three years of study. It does not appear that there is any well defined line which could be drawn between their permitted activities and those of a fully qualified practitioner, and if an

attempt were made to draw such a line, it would be almost impossible to maintain any disciplinary control over partially trained operators to ensure that they adhered to the restrictions placed upon their professional activities. Incidentally the existence of such a class of operators would inevitably lead to great confusion in the mind of the lay public, and to a lowering of the status of the profession, and in this way further reduce the entry of regular dental students."

" C. Ancillary Services

" 68. *Experience of the Board.* The experience of the Board as to the practice of dentistry by persons other than registered dentists is derived from

(1) Consultation held with them under section 1 (3) (c) of the Dentists Act, 1921, by the Minister of Health before approval by the Minister of conditions under which dental nurses are permitted to perform minor dental work in the School Medical Service under the personal supervision of registered dentists.

The Committee will appreciate that the responsibility of the Board under this head is secondary, since primary responsibility for the School Medical Service rests with the Minister under the Ministry of Health Act, 1919.

(2) Institution of prosecutions of dental mechanics and other unregistered persons for practising dentistry (as described in section 14 (2) of the Act) in contravention of section 1 (1) of the Act.

The Board's problem under this head has been that it is both difficult and costly to procure evidence on which a charge can be successfully brought, and that the wide variation in the penalties inflicted by Courts of Summary Jurisdiction, by whom such charges are dealt with, has reduced the effect of prosecutions as a deterrent."

" 69. *Statutory Control of Any New Ancillary Services.* If it be assumed that in future schemes special attention will be paid to the dental care of children and adolescents, and that a large proportion of the new entry to the profession will be attracted

into these services, it must follow that there will be a decrease in the number of practitioners available for the care of adults as existing practitioners retire, since the total strength of the profession cannot in any case increase proportionately for a number of years. In any wider application of dental benefit some supplementary provision of facilities may, therefore, have to be made.

If, therefore, it be decided that ancillary services are necessary, it will be essential, in the Board's view, that they should be controlled as to the training, supervision, and permitted activities of the persons engaged in them; and that these persons should be placed under the disciplinary control of a competent authority."

3. On March 22, 1944, the Committee heard oral evidence on the Memorandum from witnesses on behalf of the Board, and in the course of the examination of witnesses the Chairman of the Committee requested the Board to amplify the following statement as to ancillary services in paragraph 69 of the Memorandum:—

"If, therefore, it be decided that ancillary services are necessary, it will be essential, in the Board's view, that they should be controlled as to the training, supervision, and permitted activities of the persons engaged in them; and that these persons should be placed under the disciplinary control of a competent authority."

4. The terms of this request were set out as follows in a letter of March 30, 1944, from the Secretary of the Committee to the Board:—

30 March, 1944

DEAR HESELTINE,

Inter-Departmental Committee on Dentistry

The Chairman thinks it would help if I put in writing the question which he asked the Board to consider further for our benefit at the last meeting of the Committee. Perhaps I may put it in two parts:—

(1) It is now some time since the Minister consulted the Board as to the conditions which he might think proper to approve in connection with the performance in any public service of minor dental work by any person under the personal supervision of a registered dentist. What advice would the Board now give on that point? (This hypothetical question is put with the Minister's approval.)

(2) In the course of their duties, the Board must have considered from time to time the more general question of the performance of dental work by "ancillary" personnel. We do not wish to press the Board for an opinion as to whether arrangements need to be made on these lines, but we would like to have your advice on the following question, on the hypothesis that there was such a need—what maximum limits ought to be placed on such arrangements, either in regard to the scope of the work to be done, or in regard to the control and supervision of the worker?

The Chairman recognises that the term "ancillary worker" is a vague one, and I enclose a list of some of the functions which have been attributed to such workers in various submissions made to the Committee, which may perhaps help you to know the sort of thing we are asking about. It is not suggested that this list is exhaustive or that the items in it might not be combined with one another in various ways or further split up; nor should the order of the items be supposed to have any special significance; these are merely examples of the type of work which an ancillary dental worker might or might not be supposed to be capable of performing with advantage.

Yours sincerely,
H. F. SUMMERS

Michael Heseltine, Esq., C.B.,
The Dental Board.

Enclosure to the Foregoing Letter

1. Reception and secretarial work.
2. Care of equipment and instruments.
3. Preparation of filling or impression materials.
4. Assisting the dentist in connection with the taking of X-ray films, and developing them.
5. Care of patients after operations.
6. Scaling, cleaning and polishing teeth.
7. Instructing the patients in the technique of oral hygiene.
8. Applying and removing dressings or temporary fillings.
9. Dental inspection.
10. Conservation and extraction of teeth.
11. Making or repairing dentures to impressions and bites taken by a dentist.
12. Work in the mouth in connection with the provision of dentures.

5. The foregoing letter was carefully considered by the Board at their session in May, 1944, and this Supplementary Memorandum as to Ancillary Services has been adopted by the Board in response to the request made to them on behalf of the Committee.

6. The Board desire to emphasize the fact that they were not requested on behalf of the Committee to express any opinion on the question whether there was a need (by which the Board assume the Committee to mean that it was expedient in the public

interest) that arrangements should be made, in the words of the foregoing letter, for "the performance of dental work by 'ancillary' personnel"; and this Supplementary Memorandum is not to be construed as including or implying any such expression of opinion by the Board.

7. What the Board were requested on behalf of the Committee to do was to offer certain advice to the Committee, in the words of the foregoing letter, "on the hypothesis that there was such a need," that is to say, a need that arrangements should be made for "the performance of dental work by 'ancillary' personnel."

8. This Supplementary Memorandum has accordingly been prepared without prejudice to any question to which the hypothesis stated on behalf of the Committee may give rise, and with the sole object of complying with the specific request made to the Board on behalf of the Committee.

9. The question put to the Board on behalf of the Committee in the foregoing letter is divided into two parts. In the first part of the question (a part more particularly described as a hypothetical question put to the Board on behalf of the Committee with the approval of the Minister of Health) the Board are asked what advice they would now give to the Minister as to the conditions to be approved by him under section 1 (3) (c) of the Dentists Act, 1921, in accordance with which minor dental work might be performed in any public dental service by any person under the personal supervision of a registered dentist.

10. In the second part of the question the Board are asked to advise the Committee, on the hypothesis explained in paragraphs 6-8 of this Supplementary Memorandum, what maximum limits ought to be placed on arrangements for "the performance of dental work by 'ancillary' personnel," "either in regard to the scope of the work to be done, or in regard to the control and supervision of the worker."

11. The Board have found it convenient to state their considerations and conclusions as to the second part of the question put to them on behalf of the Committee before making a similar statement as to the first part of that question, and the remainder of this Supplementary Memorandum is arranged in that order.

I. FUNCTIONS ATTRIBUTED TO UNREGISTERED PERSONS IN SUBMISSIONS MADE TO THE INTER-DEPARTMENTAL COMMITTEE ON DENTISTRY

General

12. It will be seen that the enclosure to the letter of March 30, 1944, from the Secretary of the Committee to the Board is a list of twelve functions attributed in various submissions made to the Committee to unregistered persons acting as ancillaries to registered dentists.

13. The Board assume in the light of the letter that those who made any such attribution intended to imply by it that (1) the work in question was "**dental work**," that is to say, work which unregistered persons are now prohibited under penalty from doing by sections 1 and 14 (2) of the Dentists Act, 1921 ; and (2) any of the work in question which was done by unregistered persons would be done under the effective supervision of registered dentists (because the unregistered person who does any such work otherwise than under such supervision ceases to be an ancillary worker and becomes an independent worker).

14. There is, however, nothing in the Act or in the experience of the Board to suggest that some of the functions specified in the list, for example those under heads 1 to 5, can involve the practice of dentistry, within the meaning of the Act, by those who discharge them ; and the Board think it will be convenient that they should deal first with functions under these heads.

