

## CHARLES EDWARD WALLIS AND THE RISE OF LONDON'S SCHOOL DENTAL SERVICE

by

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### C. E. WALLIS "FATHER" OF LONDON'S SCHOOL DENTAL SERVICE

CHARLES EDWARD WALLIS was born in Lambeth on 25 March 1869, son of Fanny and Augustus Wallis; his father was an insurance clerk.<sup>1</sup> Wallis was educated at Bedford Grammar School and King's College Hospital, which was then sited in Portugal Street near the Strand.<sup>2</sup> It was there that he gained the conjoint medical diploma in 1894. Following one or two house appointments, he became a ship's surgeon, initially on RMS *Garth Castle*, voyaging to Canada, the United States, Cape of Good Hope, and the Antarctic. He then spent some time studying in Paris. Upon returning to England, Wallis studied at the Dental Hospital of London, gaining the diploma of Licentiate in Dental Surgery of the Royal College of Surgeons of England in 1897. He then began to practise in Queen Anne Street, London.

For twenty-two years, Wallis was an active member of the British Dental Association, including its Metropolitan Branch. He was an elected member of the Association's Representative Board for six years. His literary efforts led him to membership of the editorial committee of the *British Dental Journal* from 1908 to 1919; he was Chairman from 1914 onwards.

However, Wallis was not interested only in teeth. The Royal Society of Medicine's History of Medicine section claimed much of his time.<sup>3</sup> Indeed, there is now a "C. E. Wallis Memorial Lecture" delivered in his memory to a joint meeting of the Society's History of Medicine and Odontological Sections. He had a great interest in archaeology as well as history, and was an authority on the old cities of London and Paris. His writings ranged from dentistry in ancient times to papers on Marat and the French Revolution, Malthus, Cagliostro, and Garibaldi.<sup>4</sup> His lectures to troops during the First World War on "The Art of War in Rome" were reported to be outstanding. At the time of his death, Wallis was writing a history of Harley Street. He also kept in touch with medical matters as a member and one-time vice-president of

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<sup>1</sup> See birth certificate.

<sup>2</sup> V. F. Hall, *The History of King's College Hospital Dental School, 1923 to 1965*, London, Council of King's College Hospital Medical School (University of London), 1973, p. 18.

<sup>3</sup> [Obituary] 'C. E. Wallis', *Br. dent. J.*, 1927, 48: 125.

<sup>4</sup> [Obituary] 'C. E. Wallis', *The Times*, 6 January 1927, p. 12.

the Chelsea Medical Society.<sup>5</sup>

Although he later took over supervision of the London dental clinics, Wallis continued to work in the dental department of King's College Hospital, where in 1899 he had been appointed an assistant dental surgeon. For twelve years he was an assistant to Professor Swayne Underwood. When the latter retired in 1911, Wallis took over management of the department, as dental surgeon to the hospital and lecturer in dental surgery to the medical school. When King's established its dental school in 1923, Wallis acted as consulting adviser to Dr. Alexander Livingstone, first sub-dean for dental studies.

During the First World War, Wallis worked at the King George's Hospital and the London Military Hospital.<sup>6</sup> However, care of children's teeth remained his major interest. His long experience gained in the largest system of school dental clinics in the United Kingdom made him an authority on this important public service. Within two years of qualification, he was already assistant dental surgeon to the Victoria Hospital for Children. It was this latter post which first impressed upon him the importance of dental hygiene in children,<sup>7</sup> a subject on which he wrote and lectured extensively. From 1902, was an active member of the School Dentists' Society<sup>8</sup> and its successor, the Dental Group of the Society of Medical Officers of Health, becoming president of the Dental Group in 1926. Wallis died in King's College Hospital on 4 January 1927, and in 1929 his brother Ferdinand endowed a "C. E. Wallis Prize in Preventive Dentistry" at King's.

