Dentistry and the University of London

STANLEY GELBIER*

Sale of American Diplomas

The lack of professional qualifications was felt keenly by some nineteenth-century medical and dental practitioners. In 1860, the Lancet highlighted a scheme “to avoid the operation of the Medical Act, and to enable uneducated and unprincipled men to defraud the public”. It quoted an advertisement from a daily newspaper. Mr T Vary had announced that “Doctors, Druggists, Chemists, or Dentists, who have no Medical Diploma, can hear of an easy method of obtaining one” by writing to him at Jones’s Coffee House in London’s Tottenham Court Road.1 In response to an enquiry, Vary told the Lancet that he had just come from America where a friend “had graduated . . . in 1857, with all the honours”. However, the latter “had to leave America without his diploma” because of a lack of money for his graduation fees, and so had asked him to pay off the debt and bring back the diploma to Europe. Vary said: “I have done so; but have been detained longer than was anticipated, and now find my friend dead”. Indicating that he did not want to lose the money which he had paid on behalf of his friend, Vary continued: “Fortunately, as is common in America, the space for the name is left blank, to allow the graduate to have it filled up to suit his fancy by some writing master”. He proposed to sell the diploma and supporting papers for £23, which, he pointed out, was “as good as if five years’ labour and 1500 dollars had been given to obtain it”. Later in the same year, the Lancet stressed that the practice of buying a Continental degree of MD, without examination or residence, was clearly a “fraud upon the public . . . repugnant to professional honour and destructive of professional character”.2 It published details of a proposition sent to Mr Pound, a surgeon in Odiham, to obtain a degree “by simple purchase”. Enclosed was a printed circular: “If you wish to become a M.D. without absenting yourself from your professional duties, I can procure you the degree from a Continental University of the highest reputation, on terms more moderate than any hitherto known in this country”. The circular was accompanied by a letter addressed personally to Pound by a Dr H A Caesar, MD, FRCSI. There is no way of knowing how many doctors or dentists actually bought copies of that or similar false diplomas.

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*Professor Stanley Gelbier, HonFFPH, MA, PhD, FDSRCS, DHMSA, DDPH, The Wellcome Trust Centre for the History of Medicine at University College London, 210 Euston Road, London NW1 2BE, UK; e-mail s.gelbier@ucl.ac.uk

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1 ‘Medical annotations: a diploma cheap’, Lancet, 1860, i: 254.
2 ‘The sale of diplomas’, Lancet, 1860, ii: 469–70, p. 469.
This paper examines the establishment of a dental degree by the University of London. In this it was well behind other universities, perhaps because of the close physical proximity of the Royal College of Surgeons of England to the London dental schools.

The Fight for Dental Qualifications

In the mid-nineteenth century, practitioners in a number of different trades endeavoured to raise their standing. Notably, dentists wanted to emulate doctors in their quest to gain professional status, including the acquisition of qualifications. Until that time dentists learned their trade by observation of other practitioners, in some cases by means of formal apprenticeships. However, some of them wanted better training and knowledge.

In their search for qualifications a few dentists studied at American dental schools. In 1879, the first United Kingdom Dentists’ Register listed two practitioners out of 5289 with an American degree: one a Doctorate in Dental Medicine (DDM) from Harvard University, the other a Doctorate in Dental Surgery (DDS) from the University of Michigan.3 By 1889, ten of the 4890 registered dentists had such a qualification: five had a DDM, Harvard; and five a DDS, Michigan.4

Meanwhile, there were attempts to establish formal training and qualifications in Britain, an achievement not easily gained. The trials and tribulations of dentists seeking a professional diploma are well chronicled.5 In the mid-1800s there were two major groups: the Odontological Society of London (known as the Odontologicals) and the rival College of Dentists of England. The Odontological Society was founded on 10 November 1856. Its members, mainly surgeons practising dentistry in London, wanted dental surgery to be a specialty of surgery. The rival College of Dentists of England, on the other hand, was formed on the following day by practitioners who were mostly based in the provinces. They wanted dentistry to be totally separate from surgery.6

The Odontologicals wanted the Royal College of Surgeons of England to establish a dental diploma as a sub-surgical qualification. The College indicated on a number of occasions that it would like to help but its Charter precluded such action. The College of Dentists developed its own dental diploma but this never gained recognition.7 A power struggle between the two groups continued until the Royal College of Surgeons was granted a new Royal Charter in 1859 following passage of the 1858 Medical Act. Amongst its provisions was the power to establish a dental qualification. As a result, the embryonic dental profession gained in 1860 its first British qualification—the Licence in Dental Surgery.

3 General Medical Council, Dentists’ Register, London, GMC, 1879, p. 4.
4 General Medical Council, Dentists’ Register, London, GMC, 1889, p. 23.
5 See Alfred Hill, The history of the reform movement in the dental profession in Great Britain, London, Trübner, 1877; N David Richards, ‘Dentistry in England in the 1840s: the first indications of a movement towards professionalization’, Med. Hist., 1968, 12: 137–52; idem, ‘The dental profession in the 1860s’, in F N L Poynter (ed.) Medicine and science in the 1860s, London, Wellcome Institute of the History of Medicine, 1968, pp. 267–88.
6 This is how North American dentistry developed—i.e. separate from physicians or surgeons.
7 This consisted of Membership of the College of Dental Surgeons, which was never recognized by the General Medical Council and thus could not be entered against people’s names in the Dentists’ Register.
Surgery (LDS) of the Royal College of Surgeons of England. Later, the royal surgical colleges in Edinburgh, Glasgow and Ireland (Dublin) also introduced dental diplomas.

To instruct students for its diploma, the College of Dentists founded the Metropolitan School of Dental Science. Four days earlier, however, the Odontologicals had opened the doors of the Dental Hospital of London, while the College failed to make adequate arrangements for clinical experience until 1861, when it opened the National Dental Hospital in London’s Tottenham Court Road. Before then, some clinical experience was provided for students at the dental practice of the Westminster Dispensary in Soho.

The Royal Dental Hospital of London

The Dental Hospital of London was founded by the Odontological Society of London on 1 December 1858 at 32 Soho Square. The London School of Dental Surgery was opened as part of the hospital on 1 October 1859, shortly after a successful appeal by the Society to the Royal College of Surgeons of England and to Parliament for establishment of an LDS diploma. It was the first British dental school and the first LDS final examinations were sat on 13, 14 and 20 March 1860, when forty-three practitioners were awarded the qualification.