1. RECEPTION AND SECRETARIAL WORK

2. CARE OF EQUIPMENT AND INSTRUMENTS

3. PREPARATION OF FILLING OR IMPRESSION MATERIALS

15. Unregistered persons who discharge any of the functions described under these heads in the list enclosed with the letter of

March 30 from the Secretary of the Committee to the Board are not, so far as the Board are aware, practising dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921.

If so, no amendment of the existing law is required to enable registered dentists to avail themselves of the services of ancillary workers by whom any of these functions are to be discharged, and the Board have no reason to suppose that registered dentists refrain from employing ancillary workers for these purposes because they are under any misapprehension as to the state of the law.

16. The Board therefore see no occasion for them to advise the Committee that any statutory limits should be imposed on the scope of the work to be done by unregistered persons under these heads, or that any statutory provision should be made, within the ambit of the Dentists Acts, for the control and supervision of the unregistered persons by whom such work is to be done.

17. Any registered dentist who permitted any unregistered person to discharge any of these functions without effective supervision by him would at best be lacking in enlightened self-interest, and might at worst expose himself to civil proceedings for negligence.

18. But the Board see no occasion on this ground to advise the Committee that any such conduct on the part of a registered dentist should be brought within the ambit of the Dentists Acts by an amendment of the existing law. In their view the Acts make adequate provision for dealing with any case in which a registered dentist who purports to employ an unregistered person solely in the discharge of these functions (or of these and other functions which do not involve the practice of dentistry) in fact permits that person to practise dentistry within the meaning of the Act of 1921.

In any such case the registered dentist is liable, on proof of the facts, to have his name erased from the Dentists Register (see section 13 of the Act of 1878 as amended by section 8 of the Act of 1921, and paragraph I of the Warning Notice issued by the

Board, which relates to unregistered assistants and covering); and the unregistered person is liable to prosecution and fine under section 1 of the Act of 1921.

4. ASSISTANCE IN CONNECTION WITH TAKING AND DEVELOPMENT OF X-RAY FILMS

5. CARE OF PATIENTS AFTER OPERATIONS

19. The functions described under these heads in the list enclosed with the letter of March 30 from the Secretary of the Committee to the Board are dealt with separately in this Supplementary Memorandum with the sole object of making it clear that the Board do not consider that the scope of the specific request made to them on behalf of the Committee involves any inquiry by them into the question whether registered dentists who employ unregistered persons to assist either in the taking or in the development of X-Ray films, or for the care of patients after operations, can advisedly employ, to discharge all or any of these functions, persons who have not been instructed, or are incapable of profiting by instruction, in the elements of radiography, or of nursing, or of both these branches of knowledge.

20. Such questions as these may in the opinion of the Board be eminently proper to another inquiry or other inquiries. But they interpret the request made to them on behalf of the Committee under these heads as a request based on the same assumptions as those which underlie the attribution, in various submissions made to the Committee, of work under heads 1, 2, and 3 to unregistered persons acting as ancillaries to registered dentists, namely, that (1) work under heads 4 and 5 is "**dental work**," that is to say, work which unregistered persons are now prohibited under penalty from doing by sections 1 and 14 (2) of the Dentists Act, 1921; and (2) any work under heads 4 and 5 which was done by unregistered persons would be done under the effective supervision of registered dentists.

21. As to these assumptions the Board do not think it necessary to add anything to their observations on the work described under heads 1, 2, and 3, except to say that it is imperative in the

interests both of registered dentists as employers, and of unregistered persons acting as ancillaries to registered dentists, that work by unregistered persons under heads 4 and 5 should not be permitted to extend beyond its proper limits into the province of the practice of dentistry within the meaning of the Act of 1921 ; and that effective supervision by registered dentists of unregistered persons employed by them as ancillary workers to do work under heads 4 and 5 is not less indispensable than effective supervision by registered dentists of unregistered persons employed by them as ancillary workers to do work under heads 1, 2, and 3.

6. SCALING, CLEANING, AND POLISHING OF TEETH

General

22. It has been held by the Courts that it is an offence under sections 1 and 14 (2) of the Dentists Act, 1921, for any person other than a registered dentist (or registered medical practitioner) to scale teeth (see Board's Minutes 1929, 56 ; 1930, 27), and the conditions approved by the Minister of Health under section 1 (3) (c) of the Act do not permit dental nurses employed in the School Medical Service to give this treatment (see Board of Education Circular 1279 (Revised) of August 17, 1922).

23. The conditions approved by the Minister of Health under section 1 (3) (c) of the Act permit dental nurses employed in the School Medical Service to give such treatment as is comprised in the expression "cleaning and polishing teeth." This is to say, this treatment is "**minor dental work**" within the meaning of this provision of the Act, and, subject to the foregoing exception, it is an offence for any person other than a registered dentist (or registered medical practitioner) to give this treatment.

24. If, however, the submission made to the Committee had been merely that persons other than registered dentists (or registered medical practitioners) should do any work described as "cleaning and polishing teeth" which some such persons are already permitted by and under the Dentists Act, 1921, to do,

no occasion would have arisen for the Board to offer any observations on the submission which could fall within the limits of the request made to them on behalf of the Committee.

25. The terms of that request are that, if it be assumed that there is a need (by which the Board assume the Committee to mean that it is expedient in the public interest) for arrangements to be made for **dental work** to be done by persons other than registered dentists (or registered medical practitioners), the Board should advise the Committee what maximum limits ought to be placed on such arrangements, either in regard to the scope of the work to be done, or in regard to the control and supervision of the persons other than registered dentists (or registered medical practitioners) by whom it is done.

26. On the assumption, therefore, that the submission made to the Committee is that the existing law should be so amended as to permit persons other than registered dentists (or registered medical practitioners) to do something comprised in the expression "scaling, cleaning, and polishing teeth" which such persons (unless authorized in that behalf by and under section 1 (3) (c) of the Dentists Act, 1921) are prohibited by the Dentists Act, 1921, from doing, the Board make the following recommendations.

MAXIMUM SCOPE OF WORK UNDER HEAD 6
BY
PERSONS OTHER THAN REGISTERED DENTISTS

27. The Board recommend that no amendment of the existing law should be entertained by which it would cease to be an offence for any person other than (a) a registered dentist, (b) a registered medical practitioner, or (c) a bona fide dental or medical student who is at all material times receiving proper training and instruction under the immediate personal supervision of a registered dentist or registered medical practitioner, to perform any operation in the mouth which involves deliberate surgical interference with living tissue.

PROPOSED STATUTORY CONDITIONS

28. The Board recommend that no amendment of the existing law should be entertained by which the prohibitions referred to in paragraphs 22 and 23 of this Supplementary Memorandum of the scaling, cleaning, or polishing of teeth by any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid are modified, unless the following conditions of any such modification are secured by legislation.

(1) OF SCALING OF TEETH

BY

PERSONS OTHER THAN REGISTERED DENTISTS

29. Any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid who scales teeth shall be deemed to have practised dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921, unless

- (i) He has gone through an adequate course of training in an institution approved by the Minister of Health after consultation with the Dental Council * ; and
- (ii) He is subject, as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to scale teeth, to the disciplinary jurisdiction of a competent authority ; and
- (iii) All work performed by him as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to scale teeth is performed

* This is the body whose establishment is recommended in the Memoranda of Evidence on Policy submitted to the Committee by the Board and by the General Medical Council.

under the immediate personal supervision of a registered dentist ; and

- (iv) In any prosecution for practising dentistry in contravention of the foregoing conditions (i) and (iii), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him.