For several years, Wallis was visiting dental surgeon to Feltham Industrial School and Rochester House, Ealing.<sup>9</sup> All of this, plus his frequent advocacy of dental health lessons, made him a prime contender when the London County Council wanted someone to look after its dental services (see below). Suffice to say that he came on the scene at the right moment, just when the nation became painfully aware of the very poor state of health of its young men.<sup>9a</sup>

#### THE NEED FOR A CHILDREN'S DENTAL SERVICE

The necessity for school dental health services received a major impetus from the Boer War when half of the adult males were found to be unfit for military service, many for dental reasons. Of 69,553 men inspected during the war, 4,400 were rejected on account of "loss or decay of many teeth".<sup>10</sup> It was the third major cause, following "under chest measurement" and "defective vision". Indeed, by 1902, it had overtaken the latter cause, being 7.46 per thousand behind "under chest measurement". Accord-

<sup>5</sup> Hall, *op. cit.*, note 2 above, p. 19.

<sup>6</sup> [Obituary] 'C. E. Wallis', *Dent. Rec.*, 1927, 47: 93.

<sup>7</sup> Hall, *op. cit.*, note 2 above, p. 19.

<sup>8</sup> According to the minute book of the Society, Wallis joined on 28 April 1902.

<sup>9</sup> The 1866 Industrial Schools Act provided machinery to enable school boards to deal with those children who, because of their environment, were likely to become criminals; or, by continued truancy from school were gradually becoming demoralized. They were thus distinguished from reformatories set up under the 1866 Reformatory Schools Act, which dealt with children who had actually committed a crime.

<sup>9a</sup> See G. R. Searle, *Eugenics and politics in Britain 1900-1914*, Leiden, Noordhoff, 1976, *passim*.

<sup>10</sup> See Report of the Army Medical Department for 1903 quoted in *Memorandum in regard to the condition of the teeth of school children* submitted by the BDA to the Committee of the Board of Education on Medical Inspection and Feeding of Children attending Public Elementary Schools, London, BDA, 1905.

ing to the Inspector-General of Recruits, by that year there were some fifty rejections per 1,000 because of dental problems.<sup>11</sup> At least one rejected wartime recruit wondered what the fuss was about as he was "going to fight the Boers, not eat them".<sup>12</sup>

Nevertheless, rejection on dental grounds was clearly a sensible precaution, because even those men who got through the net still had problems. Indeed, soldiers with the Cheshire Regiment suffered so much from gastric troubles following the ingestion of imperfectly chewed food, that a general medical inspection was followed by the immediate supply of mincing machines.<sup>13</sup> Moreover, 192 or 2.76 per 1,000 soldiers became unfit within three months of enlistment because of dental problems.<sup>14</sup> Indeed, according to the Director-General of the Army Medical Service,<sup>15</sup> the situation worsened in the five years following the war. Something clearly had to be done to improve the nation's teeth.

There were obvious worries about the relatively high proportion of recruits to the forces who were rejected on account of defective teeth. This concern was reflected in a reply given by Sir William R. Anson (parliamentary secretary, Board of Education) in the House of Commons in answer to a question from Mr. Weir about the large percentage of men rejected as recruits to the navy on account of bad teeth. The Secretary of State for War was also worried about the prominence of this cause of rejection in recent recruiting statistics for the army.<sup>16</sup> The Admiralty and the War Office agreed that they would eventually have to approach the Board of Education with a view to arresting "the deterioration of physique among the working classes from which the recruits for both branches of the Service are drawn." Before doing so, Admiralty and War Office representatives should consider how to solve the problem. On 20 July 1903, a joint meeting of the army and navy was held, followed on 25 August by a conference between the War Office and the Admiralty.<sup>17</sup> They reported that examination of army recruiting statistics for the years 1891 to 1902 showed a progressive increase in the numbers of men rejected for loss or decay of teeth from 10.88 per thousand in 1891 to 42.26 per 1,000 in 1902. "Rejections for defective teeth had risen to 26 per 1,000 by 1898 and the figure remained fairly steady for the next four years. Then a very large increase was shown for 1902 when about five per cent of the men examined were rejected for bad teeth."

The only available statistics relating to naval recruiting were for the year 1902. They showed that about ten per cent of potential recruits were rejected by medical officers because of defective teeth. However, this figure did not include men rejected by recruiters. The standard requirement in regard to soundness of teeth was probably higher for the navy than for the army. Nevertheless, naval recruits under seventeen years of age were rejected only if they had more than seven deficient teeth.

<sup>11</sup> Major-General H. C. Borrett, minutes of evidence taken before the Inter-departmental Committee on Physical Deterioration, para. 163.

<sup>12</sup> See [Editorial] 'The teeth of sailors and soldiers', *Dent. Rec.*, 1902, 22: 573.

