

1963

# Dental nursing in the 1960s

Retired dentist **Cynthia Harper** recounts her early experiences of dental nursing in the not-always-swinging sixties.

**I**t was a cold November day in the 1960s and I had just begun what would now be called a gap year. I was just sinking my teeth into lunch when the phone rang. It was my friend's father, a dentist, who was desperate to replace his one member of staff, who had been admitted to hospital with TB. I had never dental nursed before but he knew I was hoping to go to dental school and that I was ultra keen to gain some hands-on experience.

On my first day in the surgery the first patient was there for a clearance under general anaesthetic, which I had to administer in a state of profound ignorance. I was told which knobs to twiddle and the dentist proceeded to remove all of the patient's teeth, unaided by any chairside assistance. When the operation was complete he finally referred to the record card on which he had written that the upper teeth were to be removed. He shrugged off, as a minor inconvenience, the fact he had rendered the patient edentulous, but became angry at me because I had allowed him to make the mistake. He forgot I had not been taught how to read a chart.

The surgery was basic with an upright chair, the patient having to do their own suction using a saliva ejector they had to balance in their mouth. This was never very good as the treatment was invariably painful, so the patient would keep moving it around, with the result water would spill everywhere.

My duties were certainly manifold. I was expected to escort the patient into the surgery, apply a bib and await dictation of the

dental chart. I would provide whatever instruments were needed and leave the surgery only to return at the summons of a bell, under the chair, to mix the required dental materials. I would then clear away, sterilise the instruments using boiling water and set up for the next patient. In the meantime, I had to answer the phone and the door, make appointments, write up the record cards and file them away into one of 11 categories, a baffling and unnecessary complication.

Developing radiographs was quite scary. The surgery was in a very old house where the staircases were at a right angle to the ground. The developer and the fixer were in the cellar, in pitch darkness, so the only safe way to go down was to sit on

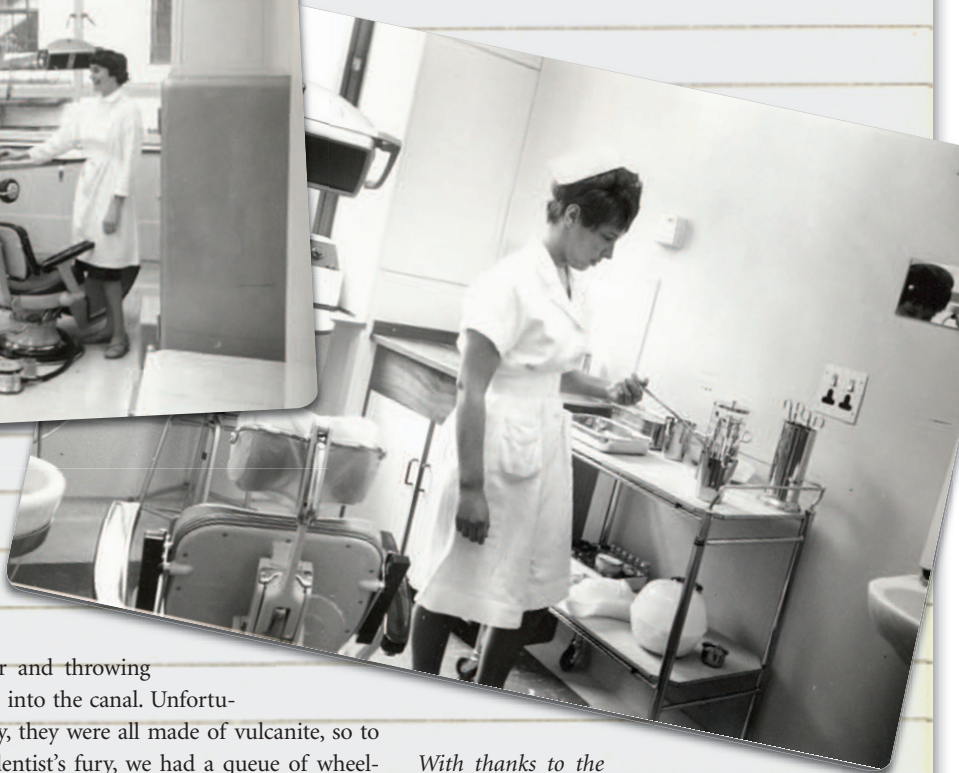
each dirty step and slowly crawl downwards. Creeping back was slightly safer. Training was limited to say the least and I was in serious trouble if I made a mistake.

Within a fortnight, the schedule arrived and I had to check it all. The dentist had forgotten to mention two extra categories and I ended up spending three needless hours trying to find the missing forms.

As if all these duties were not enough, I was also expected to cast up all the impressions, trim the models and make bite blocks. As can be imagined, these multiple tasks frequently overlapped so I could find myself mixing cement, dashing to answer phone and door, whilst hoping



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*With thanks to the BDA Museum for the loan of the photographs used in this article. They depict dental nurses at the National Dental Hospital or University College Hospital from 1962-1964.*

my plaster would not prematurely set.

Infection control was also derisory and nobody wore gloves, goggles or masks. Autoclaves were rarely found in dental practice and impression trays were made from stainless steel in many shapes and sizes. Disposable ones were unknown.

The treatment revolved around fillings, extractions and dentures and all aching teeth were automatically removed. Having won all the prosthetic prizes, the dentist was not only denture orientated but would be at the practice till 11pm three times a week as he regarded the outside technician to be a bodger. In the mid-1960s this style of practice was similar to that of the other dentists in the area. This dentist was in fact a real pioneer, specialising in advanced conservation, to the extent that he successfully performed an apicectomy on my upper first premolar, which had developed a huge cyst. I still have the tooth 45 years later.

Despite his prowess, the worst aspect of working for this dentist was his absolute lack of humour which, along with his insistence that I work a 50-hour week (at a salary so low, an accountant deemed it illegal, even for those days) meant life had become quite a turgid existence.

It is difficult to assess what his patients thought of him although the sentiments of two little boys were expressed by their creeping into the lab, pinching several sets of dentures in for

repair and throwing them into the canal. Unfortunately, they were all made of vulcanite, so to the dentist's fury, we had a queue of wheelchair-bound disgruntled Lancastrians all in for free replacements. Vulcanite dentures, black and unsanitary, had long been deemed obsolete.

Bookkeeping was somewhat inadequate, the main income being NHS, but a casual patient would be rapidly assessed as to income and a varying number of fingers, accompanied by miming, would be surreptitiously held up by the dentist to relay an appropriate charge to me.

At the end of a month, I was pronounced an ideal dental nurse and offered a permanent post forgoing university. Well, there was no chance I would go for it and a succinct summary of the situation was my father's incredulity at the idea of any young girl wishing to spend her working life with such a dreary old codger!

So off I went to university, and yet again the dentist had to find a replacement. Although I was relieved to escape when I did, I couldn't have asked for a better introduction to life in general practice. If anything the experience made me even more determined to become a dentist ... but the thought of those cellar stairs still haunts me today!