(2) OF CLEANING AND POLISHING OF TEETH

BY

PERSONS OTHER THAN REGISTERED DENTISTS

30. Any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid who cleans or polishes teeth shall be deemed to have practised dentistry within the meaning of sections 1 and 14 (2) of the Act, unless

- (i) He has gone through an adequate course of training in an institution approved by the Minister of Health after consultation with the Dental Council ; and
- (ii) He is subject, as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to clean and polish teeth, to the disciplinary jurisdiction of a competent authority ; and
- (iii) All work performed by him as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to clean and polish teeth is performed under the immediate personal supervision of a registered dentist ; and
- (iv) In any prosecution for practising dentistry in contravention of the foregoing conditions (i) and (iii), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him.

31. The Board do not recommend that persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid authorized for the time being under the foregoing statutory conditions to scale teeth, or persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid authorized for the time being under the said conditions to clean and polish teeth, should be prohibited by statute from performing the work which they are authorized for the time being to perform either in any public dental service or in private dental practice, or partly in any public dental service and partly in private dental practice.

7. INSTRUCTION OF PATIENTS IN THE TECHNIQUE OF ORAL HYGIENE

General

32. The Board have had difficulty in offering observations on the question whether any person of the type described in the letter of March 30 from the Secretary of the Committee to the Board as "an ancillary dental worker" might or might not, in the words of the letter, "be supposed to be capable of performing with advantage" the work described in the enclosure thereto as "instructing the patients in the technique of oral hygiene," not only because they concur with the Chairman of the Committee in the view that "the term 'ancillary worker' is a vague one," but even more because they themselves find that the description of the work transmitted to them by the Committee is even more vague.

33. If, however, the submission made to the Committee had been merely that persons other than registered dentists (or registered medical practitioners) should do any work so described which some such persons are already permitted by and under the Dentists Act, 1921, to do, no occasion would have arisen for the Board to offer any observations on the submission which could

fall within the limits of the request made to them on behalf of the Committee.

34. The terms of that request are that, if it be assumed that there is a need (by which the Board assume the Committee to mean that it is expedient in the public interest) for arrangements to be made for **dental work** to be done by persons other than registered dentists (or registered medical practitioners), the Board should advise the Committee what maximum limits ought to be placed on such arrangements, either in regard to the scope of the work to be done, or in regard to the control and supervision of the persons other than registered dentists (or registered medical practitioners) by whom it is done.

35. On the assumption, therefore, that the submission made to the Committee is that the existing law should be so amended as to permit persons other than registered dentists (or registered medical practitioners) to do something described as "instructing the patients in the technique of oral hygiene" which such persons (unless authorized in that behalf by and under section 1 (3) (c) of the Dentists Act, 1921) are prohibited by the Dentists Act, 1921, from doing, the Board make the following recommendations.

MAXIMUM SCOPE OF WORK UNDER HEAD 7
BY
PERSONS OTHER THAN REGISTERED DENTISTS

36. The Board recommend that no amendment of the existing law should be entertained by which it would cease to be an offence for any person other than (a) a registered dentist, (b) a registered medical practitioner, or (c) a bona fide dental or medical student who is at all material times receiving proper training and instruction under the immediate personal supervision of a registered dentist or registered medical practitioner, to perform any operation in the mouth which involves deliberate surgical interference with living tissue.

PROPOSED STATUTORY CONDITIONS
OF
INSTRUCTION IN THE TECHNIQUE OF ORAL HYGIENE
BY
PERSONS OTHER THAN REGISTERED DENTISTS

37. The conditions approved by the Minister of Health under section 1 (3) (c) of the Dentists Act, 1921, appear to permit dental nurses employed in the School Medical Service to give such instruction in the technique of oral hygiene as may be comprised in the expressions (1) "cleaning and polishing," and (2) "work of like responsibility," which means work which involves a responsibility like that involved by (a) cleaning and polishing, (b) charting, and (c) recording.* That is to say, any such instruction is "**minor dental work**" within the meaning of this provision of the Act, and, subject to the foregoing exception, it is an offence for any person other than a registered dentist (or registered medical practitioner) to give such instruction.

38. In addition to the limitation of the maximum scope of any such instruction which has been recommended in paragraph 36 above, the Board recommend that no amendment of the existing law should be entertained by which the foregoing prohibition of the giving of instruction to patients in the technique of oral hygiene by any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid is modified, unless the following conditions of any such modification are secured by legislation.

39. Any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid who gives instruction to patients in the technique of oral hygiene shall be deemed to have practised dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921, unless

* As to the work described as "applying or removing dressings or temporary fillings" see head 8 below.

- (i) He has gone through an adequate course of training in an institution approved by the Minister of Health after consultation with the Dental Council ; and
- (ii) He is subject, as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to give instruction in the technique of oral hygiene, to the disciplinary jurisdiction of a competent authority ; and
- (iii) All work performed by him as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to give instruction to patients in the technique of oral hygiene is performed under the immediate personal supervision of a registered dentist; and
- (iv) In any prosecution for practising dentistry in contravention of the foregoing conditions (i) and (iii), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him.

40. The Board do not recommend that persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid authorized for the time being under the foregoing statutory conditions to give instruction to patients in the technique of oral hygiene should be prohibited by statute from performing the work which they are so authorized for the time being to perform either in any public dental service or in private dental practice, or partly in any public dental service and partly in private dental practice.

8. APPLICATION OR REMOVAL OF DRESSINGS OR TEMPORARY FILLINGS

General

41. Between 1922 and 1932 the conditions approved by the Minister of Health under section 1 (3) (c) of the Dentists Act,

1921, permitted dental nurses employed in the School Medical Service to give such treatment as is comprised in the expression "applying or * removing dressings or temporary fillings." That is to say, this treatment is "**minor dental work**" within the meaning of this provision of the Act, and, subject to the foregoing exception, it is, and always has been since section 1 of the Act came into operation, an offence for any person other than a registered dentist (or registered medical practitioner) to give this treatment.

42. In 1931 (Board's Minutes 1931, 69-78) the Minister initiated a proposal to withdraw his permission to dental nurses employed in the School Medical Service to give this treatment.

The memorandum enclosed with the letter of October 13, 1931, by which the Minister consulted the Board on this proposal, included the following statement under the head "Dressings or Temporary Fillings":—

"On this point it is probably sufficient to state that the Minister has no reason to doubt that the preponderant opinion among dentists engaged in the School Medical Service would be in favour of varying Condition 1 of the conditions now approved by him so as to exclude applying or removing dressings or temporary fillings from the scope of the work which may be carried out by dental nurses in that Service.

"Subject, therefore, to any observations which the Board may desire to offer on this point, the Minister would propose (whatever may be decided with respect to dental inspection) to amend Condition 1 accordingly with effect from a suitable date."

43. In 1932 (Board's Minutes 1932, 55) the Board decided to inform the Minister that they approved the proposal initiated by him.

* The word "or" is used in this context throughout this Supplementary Memorandum because it is the word used in Board of Education Circular 1279 (Revised) of August 17, 1922. In the enclosure to the letter of March 30, 1944, from the Secretary of the Committee to the Board the word "and" is used in this context.

It is understood that although Board of Education Circular 1279 (Revised) of August 17, 1922, which set out the conditions approved by the Minister, was not thereafter amended so as to exclude "applying or removing dressings or temporary fillings" from the scope of the work which might be done by dental nurses in the School Medical Service, the Board of Education would not in fact thereafter have approved the employment of any dental nurse in the Service unless this treatment had been excluded from the scope of her work.

44. The submission made to the Committee under this head is therefore that the existing law should be so amended as to permit persons other than registered dentists (or registered medical practitioners) to do the work described as "applying or removing dressings or temporary fillings" which some unregistered persons (that is to say, dental nurses employed in the School Medical Service) were permitted by the Minister to do from 1922 to 1932, but which all unregistered persons have been prohibited from doing since 1932.