<sup>13</sup> See L. G. Godden, *History of the Royal Army Dental Corp*, Aldershot, RADC, 1971, p. 3.

<sup>14</sup> *Br. dent. J.*, 1905, 22: 1064.

<sup>15</sup> Surgeon-General Sir William Taylor, memorandum to the Inter-departmental Committee.

<sup>16</sup> Appendix 2, report of Inter-departmental Committee

<sup>17</sup> *Report of the War Office and Admiralty Inter-departmental Conference on the teeth of recruits*, 25 August 1903. (See Appendix 2, *ibid*).

The conference therefore recommended that any representation to the Board of Education should press the following points:

- (1) That the teaching of the elements of hygiene should be made compulsory in schools, and in this teaching the care of the teeth should receive special attention.
- (2) That daily cleansing of the teeth should be enforced by parents and teachers.
- (3) That systematic examination of the teeth of children by competent dentists, employed by school authorities, should be practised where possible, to prevent caries extending, to stop carious teeth, and to remedy defects of the teeth.

Following reports from three major committees,<sup>18</sup> the Liberal Government passed two controversial Acts involving the principle of state intervention in a field hitherto reserved for parental responsibility and philanthropy;<sup>19</sup> a new departure in public health history. There were to be widespread medical examinations to determine how children's health could be improved, rather than simply detecting disease: an early preventive service. The Committee on Physical Deterioration supported, *inter alia*, the above recommendations of the forces committee.<sup>20</sup>

Even before the Boer War, some public schools and poor law schools had appointed visiting dentists. Probably the first of these was the qualified dental surgeon at North Surrey District Schools for Pauper Children at Anerley, appointed in 1884.<sup>21</sup> Finding it desirable to meet, exchange views, and promote the concept of *organized* school dentistry, such dentists founded the School Dentists' Society in July 1898,<sup>22</sup> which set out to educate public authorities responsible for the care of children about the importance of *prevention* rather than only treatment. It fought for a service for all children, not just those seeking care.

A major paper describing some appalling epidemiological finds had prompted a public outcry.<sup>23</sup> As one celebrated dental writer observed: "The classic pattern then followed of hands raised in horror, committees being set up, reports published, recommendations being made, but nothing practical being done."<sup>24</sup>

The British Dental Association (BDA) instigated further reports,<sup>25</sup> and then pressed for a school service provided by the state. Pointing out that the government had agreed to legislate for compulsory school medical inspections, the *British Dental Journal (BDJ)* emphasized "that the medical inspection of children must include an inspection of their teeth may be taken for granted."<sup>26</sup>

<sup>18</sup> See *Report of the Royal Commission on Physical Education (Scotland)* (1903); *Report of the Inter-departmental Committee on Physical Deterioration*, cmd. 2175, London, HMSO, 1904; *Report of the Committee of the Board of Education on Medical Inspection and Feeding of Children Attending Public Elementary Schools*, cmd. 2784, London, HMSO, 1905.

<sup>19</sup> The Education (Provision of Meals) Act, 1906 and the Education (Administrative Provisions) Act, 1907. See especially section 13 of the 1907 Act on medical inspections.

<sup>20</sup> Committee on Physical Deterioration, *op. cit.*, note 18 above, para. 421.

<sup>21</sup> He attended on one morning each week. There were thirty applicants for this post. See W. M. Fisher 'Compulsory attention to the teeth of school children', *J. Br. Dent. Ass.*, 1885, 1: 592.

<sup>22</sup> See *The School Dentists' Society: its objects and aims*, 2nd ed., London, W. Michael, 1913.

<sup>23</sup> Fisher, *op. cit.*, note 21 above, p. 585–593.

<sup>24</sup> In a lecture to the Lindsay Club. See H. Colin Davis, 'George Cunningham: the man and his message', *Br. dent. J.*, 1969, 127: 532.

<sup>25</sup> See BDA, *Reprints of the seven reports of the committee appointed by the Representative Board of the BDA to conduct the collective investigation as to the condition of the teeth of school children, 1891–7*. London, John Bale, [n.d.].