Once the Royal College of Surgeons instituted the LDS, the College of Dentists no longer had a purpose. It merged with the Odontological Society on 4 May 1863 to form the Odontological Society of Great Britain. Both the National Dental Hospital and the Dental Hospital of London and their associated schools remained.

The Dental Hospital of London and its school attracted many patients as well as students. As a result it outgrew the accommodation. On 12 March 1874, the Hospital moved to larger premises at 40 Leicester Square; and in March 1901 to an even larger building, at 32–39 Leicester Square, where it remained until closure in 1985. In 1901, King Edward VII became its patron and conferred upon it the title Royal Dental Hospital. RDH became the colloquial joint title of the hospital and school. At that stage the Odontological Society severed its official connection with them as it was no longer willing to continue to support them financially. They then became charitable institutions.

For many years the staff of the Dental Hospital of London stayed particularly close to the Royal College of Surgeons and were very influential in its affairs. This close relationship affected their behaviour when the possibility of London University awarding degrees in dentistry came to the fore. The University awarded the degree of Bachelor of Medicine (MB) to medical students from 1836, but it was many years before dentistry followed with a Bachelor of Dentistry (BDS) degree in 1921. Geographic proximity to the Royal College

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8 N David Richards has written much about this period in the history of dentistry. See, for example, note 5 above.
9 J A Donaldson, The National Dental Hospital, 1859–1914, London, British Dental Journal Publications, 1992, p. 10.
10 E Smith and B Cottell, A history of the Royal Dental Hospital and School of Dental Surgery, 1858–1985, London, Athlone Press, 1997, p. 4.
11 They are all listed in ‘Royal College of Surgeons’, Br. J. Dent. Sci., 1860, 3: 245–6, p. 246, reprinted from The Times, 15 Mar. 1860.
12 In 1907 this became the Odontological Section of the Royal Society of Medicine.
13 Smith and Cottell, op. cit., note 10 above, p. 29. It merged in June 1983 with the Dental School of Guy’s Hospital and finally closed its doors in 1985.
was a principal reason behind this delay, but in addition, many dental school staff and other supporters of an LDS rather than a BDS as the prime dental qualification, had surgical as well as dental qualifications: their primary allegiance, it seems, was to the Royal College.

The Registration of Dentists

As increasing numbers of dentists gained diplomas from the surgical colleges there was an attempt to restrict dental practice to qualified persons. Publication of the first Dentists’ Register in 1879 followed on the 1878 Dentists Act, the first of its kind. The Register was initially meant to be open only to qualified dentists but others who could demonstrate they were already in practice at the time were also admitted to the list as had been the case with the Medical Register. It was hoped that once the Register was established then non-registered dentists would be banned from practice. However, this restriction was not achieved until 1921, when a parliamentary act made dentistry into a “closed” profession. Since then only registered dentists can practice, a status which has never been gained by orthodox medical practitioners as defined by the Medical Register. The only people who can gain entry to the Dentists’ Register remain those with a degree or diploma in dentistry.

Universities and Degrees in Dentistry

Social and economic change in the later eighteenth century brought as a corollary a new interest in adult and self education. The wealth created by industrialization, urbanization and the growth of trade enabled the establishment of new institutions for these purposes, notably by proud provincial city councils. From 1823, “Mechanics Institutes”, initiated in Scotland by George Birkbeck, spread through industrial England. Meanwhile the universities were seeking to integrate the training of the new professional classes, including doctors, into their remit. By the end of the nineteenth century the universities were showing an increasing interest in dental training. By 1904, Birmingham and Dublin had agreed regulations for undergraduate degrees whilst allowing students the option of taking the LDS examination. Provincial dentists and academics were supportive of their universities, being largely removed from direct contact with the surgical colleges, unlike London dentists. In 1906, Birmingham awarded the first Bachelor of Dental Surgery (BDS) degrees, to Harold Round and John Dencer Whittles. By then, Leeds had also agreed on regulations. In that year, Scottish dentists were discussing not “whether such a course is desirable, but what precise form their degrees shall take”. The general opinion was that it should be “a B.Sc., highly specialised with dental subjects”. However, attention was directed not only towards undergraduate degrees. In 1901, John Humphreys, LDS (Irl) and Frank Earle Huxley, MRCS, LDS (Edin) had bestowed on them by Birmingham University an honorary postgraduate degree of Master of Dental Surgery (MDS). Humphreys and Huxley represented the academic and hospital sides of the school respectively. Humphreys was the prime mover in establishing a BDS, along with Huxley and

14 G G Campion, Letter to Editor: ‘University degrees’, Br. Dent. J., 1904, 25: 269–71, p. 270.
15 R Cohen, ‘John and Humphrey Humphreys of the dental school’, Aesculapius, 1983, 3: 98–101, p. 98.
B C A Windle, the Dean of the medical school. There were however those, “notably in London”, who felt that the status of the Royal College diploma might suffer as a consequence.16 Having invested so much time and energy on establishing the LDS the Londoners were not yet ready to give it up.

A major question was whether university degrees should be recorded in the Dentists' Register as a primary qualification or only as an additional qualification, usually to the LDS. In 1902, the General Medical Council (GMC),17 which was responsible for the registration of dentists as well as doctors, adopted a motion proposed by Thomas Bryant, chairman of the GMC’s Dental Education and Examinations Committee.18 Seconded by Charles Tomes,19 the motion asked Council to make an order for registration of the proposed Birmingham BDS in the Register as an additional diploma granted in respect of a higher degree of knowledge than required for a certificate of fitness under the 1878 Dentists Act.20

By 1906, 2468 (53 per cent) of registered dentists possessed an LDS. In addition, sixteen had a surgical qualification, nine had a DDM from Harvard, and twelve a DDS from Michigan.21 Importantly, in that year the following qualifications were registrable: BDS and MDS from Birmingham and the Victoria University, Manchester, as well as an MDS from Dublin. By 1907 the Liverpool BDS and MDS were also recognized.

In 1922, an British Dental Journal editorial claimed that although there had been “previous preliminary rumblings”, the first articulate statement on dental degrees was contained in a paper read by George Goring Campion, LDS, at the 1890 annual meeting of the British Dental Association (BDA) in Exeter.22 Campion, however, was not in favour of a university degree, but supported a longer curriculum and a more stringent examination than required for a pass standard diploma.23 He was thus fighting to raise educational standards rather than claiming that dental surgery should become associated with a university.