45. The terms of the request made to the Board on behalf of the Committee are that, if it be assumed that there is a need (by which the Board assume the Committee to mean that it is expedient in the public interest) for any such work to be done by persons other than registered dentists (or registered medical practitioners), the Board should advise the Committee what maximum limits ought to be placed on the scope of the work so done, and what conditions should be laid down as to the control and supervision of the persons other than registered dentists (or registered medical practitioners) by whom it is done.

MAXIMUM SCOPE OF WORK UNDER HEAD 8

BY

PERSONS OTHER THAN REGISTERED DENTISTS

46. The Board recommend that no amendment of the existing law should be entertained by which it would cease to be an offence for any person other than (a) a registered dentist, (b) a

registered medical practitioner, or (c) a bona fide dental or medical student who is at all material times receiving proper training and instruction under the immediate personal supervision of a registered dentist or registered medical practitioner, to do any work comprised in the expression "applying or removing temporary fillings."

47. In their opinion this expression is ambiguous. In its wider connotation it implies the performance of operations in the mouth which involve deliberate surgical interference with living tissue ; and they have already submitted that unregistered persons should continue to be prohibited by law from performing any such operations.

48. In its narrower connotation the expression may be argued to have the same meaning as that of the expression "applying or removing dressings." So far as this may be the true construction of the expression, the Board submit that the expression is redundant, since the expression "applying or removing dressings" covers the ground.

**PROPOSED STATUTORY CONDITIONS
OF
APPLICATION OR REMOVAL OF DRESSINGS
BY
PERSONS OTHER THAN REGISTERED DENTISTS**

49. The Board recommend that no amendment of the existing law should be entertained by which the prohibition of the application or removal of dressings by any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid is modified, unless the following conditions of any such modification are secured by legislation.

50. Any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid who applies and/or removes dressings shall be deemed

to have practised dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921, unless

- (i) He has gone through an adequate course of training in an institution approved by the Minister of Health after consultation with the Dental Council ; and
- (ii) He is subject, as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to apply and/or remove dressings, to the disciplinary jurisdiction of a competent authority ; and
- (iii) All work performed by him as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to apply and/or remove dressings is performed under the immediate personal supervision of a registered dentist ; and
- (iv) In any prosecution for practising dentistry in contravention of the foregoing conditions (i) and (iii), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him.

51. The Board do not recommend that persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid authorized for the time being under the foregoing statutory conditions to apply and/or remove dressings should be prohibited by statute from performing the work which they are so authorized for the time being to perform either in any public dental service or in private dental practice, or partly in any public dental service and partly in private dental practice.

9. DENTAL INSPECTION

General

52. The Board have had difficulty in offering observations on the question whether any person of the type described in the

letter of March 30 from the Secretary of the Committee to the Board as "an ancillary dental worker" might or might not, in the words of the letter, "be supposed to be capable of performing with advantage," the work described in the enclosure thereto as "dental inspection," because in their opinion this expression is ambiguous.

53. The memorandum enclosed with the letter of October 13, 1931, from the Minister of Health to the Board to which further reference is made below shows that in 1925 the Minister was advised by the Law Officers of the Crown that a process of dental inspection described as follows by the Local Education Authority who employed dental nurses to carry out the process in their School Medical Service could, on the true construction of section 1 (3) (c) of the Dentists Act, 1921, properly be regarded as being "**minor dental work**" :—

"The examination of children's teeth in the elementary schools with probe and mirror and the selection of children for treatment."

This opinion was, however, given subject to the reservation that the question was rather a question of fact to be decided on the evidence of members of the dental profession than a question of interpretation.

54. But on the assumption that the opinion was and is correct in law, it is, and always has been since section 1 of the Act came into operation, an offence for any person other than a registered dentist (or registered medical practitioner) to carry out any process of dental inspection covered by the terms of the description on which the opinion was based, subject to any permission given by the Minister to dental nurses employed in the School Medical Service to carry out such a process under conditions approved by him under paragraph (c) of subsection (3) of the section.

55. No such permission has ever been given.

In 1931 (Board's Minutes 1931, 69-78) the Minister, by letter of October 13, 1931, consulted the Board on representations made to him "by persons familiar with the administration of school dental schemes" in favour of a modification of the conditions

then approved by him which would have the effect of enabling dental nurses employed in the School Medical Service "to perform dental inspections" not wider in scope than the process of inspection described in the case submitted to the Law Officers of the Crown.

56. The Minister's letter summarized the question on which he asked the Board to make observations as follows :—

"The main considerations which appear to present themselves in favour of, and against (1) a modification of the conditions which would enable dental inspection to be performed by dental nurses, subject, of course, to the requirement of the Act that it should be performed under the personal supervision of a registered dentist, are on the one hand that (a) inspection in schools might be performed with less expenditure of time and therefore of money by small groups of nurses acting under the supervision of a registered dentist than is now required for its performance by registered dentists alone; and (b) young children who became accustomed to inspection at the hands of dental nurses might be more ready to undergo any necessary treatment at the hands of registered dentists; and on the other hand that (a) if dental nurses were permitted to perform dental inspections in schools it might in practice be impossible to secure compliance with the statutory requirement of personal supervision by a registered dentist; and (b) if the performance of dental inspections by dental nurses in public dental services under the personal supervision of registered dentists were permitted, it might be more difficult than it is at present to enforce the statutory prohibition of the practice of dentistry (including minor dental work such as inspection) by nurses (in common with other unregistered persons) which would continue to apply to them, under the general provisions of section 1 of the Act, at any time when they were not engaged in a public dental service within the meaning of paragraph (c) of subsection (3) of the section."

57. The memorandum enclosed with the Minister's letter stated that, if dental inspections were to be performed by dental

nurses, one of the essential points to be secured by any conditions approved by him appeared to be that "the work should be so defined as not to transfer from registered dentists to unregistered persons, namely dental nurses, any function which requires the possession of such technique or skill that its exercise ought to be restricted to registered members of the profession concerned," and went on to suggest that the Board might consider that the scope of any dental inspections performed by dental nurses under the conditions could be sufficiently indicated by a definition of "dental inspection" in such terms as

"Dental inspection, that is to say the examination of children's teeth with probe and mirror, and the selection for reference to a registered dentist of children who, in the opinion of the dental nurse, require dental attention, in order that any necessary treatment may be prescribed by him."

58. In 1932 (Board's Minutes 1932, 54), the Board decided to inform the Minister

"That, in the opinion of the Board, it is undesirable that dental nurses should be allowed to undertake the inspection of the teeth of school children inasmuch as diagnosis is properly the function of a dentist."

59. The conditions approved by the Minister under section 1 (3) (c) of the Dentists Act, 1921, were not thereafter modified so as to enable dental nurses employed in the School Medical Service to perform dental inspections.

60. The Board have, however, felt it right to reconsider the matter in response to the request made to them on behalf of the Committee that, if it be assumed that there is a need (by which the Board assume the Committee to mean that it is expedient in the public interest) for any work comprised in the expression "dental inspection" to be done by persons other than registered dentists (or registered medical practitioners), the Board should advise the Committee what maximum limits ought to be placed on the scope of the work so done, and what conditions should be laid down as to the control and supervision of the persons other than registered dentists (or registered medical practitioners) by whom it is done.

MAXIMUM SCOPE OF DENTAL INSPECTION
BY
PERSONS OTHER THAN REGISTERED DENTISTS

61. In the light of their reconsideration of the matter the Board think a distinction may properly be drawn on the following principle between that part of the work comprised in the expression "dental inspection" which involves, and that part which does not involve, a diagnosis.

62. Diagnosis is the act of inferring from symptoms or manifestations the nature of an illness. At a dental inspection the point at which the faculty of diagnosis is exercised is the point at which, after an examination of the mouth, an answer is given to the question, "Does this patient need dental treatment?"