The 1907 Education Act made it compulsory for education authorities to arrange dental inspections. Although carried out initially by doctors, following strong pressures from the BDA, dentists gradually took over the role of inspectors. It was left to the discretion of each authority, whether or not to make arrangements for treatment, but as the *BDJ* proclaimed: "Inspection without treatment does but touch on the fringe of the question."<sup>27</sup>

In 1908, the Local Government Board suggested the establishment of school health clinics.<sup>28</sup> However, an individual Cambridge dentist had already made a major advance. In 1907, George Cunningham had been responsible for the opening of the Cambridge Dental Institute, the first children's dental clinic in the country. Cunningham may be regarded as the father of the British school dental service.<sup>29</sup>

#### THE NEED FOR A SCHOOL DENTAL SERVICE IN LONDON

The London School Board, set up in December 1870, was aware of the importance of teeth. By 1892, it had already appointed dentists to care for its schoolchildren.<sup>30</sup> Because many poor law schools had dentists, pauper children were better provided for than those in elementary<sup>31</sup> schools.<sup>32</sup> The dental officer to Marylebone Poor Law Schools reminded the School Dentists' Society that boards of guardians had power to provide food at school for hungry children but he asked: "What is the use of food without teeth to bite?"<sup>33</sup>

The London Board reported in 1903 that dentists looked after deaf and blind children in its care.<sup>34</sup> Further, its medical officer reminded the Board of the need to include an estimate of the efficiency and condition of teeth in the forthcoming enquiry into the physical condition of children.<sup>35</sup>

By 1905, dental disease had influenced James Kerr, medical officer to the London County Council, which had taken over from the School Board. He wrote: "The importance of this subject is not likely to be over-estimated. Apart from local conditions giving rise to pain or abscess, septic mouths sometimes require prolonged treatment, so that many candidates for admission as teachers have had to have their certificates of fitness suspended."<sup>36</sup> So teeth were a major problem, even in an age of

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<sup>26</sup> [Editorial] 'The medical inspection of school children in the public elementary schools', *Br. dent. J.*, 1906, 27: 745.

<sup>27</sup> *Ibid.*

<sup>28</sup> C. Singer and E. A. Underwood, *A short history of medicine*, 2nd ed., Oxford, Clarendon Press, 1962, p. 223.

<sup>29</sup> See Davis, *op. cit.*, note 24 above, p. 534.

<sup>30</sup> R. Morgan, 'School children's teeth', *Br. dent. J.*, 1906, 26: 207–210.

<sup>31</sup> Public elementary education was explicitly concerned with education of the lower classes, the sons and daughters of working-men. Even those who taught in elementary schools came from these classes. See S. Maclure *100 years of London education, 1870–1970*, London, Allen Lane (Penguin Press), 1970, p. 14.

<sup>32</sup> W. H. Dolamore, 'Is there a remedy for the condition of the teeth of the populace as disclosed in the report of the committee on Physical Deterioration?', *Br. dent. J.*, 1905, 26: 3.

<sup>33</sup> See N. G. Bennett, 'School dentistry', *ibid.*, p. 553.

<sup>34</sup> School Board for London, *First Annual Report*, 1903, p. 21.

<sup>35</sup> LCC, *Report of the Medical Officer of the Late School Board of London*, 1904, p. 5.

<sup>36</sup> LCC Education Committee, *Report of the Medical Officer (Education) for the year ended 31 March*, 1905.

severe malnutrition, infection, and vermin. Kerr pointed out that defective teeth caused many general conditions of ill health, including inflammation of lymphatic glands, intestinal troubles, chronic anaemia, and severe neuralgia. It was, he insisted, "difficult to suggest practical treatment."<sup>37</sup>

Kerr included the results of the 1905 examination of 124 girls and 406 boys (see Table 1). The boys were more seriously affected than the girls; ninety per cent had carious teeth, seventy per cent of these cases were serious. Eighty-three boys with insufficient grinding surfaces weighed half a kilogramme less than the school average weight for their age, and were 1.3 cm less than the average height. However, thirty-nine children with perfect teeth were of average height and weight. Thus, Kerr suggested that severe caries produces an effect on nutrition.<sup>38</sup>

Table 1. 1905 study showing differences in dental health between girls (124 examined) and boys (406). Results expressed in percentages.