The first suggestion of an actual degree in dentistry was probably outlined in the Dental Record in 1886. Having considered various proposals from the Royal College of Surgeons of England and the Incorporated Law Society, an editorial questioned if the interests of the dental profession could be advanced by dental education and examination being embraced by the newly proposed University of London. It was being claimed that a university degree would carry with it benefits to the students, patients and the professions of medicine and surgery. Thus, the editorial asked: “is it not reasonable to suppose that Dentists and the Dental Profession would likewise be benefited if embraced by the scheme?” It asserted that what was good for “two members of a family will, caeteris paribus, be good for a third

16 Idem, The history of the Birmingham Dental Hospital and Dental School, 1858–1958, Birmingham, Board of Governors of the United Birmingham Hospitals, 1958, p. 27.
17 Initially its title was the General Council of Medical Education and Registration. This was changed to the General Medical Council in 1951.
18 A representative of the Royal College of Surgeons of England.
19 Charles Sissmore Tomes, FRS, was appointed in May 1898 as the first dentist-member of the GMC after nomination by the Queen on the advice of the Privy Council.
20 ‘Annotations’, J. Br. Dent. Assoc., 1902, 23: 468.
21 General Medical Council, Dentists' Register, London, GMC, 1906, p. 22.
22 Editorial, ‘The B.D.S. of the University of London’, Br. Dent. J., 1922, 43: 161–4, p. 161.
23 G G Campion, ‘The need for a higher qualification in dentistry’, J. Br. Dent. Assoc., 1890, 11: 565–78.
member’’, all being sections of the same parent science. It suggested representations should be made to the Association for Promoting a Teaching University in London.24

In 1889, W Bowman Macleod and other Scottish dentists tried to get a clause inserted in the Universities (Scotland) Act empowering them to create new degrees. They implored those universities to institute dental degrees without success; perhaps no more than about twenty people were convinced of the need.25 In 1892, Campion was still exchanging letters in the Journal of the British Dental Association with correspondents who regarded the idea as impossible.26 Later, a motion was brought before the BDA’s Representative Board by a Scottish representative advocating that Edinburgh University should obtain powers to grant a dental degree when applying for a revision of its constitution. His motion was not accepted by the Board and no action appears to have been taken at the time.

The 1922 British Dental Journal editorial suggests that the major fight for a dental degree came towards the end of the nineteenth century when the University of London Commission was appointed in 1898 to consider the reorganization of the University.27 The main objective of this paper is to examine the interrelationship between that university and the establishment of degrees relating to dentistry.

A University for London

London was one of many nineteenth-century European capitals to seek a university.28 The University of London differed from others in that it was originally an examining rather than a teaching institution. Responsibility for teaching was left to the individual schools and colleges. In 1825, Henry Brougham introduced legislation in the House of Commons to allow university education at a college in London for students who could not attend one of the ancient universities because of religious or other barriers: he was unsuccessful.29 The poet Thomas Campbell and his associates raised money and became “proprietors” of what they called “the University of London”.30 Two years later in 1827 the foundation stone was laid for a building in Gower Street, which later became the “godless” non-denominational University College. In the spirit of the establishment, the Duke of Wellington and his friends raised money for another college to preserve the doctrines of the Church of England: King’s College opened in 1829. Following intense rivalry between the two colleges, the government in 1835 devised a scheme for a University of London to act as examining body whilst teaching remained a college affair. Its charter was sealed in 1836. The inclusion of faculties of law, engineering and teaching confirmed its role in training for specific professions, copying developments in Germany and Scotland.31 Medicine was added later. From 1854 the University’s MB degree was regarded as a licence to practice;32 a degree in surgery was instituted in 1858.

24 Editorial, ‘A teaching university’, Dental Record, 1886, 6: 42–44, p. 43.
25 Campion, op. cit., note 14 above, pp. 269–70.
26 ‘Correspondence: The higher dental qualification question’, J. Br. Dent. Assoc., 1892, 13: 52–7; 116–19; 181–5.
27 Editorial, op. cit., note 22 above, p. 161.
28 University of London, Calendar, 1974, p. 79.
29 It was mainly non-conformists and secularists barred from Oxford and Cambridge universities who wanted a non-denominational teaching centre.
30 ‘Historical notes’, University of London, Calendar, 1974, p. 80.
31 GM Young, ‘Portrait of an age’, in GM Young (ed.), Early Victorian England 1830–1865, London, Oxford University Press, 1934, vol. 2, pp. 413–502, p. 495.
32 University of London, Calendar, 1974, p. 86.
Dentistry and the University of London

The 1898 University of London Act established a new teaching university. As a result, Commissioners under the chairmanship of Lord Davey were appointed to frame new statutes. The new provisions brought together a number of institutes of higher learning as recognized schools of the university to prepare students for its examinations, including ten medical schools associated with London hospitals. The University gained the right to inspect these facilities. In return, the schools could create chairs and readerships, the holders of which became appointed teachers of the University. The new University’s senate met in October 1900.

The Dental Situation in London

Although colleagues at King’s College Hospital elected Samuel Cartwright, a consultant dental surgeon, to the first UK professorial chair in dental surgery in 1860, no dental degrees were awarded by the University of London for many years, and the King’s College Hospital School of Dentistry did not open its doors until 1923. In this, Britain was well behind America: Baltimore had led the world, establishing the first dental school in 1839. Its students took a one-year course of practical training and clinical practice, but it was not initially related to a university or medical institution. The credit for that development goes to the dental school of Harvard University, in 1867.

The British dental world took little interest in university teaching in London until 1899. The Commissioner Sir Michael Foster was a friend of the eminent dental practitioner George Cunningham, a name which repeatedly occurs in dental history. Foster gave strong support for the concept of a dental degree to be awarded in London. In 1899, Cunningham spoke at the annual BDA meeting in Ipswich. He “gave the impression, rightly or wrongly”, that the London University Commission might recommend a degree in a faculty other than medicine. As a result, even some dentists potentially in favour of a dental degree voted against the idea. Many academic dentists were members of the medical committees of their schools and a number were surgically or medically qualified (see below). Thus, no dental degree was recommended by the Commission.