63. It is common knowledge that in the present dental condition of the population of this country many patients will on dental inspection exhibit gross manifestations of dental unfitness which make the answer to this question obvious to persons who are not registered dentists (or registered medical practitioners).

64. The Board see no reason why such persons, provided that they are employed under proper statutory conditions, should continue to be prohibited by law from examining the mouth and making the affirmative diagnosis that the patient needs dental treatment.

65. It is otherwise with the negative diagnosis that the patient does not need dental treatment.

The Board adhere to the decision of their predecessors in 1932 to the extent that, so far as any work comprised in the expression "dental inspection" involves a diagnosis that a patient does not need dental treatment, that work is a matter requiring professional discretion or skill, and cannot properly be done otherwise than by a registered dentist (or registered medical practitioner).

66. The Board therefore recommend that no amendment of the existing law should be entertained by which it would cease to be an offence for any person other than (a) a registered dentist,

(b) a registered medical practitioner, or (c) a bona fide dental or medical student who is at all material times receiving proper training and instruction under the immediate personal supervision of a registered dentist or registered medical practitioner, to do any work comprised in the expression "dental inspection," save only for the purpose of referring patients, after examination of their mouths, to registered dentists (or registered medical practitioners) for decision of the question whether the patients need dental treatment, and for any treatment which the registered dentists (or registered medical practitioners) find to be necessary in order to secure dental fitness.

**PROPOSED STATUTORY CONDITIONS
OF
DENTAL INSPECTION
BY
PERSONS OTHER THAN REGISTERED DENTISTS**

67. The Board further recommend that any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid who does any work comprised in the expression "dental inspection" for the purpose of referring patients, after examination of their mouths, to registered dentists (or registered medical practitioners) shall be deemed to have practised dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921, unless the following statutory conditions are secured by legislation.

- (i) He has gone through an adequate course of training in an institution approved by the Minister of Health after consultation with the Dental Council ; and
- (ii) He is subject, as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to perform dental inspections for the foregoing purpose, to the disciplinary jurisdiction of a competent authority ; and

- (iii) All work performed by him as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to perform dental inspections for the foregoing purpose is performed under the immediate personal supervision of a registered dentist ; and
- (iv) In any prosecution for practising dentistry in contravention of the foregoing conditions (i) and (iii), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him.

68. The Board do not recommend that persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid authorized for the time being under the foregoing statutory conditions to perform dental inspections should be prohibited by statute from performing the work which they are so authorized for the time being to perform either in any public dental service or in private dental practice, or partly in any public dental service and partly in private dental practice.

10. CONSERVATION AND EXTRACTION OF TEETH

General

69. The Board have had difficulty in offering observations on the question whether any person of the type described in the letter of March 30 from the Secretary of the Committee to the Board as "an ancillary dental worker" might or might not, in the words of the letter, "be supposed to be capable of performing with advantage" the work described in the enclosure thereto as "conservation of teeth," because in their opinion this expression is ambiguous.

70. In its widest connotation it includes, for example, such treatment as is comprised in the expressions "scaling of teeth," and "applying or removing dressings," and may also include

such treatment as is comprised in the expression "cleaning and polishing teeth."

**MAXIMUM SCOPE OF WORK UNDER HEAD 10
BY
PERSONS OTHER THAN REGISTERED DENTISTS**

71. Subject, however, to the recommendations made under heads 6 and 8 of this Supplementary Memorandum as to the statutory conditions under which persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students who are at all material times receiving proper training and instruction under the immediate personal supervision of registered dentists or registered medical practitioners might be permitted (1) to scale, clean, and polish teeth, and (2) to apply and/or remove dressings, the Board are satisfied that it is not expedient in the public interest that any such person should be authorized either to do any work in fact comprised in the expression "conservation of teeth," or to extract teeth in any circumstances other than those contemplated by section 1 (3) (b) of the Dentists Act, 1921.

72. The Board therefore recommend that no amendment of the existing law should be entertained by which it would cease to be an offence for any person other than (a) a registered dentist, (b) a registered medical practitioner, or (c) a bona fide dental or medical student who is at all material times receiving proper training and instruction under the immediate personal supervision of a registered dentist or registered medical practitioner, to do any work comprised in the expression "conservation and extraction of teeth" (except an extraction in the emergency provided for by section 1 (3) (b) of the Act of 1921) which implies the performance by such persons of operations in the mouth which involve deliberate surgical interference with living tissue.

11. MAKING OR REPAIRING OF DENTURES TO IMPRESSIONS AND BITES TAKEN BY REGISTERED DENTISTS

73. The Board are at a loss to understand why the functions described in these terms in the enclosure to the letter of March 30 from the Secretary of the Committee to the Board were attributed, in various submissions made to the Committee, to unregistered persons acting as ancillaries to registered dentists, if, as they assume in the light of the letter, those who made any such attribution intended to imply by it that the work in question was "dental work," that is to say, work which unregistered persons are now prohibited under penalty from doing by sections 1 and 14 (2) of the Dentists Act, 1921.

74. If the Committee should require any authority for the view that the work is not "dental work" in this sense, the Board would refer them to the Report (1940) of the Committee of Enquiry (set up with the formal approval of the governing body of each of the three dental organizations) into Training, Conditions of Service, and Wages of Dental Mechanics, in which the following statement appears (at page 10) :

"The construction of artificial dentures is divided into the work undertaken by a registered dental practitioner and that done by the dental mechanic. The registered dental practitioner alone may take impressions of the mouth, and during the various processes of manufacture of the denture tries the work in the mouth and is throughout in contact with the patient. The main design and planning of the work are under his constant supervision and the mechanic receives from the dental practitioner the work after the operative technique has been performed in the mouth."

The Report adds that "The main processes of the routine construction of ordinary artificial dentures are" (1) The casting of impressions; (2) The making of bites; (3) Mounting of the teeth; (4) Flasking and packing; and (5) Filing and polishing; and that "In the case of repairs to dentures all these processes may be necessary with the possible exception of (2) and (3)."

75. There is nothing in the Dentists Act, 1921, or in the experience of the Board to suggest that the functions in question involve the practice of dentistry, within the meaning of the Act, by those who discharge them, provided that there is no personal attendance on, or contact with, the patient by the mechanic; and the considerations and conclusions stated by the Board under heads 1-3 of this Supplementary Memorandum (paragraphs 15-18) apply, in their judgement, to the making or repairing of dentures by unregistered persons (that is to say, by dental mechanics) to impressions and bites taken by registered dentists.

12. WORK IN THE MOUTH IN CONNECTION WITH THE PROVISION OF DENTURES

General

76. The Board have had difficulty in offering observations on the question whether any person of the type described in the letter of March 30 from the Secretary of the Committee to the Board as "an ancillary dental worker" might or might not, in the words of the letter, "be supposed to be capable of performing with advantage" the work described in the enclosure thereto as "work in the mouth in connection with the provision of dentures," because in their opinion this expression is ambiguous.

77. In its widest connotation it includes, for example, such treatment as is comprised in the expressions "extraction of teeth," "conservation of teeth retained in the mouth before the insertion of dentures to replace teeth missing from the mouth," and "gum treatment."

78. In its narrower connotation it includes only such treatment as is comprised in the general expression "prosthetic treatment," and in the particular expressions "taking of impressions," "taking of bites," and "fitting in the mouth of artificial teeth."

79. It is, nevertheless, not open to doubt that the expression "work in the mouth in connection with the provision of dentures," however construed, is a description of **dental work**, that is to say

work which unregistered persons are now prohibited under penalty from doing by sections 1 and 14 (2) of the Dentists Act, 1921.