	Girls (examined by Dr. F. M. D. Berry)	Boys (examined by Dr. C. J. Thomas)
No decayed teeth	11	9.6
One decayed tooth	19	20
Several (not seriously impairing bite)	47	50
Several (seriously impairing bite)	23	18
Practically all teeth affected	0.3	2.5

By December 1908, the School Dentists' Society petitioned the LCC to appoint *properly qualified* dental surgeons to all elementary schools so that regular dental inspection, advice, and preventive treatment might be given at an early age.<sup>39</sup> Similarly, the BDA was active. However, the LCC informed them it could not accede to their requests.<sup>40</sup> Although the School Dentists' Society's petition appeared to fall on deaf ears, Kerr and his staff continued to undertake more studies. He was thus able to report: "Amongst children and the younger teachers, toothache and neuralgia are fruitful causes of absence from school. Except where pain drives children to seek relief, neglect of the teeth is almost universal. It is exceptional to find children who use a toothbrush."<sup>41</sup> Indeed, one investigator, Dr. Marion Hunter, found only two children in 1,000 who used a brush. Another, Dr. Rowntree, reported that a few older children took credit for using their toothbrushes on Sundays.<sup>42</sup> In addition, only two cases out of 6,000 had any conservative treatment.

Reports poured into the LCC from all over London. Most damning, comparisons of children from good-class schools in Dulwich with those at poor law schools in Lambeth showed that the latter had far *better* teeth.<sup>43</sup> Some were born in the workhouse, but most were admitted at seven to nine years of age. They had a dental

<sup>37</sup> *Ibid.*, p. 1.

<sup>38</sup> *Ibid.*, p. 1.

<sup>39</sup> LCC, *Report of the Medical Officer (Education) for the year ended 31 March, 1906*, p. 16; also School Dentists' Society, Minutes, 20 November 1905.

<sup>40</sup> E.g., see letter from the LCC education offices on behalf of the Clerk to the LCC, 30 March 1906.

<sup>41</sup> LCC (1905), *op. cit.*, note 36 above, p. 16.

<sup>42</sup> *Ibid.*, p. 16.

<sup>43</sup> LCC (1906), *op. cit.*, note 39 above, p. 16.

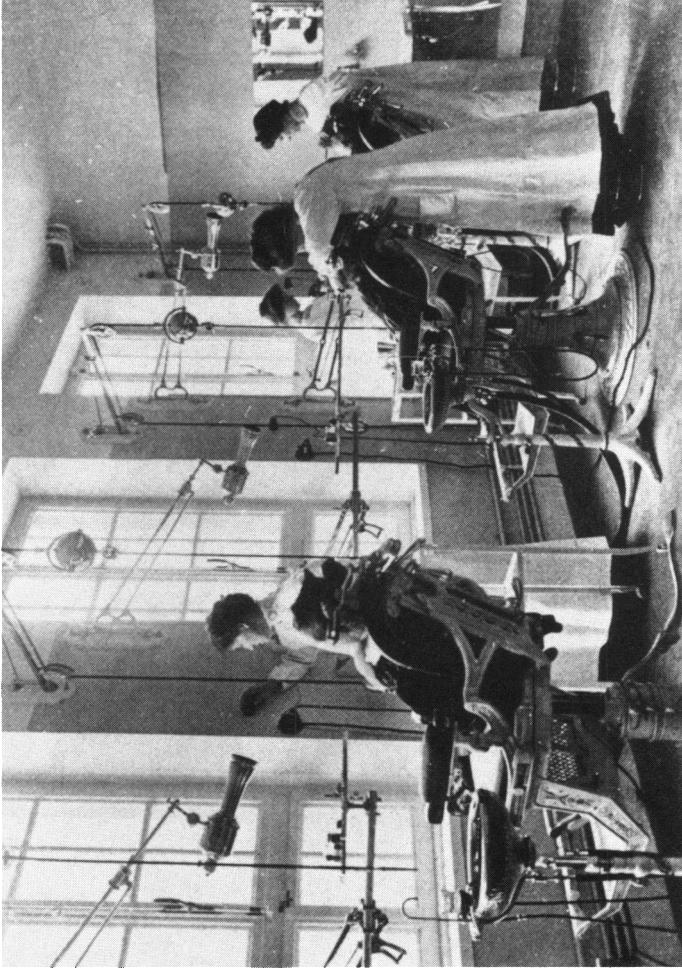


Figure 1. A school dental clinic in Strasbourg, 1902. (Reproduced from C. E. Wallis, *The care of the teeth in public elementary schools, with special reference to what is being done in Germany*, London, Medical Officers of Schools Association, 1908.)

