

« made upon his skill, these being brought into permanent and workable channels which would be amenable to its treatment. This then seems to me to be a great work that lies to our hands as a profession – the practical aspect of which we cannot see the end – if we will only grapple with it and organise a definite method of action to pursue in the lessening of that dental caries which has made its appearance in nearly every inhabitant of all our civilised cities, and is continuing into our successive generations.

I might here draw attention to the recent appointment of a qualified dental surgeon to the North Surrey District Schools for pauper children at Anerley – which fulfils my desire in every way. The schools contain 850 boys and girls between the ages of three and 16, who are fed, clothed, educated, and fitted for trades or domestic service, the whole of the expenses being defrayed out

of the poor rates. In this case the dental surgeon attends one morning in each week, the school directors supplying instruments and materials, and giving a salary of £60 a year. Though the schools are under the supervision of the Local Government Board, the whole credit of the appointment is due to the managers of this particular institution, who were urged to it be the recommendation of their medical officer, Mr H. J. Prangley. This is a decided step in the right direction, and a recognition of the fact that proper attention to the teeth is an important factor in the general health of a community. Apart from the advantages which will be derived by the children, who will now get an amount of attention which was not possible under the old regime, this appointment is of great significance as a sign of a more widely spread appreciation of the benefits to be derived from the educated dental surgeon. A few

years ago such an appointment would have been most improbable, and a resolution to make it would at once have been protested against as a piece of useless extravagance. Now, however, it may, without any exaggeration, be taken as a sign of the times, and we hail it as evidence of an increasing public appreciation of the importance of conservative dental surgery.’\*\*

This is but the thin end of the wedge of what I hope to see soon general. We have now within ourselves the foundations of a great profession through our own ‘compulsory education and registration’, but to be great we must have the welfare of humanity at heart, and in its interests be ever building up, extending, and carrying out what we are now so well fitted to do, by the faithful practice of all the principles of advanced dental surgery, to benefit all classes, from the youngest to the oldest, and from the poorest to the richest. ■

\*Read at the Annual General Meeting of the Association at Cambridge, August 27th, 1885.

\*\*JOURNAL OF THE BRITISH DENTAL ASSOCIATION, Feb, 1885, p. 68.

## BDJ Expert commentary: Christopher R. Vernazza

A commentary on  
Fisher W. Compulsory attention to the teeth of school children. *Br Dent J* 1885; 6:  
585–593. Comment 682–683.

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who may have pushed forward plans to set up such services, the data presented in this paper and the arguments were compelling and it may well have been that, without these, any further action would have been slow and fragmented.

### Is this issue still relevant to dentistry today?

Whilst regular school inspections in the UK ceased, driven by significant reductions in oral disease prevalence and a lack of supporting evidence,<sup>4</sup> children’s oral health remains a major issue and the COVID-19 pandemic has exacerbated these problems. One of the important ways of addressing this is to improve dental access for children, although it is unlikely that a school-based approach would be the answer. ■

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### How important/controversial was this paper at the time of publication?

Given Fisher’s sensible arguments and his evidence-based approach, it seems hard to imagine that the paper would have been controversial at the time. However, it appears that the data presented was surprising and the ideas controversial.<sup>1,2</sup> Interestingly, the most controversial aspect at the time, as reflected in the letter in response, was the concern about training and qualifications of the profession, something that took many decades to resolve.

### How accurate have any predictions been?

Many of the points made have now been proven, including the link between oral and general health, the impact of oral health on education and employment, and the importance of well-funded dental care. Perhaps more importantly, Fisher’s call to establish regular inspections of schoolchildren’s oral health was eventually enacted.

### How relevant has the paper been to the development of dentistry/patient care/science?

It is clear that Fisher’s epidemiological approach to making his case was well received, as the immediate action of the BDA was to set up a large-scale survey of schoolchildren examining more than 12,000 children over seven years,<sup>2</sup> setting a clear precedent for the value of oral epidemiology in the UK and beyond. However, Fisher was seemingly an advocate for action rather than collecting much further data,<sup>1</sup> and the real legacy of this paper was to start the movement for a school dental service covering all schools, with Fisher setting up a limited service in Dundee, followed by a school dental service in Cambridge, then a national service developing into the current Community Dental Services.<sup>3</sup>

### What could/would have happened if this paper hadn’t been published?

Although there were others at the time who advocated for regular school dental inspections