Cunningham again tried to raise the issue at the Brighton AGM in 1903 but the chairman would not allow it to be discussed. At a meeting of the Association’s Representative Board on 21 November, with Campion (then vice-President of the BDA) in the chair, members were reminded that the following resolution was passed at the AGM:

That as the question of a degree for dentists is at an early date coming before the Senate of the University of London, the Representative Board be requested at its next meeting to consider the advisability of presenting a memorial to the Senate dealing with the question, and to take action thereon.

Conflicting views soon came to the fore. Campion claimed that at Brighton the chairman had ruled that the Board had no power to petition the University. John Henry Badcock,
MRCS, LRCP, LDS, the mover of the original resolution, had come to the same conclusion as the chairman since the Brighton resolution had been carried by only a small majority. He now thought it better to await the next AGM in Aberdeen for further discussion. In moving, Badcock asked the Executive to circulate papers on the subject. Norman Godfrey Bennett, BS, MB, MRCS, LRCP, LDS, seconded the proposal noting that the matter had been inadequately discussed and there was no urgency. Cunningham, however, proposed an amendment to call a special meeting. He argued that the subject had been carefully considered by the BDA branches and the time was ripe for a decision. William Rushton, LDS, asked if the matter was urgent. Badcock was not sure but had an impression that the Senate would soon consider the matter. David Headridge, LDS, then seconded Cunningham’s motion, which was carried by 17 votes to 10.38

Headridge had argued the case for the university degree in the press following the Ipswich meeting in May 1899. He then suggested the moment was so favourable that the opportunity for establishing the degree should not be missed. He thought the view that the BDA had no right to speak on the subject as it concerned only the London schools was “so weak as to be unconvincing and indefensible”. Headridge felt that an important objective of the Association was the maintenance of “the honour and interests of the profession”.39 Further, the Secretary’s report made clear that the Association had inspired the London schools to act; its branches had previously pleaded for action on several occasions. He reminded readers that the provinces supplied many students for the London schools, and observed that the claims for a degree in dentistry are “to any fair-minded arbitrator irresistible, the arguments against it weak and irrelevant”.40 Whilst accepting that LDS students should be stretched to the limit regarding the prime objective of their education—to produce a competent dentist—he suggested that the value of a degree is different: it should bestow a wider, more scholastic, more scientific education, one possibly more philosophic in its grasp and consideration of the subject.

The BDA held an Extraordinary Special Meeting to consider a degree in dentistry in London on 23 January 1904. The British Dental Journal found it memorable on account of the large attendance and high standard of debate. However, a motion in favour of a degree moved by Badcock was defeated. The BDA members still felt unable to support the concept.41

Nevertheless, the University of London had already instituted a Board of Studies in Dentistry and some teachers were recognized. The Board first met in January 1901.42 By then, there were three dental schools in London—at the (later Royal) Dental Hospital of London, the National Dental Hospital43 and Guy’s Dental Hospital.44 The Dental Hospital

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38 Ibid., pp. 807–8.
39 David Headridge, letter to the editor, ‘Degrees in dentistry—to be or not to be, that is the question’, J. Br. Dent. Assoc., 1899, 20: 316–18, p. 316.
40 Ibid., p. 317.
41 Br Dent. J., 1904, 25: 91–131.
42 University of London (hereafter UL), AC8/16/1/1, University of London Board of Studies in Dentistry, Attendance and Minute Book, 31 January 1901, p. 1.
43 Amalgamated with University College Medical School in 1914.
44 Dental education at Guy’s Hospital began in 1799 when Joseph Fox gave a series of lectures on dental surgery. He was the first dental surgeon on the staff at Guy’s, possibly the first such appointment at any UK general hospital. See M N Naylor, One hundred years of dental education at Guy’s, London, United Medical and Dental Schools of Guy’s and St Thomas’, 1990, p. 1. Guy’s dental school opened on 7 Feb. 1889.
of London had made suggestions to the Commissioners about a degree even before the Board was established. This hospital and its successor played a leading role in the campaigns for recognition of dentistry as a university discipline, for recognition as a school of the University, for the establishment of a University Board of Studies in Dentistry, and for the introduction of a dental degree in London.

In March 1899, William Bromfield Paterson, FRCS, LDS, a member of the staff of the Dental Hospital of London and St Bartholomew’s Hospital, as well as honorary secretary of the BDA, gave notice to fellow members of the Dental Hospital’s Medical Committee that at their next meeting he would propose:

that it is desirable that the Dental Schools of the Metropolis approach the London University Commission with a view to obtaining some definite recognition under any scheme that might ultimately be drawn up by the Commissioners for the reconstitution of the University.45

The staff at the special meeting convened on 7 April 1899, Messrs Smale (the Dean), Barrett, Bennett, Densham, Dolamore, Gabell, Morley, Paterson, Lloyd-Williams and Woodruff, discussed the desirability of establishing a dental degree. Smale was authorized to send a memorial or petition to the Commission after showing it to the Deans of the National Dental and Guy’s hospitals.46 The petition pointed out “the strong opinion . . . in influential quarters of the Dental Profession in London” that dentists should have definite recognition in the reconstituted university. It noted that dentistry, unlike any other branch of medicine or surgery, already had a definite status from the state: a special qualification in dentistry was required for registration; there was a register which listed solely dentists and a separate one for all physicians and surgeons; and there were specific schools of dentistry “established for the purpose of educating Students for entrance to the Dental Profession, erected and fully equipped at considerable expense”. More important, there were separate diplomas granted by the surgical corporations in England, Ireland and Scotland “to those who desire to practice dentistry”.47 However, there were no university dental degrees, even though there were degrees in medicine and surgery in addition to the licences or diplomas awarded by several medical and surgical corporations. The petition suggested that an equal privilege should be granted to dental students. It did not point out that in 1899 most dental practitioners had no qualification at all.48

The petition suggested three possible courses of action by the university: “constitution of a Faculty of Dental Surgery; establishment of a Dental Department within the Medical Faculty; and recognition of the Dental Schools as Colleges of the University”. The Dental Hospital of London doubted if there would be enough dental students to justify a separate faculty. Nor was it desirable to separate the profession from the Faculty of Medicine.