80. The Board therefore understand that the terms of the request made to them on behalf of the Committee under this head are that, if it be assumed that there is a need (by which the Board assume the Committee to mean that it is expedient in the public interest) for any work comprised in the expression "work in the mouth in connection with the provision of dentures" to be done by persons other than registered dentists (or registered medical practitioners), the Board should advise the Committee what maximum limits ought to be placed on the scope of the work so done, and what conditions should be laid down as to the control and supervision of the persons other than registered dentists (or registered medical practitioners) by whom it is done.

MAXIMUM SCOPE OF WORK UNDER HEAD 12

BY

PERSONS OTHER THAN REGISTERED DENTISTS

81. The Board recommend that no amendment of the existing law should be entertained by which it would cease to be an offence for any person other than (a) a registered dentist, (b) a registered medical practitioner, or (c) a bona fide dental or medical student who is at all material times receiving proper training and instruction under the immediate personal supervision of a registered dentist or registered medical practitioner, to do any work comprised in the expression "work in the mouth in connection with the provision of dentures" which involves deliberate surgical interference with living tissue (see the recommendations made in paragraphs 27, 36, 47, and 72 of this Supplementary Memorandum as to the maximum scope of work by persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid under heads 6, 7, 8, and 10); or to do any other work in fact comprised in the expression "work in the mouth in connection with the provision of dentures," save only such work as is in fact comprised in the expressions "taking

of impressions," "taking of bites," and "fitting in the mouth of artificial teeth."

**PROPOSED STATUTORY CONDITIONS
OF
WORK IN THE MOUTH IN CONNECTION WITH THE
PROVISION OF DENTURES
BY
PERSONS OTHER THAN REGISTERED DENTISTS**

82. In addition to the limitation of the maximum scope of any work under this head which has been recommended in the foregoing paragraph (81), the Board recommend that any person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid who does any work comprised in the expressions "taking of impressions," and/or "taking of bites," and/or "fitting in the mouth of artificial teeth" shall be deemed to have practised dentistry within the meaning of sections 1 and 14 (2) of the Dentists Act, 1921, unless the following statutory conditions are secured by legislation.

- (i) He has gone through an adequate course of training in an institution approved by the Minister of Health after consultation with the Dental Council; and
- (ii) He is subject, as a person other than a registered dentist (or registered medical practitioner) or bona fide dental or medical student as aforesaid authorized for the time being to do such work in the mouth in connection with the provision of dentures as is comprised in the expressions "taking of impressions," and/or "taking of bites," and/or "fitting in the mouth of artificial teeth," to the disciplinary jurisdiction of a competent authority; and
- (iii) All work performed by him as a person other than a registered dentist (or registered medical practitioner)

or bona fide dental or medical student as aforesaid authorized for the time being to do such work in the mouth in connection with the provision of dentures as is comprised in the expressions "taking of impressions," and/or "taking of bites," and/or "fitting in the mouth of artificial teeth," is performed under the immediate personal supervision of a registered dentist ; and

- (iv) In any prosecution for practising dentistry in contravention of the foregoing conditions (i) and (iii), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him.

83. The Board recommend that persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students as aforesaid authorized for the time being under the foregoing statutory conditions to do such work in the mouth in connection with the provision of dentures as is comprised in the expressions "taking of impressions," and/or "taking of bites," and/or "fitting in the mouth of artificial teeth," should be prohibited by statute from performing otherwise than in any institution appropriated to the purposes of any public dental service the work which they are so authorized for the time being to perform.

SUMMARY OF PARAGRAPHS 1-83

The principal conclusions and recommendations which the Board submit to the Committee in the foregoing part (paragraphs 1-83) of this Supplementary Memorandum may be summarized as follows.

INTRODUCTORY

(1) The Board are not asked on behalf of the Committee whether it is expedient in the public interest that any dental work, that is to say, work which only registered dentists (or registered medical practitioners), or any dental nurses in the School Medical Service authorized in that behalf by and under section 1 (3) (c) of the Dentists Act, 1921, can legally do now, should be done by unregistered persons described as "ancillary personnel"; and this Supplementary Memorandum neither includes nor implies any opinion on this question.

(2) This Supplementary Memorandum offers certain advice to the Committee on the assumption, which the Board are asked on behalf of the Committee to make, that it is in the public interest that the existing law should be amended so as to permit unregistered persons to do certain dental work which they are now prohibited under penalty from doing (paragraphs 6-8).

(3) On this assumption, the Board, in compliance with the request made to them on behalf of the Committee, have considered the following twelve functions attributed, in submissions made to the Committee, to unregistered persons acting as ancillaries to registered dentists (or registered medical practitioners), and have, so far as seems to them appropriate, made recommendations as to (a) the limitation of the scope of the work done by such unregistered persons, and (b) the control and supervision of such unregistered persons in the performance of such work (paragraphs 9-13).

**PARTICULARS OF WORK ATTRIBUTED
TO
UNREGISTERED PERSONS
IN
SUBMISSIONS MADE TO THE COMMITTEE**

- 1. RECEPTION AND SECRETARIAL WORK**
 - 2. CARE OF EQUIPMENT AND INSTRUMENTS**
 - 3. PREPARATION OF FILLING OR IMPRESSION MATERIALS**
-

(4) The Board do not think any work under these heads (1, 2, 3) is dental work within the meaning of paragraph (1) of this Summary.

(5) The Board do not, therefore, recommend any amendment of the existing law so as to delimit, within the ambit of the Dentists Acts, either the scope of this work or the control and supervision of unregistered persons by whom it is done (paragraphs 14-18).

- 4. ASSISTANCE IN CONNECTION WITH TAKING AND DEVELOPMENT OF X-RAY FILMS**
 - 5. CARE OF PATIENTS AFTER OPERATIONS**
-

(6) The Board do not think any work under these heads (4, 5) is dental work within the meaning of paragraph (1) of this Summary.

(7) The Board do not, therefore, recommend any amendment of the existing law so as to delimit, within the ambit of the Dentists Acts, either the scope of this work or the control and supervision of unregistered persons by whom it is done (paragraphs 19-21).

- 6. SCALING, CLEANING, AND POLISHING OF TEETH**
-

(8) Scaling of teeth is dental work within the meaning of paragraph (1) of this Summary, and all unregistered persons are prohibited under penalty from doing this work (paragraph 22).

(9) Cleaning and polishing of teeth is dental work within the meaning of paragraph (1) of this Summary, and all unregistered persons (except any dental nurses doing this work in the School Medical Service under the personal supervision of a registered dentist and in accordance with conditions approved by the Minister of Health under section 1 (3) (c) of the Dentists Act, 1921) are prohibited under penalty from doing this work (paragraph 23).

(10) The Board recommend that the scope of any work under this head (6) done by unregistered persons should be delimited on the principle that **it should continue to be an offence for any persons other than registered dentists, registered medical practitioners, or bona fide dental or medical students receiving instruction as such, to perform any operation in the mouth which involves deliberate surgical interference with living tissue** (paragraph 27).

(11) The Board recommend that the control and supervision of any unregistered persons by whom work under this head (6) is done should be delimited on the following principles.

(12) **It should continue to be an offence for any persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students receiving instruction as such to scale teeth unless the following conditions are secured by legislation :—**

- (a) **Any such persons must have been adequately trained in approved institutions ;**
- (b) **Any such persons must be subject to the disciplinary jurisdiction of a competent authority ;**
- (c) **Any such persons must only scale teeth under the immediate personal supervision of a registered dentist ; and**
- (d) **In any prosecution for practising dentistry in contravention of the foregoing conditions (a) and (c), it shall lie on the defendant to prove that he complied with the said conditions so far as they are material to any charge against him (paragraphs 28–29).**

(13) It should continue to be an offence for any persons other than registered dentists (or registered medical practitioners) or

bona fide dental or medical students receiving instruction as such to clean or polish teeth except subject to statutory conditions identical, mutatis mutandis, with those set out in the preceding paragraph (12) of this Summary (paragraph 30).