It is interesting to note that at the early date of 1902 there were so many female dentists. It must have been unusual, even in Germany, for so many dentists to work in the one room. Note also that by then the German school dentists were using electric engines, long before their English equivalents utilized such equipment.

inspection on admission, and then twice yearly. Each child had to clean his teeth in the morning and last thing at night. Consequently, seventy-six per cent of workhouse children were free from obvious dental disease, compared with only thirty per cent of the others. It may be presumed that the workhouse placed emphasis on dental care so as to avoid unnecessary payments for treatment.

Kerr emphasized that the situation would have been worse, "if medical inspectors used probe and mirror which a skilled dentist uses in his work."<sup>44</sup> He was thus beginning to point the way forward for a dental surgeon to be appointed to his staff.

#### WALLIS AND THE LCC

It was in 1905 that Wallis was appointed an assistant *medical officer* to the London County Council, having previously advocated dental health education sessions in their evening schools. At that time, he was already visiting dental surgeon to Feltham Industrial School<sup>45</sup> and Rochester House, Ealing. Wallis wielded great influence both within and outside the council. He undertook simple epidemiological studies, encouraged a private benefactor to support a dental clinic for children, and eventually persuaded the LCC to finance a series of dental clinics throughout London.

During 1906, he systematically examined the mouths of 245 children at Michael Faraday School in Walworth, continuing the work started in the previous year by Dr. Thomas.<sup>46</sup> Oral and associated diseases were very severe (see Tables 2 and 3). A most striking finding was neglect of dental cleanliness. Noting that the London fever hospitals had demonstrated a connexion between oral sepsis and many general diseases, Wallis advocated preventive remedies, including education.

Table 2. Dental Caries at Michael Faraday School (1905)

	Mean No. Teeth Affected
Temporary	3.9
Permanent	2.8

Table 3. Oro-facial disease at Michael Faraday School (1905)

	Percentage
Alveolar abscesses or fistulae discharging pus	9.3
Chronic pharyngitis	16.3
Chronic enlarged tonsils	29.0
Enlarged sub-maxillary lymphatic glands	61.2

Although Wallis realized that the LCC would not yet begin a children's dental section, he was not disheartened. He knew that Kerr was keen to establish a medical service with dentistry as an integral part. In July 1907, the Council appointed a sub-committee to enquire into the whole question of medical treatment for children attending elementary schools.<sup>47</sup> By November, it reported: "The dental condition of

<sup>44</sup> LCC (1905), op. cit., note 36 above, p. 17.

<sup>45</sup> See note 9 above.

<sup>46</sup> LCC (1906), op. cit., note 39 above, p. 17.

<sup>47</sup> LCC (1907) Council minutes, p. 49; and LCC Education Committee Day Schools Sub-committee minutes, 23 July 1907. It was chaired by Sir Frederick Morris and consisted of eight councillors, plus representatives of the following institutions: BDA, British Medical Association, Charity Organisation Society, Hospital Sunday Fund, London Hospital, Moorfields Hospital, and St. Bartholomew's Hospital.



elementary school children is generally unsatisfactory . . . the more carefully the children are examined the greater the amount of disease and destruction is found.”<sup>48</sup> The committee repeated the horrific findings of Wallis and the other doctors. It was clearly exceptional to find healthy teeth. The report continued: “With such dreadful oral conditions and the constant absorption of septic material, the chances of healthy childhood are small for most of these infants.”<sup>49</sup> But the problems were not only of childhood. It went on: “It is known that dental caries is widespread . . . as a result, the working capacity and even earnings of large numbers are seriously affected.”<sup>50</sup>

The LCC was reminded that although England was not alone in its dental problems, some countries had tried to overcome them. New York had recently started regular dental examinations of children, and in Brussels a dental service had been in force since 1875. However, the greatest advances were made in Germany. There, regular dental inspections showed that examination and treatment were useless unless followed by: “practical measures of inculcating cleanliness among the children and by remedial treatment.”<sup>51</sup>