45 London Metropolitan Archives (hereafter LMA), H42/RD/A/03 003, Dental Hospital of London Medical Committee, Minute Book 1899 Jan.–1901 Dec., 23 Mar. 1899, pp. 62–5, on p. 64.
46 Ibid., 7 Apr. 1899, pp. 66–9.
47 Ibid., pp. 67–9, on p. 67. This also appears in UL, AC1/1/3, University of London Academic Council, Minute Book, 1902–1903, as ‘Memorial and recommendations from the Staff and Teachers of the Dental Hospital of London and the National Dental Hospital to the University of London’, March 1899, pp. 36–7, on p. 36. These pages are also bound into UL, Board of Dentistry, Attendance and Minute Book, AC8/16/1/1 between pages 9 and 10.
48 The 1899 Dentists’ Register indicates that only 1701 of the 4966 registered practitioners held a British qualification. There were also 24 with American and 2 with Australian qualifications. However, many dentists were not even registered.
Dentists, it pointed out, realized that, although recognized by the state as an independent profession, dentistry was “merely a branch of the Medical and Surgical Profession”. As far as possible the surgical colleges and the teachers of dental students made the examination subjects the same as for medical and surgical degrees and diplomas, including anatomy, chemistry, materia medica, medicine, pathology, physiology and surgery. The petition pointed out that many dental students additionally took medical and surgical diplomas, evidence that dentistry was considered as part of the medical and surgical professions.49

The petition stressed that recognition of dental schools would be of little use without provision for an examination leading to a degree specially adapted to dental students. It emphasized that dental students should pass the same matriculation, preliminary scientific and first MB examinations as did medical students, only then should they be allowed to take a special examination in surgery and dental surgery for the degree of “Bachelor of Surgery (BS) in the Dental Department”. It suggested a special course of study involving a high standard of general surgery but trading off the special dental subjects against topics such as “Public Health, Lunacy, Infectious Diseases, etc.”, which were more relevant to the MB. The petitioners held strongly that the practice of dentistry was more in keeping with a surgical than a medical degree. Nevertheless, the special BS should not entitle its holder to register as a surgeon; only to registration in the Dentists’ Register to indicate the attainment of a high standard in dental surgery.50

Morton Alfred Smale, MRCS, LSA, LDS, Dean of the London School of Dental Surgery, signed the main petition. Unanimous support from staff of the National Dental Hospital was signalled by Peter Sidney Spokes, MRCS, LDS, their Dean. However, Lauriston Shaw, MRCS, the medical Dean of Guy’s Hospital Medical School, did not endorse the petition. He said it was a subject which the Guy’s Dental Council “could not take action on without submitting it to the whole Medical School Committee”.51 One wonders why he did not do so. It clearly invoked confusion.

Not surprisingly, the secretary to the Commissioners, replied: “From a perusal of the Petition, I gather, contrary to the impression which I received from your letter of the 24th March, that no application is made for the recognition of these Dental Schools as Schools of the University”.52 His letter was considered by the Dental Hospital’s Medical Committee in the following week.53 Within two days a letter to the Commissioners sought recognition of the London School of Dental Surgery as a school of the University for teaching dental surgery, dental anatomy, dental mechanics and dental metallurgy. In addition to the lecturers in these subjects, the teaching of practical dental surgery was to be conducted by dental surgeons attached to the hospital. The School asked for the following lecturers to be recognized as teachers of their special subjects: in dental anatomy, Charles S Tomes, MA Oxon, FRS, FRCS, LDS; dental surgery and pathology, William Hern, MRCS, LDS;

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49 UL, AC1/1/3 University of London Academic Council, ‘Memorandum and recommendations’, op. cit., note 47 above, p. 37.

50 Ibid., p. 37.

51 LMA, H42/RD/A/03 003, Dental Hospital of London Medical Committee, Minute Book 1899 Jan.–1901 Dec., 27 April 1899, p. 74.

52 Ibid., Bailey Saunders, Secretary to the London University Commissioners, Letter to Morton Smale, 18 April 1899, pp. 75–6, on p. 76.

53 Ibid., pp. 75–6.
dental mechanics, E Lloyd-Williams, LRCP, MRCS, LSA, LDS; and dental metallurgy, Forster Morley, MA, DSc. Smale enclosed a syllabus to show the scope of the eighteen lectures in each subject. The dental report was referred by the Commissioners to a sub-committee on science and medicine.

Smale’s view was that, whilst the University recognition of dentistry was desirable, the establishment of another diploma might be a mixed blessing. In a letter to the Journal of the British Dental Association, he referred approvingly to the presidential address delivered by John Howard Mummery, MRCS, LDS, to the AGM of the BDA at Ipswich on 20 May 1899. Mummery had said:

I am one of those who are of opinion that our own branch should not be different from any other special branch of medicine, but rank with those special branches, and I hope the day may not be far distant when it shall be the ambition of every dentist to obtain a diploma in surgery in addition to the L.D.S.

It is no surprise that Mummery possessed a surgical as well as a dental qualification. At the same meeting, the question of an ordinary degree in dentistry in London was raised by Cunningham. Although he did not possess a British dental degree, he did have a DDM from Harvard in addition to a Cambridge MA. The pressure to maintain the integration with medicine remained strong.

The BDA suggested in 1899 that because of “the nebulous condition of the New University of London”, the Association could do no “more than direct the attention of the dental schools of the Metropolis to the desirability of securing recognition in the Medical Faculty”. Seen as largely a metropolitan issue, the BDA’s Business Committee had refrained from doing any more. But by 1901, dentistry had gained some recognition from the University.

Board of Studies in Dentistry of the University of London

Members of the new Board of Studies in Dentistry nominated by the University were Rickman John Godlee, BA, MB, MS, FRCS, Charles Sissmore Tomes, FRS, MA, FRCS, LDS, Peter Sidney Spokes, MRCS, LDS, William Adolphus Maggs, MRCS, MRCP, LSA, LDS, John Henry Badcock, MRCS, LRCP, LDS, Morton Smale, MRCS, LSA, LDS, William Hern, MRCS, LDS and William Bromfield Paterson, FRCS, LDS. The Board first met on 31 January 1901. Only Smale and Maggs attended but letters from the others apologized for previous engagements. Smale was acting chairman.