(14) The Board do not recommend that any unregistered persons authorized for the time being under the said statutory conditions to do any work under this head (6) should be prohibited by statute from doing such work either in any public dental service or in private dental practice, or partly in the former and partly in the latter (paragraph 31).

7. INSTRUCTION OF PATIENTS IN THE TECHNIQUE OF ORAL HYGIENE

(15) The expression "instruction of patients in the technique of oral hygiene" is vague, but so far as it includes any dental work within the meaning of paragraph (1) of this Summary, all unregistered persons, except any dental nurses in the School Medical Service authorized in that behalf by and under section 1 (3) (c) of the Dentists Act, 1921, are prohibited under penalty from doing this work (paragraphs 32, 37).

(16) The Board recommend that the scope of any work under this head (7) done by unregistered persons should be delimited on the principle stated in paragraph (10) of this Summary as applicable to any work under head 6 done by such persons (paragraph 36).

(17) The Board recommend that the control and supervision of any unregistered persons by whom work under this head (7) is done should be imposed and maintained by statutory conditions identical, mutatis mutandis, with those set out in paragraph (12) of this Summary (paragraphs 38-39).

(18) The Board do not recommend that any unregistered persons authorized for the time being under the said statutory conditions to do any work under this head (7) should be prohibited by statute from doing such work either in any public

dental service or in private dental practice, or partly in the former and partly in the latter (paragraph 40).

8. APPLICATION OR REMOVAL OF DRESSINGS OR TEMPORARY FILLINGS

(19) Applying or removing dressings or temporary fillings is dental work within the meaning of paragraph (1) of this Summary, and all unregistered persons are prohibited under penalty from doing this work (paragraphs 41-44).

(20) As regards the delimitation of the scope of dental work under this head (8), the Board think the expression "applying or removing *temporary fillings*" is ambiguous. If it is construed widely, the existing law could not, consistently with the principle stated in paragraph (10) of this Summary as applicable to work under head 6, be amended so as to permit unregistered persons to do the work involved. If it is construed narrowly, it comprises nothing more than is comprised in the expression "applying or removing *dressings*."

(21) The Board accordingly recommend that it should continue to be an offence for any persons other than registered dentists (or registered medical practitioners) or bona fide dental or medical students receiving instruction as such to do any work described as "applying or removing *temporary fillings*" which in fact involves any work other than the application or removal of dressings (paragraphs 46-48).

(22) The Board recommend that the scope of any work comprised in the expression "applying or removing *dressings*" done by unregistered persons should be delimited on the principle stated in paragraph (10) of this Summary as applicable to any work under head 6 done by such persons (paragraph 47).

(23) The Board recommend that the control and supervision of any unregistered persons by whom work under this head (8) is done should be imposed and maintained by statutory conditions identical, mutatis mutandis, with those set out in paragraph (12) of this Summary (paragraphs 49-50).

(24) The Board do not recommend that any unregistered persons authorized for the time being under the said statutory conditions to do any work under this head (8) should be prohibited by statute from doing any such work either in any public dental service or in private dental practice, or partly in the former and partly in the latter (paragraph 51).

9. DENTAL INSPECTION

(25) The expression "dental inspection" is ambiguous, but any process of inspection which involves examination of the mouth is dental work within the meaning of paragraph (1) of this Summary, and all unregistered persons are prohibited under penalty from doing this work (paragraphs 52-59).

(26) The Board recommend that the scope of any work under this head (9) done by unregistered persons should be delimited on the principle that it should continue to be an offence for any persons other than registered dentists, registered medical practitioners, or bona fide dental or medical students receiving instruction as such, to do any work comprised in the expression "dental inspection," save only for the purpose of referring patients, after examination of their mouths, to registered dentists (or registered medical practitioners) (paragraphs 61-66).

(27) The Board recommend that the control and supervision of any unregistered persons by whom work under this head (9) is done should be imposed and maintained by statutory conditions identical, *mutatis mutandis*, with those set out in paragraph (12) of this Summary (paragraph 67).

(28) The Board do not recommend that any unregistered persons authorized for the time being under the said statutory conditions to do any work under this head (9) should be prohibited by statute from doing such work either in any public dental service or in private dental practice, or partly in the former and partly in the latter (paragraph 68).

10. CONSERVATION AND EXTRACTION OF TEETH

(29) The expression "conservation of teeth" is ambiguous, but subject to the recommendations referred to in paragraphs (12), (13), and (23) of this Summary as to the statutory conditions under which unregistered persons might be permitted (a) to scale, clean, and polish teeth, and (b) to apply and/or remove dressings, the Board recommend that, in conformity with the principle stated in paragraph (10) of this Summary as applicable to work under head 6, it should continue to be an offence for any unregistered person either (i) to do any work comprised in the expression "conservation of teeth," or (ii) to extract teeth in any circumstances other than those contemplated by section 1 (3) (b) of the Dentists Act, 1921 (paragraphs 69-72).

11. MAKING OR REPAIRING OF DENTURES TO IMPRESSIONS AND BITES TAKEN BY REGISTERED DENTISTS

(30) The Board do not think any work under this head (11) is dental work within the meaning of paragraph (1) of this Summary, provided that there is no personal attendance on, or contact with, the patient by the mechanic (paragraphs 73-74).

(31) The Board do not, therefore, recommend any amendment of the existing law so as to delimit, within the ambit of the Dentists Acts, either the scope of this work or the control and supervision of unregistered persons by whom it is done (paragraph 75).

12. WORK IN THE MOUTH IN CONNECTION WITH THE PROVISION OF DENTURES

(32) The expression "work in the mouth in connection with the provision of dentures" is ambiguous, but even if it is construed narrowly so as to comprise only prosthetic treatment (taking of impressions and bites, and fitting in the mouth of artificial teeth), it is a description of dental work within the meaning of paragraph

(1) of this Summary, and all unregistered persons are prohibited under penalty from doing this work (paragraphs 76-79).

(33) The Board recommend that, in conformity with the principle stated in paragraph (10) of this Summary as applicable to work under head 6, the scope of any work under this head done by unregistered persons should be delimited on the principle that it should continue to be an offence for any persons other than registered dentists, registered medical practitioners, or bona fide dental or medical students receiving instruction as such, to do any work comprised in the expression "work in the mouth in connection with the provision of dentures," save only such work as is comprised in the expressions "taking of impressions," and/or "taking of bites," and/or "fitting in the mouth of artificial teeth" (paragraph 81).

(34) The Board recommend that the control and supervision of any unregistered persons by whom work under this head (12) is done should be imposed and maintained by statutory conditions identical, *mutatis mutandis*, with those set out in paragraph (12) of this Summary (paragraph 82).

(35) The Board recommend that any unregistered persons authorized for the time being under the said statutory conditions to do any work under this head (12) should be prohibited by statute from doing such work otherwise than in any institution appropriated to the purposes of any public dental service (paragraph 83).

II. APPLICATION OF RECOMMENDATIONS MADE IN PART I TO CONDITIONS AP- PROVED BY THE MINISTER OF HEALTH UNDER SECTION 1 (3) (c) OF THE DENTISTS ACT, 1921

General

84. As stated in paragraphs 9 and 11 of this Supplementary Memorandum, the first part of the question put to the Board on behalf of the Committee in the letter of March 30 from the Secretary of the Committee (a part more particularly described as a hypothetical question put to the Board on behalf of the Committee with the approval of the Minister of Health) is what advice the Board would now give to the Minister as to the conditions to be approved by him under section 1 (3) (c) of the Dentists Act, 1921; but the Board have found it convenient to deal first (in paragraphs 12-83 of this Supplementary Memorandum) with the second part of the question put to them on behalf of the Committee.

85. The statement by which the first part of the question, to which the Board now turn, is prefaced in the letter of March 30 from the Secretary of the Committee is that "It is now some time since the Minister consulted the Board" under this provision of the Act.

