'LEARNING IS MY

lifetime hobby'

In the 1950s women were not expected to go into higher education but this didn't stop **Anne Fuller** pursuing a fulfilling career in dental therapy.

In late 1959 in Wellington, New Zealand, along with some 55 other young women, I began two years of highly intensive in-house dental therapy training. It was a period that gave me some of the happiest days of my life.

On day one, dressed in blue nurses' uniforms complete with striped cap, the learning began. Anatomy, dental anatomy, physiology, histology, local anesthesia and extractions, pharmacology and therapeutics, ethics and jurisprudence were just some of the academic subjects. We carved teeth out of soap, operated on dummy jaws, and learnt how to care and maintain our equipment. As a result, all graduates of the course were very practical and capable. Our days were filled with lectures and tutorials, we became chairside assistants, and occasionally we helped in the canteen or laundry.

Murder house

Once we had passed the first year's curriculum it was into the surgery and working on live patients. The state of oral hygiene was so poor, caries-infected deciduous teeth were 'drilled and filled' to retain them as space maintainers. The children joked about the clinics, calling it the 'Murder House'. In our defence we were very gentle, with some children known to have fallen asleep in the chair. We heated copper amalgam pellets over a Bunsen burner, wringing out excess mercury wrapped in gauze with tweezers. This was plugged into the preparation via a Dappin dish and an amalgam plugger, finally polished into a golden colour. By now the blue nurses' caps were gone and we were wearing white veils, a sign of our

advancement. The biggest worry was the veil catching fire from the Bunsen burners! In permanent teeth, caries was removed and the cavity lined with a zinc oxide and eugenol paste, then filled with silver amalgam that had been mixed in a mortar and pestle. The silver balls of mercury fascinated the children, all of us oblivious to the danger – hard to imagine when today mercury is encapsulated and rarely used. Our instruments were boiled in a steriliser; today it is autoclaves and tray systems. Comparing dental procedures and the materials used then, to today, is equivalent to comparing the horse and buggy to a jet plane. Permanent teeth were extracted rarely and then only under a dentist's supervision.

Breaking the rules

During this training period, we lived in old mansions converted to hostels. These were run under strict control in a boarding school environment. However, as all young people are wont to do, we found ways to break the rules. We were forbidden to go out during the week, work and study being the priority. Friday evenings we were permitted out till 9pm, Saturday evenings 10pm. Cooped up all week with study and work, when Saturday arrived we were ready to dance! We took it in turn to answer the endless stream of invitations to parties, and were required to sign out and in. Occasionally we stuffed our beds with pillows and begging other girls to sign us in, sneaked down the fire escapes to rock the night away. If caught this was a serious crime – harmless stuff in today's world but a real headache for the matrons that had responsibility for us back in the early sixties.

Dental therapy students in the 1960s

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Anne (third row up, third in) with fellow graduates

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This strict regime resulted in friendships that have endured and grown stronger with the passing years; I am constantly rewarded by this and am forever grateful.

Graduation

On graduation, and now dressed in white with red cardigans, we were sent the length and breadth of New Zealand, some of us to very remote places. This lonely existence resulted in many early resignations. The clinics were located in or near a school which enabled us to treat a roll of approximately 750 children on a twice yearly recall system. In remote places with no clinics we worked with old treadle machines and a travel kit of instruments. Treating patients in a supine position came with modern

equipment in the seventies. Thirty years later I met one of my patients from those treadle days. He had a compound amalgam in a lower six intact with no apparent leaking – a tribute to our very thorough training. We went into classrooms teaching oral hygiene, our distinctive uniform being a constant reminder to the children to care for their teeth. Dental health education was my favourite task and I remain firmly convinced this is the answer to eradicating dental caries.

Sole charge

In 1963 I was based at Rahotu on the remote coastal area of the Taranaki, a sole charge position. Despite the isolation, I enjoyed the chance to manage my own clinic. Being the only health related person in the district, I was called on to distribute the Salk vaccine (for polio) and to educate parents on general health and the importance of infectious disease immunisation. A large Maori population lived nearby in Pungarehu in a traditional *whare* (house) and infestations of head lice were a constant as they slept communally on dirt flooring. Thanks came with catches of fresh fish – such happy people and fond memories.