The meeting resumed on 8 February. Present were Tomes, Maggs, Smale, Spokes, Paterson and Hern. Spokes proposed, Hern seconded and all agreed that Tomes be elected chairman. Hern became Honorary Secretary. It was proposed by Smale and seconded by Maggs that “any scheme for a Dental Curriculum must . . . embrace some portions of [the]
medical and surgical studies prescribed for medical students”. However, they felt it was premature to recommend a scheme for dental students until the Faculty of Medicine decided on courses of education and examinations for medical students.59

At a meeting on 7 November attended by Tomes, Godlee, Spokes, Maggs, Paterson, Smale, Hern and Badcock, the Board resolved that it was undesirable to have a separate entrance examination for each faculty. Common to all should be the study of Latin, English and mathematics; plus either Greek, French, German, Arabic, Sanskrit or a science. However, a single matriculation examination for all faculties in which Latin was not compulsory would be unacceptable to the Board, in which case a separate examination for each faculty would be preferable. The Board recommended that suitable alternatives for the matriculation examination be accepted by the university.60

On 28 February 1902, Maggs proposed, Hern seconded and the Board agreed to recommend that the University grant a degree in dentistry. However, there was a subsequent resolution proposed by Paterson and seconded by Spokes “that no recommendation be made to the Senate unless accompanied by a scheme”.61 The chairman was asked to obtain the Senate’s opinion on whether the principle of a scheme which had been suggested by Smale was possible. On 23 June, Godlee was elected chairman.62 The secretary reported that no reply had been received from the University other than acknowledgement of receipt of the Board’s letter. The Board agreed that both Smale’s scheme for a degree in dentistry and a second one from Badcock should be circulated to the members.

On 7 July, the Board resolved by 4 votes to 3 that its Scheme and Preamble should be sent to the Academic Council as a recommendation for a Degree of Master in Dental Surgery, i.e. for a postgraduate rather than an undergraduate degree. Their letter stated that a minority report suggesting an alternative scheme was being prepared and would be forwarded to the Council as soon as possible.63 The schemes were as follows.

Preamble and Scheme for MDS Degree

Preamble

The Board stated its belief that an LDS from a royal surgical college was sufficient for registration in the Dentists’ Register. Further, it was undesirable for the University to compete with those colleges or provincial universities which proposed to establish qualifying dental degrees. The Board felt that to establish a doctorate of dental surgery would be a mistake. It would prefer no dental degree rather than one which separated dentistry from medicine. Thus, similar regulations should exist for dentistry as for all other medical specialties. Establishment of a dental qualification not supplemental to a medical degree did not meet with its approval so the MB BS should be required of all candidates.64

59 Ibid., 8 February 1901, p. 2.
60 Ibid., 7 November 1901, pp. 4–5.
61 Ibid., 28 February 1902, p. 6.
62 Ibid., 23 June 1902, p. 8. An assistant surgeon at Charing Cross Hospital, Godlee had no dental qualification listed in the Dentists’ Register or Medical Directory.
63 The texts of these schemes are in UL, AC1/1/3, University of London Academic Council, Minute Book, 1902–1903, pp. 31–7. Copies of these pages are also bound into UL, AC8/16/1/1, University of London Board of Dentistry, Attendance and Minute Book, between pages 9 and 10.
64 ‘Scheme and Preamble’, ibid., p. 31.
The Board stressed that any dental degree must be of a very high standard and should strengthen the union with medicine. As the LDS “provides all that is necessary in the matters of Curriculum and Examination for the ordinary Dental Practitioner”, any new degree should be one likely to be taken by those seeking to be teachers of dental surgery. In future, some medical graduates and students would devote themselves to dentistry, so the teachers should be their equals in general and medical education. The Board mentioned that diseases of women, hygiene, lunacy, febrile and skin diseases were unlikely to enter the practice of dentistry. However, a dental surgeon of high standing should be able to diagnose cases in these categories if consulted in private or hospital practice, in the same way that it was advantageous for a physician or surgeon to recognize such cases and refer them for treatment. The required knowledge of anatomy, physiology, medicine, surgery and pathology should be identical for doctors and dentists if either sought a hospital appointment where medical and dental teaching were carried on. However, dentists should also possess some special knowledge.65

The Board recognized that the length and cost of study would be considerable but felt that dentists so educated would, in every sense of the word, be better practitioners. As members of the medical profession they would be better able to give valuable advice to patients with general disease arising from dental or other oral lesions. It also considered that a three-year course of instruction at a dental school would give the holder of the degree a more thorough knowledge of dental surgery than could possibly be obtained in a two-year course. Although few candidates would initially present themselves for the degree, this would change as dentistry advanced “in public estimation”.66

The Board believed that the dental profession, the medical profession and the public would benefit from such a degree. The dental profession, for the first time in its history, would take its rightful place in relation to medicine and surgery. The degree would ensure that both the foundations and superstructure of dental education were set down and secured. This would do more to raise the status of dentistry than anything yet accomplished. The medical profession would benefit because its members would know where to seek advice of value in cases of dental disease causing medical or surgical trouble. Finally, the public would benefit because there would be a class of dental practitioners able to advise them on dental questions with both general and special knowledge.67

**Scheme for Master in Dental Surgery**

It was suggested that every candidate for the postgraduate degree of MDS should first pass the examinations for the MB BS; have three years practical study of dental surgery in a dental hospital or dental department of a general hospital recognized by the University; and receive instruction in dental anatomy, dental surgery, dental mechanics, dental metallurgy, dental histology and dental bacteriology. Finally, there should be a certificate “of moral character signed by two persons of respectability”. The suggested fee was £21.68 Every candidate with an LDS as well as the MB BS should be required to produce evidence of an additional year’s practical study of dental surgery at a recognized dental hospital or dental

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65 Ibid., pp. 31–2.
66 Ibid., p. 32.
67 Ibid., p. 32.
68 Ibid., p. 32.
department of a general hospital. Examination was to be by printed papers, vivas, the
performance of operations in dental surgery and tests in mechanical dentistry on models or
in patients’ mouths. Any candidate could submit a printed dissertation or commentary
treating scientifically some special aspects of dental science “embodying the result of
independent research or showing evidence of his own work, whether based on the dis-
covery of new facts observed by himself or of new relations of facts observed by others, or
generally tending to the advancement of Dental Science”. If the dissertation was approved
by the examiners the candidate would be exempt from parts of the written examination
agreed by the examiners.69

Minority Report of the Board of Studies

A minority report signed by Paterson and Badcock was submitted in August 1902. In
addition, Godlee stated: “I am in agreement with the general principle of this report and of
the appended scheme, but am not competent to express an opinion as to the details of the
dental parts of the curriculum and examinations”.70 Paterson and Badcock drew attention
to the memorial and recommendation from the teachers of the Dental Hospital of London
sent to the University of London Commissioners in March 1899.71 With the spirit of that
memorial and the scheme of education suggested therein they indicated their full accord
except on the title of the degree (i.e. BDS in the dental department). They pointed out that,
if adopted, the proposal from the Board of Medical Studies that the BDS should not be
granted separately from the MB would render implementation impossible. They could not
agree with the majority report on the need for the MB BS as a prior requirement for a dental
degree. Dentistry was a specialty of surgery so distinct in character that it demanded a
special dental degree for the following reasons:

Although the science of Surgery underlying Dentistry is common to all Surgery, the art of Dentistry
is essentially different from that of Surgery, and requires a manual training and technical
knowledge of the materials used in the art, which renders Dentistry a speciality of a very distinct
order.