It is in fact nearly thirteen years since the Minister had occasion, in October, 1931, to consult the Board in the circumstances referred to in paragraphs 42-43 and 53-58 of this Supplementary Memorandum, and the Chairman of the Board (who has resigned since the Board submitted their Memorandum of Evidence on Policy to the Committee) was the only member of the Board in 1943-44 who had taken part in the relevant discussions in 1931-32.

86. The Board have therefore no recent experience of the

working of the conditions now approved by the Minister on which to base further advice to him on this subject ; and indeed, as was pointed out in paragraph 68 of the Memorandum of Evidence on Policy submitted on behalf of the Board to the Committee, primary responsibility in this matter rests, not with the Board, but (1) with the Minister, under section 3 (1) (d) of the Ministry of Health Act, 1919, as the Minister responsible to Parliament for the maintenance of the standard of the School Medical Service, and (2) with the Board of Education as the Department to whom the Minister, in exercise of his statutory power under that Act, has assigned the functions of receiving and approving all local schemes for the administration of the service, and of paying grants in aid of the service (see section 3 (1) (d) of the Act, and the extract from Board of Education Circular 1136 of November 28, 1919, to Local Education Authorities, reproduced in the Appendix hereto).

87. Subject, however, to the foregoing reservations, the Board think they can best comply with the specific request made to them on behalf of the Committee by submitting the following statement.

MAXIMUM SCOPE OF DENTAL WORK UNDER CONDITIONS NOW OR FORMERLY APPROVED

88. Any dental nurses in the School Medical Service are only excepted from the general prohibition of the practice of dentistry by unregistered persons enacted by section 1 of the Dentists Act, 1921, if any dental work which they perform (1) is performed in a public dental service, (2) is minor dental work, (3) is performed under the personal supervision of a registered dentist, and (4) is performed in accordance with conditions approved by the Minister after consultation with the Board.

89. The dental work which any dental nurses in the School Medical Service are now permitted to do is limited, specifically,

to (a) cleaning and polishing of teeth, (b) charting,* and (c) recording,* and is further limited, in general terms, by the expression (d) "work of like responsibility."

90. The Board have no authority to interpret the conditions in fact approved by the Minister and administered by the Board of Education, but it appears to them that this general expression might be held to include (e) any instruction of patients in the technique of oral hygiene which does not in fact involve responsibility in excess of that involved by work under heads (a), (b), and (c); and (f) any work in the conservation of teeth which does not in fact involve any more responsibility.

91. The dental work which any dental nurses in the School Medical Service were formerly (1922-32), but are not now, permitted to do is (g) to apply or remove dressings or temporary fillings.

**FURTHER DENTAL WORK ATTRIBUTED
TO
UNREGISTERED PERSONS
IN
RECOMMENDATIONS MADE IN PART I**

92. So far as the recommendations made by the Board in Part I of this Supplementary Memorandum in compliance with the request made to them on behalf of the Committee were adopted by (1) the Minister of Health and the Secretary of State, and (2) H.M. Government, and were given statutory force by Parliament, unregistered persons who complied with the statutory conditions would be permitted to do dental work under the following heads under which any dental nurses in the School Medical Service are now permitted to do such work:—

(a) Cleaning and polishing of teeth; and, apparently, (b) Certain instruction to patients in the technique of oral hygiene, and (c) Certain work in the conservation of teeth.

93. Unregistered persons who complied with the statutory conditions would, on the foregoing hypothesis, further be per-

* See also paragraphs 94-95 below.

mitted to do dental work under the following heads under which no dental nurses in the School Medical Service are now permitted to do such work :—

- (d) Scaling of teeth
- (e) Applying or removing dressings
- (f) Dental inspection for the purpose of referring patients, after examination of their mouths, to registered dentists (or registered medical practitioners)
- (g) In public dental services only, such work in the mouth in connection with the provision of dentures as is comprised in the expressions “taking of impressions,” and/or “taking of bites,” and/or “fitting in the mouth of artificial teeth.”

**DENTAL WORK NOW WITHIN THE
APPROVED CONDITIONS
BUT
NOT ATTRIBUTED TO UNREGISTERED PERSONS
IN
RECOMMENDATIONS MADE IN PART I**

94. In the case on which the opinion (1925) of the Law Officers of the Crown referred to in paragraph 53 of this Supplementary Memorandum was given, it is stated that “the list of processes contained in paragraph 1 of the Conditions was drawn on the assumption that each of the processes named fell indisputably within the scope of the term ” (minor dental work) “but that the list was not necessarily exhaustive.”

It is also stated in the case that “It may be suggested that the term ‘minor dental work’ must at least include work which if carried out not very efficiently could result in no great harm to the patient. Such work would include the services referred to in paragraph 1 of the Conditions . . . with the possible exception of the application of temporary fillings.”

95. The Committee will observe from paragraph 89 of this Supplementary Memorandum that the dental work which any

dental nurses in the School Medical Service are now permitted to do includes

(h) Charting

(i) Recording.

Work under these heads is not expressly, and does not appear to be by implication, attributed to unregistered persons in the submissions made to the Committee by which attributions of various functions to such persons were made.

CONCLUSION

96. There is nothing in the experience of the Board which leads them to advise the Minister of Health, in response to the hypothetical question put to them on behalf of the Committee with his approval, that there is any ground for the exercise of his power under section 1 (3) (c) of the Dentists Act, 1921, so as to prohibit, by means of conditions approved by him, the performance in any public dental service, by any particular category of unregistered persons subject to such conditions, of any dental work which unregistered persons in general who comply with the statutory conditions may from time to time be permitted by Parliament to perform.

September, 1944.

APPENDIX

(See paragraph 86 of Supplementary Memorandum of Evidence on Policy)

MINISTRY OF HEALTH ACT, 1919

Section 3 (1) (d) of the Act is as follows :—

“ 3. (1) There shall be transferred to the Minister— . . .

(d) all the powers and duties of the Board of Education with respect to the medical inspection and treatment of

children and young persons under paragraph (b) of subsection (1) of section thirteen of the Education (Administrative Provisions) Act, 1907, as amended and extended by the Education Act, 1918 : Provided that, for the purpose of facilitating the effective exercise and performance of these powers and duties, the Minister may make arrangements with the Board of Education respecting the submission and approval of schemes of local education authorities and the payment of grants to local education authorities, so far as such schemes and payment relate to or are in respect of medical inspection and treatment; and the powers and duties of the Minister may under any such arrangements be exercised and performed by the Board on his behalf and with his authority under such conditions as he may think fit."

**EXTRACT FROM BOARD OF EDUCATION CIRCULAR 1136
OF NOVEMBER 28, 1919,
TO
LOCAL EDUCATION AUTHORITIES**

" 2. The Minister of Health has decided to exercise his discretion under this Section to make arrangements with the Board of Education respecting the submission and approval of Schemes of Local Education Authorities and the payment of grants to Local Education Authorities, so far as such Schemes and payments are related to or are in respect of medical inspection and treatment.

" Under these arrangements—

- (i) The Minister will retain the ultimate right to determine—
 - (a) what is necessary in regard to the work of medical inspection and medical treatment ; and
 - (b) the standards to be adopted from time to time in regard to the character, adequacy and efficiency of the provision made.

“ Under this arrangement effective control both of the work which is done and of the way in which it is done will be in the hands of the Minister.

- (ii) Subject thereto, the Board of Education will be responsible for receiving and approving, on behalf of the Ministry of Health, all Schemes of Local Education Authorities and for the payment of grants in aid of medical inspection and treatment, and will exercise in this regard the powers and duties of the Minister of Health.

“ 3. Under these arrangements all communications relating to medical inspection and treatment should be addressed as heretofore to the Board of Education, whose officers will continue to carry on the work of inspection.”