Kerr was emphatic: “It is impossible that the English public are yet sufficiently educated to appreciate a dental inspection of school children and to follow it up by treatment; without treatment inspection would be in a great measure a waste of time.”<sup>52</sup> However, the problem was what to do about treatment. Large general hospitals dealt mainly with adults, only *extracting* children’s teeth.<sup>53</sup> Dental hospitals were mostly engaged in teaching, and also tended to neglect children. The children’s hospitals, with six dental chairs between them, could only deal with some 187 patients a week, or 10,000 per year; but 100,000 per year would need attention.<sup>54</sup>

The report emphasized it had been told by Norman Bennett of the BDA that if left to private enterprise most children would be neglected.<sup>55</sup> Thus, it was proposed that dentistry should be practised as part of the suggested school clinics. As dentists hardly touched “this class of children”, there would be no competition between the private dentist and the public servant.

Wallis’s experience at Feltham gave some idea of the amount of treatment required “to keep mouths in order”. There were some 540 boys, with an annual intake of 125. The first step was inspection; then fifteen to twenty boys were treated at weekly visits. At first, extractions were mostly needed, usually in one session, but “no anaesthetics were given or required.”<sup>56</sup> Wallis claimed there was usually an immediate improvement in general health. From then, twelve to fifteen children per visit had fillings. The committee thus extrapolated that a full-time dentist would be able to treat between six and eight thousand children, but went on: “The limited variety in the nature of the work and the class of officer required almost demanded that the dentist should be part-time.”<sup>57</sup>

<sup>48</sup> LCC, *Report of the Day Schools Sub-committee on the work of the Medical Officer, 1 November, 1907*, copy appended to minutes of the Education Committee Day Schools Sub-committee, 23 July 1910.

<sup>49</sup> *Ibid.*, p. 19.

<sup>52</sup> *Ibid.*, p. 22.

<sup>50</sup> *Ibid.*

<sup>53</sup> *Ibid.*, p. 20.

<sup>51</sup> *Ibid.*

<sup>54</sup> *Ibid.*, p. 22.

<sup>55</sup> N. G. Bennett, undated memorandum to LCC sub-committee of enquiry into the medical treatment of children attending public elementary schools.

<sup>56</sup> LCC (1907) *op. cit.*, note 48 above, p. 22.

<sup>57</sup> *Ibid.*

The committee was reminded that for many years dental surgeons had visited schools administered by the guardians of the poor, such as those at Hanwell (Central London District) and Southall (Metropolitan Borough of St. Marylebone).<sup>58</sup> There was a proven benefit to their children, for whom rejection from the army for dental reasons virtually ceased; a rarity in those days. The clerk to the St. Pancras Guardians wrote that an investigation of the large amount of sickness among children at their school in Leavesden led “to the discovery of the deplorable condition of the teeth of many of the children.”<sup>59</sup> Since 1890, they had a dentist and fully-equipped dental room in their infirmary.<sup>60</sup> W. W. Shackleton, medical officer at Leavesden for ten years, wrote in a submission to the committee of enquiry: “I am quite sure that the children leave Leavesden School with far better teeth than the known majority of children in the *working classes* or very many of the middle class children.”<sup>61</sup>

The committee recommended that head-teachers should give a list of private practitioners to parents who could afford to pay. However, it emphasized that the great number who could not: “must be left alone, attended to at hospitals, or treated at school clinics supported by the rates.”<sup>62</sup> There was a clear indication that the Council should itself provide a dental treatment service, even though the same committee was suggesting that children should go to family practitioners for medical treatment. It wrote that care could be provided more cheaply in school clinics than in hospitals as: “There would be greater scope for economy in clinics, under the control of the County Council and its inspectors.”<sup>63</sup> It recommended the establishment of a few experimental clinics. And, years ahead of its time, the committee stated that money spent on prevention would represent much more money saved to the nation.

In spite of all the recommendations, progress was slow. Although continuing to nudge the LCC, Wallis looked elsewhere for support. Through a medical colleague, he learned of the St. George's Dispensary for children in Blackfriars, and discussed with him the possibility of including an experimental dental clinic.