The Dental Profession, unlike any other branch of Medicine and Surgery, has been given by the
State a definite and distinct status, inasmuch as it requires of it special Diplomas registrable in the
special register.

There are separate and distinct Diplomas granted by the Surgical Corporations of England,
Scotland and Ireland for those who desire to practice Dentistry.

There are separate and distinct schools of Dentistry recognized by the University of London.72

Importantly, they objected to the inclusion of the MB BS as part of the curriculum for a
dental degree because it was unreasonable to demand a larger curriculum for the practice of
dentistry than for the practice of general medicine.

Such a curriculum would be so exacting that it would afford no possibility of that continual practice
of Dental operations which is so eminently necessary for the attainment and maintenance of the
highest manipulative skill…. except in the case of a Teaching appointment on the Staff of a
General Hospital the purely medical subjects of the curriculum would be useless to a practising

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69 Ibid., p. 33.
70 ‘Minority Report’, ibid., pp. 33–6, on p. 36.
71 Ibid., p. 33.
72 Ibid., p. 34.
Dentistry and the University of London

Dentist, and would add nothing to his efficiency as a Dentist. We do not regard it as the province of a dentist “to give advice in cases of general disease”.73

They continued:

The time and expense involved would form an effectual bar to all but a very small minority, indeed we believe that the number of candidates for a degree on such conditions would be so small as to make its establishment not only impracticable but undesirable as affording merely a distinction for the few and failing to advance the education of the many.

At the present time there is no teaching provided in London for those wishing to pursue their studies in Dentistry further than the Standard of the L.D.S. Diploma of the Royal College of Surgeons. A small percentage of students, after taking the diploma of L.D.S., proceed to the M.R.C.S., L.R.C.P., but it is felt that while excellent in itself this Diploma does not stamp its holder as a better Dentist qua Dentist, while the Medical studies involved frequently oblige him to entirely give up operative Dental work for long periods to the detriment of manipulative skill. Were such teaching provided, we believe that it would be welcomed not only by students ambitious to be teachers, but by all those desiring to gain the highest knowledge of their own speciality, and to attain distinction therein.74

It appeared to the minority group that dental and medical students should equally be granted the privilege of obtaining a university degree “to stamp them in the eyes of the profession and of the public as men of exceptional attainments”.75 They pointed out that Birmingham had already established a dental degree of a high standard, and that the Victoria University, Manchester, had agreed a scheme for a degree. It was fairly certain that, should the formation of the universities of Manchester, Liverpool and Yorkshire take place, they would grant similar degrees.

Although the establishment of a degree in London would add another point of entry to the profession, it would not compete with the Royal College of Surgeons: most students would take the LDS at the end of the fourth year rather than wait until they obtained their degree two years later. The group thus recommended the establishment of a dental degree on the lines indicated. Until the subjects of the examinations for the preliminary scientific, the intermediate and the MB BS were settled they could not recommend a final detailed scheme for dentistry, but that could be arranged once the important principle of the inclusion of the MB BS as one requirement for the dental candidates had been decided. Meanwhile, they submitted their draft scheme for an undergraduate curriculum serving the needs of the profession and what they called “the dignity of the University of London” (see Table 1).76

The examination was to consist of two parts: general and dental. The general part should be identical with the examinations in surgery and pathology for the MB BS. Candidates for the MB BS already holding the BDS, and candidates for the BDS already holding the MB BS, should be exempt from surgery and pathology examinations.77

Postgraduate Master of Dental Surgery Degree

The Minority Report stated that any graduate who had obtained the dental surgery degree not less than one year previously could submit a thesis treating scientifically a

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73 Ibid., p. 34.
74 Ibid., p. 34.
75 Ibid., p. 34.
76 Ibid., pp. 34–5.
77 Ibid., pp. 35–6.
special aspect of dental science based on the same lines as that set out in the Scheme for MDS degree. He should also present evidence of having been engaged for twelve months in the practice of dentistry at a recognized dental hospital or dental department of a general hospital, or for two years in private practice. In the event of this thesis being approved by the examiners the writer would be granted the MDS.78

Discussion of the Schemes

On 23 July 1902 the Board of Studies had stated that as the question of a degree in dentistry in the University had not been settled, it was premature for it to consider the proposed regulations as to the appointment of persons and dates of examinations.79 Both schemes were considered by the Academic Council on 20 October 1902.80 As the Dental Board had not made a specific proposal, no decision was made. The University’s Faculty of Medicine met on 22 May 1903 with the Dean, H T Butlin, DCL, FRCS, LRCP, in the chair. It considered both schemes from the Dental Board, as well as the original 1899 petition to the University Commissioners. A proposal was moved by Badcock and seconded by Lauriston Shaw: “that it is desirable that the University of London should institute a degree in Dentistry”. An amendment was moved by Smale and seconded by Maggs that: “after consideration of the Report of the Board of Studies in Dentistry, the Faculty of Medicine is of opinion that it is not desirable at present to establish special degrees in special departments of medicine and surgery”. The amended motion was carried by 16 votes to 13, so the introduction of a dental degree was again defeated.81