The call of the wild (the opposite sex) saw me move to Australia two years after graduation and there I quickly realised I needed to learn all over again. My qualifications were not recognised, dental assistants were the only auxiliaries employed and very few positions were advertised. I walked Collins Street in Melbourne searching for work and finally an Austrian

Anne with a patient at Te Kuiti Clinic, 1963

trained dentist in the Coates Building gave me my start. Endodontic reamers and files, autoclaves, X-rays, taking plaster models, and in particular the treatment of adults, were all new fields and I loved the learning. Since those early days I have worked in private practice in most fields of dentistry, orthodontics being a special love. My dream for the future is for all children to have access to free orthodontic treatment if needed.

Marriage and children came along and once the children began school it was back into the workforce. Then I found myself the single mother of two, so it became paramount to earn money. My dedication was rewarded and at one stage I was the highest paid auxiliary in Collins Street, then the centre of the dental profession in Victoria.

Winds of change

By this time the political and social winds of change were blowing through the community, giving the dental profession much needed financial backing to begin training therapists and hygienists. Laws were updated removing advertising restrictions on professions including legal, dental and medical, thereby allowing them to promote and advertise their services. This has been a major factor in the education of the general public as to what the professions have to offer them.

The first Australian girls were being trained in New Zealand as therapists for employment in the Australian School Dental Service. Meanwhile working in private practice had broadened my knowledge base and in 1974 I was invited to join the Victorian Dental Board as an advisor on dental auxiliaries and their future role. We listed the duties from the minute they turned the key in the clinic door to the final lockup at night. This assessment made the dentists appreciate the responsibilities and workload held by their assistants and resulted in salary rises and better working conditions. The dentists also realised that trained auxiliaries could reduce their workload and improve their practices making them more profitable.

The Hobart training school for dental therapists was producing graduates and in Adelaide dental hygienists were now graduating into private practice. The future was exciting. The Western Australian Therapy training school opened followed by Westmead hospital in Sydney, Yeronga in Brisbane, and finally St Kilda Road in Melbourne. As the supervising therapist in Melbourne I was able to see the first graduates work in the community and add to the Australasian acceptance of dental therapy.

In Australia in the seventies the School

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Dental Service employed all the trained therapists. Hygienists worked in private practice and both were licensed with the relevant state dental boards.

Today

In 2011 private practice is now the largest employer of therapists and hygienists. Graduates are required to update their knowledge on a yearly basis. With the latest awards, salary and conditions, these graduates are on the same level as occupational therapy, physiotherapy and similar health workers. An Australian license permits interstate employment and to run one's own practice. Some therapists/hygienists work for a number of dentists, working hours to suit themselves. In most cases patient books are booked in on a recall system, treatment plans are discussed with the dentist, and the patient's health is the beneficiary.

Today the School Dental Service throughout Australia and New Zealand employs only therapists and treatment is conducted primarily in mobile clinics, especially in remote areas, as a free entitlement for schoolchildren. A chairside assistant is the norm with restorative work using much improved filling materials so minimising unnecessary loss of tooth tissue. The work is varied and fascinating as they treat problems unique to indigenous children in remote communities.

Today the training of therapists and hygienists has been refined and upgraded to a degree course, Bachelor of Oral Therapy, at

Otago University, New Zealand and at eight universities in Australia.

Once a female only career, today male dental therapists are embarking on these studies thanks to more attractive salaries and career options. With an upgrade in the law permitting dental therapists to work in private practice this profession is now well understood and appreciated by the Australasian community.

Floss first

These days my husband and I live on our macadamia farm, and we are fortunate to grow our own food in sub-tropical surroundings. My children are happy adults and both have a caries free mouth and beautiful smiles. My interest in dentistry is ongoing and although no longer operating as a dental therapist I attend study groups to increase my knowledge.

I am currently an Authorised Agent for a product called FlossFirst which appeared in *Vital* in the summer 2011 issue (page 49). When I first saw this innovative floss dispenser I was excited for here was a product that the profession needed: a subtle yet ethical way of helping both a patient and a small business. To floss before or after brushing had never been a hot topic as long as we used floss, but now I realise the importance of flossing first.

My father used to say '*qualifications are no load to carry*' – although he drew the line at his daughters attending university – but he is right because learning is my lifetime hobby.