During the 1910 Whitsun recess, the LCC's education officer, Robert Blair, visited the pioneer German dental clinics at Cologne, Strasbourg, and Berlin (see Figure 1). Highly impressed by what he saw, his lengthy report to the LCC<sup>64</sup> was a clear turning-point in the struggle for London's dental service. At the same time, Mrs. Jessie Phipps carried out a similar exercise in New York.<sup>65</sup> Blair and Kerr met with the chairman of the Children's Care (Central) Sub-Committee, Norman Bennett (secretary of the BDA), and Sidney Spokes (also of the BDA).<sup>66</sup> The BDA felt strongly that part-time

<sup>58</sup> Bennett, *op. cit.*, note 55 above.

<sup>59</sup> Letter from A. A. Millward, Clerk to the Guardians of the Poor, Parish of St. Pancras, 11 Feb 1908.

<sup>60</sup> This scheme followed the system laid down by the Local Government Board. The dentist was Mr. W. Fisk, LDS, appointed at a salary of £50 per annum. Fisk was later secretary of the School Dentists' Society.

<sup>61</sup> LCC, *op. cit.*, note 48 above, p. 25.

<sup>62</sup> *Ibid.*, p. 25.

<sup>63</sup> Bennett, *op. cit.*, note 55 above.

<sup>64</sup> See LCC Education Committee, *Report of the Education Officer on School Dentistry in Germany*, 22 June 1910.

<sup>65</sup> LCC Children's Care (Central) Sub-Committee, *Dental treatment of children*, memorandum by Mrs. Jessie Phipps, 30 June 1910.

<sup>66</sup> LCC, *Dental Treatment*, Report by the Education Officer to the Children's Care (Central) Sub-Committee, 7 July 1910.

dentists should provide the necessary care in clinics:<sup>67</sup> first-rate dentists would not undertake the work at their own surgeries, and the work would be left to second-rate dentists.<sup>68</sup> Also, discipline could be maintained more easily at clinics. Surprisingly, the Association's representatives agreed to inspection of any work provided on the Council's behalf. To its credit, the BDA did not emphasize the necessity for *dentists* to examine the children's teeth. Its major concern was children's health. However, Bennett and Spokes did advise that doctors undertaking medical inspections should be given a course in elementary dentistry, which they believed could be provided by the Royal Dental Hospital of London.<sup>69</sup>

The LCC was reminded of the magnitude of dealing with the teeth of three-quarters of a million children.<sup>70</sup> The Council agreed that, in spite of all the experiences abroad, it was necessary to conduct its own experiments. More important, the LCC concurred with the view that rather than set up its own clinics, it should finance experiments in centres already in operation. The St. George's Dispensary at Blackfriars and a centre at Deptford were chosen.<sup>71</sup> By 1911, as a result of the persistence of Wallis and others, the LCC took over the financing of these clinics. At long last the Council had its own school dental service.

#### SUMMARY

The paper has demonstrated that many factors led to the development by the London County Council of the largest school dental service in the United Kingdom. Of major importance was the general awareness by the population of a need for improved health and other social care services. Particular deficiencies were highlighted by the very poor state of health of potential recruits to the army and navy during the Boer War. However, in spite of any perceived need, no social service will develop unless there are people on the scene who are ready and able both to comprehend the problem and to put forward solutions. The person who most understood the need for an organized dental service for London's schoolchildren was Charles Edward Wallis. From an early stage in his career he decided to devote much of his professional life to the care of children. The paper shows how he was assisted to achieve his aim by the LCC's understanding medical officer, James Kerr. Even before Wallis's arrival on the scene, Kerr was already attuned to the nature of dental disease amongst London's schoolchildren, some of which had been detected by early epidemiological studies. Assisted by pressures from the School Dentists' Society and British Dental Association, they worked together to induce the LCC to finance experimental dental centres, and finally to set up clinics of their own.

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<sup>67</sup> At a fee of £160 and £120 per year respectively for the responsible and assistant dentists.

<sup>68</sup> By this they meant non-qualified practitioners. It must be remembered that prior to 1921, there was not a closed shop, and over half the people practising dentistry had no dental qualifications.

<sup>69</sup> LCC, *op. cit.*, note 66 above.

<sup>70</sup> LCC, *Dental Treatment of Children at Public Elementary Schools: Special Maintenance Vote*, minutes of proceedings, 1910, vol. 3, p. 496.

<sup>71</sup> See S. Gelbier, 'Frederick Breese and London's first school dental clinic', *Br. dent. J.*, 1981, **151**: 309–311.