78 Ibid., p. 36.
79 UL, AC8/16/1/1, University of London Board of Studies in Dentistry, Attendance and Minute Book, 23 July 1902, p. 12.
80 UL, AC1/1/3, University of London Academic Council, Minute Book, 1902–1903, 20 Oct. 1902, pp. 31–7.
81 UL, AC5/5/1, Faculty of Medicine, Minute Book, 1900–1938, pp. 85–6; ‘Miscellanea: University of London: Faculty of Medicine’, Br. Dent. J., 1903, 24: 423–4.
In a signed editorial in the *British Dental Journal* of November 1903, Norman Bennett deplored the “tendency to imitate the mistakes of the medical profession in multiplying the number of qualifying diplomas”.82 He felt it confused the minds of a public who had “neither the time nor the curiosity to appreciate differences so obvious to ourselves”. On the other hand, he recognized the trends towards localized establishments in large provincial cities and the generosity of local benefactors who wanted to advance their own cities’ association with the development of provincial universities. Almost insultingly, Bennett stated that although such universities were doing “splendid work”, their influence was mainly local.83 He went on: “we look to the reconstituted University of London to maintain those high standards for which it has always been famous, and to grant only those degrees which, at least as regards stringency of examination, shall be recognised throughout the Empire as the best of their kind”.84 Bennett discussed various aspects of the potential syllabus. He said that whilst there was general agreement on the need for learning general pathology at the same level as did medical students, there were different views about medicine, surgery and midwifery. Whilst these differences existed, the university was unlikely to institute a dental degree. He felt that the time spent on some aspects of the medical course could be better spent on specifically dental topics.85

Finally, on 11 January 1909, with Messrs A Pearce Gould (in the chair), Bennett, J F Colyer, Kenneth W Goadby, E Lloyd-Williams, Maggs, Mummery, Spokes and Underwood present, the Board recommended that the University should grant a degree of Master of Surgery (MS) in Dental Surgery; but only to dentists who already possessed the MB BS; had spent three years in the study of dental surgery at a recognized teaching institute (at least one of which should be subsequent to obtaining the MB BS) and held a resident or non-resident surgical appointment for six months at a dental hospital. There should be five written papers, an essay and four practical examinations. However, presentation of a satisfactory thesis could gain exemption from one or more of these examinations.86

The MS “in dentistry” was instituted in that year. It enabled the dental schools to be recognized as schools of the University, but the students needed first the MB BS. Only one person ever gained that dental degree: William George Cross, in 1948, a few months before the qualification was withdrawn.

The discussion about a qualification went on for years, with enough opponents to prevent progress. As pointed out in the *British Dental Journal*, by 1920 the connection between dental surgery and the University of London was still not very close. Resorting to sarcasm, the journal reminded readers that there was a Board of Studies in Dentistry: ... which wakes from time to time to discuss closer union. But it relapses into somnolence. Then, year in and year out, it only moves to re-nominate itself for a further period of existence, in dreamland. Many are well content with this. But it cannot be called a glorious existence.87

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82 Norman G Bennett, ‘Editorial: Problems in dental education. II — An imperial degree in dentistry’, Br. Dent. J., 1903, 24: 737–41, p. 737.
83 Ibid., pp. 737–8.
84 Ibid., p. 739.
85 Ibid., pp. 738–40.
86 UL, AC8/16/1/1, University of London Board of Studies in Dentistry, Minute Book, 11 January 1909, p. 42.
87 ‘Notes: Dentistry and London University’, Br. Dent. J., 1920, 41: 1028–9, p. 1028.
However, the journal blamed the Association for that state of affairs. It was the BDA which objected to a degree which “might possibly have been a workable proposition” and voted instead in favour of the London MS degree. It pointed out that by 1920 no one had taken that degree.\footnote{Indeed, no one did until 1948, when William G Cross gained the sole MS in Dental Surgery.} The journal reminded readers that provincial members had ignored the Association’s views and had founded degrees in connection with their universities. It stated that the University of London was waking up, “at least to the extent of considering the raising of its fees for its examinations”.\footnote{‘Notes’, op. cit., note 87 above, p. 1029.}

By 1920, degrees of Bachelor and Master of Dental Surgery were being awarded by the universities of Birmingham, Bristol, Dublin (post-BA), Leeds, Liverpool, Manchester and the National University of Ireland (at Cork). London still only awarded the MS degree.\footnote{‘Educational supplement: Universities granting degrees or diplomas in dentistry’, \textit{Br. Dent. J.}, 1920, 41: 791–2.}

Things then started to move. In 1921, Sir Sydney Russell Wells, London University’s vice-chancellor, discussed some new developments with a \textit{Times} correspondent. The latter wrote: “The new Dentists Act, which has passed through Parliament, and the widespread interest which is being taken in raising the standard of dentistry in this country, gives an added importance to the new degree in dental surgery”.\footnote{Quoted in ‘Notes: The new London dental degree’, \textit{Br. Dent. J.}, 1921, 42: 970.} He stated that regulations for the new degree would be issued shortly, but Sir Sydney believed “it already promises to become the most important qualification for dental practice obtainable in this country”. The \textit{British Dental Journal} meanwhile felt that the new degree would be of great value to the London dental schools and students. “It is well that dental surgery should come into close contact with the University of the Capital of the Empire”.\footnote{‘Notes: The new London dental degree’, \textit{Br. Dent. J.}, 1921, 42: 970.}

In the event, an undergraduate degree in dental surgery was introduced in 1921. The \textit{British Dental Journal} stated that the issue of regulations for the University of London’s degree in Dental Surgery closed “an interesting chapter of the doings of this Association”, and rehearsed the earlier discussions as a “historical narrative” rather than a re-opened argument.\footnote{Editorial, op. cit., note 22 above, p. 161.}

As pointed out by the journal, the introduction of the MS had allowed the dental schools to be recognized by the university. However, their connection was precarious as they simply educated their students to the standards required by the existing diploma of the Royal College of Surgeons of England. The new London degree promised fuller integration.

The First and Second Examinations in Dental Surgery for the BDS degree were held by the University of London in 1924; the Third Examination (Parts 1 and 2) in 1926; and the Fourth Examination in 1927. As a result, in July 1927, Cyril Hall and Cyril Godfrey Walmsley were the first candidates to gain the new BDS.\footnote{‘General news: University of London’, \textit{Br. Dent. J.}, 1927, 48: 1232.} A new era had commenced.

The monopoly of the Royal College of Surgeons of England in relation to dental training in London had at last been broken. What cannot be gauged is whether the standards of learning and training had been held back over the years whilst students were prepared for the LDS examinations rather than those set by the new University. In fact, between 1927 and the early 1960s most students took both sets of examinations.